



Lessons learned from nimble adaptations to organisations' responses to the sexual and reproductive health (SRH) needs of adolescents in the context of the COVID-19 crisis

Country: Laos

Ministry of Health - Laos

After conducting a successful demo project in two provinces of the country, in 2017 the Government of Lao People's Democratic Republic decided to introduce an HPV vaccine with financial support from Gavi. With limited access to screening and treatment, HPV vaccines are the most important measure to reduce the burden of cervical cancer. To prepare for the introduction, the Ministry of Health worked with international partners that included Gavi, WHO, UNICEF, the US CDC, Girl Effect, and Vaccine Confidence Project, to prepare for the introduction. A key element was to equip health workers with the knowledge and skills for vaccination. HPV vaccine training was done in an innovative way as tailored training videos and interactive PowerPoint slides were used. A central training team approach ensured the dissemination of more uniform technical content to health workers and therefore, a smoother implementation of the new vaccine. The training was well received by the health workers. The other key aspect is broad communication and mobilization of the community and key stakeholders around the vaccine. A communication plan was developed in 2018 and special attention was given to the communication with adolescent girls and their families. This included the use of social media and branded approaches focusing on girls. A campaign on Facebook to counteract biases and misconceptions seemed to have had a positive impact.

Were you delivering services to young people before the COVID-19 crisis?

The introduction of the HPV vaccine was planned for 4 March 2020, with a gradual rollout of the introduction over the country, using a predominantly school-based HPV vaccination program targeting girls aged 10-14 years old across the country. At the same time, girls not attending school would be able to obtain the vaccine at the health facility or through outreach. Experience in other countries where the vaccine is provided at schools indicates that only a very small percentage of vaccinations, often well below 5%, are provided outside schools.

This indicates some progress in school enrollment particularly in this age group, but also the major challenges reaching out-of-school girls. Laos used a specific approach through collaboration and coordination with health centers, schools, village heads, and village health volunteers to identify and invite out-of-school girls to the nearby school on the vaccination day.

One province of the country launched the vaccine in mid-February due to planned closures of schools. In that province, a national sports tournament is typically held and attended by pupils from the whole country in the March-April period.

What new approaches did you use to respond to the barriers created by the COVID-19 pandemic to reach young people?

As the COVID-19 situation in close by China was monitored, Laos started to restrict tourism to the country in February 2020. In early March 2020, mass gatherings were being discouraged affecting the scheduled launch of the HPV vaccine on March 4th which was scaled down. When the pandemic was declared by WHO, and as first cases were detected in the country, like many countries around the world, the Lao Government decided to close primary and secondary schools starting March 21st. These closures would last several months and affect the introduction in all the remaining provinces. As a result, the COVID-19 responses, including school closures and lockdown, presented a huge challenge for the roll-out of the program. The additional protective measures— intensified hygiene measures, social distancing, reorganization of health facility infrastructure and flow, and other COVID-19 prevention measures added to the burden of service delivery.

The country announced a modified delivery strategy: Laos' National Immunization Program (NIP) and Maternal and Child Health Center (MCHC) encouraged all eligible girls to visit nearby health centers that could either integrate HPV vaccination into routine outreach or conduct HPV vaccination in outreach sessions to the community. A new communication message was issued: *“Girls who missed the HPV vaccination can visit nearby health centers or district hospitals to protect them from cervical cancer. Check with village health volunteers and village heads if there are any plans that health workers come to visit the village for HPV mop-up/outreach sessions.”* These messages were sent through various channels to reach communities, parents, and girls.

The Ministry of Health decided from the onset of the COVID-19 crisis to continue vaccination and other services as much as possible and— in case COVID-19 may overwhelm health centers— vaccinators were encouraged to identify other vaccination service delivery sites in the community in collaboration with village heads. The Ministry of Health with support from its technical partners such as WHO and UNICEF intensified the supportive supervision meetings to provinces and involved the Polio STOP teams in strengthening HPV vaccine introduction.

How are you working to find out if these approaches are having the desired impact?

Despite fears that the overall challenges COVID-19 posed on the population and health workers as well as the changes in delivery strategy would affect coverage during these sensitive months of HPV vaccine introduction, it can be concluded that the country still successfully introduced the HPV vaccine program. While several provinces like Xiascomboun have not fully introduced and need to carry out further mop-up activities, the majority of provinces had

reached more than 70% coverage by the end of July 2020 (see Fig 2). In total, approximately 280,000 girls have received the first dose of the HPV vaccination in Laos and the overall vaccine coverage was 77% by July 2020. To put this in perspective, this coverage is higher than the average HPV vaccine first-dose global coverage of 67% in 2019 as reported by WHO and UNICEF^[1].

Some cases of adverse events following immunization (AEFI) were reported, and were well managed by the Ministry of Health and technical partners and did not affect vaccine confidence and overall acceptance of the vaccine in Laos. It can therefore be concluded that HPV vaccines were extremely well accepted and that the introduction was a success despite the COVID-19 situation and changes in strategies.

I. HPV vaccination introduction worldwide and WHO and UNICEF estimates of national HPV immunization coverage 2010-2019 <https://pubmed.ncbi.nlm.nih.gov/33388322/>

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