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Short HPV Communication Strategy Guide

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PERCH
PartnERship to Contrast HPV

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1. INTRODUCTION AND AIM

The European Union Council Recommendation sets an ambitious target: **by 2030, at least 90% of the EU target population of girls up to the age of 15 should be vaccinated against HPV, with vaccination rates for boys also improving significantly**.[1] Despite the availability of vaccines, the average vaccination coverage against HPV for the first dose at age 15 in the 18 European PERCH member states as of 2023 was 20% among males and 40% among females.[2]

This Communication Strategy Guide is intended as a support for both the general communication needs in operating national (HPV) vaccination programs, and for vaccination campaigns aiming to increase HPV vaccination coverage in Europe.[3] HPV vaccination should be a routine part of pediatric healthcare, just like other childhood vaccinations.

2. SUMMARY AND MAIN TAKE HOME MESSAGES

The Communication Strategy Guide highlights the main steps in the communication process aiming to increase HPV vaccination coverage. The steps are illustrated in the figure1. Before you start, identifying and engaging the right experts within your own institution, and in collaborative institutions, is key to anchor the strategy work and fundamental to the success of the vaccination programme.[4]

3. SITUATION ANALYSIS

The main purpose of communication is to **bridge the gap between the aims of the vaccination effort with the public's understanding and engagement**.[5] Effective communication is crucial for building and maintaining **trust**. The first step in the communication strategy is to get knowledge of the target groups and who/what influences them. Then, mapping of knowledge and attitudes towards HPV and the HPV vaccine can be performed. Information on the current HPV vaccination coverage, as well as the vaccination behaviour of the target groups, is also warranted.

[1] Council of the European Union adopts recommendation on vaccine-preventable cancers - PERCH Project (projectperch.eu)

[2] A practical guide to identifying, addressing and tracking inequities in immunization (who.int)

For reference see HPV Vaccination in Member States, Chapter 2.2 in the PERCH Guide for National HPV Communication Strategy

[2] For reference see HPV Vaccination in Member States, Chapter 2.1 in the PERCH Guide for National HPV Communication Strategy

[3] For reference see National vaccination programmes vs. Time-restricted campaigns, Chapter 2.3.1. in the PERCH Guide for National HPV Communication Strategy

[4] For reference see Partnership, Chapter 8 in the PERCH Guide for National HPV Communication Strategy

[5] For reference see Purpose of Communication, Chapter 4 in the PERCH Guide for National HPV Communication Strategy

3.1. TARGET GROUPS, INFLUENCERS AND OTHER STAKEHOLDERS[6]

To tailor the messages and find the best ways to reach the target groups for HPV vaccination, you need to know as much as possible about them, who/what influences them and to get an overview of stakeholders.

Table 1. shows examples of target groups, influencers and stakeholders with descriptives on main characteristics, possible challenges and opportunities.

Table 1. Descriptives of target groups, influencers and stakeholders

Target Group	Main Characteristics	Identified challenges	Identified opportunities
Those who are offered a vaccine	▪ E.g. Boys and girls, aged 11-14 ▪ E.g. Goes to school, is influenced by family and friends	▪ E.g. Parental unwillingness to vaccinate their heir child ▪ E.g. Friends who do not take the vaccine ▪ E.g. Demanding access to vaccine and vaccination can affect uptake ▪ E.g. False information in social media about the HPV vaccine	▪ E.g. Increase knowledge about HPV and the HPV vaccine and the protection against cancer ▪ E.g. Reduced incidence of cervical cancer already observed in countries that have offered the vaccine for several years ▪ E.g. Facilitate access to vaccine and vaccination through school based programmes
Parents and guardians			
Healthcare providers (doctors, nurses)			
School nurses, educators and administrators			
Public health officials and policy makers			
General public	▪	▪ E.g. Vaccine hesitancy[7]	

[6] For reference see Mapping Target Audiences, Chapter 3 in the PERCH Guide for National HPV Communication Strategy

[7] For reference on addressing vaccine hesitancy see Chapter 2.3.2. in the PERCH Guide for National HPV Communication Strategy

Media / Journalists			
Professional and non-governmental organisations (NGOs)			

3.2. KNOWLEDGE AND ATTITUDES[8]

When target groups have been identified and decided, mapping their awareness, attitudes, and knowledge about HPV-related disease and HPV vaccine is essential. The identified challenges and opportunities described in table 1 can be used as questions to check their relevance. Mapping can be done in both **qualitative and quantitative approaches** depending on the need for information, the available time and budget.

