

Ethiopia: HPV Vaccination in Out-of-school Context

Barriers and Potential Strategies to Enhance Access

November 2024



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Acknowledgments

Pathfinder Ethiopia, with support from Spark Street Advisors, Acasus, and Social Impact, developed this report with funding from the Bill & Melinda Gates Foundation. By identifying potential complementary strategies for school-based vaccination, the report seeks to support the Ministry of Health and its key partners in Ethiopia in their efforts to increase coverage and ensure equitable access of all eligible girls to HPV vaccination services. Intended as a living document, the report will be updated as required to reflect ongoing implementation efforts and new evidence. This report is current as of November 2024.

We would like to express our sincere gratitude to all organizations and individuals who contributed to this report, particularly those 19 organizations, including the Ministry of Health, the Ministry of Education, the Ministry of Women and Social Affairs of Ethiopia, the World Health Organization, Girls' Effect, Afar Pastoralist Development Association, Population Media Center, Make Way Ethiopia/VESO, Youth Network for Sustainable Development, Inter-Religious Council of Ethiopia, Network of Ethiopian Women's Associations, Awo Digital Solutions, Talent Youth Association, Tarkanfi Sustainable Development, Eshet Children, Youth Development Organization, Mahibere Hiwot for Social Development, Family Guidance Association of Ethiopia, and DSW German Foundation for World Population that provided insights through stakeholder interviews. Your valuable input has been instrumental in shaping our findings, and we deeply appreciate your time and expertise.

Key takeaways

- **Target out-of-school girls:** School-based HPV vaccination excludes a high proportion of eligible girls; for example, the February 2024 campaign missed an estimated 600,000 out-of-school girls.
- **Develop a context-specific strategy:** Targeted facility-based and outreach programs, adapted to respond to specific regional socio-cultural, humanitarian, and other settings and girl demographics, can complement the school-based strategy.
- **Strengthen health service delivery:** Integrated routine health services and outreach through health extension workers can facilitate HPV vaccinations for out-of-school girls.
- **Leverage existing out-of-school initiatives:** A number of organizations are already working with out-of-school girls in Ethiopia and can support access, generate demand, and tackle misinformation.

Next steps

- **Quantification of out-of-school girls:** The MoH proposes developing a micro plan, with schools mapping out-of-school girls in their catchment area.
- **Identification of delivery points:** Leveraging GPS technology, the MoH will map and assess potential health service delivery points in different regions.
- **Stronger coordination:** A coordination platform led by the MoH helps facilitate current stakeholder commitment and bring in new organizations with community and out-of-school initiatives. The operationalization of the strategy also requires strong coordination at the regional level.

Introduction

Since 2018, the Ethiopian Ministry of Health has provided 14-year-old adolescent girls with Human Papillomavirus (HPV) vaccination, with a primary delivery strategy through schools. In 2024, Ethiopia changed the HPV vaccination regime from two doses to one, and in 2025, the plan is to shift the routine age cohort to 9-year-old girls.

While the Health Management Information System data show high HPV vaccination coverage (89% among 14-year old girls, 2023),¹ there is a general consensus that the rate is lower due to the underestimation of the girl population.² WHO/UNICEF estimates indicate the coverage at 60%³ and household surveys, such as Performance Monitoring for Action, even lower, at 56%.⁴

While the school platform gives an opportunity to cost-effectively reach a high proportion of eligible girls, it excludes those who are either temporarily or permanently out of school. Thus, according to estimates for 2024 alone, over 600,000 eligible out-of-school girls have missed the HPV in Ethiopia, leaving them at risk of developing HPV-related cancers later in life.² To improve the coverage, we analyzed the shortcomings of the current strategy, documented efforts to reach girls outside the school context, and identified potential strategies for further outreach. The review seeks to pinpoint potential programs and partners involved in adolescent initiatives across sectors for co-delivering HPV vaccinations in Ethiopia.

Methodology and limitations

This analysis is based on a literature review and interviews. The review process and findings were discussed monthly in team meetings with Pathfinder, Acasus, the Bill & Melinda Gates Foundation, and Spark Street Advisors.

In March 2024, Pathfinder Ethiopia reviewed grey and peer-reviewed literature to summarize relevant information on the national HPV vaccination program, including the extent to which it has been implemented outside the school context. The literature review was then complemented with 19 interviews with stakeholders involved in the HPV vaccination program or adolescent health and development initiatives (Annex 1). One-hour interviews were conducted in person and virtually, following a structured guide sent to interviewees beforehand (Annex 2). Interviewee selection was informed by an online mapping of organizations focused on adolescent health and development in Ethiopia (Annex 3). Intended as a rapid review, the analysis was conducted within a limited time and did not aim to be comprehensive. While we selected a range of interviewees to provide diverse viewpoints, the relatively small number of interviews and the potential selection and response biases limit the extent to which the insights can be generalized.

