

Multisector, multilevel stakeholder's perspectives of the adolescent girls' HPV vaccination program in Colombia: an exploratory qualitative service evaluation



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Introduction and purpose

- Current policy for HPV vaccine in Colombia is to vaccinate 9-16 years old girls with 2-dose series thru a school-based vaccination program.
- HPV vaccination rates dropped from 88% in 2012 to 36.2% in 2021 after a massive psychogenic event in 2014 in Carmen de Bolívar, a town of the north region of Colombia.
- We conducted an exploratory evaluation process to plan an implementation research project to identify barriers and facilitators for HPV vaccination in Colombia.

Methods

- Objective: To conduct an exploratory evaluation process to plan and inform the design and identification of stakeholders for an implementation research project aimed at identifying barriers and facilitators for HPV vaccination in Colombia
- **Setting**: National (Colombia), State (Antioquia) and Local (Copacabana) organizations responsible of the national HPV vaccination program.
- Sampling: Purposeful sampling by snowball.
- **Data collection**: 4 Key informant interviews (KIIs) guided by some *a priori* determined constructs of the Consolidated Framework for Implementation Research (CFIR). 4 Focus groups (FG) with participants engaged by researcher.
- Analysis: conducted independently by at least 2 researchers (1 experienced and 1 recently trained). Each KII was coded by applying predetermined categories of the CFIR. Codes were developed from participants' own words, and constant comparative analysis for FG.

Table 1. Key Informant Interviews (KII)

KIIs Codes	Stakeholder	Level
1	Secretary of Health	Local Organization
2	Vaccine Service Provider	local Provider
3	Vaccination register	State Organization
4	Coordinator National Vaccination program	National Organization

Table 2. Participants in the Focus groups

Focus groups	Stakeholders	Level	# particpants per FG
FG1	High-School Principals	Organization	8
FG2	Vaccinators	Providers	9
FG3	Parents	Family	5
FG4	High-School Teachers	Organization	12

Findings

Main domains and constructs of the CFIR identified in the KIIs



Outer

setting

- Adaptability nS=2/4
- "I would like a massive campaign, I think a massive campaign would make it easier for us to comply, improve those coverages" (KII 2).
- External policies and incentives nS=3/4
- "I think that the Ministry of Health should update a school vaccination procedure, especially for girls with the biological HPV, with various responsibilities, the health sector such as suppliers, and the education sector, previously involving the parents" (KII 1).
- "But, for us, our main axis in vaccination against HPV are the technical and operational guidelines, it is up to us to be able to standardize for the current scheme that we have" (KII 4).



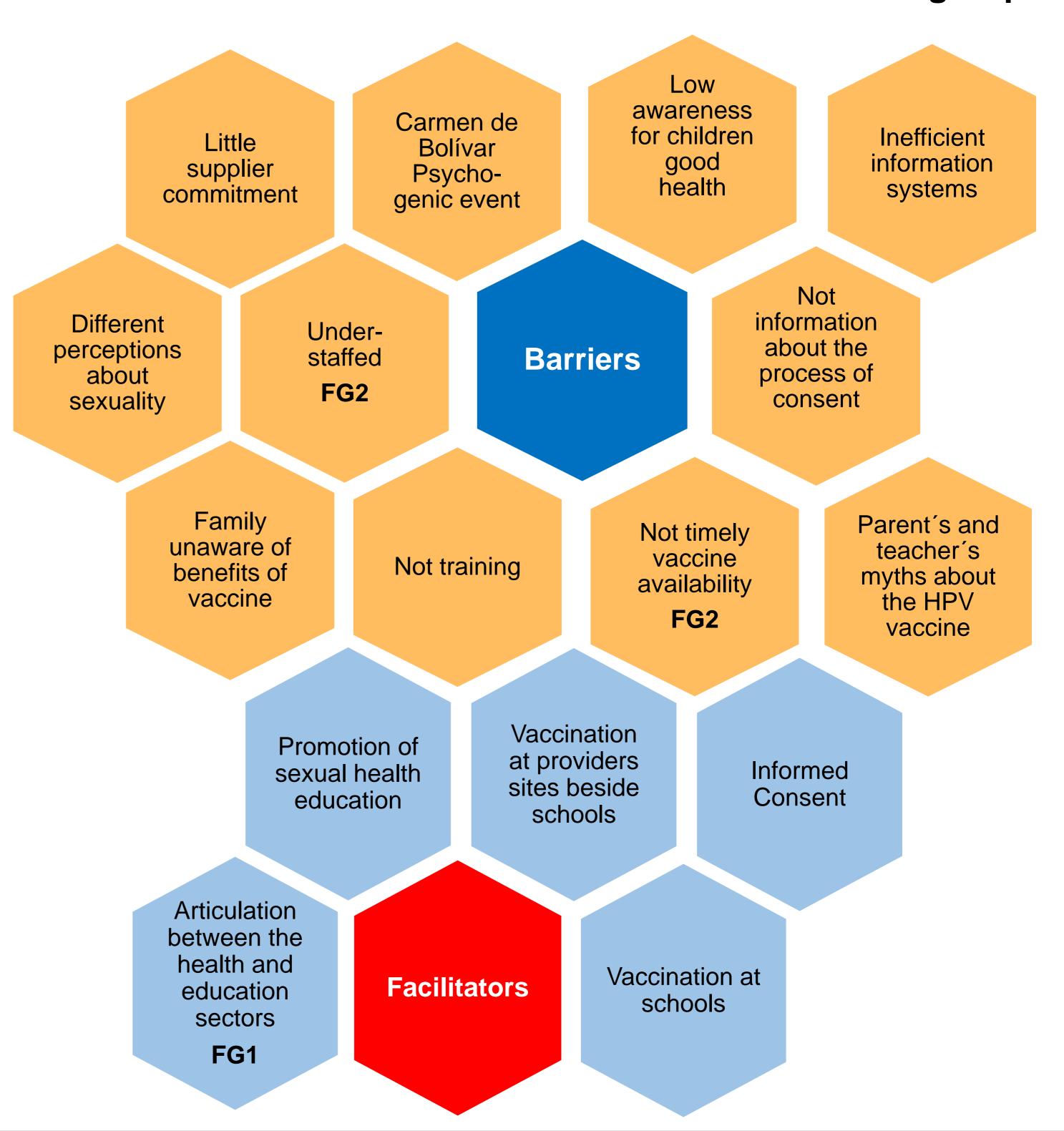
- <u>Structural characteristics nS=3/4 and Access to knowledge and information nS=3/4</u>
- "What I think here, uh, a political agenda issue, important is the context of articulation with the actors that are present in each territory, like what we have done in the entire immunization program" (KII 4).



- Planning nS=2/4
- "And despite us having asked for a vaccine as planned, we have not received a vaccine" (KKI 3).

nS= Construct per KIIs/Total KIIs.

Main barriers and facilitators identified in the focus groups



Conclusions

- The policy for an exclusive school-based program, the lack of operational guidelines adapted to local context and inadequate planning of HPV vaccine supply were factors perceived by the Key informants as barriers for the HPV vaccination.
- The little multisectoral (health, education and communities) articulation was a factor perceived as a barrier by KIIs and participants of the FGs.
- The information collected is being used to co-design with stakeholders an implementation research project that will aim at identifying barriers and facilitators for HPV vaccine uptake at state level scale.







