

PERCH | PROJECT

Interim internal and external evaluation report



PERCH

PartnERship to
Contrast HPV



Co-funded by
the European Union



Work Package 3 – Evaluation

Deliverable 3.2 Interim internal and external evaluation report

Document Information

Authors:	Claudia Robles (ICO, Spain), Maria Brotons (ICO, Spain), Pilar Vidaurre (ICO, Spain) and Laia Bruni (ICO, Spain)
Contributors:	Raffaella Bucciardini (ISS, Italy), Anastasia Balasopoulou (1 st YPE), Ariane Kerst (BZgA, Germany), Benedetta Mattioli (ISS, Italy), Elizabeta Radelj Pepevnik (IO Ljubljana), H�el�ene De Pauw (Sciensano, Belgium), Marc Arbyn (Sciensano, Belgium), Miriam Gerlich (BZgA, Germany), Ur�ska Ivanu�s (IO Ljubljana) and representatives of the 17 participating European countries of the Joint Action PERCH (Belgium, Croatia, Czech Republic, Estonia, France, Germany, Greece, Hungary, Lithuania, Norway, Poland, Romania, Slovakia, Slovenia, Spain, Sweden)
Work Package:	WP3 – Evaluation
Deliverable:	D 3.2 – Interim internal and external evaluation report
Date of publication:	02/02/2024
Dissemination level:	Public

Project Information

Project Acronym:	PERCH
Project Full Title:	PartnERship to Contrast HPV
Grant Agreement N�:	101075314
Co-Funding Body:	EU4Health programme 2021-2027
Starting Date:	01/11/2022
Duration:	30 months
Coordinator:	Istituto Superiore di Sanit� (Italy)

Contact person: Claudia Robles (crobles@iconcologia.net)

Disclaimer: Project PERCH is funded by the European Union. Views and opinions expressed are however those of the author(s) only and do not necessarily reflect those of the European Union or European Health and Digital Executive Agency (HaDEA). Neither the European Union nor the granting authority can be held responsible for them.

PERCH | PROJECT

Interim internal evaluation report



PERCH

PartnERship to
Contrast HPV



Co-funded by
the European Union



Table of contents

Table of contents.....	1
List of abbreviations and acronyms	3
List of Tables.....	4
Executive summary	5
1 BACKGROUND	8
1.1 Purpose of the report.....	8
1.2 PERCH project	8
1.2.1 Background.....	8
1.2.2 Project purpose	9
1.3 PERCH organisation.....	9
2 METHODOLOGY.....	10
2.1 Evaluation design	10
2.2 Data collection	11
2.3 Data analysis	12
3 RESULTS.....	12
3.1 Evaluation of WP1 – Project Management and Coordination.....	12
3.1.1 Management of the entire consortium.....	13
3.1.2 Liaison with HADEA	14
3.1.3 Satisfaction of WP leaders and partners with the coordination and the project	15
3.2 Evaluation of WP2 – Dissemination	15
3.2.1 Relation with the project specific objectives	15
3.2.2 Development of the PERCH visual identity	16
3.2.3 Development of JA website and other communication channels	17
3.2.4 Development, implementation and evaluation of the PERCH communication and dissemination plan	18
3.2.5 Development of national HPV communication strategies	19
3.2.6 Satisfaction with WP2	19
3.3 Evaluation of WP3 – Evaluation	20
3.3.1 Definition of the evaluation plan	21
3.3.2 Design and development of tools for data collection on evaluation	21
3.3.3 Monitoring the progress of the JA.....	21
3.3.4 Internal interim and final evaluation.....	22
3.3.5 Satisfaction with WP3	22
3.4 Evaluation of WP4 – Integration and Sustainability	23
3.4.1 Relation with the project specific objectives	23
3.4.2 Describe how HPV vaccination is currently implemented in EU countries (situation analysis) 24	
3.4.3 Improve MSs’ capacity to integrate HPV vaccination activities at national level	24
3.4.4 Development and dissemination of the Integration and Sustainability Plan.....	25
3.4.5 Launching/piloting HPV vaccination action / campaigns in selected countries.....	25



3.4.6	Update of state of the art on effectiveness and safety of HPV vaccines in general and efficacy of a single-dose HPV vaccine.....	25
3.4.7	Satisfaction with WP4	26
3.5	Evaluation of WP5 – Monitoring.....	27
3.5.1	Relation with project specific objectives.....	27
3.5.2	To monitor HPV vaccination coverage through current data collection systems.....	27
3.5.3	To improve participating countries data collection system	28
3.5.4	Satisfaction with WP5	28
3.6	Evaluation of WP6 – Improving knowledge and Awareness to Increase Vaccine Uptake in Target Communities	29
3.6.1	Relation with project specific objectives.....	29
3.6.2	Involvement of key stakeholders in project activities.....	30
3.6.3	Investigate national scenarios related to determinants of HPV vaccine hesitancy	30
3.6.4	Satisfaction with WP6	32
3.7	Evaluation of WP7 – Training and Support in Vaccine Communication	33
3.7.1	Relation with project specific objectives.....	33
3.7.2	Understand the country-level situation and training needs	34
3.7.3	Development of a training curriculum (table of contents + content) for healthcare professionals	35
3.7.4	Recruitment of training staff.....	35
3.7.5	Satisfaction with WP7	36
3.8	Evaluation of meetings and events.....	36
4	EVALUATION FINDINGS	37
4.1	Assessment of the progress of the JA	37
4.2	Identification of potential enablers and constraining factors in the progress of the project ...	37
4.3	Achievement of objectives and short-term outcomes	38
4.4	Satisfaction of the partners.....	39
4.5	Assessment of the project meetings.....	40
5	RECOMMENDATIONS.....	40
6	Annex I. Tools for data collection	42
7	Annex II. Reports of the evaluated meetings.....	72



List of abbreviations and acronyms

AE	Affiliated Entity
CA	Competent Authority
DNA	Deoxyribonucleic Acid
CD Plan	Communication and Dissemination Plan
GA	General Assembly
GAB	Governmental Advisory Board
HPV	Human papillomavirus
JA	Joint Action
MS	Member State
PERCH	PartnERship to Contrast HPV
SAB	Scientific Advisory Board
SC	Steering Committee
UNICEF	United Nations Children's Fund
WHO	World health Organization
WP	Work Package

List of Tables

Table 1. Overview of PERCH WPs and their objectives	9
Table 2. Collection methods by aspect under evaluation	11
Table 3. Status of the indicator related to the task 1.1 – Management of the entire consortium	13
<i>Table 4. Summary of deliverable and milestones status</i>	<i>14</i>
Table 5. Status of the indicators related the task 1.2 – Liaison with HaDEA	14
Table 6. Status of the indicators related to the Specific Objective #1 in WP2.....	16
Table 7. Status of the indicators related the task 2.1 – Development of the PERCH visual identity	16
Table 8. Status of the indicators related the task 2.2 – Development of JA website and other communication channels	17
<i>Table 9. Status of the indicators related the task 2.3 – Development, implementation and evaluation of the PERCH communication and dissemination plan (CD plan).....</i>	<i>18</i>
Table 10. Status of the indicators related the task 2.4 – Development of national HPV communication strategies.....	19
Table 11. Status of the indicators related the task 3.1 -Definition of the evaluation plan.....	21
Table 12. Status of the indicators related the task 3.2 – Design and development of tools for data collection on evaluation	21
Table 13. Status of the indicators related the task 3.3 – Monitoring the progress of the JA	22
Table 15. Status of the indicators related the task 3.4 – Internal interim and final evaluation	22
Table 16. Status of the indicators related to the Specific Objective #1 in WP4.....	23
Table 17. Status of the indicators related the task 4.1 – Describe how HPV vaccination is currently implemented in EU countries (situation analysis).....	24
Table 18. Status of the indicators related the task 4.2 – Improve MSs’ capacity to integrate HPV vaccination activities at national level	24
Table 19. Status of the indicators related the task 4.5 – Development and dissemination of the Integration and Sustainability Plan	25
Table 20. Status of the indicators related the task 4.6 – Launching/piloting HPV vaccination pilot action / campaigns in selected countries.....	25
Table 21. Status of the indicators related the task 4.3 – Update of state of the art on effectiveness and safety of HPV vaccines in general and efficacy of a single-dose HPV vaccine	26
Table 22. Status of the indicators related the task 5.1 – To monitor HPV vaccination coverage through current data collection systems	28
Table 23. Status of the indicators related the task 5.2 –To improve participating countries data collection system.....	28
Table 24. Status of the indicator related to the Specific Objective #3.....	30
Table 25. Status of the indicators related the task 6.1 – Involvement of key stakeholders in project activities	30
Table 26. Status of the indicators related the task 6.2 – Investigate national scenarios related to determinants of HPV vaccine hesitancy.....	31
Table 27. Status of the indicator related to the Specific Objective #4.....	33
Table 28. Status of the indicators related the task 7.1 – Understand the country-level situation and training needs.....	34
Table 29. Status of the indicators related the task 7.2 – Development of a training curriculum (table of contents + content) for healthcare professionals.....	35
Table 30. Status of the indicators related the task 7.3 - Recruitment of training staff	36

Executive summary

Background

The present report is the Deliverable 3.2 and describes the internal interim evaluation of the PERCH project for the period between 1st November 2022 and 31st December 2023.

The purpose of this internal interim report is to:

- Assess the progress of the JA
- Identify any potential enablers and constraining factors in the progress of the project
- Explore the satisfaction of the partners with the management and tasks of the WP in which they participate
- Assess the project meetings
- Based on the findings, make recommendations if necessary to achieve the project objectives.

Methodology

The methods used are based on the Evaluation plan (Deliverable 3.1).

The progress of the JA is assessed through the achievement of the project objectives, milestones and deliverables, and a series of predefined indicators set using a logical framework approach. Data to assess these indicators is collected mainly through desk research, questionnaires directed to WP Leaders and participant institutions as participation in day-to-day activities.

Satisfaction questionnaires have been used to assess the satisfaction of the partners in the project progress and management as well as to identify potential barriers and enablers in the project implementation.

Both types of questionnaires were sent in August 2023 and all replies were obtained by December.

The three general in-person meetings were also assessed in terms of their convenience and usefulness, and to identify potential improvements for future events, using online surveys sent after the meetings.

Evaluation findings

Assessment of the progress of the JA

All milestones and deliverables have been submitted. If needed, anticipated delays have been communicated and agreed with the project officer. Over 115 indicators assessed in the reporting period, 105 (>90%) have been achieved or are on track, and only one indicator has not been achieved. No impact is foreseen in subsequent tasks or deadlines.

Most participants report being clear about their roles and responsibilities and are satisfied with the progress of the project.

Identification of potential enablers and constraining factors in the progress of the project

The following enablers for the progress of the project have been identified: 1) adequate coordination of the WP leader providing guidance and resources as well as promoting collaboration within institutions, 2) the alignment of the project tasks with country needs or the interest from stakeholders such as schools or health care providers, 3) the adequacy of the institutions involved (access to relevant information or data required for the project, or with previous experience related to tasks to be

conducted), and 4) periodic coordination meetings in countries with more than one institution involved in the project.

Regarding the barriers to the project, the participating institutions have mentioned: 1) high workload with demanding deadlines, 2) conflict with ongoing work or policy changes in some countries (potentially resulting in duplication of work, confusion in well-informed stakeholders if approached with new messages or unnecessary work), 3) limited access to data (inadequate reporting systems, administrative barriers or data available at the regional level), and 4) administrative or legal barriers such as subcontracting procedures or ethics approvals.

Achievement of objectives and short-term outcomes

The four specific objectives of the project have been assessed as follows:

- *Specific Objective #1 - To improve capacities of MSs to plan and implement HPV vaccination campaigns by sharing knowledge and experience.* – This objective is achievable.
The term campaign has evolved to action, defined as any intervention aimed at directly or indirectly increasing HPV vaccine coverage. Countries are currently deciding whether to develop a national communication strategy or to launch or pilot an action. To date, 12 countries will launch or pilot an action.
The project repository and the HPV vaccination guild are already active in facilitating the sharing of knowledge and experience.
The communication and dissemination plan will be used to effectively disseminate the valuable knowledge generated as a result of the PERCH project.
- *Specific Objective #2 - To improve data and monitoring system on HPV vaccination and screening.*- This objective is achievable.
The development of the report on implementation of HPV vaccination services has been used to identify those countries that cannot link their reporting systems. Work is underway to address the administrative and legal barriers that prevent proper registration and linkage of data.
The data toolkit to collect data for coverage estimation is considered useful by the project participants. In countries that need changes in their reporting systems, project participants expect that this tool will trigger these changes.
- *Specific Objective #3 - To improve knowledge and awareness on HPV-related disease and prevention in the specific target groups (adolescent girls and boys).* – This objective is achievable
The development of the report on the determinants of HPV vaccine hesitancy has resulted in 83% of the institutions involved in WP6 reporting a high or very high level of understanding of such determinants.
- *Specific Objective #4 - To improve knowledge and abilities for healthcare professionals in vaccine communication.* - This objective is achievable
The report on the situation and training needs at country level will be used to develop tailored training in each country.

Satisfaction of the partners

Most participants report being satisfied with the coordination of the project and the WPs and with the progress of the WPs. A high proportion of participants also felt they were given the opportunity to contribute to the WP development and that their feedback was valued.

Most participants agree on the balance between the workload required and the relevance of the tasks. In WP2, however, they had mixed opinions although it might be related to the survey not being delivered to the WP2 working group; whereas some respondents appreciated the guided dissemination, others mentioned that it led to duplication of effort or that project dissemination could interfere with existing communication strategies. After discussion in the SC and the GA meeting in December, an amendment will be done to classify countries to potentially adapt upcoming tasks to their needs or experience.

At the time of the survey delivery (August 2023), there was a sense of uncertainty regarding the need to develop a national communication strategy. This task has been now clearly defined and progressing adequately.

Assessment of the project meetings

During the first half of PERCH, three in-person meetings gathered the whole consortium: a Kick-off meeting in December 2022 in Brussels, a series of WP specific meetings in March 2023 in Rome, and the first GA / GAB meeting in December 2023 in Rome.

Overall, participants reported being very satisfied with the overall organization and appreciated the opportunity to interact/network with other participants as well as the contents of the meetings. Feedback to be considered in subsequent meetings was the meeting schedule (to start at midday to allow for morning travel), and the need for more networking opportunities, which was implemented in the meeting in December.

Recommendations

The project is well on track and countries involved report being satisfied with the ongoing coordination efforts. We recommend maintaining the current approach to coordination of both the project and the WPs.

- It is crucial to prepare carefully for the planned project amendment. When preparing it, we suggest taking into account the significant workload, demanding deadlines, budgetary constraints and the observed heterogeneity between participating countries in terms of HPV vaccine coverage, implementation status of HPV vaccination or communication needs. It is also important to consider the time needed for approval before implementing any changes.
- To enhance our collaborative efforts, we encourage active engagement with other ongoing European projects, such as PROTECT-EUROPE or ReThinkHPVaccination, especially in Romania.
- In addition, we suggest intensifying communication and collaboration both within and between the WPs to facilitate sharing of experience and cooperation.
- In anticipation of potential challenges in future tasks, such as the need for ethics committee approval, we recommend a thorough review of upcoming tasks. This should take into account the barriers already identified and encourage information sharing between WPs. This collaborative approach may help to plan for and overcome these challenges effectively.

1 BACKGROUND

1.1 Purpose of the report

The present document describes the Interim Evaluation Report (Deliverable 3.2) of the PERCH project, between 1st November 2022 and 31st December 2023.

Deliverable 3.2 comprises an internal evaluation designed and executed by ICO, the WP3 leader, as well as an external evaluation to be conducted by Effectia Innovation Solutions. The Interim External Evaluation Report is expected by February 2024 due to administrative barriers in the tender process.

The internal evaluation of the PERCH project is conducted according to the **specific objectives of WP3**, which are to:

- Monitor the progress of the JA in terms of tasks, milestones and deliverables being implemented as planned.
- Evaluate the JA activities in terms of process, output and outcome indicators as described in the evaluation plan.
- Summarize the evaluation results in a midterm and final reports.

Based on these objectives, the **evaluation questions** that guide the evaluation process are:

- Is PERCH progressing as expected, regarding its internal milestones and deliverables? What are the barriers and enablers affecting the progress of PERCH?
- To what extent has PERCH achieved its objectives and short-term outcomes? Which factors have supported or hampered their achievement?

Accordingly, the purpose of the internal interim report has been to:

- Assess the progress of the JA through the achievement of the project objectives, milestones and deliverables and a series of predefined indicators set using a logical framework approach.
- Identify any potential enablers and constraining factors in the progress of the project.
- Explore the satisfaction of the partners with the management and tasks of the WP in which they participate.
- Assess the project meetings.
- Based on the findings, provide recommendations if needed to achieve the project objectives.

1.2 PERCH project

1.2.1 Background

Human papillomavirus (HPV) is a DNA virus that consists of more than 200 types, of which more than 40 are sexually transmitted and can infect anogenital and oropharyngeal mucosa. At least 14 types of HPV are classified as 'high risk' because they cause virtually all cervical cancer cases, as well as a fraction of other anogenital and head and neck cancers. Cancers caused by HPV are highly preventable through HPV vaccination and cervical screening. However, incidence and mortality rates of cervical cancer vary widely across Europe and across the world, and in 2020 cervical cancer continued to be the 4th most common cause of cancer among women worldwide.

Given the substantial global burden of cervical cancer and the effectiveness of its preventive strategies, in 2018, the WHO Director-General announced a global call to eliminate cervical cancer. A pivotal pillar of this strategy is the achievement of 90% HPV vaccination coverage, a target still distant from current

HPV vaccination coverage rates in Europe. In 2019, according to the WHO/UNICEF Joint Reporting Form on Immunization, the WHO EURO Region reported an HPV vaccination programme coverage of 27% among girls and 5% among boys. Moreover, there were high differences in vaccination programme coverage among European countries (<5% in Bulgaria to >90% coverage in Norway).

1.2.2 Project purpose

PERCH (PartnERship to Contrast HPV) is a European Joint Action (JA) funded by the European Commission through the EU4Health Programme. It aims at contributing to the European efforts to improve the coverage of HPV vaccination among girls and preferentially boys.