HPV vaccination program in Ethiopia

Ethiopia, like many other countries in sub-Saharan Africa, faces a high burden of cervical cancer, with an estimated 7,500 new cases and over 5,300 deaths every year. Estimates for HPV prevalence among sexually active adolescents in Ethiopia are notably high, ranging from 20% to 40%.⁵

In 2015, as part of the National Cervical Cancer Prevention and Control Strategic Plan, the Ethiopian Ministry of Health planned to introduce HPV vaccination for girls aged 9 to 14, with a target of 80% within five years.⁶ However, due to the global HPV vaccine shortage, Ethiopia introduced school-based vaccinations in

December 2018 for 14-year-old girls only. Since then, the vaccine has been provided for 14-year-olds in two doses at a six-month interval.

To follow the updated WHO recommendation, in June 2023, the country accepted single-dose HPV vaccination and, by 2025, will shift the routine age cohort to 9-year-olds. Before the switch, a multiage cohort campaign is planned for November 2024, with vaccines delivered both through schools and outreach mode for 9-14-year-olds.⁷

From 2025 onwards, HPV vaccinations will continue to be delivered over four consecutive days at schools and fixed vaccination posts.⁸ The MoH also considers plans to reserve 5% stock in all health facilities after each campaign so that eligible walk-in girls who missed the vaccination and those who are immunocompromised (and need two doses in 6-12 intervals) can get vaccinated.⁷ Furthermore, the MoH seeks to identify other potential HPV co-delivery interventions for eligible girls, including Tetanus-Diphtheria (Td) vaccination, deworming, iron-folic supplementation, eye and skin screening, and menstrual hygiene, sexual and reproductive, and oral health education.⁷

In 2022, WHO updated recommendation on HPV vaccination for girls as:

- **One or two-dose schedule for 9-14 years**
- **One or two-dose schedule for 15-20 years**
- **Two doses** with a 6-month interval for **older than 21 years**
- **Immunocompromised** individuals should receive **min. two** doses and where possible three doses.

While the MoH administrative data shows high HPV vaccination coverage (89% for 14-year-old girls, 2023),¹ there are issues with data quality, and the number of eligible girls (denominator) is likely underestimated, leading to an overestimation of the coverage.² WHO/UNICEF estimates the coverage at 60%³ and Performance Monitoring for Action household survey data at 56%.⁴ Between 2019 and 2023, on average, 1.2 million girls have been missed each year, with a high proportion of those out of school. For example, an estimated 609,000 out-of-school girls were not reached by the latest February 2024 campaign, with the highest proportions in Somali, Amhara, and Oromia regions.²

Stakeholders

The Ethiopian Ministry of Health (MoH) leads the HPV program in collaboration with regional health bureaus. The Ministry of Education has a facilitating role for school-based vaccination. Key multilateral partners include WHO (technical advice, Secretariat of the Interagency Coordination Committee), UNICEF (technical advice, vaccine supply), and Gavi (vaccine financing). Organizations, including Clinton Health Access Initiative (CHAI), PATH, Jhpiego, Save the Children, Girls Effect,⁹ Pathfinder Ethiopia, Population Media Center, and the Youth Network for Sustainable Development (YNSD), among others, have engaged in community mobilization and HPV vaccination awareness.

HPV vaccination outside the school context

In Ethiopia, over 2.4 million girls of primary school age (7 -14 years) are not enrolled in school.¹⁰ Unenrollment is estimated to be more prevalent in rural areas (25% vs. 9% in urban), in the poorest quintile (41% vs. 9% richest),¹¹ and there are also regional disparities, with Afar and Somali having the highest out-of-school rates.¹² In addition, a number of factors, including domestic work,¹³ seasonal employment,¹⁴ menstruation, and illness of the girls themselves or their family members,¹² lead to girls being temporarily out of school and, consequently, missing the vaccination.

In Ethiopia, both permanently and temporarily out-of-school girls have been reached through various strategies, including community-based vaccination campaigns, outreach programs at health centers, and integration with other healthcare services.⁷

While there is limited evidence on the effectiveness and implementation of these strategies, some studies suggest that community-based vaccination campaigns can achieve high coverage when tailored to local contexts and community needs.¹⁵ For example, an HPV pilot program in 2015 included kebele-based vaccinations for 10-year-old out-of-school girls. By mobilizing existing community structures of mothers, teachers, women's groups, and kebele administration leadership nearly all targeted out-of-school girls were covered.¹⁶

The outreach component was also critical in the COVID-19 pandemic that disrupted schooling and the HPV program. To complement school-based delivery in 2021, the MoH organized campaigns through communities and health facilities preceded by a national-level expert panel discussion and regional sensitization workshops. In remote areas and hard-to-reach communities, mobile teams delivered the vaccines. Social mobilization and awareness creation activities included broadcasting messages through national, regional, and community media (TV and radio).⁹ In 2023, the MOH executed a 10-day integrated HPV and COVID-19 vaccination through household visits for 14-year-olds and adults, respectively, combined with other maternal and child health, routine immunization, nutrition interventions, and obstetric fistula identification targeting other household members.⁷

