



HPV Vaccination Situational Analysis

Draft Report

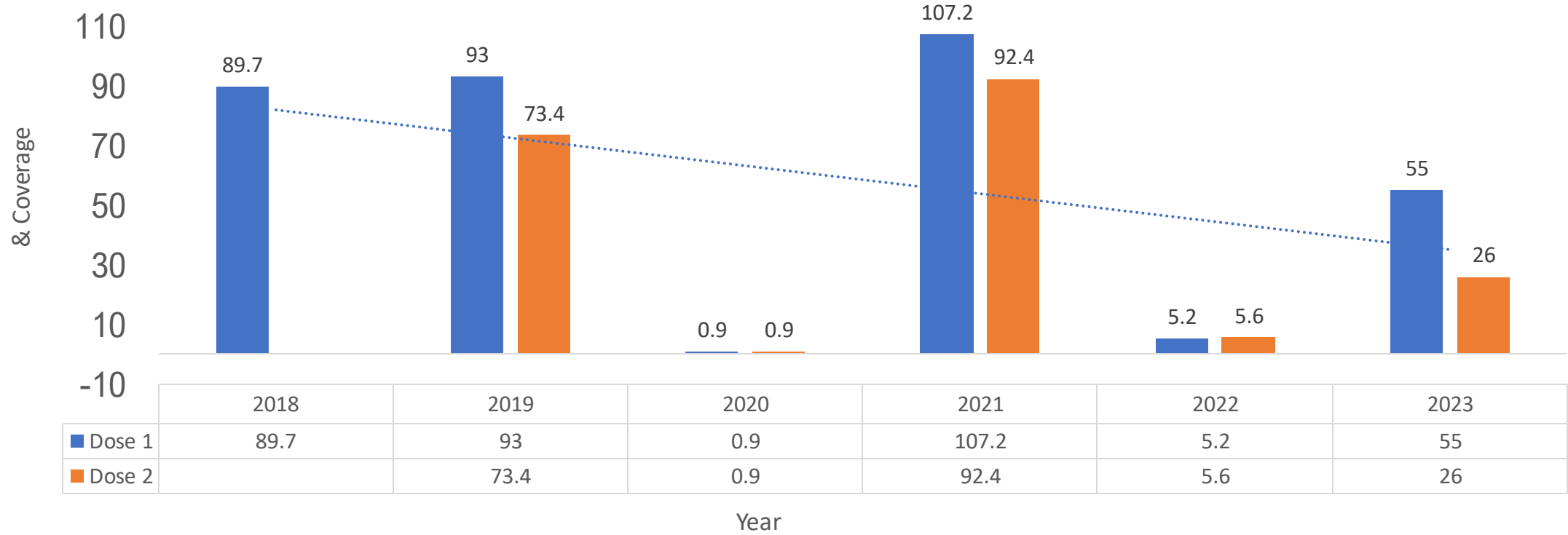


■ Introduction

- Cervical cancer is a public health problem in Zimbabwe
 - ✓ Incidence rates around 61.7 per 100,000 women
 - ✓ Mortality rates around 43 per 100,000 women
 - ✓ *Global Cancer Repository*
- Annually, 3043 new cases of cervical cancer are recorded with 1976 associated deaths
 - ✓ *National Cancer Registry*
- WHO has recommended HPV vaccination for girls aged 9–14 years
- Zimbabwe introduced the HPV vaccine nationwide in 2018



HPV Vaccination Trends 2018-2023



Source: MOHCC administrative data

■ Objectives



Broad Objective: To conduct an HPV vaccination program situational analysis in Zimbabwe, which will subsequently inform the development of an HPV Revitalization plan for the country

Specific Objectives:

- Review the national immunization policy framework and strategy, national documents, including operational plans and guidelines
- Assess the current HPV vaccination delivery strategies
- Determine the barriers and enablers of the HPV vaccination uptake
- Assess the HPV vaccination program coordination mechanism across stakeholders
- Develop strategies for revitalization of HPV vaccination program

Methodology

Design:

- The situational analysis followed a qualitative approach
 - **Desk review**
 - National/Strategic documents/policies
 - **Key Informant Interviews (Semi-Structured Guide)**
 - MoHCC & MoPSE (National-Community Level)
 - Stakeholders at National Level.
 - **Focus Group Discussion**
 - Unvaccinated adolescent girls
 - Vaccinated adolescent girls
 - Parents/Guardians/Caregivers

Data Analysis:

- Data synthesis by similar theme, examining the WHO health system building blocks





Findings-Service Delivery

- MoHCC EPI unit employs multiple service delivery strategies for HPV vaccination
- School based approach highlighted as key for accessing girls for HPV vaccination
- Need of strategies to reach out of school girls
- Key informants highlighted the following as enablers to HPV vaccination uptake
 - High political commitment demonstrated by the First Lady and other political players
 - School-based outreach services
 - Integration of HPV into existing health care delivery system as enabler to HPV uptake
 - Strong collaboration between MoHCC and MoPSE
 - Availability of vaccines with no stock outs



■ Challenges

- Staff shortages due to attrition
- Inadequate transport and fuel for outreach services including to schools
- Inadequate funding for operations including for school based vaccinations
- Religious vaccine objection
- Myths and misconceptions including deaths, infertility
- Lack of knowledge and information on HPV and on HPV vaccination
- Limited involvement of private sector in HPV vaccination
- Inadequate integration of HPV vaccination with programs such as VMCC, ASRH, HIV (CATS).

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Recommendations/Action points

- Development of an HPV revitalization vaccination strategy for the country
- Enhancing the school-based service delivery and the health facility outreach service
- Strengthening advocacy, communication, and social mobilization to address vaccine hesitancy and religious objectors.
- Engagement of interfaith leaders at all levels to advocate for HPV vaccination.
- Strengthening collaboration with the MoPSE from the planning, implementation and M&E.
- Strengthening multi-stakeholder coordination, with regular information sharing on HPV vaccination.

Recommendations

- Expedite the adoption of the single- dose schedule for HPV vaccination
- Strengthening capacity building for health care workers in EPI, particularly on HPV vaccination
- Strengthening HPV vaccination data management and use, including provision of annual targets and performance monitoring
- Integrating HPV vaccination services with other adolescent health services delivery.
- Integration/inclusion of HPV vaccination into the primary school curriculum

Thank You