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Guide for National HPV Communication Strategy

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PartnERship to Contrast HPV

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1. INTRODUCTION

Effective communication is the cornerstone of public health initiatives, enabling the dissemination of critical information, fostering understanding, and driving action. This guide is designed to assist countries in developing tailored national communication strategies to promote HPV vaccination and address the broader challenges of HPV-related diseases. By leveraging evidence-based approaches and best practices, this guide empowers stakeholders to design impactful strategies that resonate with diverse audiences.

The guide offers step-by-step instructions on identifying target audiences, crafting core messages, selecting appropriate channels, and managing potential crises. It also emphasizes the importance of partnerships and evaluation to sustain effective communication efforts over time.

Whether you are initiating a national program or refining an existing strategy, this guide equips you with the tools and guidance needed to navigate the complexities of HPV communication. Together, we can work towards the shared goal of improving public health and ensuring equitable access to life-saving vaccines.

2. BACKGROUND

2.1. INCIDENCE OF HPV AND HPV-RELATED DISEASES

It has been estimated that as many as 4.5% of new cancer cases worldwide, including cancers of the cervix, anogenital tract and head and neck, are associated with HPV infection. Globally, it is estimated that 620 000 new cancer cases in women and 70 000 new cancer cases in men were caused by HPV in 2019. Cervical cancer accounts for over 90 % of HPV-related cancers in women, most of which affect women in less-developed countries (WHO, 2024).

In the European Union, cervical cancer is the second most common cancer after breast cancer to affect women aged 15–44 years with an annual number of 33 000 cases of cervical cancer and 15 000 deaths (European Centre for Disease Prevention and Control. n. D.).

HPV related cancers can be prevented with vaccines. HPV vaccines do not contain live virus or DNA from the virus and cannot cause cancer or other HPV-related illnesses. The HPV vaccines protect against HPV-infections (are prophylactic) and cannot be used to treat ongoing HPV infections, pre-cancers or cancers. Currently, cervical cancer is the only HPV-related cancer for which screening tests are available.

2.2. HPV VACCINATION IN MEMBER STATES

Cervical cancer is highly preventable through HPV vaccination and screening, and in May 2018, the WHO Director-General announced a global call for action to eliminate cervical cancer. In August 2020, the World Health Organization adopted the Global strategy to accelerate the elimination of cervical cancer as a public health problem. Achieving this goal rests on the three key pillars: vaccination, screening and treatment with the following corresponding targets:

Figure 1. The 90-70-90 targets that must be met by 2030 for countries to be on the path towards cervical cancer elimination (WHO, 2020).

The Council Recommendation on vaccine-preventable cancers sets an ambitious target: **by 2030, at least 90% of the EU target population of girls up to the age of 15 should be vaccinated against HPV, with vaccination rates for boys also improving significantly** (Council of the European Union, 2024).

By December 2021, all EU/EEA countries had introduced HPV vaccination in their national programmes, and most countries have adopted gender neutral vaccination, see Figure 2.

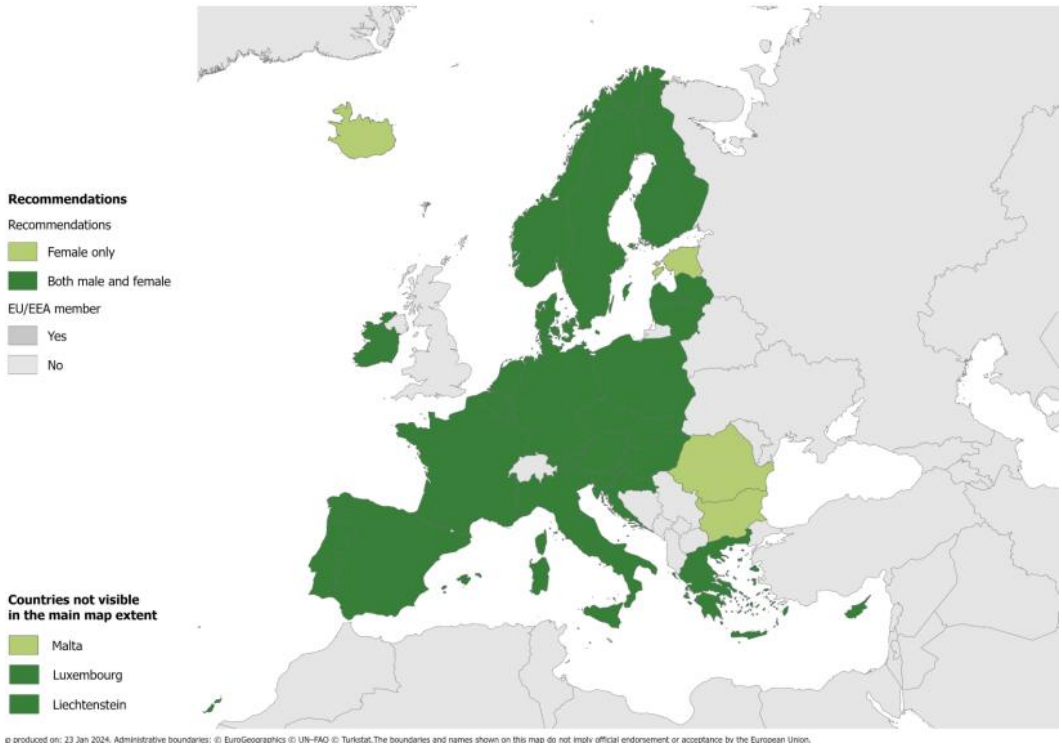

Figure 2. HPV vaccine recommendations in the EU/EEA, see Vaccine Scheduler | ECDC (europa.eu).

Despite the availability of vaccines, vaccination coverage against HPV in girls is currently below 50% in many EU countries and data on vaccination coverage in boys is limited. As of 2023, the average HPV vaccine coverage for the first dose at age 15 in the 18 European PERCH member states was 20% among males and 40% among females. Reported coverage by country is presented in Figure 3.

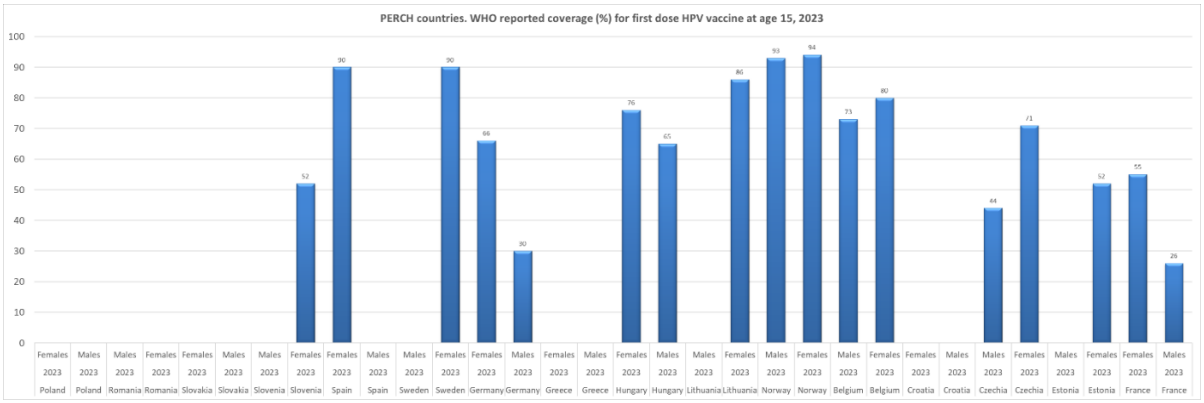

Figure 3. First dose HPV vaccine coverage (%) in PERCH member states among males and females at age 15, 2023. Source: Human Papillomavirus (HPV) vaccination coverage (who.int).

2.3. COMMUNICATION ON NON-COMMUNICABLE DISEASES AND VACCINATION

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the leading causes of death globally, accounting for over 70% of all deaths annually (Finlay et al., 2020). Communication within the healthcare sector, particularly between providers and consumers, is gaining recognition as a critical area. **Physician-patient communication** is a fundamental element of the therapeutic relationship, facilitating the formation of a **trust-based relationship** essential for optimal care. The bond of trust is particularly crucial in conversations about vaccination, given that the decision-making involved affects both individual and community health (Desjardin, et al., 2023).

Human Papillomavirus (HPV) is one of the significant contributors to the global burden of NCDs, responsible for causing 4.5 % of all cancers (de Martel et al., 2017). Despite the availability of highly effective vaccines, vaccination rates remain suboptimal in many countries due to lack of awareness, misinformation and vaccine hesitancy as well as financial constraints, communication barriers and social stigmas (Çevik et al., 2024).

To tailor national communication strategies effectively, it is crucial to start with a background understanding of the country's healthcare context and the specific challenges and perceptions related to vaccination. In the context of HPV vaccination, understanding the **country's stance on HPV vaccines**, such as whether they are provided free of charge or require payment, is important as this aspect can influence public perception of the vaccine's importance and accessibility.

Communication strategies need to be proactive, engaging and bidirectional to effectively promote health behaviours (Goldstein et al., 2015). The dynamic nature of public health issues, particularly in the context of NCDs and vaccinations, requires that communication not only **informs** but also **educates** and **empowers individuals**. This entails the use of tailored messaging that aligns with evolved social learning biases, ensuring that the content of the messages and their delivery are suited to different target populations enabling them to make **informed decisions** regarding their health behaviours (Henrich, 2011).

Actively **engaging with healthcare consumers** and communicating with them effectively has proven to be a reliable and efficient method for influencing public perceptions and improving health outcomes (Fernstrom et al., 2012; Goldstein et al., 2015). Specifically in the realm of vaccinations, discussing the

advantages of vaccination with parents and communities empowers them to implement preventive health measures more effectively, potentially leading to increased vaccination rates (Willis et al., 2013).

To effectively disseminate public health messages, two critical factors play a pivotal role: the level of trust that individuals have in their national health authorities (Chen et al., 2024; Nan et al., 2018; Holroyd et al., 2020). In addition, the extent to which individuals perceive a health message as directly pertinent to their well-being is essential in capturing attention and driving behavioural change. Research indicates that higher perceived severity, susceptibility, and benefits are associated with greater vaccine uptake (Konstantinou et al., 2024).

When public trust in health authorities is diminished, it is imperative to collaborate with highly trusted organizations and individuals to effectively disseminate health messages. Such multi-stakeholder engagement fosters a collaborative approach to health communication, which is crucial for motivating desired behaviours (Fernstrom et al., 2012; WHO, 2016).

2.3.1. National vaccination programmes vs. time-restricted campaigns

Effective communication strategies are crucial for the success of vaccination programmes, whether they are part of a **continuous national effort** or **specific, time-restricted campaigns**. These strategies not only influence public perception but also play a significant role in achieving **high vaccination coverage**, addressing **vaccine hesitancy**, and ultimately **improving public health outcomes**.

The communication strategy should be based on facts about the attitudes and behaviour of the target group and those who are direct influences on the target group. What are the target group's drivers for agreeing to vaccination, what are the brakes, are there untruths that should be debunked, is there a match between attitudes and behaviour, is the availability of vaccination in line with the target group's needs, who influences and makes decisions about vaccination, etc.

