

PITFALLS

A review of diverse program implementation experiences globally provide lessons on how previous programs can be improved upon. Learning from others' experiences can help low- and middle-income countries avoid common pitfalls and maximize their chance of success when introducing and sustaining HPV vaccinations for adolescent girls between the ages of 9 and 14 years.

PITFALLS TO AVOID IN PLANNING AND PREPARATION

Some delays are inevitable when coordinating a vaccine introduction across multiple sectors and levels. However, experience shows that delays in planning affect both the timing and quality of introduction activities. It is critical to avoid protracted delays in obtaining memoranda of understanding (MOUs) and funding, including funding distribution to lower levels, to avoid further delays across planning activities. Clear communication at all levels is vital to avoid mistimed implementation activities and loss of trust.

Low coverage is common in countries that did not undertake a successful planning process (i.e., failure to design detailed plans, microplanning activities, stakeholder consultation and coordination). Similarly low coverage is associated with countries that have struggled to create an enabling environment through demonstrable political will, creation of a strong National Immunization Program (NIP)-led multisectoral implementation committee, clear communication, and strong community engagement.

Clear leadership and communication are vital to ensure that all stakeholders are aware of and understand the plan for HPV vaccine delivery. Limitations in program reach are inevitable if vaccines are only provided once or at a single location, and the delivery plan should address this. The ministry of education's (MOE) leadership and support at the highest level needs to be communicated across all levels of the education sector.

PITFALLS TO AVOID IN COMMUNICATIONS

When IEC materials are delayed, rushed, or not effectively disseminated (including in local languages), misinformation and rumors can arise and result in hesitancy. Local communications should be disseminated and reinforced by trusted

voices, such as health workers, schools, community leaders, or religious leaders.

Failure to anticipate and manage rumors at all levels, including in schools, will result in hesitancy and low coverage or pockets of low coverage.

Regaining trust is far more challenging than implementing a proactive communications approach that anticipates and preempts potential rumors, including a plan for their immediate and ongoing management.

Community trust in the vaccine can be lost during an uncoordinated and poor response to crisis in the absence of an effective crisis communication plan.

PITFALLS TO AVOID IN EFFECTIVE DELIVERY

Failure to leverage existing health care and vaccination delivery mechanisms at the local level frequently results in missed opportunities, lack of confidence in the program, and poor coverage. Using these mechanisms well can include assigning community health care workers to reach out-of-school girls, assigning village health teams to conduct immunization sessions, and using existing vaccine transport systems and schedules. Consent procedures that do not align with those implemented for infant vaccines creates mistrust.

Not adequately coordinating vaccine delivery with school breaks or other known events (e.g., school holidays, rainy season, or exam periods) can lead to low coverage and less support for future vaccine rounds.

Vaccination eligibility and how this is determined should be clearly communicated with school staff, parents, and health care workers. Failure to do so can lead to missed vaccinations and vaccine leakage into the non-target population. Similarly, adequate planning for and communication about out-of-school vaccination sessions, especially for those who missed in-school sessions, is vital.

HPV vaccination programs can also fail due to inadequate or delayed local funding, staffing shortages or strikes, inadequate supervision and documentation, inefficient and/or disorganized methods of tracking girls (e.g., phone calls), ineffective vaccine stock management and cold chain capacity, or unregulated temperature monitoring (including the absence of backup power for cold chain equipment).

Weak data and reporting systems and staff with limited or no knowledge of reporting requirements can challenge both program delivery and ability to identify areas needing attention. For example, inadequate data on the number of girls in and out of school negatively affects supply and session planning. Having pockets of unvaccinated girls (e.g., in particular private schools, religious groups, or geographical areas) is correlated with low coverage.

HPV data requirements need to be integrated into existing paper and electronic reporting systems and available to use during program implementation by health care workers. Health care workers must understand data reporting and coverage calculations and routinely use vaccination cards.

AEFI reporting systems should be updated and

strengthened where there is any doubt as to their current performance.

PITFALLS TO AVOID IN SUSTAINING PROGRAMS

Siloed and short-term budgeting for HPV vaccine delivery limits the sustainability of the program. A strong program and financial plan are needed to make HPV vaccinations routine year-on-year after the initial introduction (including integration of ongoing staffing and management at all levels into existing immunization systems). Without a national financial plan and the political will to secure funding for strategies that are effective and result in high coverage (e.g., school outreach or annual fixed-time delivery), an HPV vaccine program cannot become sustainable.

Program sustainability requires realistic ongoing budgets based on adequate assessment of financial needs and timely distribution of funds to lower levels. Financial contingency plans for one-off unanticipated expenses (e.g., travel or printing costs) should be embedded as should adequate funds devoted to communications, social mobilization, and other activities needed to sustain program activities annually.

ENABLERS	
✓	Strong political commitment
✓	Early planning led by the NIP and involving all key stakeholders
✓	Strong engagement and specific delivery strategies including microplanning with the mainstream school sector and private schools, as well as for out-of-school girls
✓	Adequate and ongoing funding to routinize HPV vaccine into existing systems with realistic budgets, including for ongoing annual training and communication activities
✓	Clear eligibility criteria established, maintained, and communicated and consent processes aligned with other vaccine programs
✓	Anticipation and proactive management of vaccine rumors, with a strong communication plan, crisis plan and training at all levels
✓	Articulated and integrated HPV vaccine data requirements within routine immunization reporting systems
✓	Strong buy-in from health care workers
✓	Refresher training to account for staff turnover by health workers and educators

OBSTACLES	
✗	Poor coordination between government sectors and partners
✗	Funding challenges, including delays in distribution of funds and budget shortages
✗	Poor microplanning
✗	Poor timing of school vaccination sessions
✗	Failure to train/orient ALL pertinent actors
✗	Limited range of communication activities.
✗	Poorly developed crisis communication plans and insufficient training on communicating vaccine safety
✗	Poor management and anticipation of widely circulating rumors and/or vaccine hesitancy

A comprehensive list of references can be found in a separate document, available [here](#).

This brief summarizes new evidence building on a comprehensive review of HPV vaccine delivery experiences across 46 low- and middle-income countries, published in 2016 by PATH and the London School of Hygiene & Tropical Medicine. The updated brief was developed by the HPV Vaccine Acceleration Program Partners Initiative (HAPPI) Consortium and may be used freely. The HAPPI Consortium is managed by JSI together with our partners Clinton Health Access Initiative (CHAI), the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health, Jhpiego, and PATH.