In the February 2024 campaign, regions deployed a range of strategies seeking to reach out-of-school girls. In Afar, the program set daily targets for each woreda (district) and dedicated afternoons to vaccinating out-of-school girls, either at temporary vaccination posts in urban, or door-to-door in rural areas. During the campaign, most vaccinations took place in school sites (77%), followed by 15% in temporary vaccination posts and 8% in health facilities.²

In terms of those temporarily out (i.e., absent on the vaccination day), the MoH has recommended that these girls receive a slip to go to the nearest health facility or outreach site. In some areas, vaccination teams are also assigned to secondary schools to vaccinate girls who were transferred and missed their second dose of HPV vaccination.⁷

Barriers

Barriers to implementing HPV vaccination overall in Ethiopia include logistical challenges in reaching remote and underserved communities, particularly pastoralist populations as well as inadequate healthcare infrastructure and human resources, including trained healthcare professionals and incentives for healthcare providers to provide outreach services.^{7,17} In some areas, security issues hinder the implementation. More broadly, competing priorities and insufficient funding have been identified as barriers.⁷

Furthermore, coordination is a barrier. The Ministries of Health and Education are not well connected, and other stakeholders are scattered. While the Interagency Coordination Committee is in place at the national level, HPV vaccination-related interventions are divergent with loose connections, particularly at the grassroots level.⁷ Coordination is also an issue at the subnational level, missing relevant partners, such as subnational youth associations. Also, when partners are involved, the engagement is often insufficient. For example, during the last single-age cohort vaccination, regional educational bureaus were only informed about a few weeks before the campaign.

As with vaccinations generally, vaccine hesitancy due to misinformation (e.g., related to infertility, side effects), reluctance in some regions to be vaccinated by a male vaccinator, and lack of understanding of the benefits of the vaccine are identified as a barrier to HPV vaccination. Most vaccination programs are not comfortably arranged, and caregivers are not sufficiently informed, leading to vaccine hesitancy and fueling the rumors and misconceptions. Vaccine acceptability, even among teachers and other opinion leaders, is not ideal.⁷ Finally, difficulty in age verification is a barrier to HPV vaccination.

These overall barriers would also likely impact any future efforts targeting out-of-school girls.

Particularly related to developing out-of-school HPV programs, the lack of data and registries of eligible girls outside the school context is a key barrier that complicates the planning and monitoring of HPV programming while also making these girls “invisible.” The current national HPV vaccination strategy assumes that over 90% of the target population is enrolled in school, which is likely an overestimation. The out-of-school children population is usually self-reported and due to the social and cultural stigma, children are not declared as out of school.² Furthermore, no effective and coherent strategy is in place to reach out-of-school girls. A lack of evidence on the out-of-school adolescent programs and their cost further constrains the MoH from prioritizing HPV vaccinations for out-of-school girls.⁷

Potential strategies

Based on our key stakeholder interviews,⁷ we identified a number of potential targeted strategies to enhance HPV vaccination coverage among out-of-school girls in Ethiopia. These include integrating HPV vaccination with routine health services, strengthening community health systems for outreach, improving awareness through multiple channels, and investing in policy, including stakeholder coordination and commitment.

Given that HPV vaccination-related challenges and responses are context-specific, a range of strategies to serve different types of regions and population groups are required.

Integrated health services

Throughout the country, aside from the school-based vaccination strategy, the MoH can integrate HPV vaccination with routine health services and, where available, adolescent- and youth-friendly health services to target specifically those girls out of school. In regions where there is a reluctance to be vaccinated by male vaccinators, more female health workers should be considered. Currently, the MoH is considering plans to establish a 5% vaccine stock at the nearby health facility during school-based campaigns that will improve access to HPV vaccination for those temporarily out of school. Going forward, the stock could be increased and maintained beyond the school campaign periods to cater for potentially increasing demand.

Community health systems and outreach

Identified strategies to increase access to vaccination services in out-of-school contexts include employing health extension workers (HEWs) to trace out-of-school girls at the community level as well as using mobile health and nutrition teams designed to provide outreach health services for mobile communities, for internally displaced populations, and during humanitarian conditions. Furthermore, linking the HPV program with the existing service-providing outlets such as youth centers is also an option. Other spaces, such as Quran classes for girls aged 9-11 and cultural dance spaces (e.g., Sada in Afar, Shigoye in Oromia), could also be explored.

For older girls who missed vaccination, targeting marketplaces as well as industrial parks in cities and sub-cities (during shifting periods) is pivotal, as is engaging work agencies and brokers who often serve as information sources for girls. In Addis Ababa and other cities, existing platforms like food-sharing centers and events (ማኢድ ማጋራት) can help to reach street children and sex workers that are otherwise hard to reach through formal health service structures.