Its **General Objective** is to contribute to the implementation of Europe’s Beating Cancer Plan, which aims to support Member States’ (MSs) efforts to extend the rollout of routine HPV vaccination to eliminate cervical cancer and reduce other cancers caused by HPV in the coming decade. In particular, the main purpose of this JA is **to prepare MSs to launch or reinvigorate HPV vaccination campaigns**.

The efforts of PERCH are structured around four **specific objectives**:

1. To improve capacities of MSs to plan and implement HPV vaccination campaigns by sharing knowledge and experience.
2. To improve data and monitoring system on HPV vaccination and HPV screening.
3. To improve knowledge and awareness on HPV-related disease and prevention in specific target groups (adolescent girls and boys).
4. To improve knowledge and abilities for healthcare professionals in HPV vaccine communication.

1.3 PERCH organisation

PERCH, which has a duration of 30 Months, involves 34 institutions from 18 European countries (17 participating countries and Ireland as an associated partner). Participating countries might involve more than one national institution. In these cases, one of the institutions acts as a Competent Authority (CA) for the country, and the rest of institutions are considered Affiliated Entities (AE).

It is organized in seven Work Packages (WPs). WP1 to WP4 are horizontal WPs that support the progress of the JA, and therefore the participation in these WPs is mandatory for all PERCH participants. WP5 to WP7 are the thematic WPs that specifically address the PERCH objectives. Each participant decides which of the thematic WPs to join.

Table 1. Overview of PERCH WPs and their objectives

WORK PACKAGE NAME AND OBJECTIVE	
WP1	Project Management and Coordination To ensure a well-coordinated governance and management of the JA.
WP2	Dissemination To guarantee a well-coordinated communication and to maximise the dissemination of the JA’s efforts and results.
WP3	Evaluation To monitor and evaluate the progress of the JA and to assure that the JA accomplishes its established objectives.
WP4	Integration in National Policies and Sustainability To frame the conditions to be fulfilled to reach or maintain high HPV vaccination coverage in all MSs of the EU.



WP5	Monitoring To describe how HPV vaccination is currently monitored in the EU participating countries and to propose common data collection systems.
WP6	Improving Knowledge and Awareness to Increase Vaccine Uptake in Target Communities To support MSs to increase knowledge and awareness on HPV-related disease and prevention in adolescent girls and boys.
WP7	Training and Support in Vaccine Communication To provide support to healthcare professionals in terms of HPV vaccination communication training.

Beyond its WPs, PERCH follows the following Governance organization:

- **General Assembly (GA)** is the governing body of PERCH, composed of at least one representative from each participant institution.
- **Steering Committee (SC)** is the delegate body of the GA for day-to-day scientific and technical coordination, composed by the JA coordinator and all the WP-leaders.
- **Scientific Advisory Board (SAB)** is the consultative body responsible for overseeing the overall aims and outcomes of the JA for contributing to optimal police relevance.
- **Governmental Advisory Board (GAB)** consists of a representative from each participating country and provides feedback on key deliverables, as well as policy guidance. In addition, it contributes to the development of an integration and sustainability plan.

2 METHODOLOGY

2.1 Evaluation design

The present document presents the evaluation of three main aspects of the project: the project progress, the partners satisfaction and the project meetings.

Project progress

In the Grant Agreement, 19 initial transversal indicators were defined to assess the achievement of *Specific Objectives* of PERCH. Following a Logical Framework approach, the WP3 team developed the Logic Models of each WP in collaboration with the WP leaders over the first four months of the project. These models were used to set up a series of additional indicators, agreed by each WP leader, to assess the progress, outputs and short-term outcomes of the project. As PERCH progressed and some tasks were further defined, one additional indicator has been defined (Indicator A2.2.1).

The progress of the project is assessed through the achievement of these indicators.

Partners satisfaction

The satisfaction of the partners in the project progress and management has been assessed. Potential barriers and enablers in the project implementation have been also explored.

Suggestions and comments are also being requested to project participants, which are anonymized and provided to WP leaders to assess their relevance and need for action.

Project meetings

The general in-person meetings are being assessed regarding their convenience, usefulness, and to identify potential improvements for future events.

2.2 Data collection

The table below provides an overview of the mixed-methods approach used for collection of data to assess each of the main aspects explored within this report.

Table 2. Collection methods by aspect under evaluation

Project progress	Partners satisfaction	Project Meetings
<ul style="list-style-type: none"> • Desk research • WP Leader questionnaire (Progress section) • Participant institutions questionnaire (Progress section) • Day-to-day activities 	<ul style="list-style-type: none"> • WP Leader questionnaire (Satisfaction section) • Participant institutions questionnaire (Satisfaction section) • Day-to-day activities 	<ul style="list-style-type: none"> • Post-meeting surveys • Day-to-day activities

Project progress

Data on progress has been preferentially collected through the review of the project documentation, correspondence, secondary sources (*desk research*) and the participation of ICO as a participating institution in PERCH (*day-to-day activities*). The evaluation team has additionally followed the progress of PERCH by attending *WP specific meetings, GA meetings, GAB* and *SC meetings*. This level of engagement in the activities of PERCH ensures that we remain up-to-date with the project's status and fosters a fluent communication and the integration of the consortium's insights and feedback into the evaluation process.

Data that could not be collected otherwise was collected through progress questionnaires to participant institutions previously developed in July 2023 (Milestone 10, Annex I). These questionnaires were sent to participants in August 2023 via the EU Survey platform. Answers from all the participants were finally obtained in December 2023 (Milestone 11). A thorough process of follow up emails and desk review was conducted to triangulate as much information as possible to properly assess the indicators.

Partners satisfaction

Satisfaction questionnaires were developed in July 2023 to explore the satisfaction of the partners in the project progress and management and to identify any potential barriers and enablers in the management of the project implementation.

As the Project Coordinator, ISS was excluded from completing the satisfaction questionnaire, as it indirectly evaluates the Project Management. Associated partners as well as AEs that are not directly involved in the daily project activities (i.e., IDIBELL) were also excluded from the satisfaction questionnaire.

Satisfaction questionnaires were also developed for WP leaders to assess their satisfaction in leading the WP and the project coordination, and to identify main enablers and barriers in the implementation of their WPs.

These questionnaires were sent to the main contact person in each institution, and therefore not necessarily the persons directly involved in the project tasks, in August 2023 together with the Progress Questionnaires and to WP leaders in October 2023.

Project meetings

Short online questionnaires were delivered to the attendees to the *Kick-off meeting in December 2022, the WP specific meetings in March 2023 and the first GA / GAB meeting in December 2023.*

One fourth of the Kick-off attendees and half of the WP specific meeting attendees answered the satisfaction questionnaires. Data collection for the first GA meeting is ongoing.

Further details on the framework used and the data collection tools can be found in the Evaluation Plan (Deliverable D3.1), available at the project repository (<https://www.projectperch.eu/repository/>).

2.3 Data analysis

Data required to support the assessment of each indicator as the project progresses is being saved in a series of data collection sheets (Microsoft Excel) by WP as well as by country when needed.

After their assessment, the indicators are classified as follows:

Achieved	All the requirements outlined in the indicator have been fulfilled.
Achieved with delay	The requirements outlined in the indicator have been fulfilled although later than the original deadline.
Partially achieved	Most requirements outlined in the indicator have been fulfilled, but not all. It mainly involves indicators with quantitative targets such as the number of countries to complete a task.
Not achieved	The actions necessary to fulfil the indicator have not been initiated.
NA (Not applicable)	The indicator could not be assessed due to limitations in data availability or other logistical issues.

Data from the satisfaction and meeting questionnaires have been analysed as follows; descriptive statistics have been used in categorical responses whereas open ended answers have been manually coded by two team members for thematic analyses when relevant. Comments and suggestions were relocated between WPs when needed.

Duplicated satisfaction questionnaires by institution were analysed as follows. Qualitative answers were merged. In case of discrepancy in categorical data, the answer in the most recently completed questionnaire was used. If both questionnaires were completed on the same date, the answer with the lowest score was used.

3 RESULTS

3.1 Evaluation of WP1 – Project Management and Coordination

The objectives of WP1 are:

- To manage the entire consortium, ensuring systematic communication with partners and WP-leaders to assure the implementation of the JA activities according to the work plan.
- To ensure a quality check and timely completion of JA deliverables and milestones.

- To manage the financial and administrative aspects of the project to ensure well-coordinated governance and management of the JA.

The WP1 tasks for the reporting period include 1) managing the entire consortium through the establishment of the governance bodies (SC, GA, SAB and, in collaboration with WP4, the GAB) and the development of the Project management plan and the Consortium Agreement and 2) acting as liaison with HaDEA through periodic technical reporting of activity and timely reporting on deliverables and milestones).

3.1.1 Management of the entire consortium

By December 2022, WP1 defined the practical bases of the management of the JA in the Project Management plan (Milestone 3, Indicator B1.1.1) and agreed on the project participant's responsibilities in the Consortium Agreement (Milestone 2, Indicator B1.1.2).

By January 2023, the SAB was established (Milestone 4, Indicator A1.1.3), which is formed by Paul Bloem (Lead of HPV vaccine impact area at the Immunization, Vaccines & Biologicals Department at WHO), Siff Nielsen (Demand and Acceptance expert in the Immunization Programme at WHO Regional Office for Europe), Roberta Pastore (Team Lead and Immunization Analytics and Monitoring Expert at the Division of Country Health Programmes, Vaccine-preventable Diseases and Immunization at WHO Regional Office for Europe), Walter Ricciardi (President of Mission Board for Cancer) and Rui Medeiros (President of the Association of European Cancer Leagues)(Indicator A1.1.4). Since the beginning of the project, SAB members have attended the GA meetings, where valuable feedback has been provided, and have also been involved in the WP2 of Dissemination and Communication.

Throughout the first half of PERCH, WP1 has organized a kick – off meeting and one GA meeting to coordinate the JA (the kick-off meeting in December 2022 and the first GA in December 2023). A representative from all participating countries (Indicator A1.1.2), Ireland (Associate partner to the project) as well as a few external stakeholders attended the kick-off meeting (Milestone 1, indicator A1.1.1). The first GA meeting took place in December 2023 (Milestone 5, Indicator A1.1.6) to conduct it closer to the interim reporting deadline and to combine it with a GAB meeting. This meeting proved to be useful to clarify the role and responsibilities of the project participants (Indicator C1.1.1). Among the participating institutions, 86.2% (25 of 28) answered to be clear or very clear on their role whether 3 participants were neither clear or unclear.

The SC, which includes the representatives from all WPs, has met 17 times by January 2024. These include 2 meetings in person (Indicator A1.1.9) and 15 online (A1.1.10), which include regular monthly meetings and 2 extraordinary ones to discuss the dissemination strategy and the definition of HPV vaccination campaigns. All WPs were represented in all the SC meeting except for the SC meeting in August 2023 when representatives of one WP could not participate due to summer holidays (Indicator A1.1.11). An agenda has been sent always prior to the meeting as well as minutes to be checked by attendees afterwards.

The assessment of the related indicators is detailed in the following table:

Table 3. Status of the indicator related to the task 1.1 – Management of the entire consortium

	Process Indicators	Target	Status	Verified by
A1.1.1	Kick-off meeting done on Month 1 [Milestone 1]	Achieved	Achieved with delay	Desk research – Field observation
A1.1.2	Number of countries that participate in the kick-off meeting	17	Achieved	Desk research – Minutes



A1.1.3	Establishment of SAB by Month 3 [<i>Milestone 4</i>]	Achieved	Achieved	Desk research – Management Plan
A1.1.4	Number of members in the SAB with expertise in HPV vaccination or HPV-related diseases	5	Achieved	Desk research – Management Plan
A1.1.6	A GA meeting by Month 12 [<i>Milestone 5</i>]	Achieved	Achieved with delay	Desk research – Correspondence
A1.1.9	Number of face-to-face SC meetings	4	On track	Desk research – Minutes
A1.1.10	Number of virtual SC meetings	24	On track	Desk research – Minutes
A1.1.11	Number of WP represented in SC meetings	7	Partially achieved	Desk research – Minutes
	Output Indicators	Target	Status	Verified by
B1.1.1	Project Management plan by Month 2 [<i>Milestone 3</i>]	Achieved	Achieved	Desk research – Correspondence
B1.1.2	Consortium Agreement by Month 2 [<i>Milestone 2</i>]	Achieved	Achieved	Desk research – Correspondence
	Outcome Indicators	Target	Status	Verified by
C1.1.1	Number of partners that are clear on their role and responsibilities in the joint action	29*	Partially achieved	Participant Questionnaire

* Updated from 34 (total number of participating institutions) to 29 (participating institutions involved in the day-to-day activities of PERCH)

3.1.2 Liaison with HADEA

Regarding the reporting of outputs and relevant milestones to HaDEA, the table below provides a summary of the deliverables and milestones with a delivery date up to December 2023 (n=21). All deliverables have been reported on time except one (Indicator A1.2.1)

Table 4. Summary of deliverable and milestones status

Project period	Deliverables	Milestones
Total (M1-M30)	20	27
Halftime (Up to M14)	7	17
Submitted on time*	5	13
Submitted with delay*	2	4
Delayed by <1 month	2	3
Delayed by >1 month	0	1
Not submitted	0	0

* Deliverables uploaded to SyGMA up to 5 days later than the due date are considered on time

Details on each specific milestone or deliverable can be found on each specific WP results.

The first project periodic report is due on March 2024 (Month 15 + 2 additional months), therefore the WP summaries to be provided by each WP leader (indicator A1.2.2.) will be provided in February 2024 to provide the most up to date information to HaDEA.

The assessment of the related indicators is detailed in the following table:

Table 5. Status of the indicators related the task 1.2 – Liaison with HaDEA

	Process Indicators	Target	Status	Verified by
A1.2.1	Proportion of deliverables submitted to the portal on time	100%	On track	Desk research – SyGMA portal
A1.2.2	Number of WP summary updates for the periodic technical reporting received by Month 14	7	On halt	

3.1.3 Satisfaction of WP leaders and partners with the coordination and the project

All WP leaders indicated that they were satisfied or very satisfied with the support of the project coordinator. Among the participating institutions, 64.3% (18 of 28) rated the support of the project coordinator as high or very high. Among those that rated it as acceptable, no specific area requiring more support was mentioned except for clarification of expectations from partners and more clear deadlines.

All WP leaders are satisfied or very satisfied leading their WPs except one who answered neither satisfied nor dissatisfied. The WP leadership has resulted in some unforeseen negative and positive consequences; positive consequences include the learning of new methodologies, strengthening or widening of existing network and the interaction and exchange of experiences with other countries. Yet, one WP leader mentions a higher workload than initially foreseen in leading the WP and being part of the SC.

Suggestions for improvement or comments regarding the WP coordination or its tasks from participating institutions or WP leaders have been duly provided to the coordinator for her consideration.

3.2 Evaluation of WP2 – Dissemination

The objectives of WP2 are:

- To develop a detailed project communication and dissemination strategy.
- To communicate the JA objectives, progress and results to the relevant target audiences.
- To share international and national evidence, best practices and tools (collected in the other WPs) in the field of HPV vaccination among the consortium members and beyond.
- To support sustainable networking of international community of HPV vaccination stakeholders and facilitate dissemination from experienced to less experienced countries/regions.

The WP2 tasks for the reporting period include 1) developing the PERCH visual identity (including the logo, project leaflet and templates), 2) developing the project website and other communication channels (such as the repository, the HPV vaccination guild and social media), 3) developing, implementing and evaluating the communication and dissemination plan which required the set-up of the WP2 working group to conduct a stakeholders analysis, to report on communication and dissemination activities and to collaborate in the development of the C&D plan and its evaluation), and 4) start developing the national HPV communication strategies.

3.2.1 Relation with the project specific objectives

The Specific Objective #1 of the PERCH project aims to improve capacities of MSs to plan and implement HPV vaccination campaigns by sharing knowledge and experience through the tasks conducted by WP2 and WP4.

An initial step towards the achievement of this objective was the identification of the most relevant national and international stakeholders that can facilitate the dissemination and the communication of activities. Accordingly, WP2 developed a stakeholder-mapping tool in collaboration with the working group (Indicator A2.3.3) to identify a comprehensive list of relevant national stakeholders.

By February 2023, all countries had conducted its own stakeholder analysis except three of them (Indicator A2.3.4). A median of 17 stakeholders from different sectors including health professionals, health authorities and management, and professionals outside of healthcare were identified by country (Specific Objective#1, Indicator A2.3.5). WP2 leader mapped the stakeholders from the missing countries via the WP6 stakeholder mapping process and via an internet search.

This ambitious process required more time than initially foreseen, and the in-depth stakeholder mapping report was sent to the PERCH coordinator in March 2023 (Milestone 6, Indicator B2.3.1).

The assessment of the related indicator is detailed in the following table:

Table 6. Status of the indicators related to the Specific Objective #1 in WP2

Process indicators	Target	Status	Verified by
Number of stakeholders from different policy sectors identified at country level to facilitate dissemination and communication activities (A2.3.5)	At least 3 stakeholders identified for each country by month 2.	Achieved with delay	Desk research – Raw stakeholder mapping results by country

3.2.2 Development of the PERCH visual identity

The PERCH leaflet containing the project’s goals, objectives, activities, and outcomes was finalized on early January 2023 (Deliverable 2.1, indicator B2.1.1).

To decide upon the project logo, WP2 initially created three logo concepts (Indicator A2.1.1) that were voted by 99 members of the consortium (Indicator A2.1.2). The logo was developed within the first month (Indicator B2.1.2).

A roll-out banner and identification badges were designed prior to the kick-off meeting in December 2022 (Indicator B2.1.4 and B2.1.5). WP leaders were also provided with a power-point template for their presentations (Indicator B2.1.6).

Templates to report on the first milestones or for PERCH deliverables were also developed at the beginning of the project (Indicator B2.1.7).

Additionally, WP2 developed the PERCH Brand Guidelines to standardize how Project PERCH should be represented visually and ensure consistency (Indicator B2.1.3).

