

**Potential Opportunities to  
Increase HPV Coverage by  
Reaching Adolescent Girls beyond  
Current In-School Focus  
A Country Assessment Tool**

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**Spark Street Advisors**

Data Driven Strategies

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Funded by the Bill & Melinda Gates Foundation and developed by Spark Street Advisors in collaboration with Pathfinder Ethiopia, Acasus, and Social Impact, this assessment tool provides a standardized approach to identify entry points, partners, and new approaches for reaching out-of-school girls with HPV vaccinations. The tool was developed in July-November 2024 based on a practice run in Ethiopia.

## Background

Since the licensing of the first HPV vaccine in 2006, 145 countries have introduced HPV vaccines in their national immunization program.<sup>1</sup> Most programs, including those supported by Gavi, have primarily used school-based delivery strategies, with only a few deploying health facility- or community-based strategies.<sup>2</sup> While the school platform gives an opportunity to cost-effectively achieve high coverage, it excludes girls who are either temporarily or permanently out of school or beyond school age.<sup>3</sup>

To date, there is very little evidence on HPV vaccinations provided for girls outside of the school context.<sup>4</sup> To this end, the Bill & Melinda Gates Foundation supported the development of a tool to help organizations working on HPV conduct country assessments that **explore delivery strategies with the potential for reaching girls missed by school-based HPV vaccination**, including those implemented across sectors and linked to broader adolescent health and development programs.

The purpose of the tool is not to suggest replacing a school-based strategy; rather, it seeks to help country teams identify complementary opportunities to enhance overall HPV vaccination coverage and provide all eligible girls with equitable access to HPV vaccination services. The findings are intended to be used to strengthen a country's HPV vaccination efforts and inform cross-country learning.

## Objectives

The overall objective of the country assessment is to enhance HPV vaccination coverage by identifying potential strategies to reach out-of-school girls missed by the school-based vaccination. The primary focus of the assessment is on out-of-school girls 9-14 years, and the secondary on those 15-20 years.<sup>5</sup> Specifically, the tool aims to:

1. Assess the scope and key causes of girls not reached through a school-based strategy (e.g. demographic and other characteristics of girls out of school);
2. Document HPV vaccination efforts conducted outside the school context (if any), assessing the factors affecting planning, implementation, and outcomes;
3. Identify opportunities (programs, partners) to co-deliver HPV vaccination with existing broader adolescent initiatives across the sectors and define prerequisites to initiating such work.

The assessment tool is intended to facilitate an initial exploration of the potential entry points and key partners for future programmatic work, rather than as a rigid research instrument.

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<sup>1</sup> WHO. [HPV Dashboard](#), updated 12 Nov 2024.

<sup>2</sup> Tsu VD, LaMontagne DS, Atuhebwe P, et al. [National implementation of HPV vaccination programs in low-resource countries: Lessons, challenges, and future prospects](#). *Preventive Medicine*. 2021;144; Gavi, the Vaccine Alliance. [GAVI funds vaccines to protect girls against cervical cancer](#). Published February 4, 2013. Accessed December 4, 2023.

<sup>3</sup> Hanson CM, Eckert L, Bloem P, Cernuschi T. [Gavi HPV Programs: Application to Implementation](#). *Vaccines*. 2015;3(2):408-419.

<sup>4</sup> We conducted a scoping review in January 2024 that identified a lack of evidence on HPV vaccination efforts targeting out-of-school girls.

<sup>5</sup> WHO [Human papillomavirus vaccines: WHO position paper](#) (2022 update). *Weekly epidemiological record*. 97(50):645-672.

## Development process

The requirements for an assessment team or an individual researcher may vary by country depending on the country context (e.g., size, language, expertise needs, etc.). Before initiating the assessment, the team should obtain necessary information on the purpose, approach, and methods, including by reviewing this document. The team would then adapt the tools to fit the local contexts (sub-national and below), including the relevant language(s), and acquire any permissions necessary (e.g. Institutional Review Board, IRB) to conduct the assessment.

Regular check-ins will need to be defined, including with any overseeing organization, funder, or steering group established specifically for the assessment process.

Figure 1 outlines the process for developing an assessment. The following sections further explain a potential approach and methods for data collection, reporting, and communications.



Figure 1. Country assessment process

## Proposed timeline

The estimated duration of a country assessment is 12 weeks (see breakdown in Figure 2).

Activity	Time
Project planning, kick-off	Week 1
Finalize plan and assessment tools	Week 3
Conduct country literature/document review	Week 4
Develop a list of stakeholder interviews/discussions	Week 4
Schedule and conduct interviews/discussions (15-20 stakeholders)	Week 5-8
Draft country report	Week 9-10
Finalize country report (up to 7 pages) with relevant annexes	Week 11-12

Figure 2. Proposed timeline

## Approach and methods

The assessment relies on a mixed-methods approach consisting of document review and key stakeholder interviews/discussions. It incorporates primarily qualitative and, where relevant, quantitative data. This proposed design does not require [Institutional Review Board](#) (IRB) approval, however, the assessment team should refer to local guidelines to confirm whether IRB or other ethical approval is needed. Intended as an initial assessment, adjusting the plan accordingly to avoid IRB is recommended.

