



Eswatini

Learning Forum: Middle-income Countries New Vaccine Introduction Experiences Geneva, Switzerland, 23-25 April 2024

Coverage & Key Indicators

	HPV	Rota	PCV
Introduction Status	Nationwide, multi-age catch up campaign	Introduced	Introduced
If Yes, from which year	2023	2015	2014
For HPV:			
Target group: age and sex	9-14 year-old girls		
Delivery mode: Facility, School-based, Mixed	Mixed Method: School-based, facility based and outreach services		
Dose schedule: current and year if one-dose switch is planned	Single dose schedule, 2023. Second dose to be provided to immunocompromised girls.		

Key Challenges and Strategies

Achievements/Strengths	<ul style="list-style-type: none"> Strong buy in and political will (from the Cabinet Level) and support from other line ministries (i.e. MoE and MoF). Clear roles and responsibilities for multiple relevant Ministry of Health departments and partners. Strong use of regional(sub-national) health and community structures to reach adolescents, parents, community leaders, community healthcare workers, and the closest facilities. Leverage the expertise of new and existing partners for each vaccine introduction pillar (Service delivery, Communication, Supply Chain, Health Finance etc.) Leveraging already strong immunization health systems (Trained health workforce, service delivery structure, digital data management, and cold chain).
Challenges	<ul style="list-style-type: none"> Vaccine hesitancy from parents and adolescent girls due to inadequate time to conduct dialogues through parent school meetings or community-based meetings. The health seeking behaviour of the target group leans away from regularly visiting facilities (Following the campaign, vaccines have been completely transitioned to routine immunization fixed sites). Adolescent Vaccine Uptake (13 and 14-year-old) is at a slow rate. Inadequate financial resources to support operational cost for the scaling up of the HPV vaccine to girls between the ages 15-18 and boys.
Partner Support	<p>Past: WHO – Financial and technical support to conduct immunization campaigns; develop and disseminate immunization policy guidelines, training materials and other supporting knowledge management exercises; UNICEF – Financial and technical support to improve immunization supply chain and logistics, as well as, develop, disseminate demand generation materials and other supporting knowledge management exercises; CHAI – Financial and technical support to forecast and mobilize domestic and international resources. Build capacity of Ministry of Health on vaccine economics, budgeting systems, and other supporting knowledge management exercises; PEPFAR/USAID – Financial support in conducting HPV vaccination in communities and other supporting knowledge management exercises; MSD – Financial support to bring awareness and sensitization on the introduction of HPV vaccine; PSI –Financial and technical support to improve demand creation of immunization services through traditional and digital communication platforms.</p> <p>Current: GAVI MICS TECHNICAL ASSISTANCE SUPPORT – Eswatini has received a grant as part of the GAVI MICS strategy. The grant is to support TA to ensure successful HPV introduction to girls between the ages 9-14 for a period of 13 months. The implementation of the grant is through implementing partners (CHAI, WHO, and UNICEF).</p>
Gaps	<ul style="list-style-type: none"> Return to schools for a school-based mop-up campaign to target poor performing schools. Support to strengthen social mobilization efforts through adolescent indabas (Meetings) focusing on girls between the ages of 13 and 14. Support to generate awareness and demand from parents and caregivers through parents/school meetings and community dialogues. Intensify resource mobilization to fill the resource gaps such as operational costs to scale up the integration HPV vaccine into routine immunization as well as to the remaining priority groups (older girls and adolescent boys).
Possible Strategies	<ul style="list-style-type: none"> Utilize existing community structures: community leaders, facility committees, community health care workers and adolescent-friendly organizations to reach out to caregivers. Leverage strong relationship with Ministry of Education and Training to support the targeted mop-up school-based campaign. Leverage the multi-public health program implementation platform for the integration and up-scaling of HPV immunization uptake at every service point (e.g. youth-friendly facilities and mobile services, schools, ART clinics, outreaches).