For example, a **continuous national programme** might focus on integrating HPV vaccination into the childhood vaccination programme, or as part of routine adolescent healthcare. This would involve ongoing public education campaigns targeting parents, schools, and healthcare providers, emphasizing the importance of early vaccination to prevent HPV-related cancers. In contrast, a **time-restricted HPV vaccination campaign** might focus on specific events such as World HPV Awareness Day or a targeted immunization drive in areas with low vaccination coverage.

<u>Communication strategies for national vaccination programmes</u>

These strategies should be designed to continuously provide **consistent, transparent, and accurate information -** to build knowledge, confidence and trust. Continuous engagement with the target audiences through multiple channels, including social media, traditional media, healthcare providers, and community leaders, is essential. The focus can be on reinforcing the **safety** and **efficacy** of vaccines, **dispelling myths and misinformation**, and highlighting the **benefits of vaccination** for individual and community health.

<u>Communication strategies for time-restricted campaigns</u>

In contrast, communication strategies for specific, time-restricted vaccination campaigns require a more **targeted and intensive approach**. These campaigns often aim to address **specific aspects or issues related to vaccination** or **immediate public health threats,** such as suspected or confirmed

adverse vaccine events. The messaging needs to be specific, clear, and action-oriented, in line with the specific goals and objectives of the campaign. Utilizing a mix of high-impact channels like mass media, social media, public service announcements, and community outreach can ensure rapid dissemination of information. Collaboration with **local partners** and **organizations** can amplify the message and reach harder-to-reach populations within the limited timeframe.

2.3.2. Addressing vaccine hesitancy

Vaccine hesitancy remains a considerable obstacle to achieving high vaccination coverage. It is a **multi-faceted phenomenon** that stems from various, complex and sometimes interconnected factors deeply rooted in cultural, socioeconomic and personal backgrounds (Di Lorenzo, A. et al., 2024). Possible reasons include a **lack of trust in healthcare professionals and institutions, healthcare professionals' lack of patient communication skills or difficulties in navigating the sometimes contradictory information available** (Desjardin, et al., 2023), which is why building a solid, national vaccination program is key.

The necessity for communication to be proactive, engaging and precisely tailored to the target population's concerns is underscored in research by Henrich (2011), who emphasizes that overcoming vaccine resistance demands an **approach that resonates with the audience's concerns and cultural context. Participatory communication strategies** that involve community members and leaders in the communication process have proven effective in building trust and acceptance of vaccines. **Presumptive communication approaches**, which assume that individuals will vaccinate unless convinced otherwise, can also play a role in increasing vaccine uptake by pre-emptively addressing concerns and misinformation (Yemer, Desta, & Workie, 2021).

A key aspect of effective vaccination communication is the adoption of a **two-way communication strategy** between **healthcare professionals** and their **patients and children**. This involves not only disseminating information but also actively listening to the audience's feedback. Such an interactive approach helps in understanding and addressing the specific fears and misconceptions that different groups may harbour about vaccines, providing clear, transparent information about the safety and efficacy of vaccines and highlighting the benefits of vaccination for both the individual and the community. Being responsive to the audience's queries and concerns can significantly influence their vaccination decisions (Goldstein et al., 2015), particularly in areas where the vaccine might be less emphasized due to cost or policy issues (Recio-Román et al. 2023).

Moreover, the **tailoring of messages** to specific groups is crucial. This personalized approach helps mitigate the concerns directly, making the communication more impactful (Valley et al., 2019). Additionally, **integrating local cultural elements** into the communication strategies enhances their effectiveness. This approach ensures that the strategies are not only culturally sensitive but also more relatable to the target audience (Oku et al., 2016).

2.3.3. "Normalisation" of the HPV vaccine

The ultimate aim is making HPV vaccination of the target-age groups a **societal norm** (WHO, 2016). Normalization involves making the HPV vaccine a **routine part of pediatric healthcare** and **communicating about it like any other childhood vaccine**. This entails healthcare providers recommending it as part of the standard vaccination protocol, public health campaigns treating it as a common preventative measure, and societal acceptance that it is a necessary vaccine for children. Depending on the national context, countries should integrate the HPV vaccine into **national (or**

regional) childhood vaccination programmes and administer it in the usual vaccination settings such as schools, pediatric offices, or general practitioners.

2.4. SURVEYS ON PERCEPTION TOWARDS VACCINATION

Each country should include surveys related to HPV that have been conducted in the past.

3. MAPPING TARGET AUDIENCES

Mapping target audiences is an important element of any communication strategy, particularly for initiatives like public health initiatives where the effectiveness of the message can significantly influence the success of the project (Forbes Communications Council, 2021). This process involves a **thorough analysis** of who the messages should reach and **understanding the nuances** that might affect their reception and response to those messages.

The essence of target group mapping lies in its ability to allow organizations to **tailor their communication strategies** to meet the distinct needs, preferences and behaviours of different segments of the population. This precision in targeting ensures that each message is pertinent and compelling to the audience it reaches (United Nations Economic Commission for Europe, 2018). Such relevance is crucial for engaging individuals meaningfully, prompting necessary actions or changing attitudes and behaviours toward a public health initiative such as vaccination.

Identifying and understanding the various **target groups** help crafting messages that resonate on a **personal level**, which is essential for motivating action (West, 2015; Future Digital, n. D.). For instance, communication strategies that address parents of young children might focus on the safety and long-term benefits of vaccines, while messages intended for adolescents might leverage peer influence and social proof to encourage vaccination uptake.

Beyond identifying who to communicate with, **mapping target audiences** involves understanding the best ways to reach them. This includes analysing demographic information such as age, gender, and socioeconomic status. Each channel offers different advantages depending on the target audience's information consumption habits and accessibility.

Psychographic segmentation dives deeper, aiming to align communication strategies with the **psychological attributes of the audience**, including their values, beliefs, lifestyles and motivations. This alignment helps to ensure that messages not only **inform** but also **engage audiences** by speaking directly to their values or countering existing biases and misconceptions (Qualtrics, 2024).

Behavioural insights further enrich this approach by providing data on past behaviours and patterns that can predict how different groups might respond to specific messages. This information is invaluable for designing interventions that are not only informative but also persuasive and capable of driving behavioural change (Poptin, 2022).

Engaging key stakeholders is also a significant part of audience mapping. Stakeholders such as community leaders, healthcare providers, advocacy groups and educators can have a profound influence on the broader audience by acting as trusted voices who disseminate messages and endorse the initiative (WHO, 2017). Building relationships with these stakeholders can enhance the reach and credibility of public health messages, making them more likely to be accepted and acted upon by the broader community.

When identifying stakeholders, following questions can be considered:

- **Are there organizations that already interact with or serve the target audience?**
  These could be schools, healthcare organizations, community centres, or non-profits that could act as partners in the strategy.

- **What stakeholders have a vested interest in the success of the vaccination program?**
  This might include healthcare systems, insurance companies, governmental health departments, and educational institutions.

- **How do different stakeholders benefit from successful communication and vaccination efforts?**
  Understanding what each stakeholder stands to gain can help in crafting messages that appeal to their interests and encourage their cooperation.

- **How can stakeholders be engaged throughout the communication strategy process?**
  Consider how you can involve them in the development, execution, and evaluation of the strategy to increase buy-in and effectiveness.

3.1. GENERAL OVERVIEW OF HPV COMMUNICATION TARGET AUDIENCES

Experience demonstrates that the involvement and backing of following groups are crucial for the success of an HPV vaccine initiative (WHO, 2016). While these target groups and stakeholders are highlighted, it does not mean others are less important – each country will identify additional key individuals or groups who must also be engaged:

- **Adolescent and young adults** are the primary recipients of the vaccine and are increasingly becoming involved in health-related decisions, necessitating communication strategies that are engaging and accessible via platforms popular among youth, such as social media.

- **Parents and guardians** are often crucial decision-makers and require detailed, evidence-based information about vaccine safety and efficacy, best communicated through healthcare settings, policymakers, researchers and trusted community organizations.

- **Healthcare providers** play a critical role in positively influencing vaccine acceptance and uptake, and they continue to be among the most trusted sources when it comes to vaccination (WHO, 2017). By establishing a strong network of adequately trained healthcare workers, this positive influence might be expanded and result in an overall increase in vaccine acceptancy and vaccination coverage (Di Lorenzo, et al., 2024).

- **Educators and school administrators** like headmasters and teachers will be crucial if the vaccine delivery is school based. They can allocate class time for HPV related educational sessions, coordinate information with health workers and parents through parent-teacher organisations (WHO, 2013), educating and encouraging vaccine uptake.

- **Policy makers** are important in implementing supportive policies and integrating vaccine education into school curricula. Effective communication is essential to highlight the community-wide benefits of widespread vaccination.

- **General public** can be seen as secondary target audience reached through mass media and public communication campaigns.

- **Media / journalists** can support HPV vaccination efforts through accurate reporting and prominent placement of stories. However, if there is an official information gap, they can also be quick to report misinformation they might find from other sources (WHO, 2013).

- **Professional and non-governmental organisations** like professional medical associations, patient organizations, cultural and religious groups should be engaged in advocacy as trusted sources of information (WHO, 2013).

A detailed overview of key target audiences is available in the Annex.

3.2. GUIDELINES FOR NATIONAL STRATEGIES

When designing a national HPV communication strategy, it is essential to recognize that the landscape of awareness, attitudes, and knowledge about HPV and its vaccine can vary significantly within different segments of the population. Individual countries must **identify specific target groups** to tailor their approach and messaging effectively.

To effectively identify target groups and assess their awareness, attitudes, and knowledge about HPV and HPV vaccine, countries can employ a variety of **research methods**. These methods can be categorized into **qualitative and quantitative approaches**. Formative research is also part of the communication engagement process and can signal genuine care about addressing the views of target groups (WHO, 2016).

3.2.1. Quantitative Research

Surveys and Questionnaires:

- **Large-scale surveys** can provide data on awareness levels, attitudes towards vaccination, and knowledge about HPV across different demographic groups.

- **Structured questionnaires** can collect information on socio-demographic variables, vaccination history, and health beliefs.

Epidemiological Studies:

- These studies can identify the prevalence of HPV-related diseases and vaccination coverage rates within the population.

- Analysing data from national health databases and registers can reveal trends and disparities in vaccination uptake.

3.2.2. Qualitative Research

Focus Groups:

- **Focus groups** with members of specific target groups can provide in-depth insights into their perceptions, beliefs, and attitudes towards HPV vaccination.

- This method allows for the exploration of social and cultural factors that influence health behaviours.

In-Depth Interviews:

- Conducting interviews with community leaders, healthcare providers, and individuals from target groups can uncover barriers and facilitators to vaccination.

- Personal stories and experiences shared during interviews can highlight nuanced issues that may not emerge in quantitative research.

3.2.3. Mixed-Methods Research

Combining quantitative and qualitative approaches provides a comprehensive understanding of the target groups. For example, survey data can identify general trends, while focus groups can explain the underlying reasons for those trends.

3.2.4. Questions to consider

WHO (2016) identified sample research questions for target audiences on various HPV-related topics. These proposed questions were subsequently expanded to include additional inquiries as follows:

1. ABOUT IMMUNISATION
    a. What do you think of vaccines (positive/negative)? Why?
    b. How important do you think vaccinations are for public health?
    c. Do you believe vaccines are safe in general?
    d. Have you or your children received other vaccines? If yes, which ones?
    e. Who makes decisions about vaccination in your family?