Based on lessons learned from previous campaigns,² setting daily targets for vaccinating out-of-school girls (Afar), dedicating specific times to reach out to out-of-school girls (Afar), extending vaccination hours to nights (Oromia), setting temporary vaccination posts in easily accessible sites, using social mobilizers to gather girls from communities, and vaccinating door-to-door (Afar) have potential to provide out-of-school girls with HPV vaccination.

Enhancing awareness

In terms of information and enhancing awareness, in addition to the HEW system and other platforms mentioned above, community structures such as the Women’s Development Army¹⁸ (a volunteer network of women at the Kebele level), Edir (community-based aid network), and indigenous social structures such as religious, traditional, and clan leaders can be deployed to reach girls, their caregivers, and the broader community. Women’s networks, federations, and groups are also an opportunity, particularly for providing girls’ mothers and other female relatives with information on the benefits. Many organizations also run peer-to-peer education and mentoring programs on sexual and reproductive health and other topics to which HPV vaccination can be integrated (see Annex 3). Furthermore, informal education platforms such as alternative adult education (ጎልማሶች ትምህርት) can be used. The Ministry of Women and Social Affairs is currently working on a life skill manual for out-of-school adolescents, which could be a potential addition to stride for the cause.

With increased mobile ownership, many adolescents are heavily engaged with social media platforms that can be leveraged to disseminate key messages on HPV vaccination. Applications like the *LE Wetat*, which provides information on adolescent health issues and guides users to service locations, could be explored particularly in urban areas. Furthermore, other channels for social change campaigns, such as mass media, could be deployed.

While communication strategies have already been used for the HPV vaccination in general, a more targeted approach to out-of-school girls is needed. In addition to information on access and benefits, the strategy should address tackling misinformation, particularly regarding concerns about infertility, sexual debut, and the importance of the appropriate age to get vaccinated, building on each regions’ unique cultural, religious, and gender norms and experience.

Example initiatives:

- **Youth Network for Sustainable Development (YNSD)**: Outreach at marketplaces and industrial parks, individual counseling
- **Kefeta**: Youth-friendly services
- **Beza Posterity Development Organization (BPDO)**: 12 drop-in centers for female sex workers in Addis Ababa

Example initiatives:

- **Pathfinder**: Peer education program for SRH and life skills, community mobilization
- **National Ethiopian Women's Association (NEWA)**: Engagement through 38 women's organizations across all regions
- **Youth Network for Sustainable Development (YNSD)**: Edutainment through youth centers
- **Amref**: SRH net model for peer-to-peer learning
- **Kefeta**: youth coalitions, peer mentoring and household visits

Policy, coordination, and commitment

To strengthen policy and coordinated action, the MoH, with other key stakeholders, could develop an overall strategy for HPV vaccination for out-of-school girls. A multi-sectoral approach is required to address the unique needs and challenges of this population group. A well-structured platform led by the Ministry of Health could help coordination between line ministries, multilateral partners, non-governmental organizations, and community groups to streamline efforts, financial and human resources, and logistics. Through regular meetings, the coordination group can draw learnings from the implementation and adjust the strategy accordingly. Finally, advocacy is key to generating public support and sustaining commitment among stakeholders. To this end, high-level opinion leaders such as the First Lady's office, which is already engaged in cervical cancer prevention and treatment, can be leveraged for advocacy and resource mobilization.

Next steps

Initiating an HPV vaccination program for out-of-school girls requires quantifying the vaccine-eligible girls. Rather than going with the conventional estimates that distorted planning, implementation, and evaluation of the existing HPV program, the MoH and other stakeholders prioritize ensuring denominator reliability, which calls for the headcount of out-of-school girls. To this end, the MoH **proposes developing a micro plan generated through a digital database** with schools mapping out-of-school girls in their catchment area. Mapping and **assessing potential health service delivery points** in different regions and contexts, including using GPS technology, could help explore areas of possible integration of HPV vaccination into service delivery.

Furthermore, there should be a clear and **meaningful platform for collaboration** among key actors with an accountability mechanism in place. Prior to establishing one, identifying organizations working in HPV and mapping their areas of focus, activities, and available resources could help understand the landscape and avoid duplication of efforts later on.

