



# From Girls to all: Cameroon's Path to Gender-Neutral HPV Vaccination

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Dr Shalom TCHOKFE NDOULA; MD, MPH

Expanded Programme on Immunization

Ministry of Public Health Cameroon



# HPV in Cameroon: A major public health issue



**HPV infections and non-cancerous lesions:** 62.1% in women (Manga, S), Prevalence of non-cancerous lesions non-negligible (8%) in both women and men.



**Pre-cancerous lesions:** 12.2% in the general population; 26.6% in sex workers; 43.5% in HIV-infected women



**Cancerous lesions:** Cervical cancer = 2nd most deadly cancer after breast cancer; incidence of 33.7 per 100,000 women (2020), i.e. 2,770 cases. Incidence of other cancers negligible, similar between women and men i.e. genital, oral, oropharyngeal, anal, laryngeal approx. 1 per 100,000.



**HPV-related mortality:** 1,787 annual cervical cancer deaths (2023), no data on others HPV related cancers

# Introduction of HPV vaccination: The Hope

## Early Success (2010–2016)

Pilot programs in Anglophone regions showed strong community engagement and feasibility.

## Demonstration Project (2014–2016)

In Foumban and Edéa, 74% of girls completed both doses — a promising sign of acceptance and reach.

## Nationwide Rollout (2020)

Launched on October 1, 2020.

Target Group: Girls aged 9 years

Vaccine Used: Gardasil 4 – protects against HPV types 6, 11, 16, and 18

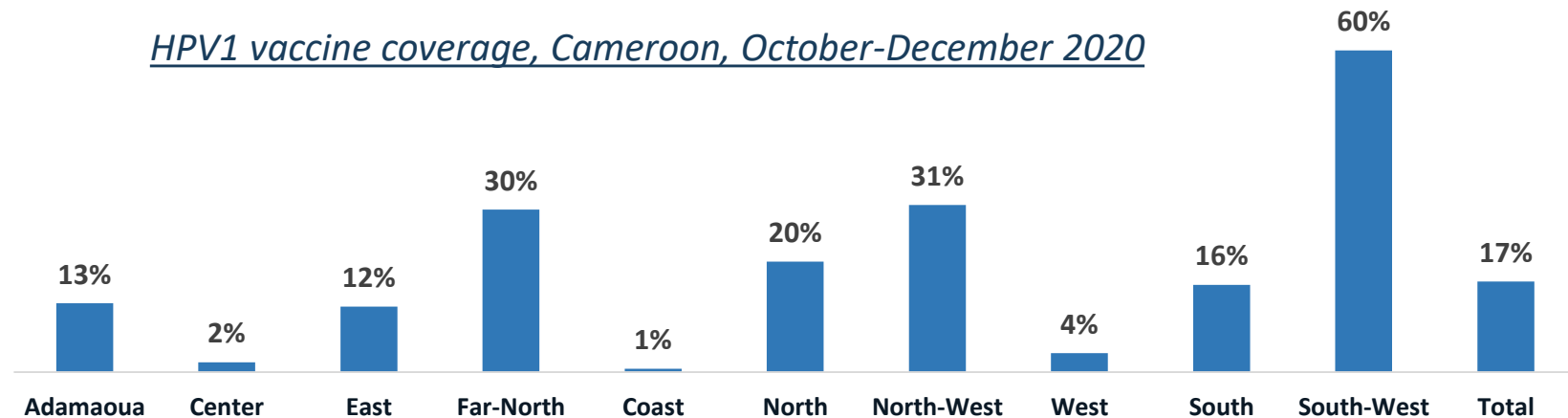
Schedule: 2 doses, 6 months apart

# Introduction of HPV vaccination: Unfulfilled hopes



- Introduction amidst Covid19 pandemic
- Faced opposition from, Religious leaders (notably bishops) and some healthcare professionals
- School-based strategy cancelled due to public resistance and pandemic-related disruptions
- **Very low vaccination coverage in the first year**, particularly in the cities of Douala, Yaoundé, and Bafoussam

HPV1 vaccine coverage, Cameroon, October-December 2020



# Bringing vaccination into the controversy

Ban on HPV vaccination in Catholic health centers and schools (30% of supply capacities)

The bishops encouraged the population to refuse vaccination, citing its limited efficacy, undesirable effects and impertinence in Cameroon.



