

Challenges and Strategies for HPV Vaccine Acceptance and Demand Generation

Charles Nelson Kakaire, SBC Specialist,
UNICEF HQ

OCTOBER 2024

Outline

- Introduction/Mentimeter
- Challenges to HPV vaccination demand generation
- Strategies for HPV vaccination Demand generation
- Considerations for HPV vaccination demand promotion
- Discussion / Q & A



What is the main challenge to HPV demand generation in your country/region/work context?

Go to
www.menti.com

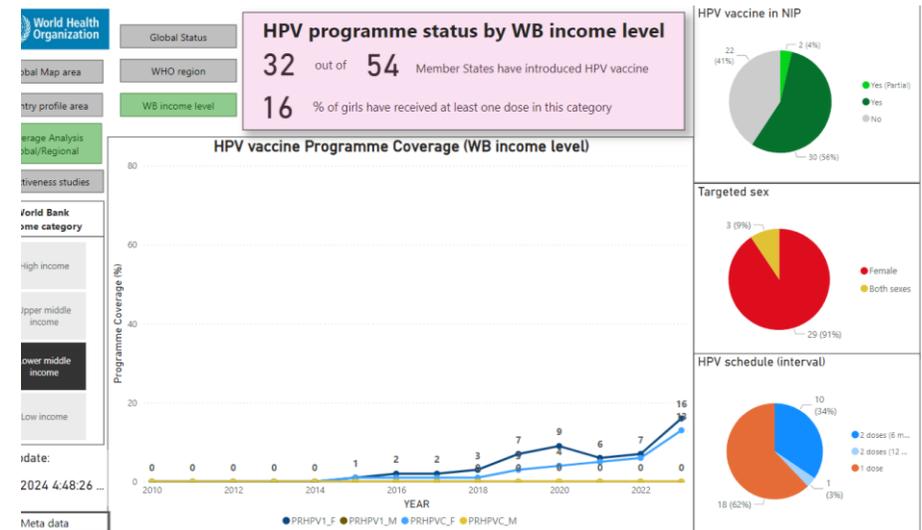
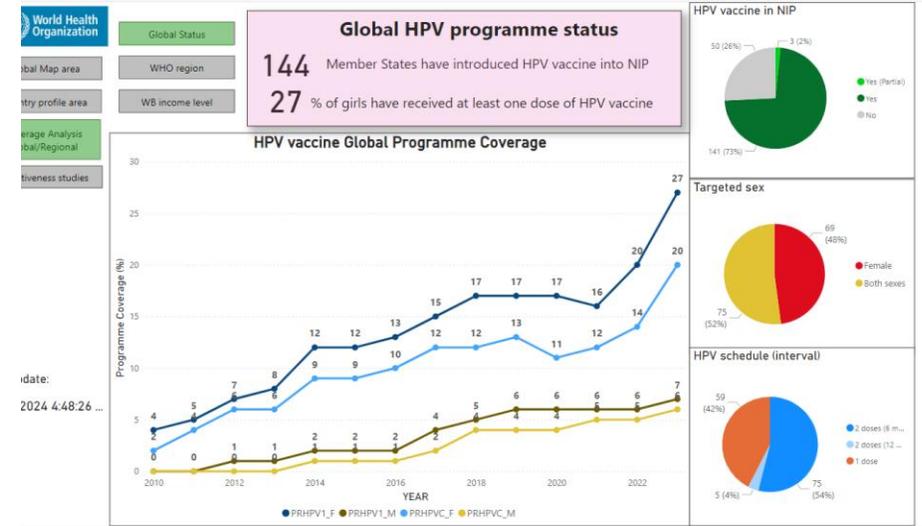
Enter the code

94 35 99 9



Or use QR code

Context



Challenges for HPV Vaccine acceptance and demand



INDIVIDUAL

LIMITED KNOWLEDGE/LOW AWARENESS

Perceived low awareness about cervical cancer, HPV and the HPV vaccine, ranging 44.2%² to 64%³.

"Information provision on the HPV vaccine is generally the first point of introduction to HPV, cervical cancer and the vaccine, for the girl and her caregiver. There is little awareness, risk, and relevance, associated with the disease prior to this point of introduction"⁴

FEAR OF SIDE EFFECTS

Several studies report concerns about potential side effects of the vaccine^{2,3,4,5,6}.