Suggested methods are specified in detail below to facilitate cross-country analysis (see also tools and a report outline in Annexes 1-2). It is critical to conduct the document review prior to interviews/discussions with stakeholders to better understand the issue and the key gaps in knowledge.

To allow for a more nuanced understanding of the range of in-country contexts, the team should conduct sub-national analysis. Including sub-national data will help identify pockets of poor vaccination coverage and develop tailored strategies responsive to each unique context.

### Document and data review

**Purpose:** A document review provides background information on the national HPV vaccination program, partners, and any efforts implemented outside the school context as well as on any other relevant initiatives, including broader adolescent health and development programs and partnerships. It helps identify underserved areas (regions or population groups) and describe the magnitude and key causes of girls not reached through school-based vaccination, including demographic and other characteristics of out-of-school girls.

**Sources:** Researchers should review grey literature, including national and sub-national HPV vaccination strategies, plans, and assessments, as well as program documents, plans, and assessments relevant to out-of-school girls from health, education, or other sectors. Country-specific peer-reviewed publications can be used if available. The review should include data on HPV vaccination coverage by region for both in-school and out-of-school girls, if available, from the Ministry of Health (MoH), WHO, and/or UNICEF, as well as out-of-school rates by region, rural/urban from the Ministry of Education (MoE) and/or partners.<sup>6</sup>

Given that many policy and program documents may not be publicly available, access may require contacting MoH, MoE, and partner agency focal points. Online government databases and partner organizations' websites can also be searched to identify assessments, reviews, and other complementary information.

**Data review and analysis:** Ideally, two researchers should collect and analyze relevant information from various sources for analysis, tracking data gaps where they occur. Guiding questions in a proposed report template (Annex 1) can help identify relevant information.

### Interviews/discussions

**Purpose:** Interviews and discussions with key stakeholders can complement and confirm the background information obtained through the document review and help identify potential HPV vaccination strategies and programmatic entry points to target out-of-school girls. As the proposed protocol does not suggest collecting identifiable private information through interviews/discussions with stakeholders, IRB approval should not be required, however, the assessment team should check local requirements.

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<sup>6</sup> See for example, UNICEF [Education Data](#)

**Interviews/discussions:** Participants should include national policymakers (e.g., MoH, NITAG); experts in HPV, adolescent health, education, and social policy/protection; local non-governmental organizations working with out-of-school girls; and partners, including multilateral organizations (e.g. WHO, UNICEF), international non-governmental organizations, and other relevant funding, technical and implementing partners. We recommend conducting approximately 15-20 interviews/discussions to get a full range of views and perspectives.

**Selection criteria:** It is necessary to select participants with diverse expertise, perspectives, and backgrounds (e.g., gender, ethnicity) to generate a range of perspectives and facilitate a comprehensive understanding of the subject. Participants should include stakeholders with current or previous influence over policies and programmatic direction of HPV vaccination; direct involvement in HPV and broader adolescent health, education, development, and wellbeing program development and implementation; relevant subject expertise; and/or long-term commitment to community engagement and advocacy in the relevant areas.

**Procedure:** Interview guides should be shared in advance of the call or face-to-face meeting to help participants prepare for the meeting. Interviewers should begin the interview by explaining the purpose of the assessment, confidentiality, and anonymity and ask for consent to interview and/or permission to record (see Annex 2 for draft guide).

Interviews/discussions can be with a group of stakeholders; however, one-on-one meetings are often better for soliciting in-depth information. The discussion guide assumes 60 minutes per meeting. Note-taking is important for capturing the key points and details. Recording is also helpful but requires participants' prior consent. All information, notes, and recordings will need to be kept confidential and should be destroyed at the end of the project.

The questions asked should be iterative and adapted to respond to emerging findings. We recommend updating the discussion guide as appropriate and/or probing to focus on areas of disagreement or where information or clarity is required.

**Data Analysis:** Information obtained from stakeholders is thematically analyzed to identify recurring themes and patterns in participants' responses. A 1-2 page summary of key findings, organized according to the questions, helps with reporting.

**Conflict of interest:** Given that some participants have directly influenced the HPV program, the assessment team needs to manage conflicts of interest by reflecting on potential biases and describing them in the methods section of the paper and triangulating findings through other interviews, discussions, and document review.

## Reporting

To enable a standardized approach across the country assessments, the reporting of the findings can follow the proposed outline (see Annex 1 for a template). The expected report length is up to 7 pages plus annexes. For referencing, we recommend using the [Zotero program](#) (free of charge) to help combine references for a global assessment.

## Communications and dissemination

Making the report open access is highly recommended. Researchers should also thank those interviewed following the call and disseminate the findings to them and other key stakeholders prior to publication. The assessment may also inform a local manuscript or a report and/or be combined with findings from multiple countries.

## Annex 1. Proposed report template

### Introduction – 1-2 paragraphs

- A high-level overview of the country's HPV vaccination context: When was the HPV vaccination program launched, and what is the main delivery strategy?
- What is the purpose of the review?

