CHIC | COALITION to STRENGTHEN the HPV IMMUNIZATION COMMUNITY

REPUBLIC OF KENYA Ministry of Health

CSU UHC
Couverture Santé Universelle-Universal Health Coverage
MINSANTE

HEALTH INFORMATION AND DATA FOR ACTION – COUNTRY EXPERIENCE FROM CAMEROON:

Gaps and Challenges in Mapping, Monitoring, and Reaching HPV Vaccination Targets

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NATIONAL VACCINES AND IMMUNIZATION PROGRAM
Vaccinate to Protect.
Ministry of Health

Advancing Sustainable HPV Vaccination Programs in Africa

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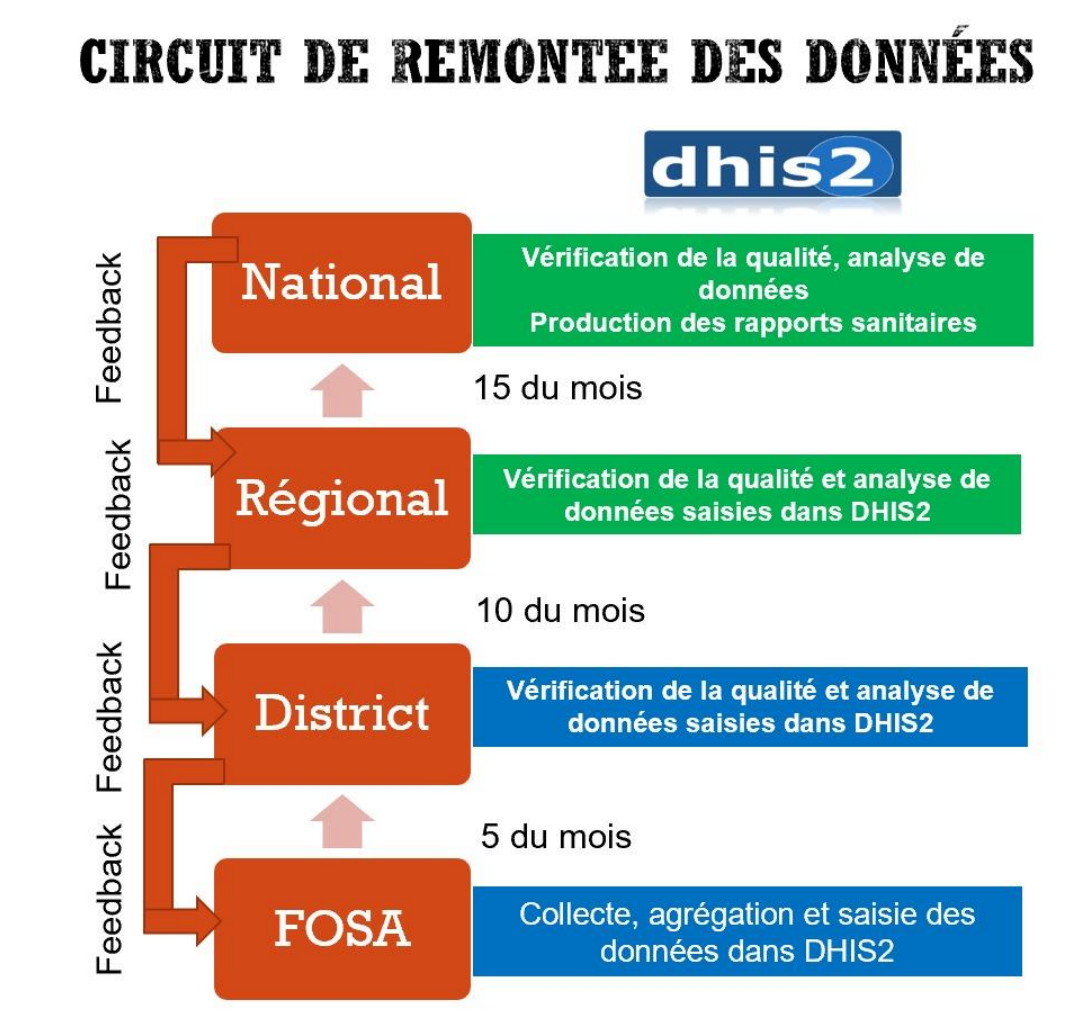
Highlights

- **Contexte and Rationale**
- Gaps
- Challenges
- **Key Interventions**
- **Results and Impact**
- **Lessons Learned**

Context and rationale



DHIS2 centralizes collection and management of health data from all health Facilities in Cameroon.

Integration of data from various health programs offers a complete view of national health status.

Partnerships with WHO, UNICEF, and the Global Fund strengthen the system and promote sustainability.

Gaps in Health Information Systems for Identifying and Reaching HPV Target Cohorts

1. Limited Integration of School Data
Microplanning does not yet incorporate school registers to estimate the target population (girls and boys aged 9–14). Current estimates rely on demographic projections and community counts, which do not distinguish school-attending children.

2. Lack of Age Cohort Disaggregation
Catch-up targets (10–14 years) are not disaggregated by birth cohort, making it challenging to monitor coverage by specific age groups—except for 9-year-olds.

3. Delayed and Incomplete Data Reporting
Health facility data is often transmitted late or incomplete to central systems, limiting timely decision-making and program responsiveness.

4. Absence of Individual Tracking Systems
There is no individualized vaccination tracker, making it difficult to monitor dose completion and follow-up.

5. Limited Data Use Capacity at the operational Level
District and health facility health teams have residual gaps in using data tools to analyze performance, identify coverage gaps, and make evidence-based decisions.

Sub-national Challenges in Detecting and Responding to Coverage Gaps and Program Performance

Geographic and infrastructural disparities:	Population mobility:	Variability in school attendance:	Cultural and social barriers:	Limited local capacity for data use:
• Remote or hard-to-reach areas (e.g., mountainous regions, islands, and forest communities) often have poor access to vaccination services and weak data reporting.	• Internally displaced persons (IDPs), refugees, and nomadic populations are difficult to track and vaccinate, leading to hidden coverage gaps.	• In some regions, school attendance among girls is low, making school-based vaccination strategies less effective.	• Misinformation, vaccine hesitancy, and gender norms affect uptake and are not always captured in performance indicators.	• District-level teams may not have the skills or tools to interpret performance indicators to adjust strategies.

Keys intervention to Strengthen HPV Vaccination Data Systems

Digital Microplanning:
Integrate and triangulate multiple data sources—including school registers and geospatial models—to accurately estimate and reach target populations.

Integrated Data Dashboards:
Deploy dashboards for real-time data review and visualization of program performance at all levels.

Institutionalized Quarterly Data Reviews:
Conduct regular data performance reviews across all 206 health districts to drive continuous quality improvement.

Data-Driven Targeting of PIRI:
Prioritize and tailor Periodic Intensification of Routine Immunization (PIRI) activities based on data insights to address coverage gaps.

Results and impact

- Improved data completeness and timeliness.
- Enhanced responsiveness to service delivery gaps.
- Strengthened planning and resource allocation at national and district levels.

Lesson learnt

- Digital tools must be paired with capacity building and supervision.
- Regular performance reviews foster ownership and accountability.
- Data use culture is essential for sustained impact.
- Capacity building of district-level managers is crucial to ease performance review and strategy adjustment
- Disaggregating the population by age groups will facilitate cohort vaccination monitoring

Thank you