Fears raised range from infertility, autoimmune disease, menstrual complication, death

LOW RISK PERCEPTION

Girls (and guardians) do not see themselves as susceptible to HPV/not immediate⁵.

"I know that it could lead to cervical cancer, but for the most part in most women, it doesn't. It's not like, if I thought it was more life threatening, need to do thing I would have more of a sense of urgency about it."

Challenges for HPV Vaccine acceptance and demand



PROVIDER/
SOCIETAL

HEALTH WORKER HESITANCY / INABILITY TO RECOMMEND

Health workers trusted sources of information, yet widespread hesitancy exists among the health workforce .

"So shouldn't my doctor have recommended it?" and "I feel like my doctor should have said something about it."

GENDERED MYTHS AND MISCONCEPTIONS

Expressed concerns that HPV vaccine could cause infertility or result in earlier sexual debut / increased sexual activity for adolescent girls²

The refusals that I get come from the parents. [...] "She is too young, she is not going to have sex now." (13F, 36)

NEW VACCINE = "BAD VACCINE"

Parents/guardians perceive HPV as a new vaccine, just like C-19, leading to delayed decision due to fear of the unknown⁵.

"My Provider recommended, but I had some concerns. It was so new".

SUPPLY SIDE BARRIERS



The bigger issue...

Dissonance, as the health system sees the **HPV vaccine as a 'routine child immunization'** therefore expects a high trust and a defaulted action but *caregivers* see the **HPV vaccine as a 'new vaccine'** therefore an **active decision** to be made⁶



Considerations and Strategies for demand generation

Strategies¹

POLITICAL COMMITMENT AND SUPPORT

Strengthen political will and engage policymakers to prioritize HPV vaccination as a public health goal.

COMMUNICATION AND ADVOCACY

Targeted awareness campaigns to educate communities about the safety and benefits of the HPV vaccine.

ENGAGE COMMUNITIES

Empower local leaders, especially women, to act as advocates for the HPV vaccine.

HEALTHCARE WORKER TRAINING

Provide healthcare workers with proper training on HPV vaccination to ensure they have the knowledge to answer questions and address concerns.

CO-CREATE MESSAGES AND INTERVENTIONS WITH THE GIRLS

Engage girls directly in the design of interventions to ensure messages are tailored to their context and needs

ADDRESS VACCINE HESITANCY DIRECTLY

Implement strategies to combat vaccine hesitancy, focusing on education that tackles misinformation and social stigma associated with HPV and cervical cancer

LEVERAGE SUCCESSFUL VACCINATION CAMPAIGNS

Utilize the success of other vaccine programs to build confidence in the HPV vaccine, emphasizing the safety and effectiveness of immunization

COUNTER MISINFORMATION, ESPECIALLY ON SOCIAL MEDIA

Monitor & respond to false information about the HPV vaccine spread through social media. Provide accurate, clear, and accessible information to counter these narratives

Targeted outreach to influential and credible figures including religious/cultural leaders, professional bodies

Key considerations for HPV vaccine demand promotion

- Assess community **knowledge and beliefs** about HPV, cervical cancer and the vaccine before introduction and periodically, **use this information** to design demand promotion strategies
- Messages that focus on the vaccine's **ability to prevent cervical cancer** and **where and when to get the vaccine**, while avoiding discussing sexuality are often well received ^{1, 2, 3}
- Community sensitisation activities conducted at least **one month** prior to vaccination are most effective⁴
- Use tools and approaches from **behavioral sciences** such as human-centered design and **feedback loops** to develop and refine strategies to reach target populations⁵
- Ensure that **gender-based** differences are included in your initial and subsequent analyses



© UNICEF/UN0399642/Jibuti



Key considerations for HPV vaccine demand promotion

- Equip and deploy the most effective influencers: **health workers, teachers, community leaders, the media, and girls (peers)**. Communications should be tailored to these audiences ensuring its easy to understand⁴
- **Use of interactive approaches** is a more effective way to mobilise parents and the community, especially if exposed to anti vaccination rumours
- Frequent **monitoring** of media and social media for misinformation, followed by **prompt responses** can prevent rumors from derailing vaccination uptake³
- Involve adolescent girls in the **co creation and development of tailored context specific solutions** to promote context specific

Despite available evidence...