2. ABOUT SOURCES OF INFORMATION
    a. Who do you trust most for information about vaccines?
    b. How do you prefer to receive information about health and vaccines? (e.g. face-to-face, news media, SMS, social media, outdoor media other)?
    c. What type of information would help you make a decision about getting the HPV vaccine?
    d. What are your main sources of information about vaccines?
    e. What sources make you uncomfortable or suspicious? Why?

3. ABOUT HPV
    a. Have you heard of HPV?
    b. Where did you first hear about HPV?
    c. How would you rate your knowledge of HPV?
    d. What do you know about HPV?
    e. What diseases or conditions can HPV cause?
    f. How is HPV transmitted?
    g. Can HPV infections be prevented? If yes, how?

4. ABOUT HPV VACCINE
    a. Have you heard of the HPV vaccine?
    b. Where did you first hear about the HPV vaccine?
    c. Who should receive the HPV vaccine?
    d. At what age is it recommended to get the HPV vaccine?
    e. How many doses of the HPV vaccine are required?

5. ATTITUDES TOWARDS HPV VACCINATION
    a. Do you believe the HPV vaccine is important for preventing HPV-related diseases?
    b. Do you think the HPV vaccine is safe?
    c. Would you accept it for your child? Why or why not?
    d. Would you recommend the HPV vaccine to others?
    e. What are your main concerns about the HPV vaccine?
    f. Do you believe there are benefits to receiving the HPV vaccine? If yes, what are they?

6. BARRIERS TO HPV VACCINATION
    a. What do you think are the barriers to getting the HPV vaccine? (Open-ended)
    b. Have you faced any difficulties in accessing the HPV vaccine? If yes, what were they? (Open-ended)
    c. What could be done to make it easier for people to get the HPV vaccine?

4. PURPOSE OF COMMUNICATION

The main purpose of any communication is to **bridge the gap between the organization's goals with the public's understanding and engagement** (Renedo, 2018; Serajnik Sraka, 2009). In practice, communication serves multiple functions: it **informs** by providing necessary information to target audiences, **persuades** by encouraging changes in attitudes or behaviours and **connects** by fostering relationships and building trust between organizations and their stakeholders (West, 2015).

In public health initiatives, such as HPV vaccination campaigns, persuasion plays a critical role in influencing health behaviours that can substantially impact community health outcomes. Effective persuasive communication must be carefully **crafted to appeal to the audience's values and beliefs**, encouraging them to adopt healthier behaviours or support health-promoting policies (Reddy, 2022). Carefully targeted information should aim to educate target audiences and enable them to take knowledge based choices when it comes to vaccination.

Moreover, effective communication is crucial for building and maintaining **trust**. It ensures transparency and accountability, involving ongoing dialogue where feedback is actively sought and valued, making stakeholders feel genuinely considered in the decision-making process (WHO, 2017).

4.1. COMMUNICATION PURPOSE, GOALS AND OBJECTIVES

When developing a communication strategy, it is important to distinguish between its purpose, goals, and objectives:

- **purpose** is the overarching reason for its existence. It answers the "why" behind the communication. It is broad and long-term in nature, reflects the core reason for the implementation and often aligns with the organization's mission or vision;

- **goals** are the broader aims or desired outcomes that the communication (strategy) seeks to achieve. They bridge the gap between the purpose and the objectives and answer the "what" in a broader sense. They are less specific than objectives but more defined than the purpose, provide direction and focus and can be qualitative or quantitative. Effective goal-oriented communication requires a clear understanding of the baseline. This involves assessing attitudes toward HPV vaccination, identifying demographic and behavioural differences, analysing existing support or resistance, and determining the necessary changes and strategies to address them;

- **objectives** break down the goals into specific, measurable steps that help achieve the communication purpose. They define "what" the communication intends to accomplish in the short to medium term and often follow the SMART criteria, which stands for Specific, Measurable, Achievable, Relevant, and Time-bound. Each objective should meet these criteria to ensure that they are realistic, meaningful, and trackable. Objectives can be “outcome” or “output” oriented.

    - **Outcome objectives** refer to the **results or impact** of the communication activities on the target audience. Focus is on the **effectiveness** and how well the communication achieves its intended goals.

    - **Output objectives** are the **measurable, tangible deliverables or actions** produced as part of a communication strategy – focus is on the activities and what is created or done.

4.2. GUIDELINES FOR NATIONAL STRATEGIES

When setting the national communication purpose, goals and objectives, following questions should be answered and information considered:

- **What is the problem or opportunity you are addressing? What is the ultimate outcome of the communication strategy?**
  Is it to increase vaccination rates, educate the public about HPV risks, or change attitudes towards vaccination?

- **What is the current awareness level and gap in knowledge about HPV and its vaccination among the target audience?** This helps tailor the communication to fill knowledge gaps.

- **Who are the specific target audiences within the broader population?**
  Consider differentiating strategies for parents, adolescents, healthcare providers, and educators.

- **How will the effectiveness of the communication strategy be measured?**
  Define metrics such as vaccination rates, changes in knowledge levels, or feedback from the community.

Your communication project will likely involve different stakeholders, such as your **team members and external stakeholders**. To set clear goals and objectives, you need to consult and collaborate with

them throughout the process. This will help you understand their expectations, needs, and feedback, and ensure that your goals and objectives are aligned with their interests and values.

Setting clear goals and objectives is not a one-time task, but an ongoing process. As your communication activities progresses, you may encounter changes, challenges, or opportunities that require you to adjust them. Therefore, you need to **review and revise your goals and objectives regularly** and communicate any changes to your stakeholders. This will help you keep your communication project on track and responsive to the changing context and needs of your target groups.

4.3. EXAMPLES

Example 1 – National communication strategy

- **Purpose:** Reduce the incidence of HPV-related cancers and diseases through education and vaccination promotion among boys and girls and their parents / guardians.

- **Goals:**
  - Increase public knowledge about HPV and its connection to various cancers.
  - Promote the uptake of the HPV vaccine among eligible populations.
  - Encourage regular screening for HPV-related conditions.

- **Objectives:**
  - Reach a target vaccination rate of at least 90% for HPV vaccination among boys and girls by the age of 15 (*WHO/PERCH objective*).
  - Educate 90% of healthcare providers on how to communicate the importance of HPV vaccination effectively.
  - Ensure 70% of eligible adolescents receive the full vaccine series within the next 3 years.
  - Organize 10 awareness campaigns or educational workshops in schools, health centres, and community settings within the first year.
  - Partner with at least 20 influencers or community leaders to amplify pro-vaccination messages.
  - Create and disseminate 10 engaging, fact-checked media assets within the first year (videos, infographics, testimonials).

Example 2 – Time-restricted campaigns

- **Scenario:** World Immunization Week HPV Awareness Campaign

- **Purpose:** To leverage World Immunization Week to increase awareness and uptake of the HPV vaccine among adolescents and young adults, reducing future incidence of HPV-related cancers.

- **Goals:**
  - Raise public awareness about the importance of HPV vaccination during World Immunization Week.
  - Encourage immediate action by promoting **accessible vaccination services** during the campaign period.
  - Engage healthcare providers in advocating for the HPV vaccine.

- **Objectives:**
  - Achieve a 5% increase in HPV vaccine appointments or registrations compared to the same week in the previous year.
  - By the end of the campaign, at least 80% of the target audience (parents, adolescents, and young adults) should be aware of the connection between HPV vaccination and cancer prevention, as measured through surveys or online engagement metrics.
  - At least 70% of healthcare providers engaged in the campaign should report increased confidence in discussing HPV vaccination benefits and addressing common concerns, based on post-campaign evaluations.
  - Host 10 live webinars featuring healthcare experts discussing the benefits and safety of the HPV vaccine during World Immunization Week.
  - Distribute 5,000 flyers and posters in schools, colleges, and community centres within two weeks leading up to World Immunization Week.
  - Launch a social media campaign using the hashtag #ImmunizeNow, aiming for at least 500 shares and 1,000 likes across platforms during the week.
  - Secure media coverage in at least three local newspapers and two TV news segments highlighting the importance of HPV vaccination and the special clinics available.

5. COMMUNICATION MESSAGES

There is no magic formula for HPV vaccine messaging, and it will **vary between and even within countries**. Knowledge of the country populations, formative research and pre-testing will help to guide the messages used in each country (WHO, 2013).

Creating effective communication messages involves a two-step process: **"getting the right message"** and **"getting the message right"** (Egger et al., 1993). The first step requires understanding how people can be motivated to try to change behaviour (e.g., choose to get vaccinated), or initiate an intermediate behaviour (e.g., enquire about the efficacy and safety of the vaccine, and its availability) through changing attitudes and beliefs (Henley et al., 2007). Getting the right message essential means identifying the core information or key message that needs to be conveyed, rooted in accurate data and aligned with the audience's needs and values. While getting the message right means creating and delivering the information in way that resonates with the audience.

These messages are the main tools through which knowledge is transferred, and motivations are shaped, playing a crucial role in how the public perceives and responds to the message. Crafting effective communication messages requires a deep understanding of the target audience, a clear grasp of set objectives and the ability to distil complex information into clear, compelling and actionable communications (West, 2015).

While it's not always possible to control all aspects of communication, key messages can be managed effectively (Model Systems Knowledge Translation Center, n.d.). They help to prioritize and define information, ensure consistency, continuity and accuracy, measure and track success and stay focused when speaking with the media or stakeholders.

5.1. SPECIFYING THE CORE COMMUNICATION MESSAGES

The process of developing these messages involves a **mix of science, psychology and art**. First and foremost, messages must be constructed with **clarity and simplicity** to ensure that they are easily

understandable to diverse audiences, which may include individuals with varying levels of education and health literacy (West, 2015; WHO, 2017). The language used should avoid technical jargon and instead employ universally understandable terms that convey the necessary information without ambiguity.

Furthermore, the **relevance** of the messages to the target audience cannot be overstated. Each message must be tailored as far as possible to resonate with the audience's specific circumstances, cultural norms, values, and beliefs (West, 2015; WHO, 2017). This **tailored approach** helps to bridge the gap between general health advice and personal relevance, making the guidance more applicable and impactful for each individual. While it is difficult to provide individually tailored information for population programs, it should be possible to provide particular sub-groups with relevant information tailored to their specific needs. For example, messages aimed at young adults might emphasize the long-term benefits of health behaviours adopted early in life, while those targeted at parents might focus on the protective instincts towards their children.

Consistency across various communication platforms is also essential (WHO, 2017). Whether a message is delivered via social media, print materials, or face-to-face interactions, it should maintain consistency in tone, style and content. This coherence helps to build a strong, recognizable identity and aids in reinforcing the key points each time an audience member encounters the message.

Information should be **comprehensive**, and messages should **not be biased** to encourage vaccination. It is imperative that the information is well balanced, i.e. it should include information on risks and benefits.

Incorporating an **emotional appeal** is another effective strategy in message formulation. Emotional connections can powerfully influence decision-making processes; however, it is important to remember that messages should evoke emotions without being overly emotional. For health-related behaviours, appeals to emotions such as hope, fear, altruism or parental protectiveness can motivate individuals to take action that they might otherwise neglect (WHO, 2017).

Each message should have a clear **call to action** (United Nations Economic Commission for Europe, 2018). This directive guides the audience on the specific steps they need to take following the communication, such as getting vaccinated at a nearby clinic, visiting a or engaging in community discussions about public health. Clear calls to action are instrumental in converting awareness and favourable attitudes into tangible actions.