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Annexes

Annex 1. Interview list

Name	Organization	Date
Dr Mengistu Bogale HPV Vaccination Senior Advisor	Ministry of Health	5/29/2024
Dr Abayneh Demissie WHO Immunization Officer	WHO	5/29/2024
Mr. Miheretekirstos Tamiru Director, Gender Directorate	Ministry of Education	6/3/2024
Mr. Blain Rezone Senior Gavi Program Manager	Girls' Effect	5/30/2024
Mr Zekarias , Senior Expert	Ministry of Women and Social Affairs	6/14/2024
Dr Mengistu Asnake Senior Country Director	Pathfinder	6/5/2024
Mrs. Valerie Browning Program Manager	Afar Pastoralist Development Association	5/24/2024
Tigist Moges , Program Manager Ashenafi Araresa, Communication and Marketing Specialist	Population Media Center	5/30/2024
Negash Usman Country Director	Make Way Ethiopia /VESO	6/5/2024
Abigya Endale , Program Coordinator Temesgen File , Cluster Manager	Youth Network for Sustainable Development	5/22/2024
Desalegn Legibo , Program coordinator Tiruwork Gena , Women's and Children Department leader Firehiwot Takele , HIV ART program leader	Inter-Religious Council of Ethiopia	5/31/2024
Mrs Saba Gebremedhin , Manager	Network of Ethiopian Women's Associations	5/29/2024
Netsanet Fiker , Elebat Solution Company CEO Dr. Sara , Deputy manager Dr. Meskerem , Program leader, & Medical director	Awo Digital Solutions	5/30/ 2024
Dr. Luilit Mengesha , SRHR Program Coordinator	Talent Youth Association	5/23/2024
Geda Wakeyo , Program Officer	Tarkanfi Sustainable Development	5/31/2024
Sisay Tarekegn , Country Director	Eshet Children and Youth Development Organization	6/4/2024
Benny Worku , M&E specialist	Mahibere Hiwot for Social Development	6/4/2024
Petros Gechere , Training coordinator	Family Guidance Association of Ethiopia	6/4/2024
Feyera Abdi , Country Director	DSW German Foundation for World Population	6/6/2024

Annex 2. Interview tools

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 the Bill & Melinda Gates Foundation, Pathfinder 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 meeting 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.

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!

For HPV experts:

1. Please give a brief description of your organization's engagement in HPV vaccination/ 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 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 partnerships or collaborations 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 HPV vaccination program specifically targeting girls not enrolled in school? This includes aspects such as evidence, metrics, data, and partnerships.
7. Are there any other comments or advice you would like to offer at this stage?

Thank you for your time!

Annex 3. Mapping of organizations

To build an understanding of “who does what” in the adolescent health space and identify potential partners for expanded HPV work in Ethiopia, we conducted a mapping of organizations working on adolescents across the sectors.

Methodology and limitations

We conducted an online search using the Google search engine and “snowballing” from the websites of relevant organizations with combinations of the following search terms: Ethiopia; civil society or non-governmental organization (NGO); adolescents, youth, girls, out-of-school, marginalized, hard-to-reach; child marriage, protection, economic empowerment, sports for development, sexual and reproductive health, gender, empowerment, youth leadership, HPV, and immunization. We explored the relevant webpages to assess organizations’ focus areas, target groups, geographical coverage, key activities, and whether the organizations worked specifically on HPV.

We included organizations that i) operate currently in Ethiopia, either nationally or regionally; ii) have activities and programs focused on adolescents, particularly girls nine years of age and older; iii) explicitly emphasize “vulnerable” groups (e.g., out-of-school girls); iv) engage with adolescents and youth; v) apply gender-transformative approaches (i.e., girls' empowerment, addressing harmful norms); vi) and have close links to localized and community-based work. We excluded organizations that did not refer to adolescent girls, had limited or not relevant programmatic scope, and were not perceived as having potential for integrating HPV co-delivery or awareness-raising in their work.

As this mapping relies on web sources, the findings are limited by results shown by the search engine and whether the website content has been kept up to date or accurately reported. Some organizations identified did not have websites, in which case we reviewed their social media profiles.

Summary of findings

We identified 37 organizations currently working on adolescent girls and youth. Of these, 19 met our inclusion criteria, including 11 Ethiopian NGOs, 5 international NGOs, and 3 multilateral organizations. These organizations represent a range of focus areas, including sexual and reproductive health and rights, youth development, economic empowerment, gender and rights, as well as prevention of child marriage, female genital mutilation (FGM), and gender-based violence, with most emphasizing youth engagement, community outreach, and gender transformative approaches in their work. Only four organizations identified explicitly mention work on HPV vaccination, all international or multilateral organizations.

Table 1 outlines the organizations identified as having potential for expanded HPV work in Ethiopia. These organizations are categorized into two groups based on relevance. We excluded 11 organizations due to their narrow thematic focus (e.g., school education), or their office not based in Ethiopia.

