

Engaging Stakeholders



In November 2013, with assistance from Gavi, The Vaccine Alliance and partners, the Government of Madagascar (GoM) began vaccinating adolescent girls with the life-saving Human Papilloma Virus (HPV) vaccine through a 2-phase pilot conducted from 2013 to 2015 in the urban district of Toamasina I and the rural district of Soavinandriana. HPV vaccine protects women from the most dangerous strains of HPV that lead to approximately 70% of cases of cervical cancer in women worldwide.¹ Last year, it was estimated that 3,194 women suffered from cervical cancer in Madagascar alone, of which 1,804 women died.² In an effort to combat the detrimental effects of HPV infection on a population of over 7 million Malagasy women at risk,² the GoM conducted a series of pilot introductions of the HPV vaccine to identify the most effective strategy for reaching the target population given the financial, human resource, and health system constraints.

Throughout the first phase of the introduction, the implementing agencies, led by the Ministry of Health and Family Welfare (MoHFW) and the Ministry of Education (MoE), followed a collaborative, iterative planning and monitoring process that included coordination through a multi-partner HPV pilot committee, with technical representatives from immunization and infectious diseases, adolescent services, education, and partner organizations. This required new strategies—such as school-based vaccination and enumeration and special outreach service provisions—for the health program, schools, and communities to work together to target an age group not usually covered by vaccination services. The surveyed coverage for Toamasina I and Soavinandriana districts for the first and second doses of the HPV vaccine provided in November/December 2014 and December 2014/January 2015 averaged approximately 76% and 69% between the two districts, respectively—in line with the Gavi HPV pilot requirements to achieve at least 50% coverage.



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Strategies for Engaging and Coordinating Stakeholders in HPV Vaccination

Madagascar's experience demonstrates how effective collaboration between stakeholders is critical. Country Expanded Program on Immunization (EPI) departments, including in Madagascar, have not typically been structured to reach a target population such as adolescent girls as part of routine services. Also, some of the actors involved in HPV vaccination—such as schools or programs that work with adolescents—are not directly involved in immunization activities. As soon as the decision to introduce the HPV vaccine is made, an HPV committee should identify and engage with a comprehensive list of people and groups who have access to and influence over the target population to garner their support for the

implementation of HPV vaccination and to assist with addressing any concerns or resistance. In addition to health staff and community health workers, these stakeholders will likely include many actors within the MoE system (school district leaders, public and private school directors, and teachers), as well as parents' associations, community leaders, religious leaders, groups/organizations that work with adolescents, and local civil society and non-governmental organizations.

Seven key considerations and strategies that the Madagascar HPV pilot committee employed to facilitate collaboration and engagement amongst the many key actors involved in HPV vaccination are noted:

- The introduction leadership should **have a thorough understanding of the structure and chains of command for new partners outside of the usual immunization program.** Appropriate protocols should be followed to include these partners and their key focal points in the planning and management of the respective aspects of the introduction process for which they have an influence.
- The pilot committee should **ensure that adequate time is given to engage the different partners at all levels**, so that they feel prepared to manage introduction activities that will affect them and have sufficient time to familiarize themselves with and prepare for carrying out their roles.

It is essential that part of the introduction strategy development includes microplanning at district level and includes church representatives, school directors, parents' association members, and community leaders, to ensure that all key stakeholders are informed and receive the same information.

—Dr. Marius Rakotomanga, EPI Director

- It is important that **community dialogues** are conducted **with the various influential leaders and community members** and that they are engaged in disseminating information and promoting the vaccination activities. Their input should be sought when strategies are being developed for reaching the target population as—well as when identifying critical messages and potential bottlenecks or challenges. Their support of the program will build the community's

confidence, and these **community members should be enlisted to conduct targeted advocacy** to prevent and/or address cases where there is vaccine resistance.

- Roles should be assigned to the appropriate stakeholders who **have the most influence and direct involvement in implementing the vaccination strategy.** For instance, while higher-level school administration needs to be informed and collaborate on providing approval to implement the vaccination strategy; it was the school directors and teachers who were most actively involved and who therefore need to have sufficient training and clarity about their roles.
- There should be sufficient training for all key players, well in advance, in addition to **refresher trainings after each dose is administered** (given the time between doses) to reduce the incidence of drop-out (i.e. girls not returning for subsequent doses). This is **particularly essential during the pilot phase and initial introduction**, but can potentially be scaled-down, once the vaccine is accepted and established in the routine system. In order to efficiently train the highest number of stakeholders, **cascade trainings should be well-organized and followed-up** to ensure that capacity is built from the central level and particularly at lower levels.
- It is critical that **sufficient time is allotted to the planning process** (including trainings, development and dissemination of communications materials, and scheduling of vaccine administration), given the multiple stakeholders and the need for coordination between institutions that may not be actively providing health services.
- All relevant stakeholders providing leadership during the introduction should be recognized and **treated equally in terms of input and compensation** (notably the MoHFW, MoH and MoE partners at all levels).

Madagascar's experience during its initial introduction of the HPV vaccine can serve as an example to inform other countries that are planning similar introductions. These lessons learned can help to guide the vaccine introduction planning and identify considerations to facilitate coordination with multiple stakeholders and most effectively and efficiently reach the target population.

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¹ World Health Organization, "Human papillomavirus (HPV)," 20 March 2016. [Online]. Available: <http://www.who.int/immunization/diseases/hpv/en/>. [Accessed 2016].

² L. Bruni, L. Barrionuevo-Rosas, M. Aldea, B. Serrano, S. Valencia, M. Brotons, M. Mena, R. Cosano, J. Muñoz, F. Bosch, S. de Sanjosé and X. Castellsagué, "Human Papillomavirus and Related Diseases in Madagascar: Summary Report," 2015-12-24.

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