



ECO Good Practice Guide on HPV Vaccination: a Factsheet

Make it policy. Make it happen. Make it last

COMMUNICATION

Principles

Principle 1. Embed sustained, institutionalised communication

Do countries have public health communication approaches that support HPV vaccination confidence over time, rather than relying on one-off campaigns?

Countries should establish and maintain sustained, institutionalised communication on HPV vaccination that is embedded within routine public health functions and designed to normalise HPV vaccination as a core cancer prevention measure.

Principle 2. Reach audiences through trusted and audience tailored communication

Are HPV vaccination messages delivered through trusted messengers and designed to address the needs and concerns of different audiences?

Countries should ensure that HPV vaccination communication is delivered through trusted messengers and is appropriate to the needs of different audiences, including adolescents, parents or caregivers, and health care workers.

Principle 3. Ground communication strategies in evidence and adapt them over time

Are communication strategies informed by the data and insight, and adjusted over time in response to public concerns and emerging challenges?

Countries should ensure that HPV vaccination communication strategies are informed by relevant data and insight, including vaccination coverage trends, behavioural and social insights, and monitoring of public concerns.

Justification & Scientific Evidence

Continuous communication embedded in public health systems supports confidence in HPV vaccination over time.

Although focused primarily on female-only programmes, guidance on HPV vaccine communication from the WHO explicitly frames communication as an ongoing process rather than a time-limited activity, with its implicit goal being to ensure HPV vaccination becomes a social norm [1]. Communication efforts should persist well beyond HPV introduction, recognising that each year brings new cohorts of adolescents, caregivers, teachers, and health workers who may be encountering HPV vaccination for the first time [1].

WHO guidance further emphasises the importance of multi-year communication planning and resourcing, noting that while large-scale mass media campaigns may not be required every year, continued investment in communication is needed. This enables the maintenance of confidence in vaccination programmes, reinforces understanding of vaccination benefits, and supports responses to emerging concerns as programmes mature [1]. This includes maintaining opportunities for dialogue, updating information materials, and routinely monitoring and addressing rumours and misinformation as part of programme implementation [1].

European guidance aligns closely with this approach. ECDC similarly emphasises the value of providing not only a continuous provision of information to the public, with regular updates and monitoring, and that this reliable and trustworthy information should be consistently available to support confidence in vaccination programmes over time [2].

Confidence in HPV vaccination is strongly influenced by who delivers vaccination

messages, with health care workers, including nurses, midwives, pharmacists and physicians playing a particularly influential role.

Confidence in HPV vaccination is shaped by the credibility of the messenger and the extent to which communication is tailored to the needs and concerns of different audiences. Their understanding, engagement and support can make the difference between the success and failure of HPV vaccination efforts. Guidance highlights that relevant audiences are broad and diverse including adolescents, parents or caregivers, health workers, educators, professional, cultural and religious associations, and the media, and that countries should also assess which additional groups need to be reached in their specific context [1]. Communications approaches should therefore recognise differences across audiences and adapt messengers and channels accordingly in order to support confidence in vaccination [1]. Medical students and community health mediators can be particularly effective messengers for harder-to-reach groups, including minority ethnic communities and hesitant parents.

Within this broader set of audiences, health care workers, including nurses, midwives, pharmacists and physicians, are consistently identified as particularly influential. WHO Regional Office for Europe identifies health care workers as the most trusted advisors and influencers of vaccination decisions, highlighting that strong recommendations from health professionals are a key facilitator of vaccination uptake and that ongoing relationships with caregivers support informed decision making [3]. Confidence in vaccination is shaped not only by the information provided, but by the communication skills, credibility, and engagement of health workers in dialogue with caregivers and patients [3]. Patient organisations and parent-teacher organisations, particularly within the context of school-based immunisation programmes can be particularly effective in working alongside healthcare professionals to complement clinical messaging and strengthen trust.

ECDC guidance supports this conclusion, noting that across European Union countries, health care providers are consistently identified as the most important and trusted source of information on protection from vaccine-preventable diseases, and that their knowledge, attitudes, and confidence can influence both individual vaccination decisions and broader vaccine acceptability [2,4]. Complementary evidence suggests that even limited scepticism among health care practitioners can amplify hesitancy within communities, underscoring the importance of engaging and supporting health care workers as a priority group within vaccination communication strategies [5].

Communication approaches which incorporate learning and adjustment over time are more effective at sustaining confidence in HPV vaccination

Communication around HPV vaccination is most effective when treated as an iterative component of programme management, rather than a fixed component. Monitoring, evaluation and behavioural insights are important in assessing whether communication activities are achieving their intended effects, approaches which should be refined over time as programmes mature and public concerns evolve [1].