Table 1. Identified organizations

Organization	Type	Focus area	Geography	Target group	HPV	Key activities	Additional notes	Links
Afar Pastoralist Development Association (APDA)	NGO	MCH (including immunization), GBV, FGM, WASH, environment, emergency response	Afar region	All	No	Service delivery, capacity building, community outreach	Established 1993, serves the needs of the isolated and nomadic people of Afar. Their work includes mobile health and vaccination, water provision and harvesting, MCH services, and emergency relief. Promotes literacy, eradication of FGM, and HIV prevention and awareness. Has trained over 1,000 local health and education workers, and village birth attendants. Doesn't mention adolescents specifically but works with parents.	https://www.facebook.com/Afarpda/
Amhara Women's Association	NGO	Child marriage, GBV, FGM, SRH, education	Addis Ababa and Amhara regions	Women, girls	No	Networking, advocacy, capacity building, community outreach	Founded in 1998, supports girls and women with a focus on harmful practices such as FGM and child marriage, and GBV. Conducts training to enhance women's advocacy capacity and identifies women ambassadors. Provide revolving funds for the economic empowerment of women surviving violence, child marriage, and FGM. Uses a community-based approach by supporting survivors' leadership in community organizations, local governance, and cultural activities, educating community members on the value of women and girls, raising awareness of legal protections for women's rights, launching anti-GBV media campaigns, and providing legal counseling.	https://amharawomenasso.org.et/index.php/node/1
Amref Health Africa	INGO	SRHR, MNCAL, youth empowerment, WASH, nutrition	Afar, Amhara, Benishangul-Gumuz, Gambella, Oromia, Sidama, Somali, South Ethiopia, and Tigray regions	Women, children, youth	No	Community outreach, TA, Service delivery	Focuses on serving women and children, reaching the most disadvantaged, inaccessible communities, including pastoralist communities. Supports frontline health workers and implements multi-sectoral interventions to improve MCH, adolescent health, and nutrition. Emphasizes youth development and engagement, maintains the Amref Youth Council. HQ in Kenya.	https://amref.org/ethiopia/who-we-are/
Education for Sustainable Development (ESD)	NGO	Education, skills development, youth empowerment	Amhara, Oromia, Sidama, and SNNP regions	Women, children, youth	No	Capacity building, advocacy, community outreach	Promotes skills, education, and livelihood, with a focus on children, youth, and women. Initiatives also include SRH, life skills, and ending child marriage. Has worked on supporting school dropouts, unemployed and underemployed youth, as well as disadvantaged schoolgirls and adolescent girls. Partners include Plan, PSI, and Malala Foundation	https://esdethiopia.org/
Eshet Children and Youth Development Organization	NGO	Skills development, youth empowerment	Addis Ababa	Youth	No	Capacity building, advocacy, community outreach	Established in 2001 as a youth-led organization. Organizes events and workshops and maintains Adoye platform to provide adolescent girls with comprehensive health, education, and social development services.	https://www.facebook.com/eshetcydoethiopia
FHI360	INGO	MCH, HIV/AIDS, SRH, education	National	Women, children, youth	No	Community outreach, advocacy, TA, capacity building, service delivery, policy	Initiated country work in 1993 with an office established in 2001. Partners with the government and CSOs to enhance the capacity of local institutions to deliver SRHR, HIV, and MCH services. USAID-funded Caring for Vulnerable Children (CVC) program (2017-2024) seeks to improve the health and wellbeing of orphans, children living/working on the streets, and female sex workers, through increased access to and uptake of services, economic security, education, protection, and psychosocial well-being.	https://www.fhi360.org/counties/ethiopia
Hiwot Ethiopia	NGO	Health, education, youth empowerment,	Addis Ababa, North Shewa Zone of Amhara region (2023), previously Oromia region	Youth, women, children	No	Community outreach, advocacy, capacity building,	Works in a number of areas, including keeping girls in school, economic empowerment and skills building, adolescent SRH, HIV prevention, and child rights through multi-year projects with local and international partners. Emphasis on empowerment, youth-to-youth learning, and community-based activities. Current partners include Malala Fund.	https://hiwotethiopia.org/

