



Importance of effective communication and need for a crisis communication plan

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South Asia Regional Meeting

HPV Prevention and Control Landscape and the way forward.

13th , 14th and 15th - Dec 2022– New Delhi, India.



COALITION to STRENGTHEN
the HPV IMMUNIZATION
COMMUNITY





Introduction

Global Recommendation:

- Global strategy to **eliminate cervical cancer** adopted by **World Health Assembly in 2020**
- Global commitment to vaccinate 90% girls under the age of 15 by 2030
- Recommended by WHO as part of its comprehensive cervical cancer elimination strategy
- Have been successfully introduced globally: 125 nationally & 3 sub-nationally
- Are safe and effective

In June 2022, the NTAGI recommended introduction of HPV vaccination for all girls aged 9-14 years under UIP in India





Communication Related Challenges: Global Experience

Knowledge and awareness

- **Lack of awareness** regarding **cervical cancer** and its severity
- **Lack of awareness** about **vaccine effectiveness** and **safety**
- **Lack of awareness** about program, **eligibility**, **dose schedule**, etc.

Perception

- **Perceived low-risk** and low **prevalence** of cervical cancer
- **Misplaced beliefs** about vaccine to prevent cervical cancer **as a sterilization method**
- **Association of HPV with HIV** and other sexually transmitted infections

Hesitancy

- **Fear of injections** among adolescents
- **Lack of trust among parents** for vaccinations targeting girls vis-à-vis routine childhood vaccinations
- Institutional (**human rights groups**) and **religious refusal** of vaccination

Service delivery

- **Reluctance of health-workers** and medical **practitioners to recommend vaccination**
- **Reluctance of health-workers to initiate a conversation about cervical cancer**
- **Bias among health workers** associating higher incidence among specific population groups



Key Learnings: South Asia Meeting

We have learned from various HPV programmes, few questions from the discussion are listed below:

- Learnings from the **success** and **failures** of other HPV vaccination experiences especially in South Asia region are critical
- In South Asia, African subcontinent the **social and cultural beliefs** are similar. But we would need to Customize the communication strategy based on the local needs
- Messages needs to be customized for each **target population**
- Messages on **social and economic impact of cervical cancer** for policy makers
- Close coordination with **Education Ministry/ Department**
- **Updating the IEC materials every year** as the new cohort gets added
- Need for **parental consent?**
- Advocacy around **cost effectiveness** of introduction of HPV vaccine
- What about the **vaccination for boys?**



Best Practices From HPV Vaccination Programme in Sikkim & Punjab

Sikkim: first state to introduce HPV vaccine in RI programme for girls aged 9-14 years in 2018

Punjab: pilot launch in two districts in 2016-17



Visible endorsement of the vaccine by political leadership



PTM is a key interface between education, health departments, and parents.



Media sensitization workshops



School rallies and community announcements in local language



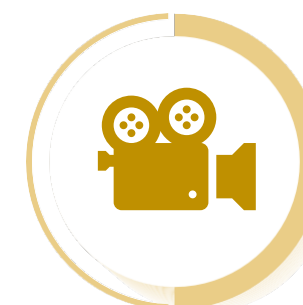
Social media-based platform using WhatsApp for rapid response to emerging concerns



Students and parents in Punjab were sensitized via the **Edusat system** using a pre-recorded message.








Proactive preparation for crisis communication



Promotional documentary video on HPV vaccine introduction in Sikkim



Key Objectives of Communication Strategy

- 1**  **BUILD KNOWLEDGE** and awareness regarding cervical **cancer**, its severity and burden
- 2**  **CREATE AWARENESS** and confidence in the **vaccine against cervical cancer**
- 3**  **GENERATE DEMAND** for vaccine and its sustained uptake among girls aged 9-14 years (both in and out of school) through a community-driven approach
- 4**  **ENABLE & EMPOWER** health care providers, frontline workers, school functionaries, community and religious leaders to effectively communicate evidence-based messages related to cervical cancer and HPV vaccination
- 5**  **ADDRESS MYTHS AND MISINFORMATION** around cervical cancer and HPV vaccination and mitigate unintended crisis during the introduction of the vaccine to prevent cervical cancer



Target Audience and Stakeholders

Beneficiaries and their caregivers

- All girls aged 9-14 years
- Their parents, caregivers and wider communities



Beneficiaries & their caregivers

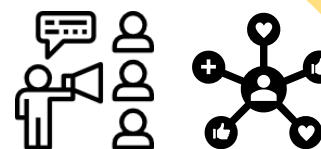
Stakeholders

Service Delivery Workforce

- Immunization program managers
- Service providers
- Community Health Workers
- School administration and teachers
- Key state/district/block level officials