Vaccin contre le cancer du col de l'utérus : l'Eglise catholique exige une « réflexion » scientifique et éthique

Cameroun – Obala: L'Eglise Catholique interdit le vaccin contre le cancer du col de l'utérus

23 octobre 2020 0 Comments By 237online



## Cancer du col de l'utérus : l'évêque de Doumé interdit le vaccin

Accueil » Actualités » Cancer du col de l'utérus : l'évêque de Doumé interdit le vaccin



Cameroun : controverse sur le vaccin contre le cancer du col utérin





# Mistakes in the management of the bishops' concerns

The Cameroon Medical Council and other health experts come out "strongly". Contradictory position of public health experts. Reluctance of healthcare professionals and proliferation of conspiracy theories.

CANCER DU COL DE L'UTÉRUS

## Vaccination au Cameroun : les médecins rappellent l'église catholique à l'ordre

Alors que l'église catholique au Cameroun émet des réserves sur la vaccination contre le cancer du col de l'utérus, l'Ordre national des médecins du Cameroun (ONMC) milite pour une participation massive à la campagne nationale de lutte contre cette pathologie.

Fabrice Beloko  
Rédigé le 09/11/2020, mis à jour le 16/11/2020



## Reluctance of other religious organizations

De leur côté, une association musulmane : Musulmans pour la coopération et le développement (MCD), dans un communiqué, du 5 novembre, rejette également ce vaccin. Ceci, « en attendant que les érudits de la communauté Musulmane du Cameroun, Imams, Oulémas, Savants et surtout le Conseil du culte musulman donnent de façon claire et transparente leurs positions officielles ».

## Radicalization of initial positions

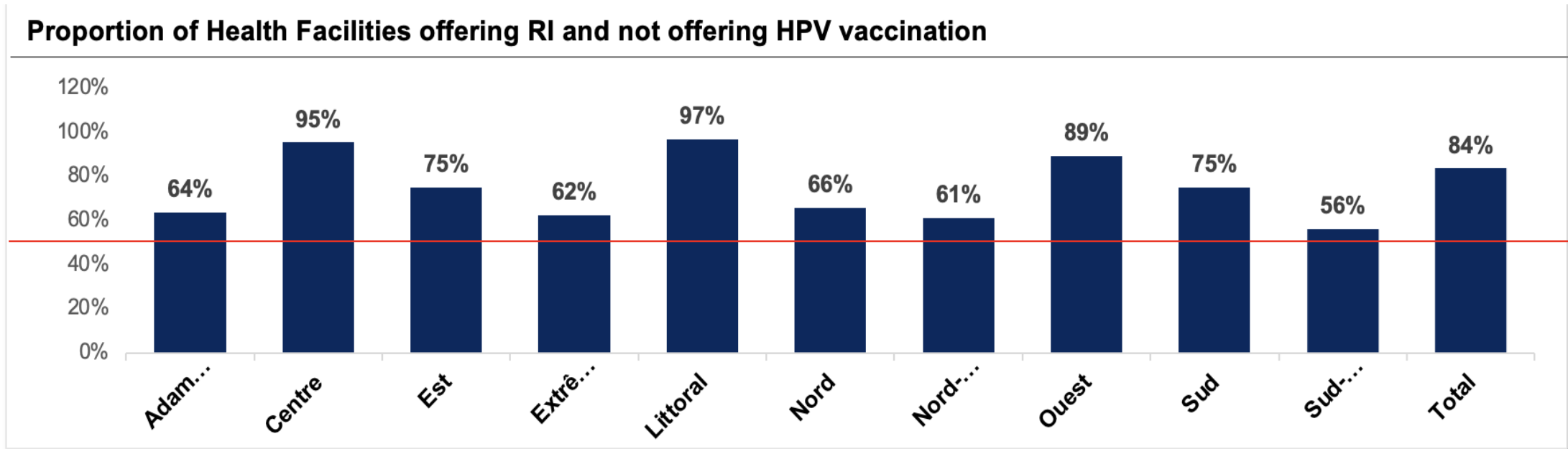
». S'il recommande le refus de ce vaccin aux parents pour leurs enfants, le prélat leur conseille plutôt les dépistages et le traitement le cas échéant.

