

ACHIEVING SUCCESS IN NEW VACCINES INTRODUCTION THROUGH EFFECTIVE PLANNING AND ESTABLISHMENT OF READINESS: A CASE STUDY OF NIGERIA'S HPV VACCINE INTRODUCTION

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Background

- Over the last decade, Nigeria has achieved commendable success in enhancing its Expanded Immunization Program. Introducing a total of seven new vaccines, including Penta, PCV, IPV, IPV2, Measles Second Dose, Men A, and Rota, reflects the country's commitment to public health. The recent addition of HPV vaccines further demonstrates Nigeria's proactive approach in safeguarding the well-being of its population.
- The introduction of Human Papillomavirus vaccine represented Nigeria's first attempt at introducing a vaccine specifically for adolescents (aged 9 to 14) outside the typical age cohort for routine immunization.
- To ensure a successful introduction, various systems, processes, tools, and inter-sectoral coordination mechanisms were deployed through four phases of implementation:
 - Pre-planning (6-months pre-implementation)
 - Pre-implementation (3-months pre-implementation)
 - Implementation, and post-implementation.
- Nigeria introduced the HPV Vaccine on 24th October 2023 at the national and across 16 phase 1 states
- The HPV vaccine was delivered in a multi-age cohort campaign targeting females aged 9 to 14 years

Methodology

- A comprehensive review of literature and findings from other countries that have introduced HPV vaccine was conducted to guide the planning processes
- Best practices and lessons learned from other countries were utilized to ensure the early engagement of EPI and non-EPI stakeholders as well as setting up inter-sectoral collaboration with other government agencies
- Also, key learnings from Phase 1 states in Nigeria where the HPV vaccine has been introduced, in collaboration with state teams and various stakeholders, all actively participating in a dedicated HPV Technical Working Group (TWG) and other relevant sub-groups
- The process involved development and deployment of monitoring tools with KPIs aimed at tracking implementation of preparedness activities and documenting pre and post implementation processes. These insights, gathered across seven crucial thematic areas - Planning and coordination, Stakeholders engagement, Microplanning, Funding, Logistics, Training, and ACSM (Advocacy, Communication, and Social Mobilization), will serve as a valuable guide for the country in the subsequent phases of HPV introduction
- The abstract aims to share key learnings on the structured approach and present firsthand insights drawing from operational experiences from the successful pre-implementation planning, implementation phase, post-introduction tracking, and the integration of the HPV vaccine into Nigeria's Routine Immunization (RI) system

HPV Phase 1 States



Cross section of the pre-implementation dashboard

State	Planning/Coordination	Stakeholders Engagement	Microplanning	Funding	Logistics	Training	ACSM
Abia	100%	100%	100%	100%	82%	100%	83%
Adamawa	100%	100%	100%	100%	82%	100%	100%
Akwa-Ibom	100%	100%	100%	80%	89%	100%	89%
Bauchi	100%	100%	100%	100%	82%	100%	83%
Bayelsa	100%	100%	100%	100%	82%	100%	100%
Benue	100%	100%	100%	80%	100%	100%	100%
Enugu	100%	100%	100%	100%	82%	100%	100%
FCT	100%	100%	100%	100%	82%	100%	100%
Jigawa	100%	100%	100%	100%	82%	100%	83%
Kano	100%	100%	100%	100%	90%	100%	100%
Kebbi	100%	100%	100%	100%	82%	100%	83%
Lagos	100%	100%	100%	100%	82%	100%	100%
Nasarawa	100%	100%	100%	100%	82%	100%	100%
Ogun	100%	100%	100%	100%	82%	100%	93%
Osun	100%	100%	100%	100%	82%	100%	100%
Taraba	100%	100%	100%	80%	82%	100%	100%
Average	100%	100%	100%	96%	82%	100%	92%