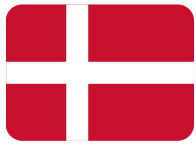
WHO's tailoring Immunization Programmes approach provides a structured framework for evidence-led and adaptive communication, emphasising the systematic identification of barriers and drivers to vaccination and the design, implementation, evaluation, and refinement of tailored interventions over time. Vaccination coverage data, surveillance information and qualitative research should be used to inform communication and service design, reflecting the premise that communication strategies must respond to the needs, concerns, and context of specific populations in order to sustain confidence and address persistent coverage gaps [6]. Although communication outcomes can be difficult to measure directly, WHO recommends that plans include clear objectives, indicators, milestones, and validation mechanisms to guide refinement over time, including monitoring changes in knowledge, sources of information, reasons for vaccination or non-vaccination, and uptake trends in hesitant or underserved populations [1].

This is supported by the European Code Against Cancer and ECDC guidance which emphasises the importance of identifying behavioural determinants of vaccine uptake and tailoring communication responses accordingly, rather than relying on uniform messaging, particularly in dynamic information environments including social and digital media [7, 2]. This is further reinforced by recent European Commission-supported work to develop a Communication Model for Building Awareness and Countering Misinformation and Disinformation on HPV and HBV Vaccination, designed to provide Member States with practical guidance for evidence-based, tailored communication and ongoing monitoring of mis-

leading narratives [17].

Case Studies

Denmark



Denmark's "Stop HPV – Get Vaccinated" campaign demonstrates how clear, sustained communication can rebuild vaccine confidence. After HPV vaccination coverage among 12-year-old girls dropped from around 90% to below 40%, the Danish Health Authority, in partnership with the Danish Cancer Society and the Danish Medical Association, launched a targeted campaign.

They first analysed why parents were hesitant, finding that most concerns came from media and social media reports of alleged side-effects. To rebuild trust, the campaign used multiple strategies: it published informative articles in newspapers and lifestyle magazines, shared personal stories such as Eigil Poulsen's account of losing his wife to cervical cancer, and created a dedicated Facebook page where parents could ask questions and receive reliable answers from medical professionals.

By tracking vaccination uptake, engaging healthcare workers and trusted voices, and maintaining a continuous, open dialogue rather than a one-off effort, the campaign quickly increased HPV vaccination, with nearly twice as many girls starting the programme within a year [11,12].

England (United Kingdom)



Since the introduction of the HPV vaccination programme in 2008, and its subsequent expansion to include boys in 2019, communication with adolescents, alongside parents and caregivers, has been institutionalised as part of annual programme delivery for each new cohort. HPV vaccination is embedded within the school-based immunisation system, and education settings play a central role in sustained and trusted communication [8, 9].

Directed by the School Age Immunisation Services, schools support sustained and trusted communication because of their established relationships with young people and parents. Schools support vaccination by distributing information materials and consent forms, sending reminders of vaccination sessions, and coordinating with immunisation teams. Through national produced, standardised information materials and consent forms they ensure consistency of messaging to stakeholders in advance of vaccination, explaining eligibility, purpose and schedule and signalling that HPV vaccination is a normal part of adolescent health care [10]. This supports informed decision making well in advance of the point of delivery.

Bulgaria



Astra Forum Foundation's 'Vaccines School' demonstrates how communication capacity can be strengthened by systematically supporting health care workers in a high vaccine-hesitancy context. Launched in 2022 in response to growing disinformation and declining routine immunisation coverage, the programme was developed with support from UNICEF and later the WHO country offices, with the Bulgarian Ministry of Health as an institutional partner. Rather than relying on broad public campaigns, it focused on family doctors, paediatricians, nurses and other public health professionals, recognising that general practitioners remained among the more credible sources of vaccine information [13, 14, 15].

The programme curriculum drew on WHO Europe and ECDC approaches to interpersonal communication for vaccine hesitancy, including motivational interviewing and tailored communication for hesitant parents. These methods were reinforced through repeated online and in-person sessions, a Bulgarian-language for medical professionals on immunisation communication, and ongoing support through updated scientific materials, expert consultation, and advanced training modules [16]. The handbook includes dedicated content on HPV vaccination, including communication on HPV vaccination for boys as well as girls, and helping integrate HPV more clearly into wider immunisation communication and professional training. Together these features show how continuing support to health care workers can strengthen trusted communication at the point of care, rather than relying on one-off messaging efforts

alone.

Further Reading & Bibliography

- [PROTECT-EUROPE: Vaccinating Europe to protect against HPV cancers](#)
 - [WHO HPV Vaccine Communication: Special considerations for a unique vaccine](#)
 - [WHO: Tailoring Immunization Programmes](#)
 - [ECDC: Let's talk about hesitancy](#)
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