The assessment of the related indicators is detailed in the following table:

Table 7. Status of the indicators related the task 2.1 – Development of the PERCH visual identity

ID	Process Indicators	Target	Status	Verified by
A2.1.1	Number of potential logo concepts done in order to decide upon the final project logo	3	Achieved	Correspondence and desk research – CD Plan
A2.1.2	Number of individuals from partner organisations that provide feedback on the logo selection	30	Achieved	Desk research – CD Plan
	Output Indicators	Target	Status	Verified by
B2.1.1	Project leaflet in English available by Month 2 [<i>Deliverable 2.1</i>]	Achieved	Achieved with delay	Desk research – SyGMA portal

B2.1.2	Project logo developed by Month 2	Achieved	Achieved	Desk research – CD Plan
B2.1.3	Guidelines for brand use developed by Month 2	Achieved	Achieved	Desk research – Correspondence
B2.1.4	Roll-out banner developed by Month 2	Achieved	Achieved	Field observation – Attendance to meeting
B2.1.5	Identification badges developed by Month 2	Achieved	Achieved	Field observation – Attendance to meeting
B2.1.6	PowerPoint template developed by Month 2	Achieved	Achieved	Desk research – CD Plan
B2.1.7	Reporting template developed by Month 2	Achieved	Achieved	Desk research – CD Plan

3.2.3 Development of JA website and other communication channels

Within WP2, ISS developed the PERCH website (Deliverable 2.3., Indicator B2.2.1) which includes the repository of best practices and tools (Milestone 8, Indicator B2.2.3) containing the following outputs: Infographics and promotion materials about PERCH and HPV, newsletters, webinars and further materials, as well as the public deliverables of the project (i.e, the Communication and Dissemination plan of PERCH, and the Evaluation plan of PERCH, to date).

On December 2022, an X account (formerly *twitter*) was also created (indicator B2.2.2).

The HPV vaccination guild is a platform / space that has been created for exchange of knowledge, experiences, best practices and lessons learned among HPV vaccination supporters with different backgrounds (health, communication, education...) from all over Europe (Milestone 9, Indicator B2.2.6). The activity started with a webinar that took place on 20th October 2023 in which Denmark presented the lessons learned on how to rebuild trust after negative media coverage of the HPV vaccine (Indicator A2.2.1).

About the project communication channels (website, E-newsletter, social media, etc.), most PERCH participants (88.5%: 23 of 26 respondents) are satisfied with them (indicator C2.2.1). Two of the three participants that answered not to be satisfied detailed they had not received the project newsletter (it was sent after the delivery of the satisfaction surveys).

The assessment of the related indicators is detailed in the following table:

Table 8. Status of the indicators related the task 2.2 – Development of JA website and other communication channels

ID	Process Indicators	Target	Status	Verified by
A2.2.1	Guild members contacted 15 days in advance of guild activities	Achieved	Achieved	Desk research – Correspondence
ID	Output Indicators	Target	Status	Verified by
B2.2.1	JA website by Month 4 [<i>Deliverable 2.3</i>]	Achieved	Achieved	Desk research – Correspondence
B2.2.2	Twitter account by Month 2	Achieved	Achieved	Desk research – CD Plan
B2.2.3	Development of a repository of best practices and tools within the project website by Month 6 [<i>Milestone 8</i>]	Achieved	Achieved	Desk research – Correspondence
B2.2.6	HPV vaccination guild by Month 12 [<i>Milestone 9</i>]	Achieved	Achieved	Desk research – Correspondence

	Outcome Indicators	Target	Status	Verified by
C2.2.1	PERCH participants satisfied with the communication channels used during the JA	Achieved	Achieved	Participant questionnaire

3.2.4 Development, implementation and evaluation of the PERCH communication and dissemination plan

To guide the dissemination efforts of PERCH, WP2 produced a Communication and Dissemination Plan (CD plan) by February 2023 (Deliverable 2.2, Indicator B2.3.2) in collaboration with the WP2 Working Group (Indicator A2.3.8). This Working Group was established on January (Indicator A2.3.1) and includes at least 2 representatives from each PERCH participating country (Indicator A2.3.2).

The CD plan, which includes an external media analysis (Indicator A2.3.6), includes the key messages for PERCH to disseminate the project, and a roadmap on the dissemination of PERCH throughout the JA. To evaluate its implementation, in collaboration with WP3, an evaluation plan and key performance indicators were defined in July 2023 (Indicator A2.3.14). Data to evaluate these indicators were collected by December 2023 (indicator A2.3.15) to update the CD plan by January 2024 (Indicators B2.3.3 and B2.3.4).

WP2 developed a Reporting tool for members of the *working group* to periodically report on dissemination activities related to PERCH in their countries. Countries are requested to complete it in an ongoing basis rather than in specific dates (Indicator A2.3.9 and A2.3.10).

A social media strategy for HPV communication was defined by January 2024 and presented to WP2 working group at the end of January (Indicator A2.3.7).

The assessment of the related indicators is detailed in the following table:

Table 9. Status of the indicators related the task 2.3 – Development, implementation and evaluation of the PERCH communication and dissemination plan (CD plan)

ID	Process Indicators	Target	Status	Verified by
A2.3.1	WP2 working group established by Month 3	Achieved	Achieved	WP2 Leader questionnaire
A2.3.2	Number of countries with at least two persons in the WP2 working group	18	Achieved	Desk research – Correspondence
A2.3.3	Number of countries that provide feedback on the survey tool for stakeholder mapping	6	Achieved	WP2 Leader questionnaire
A2.3.4	Number of countries that have conducted a stakeholder mapping by Month 4	17	Partially achieved	Desk research – CD Plan
A2.3.5	Number of stakeholders from different policy sectors identified in the stakeholder mapping in each country by Month 2 [<i>Key Objective Indicator</i>]	3	Achieved with delay	Desk research – CD Plan
A2.3.6	Report on twitter profiles for communication about the project PERCH (external media analysis) done by Month 3	Achieved	Achieved	Participant Questionnaire
A2.3.7	Social media strategy / campaign defined by Month 15	Achieved	Achieved	
A2.3.8	Number of partners that provide feedback to the CD plan	6	Partially achieved	Participant questionnaire
A2.3.9	Number of countries that provide the reporting tool completed with activities performed in the last 6 months by Month 6	17	NA	Discarded due to continuous reporting
A2.3.10	Number of countries that provide the reporting tool completed with activities performed in the last 6 months by Month 12	17	NA	Discarded due to continuous reporting



A2.3.14	Definition of the evaluation plan / key performance indicators (KPI) for the dissemination strategy by Month 9	Achieved	Achieved	Desk research – Correspondence
A2.3.15	Data collection to evaluate the KPI by Month 14	Achieved	Achieved	Desk research – Correspondence
	Output Indicators	Target	Status	Verified by
B2.3.1	Stakeholder mapping analysis by Month 2 [<i>Milestone 6</i>]	Achieved	Achieved with delay	Desk research – Correspondence
B2.3.2	Communication and Dissemination plan by Month 4 [<i>Deliverable 2.2</i>]	Achieved	Achieved	Desk research – Correspondence
B2.3.3	Results from the KPI evaluation available by Month 15	Achieved	On track	Desk research – Minutes
B2.3.4	Updated Communication and dissemination plan by Month 15 [<i>Milestone 7</i>]	Achieved	On track	Desk research

3.2.5 Development of national HPV communication strategies

A future task of WP2 will be to support the development of national HPV communication strategies in countries that do not launch a National HPV Vaccination Action or pilot an HPV Vaccination Action within WP4. For the MSs that already have a successful HPV vaccine communication strategy, the SC is preparing a grant amendment so these countries can share their experience with other MSs.

The situation analysis to identify what will be done in each country is expected by January 2024 (Indicator A2.4.1).

The assessment of the related indicators is detailed in the following table:

Table 10. Status of the indicators related the task 2.4 – Development of national HPV communication strategies

	Process Indicators	Target	Status	Verified by
A2.4.1	Number of situation analysis conducted by Month 12	17	Ongoing, delayed	

3.2.6 Satisfaction with WP2

Regarding the workload to conduct WP2 tasks, 77.8% (21 of 27) of participants (excluding the WP leader) agreed or strongly agreed that it is worth the effort (i.e, it will result in useful tools or activities to achieve the project goals or increase the vaccination coverage). Three participants (10.7%) answered neither to agree nor disagree with the workload whereas 3 different participants disagree. Reasons for disagreement were the overlapping with existing work and the lack of national strategy on communication in their country. Of note, 3 of the 5 countries that disagreed with the workload have high HPV vaccination coverages.

About the opportunity to give feedback, 76.9% of respondents (20 of 26) felt that they were given the chance to give feedback and to contribute to the development of WP2, all of which felt that their feedback and comments were appreciated.

Among PERCH participants, 80.7% (21 of 26) felt that WP2 is progressing adequately (reaching the required audiences) in their countries. Two of the respondents that thought that WP2 is not progressing adequately stated that they already have good HPV vaccine coverage rates and no additional communication is needed since it can be confusing to provide the population with new messages.

Participants mentioned the following enablers contributing to the adequate progress of WP2 in their country:

- WP2 coordination (n=7) regarding the provision of shared materials and guidance from WP2 leaders.
- Relevance of the tasks being performed (n=5), mainly related to the stakeholder mapping as a starting point (n=4) but also the communication tools to be used in the project.
- Recycling of existing work (n=3) either from outside of the project (n=2) or within the project (stakeholder mapping in WP6), which facilitated the completion of tasks.
- Adequate alignment with national goals or needs related to HPV vaccination (n=3) such as the need to develop a national communication strategy, communication to the general population of changes at the policy level or the interest from stakeholders to increase HPV vaccination coverage.
- Other enablers included the proactivity from project participants to further disseminate beyond the project workplan, an adequate national coordination between project participants and the use of existing networks.

Participants mentioned the following factors hindering the progress of WP2 in their country:

- Conflict with ongoing work being done at the country (n=2) or with current or future changes in vaccination policies (n=3).
- Limited resources in task force (n=5) or funding.
- Dependence on other players to decide on how and what to communicate (n=3).
- Limited national capacity in HPV vaccination communication (n=2).
- Other hindering factors include the demanding deadlines or the activity of antivaccine groups.

The WP2 leader mentioned one main barriers in WP2: the uncertainty about which countries may need to do a National HPV vaccination communication strategy. This was properly addressed in the SC and GA in December 2023 and is on track. The main enablers in this WP are the genuine interest from the project participants in improving HPV vaccination coverage in some countries as well as the willingness to share knowledge and experience by countries with high HPV vaccination coverage.

Suggestions for improvement or comments regarding the WP coordination or its tasks have been duly provided to WP leaders for their consideration.

3.3 Evaluation of WP3 – Evaluation

The objectives of WP3 are:

- To monitor the progress of the JA in terms of tasks, milestones and deliverables being implemented as planned
- To evaluate the JA activities in terms of process adherence, output, outcome and impact based on an evaluation plan to be developed

The WP3 tasks for the reporting period include 1) defining an evaluation plan following a Logical Model approach in collaboration with the SC, 2) designing and developing the tools for data collection on evaluation throughout PERCH, 3) monitoring of the progress of the JA, and 4) producing the interim evaluation report.

3.3.1 Definition of the evaluation plan

The evaluation plan was developed by April 2023 (Deliverable 3.1., Indicator B3.1.2). It required the development of a logical framework matrix for each WP (Indicator B3.1.1), which was discussed by email and via Teams with each of the WP leaders (Indicators A3.1.1 and A3.1.2).

The assessment of the related indicators is detailed in the following table:

Table 11. Status of the indicators related the task 3.1 -Definition of the evaluation plan

Process Indicators		Target	Status	Verified by
A3.1.1	Number of WP leaders that provide feedback on the initial Logic Models	6	Achieved	Desk research – Correspondence
A3.1.2	Number of meetings with WP leaders to discuss indicators and evaluation methodology of their WP	6	Achieved	Desk research – Correspondence
Output Indicators		Target	Status	Verified by
B3.1.1	Number of Logical Framework Matrices	7	Achieved	Desk research – Correspondence
B3.1.2	Evaluation plan by Month 6 [<i>Deliverable 3.1</i>]	Achieved	Achieved	Desk research – Correspondence

3.3.2 Design and development of tools for data collection on evaluation

To assess the progress and satisfaction of the project participants, the required tools (mainly evaluation questionnaires) were developed by June 2023 (Milestone 10, Indicator B3.2.1).

During the evaluation we have identified six indicators that could not be measured (Indicator C3.2.1) due to a change in the methodology to report on dissemination activities and the delivery of surveys done by others which prevented the estimation of the response rate. Those indicators are marked as Not Applicable (NA) in their respective status table (i.e. Table 9, Table 25 and Table 27).

The assessment of the related indicators is detailed in the following table:

Table 12. Status of the indicators related the task 3.2 – Design and development of tools for data collection on evaluation

Output Indicators		Target	Status	Verified by
B3.2.1	Development of WP3 data collection tools by Month 9 [<i>Milestone 10</i>]	Achieved	Achieved	Desk research – Correspondence
Outcome Indicators		Target		Verified by
C3.2.1	Number of indicators that cannot be measured due to lack of data	None	Partially achieved	Desk research – Interim Evaluation Report

3.3.3 Monitoring the progress of the JA

As described in the methodology section of this report, other activities planned to monitor the progress of the JA are on track; the first two in-person meetings have been evaluated and the evaluation of the second GA meeting conducted in December is underway (Indicators A3.3.1 and B3.3.1; see reports on Annex II), an initial batch of questionnaires has already been sent and completed

(Indicators A3.3.2 and A3.3.3) and all the findings are being provided to the coordinator (Indicator A3.3.4).

PERCH participants have reported high levels of satisfaction with the progress of the PERCH project: 82.1% of respondents (23 of 28) are satisfied or very satisfied (Indicator C3.3.1). Among those that replied to be neither satisfied nor unsatisfied (n=4), none provided any explanation to it.

The assessment of the related indicators is detailed in the following table:

Table 13. Status of the indicators related the task 3.3 – Monitoring the progress of the JA

	Process Indicators	Target	Status	Verified by
A3.3.1	Proportion of in-person meetings for which feedback is collected and analysed	100%	On track	Desk research – Correspondence
A3.3.2	Number of WP Leader questionnaire batches sent throughout PERCH	3	On track	Desk research – Correspondence
A3.3.3	Number of WP Participant questionnaire batches sent throughout PERCH	3	On track	Desk research – Correspondence
A3.3.4	Number of exchanges on monitoring findings between WP3 and WP1 throughout PERCH	4	On track	Desk research – Correspondence
	Output Indicators	Target	Status	Verified by
B3.3.1	Proportion of PERCH in-person meetings with a feedback report	100%	On track	Desk research – Correspondence
	Outcome Indicators	Target	Status	Verified by
C3.3.1	Satisfaction of PERCH participants with the progress of the overall project	>65%	Achieved	Participant Questionnaire

3.3.4 Internal interim and final evaluation

Most data (from 16 out of 17 countries) to evaluate the progress and satisfaction of the partners up to were collected by the expected deadline (November 2023) through desk research and the designed questionnaires (Milestone 11, Indicator A3.4.1). Missing responses were received on early December and have been included in the interim evaluation report.

The assessment of the related indicators is detailed in the following table:

Table 14. Status of the indicators related the task 3.4 – Internal interim and final evaluation

	Process Indicators	Target	Status	Verified by
A3.4.1	Evaluation data collected for the interim evaluation report by Month 13 [<i>Milestone 11</i>]	Achieved	Achieved with delay	Desk research – Correspondence

3.3.5 Satisfaction with WP3

Regarding the workload related to questionnaires completion, 80.0% (21 of 27) of participants (excluding the WP leader) agreed or strongly agreed that it is worth the effort (i.e. it is correctly evaluating the project and resulting in improvements in the project management / implementation where needed). Two participants disagreed (8.0%), one of them stating that the satisfaction questionnaire is not the adequate tool to verify these parameters.

The WP3 leader mentioned as the main barrier in WP3 the difficulty in getting answers from some partners to the online questionnaires. The main enabler in this WP is the support from other WP leaders and the coordinator.

3.4 Evaluation of WP4 – Integration and Sustainability

The objectives of WP4 are:

- To survey how HPV vaccination is currently implemented in EU countries, including identification of barriers, facilitators and influencing factors of successful implementation of HPV vaccination policies
- To promote the integration of HPV vaccination activities in the national routine vaccination schedule, in participating MSs where this is not yet the case
- To update knowledge on efficacy and safety of HPV vaccines, in particular on effectiveness of one-dose HPV vaccination schedules
- To identify strategies for the purchase of HPV vaccines at lowest possible cost
- To formulate an integration and sustainability plan for HPV vaccination implementation in the EU, including development of roadmaps for implementation of HPV vaccination adjusted to local needs and recommendations for best practice for implementation, monitoring, education and dissemination defined throughout the JA
- To launch/pilot HPV vaccination campaigns in strategically selected countries

The WP4 tasks for the reporting period include 1) describing how HPV vaccination is currently implemented in EU countries by using data collected through national surveys, 2) improving MS' capacity to integrate HPV vaccination activities at the national level where needed, 3) developing an integration and sustainability plan in collaboration with the GAB, and 4) updating the state of the art on the effectiveness and safety of HPV vaccines in both males and females as well as the efficacy of a single-dose HPV vaccine.

3.4.1 Relation with the project specific objectives

The Specific Objective #1 aims to improve capacities of MSs to plan and implement HPV vaccination campaigns by sharing knowledge and experience which is to be achieved by the tasks conducted by WP2 and WP4.

An initial step towards the achievement of this objective implies to collect information about how the countries participating in PERCH are organised in terms of HPV vaccination and screening. The diversity in the vaccination and screening services between and within countries required of individual meetings with all participating countries to develop a survey that could be used by all countries. These one hour-long meetings were used to collect the required information on how each country is organised in terms of HPV vaccination in advance.