Communicating the **results of vaccination programs** is key as it helps to demonstrate the effectiveness and benefits of vaccines, thereby building public trust and encouraging higher vaccination rates. Sharing positive outcomes, such as reduced disease incidence, improved community health, vaccine effectiveness or safety studies reinforces the importance of vaccination and dispels misinformation.

5.2. GUIDELINES FOR NATIONAL STRATEGIES

At the national level, you will most likely have some overall general key messages as well as specific and tailored ones for different stakeholders and audience segments. When creating messages following guiding questions should be used:

- **Who is our target audience?**
  What are their demographic characteristics (age, location, gender, etc.)?

- **What are the key objectives of our communication?**
  What action do we want the audience to take? How do we want their perceptions to change?

- **What are the common misconceptions or barriers to HPV vaccination that need to be addressed?**
  Understanding these will guide the development of key messages to counteract misinformation.

- **What motivates our audience?**
  What are their interests, fears, challenges, or desires that we can address?

- **What barriers does our audience face in receiving and acting on our message?**
  Are there logistical, cognitive, or cultural barriers to consider?

- **What tone and language should the messages incorporate?**
  Should the tone be formal, informal, authoritative, friendly, etc.?

- **Are the format, style, and language appropriate for the target group?**
  Are the presentation and linguistic choices of the communication suitable and engaging for the intended audience?

- **How can we make the message clear and compelling?**
  What arguments will be used depending on the target audience and its attitude to the topic?
  What facts, statistics, or stories can we use to make the message memorable?

- **What cultural factors or sensitivities might impact the reception of the HPV vaccination message?**
  Are there cultural norms, values, or taboos that could influence how messages are received?

Communication messages developed with the PERCH Project can be found in the Annex. They should serve as guidelines for individual countries to develop messages in line with their country-specific situation related to HPV and HPV vaccination.

6. COMMUNICATION CHANNELS AND TOOLS

For effective communication with target groups, it is crucial to select appropriate communication channels and tools that are designed to meet particular audiences' needs.

The advent of **digital technology** has transformed the landscape of strategic communication. Integrating tools such as social media, blogs and interactive websites has facilitated **broader reach** and more **dynamic interaction** with stakeholders and target groups providing real-time feedback (Forbes Communications Council, 2021). Digital communication also enables the collection and analysis of data on audience engagement and communication effectiveness, providing invaluable insights that help in fine-tuning future communication efforts (Cavlak, 2021).

However, in-person communication, especially between health workers and parents or guardians, remains a primary and effective strategy for increasing HPV vaccination rates (Kaufman et al., 2018;

Cartmell et al., 2022; Desjardins et al., 2023). As highlighted by the World Health Organization (2023b), health workers are the most trusted advisors and influential figures in vaccination decisions. Their strong recommendations play a pivotal role in encouraging vaccination uptake.

Other communication channels should complement these direct interactions to enhance overall vaccination efforts.

6.1. FACE-TO-FACE COMMUNICATION

For childhood vaccination, the **healthcare worker** is often the preferred and most trusted source of information, and some studies suggest that vaccine acceptance is partly determined by physician communication skills (Trifunović et al., 2022).

In-person interaction (face-to-face communication) or **educational interventions** are commonly used to help parents understand why vaccines are important; they clarify how, where, and when to access vaccination services and tackle any reluctance or doubts concerning vaccine safety or effectiveness. These interventions are interactive and can be customized to address specific populations or overcome identified obstacles (Kaufman et al., 2018). For such activities, health professionals will require appropriate **training**, including acquiring skills and techniques to respond to parents who refuse vaccination (Trifunović et al., 2022).

6.1.1. Training for health workers

Healthcare professionals need current information and research on HPV and HPV vaccination and tools to address vaccination hesitancy and improve vaccination rates. They need to acquire comprehensive knowledge, in order to give adequate and accurate information. Educating, training and motivating health professionals to play an appropriate role in enabling and empowering parents and guardians as well as adolescents and young adults to make informed decisions about HPV vaccination, is of crucial importance (Giordano, L. et al., 2008). Training modules are useful tools for building the capacity of health workers to promote vaccine confidence and uptake as well as help optimize working conditions and motivate health workers in their role as advocates for immunization (Desjardin et al., 2023; WHO, 2023a).

In addition to providing current information on HPV and HPV vaccination, health workers should also be **trained in communication** as the quality of interactions between health workers and caregivers is key in vaccine acceptance. To optimize this, health workers need knowledge about best vaccine communication practices in person and on social media (Uttekar et al., 2022), especially when a parent, or caregiver expresses hesitancy to vaccines. When this happens, it is important to pursue the recommendation and ascertain their specific concerns, which involves listening, and acknowledging their concerns in a nonconfrontational manner and responding to their concerns constructively (Fitzgerald, 2024). The information should be conveyed in a respectful and positive manner (WHO, 2023b).

In a clinical setting, the most effective approach is **presumptive "announcements."** These are statements that presuppose parents are prepared for vaccination. Healthcare providers routinely use announcements, like informing patients that they will check their temperature and blood pressure. Applying this approach to HPV vaccination can help normalize it and integrate it into regular clinical practices (UNC Gillings School of Global Public Health). Also, using normalizing language to explain the importance of getting the HPV vaccine as well as explain and administer multiple adolescent

vaccinations, including the HPV vaccine, during one visit to adolescents and their parents/guardians is essential (Reproductive Health National Training Center, 2021).

It is important to provide health workers access to **materials** they can learn from and use to teach others, including leaflets, Frequently Asked Questions, PowerPoint presentations, posters with images and key simple phrases (WHO, 2016).

Taking **feedback** from healthcare workers is equally important as they are on the frontline of administering vaccines and interacting with parents and guardians, and adolescents and young adults. Their insights can highlight practical challenges, identify areas for improvement in the vaccination process, and ensure that the communication strategies are realistic, effective, and responsive to the needs of both healthcare providers and the public.

6.2. RESOURCES FOR PARENTS AND GUARDIANS

Providing **comprehensive resources** to parents and guardians about HPV vaccination is essential for informed decision-making and enhancing vaccination uptake. Many parents and guardians lack accurate, detailed knowledge about HPV, its transmission and its potential consequences. Resources can educate them about the **importance of vaccination** in preventing HPV-related diseases and by providing **evidence-based information** counteract misinformation. Resources for parents and guardians can be in **different formats**, such as FAQ documents, informational videos, webinars and workshops, brochures and pamphlets, digital apps and community forums.

Strategic use of these diverse communication channels and tools, each tailored to fit the unique characteristics of the target audience, is key for the success of public health initiatives. By leveraging the strengths of each channel and ensuring a cohesive and consistent message across platforms, the initiative can maximize its impact, increase HPV vaccination rates and contribute to the broader goals of public health and safety.

6.3. SOCIAL MEDIA PLATFORMS

The **interactive** nature of these platforms allows for **innovative engagement strategies**, including live Q&A sessions with healthcare professionals, influencers or ambassadors of the project, real-time updates on vaccination progress, and interactive content that can potentially encourage vaccination. Content can be tailored to be visually appealing and shareable, maximizing its reach and impact. Influencers and popular content creators can be helpful, as they lend relatability to the messages (United Nations Economic Commission for Europe, 2018).

6.4. DIGITAL ADVERTISING AND SEO

Digital advertising, including pay-per-click ads, banners on popular websites, and sponsored social media posts, allows for **precise targeting** based on demographics, interests, and behaviour. Additionally, search engine optimization (SEO) strategies ensure that trustworthy and informative content about HPV vaccination is **easily accessible online**, helping to counteract misinformation and improve public knowledge about the vaccine (Moz, n. D.).

6.5. MASS MEDIA (TELEVISION, RADIO AND PRINT)

Mass media continues to be a platform for **reaching broad audiences**. Television offers a powerful visual and auditory experience, making it ideal for capturing attention and conveying emotional narratives. TV spots can be used to present testimonials from vaccinated individuals, expert opinions and endorsements from celebrities or trusted community leaders.

Radio serves as a key channel for regular updates, interviews with health experts, and community call-in programs, which can effectively reach adults, particularly in rural or underserved areas.

Print media, though sometimes considered outdated, still holds significant sway in many communities where digital penetration is low. Newspapers, magazines, and flyers can carry detailed articles, informational content and advertisements that target older demographics or those less accessible via online platforms (United Nations Economic Commission for Europe, 2018; WHO, 2017).

6.6. NEWSLETTERS AND E-MAILS

Newsletters and e-mails provide a direct method to **engage with individuals** who have shown interest in staying informed. These tools are particularly effective for delivering targeted messages that encourage continued engagement. They can be **personalized** to address recipients by name and deliver content that aligns with their specific interactions with past communications, such as following up on informational webinars or vaccination appointments. Incorporating interactive elements like links to new research, video messages, or infographics can enhance the utility and engagement of each dispatch (SendGrid, n. D.).

6.7. PRESS RELEASES AND PUBLIC RELATIONS

Press releases and public relations activities are essential for generating **media coverage** and **influencing public perception** (Omojunikanbi, 2023). By highlighting the successes of the vaccination campaign, such as community milestones or endorsements from public figures, these tools help build momentum and validate the topic's importance through third-party validation. Organizing **press conferences** or **public events** with media coverage can also increase visibility and provide a platform for direct interaction with the community.

6.8. COMMUNITY OUTREACH AND EDUCATIONAL WORKSHOPS

Direct engagement through **community outreach programs** and **educational workshops** can be particularly effective in areas with **low digital engagement** or high vaccine hesitancy. These sessions can provide an opportunity for discussion, address concerns directly, and offer incentives for participation, such as free health screenings or informational brochures.

6.9. MESSENGERS

As important as the information itself is the way in which information is presented (Cartmell et al., 2022). **Accuracy** of information depends not only on its content but also on the **communication skills** of the messenger involved in providing it. Messengers, be it health workers, politicians, educators or other individuals involved in information dissemination need to be **sensitive** to the educational, linguistic and cultural differences among target groups.

They should use **jargon-free** language and avoid incomprehensible mathematical or statistical concepts expressing risk as this makes it very difficult for lay people to understand what is being communicated. To overcome these problems, it is essential that they are given appropriate **training** in communication skills (Giordano et al., 2008).

6.10. COMMUNICATION CHANNELS

The following table outlines the communication channels best suited for each target audience within the HPV and HPV vaccination communication efforts.

Target audience	Communication channels
Adolescents and young adults (aged 11- 26)	▪ Social media (Instagram, TikTok) run by health authorities and healthcare providers ▪ Headmasters and teachers, school nurses ▪ Family and peers ▪ Internet ▪ Mass media
Parents and guardians	▪ Social media (Facebook, Instagram) ▪ Healthcare providers (family doctors, paediatricians, gynaecologists) ▪ Headmaster and teachers ▪ Family and peers ▪ Mass media ▪ Internet
Healthcare providers (doctors, nurses)	▪ Professional journals ▪ Conferences ▪ Webinars ▪ Professional networks ▪ International authorities (e.g. WHO) ▪ Internet ▪ Peers
Educators and school administrators	▪ Workshops ▪ Training sessions ▪ Informational packets ▪ Digital resources ▪ Family and peers ▪ Ministry of Education ▪ Local and national officials ▪ Health workers and experts ▪ Mass media ▪ Internet
Public health officials and policy makers	▪ Official reports and briefings ▪ Legislative meetings ▪ Statistical data
General public	▪ Mass media (TV, radio, OOH) ▪ Social media ▪ Community outreach programs ▪ Internet
Media / Journalists	▪ Press releases

	▪ Media kits ▪ Interviews ▪ Expert sources ▪ Senior political leaders ▪ International organisations (e.g. WHO) ▪ Internet
Professional and non-governmental organisations (NGOs)	▪ Detailed reports ▪ Collaborative meetings ▪ Webinars

Table 1: Communication channels.