“The interventions being implemented are **not the types that have been shown to be most effective**, which is consistent with other research that has identified a discrepancy between the implementation of interventions or strategies that are most effective compared to interventions that may be **deemed “easiest” to implement.**”⁴

Lets Reflect! Why do you think this is so, and what should we do about it?

Thank you!

1. Waheed, D., Ruiz, A. B., & Guillaume-Rolland, D. (2022). Challenges with HPV vaccine confidence in low and middle-income countries. *HPV World*, 214.
2. Karafillakis E, Simas C, Jarrett C, Verger P, Peretti-Watel P, Dib F, De Angelis S, Takacs J, Ali KA, Pastore Celentano L, Larson H. HPV vaccination in a context of public mistrust and uncertainty: a systematic literature review of determinants of HPV vaccine hesitancy in Europe. *Hum Vaccin Immunother*. 2019;15(7-8):1615-1627. doi: 10.1080/21645515.2018.1564436. Epub 2019 Feb 20. PMID: 30633623; PMCID: PMC6783136.
3. U-Report HPV awareness survey, 2024
4. Escoffery, C., Petagna, C., Agnone, C., Perez, S., Saber, L. B., Ryan, G., ... Fernandez, M. E. (2023). A systematic review of interventions to promote HPV vaccination globally. *BMC Public Health*, 23:1262.
5. Kimberly K Walker, Heather Owens, Gregory Zimet, "We fear the unknown": Emergence, route and transfer of hesitancy and misinformation among HPV vaccine accepting mothers, *Preventive Medicine Reports*, Volume 20, 2020, 101240, ISSN 2211-3355, <https://doi.org/10.1016/j.pmedr.2020.101240>
6. Finalmile, (2024). Formative insights; Understanding the drivers and barriers to HPV vaccination in Kenya and Cote d'Ivoire (unpublished)
7. Kutz, J. M., Rausche, P., Gheit, T., Puradiredja, D. I., & Fusco, D. (2023). Barriers and facilitators of HPV vaccination in sub-Saharan Africa: A systematic review. *BMC Public Health*, 23:974.
8. Guillaume D., Waheed D., Schleiff M. et al. Global perspectives of determinants influencing HPV vaccine introduction and scale-up in low- and middle-income countries. *PLoS One*, 19 (1) (2024 Jan 16), Article e0291990. <https://doi.org/10.1371/journal.pone.0291990>
9. Vivien D. Tsu, D. Scott LaMontagne, Phionah Atuhebwe, Paul N. Bloem, Cathy Ndiaye. National implementation of HPV vaccination programs in low-resource countries: Lessons, challenges, and future prospects. *Preventive Medicine* 144 (2021). <https://doi.org/10.1016/j.ypmed.2020.106335>
10. Kabakama, S., Gallagher, K.E., Howard, N. et al. Social mobilisation, consent and acceptability: a review of human papillomavirus vaccination procedures in low and middle-income countries. *BMC Public Health* 16, 834 (2016). <https://doi.org/10.1186/s12889-016-3517-8>
11. JSI. Resource Guide for Strengthening HPV Vaccination Service Delivery. Boston: JSI, 2023. Available at https://publications.jsi.com/JSIInternet/Inc/Common/_download_pub.cfm?id=25724&lid=3.
12. Ebrahimi N, Yousefi Z, Khosravi G, et al. Human papillomavirus vaccination in low- and middle-income countries: progression, barriers, and future prospective. *Front Immunol*. 2023 May 12;14:1150238. doi: 10.3389/fimmu.2023
13. Middleman, Amy B., Tiana Won, Beth Auslander, Sanghamitra Misra, and Mary Short. 2016. "HPV Vaccine Uptake in a School-Located Vaccination Program." *Human Vaccines & Immunotherapeutics* 12 (11): 2872–74. <https://doi.org/10.1080/21645515.2016.1208326>
14. La Vincente, S. F., D. Mielnik, K. Jenkins, et al. 2015. "Implementation of a National School-Based Human Papillomavirus (HPV) Vaccine Campaign in Fiji: Knowledge, Vaccine Acceptability and Information Needs of Parents." *BMC Public Health* 15 (1): 1257. <https://doi.org/10.1186/s12889-015-2579-3>.
15. Sham, Tabara Abu. Communication tools for culturally sensitive context. December 2022 , <https://stophpv.org/wp-content/uploads/2023/12/sa-session10a-Tamara-Abu-Sham.pdf>. PowerPoint Presentation.