		gender and rights				service delivery		
Hiwot Integrated Development Organization (HIDO)	NGO	Child and youth development, health, SRHR, education, economic empowerment	Addis Ababa, Amhara, and Oromia regions	Children, youth, women and girls (especially most vulnerable), elderly	No	Community engagement TA, capacity building, service delivery, advocacy	Founded in 1999, it seeks to enhance children and youth's access to health services, education, and employment. Focuses on vulnerable children, unemployed youth, most at-risk and people living with HIV/AIDS, and the elderly. Provides HIV and STI testing, youth SRH services, and engages in behavior change communication. Builds capacity of community leaders and service providers on human rights. Strong community engagement focus and emphasis on gender and human rights, including advocacy.	https://www.hidoeth.org/
KMG Ethiopia	NGO	GBV, FGM, child marriage, health, SRHR, education, economic empowerment	Oromia, SNNP regions	Women, girls	No	Community outreach, capacity building, service delivery	Focuses on issues related to health, education, protection, and girls'/women empowerment with a strong focus on community engagement. Projects include building alternative basic education centers in remote areas, sports, and education around rights. Works with marginalized communities, with a focus on the rights of girls and women. As of 2020, KMG had 44 paid staff, and 800 community volunteers. It operates in 20 'woredas' (districts), in 6 zones and projects were funded by Plan International, World Bank MTFD, UNFPA, Aktion Regen, and David and Lucile Packard Foundation.	https://kmgethiopia.org/
Kulich Youth Reproductive Health and Development Organization (KYRHDO)	NGO	SRHR, education, GBV, Economic empowerment, youth development	Afar, Amhara, Oromia, and SNNPR regions	Youth	No	Community outreach, service delivery, capacity building, advocacy	Founded in 2003 to address SRHR, HIV, and gender-related issues. Established 20 youth clubs through which provides SRH information and education services for youth. Also, promotes youth-friendly services, provides contraceptive supplies to women, works with adolescents with disabilities. Partners with Plan, UNICEF, Amref, and others.	https://kyrhdo.org/
Mahibere Hiwot for Social Development	NGO	Health, education, GBV, migration and trafficking, child marriage	Addis Ababa, Amhara, Beninshangul Gumuz, Oromia, Sidama, SNNPR, and Tigray regions	Youth, women, children	No	Community outreach, service delivery, capacity building, advocacy	Founded in 2002, focuses on multiple areas, including HIV prevention and youth SRHR. Works with hard-to-reach people, including early married rural girls, PLHIV, in and out-of-school youth, commercial sex workers, and waitresses. Emphasis on community engagement. Partners with Save the Children, British Council and others and receives funding from USAID. 268 permanent employees.	https://mahiberhiwot.org/#
Make Way Ethiopia	NGO	SRHR, child marriage, GBV	Addis Ababa, Afar, Amhara, Oromia, and Tigray regions	Women, girls	No	Advocacy, capacity building, networking	Seeks to improve the policy environment for SRH services for marginalized young people. By building partner capacities, aims to advocate for the improvement of quality and access to SRH services, including for sex workers, people with disabilities, out-of-school youth, and internally displaced people. Trains and mentors CSOs and youth representatives to take up intersectional SRHR advocacy. Partners include the Ethiopian Youth Federation among many.	https://www.make-way.org/make-way-ethiopia/
PATH Ethiopia	INGO	Health (HPV, immunization), infectious diseases	National	Women, children, youth	Yes	Community outreach, advocacy, TA, capacity building, service delivery, policy	In collaboration with the Ministry of Health, community groups, and other partners, seeks to strengthen public health systems and address the key health threats, including malaria, tuberculosis, and vaccine-preventable diseases. Supports immunization plans and new vaccines introduction, including HPV and COVID-19. Promotes community-level mobilization and awareness, and most recently worked to deliver the HPV vaccine to girls not attending school in these regions.	https://www.path.org/where-we-work/africa/ethiopia/

Pathfinder International	INGO	SRHR, HIV, health (HPV/cervical cancer), gender, youth development	Amhara, Beneshangul, Oromia, SNNP, Somali, and Tigray regions	Women, children, youth	Yes	Advocacy, TA, capacity building, research, community outreach	In partnership with the government, works on strengthening the health system, enhancing health worker capacities to deliver SRHR and MCH services. Focuses also on cervical cancer prevention and screening, including HPV vaccine awareness and uptake. Works with adolescents, youth, and women, in a number of areas, including GBV, health, forced marriage, pregnancy, or school dropout. Since 2016, maintained the regional Cervical Cancer Prevention Network for 5 Sub-Saharan countries to share learnings.	https://www.pathfinder.org/countries/africa/ethiopia/
People in Need	INGO	Health, education, emergency response, environment, economic empowerment	National	All, including youth (girls)	No	Community outreach, policy, advocacy, TA, service delivery, capacity building	Worked in Ethiopia since 2003. Focuses on a number of areas, from education to agriculture. As part of the "CHANGE" education project (2018-2023), funded by FCDO, worked also on out-of-school girls, including providing cash transfers, alternative education, and established 184 girls and boys' clubs for both in-school and out-of-school girls and boys.	https://www.peopleinneed.net/media/publications/1992/file/change_flyer_a5_ethi.pdf
Plan International Ethiopia	INGO	Education, child marriage, GBV, FGM, economic empowerment, emergency response	Addis Ababa, Amhara, Gambella, Oromia, and SNNP regions	Children, girls	No	Advocacy, TA, policy, capacity building, community outreach	Development and humanitarian organization focused on children's rights and gender equality. Programs aim to improving childhood care and education, prevent violence and harmful practices, and provide basic services for refugees and communities in humanitarian crises.	https://plan-international.org/ethiopia/
Setaweet	NGO	GBV, child marriage, youth development, gender	Amhara and Oromia Regions	Women, girls	No	Community outreach, capacity building, service delivery	Works towards building the grassroots women's movement through a series of dialogues and capacity-building programs with women's groups in Amhara and Oromia. Organizes workshops for young married women to provide them with empowering tools as well as gender-focused workshops for secondary school students. Has established a GBV hotline and GBV media campaign.	https://setaweet.com/what-we-do/
Siiqqee Women's Development Association (SWDA)	NGO	Economic empowerment, education, SRH	Oromia region	Women, girls	No	Service delivery, community outreach, capacity building	Founded in 1997, works with the poor and vulnerable women, girls and children by facilitating sustainable and inclusive development and resilience. Supports women leaders through training and rotational leadership practices, develop spaces for girls living on the street, provide SRH education, support girls' education by collaborating with schools, and through the provision of educational materials. At the SWDA center, vulnerable and marginalized girls have access to a safe and social place where they can receive life skills training, do homework, have access to a library and internet, café and dormitory.	https://www.siiqqee.org/what-we-do#community-based-child-support
Talent Youth Association (TaYA)	NGO	SRHR, youth empowerment, child marriage, education, economic empowerment, GBV	Addis Ababa City, Afar, Amhara, Beninshangul Gumuz, Gambella, Oromia, and SNNP regions	Youth	No	Advocacy, capacity building, community outreach, networking	Youth-focused, advocates for enabling environment for adolescents and young people to enjoy SRHR and improve their livelihoods. Promotes youth participation in its programs. Aims to empower girls through increasing access to education, expanding economic opportunities and fighting harmful traditional practices like early marriage. Hosts youth consultations and trainings for youth, including out-of-school youth.	https://tayaeth.org/who-we-are/our-causes/girls-and-women-empowerment/
Tarkanfi Sustainable Development (TSD)	NGO	WASH, education/OOS, economic empowerment	Oromia region	Youth (girls), women	No	Community engagement TA, capacity building, service delivery	Founded in 2011. Seeks to improve the quality of life in marginalized rural and urban communities, with a focus on women, children, and youth. Projects include sponsoring education, constructing schools, promoting women's self-help groups, and supporting agriculture. Works with OOS children to support education. Works with the local community, government officers, donors, and like-minded organizations.	https://tsdethiopia.org/index.html