6.11. COMMUNICATION TOOLS – TECHNICAL GUIDELINES

Leveraging a variety of visual, technical and multimedia tools can greatly enhance engagement. These tools ensure that key messages reach and resonate with diverse audiences, ultimately contributing to the communication success.

- **Visuals:** relatable and positive images, with smiling children or parents, healthcare providers interacting with patients or children engaged in everyday activities. It is important to consider cultural sensitivities to ensure that images are appropriate and resonate with the target audience. Overly dramatic or distressing visuals should be avoided; instead, images that convey normalcy and well-being are preferred (Fine Acts, 2022).

- **Infographics:** infographics are an excellent way to present complex data in a clear, visually engaging and easy-to-understand format. To maximize their effectiveness, infographics should use simple language, consistent color schemes and logical layouts that guide the viewer through the information. A concise headline should immediately convey the purpose of the infographic, and the overall design should facilitate a clear flow of information. Infographics should be designed to be shareable across various platforms, from social media to print materials, ensuring wide dissemination of key messages.

- **Videos:** videos are one of the most engaging forms of communication. To create compelling videos, it's essential to have a clear, engaging narrative supported by high-quality visuals and sound. The script should be well-structured, beginning with a hook to capture the audience's attention and followed by a clear message that aligns with the communication goals. A strong call to action should guide viewers on the next steps they should take, whether it's learning more, getting vaccinated, or sharing the video with others (Bernazzani Barron, 2024).

  Personal stories or testimonials can significantly enhance the relatability and impact of the video, making abstract health benefits feel personal and tangible. Videos should also be tailored to the platform, with shorter, more concise versions for social media and longer, more detailed versions for YouTube, websites or presentations.

- **Audio elements:** audio elements can be a powerful addition, especially for audiences with visual impairments or those who prefer auditory information. Providing audio recordings of key messages via QR codes in printed materials or on digital platforms makes the communication more accessible and increases its reach. These recordings should be

professionally produced, with clear, engaging narration and high-quality sound (Minsky and Fahey, 2017).

- **Interactive content:** quizzes, polls or interactive infographics can significantly increase engagement by inviting the audience to participate rather than just observe. This type of content not only captures attention but also encourages deeper interaction with the initiative's message. For example, an interactive quiz about HPV vaccination could educate users while also dispelling myths.

Further factors to consider when preparing materials (WHO, 2016):

- Materials should be clear, simple, and easy to read.
- For non-specialist audiences, materials should incorporate images, simple graphics, and minimal text.
- Ensure that materials have a consistent appearance and branding, utilizing a unified logo, color palette, typography, and design scheme, along with government and partner logos.
- Pre-test the materials with the target audience to assess their appeal, relevance, comprehension, acceptability, persuasiveness, and memorability. Practically, a country team may choose to test messages and materials concurrently.
- Incorporate brief complementary messages on HPV vaccine materials, addressing topics such as cervical cancer screening, adolescent health, or routine immunization.
- Include electronic distribution options, such as email, internet, and social media, where available.

6.12. GUIDELINES FOR NATIONAL STRATEGIES

When defining communication tools and channels, it is essential to address the following questions to ensure effective and efficient communication strategies:

- **What is the primary purpose of the communication?**
  Determine whether the communication is for information dissemination, engagement, feedback, crisis management, or another purpose. The goal will influence the choice of tools and channels.
- **Who is the target audience?**
  Identify the demographics, preferences, and needs of the audience. Understanding the audience helps in selecting the most effective means to reach them, whether it's through digital media, in-person meetings, or traditional print formats.
- **How to reach the target audience?**
  Assess how the audience prefers to receive information. Younger demographics might prefer digital and social media, whereas older groups might respond better to emails or physical newsletters.

- **What is the urgency and frequency of the communication?**
  Decide how quickly the information needs to be disseminated and how often updates will be necessary. Urgent updates might require instant messaging tools or social media, while less urgent material might be suited to monthly newsletters or emails.

- **What resources are available for implementing these tools?**
  Consider the budget, personnel, and time available for managing communication tools and channels. Some tools might require more investment in terms of money, training and human resources.

- **How inclusive are the communication tools?**
  Check whether the tools and channels are accessible to all audience segments, including those with disabilities. This involves considering language, readability, and accessibility features.

7. CRISIS COMMUNICATION

Effective crisis communication begins long before a crisis occurs. Thus, crisis communication can be divided into **three phases**: pre-crisis, during the crisis and post-crisis. Effective crisis communication requires thorough preparation, including risk assessment, preparation of crisis communication plans for each potential crisis, forming a dedicated crisis communication team, and regular training of staff involved in crisis communication.

The success of HPV vaccination programs relies not only on the **safety** and **efficacy** of the vaccine but also on **public trust**. In times of crisis, maintaining this trust becomes even more crucial.

7.1. BEFORE THE CRISIS

Effective crisis communication starts with preparation. **Risk assessment** is a critical component, requiring regular evaluation of potential crisis scenarios related to HPV vaccination. A comprehensive risk assessment helps in preparing targeted responses and mitigating the impact of potential crises (WHO, 2022).

For each potential crisis, a **crisis communication plan** should be drawn up, which requires the following:

- **identify target audiences** and prioritise them according to the crisis situation (who is affected, how severely, who may be affected and who needs to be informed);

- **align your position** on the crisis and the overarching message and identify key messages and communication activities (with intended communication tools and channels) and a communication timeline for each target audience;

- **prepare sample communication examples** for each target audience (e.g. first press release, response to written inquiries, social media responses, website announcement etc.) and a list of likely questions and answers;
- identify the **person responsible for communicating**.

Proactive communication is another essential element. Educating the public before a crisis occurs builds a foundation of trust. Clear, transparent communication about the benefits of the HPV vaccine, its safety profile and the reason for its recommendation helps in dispelling myths and addressing common misconceptions. This proactive approach involves disseminating factual information and engaging with the public to foster understanding and support for the vaccination program (PAHO, 2018).

Forming a dedicated **crisis communication team** is crucial for effective response management. The establishment of such a team ensures that there is a coordinated and professional response to any emerging issues. This team should consist of health communication specialists, public health officials, and respected medical professionals. Regular training and simulations ensure that the team is prepared to respond swiftly and effectively when a crisis arises (WHO, 2022). Additionally, a representative of the organization should always be at the forefront during a crisis, ensuring effective internal and external communication.

7.1.1. Actions before the crisis

- Conduct regular risk assessments to identify and prioritize potential crisis scenarios.
- Draw up crisis communication plans.
- Implement public education activities about the HPV virus, including its association with various cancers, and the importance of preventive measures to protect against it, including the benefits and safety of the HPV vaccine.
- Establish and train a crisis communication team, conducting regular simulations to ensure readiness.
- Maintain and regularly update a list of key stakeholders with their contact information. Each stakeholder group can be provided with specific information tailored to them, which must be aligned with the core key messages.
- To detect potential crises, establish a monitoring and alert system. This includes tracking media publications and online activities that indicate an event has gained attention on social media and in the media. Also, monitoring events and potential crisis situations in neighboring countries and in the region.

7.2. DURING THE CRISIS

Immediate response is essential to manage the situation and prevent the spread of misinformation. Delays can lead to speculation and the proliferation of false information. The crisis communication team should be activated immediately to manage information flow and coordinate the response (PAHO, 2018).

Accurate and clear messaging is vital during a crisis. All communication must be vetted for accuracy and clarity to avoid misunderstandings. Using simple language ensures that the public comprehends the information being provided. Consistent messages across all platforms help in maintaining public trust and preventing confusion (WHO, 2022).

Utilizing **multiple communication channels** is necessary to reach a broad audience. This includes social media, press releases, official websites and direct communication with the public and with healthcare professionals. Monitoring public responses through social media and other feedback mechanisms allows for real-time adjustments to the communication strategy. This approach ensures that the communication remains relevant and effective throughout the crisis (PAHO, 2018).

7.2.1. Actions during the crisis

- Activate the crisis communication team immediately and establish a clear chain of command.
- Spread accurate and clear messages through multiple channels to ensure broad coverage.
- Monitor public response and media coverage to adjust the communication strategy as needed.
- Engage with key stakeholders, including healthcare professionals and community leaders, to amplify accurate information.

7.3. AFTER THE CRISIS

Post-crisis communication focuses on rebuilding and sustaining public trust. **Follow-up communication** is essential to keep the public informed about ongoing efforts to address the crisis and any findings from investigations into adverse events or misinformation. Continuous communication helps in maintaining transparency and trust (WHO, 2022).

Conducting **evaluative studies** is crucial to understand the effectiveness of the crisis response and the impact of the HPV vaccination program post-crisis. These studies provide insights into what worked well and what could be improved, informing future practices and policies to ensure better preparedness and response (PAHO, 2018).

Strengthening **community engagement** is key to rebuilding trust. Involving local figures and organizations in ongoing health education efforts enhances cooperation and ensures that public health messages are well received and trusted. Continuous engagement with the community fosters a sense of inclusion and support for public health initiatives (WHO, 2022).

7.3.1. Actions after the crisis

- Follow-up communication: keep the public informed about ongoing efforts to address the crisis, such as investigations into adverse events or efforts to combat misinformation.
- Evaluative studies: conduct and communicate findings from studies evaluating the crisis response and effectiveness of the vaccine post-crisis to inform future practices and policies.
- Community engagement: strengthen community ties by involving local figures and organizations in ongoing health education efforts, ensuring the community feels a part of the ongoing public health efforts.
- Training and preparedness: regular training for all stakeholders on crisis management and communication to improve responses in future scenarios.

- Take responsibility for any mistakes or shortcomings and present the measures taken to improve and prevent similar situations in the future.

By following these structured steps before, during, and after a crisis, the HPV vaccination program can maintain and rebuild public trust, ensuring continued support and participation in vaccination efforts (Tomić et al., 2024; WHO, 2017).

7.4. GUIDELINES FOR NATIONAL STRATEGIES

When preparing a crisis communication plan specifically for HPV and HPV vaccination-related crises, it is essential to address several strategic questions to ensure the plan is robust, responsive, and effective. These questions will help identify vulnerabilities, prepare key messages, and establish protocols that can be quickly activated in a crisis situation. Here are the critical questions to consider:

- **What are the potential crises we might face regarding HPV and HPV vaccination?**
  Identify scenarios ranging from misinformation campaigns to adverse vaccination reactions and consider both likely and worst-case situations.

- **Who are our key stakeholders and audiences during a crisis?**
  Determine who needs to be informed, including the public, healthcare providers, vaccine recipients, and regulatory bodies.

- **What are our main communication objectives during a crisis?**
  Outline what you need to achieve with your communication, such as correcting misinformation, maintaining public trust, or providing reassurances on vaccine safety.

- **Who are the designated spokespersons?**
  Identify who will communicate on behalf of the organization or government body during a crisis. Ensure they are trained in crisis communication.

