CHIC | COALITION to STRENGTHEN the HPV IMMUNIZATION COMMUNITY

REPUBLIC OF KENYA | Ministry of Health

Rwanda's Experiences in Sustaining HPV vaccination delivery service

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Rwanda MoH-RBC

Vaccinate to Protect.
Ministry of Health

Advancing Sustainable HPV Vaccination Programs in Africa

Nairobi, Kenya | 1, 2 and 3 October, 2025

Outlines

- Rwanda EPI Background
- HPV vaccine delivery strategies
- HPV Vaccination long-term coverage trends
- HPV vaccine delivery Challenges
- Enablers strengths of HPV vaccination delivery
- HPV Vaccination Sustainability plan

Rwanda EPI Background

Available vaccines	Year of introduction	Achievements
BCG, OPV, TT, DPT, Measles	1980	
Hepatitis B and Hemophilus Infl. Type B	2002	97% of districts achieved a coverage exceeding 80% and the overall coverage > 95% for DPT-HepB-Hib3
Pneumococcal vaccine	2009	
Human Papilloma Virus	2011	From 2011-2025: > 2 Million Girls fully vaccinated. Coverage > 90% over the years
Rotavirus	2012	
Measles&Rubella	2013	Given in two doses and both doses: 96% and 92% for MCV1 and MCV2 respectively
Inactivated Polio Vaccine (IPV)	2018/2022	

13 Antigens being used in Rwanda vaccination programs with 96% of children fully vaccinated (DHS 2020)

HPV vaccine delivery strategies

- School based approach & Cohort target
  - ✓**2011-2012:** school P6 grades target cohort
  - ✓**2013- 2014 :**campaign approach targeting Primary grade 6 to Secondary 3 (girls aged between 9 to 14 years)
  - ✓**2015:** HPV vaccination integrated in routine immunization **(**targeting single age group 12 year girls)
- Schedule transition
  - **From 2011-2014** : Threes doses
  - **From 2015-2023**: Two doses
  - **From 2024 :** One dose schedule
- 2025: **Faster elimination of HPV infection and cervical cancer using concomitant HPV vaccination and HPV screening**