## Political recuperation

Dans une correspondance adressée au président de la République le 22 juillet 2020, il écrit : « Le Parti de l'Esprit d'Avril 48 par ma voix vient, via cette correspondance, dénoncer la campagne de vaccination prévue sur 339 908 fillettes de 9 ans (nos enfants) et qui se prépare sur l'ensemble du territoire, contre le cancer du col de l'utérus et autres infections génitales dès le 23 septembre prochain ».

# Limited vaccine uptake despite availability in the first 2 years

Rapid Assessment 2 years after introduction showed that **84% of health facilities were not offering HPV vaccination to users.** (CHAI, 2022)



# What was the response?



**Learning:** Socio-anthropological studies to understand the factors of reluctance and adherence to HPV vaccination. Post-introduction evaluation. Local knowledge reviews.



**Adaptation:** Revision of NITAG recommendations with adoption of the one-dose schedule and extension to boys. Change of risk communication strategy from cervical cancer to HPV infection and its complications.



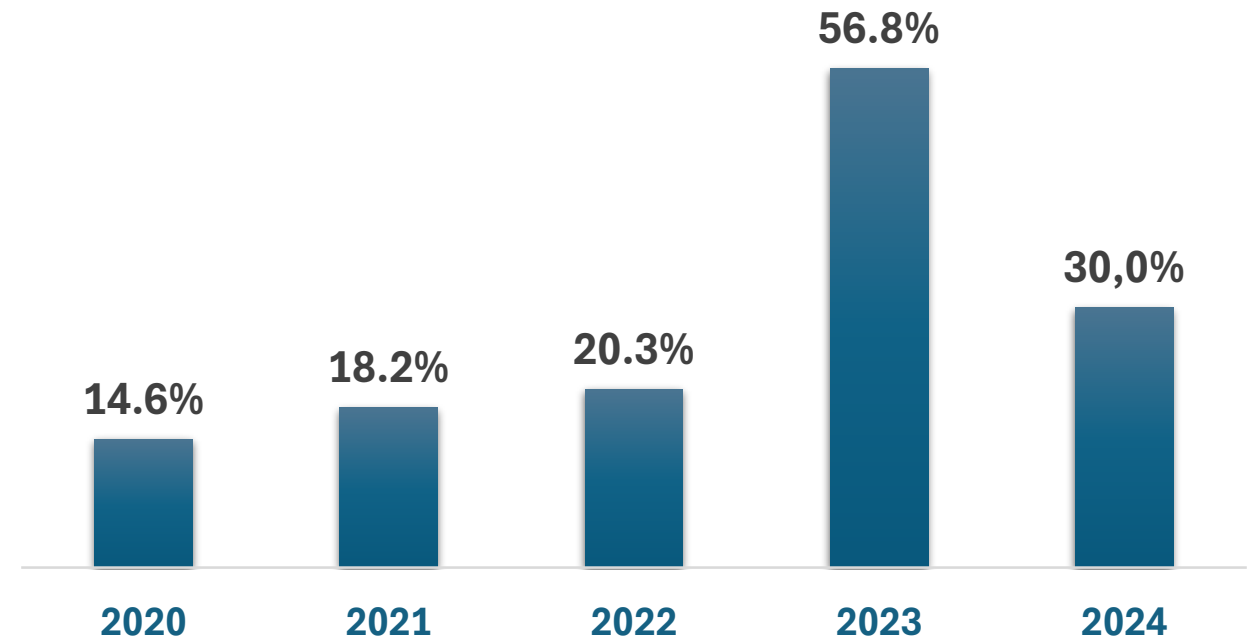
**Advocacy and sustainability:** Bring communication activities closer to households, youth centers, places of worship, chiefdoms. Diversification of service delivery strategies. Purchase additional doses for boys.



