

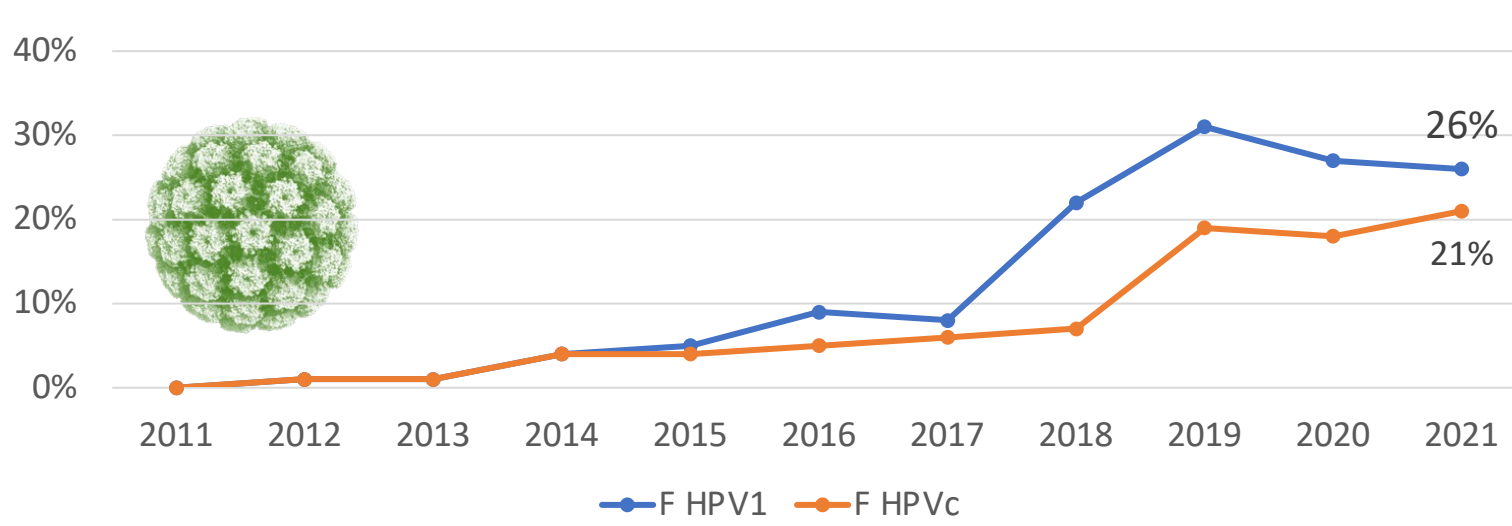
AFRICA HPV ROADSHOW: ACCELERATING HPV VACCINATION DEMAND POST COVID-19 PANDEMIC

Tene-Alima Essoh, Gbadebo Collins Adeyanju, Furaha Kyese, Annick Sidibbe

INTRODUCTION

HPV vaccination coverage remains a challenge in Africa

Trends in population adjusted coverage rates



Objectives

- To facilitate discussions on the unique factors influencing HPV vaccination introduction and challenges in SSA countries.
- To foster or serve as knowledge sharing platform regarding the drivers and obstacles associated with HPV vaccine uptake within the SSA region,
- To deliver comprehensive scientific updates on the HPV vaccine landscape.
- To collaboratively design country-specific roadmaps to expedite HPV vaccination uptake.

Relevance

HPV Vaccination

- Girls (2022): Only 31% of girls aged 15 have received 1st dose of HPV vaccine.
- Girls: Only 1-2% of girls and women aged 10-20 years in SSA get vaccinated.
- Currently, only 26 out of the 54 countries in the African region have introduced the HPV vaccine into their NIPs

Disease Prevalence

- Africa records 117,316 cervical cancer cases annually and the highest HPV prevalence globally, at an average of 24%.

Mortality

- 76,745 women die annually from cervical cancer in the Africa region.

Basic Overview

- Compared to other regions, the HPV vaccination rate in SSA is very poor
- Similarly, cervical cancer screening is still low in SSA (17%). Only 16 countries screens for HPV at the sub-national level.
- Without urgent intervention, the current HPV vaccine uptake in SSA will undermine the 2030 elimination target.
- While access have been an issue, however, even in countries where HPV vaccine is available, uptake has remained abysmally low.

Goal:

- To harness cross-country experiences and Lessons Learnt on HPV Vaccination.

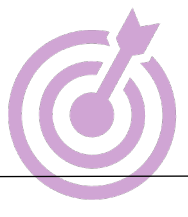
Target groups:

- EPI managers, NITAG chairs and Researchers working on HPV

Oropharynx

117,316 SSA/pa

Cervix
Anus
Vagina
Vulva



METHODOLOGY (Focus Group Discussion/Cohort Design)

To fix a problem, you need to understand what caused it...and also how others responded to theirs.



Cohort 2 (Abidjan, Côte d'Ivoire)
Côte d'Ivoire, Senegal, Cameroun, Burkina Faso



Cohort 1 (Nairobi, Kenya)
Kenya, Nigeria, Ethiopia, Rwanda



Cohort 3 (Dar es Salaam, Tanzania)
Zambia, Eswatini, Uganda, Tanzania, Malawi, South Africa.