The Family Guidance Association of Ethiopia (FGAE)	NGO	SRHR, HIV, MCH, GBV	Current projects in Amhara, Oromia regions	Women, Youth	No	Community outreach, capacity building, advocacy, service delivery	Founded in 1996, with a focus on family planning. Works with under-served and marginalized people, seeking to enhance access, quality, all-inclusive approaches to SRH services, stopping GBV, and preventing and treating NCDs, including cervical and breast cancers. Works on adolescent health, including a focus on adolescents out-of-school, married and from hard-to-reach regions and communities. Currently, runs a network of integrated SRH service delivery facilities and one MCH centre, as well as confidential sex worker and youth friendly clinics, youth centres, and outreach sites operating in almost all regions of the country. Has 8 branch offices across the country. An accredited member of the International Planned Parenthood Federation (IPPF).	https://fgaeet.org/
UNFPA	UN	SRHR, adolescent/youth health and development, FGM, child marriage, GBV, emergency response	National	All, including youth	No	Policy, advocacy, TA, capacity building, community outreach	Works with the governments, local authorities, CSOs, and development partners to strengthen health and social systems. A specific focus on out-of-school and marginalized girls, for example, through HIV programs that include comprehensive sexuality education and youth engagement components for OOS girls. Seeks also to improve prevention and services related to child marriage and FGM.	https://ethiopia.unfpa.org/en
UNICEF	UN	Health, Social Policy, Education, Child protection, incl. child marriage, FGM, GBV, Youth dev., Emergency response	National	Children, youth, women	Yes	Policy, advocacy, TA, capacity building, community outreach	Supports national efforts in multiple sectors to enhance child survival, development, and protection in partnership with the government, local authorities, CSOs, and other development partners. Focuses on health systems strengthening, immunization, including HPV, enhancing access to education, improving social policy and welfare system, justice system, and protection from violence and harmful practices. Supports also clubs for boys and girls, to prevent child marriage, gender-based violence, and FGM.	https://www.unicef.org/ethiopia/
WHO	UN	Health	National	All, including youth	Yes	Policy, TA, advocacy, capacity building	Has supported the MoH on HPV since the vaccine introduction in 2018, including catch-up campaigns missed due to school closures during COVID.	https://www.afro.who.int/countries/ethiopia
YWCA Ethiopia	NGO	SRHR, economic and youth empowerment, education	Addis Ababa, Amhara, Oromia, Somali regions	Women, youth (girls)	No	Service delivery, capacity building, advocacy	Promotes gender equality and youth empowerment, for example, through enhancing awareness of SRHR, improving access to education, influencing policy, organizing self-help groups, and providing girls with leadership skills. Maintains safe spaces for girls and youth to access information on GBV, HIV, etc., and also provides referrals and follow-up services. Has specific programs targeting out-of-school youth from 10-24 years with SRH knowledge; provides mentorship and bursary support for girls to continue education in order to delay marriage; and hosts a girls' football team in slum areas that serves as a peer learning group for SRH education. Christian-based non-profit.	https://www.ywcaeth.org/
Youth Network for Sustainable Development (YNSD)	Network	SRH, youth empowerment	National	Youth	No	Advocacy, capacity building, networking, grantmaking	Founded in 2003, it is a national umbrella network for more than 160 Ethiopian youth organizations. Focuses on enhancing young people's awareness of SRHR, including HIV, and empowering them to make informed decisions regarding their SRH life. Organizes a wide range of activities, including training, peer-to-peer education, workshops, panel discussions, and consultative meetings. Partners with UNFPA, USAID, Amref, British Council, among many.	https://www.ynsdethiopia.org.et/about-2/