**Integration:** Collaboration with the Programme de lutte contre le cancer for integration into the "screening" and "management" components. Collaboration with the Ministry of Education for integration into the school medicine platform, and with the Ministry of Youth for integration into youth centers.



# HPV1 coverage trends, Cameroon, 2020-2024



Changeover  
to 1-dose  
schedule and  
extension to  
boys

# Evolution of sub-national coverage

	ANNEE 2022			ANNEE 2023			ANNEE 2024		
REGION	Cible	Vacc. F	Couv	Cible	Vacc. F	Couv	Cible	Vacc. F	Couv
ADAMAOUA	23 489	4 083	17,4%	23 649	23 505	99,4%	24 146	13 096	54,2%
CENTRE	75 586	3 126	4,1%	77 583	8 096	10,4%	79 213	7 080	8,9%
EST	29 813	4 253	14,3%	30 324	21 816	71,9%	30 961	11 495	37,1%
EXTREME NO	90 441	27 882	30,8%	92 942	84 129	90,5%	94 894	41 361	43,6%
LITTORAL	55 631	2 911	5,2%	56 880	9 144	16,1%	58 075	6 403	11,0%
NORD	46 476	20 225	43,5%	47 962	56 141	117,1%	48 970	31 265	63,8%
NORD OUEST	29 305	6 058	20,7%	29 648	13 196	44,5%	30 271	5 426	17,9%
OUEST	39 718	1 838	4,6%	40 148	7 671	19,1%	40 992	6 226	15,2%
SUD	16 475	1 737	10,5%	16 246	6 152	37,9%	16 588	4 496	27,1%
SUD OUEST	25 038	6 779	27,1%	25 527	17 353	68,0%	26 064	8 085	31,0%
CAMEROUN	431 972	78 892	18,3%	440 909	247 203	56,1%	450 169	134 933	30,0%

# The challenges ahead



## Vaccine supply

Advance purchase of additional doses for boys (not supported by GAVI)  
Worldwide plea for sufficient production of HPV vaccines from different manufacturers



## Sustainable financing

Innovative financing to offset the rapid rise in vaccine costs due to population growth, the transition to GAVI eligibility and the introduction of new vaccines.  
Global advocacy to reduce the cost of HPV vaccine (current cost \$4.5 + fees) and other less accessible vaccines



## Vaccine hesitation

Appropriate response to public concerns about HPV vaccines and cervical cancer  
Advocate for a review of the scientific relevance of vaccination and its inclusion in GAVI support.