Collaborative/interactive knowledge sharing format

Regional and country presentations

Workshop-style group missions (for recovery roadmap)

Plenary discussions (for sharing lessons)



14 countries, 78 stakeholders

OUTCOMES: Takeaways

Keynote

- It was a veritable "platform" for cross cutting interactions and peer learning among diverse stakeholders in SSA:
 - Knowledge update
 - Experience sharing
- Country-level HPV vaccination status and gaps therein were identified. The use of uniform tools for presentation of country's HPV vaccination data and gaps was novel and could be standardized across SSA for reporting both for surveillance and programs.
- Development of 14 countries post COVID-19 HPV vaccination recovery and/or introduction roadmaps
- Extending the current cohort beyond these three because of the values observed. This will help maintain inter-country roadmap appraisal and enhance progress monitoring
- Update of national strategy for accelerating HPV vaccine uptake or introduction using developed roadmap
- Discovery of Anglophone versus Francophone HPV vaccination disparities
- Establishing a Knowledge Sharing Network (mid-term outcome) for:
 - Information and scientific knowledge
 - Peer mentoring for upward impacts

Action

- Significance of frequent regional knowledge sharing exchanges and collaborations
- Regular engagements (quarterly/bi-annual) among EPI peers to appraise the country-specific recovery roadmap.
- The presence of almost all the EPI country managers indicated new levels of commitments by countries towards 2030 elimination target.
- Peculiarity of francophone Africa region. Some more work needs to be done for that enclave.
- Importance of implementation science research component in the HPV programs.
- Complexity of multidose vs single dose. Low resources settings such as Africa is better off with a single dose.
- Promoting HPV vaccination culture in schools is vital.
- Establishing a strong bond between ministry of health and education is essential.

Cohorts

Specific & Common to All

- Specific:**
 - Cohort 1: declining HPV2 dose syndrome across the region, incorporation of zero-dose catch-up strategy and transition to single-dose HPV vaccine.
 - Cohort 2: incorporating implementation research to support decision-making process.
 - Cohort 3: design of HPV introduction plan.
- Common to All:**
 - Barriers common to all were budget constraints, data quality issues and misconceptions about HPV vaccine.
 - Also, roadmaps for HPV vaccination recovery/introduction were developed (cohorts 1-3).