### Methodology and limitations – 1-2 paragraphs

- What methods were used (e.g., literature review, interviews, others)?
- What are the key limitations of the methodology and generalizability of the analysis?

### HPV vaccination program – Up to 1 page *Primarily based on document review*

An overview of a country's HPV vaccination strategy and coverage:

- What are the HPV delivery strategies and target population?
- What is the HPV vaccination coverage? Are there regional or population-based disparities? Which regions or populations are most underserved?
- Who are the key stakeholders and partners? What coordination mechanisms are in place?

### HPV vaccination outside the school context – Up to 2 pages

*Based on document review & interviews*

- What is the out-of-school rate among targeted girls? In which provinces/regions or population groups the rate is the highest?
- What are the demographic and other characteristics of these girls? What are the key drivers keeping girls out of school, seasonally/temporarily and more permanently?
- What efforts (if any) exist to deliver HPV vaccination outside the school platform? To what extent have these been successful?
- What barriers exist to implementing the HPV vaccination, particularly outside the school context?

### Potential strategies - Up to 2 pages *Primarily based on interviews*

- What potential strategies, initiatives, and entry points in health or other sectors exist that could be leveraged to co-deliver HPV vaccination outside the school context?
- Who are potential partner organizations?

### Next steps – 1-2 paragraphs *Primarily based on interviews*

- What potential immediate actions could enable the development and implementation of HPV vaccination for out-of-school girls/outside the school context?

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### Annex 1: List of documents reviewed

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### Annex 2: Interview list and guides

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## Annex 2. Discussion guide examples

Discussion guides below suggest a set of questions for experts in HPV vaccination and community outreach, respectively. Given that some of the questions may not be universally relevant, depending on the assessment needs, the guide requires adaptation before use to better fit the country context and the participants' position and expertise. The document review also may have provided sufficient information for some questions or raised new ones that call for revisions.

### For HPV vaccination experts:

To date, there is very little evidence of HPV vaccinations provided for girls outside of the school context. To this end, supported by [funder], [your organization] is conducting an assessment that explores strategies for increasing HPV coverage among those missed girls, implemented across sectors and with partners that link to broader adolescent health and development programs.

To draw lessons from existing HPV efforts and gain an understanding of the potential strategies and partnerships that could be leveraged, we would like to hear your thoughts on the following questions. The discussion will take no more than 60 minutes of your time.

Any information provided during the discussion will be kept in confidence. The results will be anonymous and aggregated in the final report; however, with your permission, we may list your name as someone consulted in the report. Do we have your consent to a) proceed; b) list your name as someone consulted; [c) record the session for the purpose of our note-taking]?

1. Please give a brief description of your organization's engagement in HPV vaccination/ adolescent work.
2. In your view, what are the constraints of the current HPV vaccination program based in schools?
  - What do you perceive as the primary shortcomings or challenges (logistic and operational)?
  - What socio-economic or cultural factors affect the program and how?
3. To what extent has the HPV vaccination program focused on girls who are not attending school? If it has, how?
  - How have the girls been identified?
  - What delivery platforms and outreach strategies have been used and why?
  - Which partners have been involved and how?
  - What coordination mechanisms are currently in place?
  - What metrics and monitoring tools are in place?
4. What were the main challenges encountered in implementing HPV vaccination programs outside the school setting?
5. What existing key opportunities (programs, strategies) do you see to co-deliver HPV vaccination for girls missed by the school-based strategy? Who are the influencers? Who needs to be engaged?
6. What are the essential requirements for initiating an HPV vaccination program specifically targeting girls not enrolled in school?
7. Are there any other comments or advice you would like to offer at this stage?

Thank you for your time!



## For community outreach experts:

To date, there is very little evidence of HPV vaccinations provided for girls outside of the school context. To this end, supported by [funder], [your organization] is conducting an assessment that explores strategies for increasing HPV coverage among those missed girls, implemented across sectors and with partners that link to broader adolescent health and development programs.

To gain an understanding of the existing potential initiatives that could be leveraged for HPV vaccination, we would like to hear your thoughts on the following questions. The discussion will take no more than 60 minutes of your time.

Any information provided during the discussion will be kept in confidence. The results will be anonymous and aggregated in the final report; however, with your permission, we may list your name as someone consulted in the report. Do we have your consent to a) proceed; b) list your name as someone consulted; [c] record the session for the purpose of our note-taking]?

1. Please give a brief description of your organization's engagement in adolescent work. To what extent are you working with girls 9-14 years of age, including those not attending school?
2. In your view, what are the effective strategies to reach out to girls not attending school with HPV vaccination/information?
3. What factors influence the demand for HPV vaccination among these girls?
4. Who are the key gatekeepers or influencers needed to engage? What existing community structures can be leveraged?
5. Is your organization working with these girls and influencers, and if yes, how?
6. What existing key opportunities (programs, strategies) do you see to reach girls with HPV vaccination/information outside the school context?
7. What is needed to make that happen (e.g., in terms of knowledge, data, partners)?
8. Are there any other comments or advice you would like to offer at this stage?

Thank you for your time!