## Impact monitoring and assessment

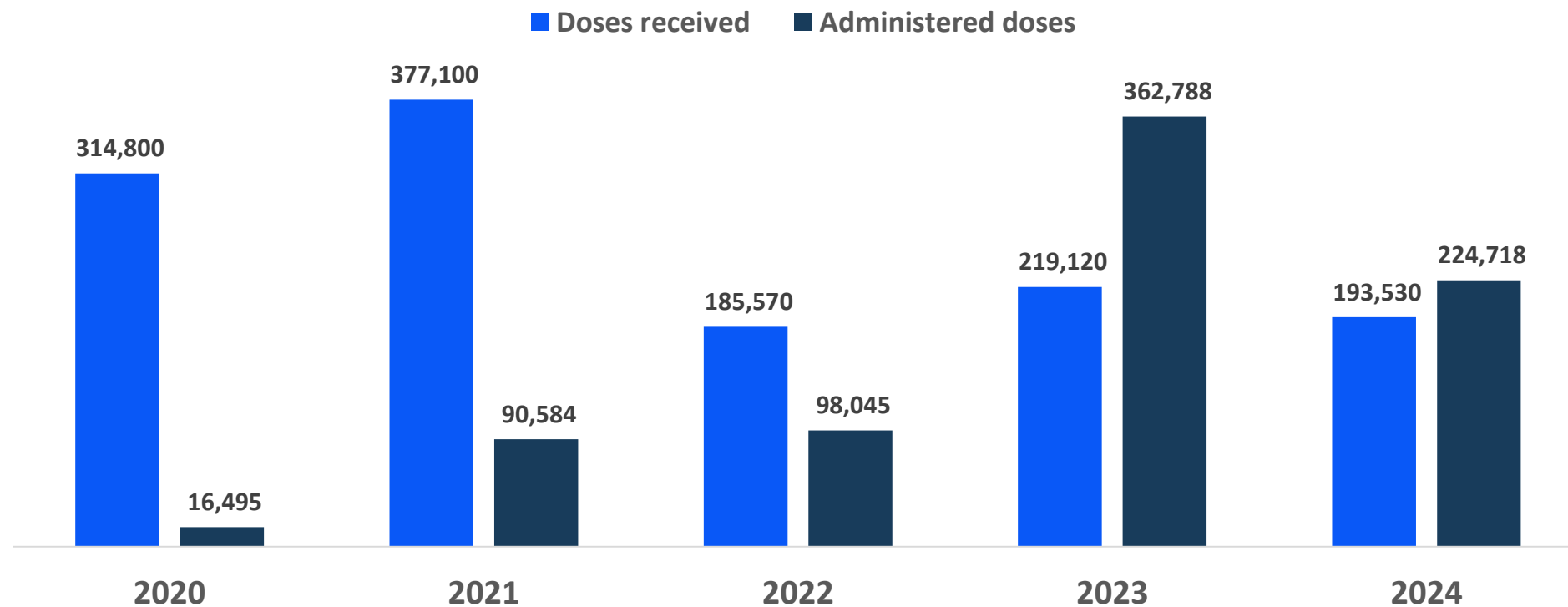
In addition to monitoring and measuring vaccine coverage, provide data on transient effects, including incidence of HPV infection, HPV immunity and incidence and mortality data for cervical cancer (cancer registry).



## Achieve the vaccination pillar elimination indicator by 2030

Multi-cohort catch-up + routine catch-up program for 10-14 year olds

# Availability and use of HPV vaccine doses, Cameroon, 2020-2024



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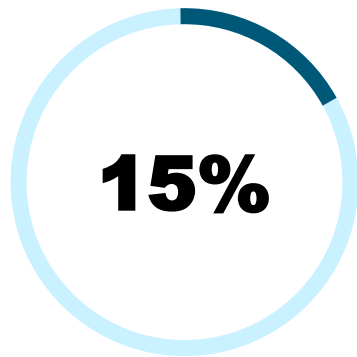
# Lessons learned and best practices

- Taking into account the population's socio-cultural concerns in the development of public policies
- Sustainable partnerships with communities, youth volunteer associations, women's associations, the education and youth sector
- Organization of community dialogues focused on risk perception of HPV infections and all its complications
- Diversification of service strategies (community, places of worship, schools) according to the preferences of target communities



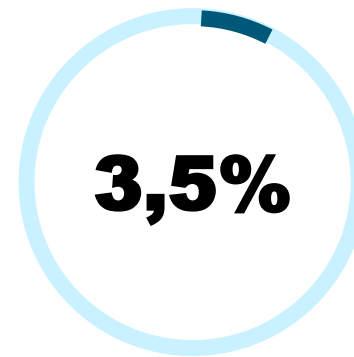


# Progress towards eliminating cervical cancer 2030



## Vaccination pillar

The WUENIC estimate was 7% in 2022 and 66% in 2023 on a single cohort. A vaccine coverage survey including HPV estimates will be relevant from 2026 onwards.



## Screening pillar

Secondary data collected during the 2018 DHS estimates the proportion of women who have been screened at 3.5%. Other local studies have found variable proportions, but all below 50%.



## Care pillar

There are no official data on the management of precancerous and cancerous lesions. National cancer registry not yet in place

**Thank you**

