

Implementing a HPV Vaccine Campaign in Rural Haiti

Partners In Health

Zanmi Lasante



Thanks & Acknowledgements

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- Sarah Marsh
- ZL staff
- Vaccine recipients and their families in Haiti's Central Plateau



Haiti



- Poorest Country in the Western Hemisphere
- Population 9 million
- 72% of Population lives on less than \$2 per day
- 64% of the Population is rural
- 50% adult literacy rate



Cervical Cancer in Haiti

- Highest Incidence of Cervical Cancer at 87.3/100,000*
- Mortality rate from cervical cancer is 48/100,00, second only to Tanzania and Lesotho*
- Information about Cervical Cancer and HPV is virtually non-existent
- Access to screening and treatment limited to those who can pay and isolated to urban areas where cytology services are available
- No radiation therapy available in Haiti



PIH in Haiti

- Partners In Health (*Zanmi Lasante* in Haitian Kreyol) has been providing health services to rural communities in central Haiti for over 20 years
- PIH works in partnership with the public sector at 14 facilities to provide free quality primary health care services to a population of 1.3 million
- Since 1990, PIH has worked to implement cervical cancer screening and treatment programs in rural Haiti



Project Overview

- Collaboration between PIH and the MSPP of the Central Department with the general objective of demonstrating the *acceptability* and *feasibility* of HPV vaccination as a part of a broader cervical cancer prevention and treatment strategy
- The project was designed to deliver HPV vaccine to a target population of 3,300 10-12 year-old girls attending school in 3 communes in the Lower Central Plateau of Haiti with an 80% completing all 3 doses
- The project was implemented using *existing* public sector vaccine infrastructure and *existing* community health structures for education and awareness raising



Project Activities

- Letters of support from Ministries of Health and Education
- Gardasil® Import authorization obtained
- Formation of Project and Surveillance Committees
- Informal formative research conducted to inform project design
- Implementation plan revised
- Materials and supplies coordinated; project tools created
- Schools recruited and school directors engaged
- Multifaceted community education campaign
- Training for vaccine teams and health facility personnel
- Vaccine Campaign
 - Dose 1: November 24 – December 3, 2009
 - Dose 2: March 1-5, (schools), March 8 – 12 (household), 2010
 - Dose 3: June 7th – 11th, 2010
- Surveillance and Evaluation



Formation of Committees

A management structure that engaged all stakeholders was devised including:

1. Project Committee –the community health nurse from each targeted commune, project coordinator (GP), a pharmacist, a logistician/driver, and an accountant
2. Surveillance Committee – a collection of clinicians and public health professionals employed by the MSPP and PIH



Informal Formative Research

- Informal meetings held by the community health nurses with community leaders, groups of parents, and several groups of girls about HPV vaccine to inform project design
- Revealed that the formal health facility viewed as an *inappropriate* location to engage young and adolescent girls
- Revealed willingness of communities to openly discuss sexual health of adolescents



Role of School Directors

School Directors acted a bridge between the formal health sector and girls and parents

- Provided numbers of girls at specific schools which aided in planning
- Called meetings with parents and project members to provide information about the vaccine, and risks and benefits
- Managed consent (opt-out)
- Collected girls for subsequent doses
- Tracked and communicated adverse reactions to health team in days following each dose of vaccine





Community Education Campaign

Wide spread campaign in 3 target communes including:

- Radio spots
- Posters and Brochures
- Meetings with community leaders, church groups, civil society groups and women's groups
- Employment of *crieurs* in days preceding each dose
- CHWs call *Ajan Sante* were engaged in 2 out of 3 communes





**Zanmi
Lasante**



**Pi bonè se granm maten,
Ann vaksinen pitit fi nou yo pou nou
ka pwoteje yo kont kansè kòl matris.**



Vaksen Kont Kansè kòl matris

Surveillance and Evaluation

- Concerns over adverse reactions led to the closer surveillance and evaluation of adverse reactions after each dose
- 10% of girls were directly evaluated daily 5 days post vaccination for adverse reactions
 - Communications system supported to alert local health facilities of any adverse reactions





Results



	Lascahobas	Mirebalais	Boucan Carre	Total
Number of Schools	33	92	37	162
Number of girls by age	397	735	316	1,448
10 years	266	503	231	1,005
11 years	343	744	266	1,353
12 year	1,006 (26.4%)	1,978 (52.2%)	813 (21.4%)	3,806 (100%)
All ages				
Number of Girls Vaccinated				
Dose 1	1,006 (100%)	1,987 (100%)	813 (100%)	3,806(100%)
Dose 2	903 (89.8%)	1,654 (83.2%)	745 (91.6%)	3,302(86.8%)
Dose 3	857 (85.2%)	1,309 (65.9%)	718 (88.3%)	2884 (75.8%)

Adverse reactions

- 2 cases of syncope reported after the 2nd dose. Both cases recovered quickly and were visited daily by community health staff for 5 days post-injection for surveillance
- 1 case of rash was referred to the health facility and treated. The girl did not receive additional doses of vaccine



Limitations and Challenges

- January 12th Earthquake forced shift in vaccination schedule secondary to school closures and contributed to movement of families and girls
- Only 33.4% of girls in the Central Department attend primary school
- Cost of vaccine and implementation make it prohibitively expensive to scale up
- Limited to a vertical intervention for the sake of the pilot



Lessons Learned

- Need for generalized education about HPV and cervical cancer amongst communities and health professionals
- Need for specific health and health education programming for young adolescent girls and boys
- Multi location vaccination strategy preferred to reach the most vulnerable girls and provide health information to a broader segment of the community



Conclusions

- Implementing HPV vaccine in Haiti is *acceptable* and *feasible* using the public health sector infrastructure even against the backdrop of an unprecedented crisis
- Scale-up of HPV vaccine programs needs to be led by the Haitian MSPP as part of an integrated cervical cancer prevention and treatment strategy
- Expanding HPV vaccine distribution will require significant investment and international support

