The Expanded Program for Immunization (EPI) Ministry of Public Health-Cameroon

Cervical Cancer Prevention and Control Landscape in Displaced Populations

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EPI Role and Activities

The Expanded Program on Immunization's (EPI) vision is to establish Cameroon as a nation where every individual, regardless of location, socio-economic status, or gender, can fully benefit from vaccines to ensure their health and well-being. The program pursues this vision by providing essential vaccinations to children aged 0-59 months, HPV vaccines to adolescents, Tetanus/diptheria (Td) vaccines to pregnant women, and Covid-19 vaccines to adults aged 18 years and above.

The tetravalent GARDASIL vaccine against HPV has been administered to adolescent girls aged 9 in routine since 2020 with catch-up sessions for adolescents aged 9-14 years. In 2023, HPV vaccination was expanded to include adolescent boys, adopting a gender-neutral approach.

The strategies used to vaccinate displaced populations against HPV are akin to those employed for the general population. These strategies include fixed vaccination in healthcare facilities, and outreach and mobile interventions in schools and communities. In regions hosting displaced populations, such as internally displaced persons (IDPs) and refugees, community health workers and Civil Society Organizations (CSOs) are engaged to support vaccination efforts (see Table 1). Vaccination initiatives conducted by CSOs are often integrated with cervical cancer screening services.

Barriers to Access and Implementation Among These Populations

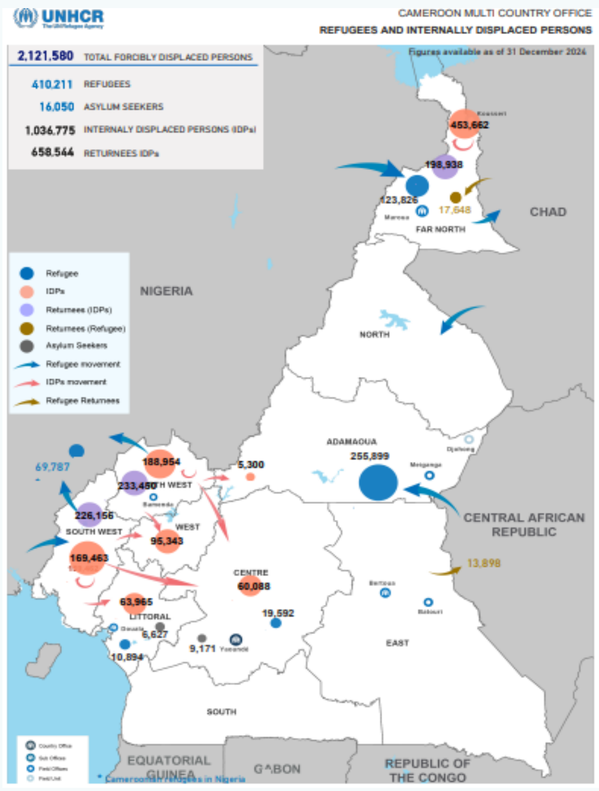
- Lack of cervical cancer screening data for displaced populations in Cameroon.
- There is a lack of cervical cancer screening data for displaced populations in Cameroon.
- Frequent displacement of internally displaced persons (IDPs) within the Northwest and Southwest regions and to other regions disrupts their follow-up.
- Geographical access to vaccination facilities and healthcare teams is limited.
- Vaccine hesitancy is driven by rumours about girl sterility and fears of adverse events following immunization (AEFI).
- Low perception of risk regarding cervical cancer and HPV-related infections.

Strategies to address barriers to HPV vaccination amongst displaced populations

- Develop policies in favour of cervical cancer screening among displaced populations
- Raise awareness of HPV-related infection, prevention and control measures via local media in communities harboring large numbers of displaced populations.
- Involve representatives of displaced populations in immunization advocacy and microplanning meetings where their needs are expressed
- Consider the needs of displaced populations in vaccination micro plans.
- Collaborate with NGOs working with displaced populations to integrate cervical cancer screening and HPV vaccination in their intervention package.

Overview of Displaced Populations

Figure 1: Dynamics of population displacement by category in Cameroon



The United Nations High Commission for Refugees (UNHCR) reports the displacement of 1,712,840 individuals due to economic or political reasons (UNHCR, 2024). This includes refugees from nearby countries, such as Nigeria and the Central African Republic, who have sought refuge in the Far North and East regions. There are also internally displaced persons from the Northwest, Southwest and Far North regions, where social unrest occurs, residing in safer areas within these regions and other parts of the country.

Cervical Cancer (CC) Prevention and Control

Cameroon falls short of the World Health Organization (WHO) objectives against CC. The national cervical cancer screening rate is 3.5%, with an incidence of 2770 cases per year, while the screening and disease burden among displaced populations remains unknown. Furthermore, there are no policies to ensure access to cervical cancer screening to displaced populations in the country.

Figure 2: Vaccination in Barombi Kang IDP community

National HPV vaccination coverage for 2024 is 30% for adolescent girls and 22% for adolescent boys less than 2024 national targets. Outreach and mobile interventions in schools, communities, and public places are the most used strategies for HPV vaccination. In insecure zones, hit-and-run, firewalling, and health workers living within insecure zones are used. However, Data is not disaggregated for vulnerable populations, such as displaced populations in reports.

Table 1: Results from Catch-up vaccination conducted by a CSO in two regions in 2024

Region	Health district	Health area (community)	Number of displaced boys vaccinated	Number of displaced girls/boys vaccinated	CSOs
SOUTHWEST	Kumba South	Kumba Mbeng (Barombi Kang)	37	44	WeCare
LITTORAL	Mbanga	Mbanga	15	32	WeCare
LITTORAL	Njombe/Penja	Njombe/Pemja	42	38	WeCare
LITTORAL	Loum	Loum 1,2,3,& Chantier	295	314	WeCare

The Way Forward

- The EPI, in collaboration with the Clinton Health Access Initiative, will conduct research on piloting models for reaching special populations (nomads, IDPs, autochthones…) with HPV vaccination this year.
- The EPI program is working on integrating indicators that capture immunization among vulnerable populations, such as displaced populations, into data reporting tools and systems.
- There is a need to strengthen collaboration with NGOs involved with displaced populations such as UNHCR and IOM.
- Involve representatives of displaced populations in immunization advocacy and microplanning meetings where their needs are expressed.

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