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HPV VACCINE DELIVERY STRATEGIES KENYA

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CHIC SPC Symposium

*HPV Vaccination Programs: From Pre-introduction Planning to
Restoration and Sustainability
24 – 25 Sept 2022 – Addis Ababa, Ethiopia*



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY

Outline

1. HPV Vaccine Demonstration Project
2. HPV Vaccine delivery strategy
3. Performance Analysis
4. Immunization Performance 2021
5. Restoring Coverage Post COVID-19
6. Challenges
7. Key Learnings



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HPV vaccine demonstration project

- 2013-2015 Demonstration project conducted in 16 sub-counties in Kitui county through the school health program
- Target group was girls in grade 4 in school and girls aged 10 years old out of school
- This delivery strategy demonstrated success with high acceptability and coverage of over 85 % in both demonstration years
- The cost of delivery was however high- financial and economic costs amounted to US\$ 20.67 and US\$ 44.77 respectively (inclusive of vaccine costs)
- Informed adaptation of current proposed vaccination strategy



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HPV vaccine delivery strategy

- 2019- the HPV vaccine was introduced into the routine immunization schedule targeting all 10 year old girls in school and in the community.
- A mixed strategy, facility based complimented with school outreach.
- A two dose schedule administered six months from the first dose.
- Given in all immunizing health facility free of charge.



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Performance analysis

- In 2019 coverage for 10 year old HPV1 was 5.8%
- In 2020, HPV1 rose to 13.1% and 3.7% for HPV2
- In 2021 national coverage of HPV1 attained was 41% and HPV2 13%
- National MAC target of girls 10-14 years of age is 3,208,280 by 2022
- The Jan to June 2022 MAC annualized rate of HPV1 was at 52.4% and HPV2 25%

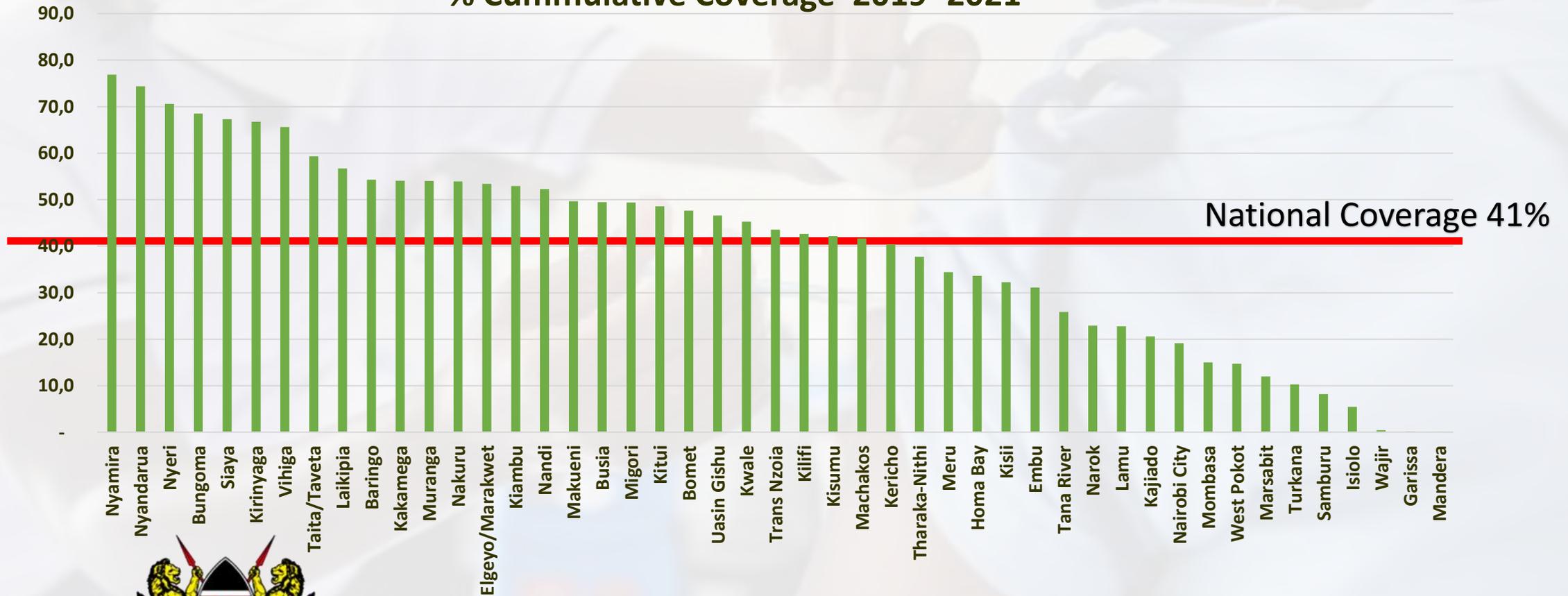
Year	Number of HPV Doses Administred 2019-Jun 2022		MAC target	Coverage %	
	HPV1	HPV2		HPV1	HPV2
2019	170,343		2,956,890	5.8%	0.0%
2020	228,917	112,009	3,045,201	13.1%	3.7%
2021	877,670	303,435	3,136,149	40.7%	13.3%
2022	402,726	387,935	3,208,280	52.4%	25.0%



