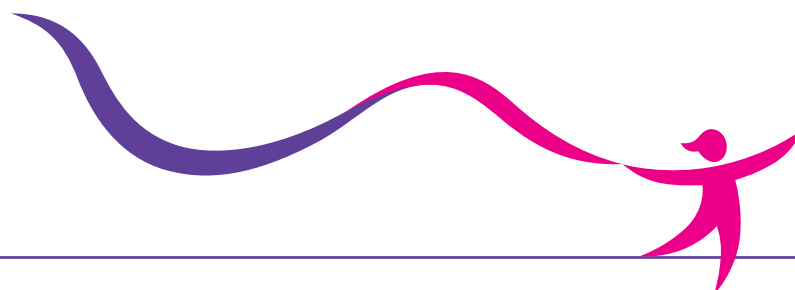


HPV VACCINE COMMUNICATION

Special considerations
for a unique vaccine
2016 update



World Health
Organization



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Special considerations
for a unique vaccine
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Contents

<i>Acknowledgements</i>	iv
<i>Executive summary</i>	v
Introduction: Special considerations for a unique vaccine	1
Who should use this guide?.....	3
The structure.....	3
PART I – The basics: good communication practices for immunization	5
Changing human behaviour: a process.....	6
Communication principles.....	7
The theory, reality and need to advocate for communication.....	8
A note on country context.....	9
The essential elements for communication planning.....	10
Sample HPV monitoring plan.....	18
<i>Sample HPV communication plan</i>	20
PART II – HPV vaccine: considerations for communication	23
Why HPV vaccine is unique.....	23
Getting started: what to consider and what to do.....	28
HPV vaccine in communication planning.....	32
Effective messages.....	40
Materials and channels.....	45
Crises.....	47
Conclusion and summary	48
Conclusion.....	49
Summary: planning and considerations for HPV vaccine.....	50
Annex – Crisis communication for HPV vaccine	57
Be prepared.....	58
Implement: when crisis occurs.....	60
Cautions and lessons from global experience with HPV vaccine.....	64
FAQ, materials and resources	66
Frequently asked questions.....	67
Materials.....	72
Examples of HPV vaccine websites with sample materials.....	73
Resources.....	74

Acknowledgements

This guide is the result of the collaboration and hard work of many people. The World Health Organization's Immunization, Vaccines and Biologicals Department commissioned and provided oversight to its preparation as part of an effort to consolidate existing and new information about HPV vaccine communication. The section on "the basics" draws from several sources of previously published material and from the author's experience. A November 2015 WHO Global Learning meeting on HPV Vaccine Introduction and a 2015 review of HPV vaccine introductions published by the London School of Hygiene and Tropical Medicine and PATH inform this work.* Immunization programme managers and their teams in Latvia, Malaysia and Rwanda helped the author learn about and understand the issues through field visits. WHO also thanks the health workers, headmasters, teachers, community leaders, mothers, fathers and girls who took the time to share their thoughts, and through this, help us do a better job.

The original 2013 version of this guide and this 2016 update were written by Christine McNab. Paul Bloem, Tracey Goodman and Susan Wang of WHO's Immunization, Vaccines and Biologicals Department provided technical oversight. Scott LaMontagne of PATH and Abdelkader Bacha and Jonathan Shadid of UNICEF provided comments on the 2016 update.

A short note on terminology

In this guide, "communication" encompasses the areas of advocacy, social mobilization, behaviour and social change and crisis communication.

What is new in this guide

This updated version of the guide reflects:

1. WHO's October 2014 changes to the recommended HPV vaccine schedule.
2. Updated facts, evidence and experience from low, middle and high-income countries that have introduced HPV vaccine.
3. An enhanced section on crisis communication.
4. Additional information about the opportunities for integration with comprehensive cervical cancer programs and adolescent health interventions and on the consent process.

* For the 2015 London School of Hygiene and Tropical Medicine/PATH review of HPV vaccine experience across 37 low and middle-income countries, see <http://www.rho.org/HPVlessons/>.

Executive summary

This guide presents communication guidance for countries introducing human papillomavirus (HPV) vaccine at the national or sub-national levels. HPV vaccination is a key strategy for comprehensive cervical cancer control and prevention. By the end of 2015, more than 65 countries introduced HPV vaccine into their national immunization programmes, with more than 30 of them were approved for Gavi-supported introductions.

HPV vaccine presents some challenging issues for communities. Concerns about the HPV vaccine are a common feature of its introduction. HPV vaccine is targeting girls before they become sexually active in order to prevent acquisition of a sexually transmitted infection (STI). WHO recommends that two doses of the currently licensed HPV vaccines be administered to 9–13-year-old girls to prevent infection with two types of human papillomavirus that account for about 70% of cervical cancer cases. The full benefits of HPV vaccine in reducing infection and the subsequent risk of cervical cancer will only be appreciated years and even decades after girls have been vaccinated. Countries introducing HPV vaccine should invest in a communication plan for the introduction and sustained delivery of HPV vaccine so that it becomes positively associated with adolescent girls and a socially-acceptable demanded service.

This guide offers guidance in three main areas: the first is advice on basic communication planning and implementation for immunization; the second discusses specific considerations for HPV vaccine; and the third on crisis communication. The basic elements of an immunization communication plan include:

- building a cross-sectoral team;
- clear programme and communication objectives;
- understanding community knowledge, attitudes and practices;
- SMART objectives and sensible strategies;
- defined target audiences with activities and messages for each that use appropriate channels and materials;
- a crisis communication plan to manage problems including adverse events following immunization; and a monitoring and evaluation plan.

The specific considerations of HPV vaccine draw on the experience of countries which have either introduced the vaccine nationally or conducted demonstration projects, from partner experience, as well as from several reviews and evaluations in low, middle and high-income countries and the published literature. This part includes advice about cross-sectoral advocacy, team building and formative research; consent; a description of the recommended target groups; the importance of careful planning so that the messages reaches hard-to-reach girls; thoughts on integration with additional services, and advice about effective messaging, materials and communications channels.

Many countries introducing HPV vaccine have faced specific challenges or crises that required communication preparedness. The guide therefore includes a section on preparing for and implementing a crisis communication plan.

Finally, the guide includes summary tables, tips, frequently asked questions, sample materials and resources, all intended to provide immunization managers and communication specialists with the tools they need to ensure a high-quality strategic communication plan.



HPV Vaccine Communication

SPECIAL CONSIDERATIONS FOR A UNIQUE VACCINE

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