The assessment of the related indicator is detailed in the following table:

Table 15. Status of the indicators related to the Specific Objective #1 in WP4

Process indicators	Target	Status	Verified by
Number of participating countries that complete an online survey on how each of	At least 17 participating countries in PERCH complete the survey by month 4.	Achieved	Desk research – Milestone 14 report, Correspondence

them is organised in terms of HPV vaccination and screening (A4.1.3)			
----------------------------------------------------------------------	--	--	--

3.4.2 Describe how HPV vaccination is currently implemented in EU countries (situation analysis)

To describe how HPV vaccination is currently implemented in EU countries, the first step was to identify a contact point from each PERCH participating country (Indicator A4.1.1). These contact points were interviewed to obtain information on how their country is organised in terms of HPV vaccination and screening (Specific Objective #1, Indicator A4.1.3). Based on these interviews, WP4 designed a survey to collect information on HPV vaccination services (Milestone 13, indicator B4.1.1), covering the topics that might require in-depth interviews (Indicator B4.1.2), and piloted it in 4 countries before its distribution to all countries (Milestone 13, indicator A4.1.2). Using the information gathered through these surveys, WP4 developed the Status Report on implementation of HPV vaccination services by August 2023 (Deliverable 4.1, indicator B4.1.3).

The assessment of the related indicators is detailed in the following table:

Table 16. Status of the indicators related the task 4.1 – Describe how HPV vaccination is currently implemented in EU countries (situation analysis)

	Process Indicators	Target	Status	Verified by
A4.1.1	A contact point from all PERCH participating countries identified by Month 3	Achieved	Achieved	WP4 Leader questionnaire
A4.1.2	Number of countries that test the survey before it is being sent for completion by Month 4	4	Achieved	WP4 Leader questionnaire
A4.1.3	Number of countries that provide information on how each of them is organised in terms of HPV vaccination and screening by Month 4 [<i>Key Objective Indicator</i>]	17	Achieved	Desk research – correspondence
	Output Indicators	Target	Status	Verified by
B4.1.1	Questionnaire on HPV vaccination administration and monitoring by Month 4 [<i>Milestone 13</i>]	Achieved	Achieved	Desk research – correspondence
B4.1.2	Checklist of items to be covered in in-depth interviews, by Month 4 [<i>Milestone 13</i>]	Achieved	Achieved	Desk research – correspondence
B4.1.3	Status Report on implementation of HPV vaccination services by Month 10 [<i>Deliverable 4.1</i>]	Achieved	Achieved	Desk research - correspondence

3.4.3 Improve MSS' capacity to integrate HPV vaccination activities at national level

Through the previous task, it was identified that Poland and Slovakia had not yet successfully integrated HPV vaccination services in February 2023 (Milestone 14, indicator B4.2.1). The integration in both countries is underway. This does not affect the foreseen tasks to facilitate such integration.

The assessment of the related indicators is detailed in the following table:

Table 17. Status of the indicators related the task 4.2 – Improve MSS' capacity to integrate HPV vaccination activities at national level

	Output Indicators	Target	Status	Verified by
B4.2.1	List of countries that have successfully integrated HPV vaccination services and those who have not by Month 4 [<i>Milestone 14</i>]	Achieved	Achieved	Desk research – correspondence

3.4.4 Development and dissemination of the Integration and Sustainability Plan

To enhance the long-term impact on the HPV vaccine coverage of the actions initiated in the project, WP4 will develop an integration and sustainability plan. This will be developed in collaboration with the GAB, which was established by February 2023 with representatives from all countries (Milestone 12, indicators A4.5.1 and A4.5.2). The GAB will also provide policy guidance for the JA and feedback on key deliverables. To date, two GAB meetings have taken place, the second one coinciding with the GA in Rome held in December 2023.

The assessment of the related indicators is detailed in the following table:

Table 18. Status of the indicators related the task 4.5 – Development and dissemination of the Integration and Sustainability Plan

	Process Indicators	Target	Status	Verified by
A4.5.1	Establishment of the Governmental Advisory Board by Month 4 [Milestone 12]	Achieved	Achieved	Desk research – correspondence
A4.5.2	Number of PERCH participating countries that are part of the Governmental Advisory Board	18	Achieved	Desk research – correspondence

3.4.5 Launching/piloting HPV vaccination action / campaigns in selected countries

Participating countries in PERCH are required to either launch or pilot an HPV vaccination action within WP4, with or without allocated PERCH budget, or to develop a national HPV communication strategy within WP2. Therefore, it was important to clarify the definition of an HPV vaccination action and the criteria for approval, which was done in an extraordinary SC meeting in October 2023.

Up to January 2024, 7 participating countries have already submitted their proposals for pilot actions / campaigns to the SC; 5 have been approved whereas further information has been requested from the remaining 2 countries. At the date of this report, 5 additional countries have already expressed interest to launch or pilot and HPV vaccination action and are currently working on their proposals.

The assessment of the related indicators is detailed in the following table:

Table 19. Status of the indicators related the task 4.6 – Launching/piloting HPV vaccination pilot action / campaigns in selected countries

	Process Indicators	Target	Status	Verified by
A4.6.1	HPV vaccination campaigns to be developed in each participating country defined by Month 28	Achieved	On track	Desk research

3.4.6 Update of state of the art on effectiveness and safety of HPV vaccines in general and efficacy of a single-dose HPV vaccine

WP4 will provide updated estimates on the effectiveness and safety of HPV vaccines for both genders and on the efficacy of a single-dose HPV vaccine. Accordingly, WP4 identified existing reviews on the topics (Indicators A4.3.1 and A4.3.2) to develop the protocols for the systematic review and meta-analyses by June 2023. To update the existing Cochrane review on the efficacy against precancer and safety of HPV vaccines in females, the same protocol will be used (Milestone 15, indicator B4.3.1) with published data from 1st June 2017 onwards. To update the efficacy and effectiveness of one dose of

HPV vaccine, WP4 will update a recent review from the Cochrane Response group with the published data from 1st January 2022 onward (Milestone 15, indicator B4.3.2). Finally, to estimate the pooled efficacy and safety of HPV vaccination against HPV infection and associated ano-genital diseases in males, a new protocol has been developed (Milestone 15, indicator B4.3.3) and submitted to PROSPERO (Indicator A4.3.3).

The assessment of the related indicators is detailed in the following table:

Table 20. Status of the indicators related the task 4.3 – Update of state of the art on effectiveness and safety of HPV vaccines in general and efficacy of a single-dose HPV vaccine

	Process Indicators	Target	Status	Verified by
A4.3.1	Identify existing reviews on efficacy and effectiveness of a single dose HPV vaccination schedule by Month 7	Achieved	Achieved	WP4 Leader questionnaire
A4.3.2	Identify existing reviews on HPV vaccine efficacy and safety data in males by Month 7	Achieved	Achieved	Desk research – Protocol
A4.3.3	Protocol on the efficacy and safety in males published on Prospero	Achieved	Achieved	Desk research – PROSPERO website
	Output Indicators	Target	Status	Verified by
B4.3.1	Protocol to update the Cochrane review on HPV vaccine and efficacy available by Month 8 [Milestone 15]	Achieved	Achieved	Desk research – Correspondence
B4.3.2	Protocol for efficacy and effectiveness of one dose by Month 8 [Milestone 15]	Achieved	Achieved	Desk research – Correspondence
B4.3.3	Protocol for prophylactic vaccination against HPV infection and associated ano-genital diseases in males by Month 8 [Milestone 15]	Achieved	Achieved	Desk research – Correspondence

3.4.7 Satisfaction with WP4

Regarding the workload to conduct WP4 tasks: 84.0% (21 of 25) of respondents (excluding the WP leader) agreed or strongly agreed that it is worth the effort. The one respondent who disagreed, mentioned that WP4 tasks were confusing in relation to existing strategies (in their country) and some difficulties with the definitions used in the WP4 questionnaire.

WP4 participants also seemed very satisfied with WP4 leaders ability to engage, with 96% of respondents (25 of 26) feeling they were given the chance to contribute to the development of WP4 and that their feedback was appreciated.

Regarding the progress of WP4, 96% of respondents (24 of 25) thought that WP4 is progressing adequately in their country. Enabling factors contributing to such progress are:

- Easy access to the required information to complete the survey (n=3).
- Adequate national coordination (n=2) between participating institutions and between those holding the required information at the regional level.
- Other enablers include previous experience in organizing campaigns.

Participants mentioned the following factors hindering the progress of WP4 in their country:

- Conflict with current or future changes in vaccination policies (n=2).
- Difficulties in access to data (n=2) due to a challenging coordination in the country or the difficulties in obtaining data at the regional level.
- Limited resources in task force (n=3)
- Other hindering factors include the demanding deadlines (n=2).

The WP4 leader mentioned one main barrier in WP4: Several countries interpreted the terms for survey completion in accordance with the background and vocabulary used in their country which diffculted a common understanding of terms despite the glossary with definitions.

The main enablers in this WP are the fact that WP4 considered the suggestions from participating countries to develop the survey and creation of a glossary through consultations with key stakeholders in the field.

Suggestions for improvement or comments regarding the WP coordination or its tasks have been duly provided to WP leaders for their consideration.

3.5 Evaluation of WP5 – Monitoring

The objectives of WP5 are:

- To monitor HPV vaccination coverage, using available data collection systems
- To support participating countries to improve future data collection regarding HPV vaccination allowing international reporting, supporting networking with cancer screening services and evaluation of process and impact
- To present precise data on HPV vaccination in all MSs using improved data collection forms

The WP5 tasks for the reporting period include the 1) monitoring of HPV vaccination coverage by collecting and harmonizing HPV vaccination data from participating countries using a tailored template and 2) the first steps towards improving the data collection systems of participating countries.

3.5.1 Relation with project specific objectives

The Specific Objective #2 aims to improve data and monitoring systems on HPV vaccination and screening through the tasks conducted by WP5. To this report date, none of the indicators associated to this objective can be yet assessed.

3.5.2 To monitor HPV vaccination coverage through current data collection systems

WP5 developed a data toolkit to structure the data collection regarding HPV vaccination coverage among MSs (Milestone 18, indicator B5.1.1) by January 2023.

This data toolkit was presented in the WP5 specific meeting held in Rome (indicator A5.1.2) and was piloted in 4 countries (Indicator A5.1.1.). WP5 offered support in the reporting process through correspondence and one-on-one meetings with countries who wished so. By October 2023, available information on HPV vaccine coverage had been reported from all WP5 participating countries (Milestone 19, indicator A5.1.3). All countries except one sent data that will allow to estimate HPV vaccination coverage rates either at the regional or national level.

Most of the countries participating in WP5 (90.9%) consider this data toolkit either useful or extremely useful (Indicator C5.1.1). When asked about whether their countries might change or adopt this toolkit, half of the respondents think their countries will not due to already existing reporting systems. Three

countries expect that this toolkit might trigger the needed changes in the reporting systems in their countries.

The assessment of the related indicators is detailed in the following table:

Table 21. Status of the indicators related the task 5.1 – To monitor HPV vaccination coverage through current data collection systems

	Process Indicators	Target	Status	Verified by
A5.1.1	Number of countries that review the template for feedback	3	Achieved	WP5 Leader questionnaire
A5.1.2	Meeting to present and provide instructions to WP5 participating countries for template completion by Month 6	Achieved	Achieved	Desk research – Minutes
A5.1.3	Data on HPV vaccination from all WP5 participating countries (n=12) collected by Month 12 [Milestone 19]	Achieved	Achieved	Desk research – Correspondence
	Output Indicators	Target	Status	Verified by
B5.1.1	Tables to collect data on HPV vaccination coverage by Month 3 [Milestone 18]	Achieved	Achieved	Desk research – Correspondence
	Outcome Indicators	Target	Status	Verified by
C5.1.1	Proportion of WP5 participating countries that consider that this template is useful for reporting purposes	80%	Achieved	Participant Questionnaire

3.5.3 To improve participating countries data collection system

The data collected through WP4 surveys and interviews as well as the data collected in the previous task is being used to identify how each country registers and links the data between registries.

The assessment of the related indicators is detailed in the following table:

Table 22. Status of the indicators related the task 5.2 –To improve participating countries data collection system

	Process Indicators	Target	Status	Verified by
A5.2.1	Number of countries with information available on how vaccination data is collected and linkage of data across registries is done by Month 16	12	On track	
	Outcome Indicators	Target	Status	Verified by
C5.2.2	List of countries that develop capacity to collect individual HPV vaccination records, and will be able to link them to other registries by Month 16 [Milestone 20]	Achieved	On track	

3.5.4 Satisfaction with WP5

Regarding the workload to conduct WP5 tasks, 100% of the 16 WP5 participating institutions (excluding both WP leaders) agreed or strongly agreed that it is worth the effort. All of them felt they were given the chance to contribute to the development of WP5 and that their feedback was appreciated.

Regarding the progress of WP5, all WP5 participants but one (94.1%, 16 of 17) thought that WP5 is progressing adequately in their country. According to participants, enabling factors contributing to such progress are:

- Easy access to the coverage data (n=5) due to already existing registries and/or access to data holders
- Other enablers include an adequate national coordination between national PERCH participating institutions and having enough resources.

Participants mentioned the following factors hindering the progress of WP5 in their country:

- Country characteristics (n=4) such as the difficulties in obtaining data at the regional/local level or a high bureaucracy.
- Limited resources in task force (n=2)
- Other hindering factors include the demanding deadlines or current inadequate reporting systems.

The WP5 leaders mentioned three main barriers related to the linkage of HPV vaccination data with cervical cancer screening data: (1) not being able to collect HPV vaccination data and compile them in a comprehensive way using personal identifiers (IDs) due to the lack of juridical framework to use these IDs, lack of personal IDs or other politico-administrative barriers, (2) the large bureaucratic work needed to obtain and link data, and (3) the different interpretations of the General Data Protection Regulation about the informed consent to collect and link data evaluation and research purposes.

The main enablers identified by WP leaders are: (1) the co-leadership of the WP which allows to discuss and collaborate in the progress of the WP tasks, (2) the option to conduct virtual instead of in-person meetings, (3) the upcoming European recommendation to generate a legal framework to facilitate and promote data-collection and linkage, and (4) the foreseen in-depth interviews within WP4 that will help to identify solutions on how to facilitate collection and linkage of data.

No comments or suggestions were provided regarding the coordination of the WP or its tasks.

3.6 Evaluation of WP6 – Improving knowledge and Awareness to Increase Vaccine Uptake in Target Communities

The objectives of WP6 are:

- To understand the dynamic preventing access to HPV vaccine
- To improve access and use of reliable information/communication about HPV vaccination to increase confidence

The WP6 tasks for the reporting period include 1) engaging key stakeholders in the project by creating national working groups, and 2) investigating the determinants of HPV vaccine hesitancy at the national level through literature reviews, surveys and focus groups.

3.6.1 Relation with project specific objectives

The Specific Objective #3 aims to improve knowledge and awareness on HPV-related disease and prevention in the specific target groups (adolescent girls and boys) through the tasks conducted by WP6.

As an initial step, WP6 participants were asked to engage 5 representative schools as a source of students, parents and teachers as key stakeholders in HPV vaccination. Out of the 12 countries participating in WP6, the target of five schools was achieved in 3 countries by February 2023, 6 additional countries achieved it by June and another one by October 2023 (Specific Objective#3, indicators A6.1.2 and A6.1.3). Some provided reasons for delay include reluctance from schools due to

parents and teachers attitudes or opinions and administrative barriers in access to schools. The remaining two countries will not involve schools due to logistic difficulties and conflict with ongoing changes in vaccination policy, but the following alternatives have been agreed; surveys were delivered to parents via an opinion research institute in Germany whereas a group of selected key stakeholders, potentially including representatives of parents, will be used in France.

The assessment of the related indicators is detailed in the following table:

Table 23. Status of the indicator related to the Specific Objective #3

Process Indicator(s)	Target	Status	Verified by
Selection of the schools that will participate in the project (A6.1.2)	At least 5 representative schools from each country participating in WP6 will be selected by month 4.	Partially achieved	Participant Questionnaire

3.6.2 Involvement of key stakeholders in project activities

A list of key stakeholders per country was done by February 2023 (Milestone 23, indicator B6.1.1) that was used in each WP6 country to establish a working group of stakeholders to understand the vaccine hesitancy in the target populations and explore communication strategies. This working group includes one representative of a national institution in all countries (Indicator A6.1.1) additionally to the foreseen five schools (Specific Objective#3, detailed before).

The assessment of the related indicators is detailed in the following table:

Table 24. Status of the indicators related the task 6.1 – Involvement of key stakeholders in project activities

	Process indicators	Target	Status	Verified by
A6.1.1	Number of countries that involve at least one representative of a national institution in the stakeholders working group	12	Achieved	Participant Questionnaire
A6.1.2	Selection of 5 schools per country to participate in the project by Month 4 [Key Objective indicator]	Achieved	Partially achieved	Participant Questionnaire
A6.1.3	Number of schools per country that will participate in the project identified by Month 8	5	Partially achieved	Participant Questionnaire
	Output indicators	Target	Status	Verified by
B6.1.1	List of key stakeholders per country by Month 4 [Milestone 23]	Achieved	Achieved	Desk research– Correspondence

3.6.3 Investigate national scenarios related to determinants of HPV vaccine hesitancy

All WP6 countries explored their national determinants of HPV vaccine hesitancy using different methods:

- Country-specific literature reviews using at least 2 different sources (indicator A6.2.2 and A6.2.3) were conducted by all participating countries.
- Questionnaires to parents, students or teachers were done in 9, 2 and 1 countries, respectively. Regarding the questionnaire to parents, by February 2023, 8 countries adapted the questionnaire sent by WP6 leaders (Indicators A6.2.5 and A6.2.6). The remaining countries created their own questionnaires to parents by March 2023 (Indicator B6.2.1). All country-specific questionnaires to teachers and students were developed by March 2023 except for one country that finalised the

questionnaire to students by June 2023 (Indicators A6.2.8, A6.2.10, B6.2.2 and B6.2.3). Response rate to these questionnaires could not be assessed in several countries as the number of questionnaires delivered was not recorded or is unknown due to delivery by third parties (Indicators A6.2.7, A6.2.9 and A6.2.11).

- Focus groups to teachers and students were conducted in 5 countries whereas one country conducted focus groups with public health specialists working in schools. These focus groups were finalised by April 2023 except in 2 countries (Indicator A6.2.12).