- **What channels will we use to communicate during a crisis?**
  Decide on the most effective channels for reaching your audiences quickly and reliably, such as press releases, social media, official websites, and direct communication with healthcare professionals.

- **How do we monitor the situation and gather intelligence?**
  Plan for continuous monitoring of media, social media, and other sources to track the spread of information and the public sentiment.

- **What is our protocol for updating and releasing information?**
  Establish guidelines for the frequency of updates and the process for verifying and approving information before it is disseminated.

- **How do we coordinate with other organizations and agencies?**
  Determine how you will collaborate with health departments, regulatory agencies, vaccine manufacturers, and global health entities.

- **What training do we need to provide to our teams prior to a crisis?**

Ensure that all team members understand their roles in a crisis and are trained in the specific protocols and communication strategies.

- **How will we evaluate and adapt our crisis communication strategy?**
  Plan for post-crisis analysis to assess the effectiveness of the communication and make necessary adjustments.

7.5. CRISIS COMMUNICATION ON SOCIAL MEDIA

Effective crisis communication on social media requires swift, transparent and strategic responses to manage and mitigate the impact of emerging issues. This involves addressing misinformation, clarifying misunderstandings, and maintaining public trust through clear and consistent messaging (Bryghtpath, 2024). Social media presents unique challenges, as its anonymity can encourage the spread of misleading and inaccurate information, as well as inappropriate and offensive communication.

Managing **misinformation and inaccurate information** on social media is a complex challenge that requires a multi-faceted approach. Misinformation consists of false or misleading information spread without malicious intent, whereas disinformation involves deliberately misleading or biased information spread with the intent to deceive. Both can significantly harm public discourse, undermine trust in institutions and influence individual behaviour.

Fear and lack of knowledge often drive the spread of misinformation and disinformation. This underscores the importance of providing accurate, clear, and accessible information to prevent fear-driven impulses and fill knowledge gaps. Therefore, managing misinformation and inaccurate information should include the following strategies:

- **Monitoring activities on social media**: it is essential to track what is being said on social media in real-time to understand public sentiment and respond appropriately (Deloitte, 2018).

- **Direct response**: address all instances of misinformation and inaccurate information directly with factual information. Utilize a pre-prepared list of responses to common questions and concerns.

- **Pre-prepared responses**: in pre-crisis planning, develop a list of expected questions and statements along with scientifically grounded responses. These responses should be clear and easy to understand. Importantly, any response not included in the pre-prepared list should be reviewed and approved by a subject matter expert before posting. The new question or statement, along with the response, should then be added to the list for future reference. General pre-prepared responses are available in the Annex.

- **Decision to disable commenting**: if discussions on social media do not subside and new comments do not provide additional insight or perspectives on HPV vaccination, it may be prudent to consider disabling commenting. Limiting or disabling comments can be an effective way to manage the flow of information and maintain control over the narrative (Deloitte, 2018).

7.6. STRENGTHENING CRISIS COMMUNICATION THROUGH TRAINING AND MEDIA ENGAGEMENT

In times of a public health emergency, communication is as important as the operational response (Wojcik, 2019). Practical training and proactive media relations are therefore essential for effectively handling sensitive topics and ensuring accurate, compassionate communication before and during crises.

Training should focus on effective communication techniques that guide individuals on how to approach sensitive subjects with empathy and clarity. This involves practical role-playing scenarios where participants can practice responses, improving their comfort levels in discussing difficult issues. Techniques such as acknowledging public fears and anxieties and providing reassurance while admitting the uncertainties of the situation, are critical. It is important to communicate with a respectful and compassionate tone, offer authentic statements, and maintain calmness and control, even in the face of public fear and uncertainty (Factor Incognito, 2024).

Essential skills for an effective spokesperson:

- **Expertise in health-care related issues:** a competent healthcare spokesperson must have in-depth knowledge of HPV, including its prevention, treatment, and associated health risks.
- **Public speaking proficiency**: a spokesperson should articulate complex medical information in a clear, concise manner and engage the audience with confidence and empathy.
- **Non-verbal communication**: in healthcare communication, body language and facial expressions are key to building trust and conveying compassion. Spokespeople should use non-verbal cues to enhance their message and show genuine concern.
- **Active listening**: being a good listener is important for addressing concerns and questions.
- **Adaptability:** the healthcare landscape can be dynamic, and spokespeople may encounter unexpected questions or situations. They should be able to adapt their responses and strategies to effectively manage new challenges and deliver consistent, reliable information (Factor Incognito, 2024).

8. PARTNERSHIP

Identifying and collaborating with the right institutions and individuals is fundamental to the success of any initiative (WHO, 2017). The process of strategically selecting partners and building alliances not only amplifies the **reach** of an initiative but also enhances its credibility and diversifies its **impact**. Effective partnerships leverage the unique strengths, resources and capabilities of varied organizations and individuals, creating synergies that can propel an initiative toward achieving its objectives more efficiently and with greater impact (Haddow, 2014).

Furthermore, the diversity of voices and perspectives within a partnership can enrich an initiative's approach, making it more **inclusive** and **receptive** to the needs of various stakeholder groups. This inclusivity is critical in addressing complex societal challenges, as it ensures that solutions are not one-dimensional but are instead shaped by a comprehensive understanding of the issue from multiple angles. It also aids in tailoring messages and interventions to resonate with different audience segments, thereby increasing engagement and participation (West, 2015; WHO, 2017; Forbes Communications Council, 2021).

Partnerships also play a crucial role in extending the messaging into **new and broader audiences** (WHO, 2017). Each partner typically has its own established network and audience base, which means that messages can be disseminated more widely and effectively. Leveraging the social media presence of a popular influencer can for example significantly increase campaign visibility among younger demographics, while partnership with local community leaders can enhance trust and participation in grassroots initiatives.

Additionally, the credibility of an initiative can be significantly bolstered by **associations** with respected institutions and individuals. Endorsements from reputable sources not only validate the initiative's objectives but also help mitigate skepticism or opposition from the public. This is especially important in contexts where there may be resistance to change or adoption of new behaviours.

8.1. IDENTIFYING KEY INSTITUTIONS/INDIVIDUALS FOR POTENTIAL PARTNERSHIPS

In the context of a national HPV vaccination program communication, selecting strategic partners involves understanding a country's diverse cultural, healthcare, and regulatory landscapes.

8.1.1. National healthcare providers and medical associations

This includes hospitals, clinics, primary healthcare providers, and specialized medical associations and national medical societies. Healthcare providers are the primary source of medical advice for most people and their endorsement is critical. They have the capacity to influence public opinions positively and can address vaccine hesitancy effectively through trusted medical advice.

Engagement can be facilitated through healthcare conferences, medical journals, and continuous medical education programs. Collaborative programs can also be developed to provide healthcare professionals with up-to-date information and training on the latest HPV vaccination guidelines and safety data.

8.1.2. Educational institutions

Educational institutions, such as primary schools and high schools are ideal for reaching adolescents – the primary target group for HPV vaccinations. They also serve as a hub for educating parents and guardians about the importance of the vaccine, thereby influencing family health decisions.

Integrate HPV vaccination information into health and partner with educational authorities to facilitate vaccination programs directly in schools, which can include informational sessions hosted by healthcare professionals and permission-based vaccination drives.

8.1.3. Public health entities

Public health institutions such as national public health agencies can provide substantial support in terms of policy, funding, and data. Their involvement ensures alignment with broader public health goals and enhances the initiative's legitimacy. Leverage existing public health initiatives and collaborate on joint campaigns.

8.1.4. Community and cultural organisations

NGOs and community centres that work within local communities across diverse cultural settings. These organizations often hold significant sway in their communities and can help tailor the initiative to meet local needs and cultural nuances. Collaborate to create culturally sensitive educational materials and community-based informational sessions that respect and incorporate local beliefs and practices.

8.1.5. Media and communication platforms

Media (national broadcasters, newspapers, digital media platforms) are powerful tools for shaping public opinion and can reach vast audiences quickly. This includes engaging through public service announcements, educational series, and partnerships with influencers who can promote the vaccine's benefits through various media channels.

8.1.6. Opinion makers and influencers

Opinion makers, public figures and influencers can help shaping public opinion, especially in areas of vaccine hesitancy. Collaborating with respected figures in the community, healthcare influencers, and even celebrities can help break down barriers of skepticism. These partnerships can involve co-created content, endorsements, public appearances or participation in community outreach programs, making the initiative's messages more trustworthy and accepted.

8.2. GUIDELINES FOR NATIONAL STRATEGIES

When selecting partners, it is crucial to consider several questions to ensure that the partnerships are effective and align with the goals and objectives of the initiative:

- **What expertise or resources can the partner bring to the initiative?**
  Assess whether the partner has valuable resources, such as access to target audiences, marketing expertise, financial resources, or a trusted brand name.

- **Who is the target audience and does the partner have access to this audience?**
  Ensure the partner has established channels or credibility with the audience you aim to reach, whether it's teenagers, parents, schools, or healthcare providers.

- **Does the partner share the initiative's values and objectives?**
  Check for alignment in values to avoid conflicts of interest that might dilute the initiative's message or effectiveness.

- **What is the partner's reputation and credibility?**
  Evaluate the partner's public perception and credibility, especially regarding health and science communication.

- **What are the expected contributions of the partner?**
  Clarify what each partner is expected to contribute, whether it's funding, resources, or expertise, and ensure these contributions are sustainable.

- **What are the terms and conditions of the partnership?**
  Discuss and agree on the terms of the partnership, including roles, responsibilities and the partnership duration.

9. EVALUATION AND QUALITY ASSURANCE

The **evaluation process** helps assess whether the initiative's communication objectives are met, informs necessary adjustments and provides insights for future strategies. This comprehensive evaluation ensures that the resources are used efficiently and that the initiative truly resonates with and influences the intended audience (WHO, 2017).

Evaluation acts as a **feedback mechanism**, providing continuous insights into the performance of the communication strategies employed. It identifies what aspects of the communication have been most effective and highlights areas that may require more attention or a different approach. This ongoing process of **monitoring** and **assessment** is integral to maintaining the efficacy of the project, allowing for real-time adjustments that can significantly enhance outcomes (Communications Network, 2008).

Evaluation process also ensures that **resources** are utilized **efficiently**. By continually assessing the impact and reach of communication efforts, the project can optimize the allocation of its resources, directing them towards strategies and channels that offer the highest returns in terms of audience engagement and message retention (Communications Network, 2008).

Moreover, evaluation helps to ensure that the initiative resonates with the target audience. It involves gathering and **analysing data** on how the messages are received and acted upon by target audiences and relevant stakeholders. This insight is invaluable as it confirms whether the narratives are effectively influencing attitudes and behaviours as intended. Adjustments made from these insights help in fine-tuning the messaging and methods of delivery to better connect with the audience, thereby enhancing the overall influence and success (Communications Network, 2008).

9.1. GUIDELINES FOR NATIONAL STRATEGIES

The evaluation of the communication initiative centres around several key objectives (Hinrichs-Krapels, 2016):

- **Effectiveness**: Determine how effectively the initiative conveyed the importance of HPV vaccination to different segments of the population.
- **Efficiency**: Assess how efficiently resources were used and identify any wasteful expenditures.
- **Equity**: Evaluate whether the initiative effectively reached all target audiences, particularly underserved or marginalized communities.
- **Impact**: Measure the tangible impact in terms of increased awareness and vaccination uptake.

