

Increasing access to human papillomavirus (HPV) vaccines will prevent HPV infection and therefore reduce cervical cancer burden for women around the world. Targeted advocacy strategies will be critical for prioritizing the introduction and uptake of HPV vaccines, especially in low- and middle-income countries that would benefit most. From March–April 2023, the International Vaccine Access Center (IVAC) at the Johns Hopkins Bloomberg School of Public Health led an online survey to explore which tools, data, and approaches may be most useful to inform future advocacy initiatives. The survey was completed by 88 stakeholders from 24 countries, representing non-governmental organizations, government agencies, academia, and advocacy groups.

KEY TAKEAWAYS

- » HPV vaccine introduction requires **high-level political commitment** and **engagement with cultural leaders**.
- » Advocacy materials should highlight cervical cancer **disease burden and risk, economic benefits** of vaccination, and **safety and efficacy** of HPV vaccines.
- » The option to implement a **single-dose schedule may be an enabling factor for HPV vaccine introduction**, and advocacy efforts should emphasize the **programmatic advantages, comparability of immune response**, and **ease of integration** of a single-dose schedule.

SURVEY FINDINGS

Country-level stakeholders rated factors that could impact HPV vaccine introduction on a scale ranging from 1 (small impact) to 5 (large impact). The factors below were identified as the top drivers and barriers to HPV vaccine introduction.

↑ Drivers

| | |
|--|-----|
| Improved communication to reach key groups | 4.7 |
| Accurate info from reputable sources | 4.6 |
| Efforts to address mis- and disinformation | 4.6 |

↓ Barriers

| | |
|---|-----|
| Inadequate financing | 4.5 |
| Misinformation or disinformation about vaccines | 4.3 |
| Underperforming health system/vaccine program | 4.3 |

Respondents also identified the following drivers and barriers as influential factors:

Drivers

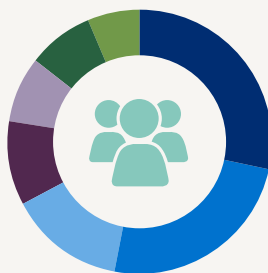
- » Engaging with community leaders (e.g., faith leaders)
- » Media coverage/campaigns from prominent figures
- » Exploring various delivery platforms (e.g., schools, churches, door-to-door, facility-based)

Barriers

- » Lack of HPV vaccine knowledge
- » Weak political will/not following through with commitment
- » Vaccine resistance/hesitancy from influential stakeholders (e.g., physicians, faith leaders)

Stakeholders were also asked about which groups would benefit from advocacy resources, as well as which types of approaches would be most impactful.

In your country, which group of stakeholders would benefit most from materials or resources for HPV vaccine advocacy?



- Heads of household/parents/caregivers
- Youth/adolescent women
- Doctors or clinical providers
- Religious or community leaders
- Educational administrators or teachers
- Policymakers at the national or subnational level
- Implementing NGO partners

Which types of tactics or approaches would be most helpful in your country to support HPV vaccine introduction or uptake?

| | |
|--|-----|
| Mass media (e.g., radio or television) messaging | 72% |
| Endorsement by trusted messengers | 65% |
| Engaging directly with policymakers | 63% |
| Public forum or convening | 52% |
| In-person informational sessions | 52% |
| Paper-based educational materials | 44% |
| mHealth approaches | 43% |

Respondents thought the following approaches would also be needed to support HPV vaccination advocacy:

- » Social media campaigns
- » Sharing successes (e.g., progress since HPV vaccine introduction)
- » Technical support
- » Improved coordination within government
- » Partnering with professional bodies
- » Community dialogue
- » Developing local ownership of immunization programs