Due to administrative barriers such as the obtention of ethics approvals, 5 countries finalised the last two actions above (conduction of focus groups or delivery of questionnaires) beyond the deliverable deadline in April 2023.

- Other methods used to collect data on determinants of vaccine hesitancy included the use of data collected in previous focus groups conducted in France (where no activities were conducted due to conflict with the ongoing changes in vaccination policy) or the analysis of the responses provided when vaccination is refused, which is mandatory in Lithuania since 2022.

The core structure of the report on the determinants of vaccine hesitancy was defined on time (Indicator A6.2.4). It was originally planned to include a general literature review but instead summaries from each country have been included as to illustrate the variations and specific issues among the participating MSs (Indicator A6.2.1). An interim report, including data available and the details of actions to be conducted beyond the deliverable (Indicator A6.2.13), was submitted in May 2023 (Deliverable 6.1, indicator B6.2.4). An updated version of the report was submitted and approved in December 2023 following authorization from the project officer to extend the deadline until November.

Among the WP6 participants, 5 respondents stated to have a high or very high understanding of the national determinants of HPV vaccine hesitancy in their countries before this task was conducted. Six out of the remaining eight participants (75%) with an initial low or moderate understanding of national determinants of HPV vaccine hesitancy reported a higher understanding after conducting the task 6.2 (C6.2.1).

The assessment of the related indicators is detailed in the following table:

Table 25. Status of the indicators related the task 6.2 – Investigate national scenarios related to determinants of HPV vaccine hesitancy

	Process indicators	Target	Status	Verified by
A6.2.1	General literature review done	Achieved	Not achieved	Desk research – Deliverable 6.1
A6.2.2	Number of country-specific literature reviews done	12	Achieved	Desk research – Deliverable 6.1
A6.2.3	Number of data sources used in each country to conduct their own country-specific literature reviews	2	Achieved	Participant Questionnaire
A6.2.4	Core structure of report sent by Month 3	Achieved	Achieved	Desk research – Correspondence
A6.2.5	Draft questionnaire for parents sent for discussion to WP6 participants by Month 2	Achieved	Achieved	Desk research – Correspondence
A6.2.6	In countries delivering the project questionnaires to parents: Proportion of countries that translate the questionnaire into national or local languages by Month 4	100%	Achieved	Participant Questionnaire
A6.2.7	In countries delivering questionnaires to parents: Response rate of parents that are contacted to fill the questionnaires in each country	70%	NA	Participant Questionnaire



A6.2.8	In countries delivering questionnaires to students: questionnaire designed in all countries by Month 5	Achieved	Achieved with delay	Participant Questionnaire
A6.2.9	In countries delivering questionnaires to students: response rate of students that are contacted to fill the questionnaires in each country	70%	NA	Participant Questionnaire
A6.2.10	In countries delivering questionnaires to teachers: questionnaire designed in all countries by Month 5	Achieved	Achieved	Participant Questionnaire
A6.2.11	In countries delivering questionnaires to teachers: Response rate of teachers that are contacted to fill the questionnaires in each country	50%	NA	Participant Questionnaire
A6.2.12	Conduction of focus groups with students/teachers in selected schools by Month 6	Achieved	Achieved with delay	Participant Questionnaire
A6.2.13	Number of countries that deliver their national report summaries to WP6 leaders by Month 6	12	Achieved with delay	Participant Questionnaire
	Output indicators	Target	Status	Verified by
B6.2.1	Questionnaire on HPV vaccine determinants of HPV vaccine hesitancy for parents by Month 5	Achieved	Achieved	Participant Questionnaire
B6.2.2	Questionnaire on HPV vaccine determinants of HPV vaccine hesitancy for students by Month 5	Achieved	Achieved with delay	Participant Questionnaire
B6.2.3	Questionnaire on HPV vaccine determinants of HPV vaccine hesitancy for teachers by Month 5	Achieved	Achieved	Participant Questionnaire
B6.2.4	Report on main determinants of HPV vaccine hesitancy at national level by Month 6 [<i>Deliverable 6.1</i>] *	Achieved	Achieved with delay	Desk research – Correspondence
	Outcome indicators	Target	Status	Verified by
C6.2.1	Improved understanding of national determinants of HPV vaccine hesitancy by WP6 participating organisations	Achieved	Achieved	Participant Questionnaire

* Postponed to Month 13 after approval by the Project Officer

3.6.4 Satisfaction with WP6

Regarding the workload to conduct WP6 tasks, 78.9% (15 of 19) of respondents (excluding both WP leaders) agreed or strongly agreed that it is worth the effort. The one respondent who disagreed, mentioned the amount of tasks with demanding methods that had to be done in a short time and questioned the quality of the outcomes.

All WP6 participants felt they were given the chance to contribute to the development of WP6, and all but one felt their feedback was appreciated.

Regarding the progress of WP6, 89.5% (17 of 19) thought that WP6 is progressing adequately in their country. Enabling factors contributing to such progress are:

- WP6 coordination (n=3).
- Adequate national coordination (n=2) between participating institutions.
- Other enablers include previous national characteristics such as school-based vaccination program, interest from schools, existing work available, the use of additional institutional economic resources, the identification of an alternative way to reach parents other than via schools and the use of existing networks.

Participants mentioned the following factors hindering the progress of WP6 in their country:

- Administrative procedures (n=5) such as the obtention of ethics approvals or subcontracting.
- Difficulties in cooperation with national stakeholders (n=3) either on access to them or reluctance from schools to participate due to strong anti-vaccine opinions from parents and teachers as well as schools strike.

- Bad timing (n=2) due to summer period or high workload at schools at the end of the school year.
- Other hindering factors include a lack of cooperation between schools and school health care providers, a challenging national coordination, as well as demanding deadlines and a high workload which might have impaired the quality of tasks (the questionnaire for parents is specifically mentioned).

The WP6 leaders mentioned two main barriers in WP6: (1) the lack of active participation from some participating institutions in project meetings, WP discussions as well as difficult communication through emails and (2) the procedures needed to establish the required collaborations with schools. The main enabler in this WP is *“the importance of the topic”* being explored.

Suggestions for improvement or comments regarding the WP coordination or its tasks have been duly provided to WP leaders for their consideration.

3.7 Evaluation of WP7 – Training and Support in Vaccine Communication

The objectives of WP7 are:

- To understand the country-level situation of MSs and their training needs
- To improve awareness among healthcare professionals of the principle of cervical cancer control and provide adequately training

The WP7 tasks for the reporting period include 1) describing the country-level situation and training needs by conducting national literature reviews, surveys or focus groups, 2) developing a training curriculum for healthcare professionals based on the information gathered in the previous task, and 3) recruiting the training staff for the upcoming trainings.

3.7.1 Relation with project specific objectives

The Specific Objective #4 aims to improve knowledge and abilities for healthcare professionals in vaccine communication through a series of trainings to be conducted by WP7.

One of the main steps to conduct training courses is the identification of the most appropriate profile of the teaching staff. All countries identified it by June 2023 except one who internally agreed on the most relevant profile on January 2024.

At least 2000 healthcare professionals were to be contacted to take part in the training by October 2023 (Indicator A7.4.1). Yet, the most effective way to recruit potential participants is to reach them within the two months before it starts. The project trainings will not be launched until April 2024, and therefore, an amendment will be requested to modify the date of the related process indicator.

The assessment of the related indicators is detailed in the following table:

Table 26. Status of the indicator related to the Specific Objective #4

Process Indicators	Target	Status	Verified by
Number of countries that participate in the core syllabus program including local	All participating countries in WP7 identify their teaching staff and their specific	Achieved with delay	Participant Questionnaire

information and specific needs and their local teaching staff (B7.3.1)	contributions to the training program by month 8.		
Number of healthcare professionals contacted to take part in training courses in each country (A7.4.1)	At least 2000 healthcare professionals (the number depends on the capacity of the country) are contacted to take part in the training by month 12.	On halt*	*Deadline to be amended

* Deadline to be postponed through a project amendment

3.7.2 Understand the country-level situation and training needs

All WP7 participants explored their country-specific situation and training needs regarding HPV vaccination using at least two of the methods below (Indicator A7.1.4):

- Country-specific literature reviews were conducted in 10 participating countries, most of which used at least 2 different data sources (Indicator A7.1.5).
- Opinions from experts on HPV vaccination were obtained in all countries, either from PERCH team members or by interviewing others.
- Questionnaires to healthcare providers on the current organization of HPV vaccine training and their opinion on training needs were conducted in 7 countries with 43-524 respondents depending on the country (indicator A7.1.6). Instead of healthcare workers, one country surveyed the members of the National Immunisation Technical Advisory Group responsible of each regional vaccination programs.
- A focus group with 6 public health specialists was conducted in 1 country and data was coded by at least 2 persons (indicator A7.1.8). National experts were interviewed instead of attending healthcare professionals and therefore saturation was not pertinent (indicator A7.1.7).

In parallel to exploring the national situation, WP7 leader developed a core report structure by January 2023 (Indicator A7.1.1) which had been modified following the suggestions from WP7 participants (Indicators A7.1.2 and A7.1.3). All countries sent their country-specific reports by early July 2023 (Indicator A7.1.9). WP7 leaders brought together the collected data in the Report on country-level situation and training needs by August 2023 (Deliverable 7.1, indicator B7.1.1). All WP7 countries met in-person to discuss the report results (Indicators A7.1.10 and A7.1.11). All respondents to a post-survey in-person meeting were either satisfied or very satisfied with the meeting (indicator A7.1.12).

Besides exploring the training needs, WP7 participants developed a list of known national or international available training resources (indicators B7.1.3 and B7.1.4) by August 2023 to be shared through the WP7 folder within the Microsoft Teams PERCH team (Indicator B7.1.2).

The assessment of the related indicators is detailed in the following table:

Table 27. Status of the indicators related the task 7.1 – Understand the country-level situation and training needs

	Process indicators	Target	Status	Verified by
A7.1.1	Report structure template done	Achieved	Achieved	Desk research – Correspondence
A7.1.2	Number of partners that provide feedback to the report structure template	6	Achieved	Participant Questionnaire
A7.1.3	Changes to the structure template and the country-specific assessment template done	Achieved	Achieved	Desk research – Correspondence
A7.1.4	Number of countries that pursue more than one methodology to assess their country needs	12	Achieved	Participant Questionnaire



A7.1.5	In countries that conduct a literature review – Number of data sources used	2	Partially achieved	Participant Questionnaire
A7.1.6	In countries that conduct a survey for healthcare professionals – Number of respondents	100	Partially achieved	Desk research - Deliverable 7.1
A7.1.7	In countries that conduct focus groups with healthcare professionals – Proportion of countries that reach saturation	100%	NA	Participant Questionnaire
A7.1.8	In countries that conduct focus groups with healthcare professionals – Proportion of countries that coding is done by 2 persons	100%	Achieved	Participant Questionnaire
A7.1.9	Number of national reports delivered to WP7 lead by Month 8	12	Achieved with delay	Participant Questionnaire
A7.1.10	Meeting to discuss the country-specific report done	Achieved	Achieved	Field observation – attendance meeting
A7.1.11	Number of participating countries in the country-specific report discussion meeting	12	Achieved	Desk research – Minutes
A7.1.12	Usefulness / satisfaction of the meeting	High	Achieved	Post-meeting questionnaire
	Output indicators	Target	Status	Verified by
B7.1.1	Report on country-level situation and training needs available by Month 10 [<i>Deliverable 7.1</i>]	Achieved	Achieved	Desk research – correspondence
B7.1.2	Platform with shared resources available by Month 2	Achieved	Achieved	Desk research – Teams
B7.1.3	Number of overarching training resources identified and shared by Month 10	2	Achieved	Desk research – Deliverable 7.1
B7.1.4	Number of national training resources identified and shared by Month 10	4	Achieved	Desk research – Deliverable 7.1

3.7.3 Development of a training curriculum (table of contents + content) for healthcare professionals

A core curriculum training for healthcare professionals will be delivered in January 2024 after an extended deadline was approved by the project officer (Deliverable 7.2, indicators A7.2.1 and B7.2.1). An initial draft version of the core training curriculum was provided in advance for discussion in the in-person meeting in September 2023 and has been discussed furthermore online (Indicator A7.2.2).

The assessment of the related indicators is detailed in the following table:

Table 28. Status of the indicators related the task 7.2 – Development of a training curriculum (table of contents + content) for healthcare professionals

	Process indicators	Target	Status	Verified by
A7.2.1	Core curriculum training developed by Month 13*	Achieved	On track	Participant Questionnaire
A7.2.2	Number of meetings done to discuss the core curriculum	1	Achieved	Desk research – Correspondence
	Output indicators	Target	Status	Verified by
B7.2.1	Core training curriculum defined by Month 13 [<i>Deliverable 7.2</i>] *	1	On track	Desk research – Correspondence

* Postponed to Month 15 after approval by the Project Officer

3.7.4 Recruitment of training staff

As mentioned before (section 7.3.1), the identification of the teaching staff profile has been achieved in January 2024 (Specific Objective#4, indicator B7.3.1).

The assessment of the related indicators is detailed in the following table:

Table 29. Status of the indicators related the task 7.3 - Recruitment of training staff

	Output indicators	Target	Status	Verified by
B7.3.1	Number of participating countries in WP7 that identify their teaching staff profile and their specific contribution to the training program by Month 8 [<i>Key Objective Indicator</i>]	12	Achieved with delay	Participant Questionnaire

3.7.5 Satisfaction with WP7

Regarding the workload to conduct WP7 tasks, 89.5% (17 of 19) of respondents (excluding the WP leader) agreed or strongly agreed that it is worth the effort. All WP7 participants felt they were given the chance to contribute to the development of WP7 and that their feedback was appreciated.

Regarding the progress of WP7, 89.5% (17 of 19) thought that WP7 is progressing adequately in their country. Enabling factors contributing to such progress are:

- Easy collaboration with stakeholders (n=4), especially with those from of existing networks (n=2)
- Fruitful collaboration within the WP (n=2) such as the WP leader providing a model survey for healthcare professionals,
- Other enablers include the existence of “*immunisation training facilities*”, previous experience in national training delivery or an adequate national coordination between participating institutions.

Participants mentioned the following factors hindering the progress of WP7 in their country:

- Limited resources in task force (n=2)
- Administrative or legal procedures (n=2)
- Difficulties in collaborating with relevant stakeholders (n=3) due to existing barriers in access (n=2) or their low interest in participating.
- Other hindering factors include an insufficient number of potential educators.

The WP7 leader mentioned the high workload for the first 15 months due to the short duration of the project as the main barrier in WP7. The main enabler in this WP is the motivation of WP7 participants.

Suggestions for improvement or comments regarding the WP coordination or its tasks have been duly provided to WP leaders for their consideration.

3.8 Evaluation of meetings and events

To date, three in-person meetings involving all partners have been conducted: the kick-off meeting in Brussels on 5 December 2022, a face-to-face WP meeting in Rome on 15 March 2023, and the second GA in Rome on 10-11 December 2023. The first two meetings have been evaluated whereas the evaluation of the third one is ongoing.

The full evaluation reports of these meetings, as provided to the Coordinator and the full consortium, can be found in Annex II.

4 EVALUATION FINDINGS

4.1 Assessment of the progress of the JA

The interim evaluation shows that the progress of the project tasks is on track. Of the 26 milestones and deliverables to date, 20 were achieved on time, 5 were achieved within the following month of the deadline and one was achieved within the subsequent 2 months. Anticipated delays were communicated to the project officer ahead of the deadline in order to agree on a new feasible date.

Most targets identified in the logical frameworks have also been adhered to; over 114 indicators assessed, 76 indicators have been achieved, 14 have been achieved with delay, 15 are on track, 9 have been partially achieved, and only one has not been achieved.

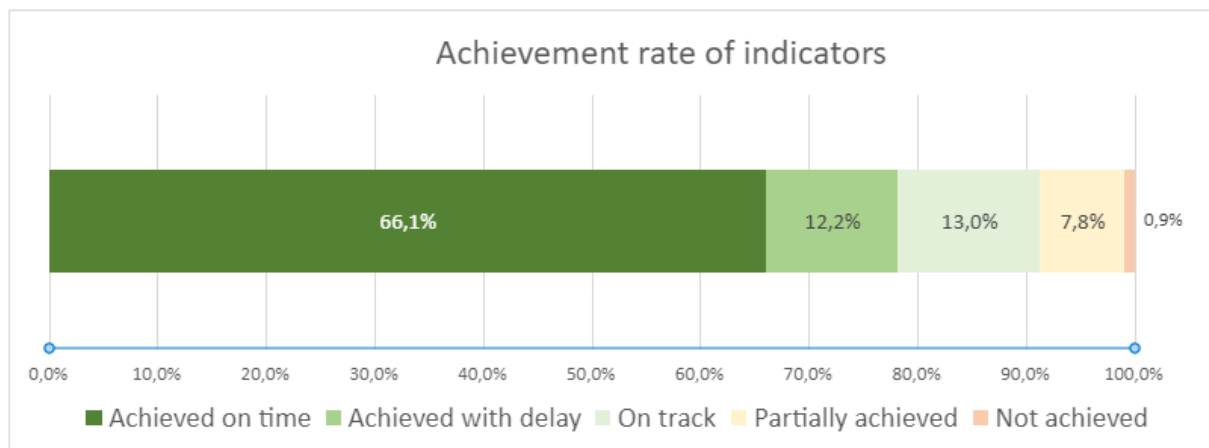


Figure 1. Assessment of the achievement rate of indicators during the first 14 months of PERCH

Based on the achievement data showed above, no impact is foreseen in subsequent tasks or deadlines.

Most participants report being clear about their role (86.2%) and are satisfied with the progress of the PERCH project (82.1%), which demonstrates an appropriate management by the WP leaders and the Project Coordinator.

4.2 Identification of potential enablers and constraining factors in the progress of the project

One of the main enablers of the project progress in several WPs is the WP coordination of the tasks, which facilitates collaboration between countries such as sharing templates or providing guidance to countries with less experience. The alignment of tasks with national goals or needs related to HPV vaccination as well as the interest from stakeholders like schools and health care providers has also contributed to the proper progress of the project.