Service Delivery Workforce



Program Advocates and Influencers

Program Advocates and Influencers

- Elected representatives and parliamentarians
- Non-health government departments, including education, women and child development etc.
- Professional medical bodies and associations
- Youth-led cohorts/forum
- National/state media
- Social and religious influencers
- CSOs and CBOs
- Mahila Arogya Samitis (MAS)/Self Help Groups (SHGs)



Key Approaches of Communication Strategy





Advocacy with Health and Non-health Government Departments

Ministry of Health & Family Welfare to coordinate overall activities

Ministry of Education

Support interventions to reach eligible school-going girls and their parents

Ministry of Defence

Support interventions in army and defence schools and those to reach eligible girls in hard-to-reach areas

Ministry of Women & Child Development

Support interventions to reach eligible out-of-school and hard-to-reach girls, and their parents

Ministry of Rural Development

Support in local community engagement

Ministry of Sports & Youth Affairs

Support in generating awareness and social mobilization through NSS and NYK

Ministry of Labour & Employment

Support interventions to reach eligible girls in slums/hard-to-reach areas

Ministry of Tribal Affairs

Social mobilization and community engagement activities, for tribal and hard-to-reach areas



Ministry of Information & Broadcasting

Awareness, myth busters, fact check



Advocacy with Key Stakeholders



Schools

- Use existing school spaces and forums like PTMs for creating awareness
- Orient and engage with nodal teachers/HWMs/HWAs and school staff



Medical fraternity

- Sensitization medical practitioners, professional bodies etc.
- Testimonials from eminent medical practitioners for community mobilization



Youth influencers & Organizations (NCC/NYKS/Guides/NSS)

- Identify youth forums and organize capacity building/sensitization sessions
- Engage cadets for school mobilization and during vaccination sessions



CSOs and CBOs

- Map and orient local and regional CSOs and CBOs
- Disseminate IEC materials to support demand generation particularly among hard-to-reach, and out-of-school girls.



Religious leaders and FBOs

- Provide ready to use contents for promotion, addressing questions/ myths/ misconceptions
- Promote announcements through their infrastructure



Local Elective Representatives

- Create favourable atmosphere in the community for vaccine introduction
- Educate community members on importance of vaccine in preventing cervical cancer



Media Engagement

Sensitize national and local mass media platforms prior to vaccine introduction



Print

- Informative articles in print media
- Amplify appeals of key influencers in support of HPV vaccination.
- Responses to misinformation



Radio

- Short audio spots
- Panel discussion featuring senior health experts addressing queries
- RJ engagement to spread the right information



Television

- Expert/celebrity talks through regional broadcast networks
- Cervical cancer prevention messages through audio-video scrolls and during newsbreaks.



Community radio station

- Influencer and expert bites, including messages on vaccine to prevent cervical cancer
- Dissemination of MoHFW developed audio materials



Capacity Building and Sensitization

National ToTs and Orientations

Stakeholders: Inter-Ministry Officials, Media Personnel, State Program Managers, Development Partners, Professional Medical Bodies

National

State

State ToTs and Orientations

Stakeholders: District Program Officers, Interdepartmental Nodal Officers, Media Spokespersons, Private medical practitioners & professional bodies, Religious leaders, AEFI committees

Training of block officials and orientations

Stakeholders: NHM Staff, Interdepartmental Functionaries, School staff, Private Practitioners, Religious Leaders & Media Personnel, NGOs/CSOs

District

Block

Training of Community Health Workers and Orientations

Stakeholders: FLWs, MAS, SHGs/ CBOs, Teachers, Block level local doctors, Local influencers & Religious Community leaders and RWAs



Social Mobilization and Community Engagement

Tailored approach for generating awareness and addressing hesitancy among eligible girls



School-going girls:

- **9-11 years:** through advocacy and social mobilization of parents
- **12-14 years:** through IPC by programme officials in school, peer counselling and social media in addition to advocacy with parents



Out-of-school girls

- **CHWs** to support door-to-door awareness & mapping
- Engage with **Youth influencers** and **Volunteer Groups**
- Engage with **MAS, SHGs under NRLM, PRIs** and **faith-based leaders**



Social Mobilization and Community Engagement

Mobilizing parents, caregivers and communities

- **Parents of eligible school-going girls:** Engagement through schools and medical fraternity
- **Parents of out-of-school girls:** Engagement through medical practitioners, CSOs, local influencers
- **Community engagement:** Information kiosks, miking and announcements during local health days, haats and festivals





