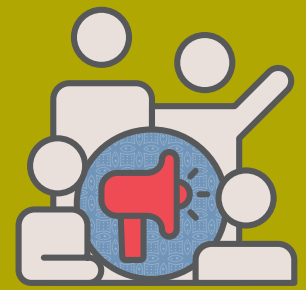


A Call to Action

Next Steps for HPV Vaccine Advocacy in Indonesia



As Indonesia readies for nationwide scale up of its human papillomavirus (HPV) vaccination program, there is still important work to be done to ensure that the program launch is successful and that critical momentum is maintained. Many partners are needed for this work and the role of civil society organizations (CSOs), non-governmental organizations (NGOs), and women's health or cancer advocacy groups is paramount. These community leaders can serve as HPV vaccine champions, and their involvement can catalyze local sensitization and education efforts, aid development of strategies for equitable engagement, and contribute to communicating the importance of this program to key government leaders and health authorities. These collaborations are essential and will be vital to support the implementation and ongoing refinement of a national strategy to ensure long-term sustainability of the HPV vaccine program in Indonesia.

Background

HPV is the cause of nearly all cases of cervical cancer, the second most common cancer affecting women in Indonesia. A cervical cancer diagnosis all too often leads to death – more than 57 women in Indonesia die from cervical cancer every day. In 2020, WHO outlined a global strategy to eliminate cervical cancer, with the ambitious goal of vaccinating 90% of girls by age 15, screening 70% of women for cervical cancer by age 35 and again by age 45, and ensuring that 90% of women with cervical cancer receive treatment. The vaccination pillar of this strategy holds remarkable promise, as HPV vaccines, which have been available since 2006, can reduce risk of cervical cancer by nearly 90% and have been proven to provide long-lasting protection.

Indonesia first began providing HPV vaccines to adolescent girls through school-based delivery in selected regions across the country in 2016, and the government has committed to introduce this life-saving vaccine nationwide in 2023. Districts of Yogyakarta Province have reported vaccine coverage of more than 90% through the Gavi-supported demonstration project. Next steps in Indonesia will require careful planning to rapidly expand the program and effectively vaccinate more than two million girls each year. There are several critical actions that will need to be taken to optimize these immunization efforts now and for years to come.

Promoting Awareness, Education, and Advocacy through Influential Groups

Engage religious leaders and address faith-centered concerns

Religion is a powerful social determinant in Indonesia, and local religious leaders can be extremely influential in guiding decisions related to healthcare, including immunization. To ensure the success of the HPV vaccine program, these leaders must be engaged to promote widespread acceptance of HPV vaccines. With a Muslim-majority population, many of the tenets and teachings of Islam are prominently featured in discussions about health promotion or decision-making. Concerns related to immunization and vaccine programs have centered around confirming that vaccines have followed halal standards and that HPV vaccination as a medical necessity is ethical and compliant with Islamic law. Additionally, the recommended window for vaccine delivery – girls aged 9-14 years – reflects concerted emphasis on primary prevention to offer protection prior to marriage. This has led to misunderstanding, as this is much earlier than when a young woman in Indonesia would be considered at risk for HPV infection. Important next steps to be taken include:

- » **Coordination of policymakers**, particularly between the Ministry of Health, Ministry of Religious Affairs, and Ministry of Education, is crucial to establish effective communication channels and facilitate and strengthen collaboration.
- » National religious authorities must work hand-in-hand with academic researchers and vaccine manufacturers from the private sector to **address and secure halal certification**, which is the first step in building public confidence and support for the acceptability of HPV vaccines. Lessons learned from other immunization efforts, such as recent COVID-19 vaccines, will be invaluable.
- » **Local religious leaders must be educated and empowered** to speak out and emphasize that HPV vaccines are safe, effective, and critically needed to prevent disease and reduce mortality risk among Indonesian women. These conversations should focus on cancer prevention as an urgent priority and should highlight the need to vaccinate youth now to ensure better health outcomes for the future.

Develop and deploy effective strategies to reach out-of-school girls

School-based delivery of HPV vaccines is a proven and effective strategy in Indonesia, which already operates a strong school immunization program, and HPV vaccination programs during the pilot phase were able to achieve extremely high coverage among girls attending school. However, an equitable national strategy must also account for vulnerable out-of-school girls or girls attending schools which are not reached by campaigns or in-person immunization activities.

- » The national HPV immunization plan must consider and include guidance about **how these out-of-school communities will be reached**. The country's policy may provide opportunities for contextualization, given the heterogeneity across Indonesia's 38 provinces, but these efforts should be planned, monitored and evaluated, and adjusted as needed as nationwide vaccination is implemented.
- » Communication strategies must be enacted to reach out-of-school girls and their families, as the need to deliver accurate and up-to-date information is crucial. **This may include both traditional and innovative forms of media** as well as face-to-face communication with health workers, teachers, and religious leaders, particularly for rural families. Key messages should center around the link between HPV infection and cervical cancer and the importance of young girls being vaccinated against HPV now, before they are at risk of infection.
- » Additional health care or medical services may be strategically paired and **integrated** with immunization activities, as marginalized populations often face unique barriers to access health care. Obstacles may include low literacy, geographic constraints, and competing priorities due to home or work responsibilities, and novel approaches are urgently needed to overcome these challenges.

Coordinate with subnational leadership including district-level health officials

Indonesia's Ministry of Health leads centralized procurement of vaccines, but the district-level health offices play a crucial role in completing the remaining steps of vaccination. These local offices are responsible for funding, planning, and implementing vaccination programs, including the provision of training for health workers and the creation and distribution of materials to sensitize and educate the community about HPV vaccines. Under the leadership and direction of national-level health officials, thousands of districts across the country will be delivering HPV vaccines, and robust coordination between these stakeholders is needed to ensure that the HPV vaccine program is successfully planned, implemented, and monitored.

- » As HPV vaccines begin to be introduced in the remaining regions of the country, the process for implementing this new program will need to be clearly communicated to district-level health offices. **Lessons learned** from the provinces delivering HPV vaccines through the ongoing demonstration program should be widely shared so that common barriers may be promptly addressed and enabling factors can be leveraged.
- » **Comprehensive training materials** will need to be thoughtfully developed and piloted for a range of audiences, including health providers or workers, school administrators, teachers, parents, and adolescents themselves. Resources should address operational concerns such as the administration and storage of HPV vaccines as well as essential information on the need for HPV vaccines, risks and benefits, and myths and misconceptions to mitigate the rapid spread of misinformation.
- » **District-level authorities and local education, religious, and political leaders** will need to be brought together to advance the conversation and address local or contextual factors which cannot be managed at the national level. The unified support and cooperative buy-in from these partners is crucial for overall HPV vaccine program success in Indonesia.

Conclusion

The Indonesian government has committed to and will soon begin to execute plans for national introduction of HPV vaccines. This briefing outlines the additional efforts that are critically needed to optimize this new immunization program. Some of the insights gained from COVID-19 vaccine rollout may be instrumental to guide planning efforts, such as acknowledging the power and potential harm caused by sources of misinformation and disinformation. In a country as large and diverse as Indonesia, several unique considerations emerge, including logistical complexity required to deliver HPV vaccines to geographically isolated areas (including some that cannot even be reached by land), cultural and religious variation within and across regions, and the many languages spoken throughout the country. This call to action highlights some key domains that must be promptly addressed to secure a safe and healthy future for the next generation of young women in Indonesia.

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