Another apparently important enabler is the involvement of the adequate institutions or personnel in the project. Access to coverage data, if adequately registered, or information on the vaccine information has benefited from the direct participation as PERCH participating institution of those that hold it or have well-established collaborations with those that hold it. Previous experience on the tasks to be done, such as the development of campaigns, has also been an asset.

In countries with more than one participating institutions, these have reported on the benefits of conducting monthly coordination meetings.

Regarding the hindering factors, several participating institutions have mentioned a common one in several WPs: the limited task force. This limitation results in a high workload within short timeframes due to the demanding deadlines.

Another common constraining factor across WPs is the conflict with ongoing work being done in the country. In countries with already high HPV vaccination coverage it can result in duplicated work or confusion in well-informed stakeholders if approached with new messages. In countries implementing changes in HPV vaccination policies, it could result in unnecessary work or in limited resources.

More specifically, one of the most important barriers to obtaining data on immunization coverage reported by WP5 participating countries is the difficulty in obtaining data due to the limitations in their established information systems and the bureaucracy required to access it when adequately registered. In one country with decentralised health systems, WP4 and WP5 respondents have also reported barriers in accessing to coverage data registered at regional/local level or obtaining details on the implemented regional HPV vaccine programs.

In WP6 and WP7, administrative and/or legal barriers have resulted in delays or inability to conduct some of the initially foreseen methods to explore the determinants of vaccine hesitancy or to assess the training needs at the country level. However, in many cases, this has been overcome by a timely identification of alternatives when initially planned tasks could not be done.

4.3 Achievement of objectives and short-term outcomes

Specific Objective #1 - To improve capacities of MSs to plan and implement HPV vaccination campaigns by sharing knowledge and experience.

Regarding the planning and implementation of campaigns, the SC has approved to broaden this concept to action, defined as any interventions carried out by PERCH partners aimed at directly or indirectly increasing HPV vaccination coverage. Furthermore, an HPV Vaccination Pilot Action has been defined as a small-scale intervention. Countries that will not launch or pilot a National HPV Vaccination Action will have to develop a National HPV Communication Strategy or share their experience. Countries have been asked to decide, by January 2023, if they will launch a National HPV Vaccination Action or Pilot an HPV Vaccination Action regardless of the existence of dedicated specific budget. Therefore, this task is on track.

The delivery of the project website, including a project repository, and the HPV vaccination guild are already facilitating the exchange of knowledge and experience.

The project results constitute also valuable knowledge to be shared with different stakeholders. The communication channels and tools foreseen in the communication and dissemination plan will be used to facilitate their dissemination.

Specific Objective #2 - To improve data and monitoring system on HPV vaccination and screening.

A situation analysis has been done and summarised on the report on implementation of HPV vaccination services. Based on this report, countries that cannot link their reporting systems have been

identified. Work is underway to address the legal and administrative barriers that prevent proper registration or linkage of data and therefore to improve the data systems.

Regarding the data toolkit to collect data for coverage estimation, most WP5 participating countries consider it useful (90.9%). When asked about its potential national implementation, it will unlikely occur in countries with well-established reporting systems but it is expected to trigger the needed changes in the reporting systems in three countries.

Specific Objective #3 - To improve knowledge and awareness on HPV-related disease and prevention in the specific target groups (adolescent girls and boys).

Diverse methods have been used to identify the determinants of vaccine hesitancy in each of the WP6 participating countries, which have been summarised in the report on the main determinants of HPV vaccine hesitancy at national level. This task has increased the understanding of the national determinants of HPV vaccine hesitancy among 75% of the WP6 participating institutions that reported initial low or moderate levels of understanding. After conducting this task, the proportion of countries with a high or very high level of understanding of the national determinants of HPV vaccine has increased from 38.5 to 83%. These institutions will pilot existing or to-be-developed tools to improve the knowledge and awareness of HPV-related disease and prevention in the target groups.

Specific Objective #4 - To improve knowledge and abilities for healthcare professionals in vaccine communication

Diverse methods have been used to assess the healthcare providers training needs and existing available trainings, which have been summarised in the report on country-level situation and training needs. The core curriculum structure and the identification of the trainers profile have been finalised in January 2024. Participating countries are now developing their own trainings. No delays are foreseen in the delivery of trainings.

4.4 Satisfaction of the partners

As described in the previous section, most participants report being satisfied with the coordination of the project and WPs. A high proportion of participants consider that WPs are progressing adequately (range: from 80.7% in WP2 to 94.1% in WP4).

In most WPs the respondents agree with the balance between the relevance of the tasks and the workload required (range: from 77.8 in WP2 to 100% in WP5). However, in WP2 mixed opinions have been observed; whereas some respondents highly appreciate the guided process in the dissemination others mentioned that the required tasks duplicate work already done or that the dissemination might interfere with existing strategies, especially in countries with already high HPV vaccine coverage and effective communication strategies in place. These mixed opinions might be related to the respondents not being part of the WP2 working group. Yet, this issue was discussed in the SC and GA meetings in Rome and an amendment to the grant agreement will be prepared. This amendment, among other changes, aims to classify the countries (criteria yet to be defined) to potentially adapt the upcoming tasks to their specific needs or experience.

A high proportion of participants felt they were given the opportunity to contribute to the WP development (range: from 76.9% in WP2 to 100% in WP5-7) and almost all of them (range: from 96% in WP6 and 100% in all other WP) felt that their feedback was appreciated.

At the time of the satisfaction survey delivery, there was a sense of uncertainty or confusion as to which countries would require to conduct a national communication strategy as it depended on whether a campaign was done. Since then, the concept of campaign has evolved to HPV vaccination action, it has been fully defined, and the implications of undertaking it or not have been clarified. Participating countries are currently reporting on their preference to launch an action, to pilot an action, to develop a communication plan or to share their experience. Then, the task is now clearly defined and progressing adequately.

4.5 Assessment of the project meetings

During the first half of PERCH, three in-person meetings gathered the whole consortium: a Kick-off meeting in December 2022 in Brussels, a series of WP specific meetings in March 2023 in Rome, and the first GA / GAB meeting in December 2023 in Rome. In these meetings, the SC and representatives from almost all countries involved in PERCH attended. Additionally, the SAB members have been invited to participate in both the kick-off meeting and the first GA assembly whereas the latter one was combined with a GAB members meeting. These meetings gathered between 70 and 100 participants between in-person and online attendees, suggesting a very strong involvement from the PERCH consortium in the JA.

All these meetings have been evaluated although the evaluation of the third meeting is ongoing. In the first two meetings, participants were very satisfied with their overall organization. The possibility to interact with participants in person and to be able to network was the most appreciated aspect of these meetings. The contents of the meetings were also greatly appreciated. After the meetings, respondents reported high levels of clarity on the project and the next steps to follow. Most relevant feedback to be potentially considered for subsequent meetings were the meetings schedule (to start at midday to allow for morning travel) and to have more networking opportunities, changes that were implemented in the third meeting.

5 RECOMMENDATIONS

To support the adequate progress of the project towards the achievement of the specific project objectives, the following measures should be taken into consideration:

- The project is well on track and countries involved report being satisfied with the ongoing coordination efforts. We recommend maintaining the current approach to coordination of both the project and the WPs.
- It is crucial to prepare carefully for the planned project amendment. When preparing it, we suggest taking into account the significant workload, demanding deadlines, budgetary constraints and the observed heterogeneity between participating countries in terms of HPV vaccine coverage, implementation status of HPV vaccination or communication needs. It is also important to consider the time needed for approval before implementing any changes.
- To enhance our collaborative efforts, we encourage active engagement with other ongoing European projects, such as PROTECT-EUROPE or ReThinkHPVaccination, especially in Romania.



- In addition, we suggest intensifying communication and collaboration both within and between the WPs to facilitate sharing of experience and cooperation.
- In anticipation of potential challenges in future tasks, such as the need for ethics committee approval, we recommend a thorough review of upcoming tasks. This should take into account the barriers already identified and encourage information sharing between WPs. This collaborative approach may help to plan for and overcome these challenges effectively.

6 Annex I. Tools for data collection

The current annex includes the different questionnaires that have been developed by WP3 for data collection according to the targeted respondent (WP leader, national representatives of WPs, Project participant).

The questionnaires include 3 main sections:

- The *progress* questionnaire which aims to collect the data that cannot be otherwise obtained to verify if the targets of the project indicators have been achieved. This section is included in the WP leader and the national representatives' questionnaires although with different questions.
- The *satisfaction* questionnaire for *WP leaders*, which aims to assess the barriers and enablers in the management of the project implementation. This section is only included in the WP leader questionnaire. For those WPs in which there is more than one institution leading it (i.e, WP5 and WP6), a questionnaire will be sent to each institution.
- The *satisfaction* questionnaire for *all participating institutions* to check the barriers and enablers in the project implementation at the local level as well as to identify potential areas of improvement in the project management. This section is included in all questionnaires irrespective of the respondent profile.

All questionnaires will be distributed in a digital format which will allow to personalise the questions to be shown depending on the country and the respondent optional participation to each WP.

Around **four or five batches** of questionnaires will be distributed throughout PERCH so that only relevant questions are included according to each delivery time.

Questionnaire for WP leaders

For those WP in which there is more than one institution leading it (i.e, WP5 and WP6), respondents will be asked to combine the answers into a single survey.

SECTION A. Progress Questionnaire

Each WP leader will receive only the associated questions to their WP included in the section.

WP1 COORDINATOR

TASK 1.2 – LIAISON WITH HADEA

Could you confirm that you received all *WP summary updates* from each WP leader for *the periodic technical report* by the end of December 2023? (Indicator A1.2.2)

Yes / No

If not, when did you receive the latest WP summary updates?

If not, was there a specific reason for this delay?

Could you confirm that you received all *WP summary updates* from each WP leader for *the periodic technical report* by the end of March 2025? (Indicator A1.2.3)

Yes / No

If not, when did you receive the latest WP summary updates?

If not, was there a specific reason for this delay?



WP2 LEADER

TASK 2.1 - DEVELOPMENT OF THE PERCH VISUAL IDENTITY

In the beginning of PERCH you developed the identity of the project.

How many individuals gave you feedback on the logo selection? (Indicator A2.1.2)

TASK 2.3 – DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF THE PERCH COMMUNICATION AND DISSEMINATION (CD) PLAN

At the start of PERCH, you also established the WP2 working group.

Could you confirm that this group was established by January 2023? (Indicator A2.3.1)

Yes / No

If not, when was the WP2 working group established?

If not, was there a specific reason for this delay?

Could you select which countries provided feedback on the survey tool for stakeholder mapping? (Indicator A2.3.3)

Belgium, Croatia, Czech Republic, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Norway, Poland, Romania, Slovak republic, Slovenia, Spain, Sweden

Could you select which countries provided feedback on the CD plan? (Indicator A2.3.8)

Belgium, Croatia, Czech Republic, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Norway, Poland, Romania, Slovak republic, Slovenia, Spain, Sweden

Was the social media strategy of the CD plan defined by end of January 2024? (Indicator A2.3.7)

Yes / No

If not, when did you define the social media strategy?

If not, was there a specific reason for this delay?



Were you able to collect all the required data for the first evaluation of the CD plan by December 2023? (Indicator A2.3.15)

Yes/No

If not, when did you finish collecting the data?

If not, was there a specific reason for this delay?

Were you able to collect all the required data for the evaluation of the CD plan by March 2024? (Indicator A2.3.16)

Yes/No

If not, when did you finish collecting the data?

If not, was there a specific reason for this delay?



WP3 LEADER

All indicators related to WP3 will be collected through desk research or self-reported. Therefore, no *progress questionnaire* for W3 Leader is needed.

WP4 LEADER

TASK 4.1 – SITUATION ANALYSIS OF HPV VACCINATION IN EU COUNTRIES

The first task of WP4 aims at describing how HPV vaccination is currently implemented in EU countries. This required the identification of a contact point that could complete a questionnaire on the details of national HPV vaccine implementation.

Were you provided with a contact point from all the consortium countries by January 2023? (Indicator A4.1.1)

Yes / No

If not, when were you provided with the last contact point?

If not, was there a specific reason for this delay?

Could you select which countries tested the WP4 questionnaire on organisation of HPV vaccination services? (Indicator A4.1.2)

Belgium, Croatia, Czech Republic, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Norway, Poland, Romania, Slovak republic, Slovenia, Spain, Sweden, Other

Could you confirm that the testing of the questionnaire was completed by end of February 2023?

Yes/No

If not, when did you finish testing the questionnaire?

If not, was there a specific reason for this delay?

Could you select which countries you contacted or interviewed regarding the implementation of HPV vaccination in their country? (Indicator A4.1.4)

Belgium, Croatia, Czech Republic, Estonia, France, Germany, Greece, Hungary, Italy, Lithuania, Norway, Poland, Romania, Slovak republic, Slovenia, Spain, Sweden, Other

When did the last interview take place?

TASK 4.2 – INTEGRATION OF HPV VACCINATION ACTIVITIES

WP4 aimed to share recommendations on integration of HPV services with Poland and Slovakia.

Was this done? (Indicator A4.2.1)

Yes / No

Did both countries participate in exchanges with other countries? (Indicator A4.2.2)

Yes / No

Please specify how have these exchanges been done for each country.

TASK 4.3 - EFFECTIVENESS AND SAFETY OF HPV VACCINES

WP4 aimed to identify existing reviews on efficacy and effectiveness of a single dose HPV vaccination schedule. Were you able to complete this task by May 2023? (Indicator A4.3.1)

Yes / No

If not, when did you finish identifying the reviews?

If not, was there a specific reason for this delay?

WP4 also aimed to identify existing reviews on HPV vaccine efficacy and safety data in males.

Were you able to complete this task by May 2023? (Indicator A4.3.2)

Yes / No

If not, when did you finish identifying the reviews?

If not, was there a specific reason for this delay?

TASK 4.5 - DEVELOPMENT AND DISSEMINATION OF THE INTEGRATION AND SUSTAINABILITY PLAN

To develop the Integration and sustainability reports you required a summary of WP5 to WP7 achieved so far, could you tell us if you received them by end of November 2024? (Indicator A4.5.3)

Yes / No

If not, when did you receive information on WP5 to WP7?

If not, was there a specific reason for this delay?

WP5 LEADERS

TASK 5.1 – REPORTING AND ESTIMATION OF HPV VACCINATION COVERAGE

Could you specify the date when WP5 met with Spain, Belgium, Slovenia and Greece to discuss the initial template under development for reporting purposes? (Indicator A5.1.1)

Spain _____

Belgium _____

Slovenia _____

Greece _____

Could you confirm that the data analysis with the data from the first round of countries (i.e. WP5 participating countries) was completed by January 2024? (Indicator A5.1.4)

Yes / No

If not, when did you finish the data analysis?

If not, was there a specific reason for this delay?

TASK 5.2 –HPV VACCINATION DATA COLLECTION AND LINKAGE

Could you confirm that you gathered all the required information on how HPV vaccination data is collected and potentially linked with other registries by February 2024 from all WP5 participating countries? (Indicator A5.2.1)

Yes / No

If not, when did you finish gathering this information?

If not, was there a specific reason for this delay?

Could you select which countries participated in the additional survey on legal and administrative barriers hindering HPV vaccination? (Indicator A5.2.3)

Croatia, Germany, Estonia, France, Greece, Italy, Lithuania, Poland, Romania, Slovak Republic, Slovenia, Sweden.

Did all selected countries answer the legal survey by October 2024?

Yes / No

If not, when did the last country answer the legal survey?

If not, was there a specific reason for this delay?



TASK 5.3 – COVID-19 AND HPV VACCINATION

Was the literature review on COVID-19 and vaccination finalised by March 2025? (Indicator A5.3.1)

Yes / No

If not, when did you finish the literature review?

If not, was there a specific reason for this delay?



WP6 LEADERS

All indicators related to WP6 will be collected through desk research or through the *participant progress questionnaire*. Therefore, no *progress questionnaire* for WP6 Leaders is needed.



WP7 LEADER

At the beginning of PERCH, you developed a template for the deliverable 7.1 that you shared with WP7 participants for feedback.

Could you select which countries provided you with feedback on the template that you circulated? (Indicator A7.1.2)

Croatia, Estonia, France, Greece, Hungary, Italy, Poland, Romania, Slovenia, Spain, Slovak Republic



SECTION B. Satisfaction Questionnaire as Work Package Leader

Overall, what is your level of satisfaction leading WPX?

1 (very dissatisfied) – 2 – 3 (neutral) – 4 – 5 (very satisfied)

Could you please indicate the main barriers that you are finding to lead WPX?

Could you please indicate the main enablers that you are finding to lead WPX?

In your opinion, is Leading WPX having any unforeseen consequences, positive or negative, that you would like to share (for example: widened or strengthened your network, affected other ongoing tasks due to a workload higher than expected, learned new methodologies,...)?

On a scale of 1 to 5, how would you rate the support from the PERCH coordination in the management of the WP you are leading?

1 (very poor) – 2 – 3 (acceptable) – 4 – 5 (very high)

If your rating is 3 or lower, are there any specific areas in which you would appreciate more support from the PERCH coordinator?

Do you have any suggestions to improve the performance of PERCH that you would like to share?

SECTION C. Satisfaction Questionnaire as project participant

Which partner institution do you represent in PERCH?

In which of the following WPs is your institution participating?

WP5 (Monitoring)

WP6 (Improving Knowledge and Awareness to Increase Vaccine Uptake in Target Communities)

WP7 (Training and Support in Vaccine Communication)

Participation in WP2

Throughout PERCH and as part of **WP2**, you will complete the following:

- Conduct a stakeholder mapping exercise using the 1ka tool.
- Translate the project leaflet.
- Participate in dissemination activities (newsletters, guild, etc.).
- Conduct a situation analysis about existing communication strategies and assessment needs.
- Develop a national communication strategy.

Could you tell us if you are satisfied with the communication channels that WP2 used to disseminate PERCH (website, E-newsletter, social media, etc.)? (Indicator C2.2.1)

Yes/ No

If not, Do you have any comment or suggestion regarding the project dissemination?