To achieve these objectives, specific metrics and indicators must be established:

- **Reach and exposure**: number of individuals who received the messages, broken down by demographics and channels.
- **Engagement levels**: metrics such as time spent on websites, interaction rates on social media posts, and attendance at events.

- **Behavioural changes**: increase in vaccination rates or inquiries about HPV vaccination.
- **Knowledge and attitudes**: changes in public knowledge and attitudes towards HPV and HPV vaccination, assessed through regular surveys.
- **Health outcomes**: reduction in HPV incidence or related health issues in the long term, although this may extend beyond the immediate evaluation timeframe.

To effectively gather data on these metrics, several methods should be used:

- **Digital analytics**: use tools like Google Analytics, social media insights, and email campaign software to track online engagement and reach.
- **Surveys**: conduct structured surveys both online and in-person at various points to measure changes in knowledge and attitudes.
- **Interviews and focus groups**: engage with participants directly to gain deeper insights into the qualitative aspects of reception.
- **Vaccination data**: track the number of vaccinations administered.
- **Registries (including linkages):** utilize registries to monitor vaccination rates and linkages to health outcomes.

Effective reporting involves:

- **Internal reports**: detailed analyses provided to the team and organizational leadership.
- **Stakeholder reports**: regular updates and final reports shared with partners and stakeholders.
- **Public communication**: release of simplified results and success stories to the public to maintain transparency and build trust in public health initiatives.

10. COMMUNICATION PLAN AND ACTIVITY TIMETABLE

By planning and monitoring each step of the communication through a detailed communication plan and activity timetable, organizations can enhance the effectiveness and ensure that they not only reach their intended audience but also achieve **desired outcomes in public health initiatives**. Having a clear timeline helps you to work out what needs to happen, by whom, in what order – and whether this is achievable (Creative New Zealand, n.d.). For ongoing public health initiatives, such as HPV vaccination, it is essential to sustain **consistent communication** with all identified target audiences, alongside any individual campaigns that have a limited duration.

10.1. MULTI-YEAR COMMUNICATION PLAN

The primary objective of introducing the HPV vaccine is to establish it as a **long-term preventive measure** against cancer, with the ultimate aim of normalizing HPV vaccination within society. For this

purpose, a multi-year communication plan with set milestones should be developed and sufficient resources allocated.

Establishing **mid-term targets** alongside overarching goals is crucial in the management of indefinite or multi-year communication programmes. Such an approach facilitates the tracking of progress and achievements over time, ensuring that the programme remains effective and relevant. Crafting a comprehensive **monitoring and evaluation plan** necessitates careful consideration of objectives, targets, and milestones, complemented by well-defined indicators and assessment methods.

As the programme progresses, the communication plan will likely need to be refined. If monitoring and evaluation reports indicate that certain activities are not achieving the desired results, these activities should be either modified or discontinued.

Furthermore, investments in communication efforts may evolve as the programme becomes more ingrained in the community. As HPV vaccination becomes a regular aspect of health programming and is more widely accepted, the nature of communication efforts may shift. The programme's adaptability to these changes will be key to its long-term success (WHO, 2016).

10.2. YEAR ONE ACTIVITIES

Countries that have not yet initiated communication efforts regarding HPV and HPV vaccination should explore opportunities to secure funding for a **comprehensive nationwide mass media campaign**. Such a campaign is crucial to raise public awareness, educate communities about the significance of HPV and its connection to cancer, and promote the benefits of vaccination. Securing adequate funding will enable the development and deployment of targeted messaging across various media platforms, ensuring that information reaches all segments of the population, including those in remote or underserved areas.

Time period	Activity	Details	Resources needed
Q1	**Campaign launch preparation**	▪ Contact potential partners ▪ Finalize all key communication materials ▪ Organize a final pre-launch meeting ▪ Prepare vaccine providers ▪ Secure vaccine availability	▪ Human resources ▪ Financial resources
Launch Date	**Major media campaign launch**	▪ Outdoor advertising (billboards in major cities) ▪ Video interviews for online portals ▪ Short videos/reels for social media ▪ Radio Ad campaign	▪ Advertising budget ▪ Production resources ▪ Media buying
Q2	**Digital campaign expansion**	▪ Start engaging social media content (infographics, videos, testimonials)	▪ Website development ▪ Social media management tools

Q3	**Campaign review & adaptation**	▪ Strategy adjustment based on feedback	▪ Analytical tools

Table 2: Year One Activities

10.3. ONGOING ACTIVITIES

As the communication progresses beyond the initial year, maintaining and expanding outreach will be crucial to ensure sustained awareness and engagement. Although countries might consider reducing the communication budget for the HPV vaccine after the initial year, it is important to recognize that each year, new groups of target-age adolescents and their parents/guardians will be learning about the vaccine for the first time. Additionally, new health workers and teachers will need training and orientation. Therefore, continuous communication is necessary (WHO, 2016).

Leveraging international campaigns and awareness days for promotion can significantly enhance the reach and impact of HPV vaccination awareness efforts. Relevant international campaigns and awareness days:

- **Cervical Cancer Awareness Month** (January): An opportunity to increase awareness about how to prevent cervical cancer through vaccination and regular screening.
- **World Cancer Day** (February 4th): A day to raise awareness of cancer and to encourage its prevention, detection, and treatment.
- **International HPV Awareness Day** (March 4th): Dedicated to raising awareness about HPV and its associated diseases.
- **World Immunization Week** (24th – 30th April): An initiative by the World Health Organization (WHO) to promote the use of vaccines to protect people of all ages against disease.
- **International Day of Action for Women's Health** (May 28th): This day can be used to specifically target messages around HPV vaccination and its role in preventing cervical cancer and other HPV-related diseases in women.
- **European Week Against Cancer** (25th – 31st May): initiative aimed at promoting cancer prevention, research, and support services.
- **Cervical Cancer Elimination Day of Action** (November 17th): a dedicated day to raise awareness and mobilize efforts towards the elimination of cervical cancer.
- **Prevention Month** (November): A month-long focus on the importance of preventive measures and early detection in combating various forms of cancer.

11. POSSIBLE RISKS

Every communication strategy demands a **proactive approach** to identifying potential communication-related risks. These risks, if not managed carefully, can undermine the effectiveness of the project,

distort the intended messages and negatively impact public perception and behaviour. It is important to recognize that addressing these risks effectively often requires the 3 Ts - **Things Take Time**.

In this section, we explore various risks that might arise during the implementation of the HPV vaccination project and provide detailed strategies to address and resolve these issues effectively, ensuring the project's objectives are achieved and its integrity is preserved.

11.1. MISINFORMATION AND MISINTERPRETATION

Misinformation about HPV vaccination can spread swiftly, particularly through social media. Misinterpretations can arise from poorly communicated messages (Tomić et al., 2024), leading to resistance against vaccination due to unfounded fears about safety and efficacy.

Proposed approach: To combat misinformation and misinterpretation, it is essential to initiate a **proactive communication** plan that includes monitoring social media and other platforms to quickly identify and rectify false information. Creating engaging multimedia content such as videos, infographics, and interactive webinars that address common misconceptions can further educate the public and clarify doubts.

11.2. INCONSISTENT MESSAGING ACROSS PLATFORMS

If different communication channels deliver **inconsistent messages**, it could lead to public **confusion** and erode trust in the project. Each channel might attract different demographics, and message discrepancies can dilute the overall project effectiveness (United Nations Economic Commission for Europe, 2018).

Proposed approach: Develop a **centralized messaging guide** that provides consistent language, facts, and figures for use across all platforms. Regular training sessions should be held for everyone involved in the project to ensure they understand the core messages (WHO, 2017). Additionally, a communications coordinator should be appointed to oversee all outgoing communications to ensure consistency and accuracy. Regular internal reviews and feedback mechanisms can help identify and correct deviations in real-time.

11.3. CULTURAL AND LANGUAGE BARRIERS

Cultural and language differences within each country can pose significant challenges to the effectiveness of health communication. Messages that fail to consider different socio-economic and cultural backgrounds can result in miscommunication and resistance (WHO, 2017).

Proposed approach: Develop messages in **multiple languages** and adapt them to **cultural specifics** of target audiences.

11.4. MEDIA MISREPRESENTATION

Media outlets may unintentionally misrepresent information about the HPV vaccination, either through lack of detailed understanding or sensational reporting, leading to public misinformation.

Proposed approach: Establish strong, proactive **relationships with media outlets** (WHO, 2017). Provide them with regular, detailed briefings and accessible experts who can clarify complex points as needed. Media training for spokespersons and the development of a comprehensive media kit with press releases, fact sheets, and FAQs can help ensure that media reports are accurate and balanced. Regular monitoring of media coverage will also enable the project to respond quickly to any misrepresentation.

11.5. PUBLIC TRUST ISSUES

Public trust is a critical component of any public health initiative, especially those involving vaccination programs. It is inherently fragile because it is built on the perception of competency, honesty, and goodwill of institutions and public figures (Omojunikanbi, 2023).

Proposed approach: **Foster transparency** (WHO, 2017) by openly sharing both the successes and challenges of the project. Implement a **public feedback mechanism** where concerns can be voiced and addressed. Regular updates about the project's progress and decisions should be communicated through various channels.

11.6. RESOURCE LIMITATIONS

Limited resources can restrict the reach and frequency of communication efforts, impacting the project's ability to engage with the public effectively.

Proposed approach: Prioritize **key messages** and use **cost-effective platforms** like social media to maximize reach. Consider partnerships with media organizations for pro-bono or reduced-cost services.

11.7. COMMUNICATION BARRIERS

Ineffective communication strategies that do not consider the preferred and most trusted sources of information for the target audience could fail to reach or persuade the intended demographic.

Proposed approach: Effectively addressing communication barriers in an HPV vaccination initiative involves developing a strategic approach that considers the diverse needs and preferences of the target audience. These challenges can be tackled by conducting thorough research to understand the audience, tailor the message by using clear and simple language, include relevant information and consider cultural sensitivity, utilize trusted sources as communicators, and diversify communication channels using a multi-channel approach.

11.8. BACKLASH FROM OPPOSING GROUPS

When implementing a health initiative like an HPV vaccination project, one of the significant challenges can come from anti-vaccine groups or individuals who subscribe to conspiracy theories regarding vaccinations. The potential **backlash** from these groups can substantially undermine the project and deter participation.

Proposed approach: Before developing a communication project it is advisable to **identify the main sources of opposition** to understand their concerns, motivations, and the channels they use to

disseminate information. Prepare by anticipating their claims and draft responses. During the project it is important to regularly monitor different communication channels for misinformation and quickly counter false claims with accurate information.

11.9. ELEVATED INCIDENCE OF REPORTED ADVERSE EFFECTS

Increased HPV vaccination rates can lead to more reported adverse side effects related to vaccination. It is crucial to be well-prepared for such situations by communicating openly, sincerely and transparently.

Proposed approach: To manage these risks, a **contingency plan** for addressing potential side effects and ensure transparent communication about any issues that arise should be developed. Engage with healthcare experts to provide accurate information and regularly update the public. Implementing a monitoring system to track side effects and gather feedback will enable the team to address concerns promptly and effectively.

12. ANNEXES

12.1. EXAMPLES OF GOOD PRACTICES FROM OTHER COUNTRIES

Please see Annex 1 for a good practice example from Sweden.