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Performance analysis

% Cumulative Coverage 2019- 2021



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Restoring coverage Post COVID-19 pandemic

- 2021-Periodic Intensification of routine immunization
 - To increase uptake of all routine vaccines, including the HPV vaccine
 - Delivered in all counties through fixed health facility and community/school outreach
- Implementing community strategy
 - use CHVs to mobilize both in school and out of school girls
 - Linking Health Facility in charges with school health/head Teachers
- Co-delivery of COVID-19 vaccine (12-17years old) with HPV vaccine(10-14year old girls)
- Conducted KAP baseline study in 16 low performing counties
 - Developed 16 county specific action plans, pending implementation



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Continued.....

- Developed training package for continuous medical education(CME)for health facilities to support in screening and referring eligible girls for HPV vaccinations, one pager laminated guides for health workers and CHVs
- Conducted Post introduction evaluation in August 2021 to assess the overall impact of the introduction of HPV vaccine in the routine program
 - Using findings to inform decision making
- Conducted performance review meeting with all the 47 counties in June 2022
 - County specific action plans were developed during the meeting on how to improve coverage on low performing antigen including HPV vaccine dose 2



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Challenges

- Low demand for HPV vaccine
- Disaggregation of data – Can not account for 10-14 years by various strategies
- School calendar alteration due COVID 19 pandemic.
- Sub optimal coordination with other partners/stakeholders and engagement
 - Stakeholder mapping- Who is doing what/where? Duplication of efforts? Alignment with program needs?
- Competing Priorities
- Insufficient funding to support ACSM, extensive stakeholder engagement, CHW involvement, HW training and outreaches.



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Key Learnings

- Important to integrate HPV vaccine with other health services
 - like Covid-19 vaccination, malezi bora, deworming for the success of the program
- Strong health facility to school linkage at the catchment area level yields higher vaccine coverage rates and lowers the operational costs of school outreaches
- Counties have unique challenges and specific strategies need to be adopted
- Social Mobilization and awareness creation is key to have a good uptake of HPV vaccine
- Leverage on CHVs and HPOs to carry out communication and sensitization before actual vaccination is done
- Increased advocacy and continuous engagement of community level
- Regular support supervision is key in identifying and resolving challenges



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**Niko pool
Je, Wewe?**

STOP CERVICAL CANCER!

Promote HPV Vaccine for all 10 year old girls



**Cervical Cancer Vaccine is
free, safe and effective.
Protect Kenyan Girls now!**

Thank you
for your
attention!

The End

For more information visit your nearest Health facility or Contact:

HEAD, NATIONAL VACCINES & IMMUNIZATION PROGRAM (NVIP), MINISTRY OF HEALTH, P.O. Box 43319 – 00100, Nairobi | [@nvipkenya](#) | [@Nvipkenya](#)



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