What was your level of understanding of how to tackle HPV communication in your country BEFORE developing a National HPV communication Strategy? (Indicator C2.4.1)

Very poor, poor, Moderate, High, Very high

What is your level of understanding of how to tackle HPV communication in your country AFTER developing a National HPV Communication Strategy? (Indicator C2.4.1)

Very poor, poor, Moderate, High, Very high



On a scale of 1 to 5, how much do you agree that the workload to conduct these tasks is worth the effort (i.e it will result in useful tools or activities to achieve the project goals or increase the vaccination coverage)?

1 (Fully disagree) – 2 – 3 (neither agree nor disagree) – 4 – 5 (Fully agree)

If the answer is 1 or 2, could you comment on your answer? Is there any task that was particularly demanding?

Do you feel that you were given the chance to give feedback and contribute to the development of WP2?

Yes/No

If yes, do you feel that your feedback or comments were appreciated?

Yes/No

In your opinion, is WP2 progressing adequately (reaching the required audiences) in your country?

Yes / No

If yes, could you let us know which factors have contributed to the adequate progress of WP2 in your country (i.e. enablers)?

If no, could you let us know which factors are hindering/have hindered the progress of WP2 in your country (i.e. barriers)?

Would you like to add any comments or suggestions on the specific tasks that you have already completed or will complete as part of your participation in WP2?

Would you like to add any comments or suggestions on the coordination of WP2?



Participation in WP4

Throughout PERCH and as part of **WP4**, you will complete the following:

- Fill in a questionnaire on how HPV vaccination is currently implemented in your country.
- Exchange experiences on HPV vaccination Integration (some countries)
- Design and pilot an HPV vaccination campaign (some countries)

On a scale of 1 to 5, how much do you agree that the workload to conduct these tasks is worth the effort (i.e it will result in useful tools or activities to achieve the project goals or increase the vaccination coverage)?

1 (Fully disagree) – 2 – 3 (neither agree nor disagree) – 4 – 5 (Fully agree)

If the answer is 1 or 2, could you comment on your answer? Is there any task that was particularly demanding?

Do you feel that you were given the chance to give feedback and contribute to the development of WP4?

Yes/No

If yes, do you feel that your feedback or comments were appreciated?

Yes/No

In your opinion, is WP4 progressing adequately in your country?

Yes / No

If yes, could you let us know which factors have contributed to the adequate progress of WP4 in your country (i.e. enablers)?

If no, could you let us know which factors are hindering / have hindered the progress of WP4 in your country (i.e. barriers)?

Would you like to add any comments or suggestions on the specific tasks that you have already completed or will complete as part of your participation in WP4?

Would you like to add any comments or suggestions on the coordination of WP4?

Participation in WP5 (will only appear if selected in the question above)

Throughout PERCH and as part of **WP5**, you will complete the following:

- Fill in the template to collect data on HPV vaccination coverage
- Fill the survey on legal and administrative barriers (selected countries)
- Complete a survey to collect data on HPV vaccine activity changes due to COVID-19
- Write a country paper (optional)

On a scale of 1 to 5, how much do you agree that the workload to conduct these tasks is worth the effort (i.e it will result in useful tools or activities to achieve the project goals or increase the vaccination coverage)?

1 (Fully disagree) – 2 – 3 (neither agree nor disagree) – 4 – 5 (Fully agree)

If the answer is 1 or 2, could you comment on your answer? Is there any task that was particularly demanding?

Do you feel that you were given the chance to give feedback and contribute to the development of WP5?

Yes/No

If yes, do you feel that your feedback or comments were appreciated?

Yes/No

In your opinion, is WP5 progressing adequately in your country?

Yes / No

If yes, could you let us know which factors have contributed to the adequate progress of WP5 in your country (i.e. enablers)?

If no, could you let us know which factors are hindering / have hindered the progress of WP5 in your country (i.e. barriers)?

Would you like to add any comments or suggestions on the specific tasks that you have already completed or will complete as part of your participation in WP5?

Would you like to add any comments or suggestions on the coordination of WP5?



Participation in WP6 (will only appear if selected in the question above)

Throughout PERCH and as part of **WP6**, you will complete the following:

- Identify stakeholders and schools to engage in your WP6 activities.
- Develop a national report on the main determinants of HPV vaccine hesitancy in your country through the collection of data through literature review, questionnaires, focus groups and/or other methodologies.
- Conduct roundtables with relevant stakeholders.
- Build up national toolboxes through identification and assessment of existing tools and/or co-creation of new ones
- Pilot tools from the national toolbox

On a scale of 1 to 5, how much do you agree that the workload to conduct these tasks is worth the effort (i.e. it will result in useful tools or activities to achieve the project goals or increase the vaccination coverage)?

1 (Fully disagree) – 2 – 3 (neither agree nor disagree) – 4 – 5 (Fully agree)

If the answer is 1 or 2, could you comment on your answer? Is there any task that was particularly demanding?

Do you feel that you were given the chance to give feedback and contribute to the development of WP6?

Yes/No

If yes, do you feel that your feedback or comments were appreciated?

Yes/No

In your opinion, is WP6 progressing adequately in your country?

Yes / No

If yes, could you let us know which factors have contributed to the adequate progress of WP6 in your country (i.e. enablers)?

If no, could you let us know which factors are hindering / have hindered the progress of WP6 in your country (i.e. barriers)?

Would you like to add any comments or suggestions on the specific tasks that you have already completed or will complete as part of your participation in WP6?

Would you like to add any comments or suggestions on the coordination of WP6?



Participation in WP7 (will only appear if selected in the question above)

Throughout PERCH and as part of **WP7**, you will complete the following:

- Write a national report on the country-level situation and training needs through the collection of data through literature review, questionnaires, focus groups and/or other methodologies.
- Develop a national training curriculum and training materials informed by the national report.
- Identify potential trainers and disseminate the developed trainings for recruitment of students.
- Implement and evaluate local training courses.

On a scale of 1 to 5, how much do you agree that the workload to conduct these tasks is worth the effort (i.e. it will result in useful tools or activities to achieve the project goals or increase the vaccination coverage)?

1 (Fully disagree) – 2 – 3 (neither agree nor disagree) – 4 – 5 (Fully agree)

If the answer is 1 or 2, could you comment on your answer? Is there any task that was particularly demanding?

Do you feel that you were given the chance to give feedback and contribute to the development of WP7?

Yes/No

If yes, do you feel that your feedback or comments were appreciated?

Yes/No

In your opinion, is WP7 progressing adequately in your country?

Yes / No

If yes, could you let us know which factors have contributed to the adequate progress of WP7 in your country (i.e. enablers)?

If no, could you let us know which factors are hindering / have hindered the progress of WP7 in your country (i.e. barriers)?

Would you like to add any comments or suggestions on the specific tasks that you have already completed or will complete as part of your participation in WP7?

—

Would you like to add any comments or suggestions on the coordination of WP7?



Participation in the project

As a PERCH participant, you might have been asked to complete some questionnaires, on the progress of the project, this satisfaction questionnaire and after in-person meetings.

On a scale of 1 to 5, how much do you agree that the workload to complete these questionnaires is worth the effort (i.e. it is correctly evaluating the project and resulting in improvements in the project management / implementation where needed)?

1 (Fully disagree) – 2 – 3 (neither agree nor disagree) – 4 – 5 (Fully agree)

If the answer is 3 or below, could you comment on your answer?

Do you have any suggestions to improve the evaluation of PERCH that you would like to share (for example, areas of PERCH that you would like to see evaluated, alternative methods to distribute the questionnaires, etc.)?

Are you clear on your role (tasks and responsibilities) in PERCH? (Indicator C1.1.1)

1 (very unclear) – 2 – 3 (acceptable) – 4 – 5 (very clear)

Overall, to what extent are you satisfied with the progress of the PERCH project? (Indicator C3.3.1)

1 (very dissatisfied) – 2 – 3 (neutral) – 4 – 5 (very satisfied)

If the answer is neutral or lower, could you provide us more details on the limited satisfaction in the project?

On a scale of 1 to 5, how would you rate the support from the PERCH coordinator?

1 (very poor) – 2 – 3 (acceptable) – 4 – 5 (very high)

Are there any areas in which you would appreciate more support from the coordination of PERCH?

Do you have any suggestions to enhance the performance of PERCH that you would like to share?

Questionnaire for participants other than WP leaders

These questionnaires target all the participants that might not have filled the previous questionnaire.

SECTION A. Progress questionnaire

A first question will identify the WPs of the respondents so that only those WPs in which the country participates will appear:

Could you select the WPs in which you are responsible or coordinating its progress within your country?

- WP4 (Integration and sustainability)
- WP5 (Monitoring)
- WP6 (Improving Knowledge and Awareness to Increase Vaccine Uptake in Target Communities)
- WP7 (Training and Support in Vaccine Communication)

WP4 PARTICIPANTS

TASK 4.6 - LAUNCHING HPV VACCINATION PILOT ACTIONS OR CAMPAIGNS IN SELECTED COUNTRIES

Within WP4, some countries planned to launch an HPV vaccination campaign. Is your country (or will be) piloting an HPV vaccination campaign? (Indicator A4.6.1)

Yes / No

If yes, did you define the HPV vaccination campaign to be developed in your country by February 2025?

Yes/No

If not, when did you finish gathering this information?

If not, was there a specific reason for this delay?

TASK 4.2 - IMPROVE MS' CAPACITY TO INTEGRATE HPV VACCINATION ACTIVITIES AT NATIONAL LEVEL

Were efforts set up to integrate HPV vaccination in the calendar of routine vaccination in your country?

Yes/No

Is the integration completed by end of the PERCH project?

Yes/no

Did the PERCH project increase your confidence in the process of integration of HPV vaccination in the routine vaccination calendar? (Indicator C4.2.1)

Yes/No

WP5 PARTICIPANTS

WP5 has developed a series of Excel tables to facilitate the reporting of HPV vaccination coverage data.

How useful do you consider these templates? (Indicator C5.1.1)

1 (not at all useful) – 2 – 3 (somewhat useful) – 4 – 5 (extremely useful)

If the answer is not very useful or lower, could you please elaborate on your answer?

Do you think your country will change their reporting system/adopt the tables to report on HPV vaccine coverage?

Yes / No

Could you please elaborate on your answer?

WP5 has also explored how HPV vaccination data is collected and its linkage with other registries. Some countries can link files with individual HPV vaccination records with files containing cervical cancer screening records and with cancer registry records from the same individual.

Does your country have the possibility to link HPV vaccination data with cancer registry data at the individual level? (choose one answer) (Indicator A5.2.2)

- Yes, and we have done already linkage studies
- Yes, and we plan linkage studies in the future
- No, but we plan to establish such linkages in the future
- No, and we do not or cannot plan to establish such linkages in the future

Does your country have the possibility to link HPV vaccination data with cancer screening data at the individual level? (choose one answer) (Indicator A5.2.2)

- Yes and we have done already linkage studies
- Yes, and we plan linkage studies in the future
- No, but we plan to establish such linkages in the future
- No, and we do not or cannot plan to establish such linkages in the future

If the answer is NO to any of the questions above: Could you confirm that you are aware on what is needed to do the linkage of the data?

After your participation in WP5, is your country considering to adopt an action plan to improve linkage between monitoring systems with the aim of linking individual-level data on HPV vaccination, cervical cancer screening and HPV-related cancers? (Indicator C5.2.3)

Yes / No

If the answer is NO, Could you provide us with the reason for not planning to adopt an action plan to improve linkage between monitoring systems?



WP5 has also explored the impact of COVID-19 on the administration of HPV vaccines

BEFORE your participation in the development of the report on the impact of the COVID-19 pandemic on HPV vaccination, how would you rate your knowledge on the topic? (Indicator C5.3.1)

Very poor, poor, Moderate, High, Very high

AFTER your participation in the development of the report on the impact of the COVID-19 pandemic on HPV vaccination, how would you rate your knowledge on the topic? (Indicator C5.3.1)

Very poor, poor, Moderate, High, Very high

WP6 PARTICIPANTS

TASK 6.1 CREATION OF THE WP6 WORKING GROUP

Within WP6 several roundtables will need to be done with key stakeholders from schools and national institutions.

Regarding the schools to be involved in the project, could you tell us how many schools you had selected to participate by:

End of February 2023 (Indicator A6.1.2) _____

End of June 2023 (Indicator A6.1.3) _____

If the answer is less than five schools in any of the questions above, could you provide us with more details on why this target was not reached?

Besides parents, students and teachers, could you tell us if your WP6 working group includes representatives from national institutions? (Indicator A6.1.1)

Yes/No

If yes, could you tell us which institutions and the number of persons included?

Name of institution: _____ **Number of persons included:** _____

Name of institution: _____ **Number of persons included:** _____

Name of institution: _____ **Number of persons included:** _____

TASK 6.2 DETERMINANTS OF VACCINE HESITANCY

The second task of WP6 involves the identification of national determinants of HPV vaccine hesitancy.

Regarding the literature review done in your country, could you tell us which of the following sources you used? (Indicator A6.2.3)

Medline / Embase / Biosis / Scisearch / Esbiobase electronic databases / google search / search engine other than Google / other:

Could you select which additional activities you conducted in your country to identify the determinants of vaccine hesitancy?

- A. Questionnaire to parents
- B. Questionnaire to students
- C. Questionnaire to teachers
- D. Focus group to students
- E. Focus group to teachers
- F. Other?

If the answer is other, could you tell us which other tools have you used?

Questionnaire to parents *(to appear if selected above)*

Did your country use the questionnaire for parents developed by ISS or did you create your own?

- Used the questionnaire developed by ISS
- Created our own questionnaire

If the country used the WP6 questionnaire template:

Did you finish the WP6 questionnaire translation by end of February 2023? (Indicator A6.2.6)

Yes / No

If not, when did you finish the translation?

If not, was there a specific reason for this delay?

If the country developed its own template:

Did you developed the questionnaire for PARENTS by March 2023? (Indicator B6.2.1)

Yes / No

If not, when did you develop this questionnaire?

If not, was there a specific reason for this delay?

Regarding the questionnaire for PARENTS, could you specify: (Indicator A6.2.7)



How many people were invited to complete it? *(if unknown, please provide us with an estimate)* _____

How many people completed it? _____

Questionnaire to students (to appear if selected above)

Did your country design a questionnaire for STUDENTS by March 2023? (Indicators A6.2.8 and B6.2.2)

Yes / No

If not, when did you develop this questionnaire?

If not, was there a specific reason for this delay?

Regarding the questionnaire to STUDENTS, could you specify: (Indicator A6.2.9)

How many people were invited to complete it? *(if unknown, please provide us with an estimate)* _____

How many people completed it? _____

Questionnaire to teachers (to appear if selected above)

Did your country design a questionnaire for TEACHERS by March 2023? (Indicators A6.2.10 and B6.2.3)

Yes / No

If not, when did you develop this questionnaire?

If not, was there a specific reason for this delay?

Regarding the questionnaire to TEACHERS, could you specify: (Indicator A6.2.11)

How many people were invited to complete it? *(if unknown, please provide us with an estimate)* _____

How many people completed it? _____

What was your level of understanding of the determinants of HPV vaccine hesitancy in your country BEFORE your participation in PERCH? (Indicator C6.2.1)

Very poor / null, Poor, Moderate, High, Very high

What was your level of understanding of the determinants of HPV vaccine hesitancy in your country AFTER the development of the report on main determinants of HPV vaccine hesitancy? (Indicator C6.2.1)

Very poor / null, Poor, Moderate, High, Very high

TASK 6.3 NATIONAL TOOLBOXES

The first step for building the national toolboxes in WP6 was to identify the national existing materials to tackle HPV vaccination hesitancy and to assess if appropriate.

Could you tell us which of the following methods did you use to identify these materials in your country? (Indicator A6.3.2)

- Literature review
- Consultation with national experts
- Roundtables
- Others (please specify):

How many roundtables did you conduct to assess the existing materials in your country? (Indicator A6.3.3)

After a proper assessment, did the existing materials properly address the HPV vaccination hesitancy in your country?

Yes / No, we have created new materials

If new materials have been created:

Could you tell us how many roundtables did you devote to co-creating these materials? (Indicator A6.3.5)

TASK 6.4 PILOTING TOOLS

Within WP6, new or existing tools to address HPV vaccination hesitancy were to be piloted.

By end of October 2024, did you selected/identified the tool to pilot? (Indicator A6.5.1)

Yes / No

If not, when did you select a tool to pilot?

If not, was there a specific reason for this delay?



By end of November 2024, had you started to pilot the tool? (Indicator A6.5.2)

Yes / No

If not, when did you select a tool to pilot?

If not, was there a specific reason for this delay?



WP7 PARTICIPANTS

TASK 7.1 ASSESSING TRAINING NEEDS

Could you select which activities you conducted in your country to identify the training needs in healthcare professionals?

- a. Literature review
- b. Surveys
- c. Focus Groups
- d. Interviews
- e. Expert opinions (such as the assessment by the WP7 country team)
- f. Other

If the answer is other, could you tell us which other tools have you used?

Literature Review (to appear if selected above)

Regarding the literature review, could you tell us which of the following sources you used? (Indicator A7.1.5)

Medline / Embase / Biosis / Scisearch / Esbiobase electronic databases / google search / search engine other than Google / other:

Focus groups (to appear if selected above)

Did you conduct enough Focus Groups to reach saturation (i.e. *the point at which two consecutive focus groups no longer reveal additional information*)? (Indicator A7.1.7)

Yes / No

If you analysed the Focus Groups by coding, did at least two different people code the Focus Groups? (Indicator A7.1.8)

Yes / No

If you analysed the data using other methods, did at least two people analyse the results of the Focus groups?

Yes / No

Did you send your National Report to WP Leaders by end of June 2023? (Indicator A7.1.9)

Yes / No

If not, when did you send your National Report?

If not, was there a specific reason for this delay?

What was your level of understanding of your country situation and training needs in regard to HPV vaccination BEFORE your participation in PERCH? (Indicator C7.1.1)

Very poor / null, Poor, Moderate, High, Very high

What is your level of understanding of your country situation and training needs in regard to HPV vaccination AFTER the development of the country report? (Indicator C7.1.1)

Very poor / null, Poor, Moderate, High, Very high

TASK 7.2 & 7.3 - TRAINING DEVELOPMENT

WP7 Leaders created, in collaboration with the WP7 working group, a “core curriculum” for the training courses. Did you use the core curriculum to create a new training, or select a pre-existing training and adapt it if necessary, based on the needs identified in your *training needs report (Deliverable 7.1)*? (Indicator A7.2.3)

Yes / No

If the answer is no, could you provide us with more details on why the core curriculum (checklist) could not be used at all in your country?