Quantitative Research

Surveys and Questionnaires:

- Large-scale surveys can provide data on awareness levels, attitudes towards vaccination and knowledge about HPV across different demographic groups.
- Structured questionnaires can collect information on socio-demographic variables, vaccination history, and health beliefs.

Qualitative Research

Focus Groups:

- Focus groups with members of specific target groups can provide in-depth insights into their perceptions, beliefs, and attitudes towards HPV vaccination.
- This method allows for the exploration of social and cultural factors that influence health behaviours.

In-Depth Interviews:

- Conducting interviews with community leaders, healthcare providers, and individuals from target groups can uncover barriers and facilitators to vaccination.
- Personal stories and experiences shared during interviews can highlight nuanced issues that may not emerge in quantitative research.

Qualitative studies may be used to gain insight that can be quantified in quantitative studies. Combining quantitative and qualitative approaches provides a comprehensive understanding of the target groups. For example, survey data can identify general trends, while focus groups can explain the underlying reasons for those trends.

3.3. VACCINATION BEHAVIOR AND COVERAGE

Vaccination registers provide valuable insight into the vaccination status and are efficient tools in monitoring vaccine uptake over time. Some vaccination registers can differentiate demographics and

[8] For reference see Guidelines for National Strategies, Chapter 3.2 in the PERCH Guide for National HPV Communication Strategy

geography, or be linked to other registries holding this information, allowing identification of hard-to-reach groups in specific need of targeted communication messages. Moreover, information on individual vaccination status may allow linkage to other registries or hospital data on cervical pre-cancers or cancers, to measure the effect of vaccination. Results from the vaccination programme are important to communicate. Positive results can boost vaccine uptake. Negative outcomes following vaccination, for instance suspected side effects, are important to identify and address in a transparent manner to maintain trust and confidence. For countries lacking vaccination registers, population-based surveys or sales figures for vaccines can provide valuable information.

3.4. ACCESS TO VACCINES AND VACCINATION

High availability of vaccines is necessary to obtain high vaccination coverage. Thus, identifying and addressing inequities is key to the success of vaccination programmes. The World Health Organization, WHO, have issued a practical guide to identifying inequities in vaccination. Physical availability means that there are flexible opening hours and geographical proximity to vaccination, and effective solutions for calling in or reminding about vaccination. For children, school-based vaccination programmes provide easy access and equal opportunities for vaccination. Moreover, accessibility is also about access to knowledge about the HPV related disease and the benefits of HPV vaccination.

4. TARGET DESCRIPTION

4.1. COMMUNICATION GOAL

When you have reached this stage in the communication plan, you know a lot about the target group and the gap between the actual situation and the goal. This makes it possible to create an overarching communication goal. You should formulate your overall communication goal as the main message you want the target group to be left with, such as below.

Overall communication goal

I choose to take the HPV vaccine because it protects me from cancer.

Sub-goals

The sub-goals are tailored according to what the challenges are and who they are aimed at and should be directed towards achieving the overall goal.

4.2. GAP ANALYSIS[9]

A gap analysis (as illustrated in table 2) will provide insight into what the specific situation is and be a valuable tool for setting short-term and long-term goals. To confirm existing vaccination coverage, vaccination registers, surveys or sales figures can be used. The status of trust, knowledge and attitudes may be examined through surveys described in section 4.1.

[9] For reference see Questions to consider, Chapter 3.2.4. in the PERCH Guide for National HPV Communication Strategy

Table 2. Gap analysis

	Zero point analysis	Short term goal	Long term goal	Comments
HPV vaccine coverage				
Confidence in vaccination recommendations				
Knowledge of HPV and the HPV vaccine				
Attitudes towards taking the HPV vaccine				
Barriers to HPV vaccination				
Access to vaccines				

5. STRATEGIC MOVES

5.1. PRINCIPLES OF THE COMMUNICATION STRATEGY

Which principles the communication work is based upon may rely on several factors, including current available resources. The principles can be, for example, transparency and openness, accessibility, and being active and participating. The chosen principles may reflect the level of ambition; however, the chosen strategy must be feasible.

In this context, transparency means communicating openly about what you know, and what you don't know, about the vaccine. Availability is partly about knowledge, but also about easy physical access to vaccination. Being active and participating means, among other things, being in dialogue with the target groups where they are.

