HAPPI
PARTNERSHIP FOR ACCELERATING HPV VACCINATION

Evidence-based summary of lessons learned in HPV vaccine program implementation in LMICs:

# COMMUNICATION

*A review of diverse program implementation experiences globally show remarkable consistency in communication strategies to support HPV vaccination that are effective in gaining and keeping community and provider confidence, creating demand, and achieving high vaccination rates.*

## WHAT DO PARENTS, ADOLESCENTS, AND COMMUNITIES WANT TO KNOW?

In most communities, formative research shows limited pre-existing knowledge about HPV and cervical cancer. Awareness of the HPV vaccine and basic program information (where, when, how, for vaccine access) is necessary to ensure adequate knowledge among parents, girls, and community members. Evaluations find that higher coverage correlates with strong community knowledge after implementation. Where possible, communication plans should be informed by formative research to address context-specific concerns, such as concerns about religion, vaccine type, or fertility impacts.

## MOBILIZE EARLY AND FROM THE GROUND UP WITH COMMUNITY LEADERS, TEACHERS, AND HEALTH CARE WORKERS

Multiple introduction experiences have shown that it is important to mobilize and inform communities at least one month before vaccination. This requires prior planning and budgeting to ensure materials are translated into local languages and made available.

A ground-up approach helps create community buy-in and ownership of the program. It is vital that the program engages early and effectively with community influencers, including municipal leaders, religious leaders, school principals and teachers, health staff, doctors and specialists, and the media before there is opportunity for anti-vaccination activists to act (which is more likely to happen when there is a lack of information from official channels). Face-to-face interactive sessions (e.g., meetings at schools and health facilities) are most effective and should be supported with consistent messaging and information across multiple channels that reach the community (e.g., radio, social media, TV, newspaper, posters). Engage and train community champions, including women advocates, teachers, health care workers, religious leaders, other influential people, and existing community groups, to deliver messages and information to the community through their standard communication methods and roles.

Explicitly consider the roles of males in decision making around HPV vaccination based on community or location, and consider

## KEY MESSAGES THAT EFFECTIVELY INFORM AND MOTIVATE ARE:

- The vaccine prevents cervical cancer. Information about HPV and its sexual transmission should be available to those who want to know more, but the main message is that the vaccine keeps children healthy by protecting them from cervical cancer.
- The vaccine is safe and effective. Build confidence that this is not a new vaccine, even if it is newly available in country. The vaccine was developed over 20 years ago and over 500 million doses of HPV vaccines have been given in more than 140 countries. The World Health Organization recommends it for all countries. Specific messages to counter oft-cited misinformation should be used proactively (e.g., the vaccine keeps girls healthier, the vaccine supports rather than reduces fertility, etc.).
- Government endorsement of the program. Inform communities that just as the government provides routine childhood vaccines for babies' protection, this vaccine program now provides protection to older children.
- Practical information about getting vaccinated. Provide clear information about who is eligible, where and when the vaccine is available, and how many doses are needed.

whether specific messaging, inclusion, and acknowledgement of males is needed in information, communication, and education strategies. Evidence shows this approach's importance in Africa and Asia, and it likely holds value across all cultures.

It is vital to plan and budget for sustained communication activities and refresher trainer for teachers, health care workers, and frontline staff given that a new cohort of children and parents require information every year. Failure to sustain key messaging and health care worker training has led to a decline in vaccine confidence and coverage in some settings.

## CONSENT

Use the simplest consent method available, matching the approach used for other vaccines (opt-out, verbal, or written). Common reasons for consent refusal include fear of adverse events, lack of awareness of the program, and school absences.

Most incomplete vaccine courses result from logistical challenges rather than consent issues.

## IMPORTANCE OF A COMMUNICATION PLAN AND METHODS FOR MANAGING RUMORS

Plan for when a vaccine rumor or high-profile adverse event following immunization occurs not if. Clear lines of communication and trusted senior spokespeople to provide timely information and reassurance are vital to managing these events successfully and maintaining community confidence in the program. Actively monitoring media and social media posts about the vaccine and the program and use WhatsApp groups or similar platform to communicate quickly between program actors. Make sure teachers and health care workers know how to manage misinformation appropriately and confidently and when to refer up so that rumors can be tackled early. Engaging with trusted voices, such as schools or religious leaders, can help in crisis response.

| ENABLERS | |
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| ✓ | Community activities implemented well in advance of starting vaccinations |
| ✓ | Proactive efforts to build vaccine confidence. |
| ✓ | Materials translated into local language translations prior to the vaccination campaign |
| ✓ | Advocacy via highly visible channels (e.g., launch events, radio and tv talk shows, political leaders) |
| ✓ | Launch events at national and local levels |
| ✓ | A wide variety of communication activities |
| ✓ | Consent approaches that match the approach used for other vaccines |
| ✓ | Involvement of religious leaders to promote positive messages and help respond to rumors |
| ✓ | Strong crisis communications plan |
| ✓ | Rumor responses in the crisis communication plan |
| ✓ | Timely implementation of crisis communication plans |
| ✓ | Schools as trusted sources of information |

| OBSTACLES | |
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| X | Late or no social mobilization |
| X | Limited engagement with schools |
| X | Limited communication activities, which result in low levels of knowledge among community members, parents, and girl |
| X | Delayed distribution of IEC materials. |
| X | Failure to engage community leaders |
| X | Poorly developed crisis communication plan |
| X | Unprepared local actors addressing parental concerns about vaccine safety |

A comprehensive list of references can be found in a separate document, available here.

This brief summarizes new evidence building on a comprehensive review of HPV vaccine delivery experiences across 46 low- and middle-income countries, published in 2016 by PATH and the London School of Hygiene & Tropical Medicine. The updated brief was developed by the HPV Vaccine Acceleration Program Partners Initiative (HAPPI) Consortium and may be used freely. The HAPPI Consortium is managed by JSI together with our partners Clinton Health Access Initiative (CHAI), the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health, Jhpiego, and PATH.