

# Post-Introduction Evaluation of Human Papillomavirus Vaccination in Indonesia: a lesson learnt for future program

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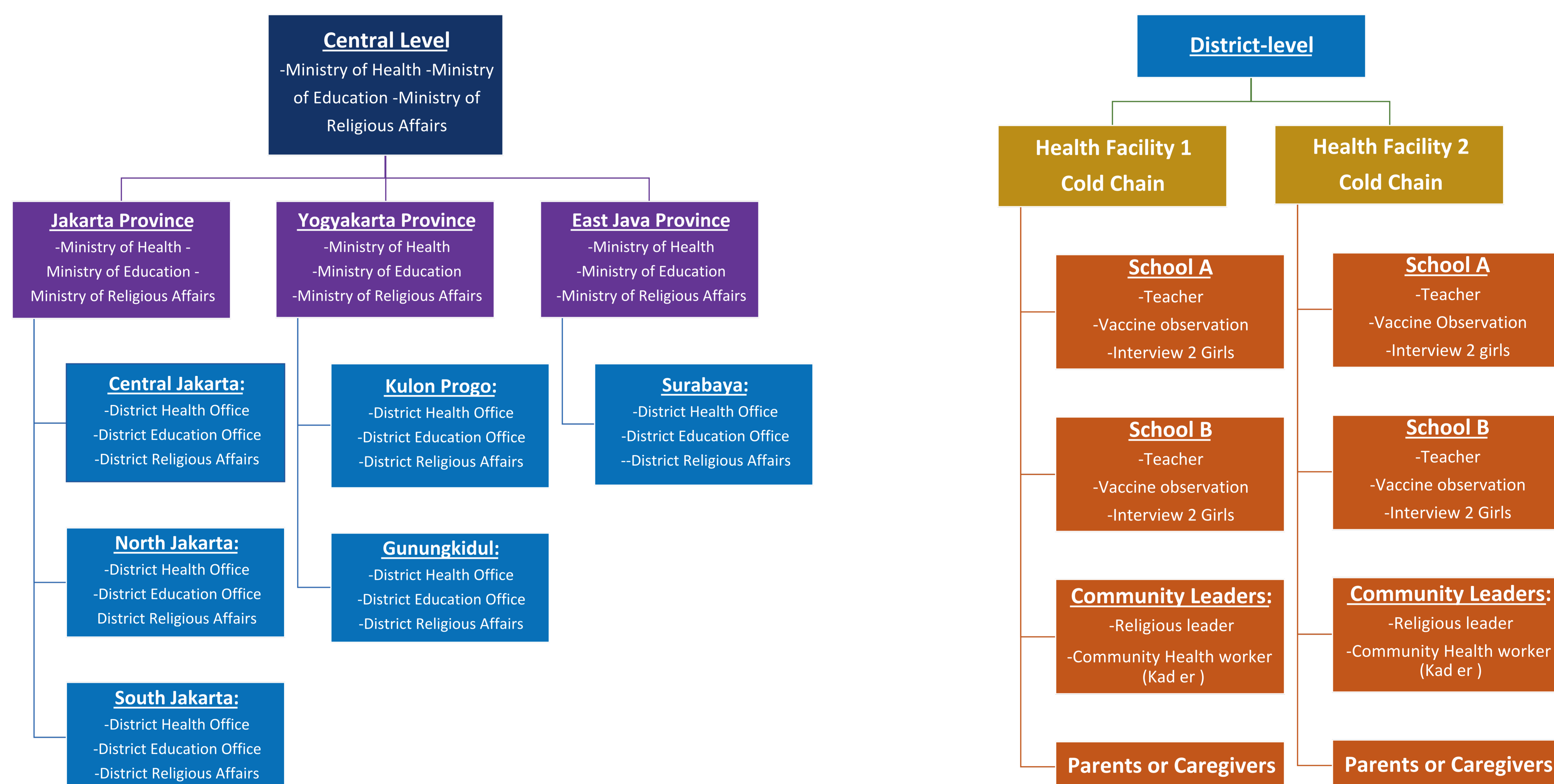
## Introduction

A demonstration program of Human papillomavirus (HPV) immunization had been conducted in selected districts in Indonesia in 2017 with vaccination coverage of at least 90%.

The objective of HPV PIE in Indonesia was to highlight the positive findings, address challenges of vaccine implementation, and facilitate experience sharing and use lessons learned for future program.

## Methods

Element	Description
Study design	Cross sectional mixed method quantitative and qualitative
Data type	<ul style="list-style-type: none"> <li>desk review of planning and monitoring documents</li> <li>observation at vaccination sessions</li> <li>interviews with key stakeholders</li> </ul>
Survey location	all levels of the health system in national, provincial, district, and health facility of 6 districts in 3 provinces that already implemented HPV vaccination
Time of study	October 2018
Study subject and sampling method	Purposeful sampling was applied to provide a representative sample of key stakeholders at all sectors including health, education, religious affairs, and community



## Results/conclusions

### The main best practices

- HPV vaccine was well accepted by all stakeholders, and there was a high demand for vaccine in the community;
- HPV vaccine introduction was perceived to have improved school health program and EPI program;
- HPV vaccine was well integrated and smoothly integrated into the already strong school health program;
- Coverage was very high among target population (in-school girls) identified in national policy;
- Good cold chain practices, vaccine management, injection safety, and waste management practices were observed.

### The main challenges

- Inconsistent engagement with religious leaders and Ministry of Religious Affairs (MORA) at different levels in some areas;
- Multiple gaps in policies (e.g. no policy for out-of-school girls, no guidance on "sweeping" procedure, no guidance for girls missing dose, resulting in girls missing vaccination);
- Errors noted in data quality at all levels, possibly causing falsely elevated coverage for Dose 2;
- Insufficient socialization of community leaders, teachers, community health workers to manage and respond to rumors, questions and concerns from the community and parents.

### Recommendations for future program

- Consider revising national HPV vaccination policy to include vaccination of girls not in school, and clarify policy and guidance on girls missing vaccination;
- Engage religious leaders and Ministry of Religious Affairs early in planning process and development of key messages to address rumors and questions about halal/haram;
- Increase socialization for teachers/health workers/community leaders on responding to rumors (ensure that training materials on myths from central are disseminated to local level);
- Reinforce key messages and guidance on enumerating target population and calculating coverage.

### Researcher team



### Supporter