12.2. LIST OF POTENTIAL SPEAKERS IN FAVOUR OF VACCINATION

Each country should identify key experts and other stakeholders in the fields of HPV to appear publicly in mass media/social media/events.

12.3. PRE-PREPARED LIST OF RESPONSES ON SOCIAL MEDIA

Claim	Response
The HPV vaccine can cause serious side effects.	As with other vaccines, side effects may occur after the HPV vaccination, but they are mostly mild and temporary. The most commonly reported side effects include redness, pain, and swelling at the injection site, mild fever, nausea, fatigue, and headache. In rare cases, more serious events have been reported in connection with the vaccine; however, apart from the risk of severe allergic reaction and fainting, there is no evidence of a causal link with the HPV vaccine.
The HPV vaccine is not effective.	Clinical trials show that the HPV vaccine effectively prevents infections from HPV types most often linked to cancer and genital warts. Its effectiveness has been demonstrated in both females and males across various age groups. The HPV vaccine is highly effective in uninfected individuals for preventing infections with the HPV genotypes covered by the vaccine, but it does not treat existing HPV infections or related complications.
HPV vaccination can lead to increased sexual activity among adolescents.	Research shows that the HPV vaccine does not influence adolescents' sexual behavior.
The HPV vaccine is unnecessary because screening is sufficient to prevent cervical cancer.	While screening is essential, the HPV vaccine provides an additional layer of prevention, significantly reducing the risk of cervical cancer and other HPV-related diseases. Nearly all cases of cervical cancer (99%) are causally linked to HPV infection. The vaccine is also advisable because HPV causes five other types of cancer and genital warts. Prevention through vaccination is less invasive than treating pre-cancerous changes or cancer itself.
The vaccine is promoted for profit, not for individual benefit.	Extensive research and public health evaluations support the recommendation for HPV vaccination, aiming to reduce cancer and other HPV-related diseases. The benefits, including a reduced incidence of cervical and other cancers, are well-documented [add data from successful countries].
Boys do not need the HPV vaccine because they cannot get cervical cancer.	The HPV vaccine protects against genital warts, anal cancer, penile cancer, and some throat cancers that can affect men. Vaccinating boys also helps reduce the spread of HPV, lowering overall cancer rates.
Naturally acquired immunity from HPV infection is better	Natural HPV infection can lead to cancer. The vaccine provides immunity without the risks associated with the disease and offers protection against multiple HPV strains, which natural infection does not.

than vaccine-acquired immunity.	
The vaccine has not been thoroughly tested and has not existed long enough to know long-term effects.	The HPV vaccine has been used since 2006 and underwent extensive testing in clinical trials before approval. It is continuously monitored for safety and efficacy. Long-term studies have shown that it remains effective and safe over time.
The HPV vaccine only protects against a few types of HPV, so it is not worth getting it.	The vaccines protect against the most common and dangerous HPV genotypes responsible for the majority of cervical cancer cases and genital warts. This protection significantly reduces the overall risk of HPV-related diseases.
The HPV vaccine can cause infertility.	There is no scientific evidence linking the HPV vaccine to infertility. On the contrary, it can protect fertility by preventing diseases like cervical cancer, which may require treatments affecting reproductive health.
HPV is not that common, so vaccination is unnecessary.	HPV is a very common infection among both women and men. Scientists estimate that 80 to 90% of people will contract at least one type of HPV in their lifetime.
The HPV vaccine can cause an HPV infection.	The HPV vaccine does not contain the live virus and cannot cause HPV infection. It uses virus-like particles that safely elicit an immune response without exposing recipients to the virus itself.
HPV vaccines can alter DNA.	The HPV vaccine does not affect or alter human DNA. It works by stimulating the immune system to produce antibodies against the virus, providing protection without impacting the genetic material of vaccinated individuals.
The HPV vaccine contains harmful ingredients.	The ingredients in the HPV vaccine, as in other vaccines, have been tested for safety and efficacy. Health authorities have approved them as safe for human use. A list of all ingredients in the vaccine used in Slovenia is available here.
The HPV vaccine is part of a pharmaceutical conspiracy.	Recommendations for HPV vaccination are based on extensive scientific research and are supported by leading health organizations worldwide, including the World Health Organization. Vaccination is recommended because it significantly reduces the risk of cancer.
HPV vaccine testing did not include an appropriate placebo.	HPV vaccine trials included strict control groups that used placebos or active comparators. All tests were conducted in line with international standards for clinical testing and regulatory approval.
The HPV vaccine causes autoimmune diseases.	Large studies and continuous monitoring have not found that the HPV vaccine increases the risk of autoimmune diseases. The benefits of vaccination in cancer prevention far outweigh any unproven potential risks.
There is no evidence that the HPV vaccine prevents cancer.	Long-term studies show that the HPV vaccine reduces the incidence of cervical and other HPV-related cancers by preventing infection with high-risk HPV types known to cause these cancers. [Add data from successful countries].

The HPV vaccine is only for girls.	The HPV vaccine is recommended for both girls and boys to protect against various cancers and genital warts caused by HPV. Vaccinating both sexes also reduces the overall burden of HPV-related diseases.
The HPV vaccine does not provide long-lasting protection, so it is not worth it.	Research shows that the HPV vaccine provides long-term protection. Studies to date indicate that the vaccine offers protection against HPV infection for at least ten years, and it is expected to last significantly longer. So far, booster doses are not required.

12.4. EXAMPLE OF HPV TARGET AUDIENCE MAPPING

This target audience map can serve as a starting point for national communication strategies and own target audience mapping in line with the country-specific circumstances. It can be further enhanced by including specific minority groups, hard-to-reach individuals or any other specific sub-groups of target audiences.

Target Group	Main Characteristics	Identified Challenges	Identified Opportunities	Tailored Messaging	Information Sources
Adolescents and young adults (Aged 11-26)	▪ Primarily 11-14 for vaccination initiation, up to 26 for catch-up vaccination. ▪ Influenced by parents / guardians, peer opinions and social media. ▪ Increasingly interested in health. ▪ Prefer visual content and interactive materials.	▪ Parental unwillingness to vaccinate their child ▪ Friends who do not take the vaccine ▪ Demanding access to vaccine and vaccination can affect uptake ▪ False information in social media about the HPV vaccine ▪ Concerns about vaccine safety and acceptance, side effects.	▪ Increase knowledge about HPV and the HPV vaccine and the protection against cancer ▪ Reduced incidence of cervical cancer already observed in countries that have offered the vaccine for several years ▪ Facilitate access to vaccine and vaccination through school based programmes	▪ Emphasize social and personal benefits of vaccination. ▪ Use engaging, relatable content featuring peers or influencers.	▪ Social media (Instagram, TikTok) ▪ Headmasters and teachers ▪ Family and peers ▪ Internet ▪ Mass media
Parents and guardians	▪ Typically, 30-50 years old. ▪ Focus on children's health and future well-being. ▪ Prefer trustworthy sources with detailed information. ▪ May seek multiple sources of information about HPV vaccine.	▪ Concerns about vaccine safety and efficacy, side effects and long term effects. ▪ False information in social media about the HPV vaccine ▪ Unaware of availability of vaccines	▪ Increase knowledge about HPV and the HPV vaccine and the protection against cancer ▪ Experiences from other countries, research based information on influence of HPV	▪ Provide clear, concise information on vaccine safety and benefits, backed by scientific evidence. ▪ Highlight endorsements from trusted healthcare	▪ Social media (Facebook, Instagram) ▪ Healthcare providers (family doctors, paediatricians, gynaecologists)

Target Group	Main Characteristics	Identified Challenges	Identified Opportunities	Tailored Messaging	Information Sources
		▪ Concern about vaccination leading to sexual activity of their child	vaccination on sexual activity	professionals and real-life stories.	▪ Headmaster and teachers ▪ Family and peers ▪ Mass media ▪ Internet
Healthcare providers (doctors, nurses)	▪ Medical and healthcare education, licensed practitioners ▪ Key influencers and trusted sources of medical advice. ▪ Prefer scientific and evidence-based information. ▪ Concerns about staying updated and addressing vaccine hesitancy.	▪	▪	▪ Offer ongoing education and resources to address patient concerns effectively. ▪ Encourage routine recommendations during consultations and provide up-to-date, evidence-based guidelines.	▪ Professional journals ▪ Conferences ▪ Webinars ▪ Professional networks ▪ International authorities (e.g. WHO) ▪ Internet ▪ Peers
Educators and school administrators	▪ Influential in school vaccination programs and health education. ▪ Prefer workshops, training sessions, informational packets, and digital resources. ▪ Concerns about student health and safety, parental consent. ▪ Frequent source of information for adolescents and parents / guardians.	▪	▪	▪ Supply comprehensive educational materials to support health education curriculum. ▪ Facilitate access to vaccination programs through school-based initiatives.	▪ Workshops ▪ Training sessions ▪ Informational packets ▪ Digital resources ▪ Family and peers ▪ Ministry of Education ▪ Local and national officials ▪ Health workers and experts ▪ Mass media ▪ Internet

Target Group	Main Characteristics	Identified Challenges	Identified Opportunities	Tailored Messaging	Information Sources
Public health officials and policy makers	▪ Develop and implement public health strategies and policies. ▪ Prefer detailed reports, statistical data, policy briefs, and meetings. ▪ Concerns about public health outcomes and resource allocation.	▪	▪	▪ Present data-driven arguments showcasing the impact of vaccination programs on public health. ▪ Advocate for policies that support widespread HPV vaccination and allocate resources efficiently.	▪ Detailed reports ▪ Statistical data ▪ Policy briefs ▪ Meetings
General public	▪ Diverse backgrounds, varying ages, education levels, and health literacy. ▪ Prefer mass media (TV, radio), social media, community outreach programs, public service announcements. ▪ Concerns about general health and safety.	▪	▪	▪ Raise awareness about HPV and its link to various cancers through widespread media campaigns. ▪ Ensure easy access to vaccination information and services.	▪ Mass media (TV, radio, OOH) ▪ Social media ▪ Community outreach programs ▪ Internet
Media / Journalists	▪ Professionals in news reporting and media creation. ▪ Influential in shaping public opinion and awareness. ▪ Prefer press releases, media kits, interviews, and expert sources. ▪ Concerns about factual reporting and public interest.	▪	▪	▪ Provide accurate, timely information about HPV and vaccination benefits. ▪ Offer access to subject matter experts for interviews and quotes. ▪ Supply ready-to-use media kits with press	▪ Press releases ▪ Media kits ▪ Interviews ▪ Expert sources ▪ Senior political leaders ▪ International organisations (e.g. WHO) ▪ Internet

Target Group	Main Characteristics	Identified Challenges	Identified Opportunities	Tailored Messaging	Information Sources
	▪ Require timely responses to their questions that meet their publication deadlines. ▪ Require access to a spokesperson at all times, including in times of crisis.			releases, infographics, and fact sheets.	
Professional and non-governmental organisations (NGOs)	▪ Comprise health, medical, and advocacy groups. ▪ Can be involved in public health initiatives and community outreach. ▪ Prefer collaborative efforts, detailed reports, and funding opportunities. ▪ Concerns about impact.	▪	▪	▪ Collaborate on public health initiatives to increase HPV vaccination rates. ▪ Share research findings and best practices. ▪ Provide funding opportunities.	▪ Detailed reports ▪ Collaborative meetings ▪ Webinars

12.5. RECOMMENDED RESOURCES

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