Results

Introduction decision matrix

State	Planning & Coordination	ACSM	Training	Counterpart Funds	Funding	Logistics	Micro plan	Vaccination team List (Due 1 week to implementation)	Readiness (%)
Abia	100%	91%	100%	100%	100%	94%	100%	Yes	94%
Adamawa	100%	100%	100%	100%	100%	90%	100%	Yes	99%
Akwa-Ibom	100%	96%	100%	100%	100%	91%	100%	Yes	97%
Bauchi	100%	99%	100%	100%	100%	98%	100%	Yes	93%
Bayelsa	100%	98%	100%	100%	100%	96%	100%	Yes	98%
Benue	100%	98%	100%	0%	100%	92%	100%	Yes	84%
Enugu	100%	100%	100%	100%	100%	94%	100%	Yes	96%
FCT	100%	93%	100%	100%	100%	98%	100%	Yes	96%
Jigawa	100%	97%	100%	100%	100%	98%	100%	Yes	95%
Kano	100%	100%	100%	100%	100%	100%	100%	Yes	96%
Kebbi	100%	81%	100%	100%	100%	90%	100%	Yes	100%
Lagos	100%	100%	100%	100%	100%	90%	100%	Yes	99%
Nasarawa	100%	100%	100%	100%	100%	98%	100%	Yes	97%
Ogun	100%	96%	100%	100%	100%	94%	100%	Yes	92%
Osun	100%	100%	100%	100%	100%	90%	100%	Yes	99%
Taraba	100%	100%	100%	100%	100%	100%	100%	Yes	100%



An assessment of preparedness across all key indicators on the decision matrix a week to introduction showed that the country had successfully achieved all the planned activities and was at 99% readiness to introduce



The decision matrix was utilized to give a final decision to rollout in states, consequently Benue state did not launch due to not meeting the all the criteria



Amongst the phase 1 states we studied, it is notable that the two states with the highest campaign coverage, Taraba and Kano had achieved optimum readiness prior to the launch

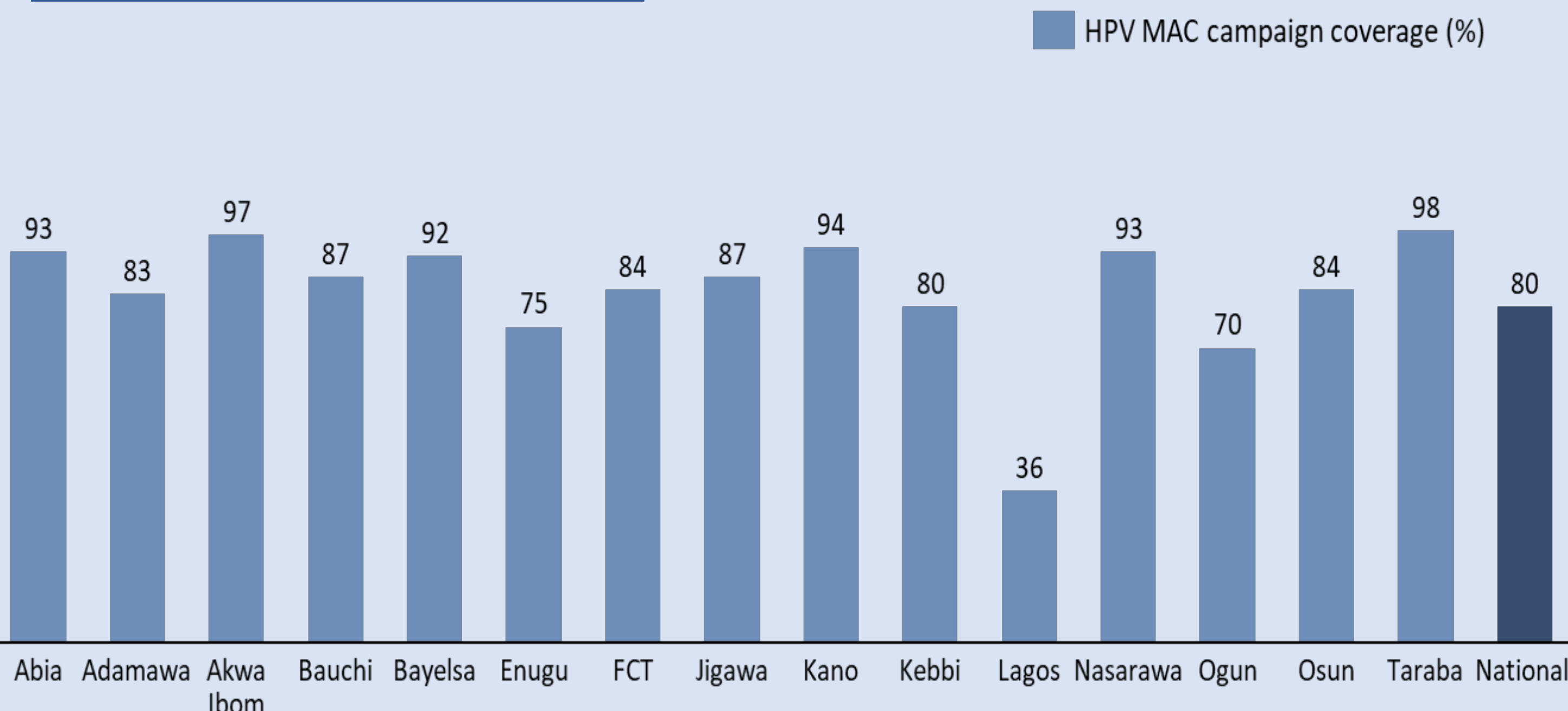


This has shown a correlation between adequate/effective preparation and a successful new vaccine introduction

