

CCA Network Dialogue Series

Facilitated discussions on critical issues for
cervical cancer elimination

Talking about the HPV vaccine: A dialogue about communication opportunities and challenges

Hosted on November 8th 2023

Summary Report



Talking About the HPV Vaccine

In November 2023, CCAE's fourth network dialogue brought together partners from around the world to discuss the challenges and opportunities surrounding communicating about the HPV vaccine.

The following pages comprise a summary of the discussion held during the dialogue, and a list of relevant resources for reference.

Facilitator

Alexander Wright, Cancer Research UK

Presenter

Jocelyn Joseph, Deputy Programme Manager, Centre for Social and Behavioural Change, Ashoka University

Discussion moderators

Dr. Om Prakash Kansal, Country Advisor – India, American Cancer Society

Mathangi Ramakrishnan, CAPED India

Elle Pearson, Cancer Research UK

George Hayes, Cancer Research UK

Session links

[Slideshow](#)

[Presentation](#)

Previous dialogue session reports

A Dialogue on Single-Dose HPV Vaccination: Efficacy, Implementation and Social Mobilization in partnership with PATH, Summary Report: [link to report](#)

A Dialogue on Engaging Healthcare Providers to Increase HPV Vaccine Demand & Uptake in Communities, Summary Report: [link to report](#)

Dialogue on Amplifying Survivor Voices to Accelerate the Cervical Cancer Elimination Movement: [link to report](#)

Communication Opportunities and Challenges: breakout discussion summary

What barriers do you encounter when communicating about the HPV vaccine?

Coronavirus Pandemic: The pandemic brought many challenges to HPV vaccine roll-out. The anti-vaccine movement grew in size and strength through the pandemic, increasing global vaccine hesitancy and proliferating disinformation.

Disinformation: The anti-vaccine movement spread deliberate misinformation (known as disinformation) about the HPV vaccine.

Stigma: Vaccine hesitancy increases when HPV is linked to sexual activity. Consent forms which include language referencing sexual activity have been found to adversely affect vaccine uptake.

Rural / Urban: Colleagues report greater success in communications strategies in urban areas. Rural communities do not benefit from the same access to communication resources, and this can increase disparities in vaccine uptake.

Private / Public: If private school students have to pay for the HPV vaccine and public school students receive the HPV vaccine for free, this can create concerns of a tiered quality of vaccinations, which can be difficult to dispel through communication.

One Dose: Authorities are unsure how best to communicate the change to a single dose schedule for HPV vaccination.

Marginalised Population: Many mass-communications plans are failing to accommodate for vulnerable populations and out-of-school girls.

Resources: Communication plans are comprehensive and resource intensive. Often the funds and expertise are not available to deliver these plans effectively.

Who are your communications materials targeted towards?

One size does not fit all – different contexts require different materials and platforms to appeal to different audiences.

With political support for HPV vaccination programmes growing, materials are now targeted towards parents, healthcare workers, teachers, and adolescents to drive forward vaccine acceptance.

What channels do you use to disseminate communication materials?

Participatory Approaches: In-person dialogues and community discussions have proven to be an effective way of communicating about the vaccine and addressing misinformation. The two-way nature of this conversational approach provides clarity and direct responses to concerns and questions.

Audio-Visuals: Hosting conversations on radio/television effectively reaches local and national populations with an interactive approach.

Mass Media: Pamphlets, posters and adverts can reach large sections of the population with key messaging, but the impact of print material on changing behaviour can be limited.

What have been your communications successes and what lessons have you learned?

Language: It's crucial to emphasise the vaccine as a form of cancer prevention. Communications should not reference sexual activity as this is proven to decrease vaccine acceptance.

Start in Advance: Effective information and communications materials should be provided to the public in good time. Sensitisation campaigns should begin well in advance of vaccination programmes.

Multi-Sectoral Strategy: Generating holistic and multi-sectoral HPV vaccination communication strategy, involving Ministries of Health, Education, and Communities, is vital. This sustainable approach brings together a wide range of stakeholders who can work together for improved coordination and information sharing, and generating political will.

Community Engagement: Communications that involve direct engagement with the community are most effective at achieving behavioural changes. Community Health Workers play a vital role as a way of providing communities with information from a trusted source, rather than a mass-produced piece of media, which might feel less relevant or personalised.

Local Influencers: Working closely with leaders in the local community, such as religious, political, and cultural figures, can help to significantly support vaccine demand for a similar reason as above.

FAQs: Many of the myths regarding HPV are already well known. Therefore, it is vital to develop clear and consistent answers to all frequently asked questions. These answers should be used to prepare appropriate stakeholders and be made available to the wider public to address hesitancy.

Healthcare Professional Recommendations: We have seen that provider vaccine recommendation is key to vaccine acceptance, so it is vital to make sure healthcare professionals receive up-to-date guidance on the most effective language and messaging.

Collaboration with Communication Experts: The most effective communications materials are developed through close collaboration between policymakers, communications experts, and NGOs.

Survivor Stories: Sharing the voices and stories of cervical cancer survivors highlights the devastating impact of cervical cancer, but also the hope that vaccination offers. You can learn more about involving survivor stories [here](#).

Consistency: Messaging and language need to be consistent across all communications campaigns, but how it is presented to the audience must be context-specific e.g. delivering in-person messaging for people in rural communities.

Keep it Simple: With the HPV vaccine, an overwhelming amount of information from stakeholders can create distrust amongst communities.

Crisis Communication: Unfortunately misinformation is likely to spread, it is vital to have a plan in place on how to respond. Monitor social media and local media outlets so that misinformation can be responded to swiftly. The longer misinformation goes unchallenged, the harder it is to deal with effectively. You should have a dedicated crisis communication strategy and team in place in advance of launching the HPV vaccine.

HPV Vaccine Communication Resources

TechNet 21 – page provides a list of immunization resources and content related to human papillomavirus (HPV): [link](#)

UNICEF, Vaccine Demand Observatory – Vaccine Messaging Guide – Evidence-based guidance for fostering demand for immunization: [link](#)

UNICEF – Vaccine Misinformation Management Guide – available in many languages – has a case study on crisis communication strategies for HPV in Malawi: [link](#)

Girl Focus Toolkit – in collaboration with Gavi and Girl Effect – Comprehensive guide to assist with the designing and creating of vaccine campaign materials. Use these guides to learn from others who have created an HPV vaccine campaign: [link](#)

WHO – HPV Vaccine Communications Guide – released in 2016 this guide presents communication guidance for countries introducing human papillomavirus (HPV) vaccine at the national or sub-national levels: [link](#)

Jo’s Trust – HPV language for primary and secondary care professionals: [link](#)

CDC – Talking to Parents Tip Sheet: [link](#)

UNICEF Field Guides for Global HPV Communication: [link](#)

PATH: Communication: HPV Vaccine Lessons Learnt and Recommendations: [link](#)

The Announcement Approach: Steps to more effectively recommend HPV vaccination: [link](#)

WHO: Communicating with caregivers about the Human Papillomavirus vaccination: a tool to build confidence in communication skills among health workers: [link](#)

Prevent Global HPV Cancers – HPV Vaccination & Cervical Cancer Screening Social Media Toolkit: [link](#)

CCAE – Summary of Key Lessons on HPV Communications: [link](#)