The communication principles can change over time. For countries or areas with low trust in health authorities, active participation and dialogue are important to understand the attitudes of the target groups, and to understand who, or what, they are influenced by. A high level of engagement and trust from target groups may change quickly if incorrect information is spread. Maintaining trust and confidence is a continuous communication effort.

5.2. CREATING MESSAGES[10]

The messages should be tailored to the different target groups. They should be simple, clear, relevant and preferably consistent over time, depending on the communication needs. See table 3 below for examples of target group messages. For vaccine communication, it is also very important that the information is comprehensive, but messages should not be biased to encourage vaccination. It is

[10] For reference see Communication Messages, Chapter 5 in the PERCH Guide for National HPV Communication Strategy

imperative that the information is well balanced, i.e. it should include information on risks and benefits.

Emotional appeals that encourage action should be used with great caution in vaccine communication. Fact-based and reliable information from national health authorities should be pursued. **Clear information on the call to action, for instance where the individual can get the vaccine, is central to the design of the message**. Also keep in mind cultural factors or sensitivities that might impact the reception of the HPV vaccination message, such as cultural norms, values, or taboos. Consistent messages across various communication platforms is also essential.

Table 3. Target group messages

Target Group	Message
Those who are offered a vaccine	▪ E.g. HPV vaccine protects against HPV-related cancer. All girls and boys are recommended to take the HPV vaccine. ▪
Parents and guardians	▪ E.g. Your child should be offered the HPV vaccine well in advance of sexual debut to provide the best protection. The vaccine is effective and safe. It has been used in many countries for more than 15 years. ▪ E.g. HPV vaccination can be provided by your child's pediatrician
Healthcare providers (doctors, nurses)	▪ E.g. The HPV vaccine provides good protection against HPV-related cancer. ▪
School nurses, educators and administrators	▪ E.g. The HPV vaccine provides good protection against HPV-related cancer. The vaccine is effective and safe. It has been used in many countries for more than 15 years.
Public health officials and policy makers	▪ E.g. In the future, we may have a generation almost without HPV-related cancer if x number take advantage of the offer of HPV vaccine
General public	▪ E.g. The HPV vaccine is recommended for girls and boys before sexual debut to provide the best possible protection against HPV-related cancers.
Media / Journalists	▪

6. ACTIVITY PLAN AND BUDGET

6.1. ACTIVITY PLAN

The level of detail in an activity plan will depend on the complexity and scope of the communication plan. It is a good idea to make the activities visible in a table so that it is easy to inform all concerned parties about which activities are ongoing and who is responsible, see example table 4.

Table 4. Communication activity plan[11]

Date	Target group	Communication channel	Communication activity	Message	Responsible

[11] For reference see Communication Channels and Tools, Chapter 6 in the PERCH Guide for National HPV Communication Strategy

6.2. BUDGET

When budgeting a communication plan, it is important to include the costs it will take to run the campaign or the program. It is especially important for campaigns that will be used in social media, because then you must have resources that moderate the comment fields. Both because the target groups have questions that should be answered, but also to monitor how the campaign is received and what other input there is about HPV and the HPV vaccine at the same time.

7. CRISIS COMMUNICATION

Effective crisis communication begins long before a crisis occurs. Thus, crisis communication can be divided into three phases: pre-crisis, during the crisis and post-crisis. Effective crisis communication requires thorough preparation, including risk assessment, preparation of crisis communication plans for each potential crisis, forming a dedicated crisis communication team, and regular training of staff involved in crisis communication.[12] The success of HPV vaccination programs relies not only on the safety and efficacy of the vaccine but also on public trust. In times of crisis, maintaining this trust becomes even more crucial.

8. EVALUATION

The evaluation should provide insight into what worked and what did not. The ultimate output for the evaluation is *HPV vaccine coverage.* Did we reach a higher vaccine uptake? If no, why not? Did we achieve the objectives set for the communication activities? Were the messages understood and received? Have new obstacles become relevant in the period? If yes, what were the main factors for the success? Have other new facilitators become relevant in the period? If available, monitoring of vaccine uptake through vaccination registers is recommended, otherwise vaccine surveys or sales figures may inform the development. To gain knowledge about changes in attitudes and knowledge, new surveys need to be carried out, preferably larger quantitative surveys.

[12] For reference see Crisis Communication, Chapter 7 in the PERCH Guide for National HPV Communication Strategy