HPV vaccine delivery strategies

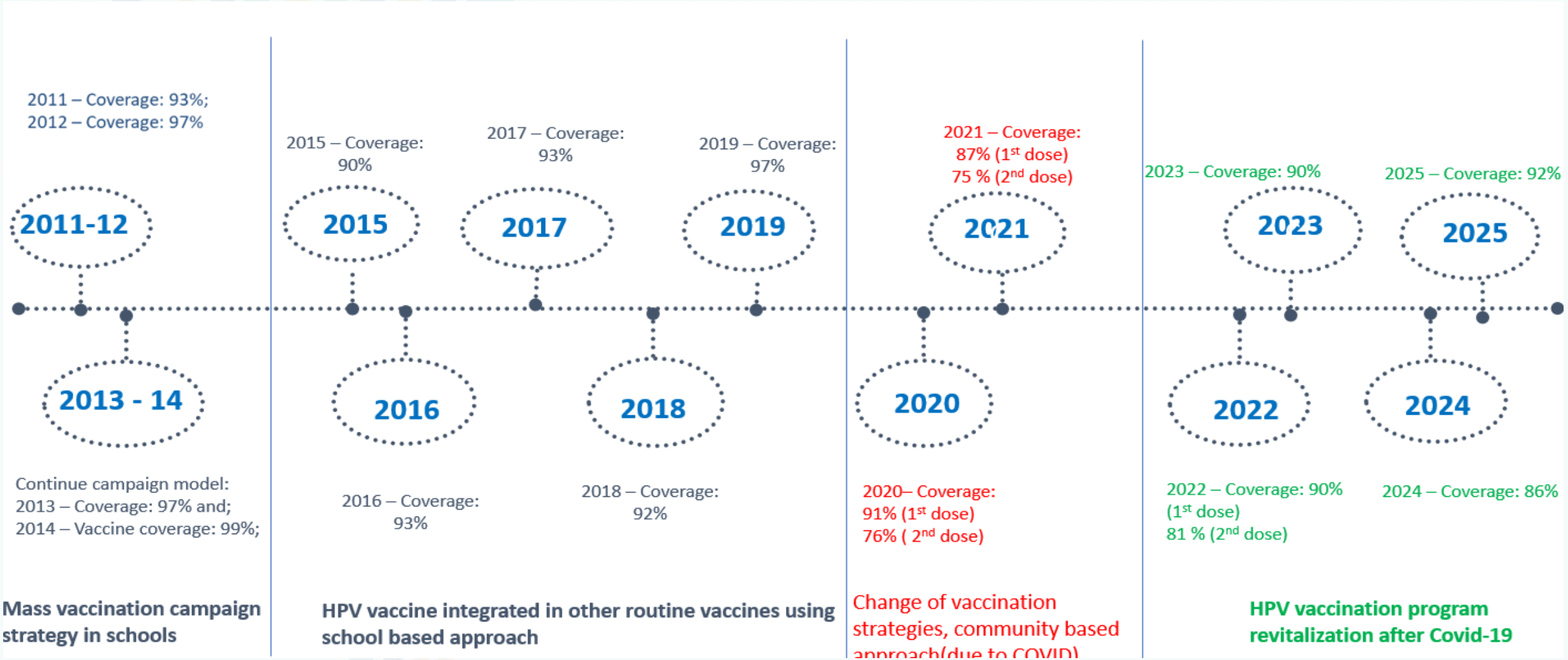
HPV Target Population

- HPV vaccination target cohort enrollment/ identification in schools by HFs& schools: (school-based registers)
- CHWs enroll Out of school girls
- Vaccination service in schools aligned with school calendar
- Out of school girls or girls who miss doses in school, they are vaccinated in health facilities (very few less, school enrollment very high in Rwanda)
- In 2025 vaccination program reports indicates that over 2 million girls received at least one dose of HPV vaccine (from 2011-2025)

Frequency of services

- 2011-2014: 0-2-6 months (March- May-September)
- Pre-COVID-19 :bi-annual school calendar in March and September.
- During and after the pandemic, the program adapted the vaccination service delivery aligning with the changes in school calendar and HPV vaccines supply availability
- Organized a catch-up campaign targeting 12-17years old girls who have not been vaccinated since 2020(August 2025)

HPV Vaccination long-term coverage trends



Challenges

a. **Delivery Complexity and Dropout Rates**:

- The two-dose schedule posed logistical challenges,
  - defaulter tracking due to school transitions calendar and
  - Inconsistency timelines of vaccine supply from manufacturer to the country
  - Changes in school calendar
- high turnover of health personnel
- Vaccine Hesitancy
- Insufficient engagement with international schools managers and Parents

Enablers strengths HPV vaccination delivery

1. **Improved coverage:**
   - Access to HPV vaccines for both in-school and out-of-school girls, as well as immunocompromised individuals.
2. **Greater community engagement**:
   - Tailored communication and active stakeholders' involvement foster widespread acceptance of the HPV vaccine and rationale of new single-dose schedule.
3. **Sustainable delivery systems:**
   - Strengthened capacity of health workers, and robust data systems to ensure long-term program success.
4. **Address Equity, Socio-Cultural, and Gender Issues**
5. **Strengthned Data Management and Monitoring Systems:** Enhancing utilization of e-Tracker and e-VLMIS

HPV vaccination Sustainability plan

- Full Integration of HPV vaccination program into routine immunization micro planning
- Continuous SBC communication
- CHWs & Community engagement
- High sustained school attendance > 93%
- Perspectives of different stakeholders
  - ✓Engagement with schools, parents, and communities
  - ✓Nurses' Perspectives
  - ✓Community Health Care Workers' Perspective
  - ✓Inter-ministerial collaboration (MOH + MOE)
  - ✓Involvement of non-traditional partners (faith leaders, women's groups, NGOs)

HPV Vaccination Sustainability plan

- Partnerships and Collaboration
  - ✓Continuous dialogue with donors and technical partners
  - ✓Strong coordination between the EPI unit at the national level, District Hospitals, Health Centers, teachers, and CHWs
  - ✓Involvement of local leaders for community mobilization
  - ✓Strong partnership and communication support from RHCC and local communication agencies
  - ✓Involvement of CHWs and community members at all stages

Rwanda's Experiences in Sustaining HPV delivery

- Ministerial level commitment and involvement of high Leadership support on social mobilization.

  E.g: in 2011, the First Lady attended vaccine launching ceremony,
- Use data to show the importance of new vaccine introduction:
- Advocacy for availability of vaccine, vaccine devices and social mobilization.
- GAVI committed to support HPV vaccine beyond the first three years
- GoR Co-financing
- Use of global evidence of vaccine efficacy and cost-effectiveness convinced decision-makers


Immunization
Saves Lives