

# ASSESSMENT OF HPV VACCINATION STRATEGIES TO REACH OUT-OF-SCHOOL GIRLS ACROSS INDONESIA

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## Background

The Indonesian Ministry of Health expanded HPV vaccination from selected districts in 2016 to all districts in the country in 2023. The eligible population are girls in 5th and 6th grades (aged 11-12), using a 2-dose schedule administered through “School Immunization Months”. However, limited information exists on whether the current HPV immunization service is accounting for and reaching out-of-school (OOS) girls. An assessment was conducted to understand whether OOS girls were reached by this strategy and to identify challenges to inform program improvements for equity and coverage.



**Figure 1: Interview with Kediri District Health Office**

## Methods

- 1 3 selected districts (urban & rural)
- 2 More than 2-year HPV implementation and relatively high school-based HPV coverage
- 3 Series of interviews using a standardized questionnaire with immunization program managers and coordinators at Provincial Health Office, Municipality/Regency Health Office, and selected Public Health Centers (Puskesmas).



## Objectives

- **Understand data collection processes** on HPV immunization targets for OOS children in focal districts
- **Understand implementation** of HPV immunization at the sub-national level for OOS children
- **Identify challenges** in the HPV immunization implementation for OOS children
- **Make recommendations** on strategies for improving HPV immunization at the sub-national level for OOS children

## Main Findings

1. **None of sampled districts had a strategy** to reach OOS girls
2. **No decree or formal circular exists** on OOS girls as the basis for district health offices to coordinate stakeholders and mobilize resources to identify and locate OOS girls
3. The assessment confirmed hypotheses on **heterogeneity of OOS** girls and outlined key population segments, including girls that are homeschooled, in unregistered faith-based school, in urban slums, and in orphanages, in rehab center, juvenile correctional institutions, under-aged workers (paid or unpaid) & adolescence pregnancy.

## Recommendations

1. **Increase stakeholders' awareness** of OOS at all levels through cross sector technical coordination and report dissemination
2. At national level, **expand the existing joint-decision letter of 4-ministry** to the Ministry of Social, Women’s Empowerment and Child Protection, Law and Human Rights
3. Advocate for MOH decree/circular letter on OOS to **support cross-sectoral coordination meetings**
4. **Strengthen HPV forecasting** with OOS data
5. **Refine technical guidelines** to include OOS strategies
6. **Design, implement and refine a robust OOS pilot** tailored to the subnational archetypes and OOS segmentation
7. **Analyze program performance and feasibility** including cost of service delivery