Social Media Engagement

Facebook and ShareChat

Core Audience: Public at Large

Purpose

- Create awareness
- Success stories & Survivor stories
- Explainer videos & data-led content
- Testimonials, appeals
- Digital live-sessions



Instagram and Snapchat

Core Audience: Young adults

Purpose

- Issue-based advocates/influencers
- Success stories & Vaccine acceptance stories
- Explainer videos & Testimonials

WhatsApp and Telegram

Core Audience: Public at Large

Purpose

- Sharing facts through authentic sources. Addressing FAQs

YouTube

Core Audience: Public at Large

Purpose

- Videos in Hindi/local language

Twitter

Core Audience: Young adults

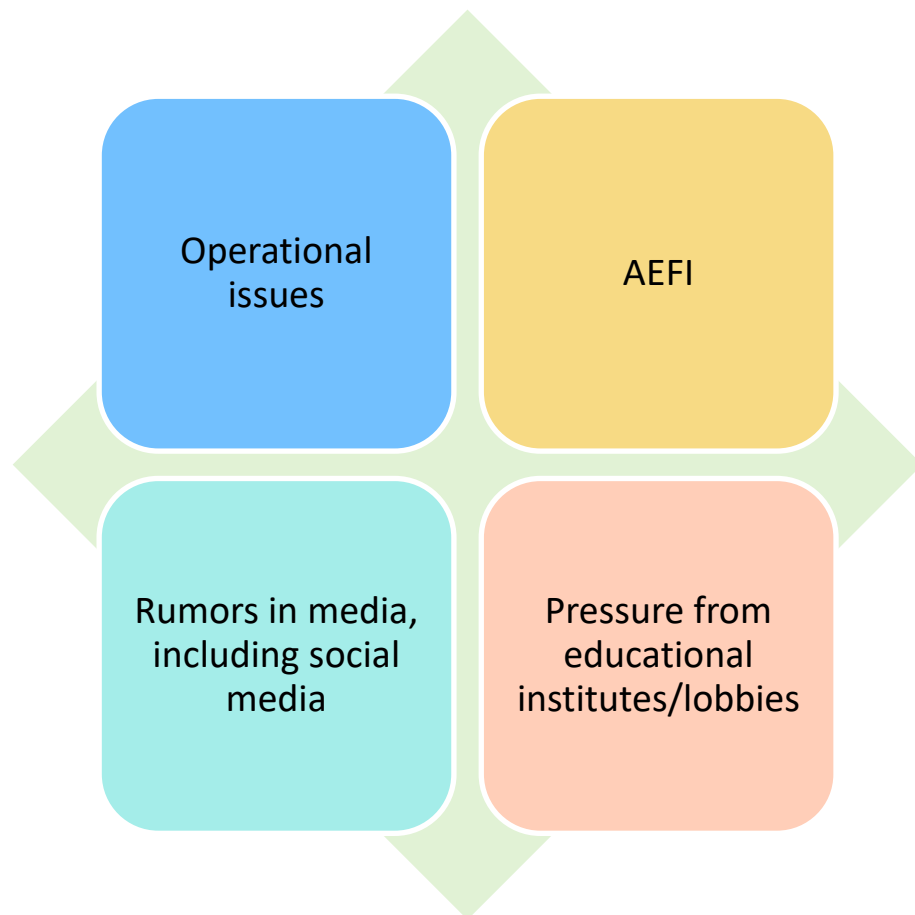
Purpose

- Leverage key opinion leaders
- Showcase importance of vaccine
- Counter fake news & misinformation



Crisis Communication

A crisis in immunization can occur due to



Responding to a crisis

- ✓ Establish proactive and regular communication
- ✓ Identify and orient an appropriate stakeholder in advance and identify spokesperson
- ✓ Regularly monitor mass media and social media for emerging concerns
- ✓ Plan well to avoid any operational crisis
- ✓ Keep updated on factual information
- ✓ Be frequent in updating the public
- ✓ Be transparent and honest



Key Takeaways

- The objective of introduction of the vaccine is towards Cervical cancer elimination and we need to be well informed about the vaccines and vaccination process
- Need to ensure that **healthcare providers have the knowledge, confidence, and interpersonal skills** to recommend the vaccine and address any concerns or misinformation
- HPV vaccine introduction will require **thorough planning, strong coordination with stakeholders within and external to the health sector**
- Be **well prepared** for addressing crisis
- Communication strategy needs to be **implemented much before** the introduction of the vaccine





Thank you