Recommendations

- The establishment of a dedicated Technical Working Group (TWG) for the HPV vaccine implementation proved beneficial for all states.
- The importance of engaging non-EPI stakeholders cannot be overstated. Many states experienced significant benefits by actively involving key stakeholders during the pre-implementation phase of HPV vaccine planning.
- States should receive their complete allocation on time for the MAC campaign to avoid missed opportunities to vaccinate the target age groups.
- Adequate funding tailored to the specific needs of each state is essential for the success of ACSM activities and effective communication strategies.
- Recognizing the evolving landscape of media, beyond traditional outlets like print and radio, prioritizing school-level engagement and allocating the necessary resources for effectively engaging the target audiences should be a priority for the ACSM team.

Coverage performance by States



Key Highlights from HPV MAC Campaign

- 81% of allocated vaccines (5,554,113) were utilized to vaccinate 4,630,491 adolescent girls
- 4,630,491 (80%) of the MAC campaign target population (adolescent girls 9-14 years) were vaccinated during the HPV vaccine introduction across 15/16 phase 1 states.

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Clinton Health Access Initiative - <https://www.clintonhealthaccess.org/>



Réussir l'introduction de nouveaux vaccins grâce à une planification efficace et à l'établissement d'un état de préparation : Étude de cas de l'introduction du vaccin contre le virus du papillome humain au Nigeria.

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Contexte : L'introduction du vaccin contre le virus du papillome humain (VPH) pour les filles âgées de 9 à 14 ans en octobre 2023 représentait la première tentative du Nigeria d'introduire des vaccins pour les adolescentes, qui diffèrent considérablement de la cohorte traditionnelle des moins d'un an pour la vaccination de routine. Une approche en deux phases a été utilisée, 16 des 36 États ayant donné le coup d'envoi de l'introduction au cours de la phase 1. Ce résumé présente les succès et les leçons tirées des phases de pré-introduction et d'introduction.

Méthodologie : Une étude documentaire systémique des enseignements tirés d'autres pays ayant introduit les vaccins anti-VPH par le biais de campagnes à cohorte unique ou cohorte multiâge (CMA), ainsi que des enseignements tirés des précédentes introductions de nouveaux vaccins au Nigeria, a permis d'obtenir des informations qui ont guidé le déploiement de divers systèmes, processus, outils et mécanismes de coordination intersectorielle au cours des quatre phases de la mise en œuvre : planification, pré-mise en œuvre, mise en œuvre et post-mise en œuvre. En outre, l'élaboration d'un tableau de bord de l'état de préparation avec des indicateurs clés dans sept domaines thématiques : planification et coordination, engagement des parties prenantes, microplanification, financement, logistique, formation et ACSM, a permis de déterminer le niveau de préparation à l'introduction du vaccin contre le VPH dans les 16 États.

Résultats : Les activités menées dans les phases de planification et de pré-mise en œuvre ont joué un rôle important dans l'obtention d'un score global de préparation de 99 % une semaine avant l'introduction dans tous les domaines thématiques. La couverture vaccinale nationale contre le VPH était de 54 % pour la campagne CMA dans les deux semaines, plus de la moitié des États ayant atteint une couverture supérieure à 65 %, ce qui est plus élevé que ce que de nombreux pays ayant un contexte similaire ont atteint dans le même délai.

Conclusion : Une planification efficace sont cruciales lors de l'introduction d'un nouveau vaccin, en particulier pour une nouvelle cohorte. Compte tenu du lien direct entre la préparation et la réalisation des objectifs de l'introduction du VPH, la réussite du déploiement au Nigeria peut être directement attribuée à son niveau de préparation avant l'introduction et aux leçons tirées de l'expérience.

Mots clés : campagne, préparation, cohorte multi-âge, papillomavirus humain, vaccination

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