Could you tell us if the training curriculum (table of contents) of your country was defined by end of December 2023? (Indicator B7.2.2)

Yes / No

If not, when did you define the training curriculum?

If not, was there a specific reason for this delay?

Could you tell us if the training materials of your country were finalised by end of April 2024? (Indicator B7.2.3)

Yes / No

If not, when did you finalize the training materials?

If not, was there a specific reason for this delay?

Have you used any of the resources shared by WP7 as inspiration to develop your training course? (Indicator C7.1.2)

Yes / No

TASK 7.4 IMPLEMENTATION OF COURSES

Could you please tell us by which month the professional profile, background, or necessary qualifications of the teaching staff were defined? (Indicator B7.3.1)

Did you contact any association of healthcare professionals to recruit potential training staff? (Indicator A7.3.1)

Yes / No

If Yes, Please specify how many, approximately:

Could you select which channels did you use to reach healthcare professionals to take part in the training courses? (Indicator A7.4.2)

Healthcare professional associations / own distribution list / Media / own social media / Other

If other, please specify:

How many (estimated) healthcare professionals have received information about the course? (Indicator A7.3.1)

By end of October 2023 _____

By end of April 2024 _____

By end of January 2025 _____

Could you confirm that you had all the materials ready for the launching of the training course by the end of April 2024? (Indicator B7.4.1)

Yes / No

If not, when did you have all materials ready?

If not, was there a specific reason for this delay?



SECTION B. Satisfaction questionnaire

This is the same questionnaire as that of section C of the Questionnaire for WP leaders



7 Annex II. Reports of the evaluated meetings

Three in-person meetings involving all partners have been conducted in PERCH so far: the kick-off meeting in Brussels on 5 December 2022, a face-to-face WP meeting in Rome on 15 March 2023, and the second GA in Rome on 10-11 December 2023. The current annex includes the evaluation reports of the first two meetings, which were sent in due time to the coordinator of PERCH for her consideration. The preparation of the report from the third meeting is currently underway.

Work Package 3 – Evaluation

Evaluation report of the PERCH Kick-off Meeting held in Brussels, 5 December 2022

Background

On the 5th of December 2022 was held the Kick-off meeting of the PERCH project. A hybrid format was used so that project participants could attend in person (Brussels) or online (ZOOM).

The PERCH Kick-Off meeting objectives were:

- formally launching the PERCH project, co-funded by the EU4Health Programme and managed by HaDEA (the Health and Digital Executive Agency).
- ensuring all stakeholders involved were aware of the project's key objectives and activities.
- discussing and gather feedback from consortium partners regarding the work and outputs of each PERCH Work Package (WP).

Attendees to the meeting included participants from the project consortium (n=100, 35 in-person and 65 online), European Commission project officers from DG Sante and HaDEA (n=2) and external participants (n=19) which include the 5 members from the Scientific Advisory Board (SAB).

Representatives of all PERCH competent authorities attended to the kick-off meeting.

Objective

In-person meetings are being evaluated by WP3 to evaluate their quality and to gather insight on the level of satisfaction of the participants with the progress of the project.

Specifically for the kick-off meeting evaluation, covered topics include the quality of the meeting and the participants' satisfaction, the usefulness of different meeting sections, and potential improvements for future events.

Methods

A short questionnaire was sent by email to the PERCH consortium to gather feedback on the PERCH Kick-off meeting carried out in Brussels on the 5th of December 2022. Google forms was the platform used to design and share the questionnaire. An explanatory email containing the link to the survey was sent on the 15th of December to the project participant's mailing list. A second email was sent on the 9th of January specifically to only those that attended the meeting, either face-to-face or virtually. Responses were collected until the 12th of January.

Results

Response rate and demographics

Twenty-five out of 100 attendees (25%) completed the survey (37% of the online attendees and 18% of the in-person attendees). No answers to the survey were received from participants from Lithuania, Norway, Sweden or Ireland.

Survey respondents were similarly distributed between in-person and online attendees (52% and 48%, respectively). Most respondents were between 40 and 50 years old and 75% were female.

Satisfaction and usefulness of the meeting

Overall satisfaction was high, with an average rating of 4.2 and 4.3 over a 5-point scale, by in-person and online respondents, respectively.

The presentations from DG SANTE, Work Package leaders, HADEA on Grant management, Reporting and Amendments, Mission Board for Cancer, ECL, ECO and SAB members were rated as very useful. Average usefulness ratings ranged between 4.4 and 4.6 over 5 (Figure 1).

Most respondents assessed the timing of these presentations as appropriate (Figure 2).

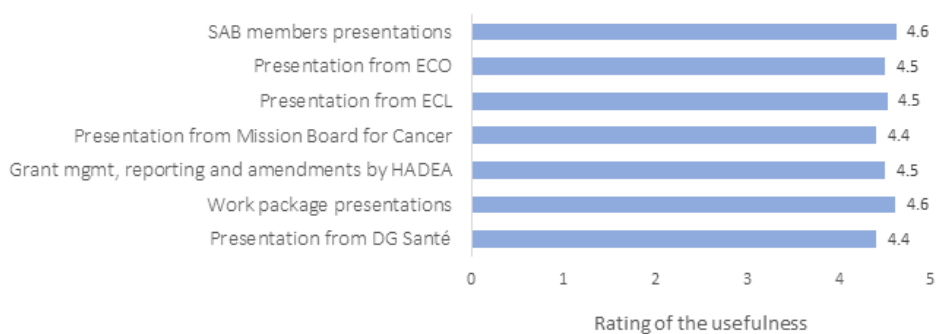


Figure 1. Usefulness of the meeting presentations

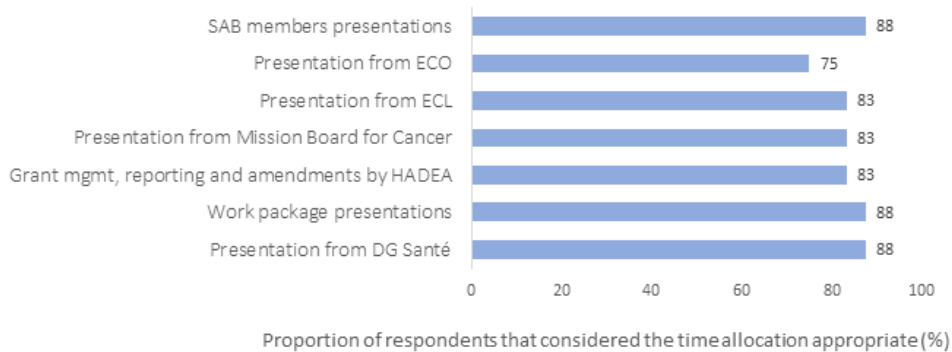


Figure 2. Appropriateness of time allocation

Regarding the satisfaction of the respondents (Figure 3), the overall organization, sessions, speakers and the registration process obtained the highest ratings (over 90% of respondents were satisfied or very satisfied). Respondents were most satisfied with the speakers. Lower satisfaction ratings were obtained on the meeting venue (78.9%) and the coffee breaks and meals (77.8%).

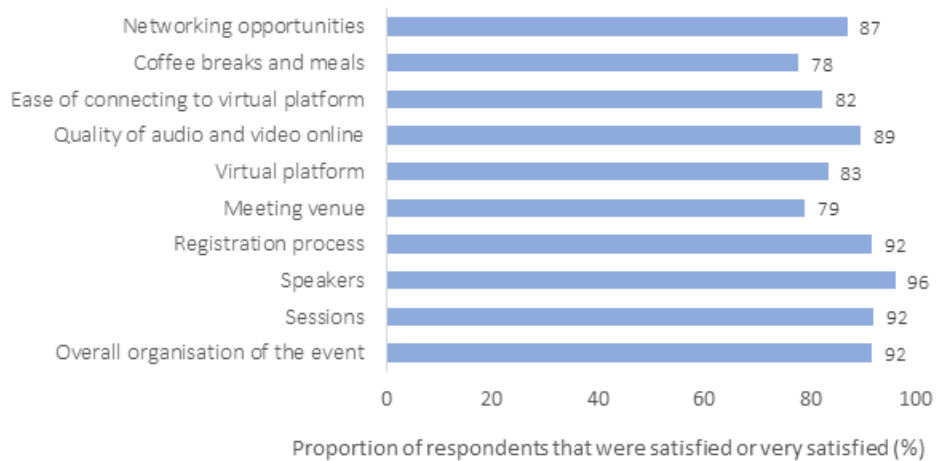


Figure 3. Satisfaction of respondents on different aspects of the meeting

The most appreciated aspects of the kick-off meetings, out of 15 responses, were the opportunity to meet and interact with PERCH partners in person (n=8), the project-related presentations (n=4), the overall event organization (n=3), the presentations from external participants (n=2) and the openness and good environment in the meeting.

Clarity of the project objectives

Regarding the clarity of the project, responses were quite positive. Respondents gave an average rating of 4.2 over 5 on how clear the project objectives are and how the project aims to achieve them and an average rating of 4.0 on how clear the next steps were after the meeting.

Suggestions for future meetings

Regarding suggestions for future meetings, maintaining a **hybrid format** for the next meetings was the preferred option (Figure 4).

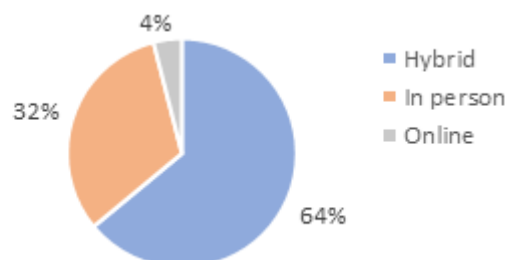


Figure 4. Preferred meeting format for future events

The questionnaire included an open-ended question asking for suggestions for the future that was responded by 6 participants. The answers are summarised below:



- A two-day meeting might have been a better format for both practical reasons (travelling, accommodation, etc) and networking opportunities (n=2).
- 'More networking opportunities' for which no format was specified (n=1).
- The need to find a 'Good balance in frequency of meetings avoiding too many contacts' (n=1).
- 'To add a wrap-up presentation to summarize specific tasks from each WP/partner in the following months' (n=1).
- A coffee break in the afternoon (n=1).
- Potential improvements on the event organization (n=1) included: "to have the venue ready before the people arrive", "having the location on the agenda" and a "description how to get in (and out) of the building".

Regarding the topics to be covered in future events, they can be classified in two large groups:

- *Topics related to project tasks:* 'IPD linkage of vaccine data and cancer screening and cancer registration data; identification of effective interventions that result in coverage increase', 'Better sense of HPV vaccine use in EU', 'topics on WP6 and WP7' (i.e., vaccine hesitancy on eligible population for vaccination and knowledge among healthcare workers).
- *Topics related to the project progress and its relation to other similar EU projects:* 'more detailed information about upcoming activities', 'Presentations of outcomes/impact of other joint actions on vaccination' or work in progress, results; coherence with other EU projects', 'Research specific topics' and a 'rant session to help tackling obstacles".

Conclusions and Recommendations

Overall, project participants were satisfied with the meeting regarding the contents, timings and the overall organization.

The data analysis suggests the following aspects to be considered:

- Meeting format: A 2-day hybrid meeting might be useful for travel arrangement for participants attending in person.
- Meeting schedule: It would be worth exploring the possibility for a higher interaction between participants for discussion or networking opportunities, either informally during coffee breaks or in a specifically scheduled session.

Work Package 3 – Evaluation

Evaluation report of the first face-to-face work package meetings and steering committee held in Rome, 14-16 March 2023

Background

Between the 14th and 16th of March, two PERCH meetings were held in Rome:

- On the 14th and 16th the first face-to-face Steering Committee.
- On the 15th face-to-face work package specific meetings. This meeting was held in hybrid format to facilitate the participation of those that could not attend.

Attendees included 71 participants from the project consortium (55 in-person and 16 online). Separate lists of attendees at each specific WP meeting were not collected. Yet, except Sweden, representatives of all PERCH competent authorities were present in Rome or connected online at some point on 15th March.

Objective

In-person meetings are being evaluated by WP3 to evaluate their quality and to gather insight on the level of satisfaction of the participants with the progress of the project.

Methods

A short online questionnaire was designed and developed in the European Commission's official survey management tool: *EUSurvey*. Questionnaires covered the convenience of the meetings, the satisfaction of the attendees, the usefulness of the meetings and potential improvements. An explanatory email containing the link to the questionnaire was sent on the 30th of March to all attendees, allowing a two-week period for answering the survey. A reminder was sent on the 12th of April. Responses were collected until the 17th of April, when access to the survey was closed.

Results

Response rate

In total, 35 persons answered the questionnaire out of 71 attendees (49.2%). Out of 54 in-person attendees, thirty-two completed the questionnaire (59.6%), as did two out of 16 online attendees (12.5%).



General satisfaction

The overall satisfaction with the meetings was high, with an average rating of 3.9 over a 5-point scale.

Most respondents found useful the format of the meeting (a collection of face-to-face working meetings from all WPs), rating it four out of five over a five-point scale on average. Satisfaction with the agenda and the topics discussed was also rated four out of five on average.

Usefulness of the meetings

The four respondents that attended the Steering Committee (SC) meetings reported them as *quite or very useful*.

Over 80% of the respondents considered the WP specific meetings to be *quite or very useful* (Figure 1).

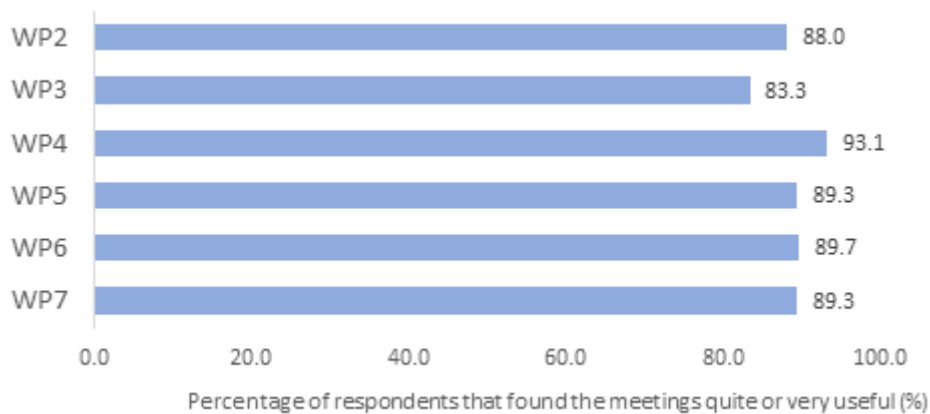


Figure 1. Usefulness of WP specific meetings

Satisfaction

Satisfaction with the in-person event was generally high (Figure 2) except for the frequency and length of coffee breaks (35% of 31 respondents were unsatisfied or very unsatisfied). Over 70% of the

attendants were *quite or very satisfied* with the overall organization, with the networking opportunities, and with the social events.

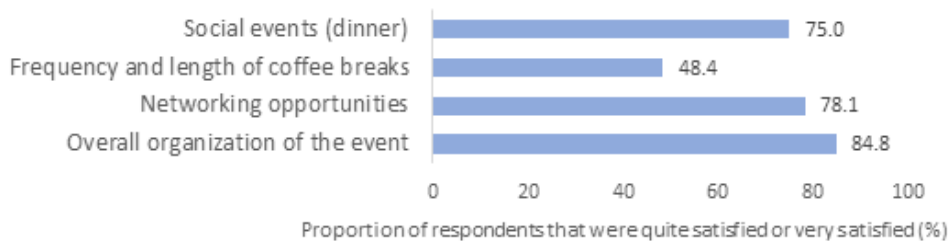


Figure 2. Satisfaction of respondents on different aspects of the event

When asked about *what was most appreciated of the meetings in Rome*, eight out of 15 comments mentioned the advantages of meeting in person for networking and/or exchanging ideas. Five respondents liked the opportunity to exchange ideas or discuss upcoming activities. The content was also appreciated by 3 respondents. Other appreciated aspects were the organization and the venue.

The only two online attendees who answered the questionnaire reported being either *quite or very satisfied* with the virtual platform and the quality of audio and video.

Areas for improvement and suggestions for the future

The questionnaire included an open-ended question asking for suggestions for the future that was responded by 15 participants. The answers are summarised below:

- The format of coffee breaks and lunch (n=7)- Specific comments related to lunch not being provided by the host participant and therefore not done with all participants together (n=5) and no coffee breaks scheduled (n=6) which, according to respondents, was not time-efficient and limited the possibility of networking.
- Low attendance to dinner that didn't facilitate further networking (n=1)
- More time needed for discussions or working sessions and informal chats (n=4)
- 1-day meeting was short with an information load very high (n=2)
- To end of meeting earlier to travel back home on the same day (n=2).
- The meeting venue 'was not ideal for discussion with remotely-connected participants' (n=1)
- To use of badges with the name and country of participants (n=1).

Conclusions and Recommendations

Overall, project participants were satisfied with the meeting regarding the contents, the combination of WP specific meeting in a 1-day in-person meeting, the networking opportunities and the overall organization.

According to the results of the satisfaction survey performed by WP3, these aspects might be considered for future meetings:

If possible, facilitate coffee breaks and meals, if applicable, within the meeting venue.



- The Steering Committee meeting started on 12pm to facilitate travelling to the meeting on the same day but the participants' meetings started early in the morning which required travelling on the night before. Subsequent general assembly meetings paired with SC meetings could be done as follows:
 - Day 1 – SC morning meeting (travel the day before with potential dinner), GA afternoon meeting (travel on the same day), consortium dinner
 - Day 2 – GA morning meeting (travel on the afternoon)
- Given the large number of participants, the use of badges could be useful.

PERCH | PROJECT

Interim external evaluation report



PERCH

PartnERship to
Contrast HPV



Co-funded by
the European Union

This report will be provided in February 2024 due to administrative barriers in the tender process