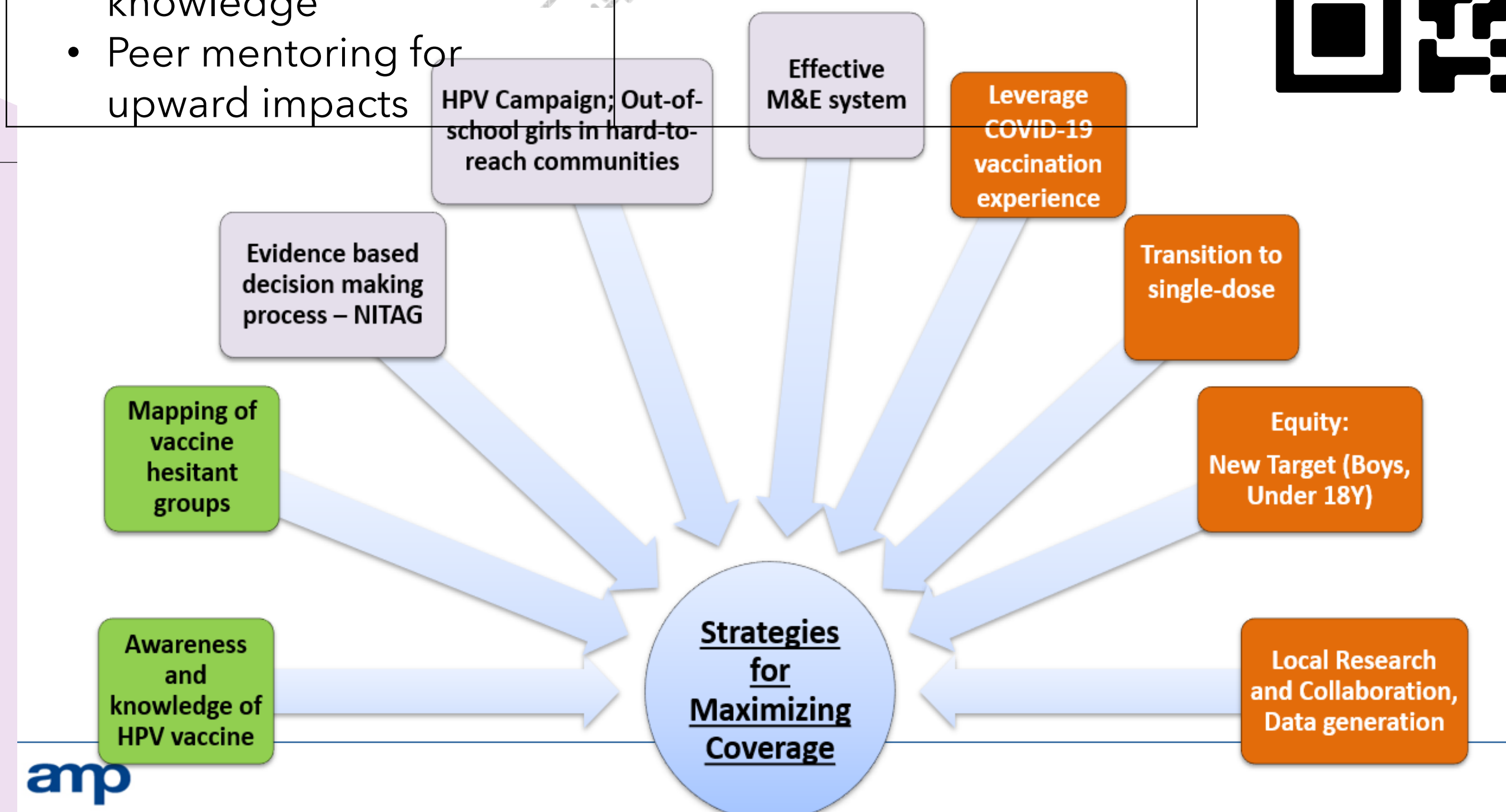
Developed Recovery Tool

STRENGTH	WEAKNESS
OPPORTUNITY	THREATS

Strategies	Priority activities	Implementation time	Expected impact on vaccination
Priority strategies - Health policy, Demand generation			
Priority strategies - Monitoring/Evaluation, surveillance			
Priority strategies - Operations, Logistics			

Acknowledgement

- Ministries of Health of Ethiopia, Kenya, Nigeria, Rwanda, Malawi, Tanzania, Zambia, Uganda, Eswatini, South Africa, Côte d'Ivoire, Burkina Faso, Senegal and Cameroon.
- National Immunization Technical Advisory Groups (NITAGs) of all the countries.
- Technical and financial partners: WHO country offices, WHO Afro, MSD, Gavi, the Vaccine Alliance, Jhpiego, Solina Centre for International Development and Research and the University of Erfurt (Germany).



Strategies to foster HPV Uptake in SSA



Africa Hpv Roadshow : Accélérer la demande de vaccination contre le HPV après la Covid-19.

POSTER SESSION SUBSAHARAN AFRICA FRANCOPHONE SYMPOSIUM 2023.

by Dr. Tene-Alima ESSOH

L'introduction de la vaccination contre le HPV dans le Programme National de Vaccination (PNV) devrait changer la trajectoire du fardeau du cancer du col de l'utérus et des maladies liées au HPV en Afrique subsaharienne (ASS). Cependant, des progrès limités ont été enregistrés, bien que davantage impactés par la pandémie de COVID-19. Seulement environ la moitié des 54 pays africains fournissent actuellement le vaccin HPV aux adolescents. Sans une intervention urgente en ASS, le statut actuel compromettra la Stratégie d'élimination du cancer du col de l'utérus 2030. Par conséquent, il est important de comprendre les défis et les principaux facilitateurs de la couverture de la vaccination contre le HPV dans la sous-région, d'où l'objectif du projet.

Le Roadshow était un projet de partage de connaissances transfrontalier, multidisciplinaire et de renforcement de l'élan. Il a servi de plateforme sous-régionale pour fournir une mise à jour sur le vaccin HPV, partager les leçons apprises sur les moteurs et les barrières et développer/revoir conjointement une feuille de route spécifique au pays en utilisant un outil prédéfini.

La discussion de groupe focalisée a utilisé une méthode de conception de cohorte. Les participants ont été stratifiés en trois cohortes de pays pré-sélectionnés qui ont introduit la vaccination contre le HPV dans leurs PNV, ceux sur le point de le faire et ceux qui ne l'ont pas fait. Un total de 12 pays a été inclus. Les participants comprenaient les gestionnaires du Programme élargi de vaccination, les présidents des Groupes techniques consultatifs nationaux sur la vaccination et les chercheurs en HPV des pays respectifs, entre autres.

Le projet a atteint 78 acteurs essentiels. Les principaux résultats ont inclus : une diminution du syndrome de la deuxième dose de HPV dans la région, l'incorporation d'une stratégie de rattrapage à dose zéro et la transition vers un vaccin HPV à dose unique (cohorte 1) ; l'incorporation de la recherche de mise en œuvre pour soutenir le processus décisionnel

(cohorte 2) ; et la conception d'un plan d'introduction du HPV (cohorte 3). Les barrières communes à tous étaient les contraintes budgétaires, les problèmes de qualité des données et les idées fausses sur le vaccin HPV. De plus, des feuilles de route pour la récupération/introduction de la vaccination contre le HPV ont été développées (cohortes 1-3).

Le projet a facilité le mentorat et l'apprentissage entre pairs, notamment en partageant des leçons et a par la suite construit une feuille de route robuste de récupération.