

# Field Guide

Planning for HPV Demand Promotion

# About This Guide

## Planning for HPV Communication

The purpose of this document is to provide an overarching road map, along with resources, to support communication program planners in the development of demand promotion strategies and action plans for promoting HPV vaccination to prevent cervical cancer. A well planned and executed demand promotion campaign/intervention is very important because of the challenges encountered by low and middle-income countries. The challenges include competing health care priorities, insufficient financial resources, weak health systems, and limited numbers of trained providers, which has limited the coverage of the HPV vaccine to less than 70% in countries that have introduced the vaccine. Poor access and lack of information about the HPV vaccine and treatment services for cervical cancer has led to fewer people being motivated to undergo screening and access relevant treatment. This has contributed to the more than 350,000 women dying annually from cervical cancer; and more than 94 percent of these deaths occurring in low and middle-income countries.

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These field guides have been developed to support country teams and partners in their HPV communication planning, rollout and monitoring. These guides are available online/offline for use and adaptation in line with local context and requirements.

To access and download the HPV Communication Field Guides, other related resources and examples, please visit <http://globalhpv.com/>

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## Guide Users

This guide is intended for communication specialists and program implementers who are developing a comprehensive demand promotion strategy and action plan which gives direction on how to design, implement, and evaluate communication interventions promoting HPV vaccination.



Providing widespread access to the HPV vaccine is essential for increasing immunization rates and preventing cervical cancer on a large scale. Yet access alone is not enough to ensure high HPV vaccine uptake. Social behavior change (SBC) strategies must be implemented in tandem with service delivery in order to motivate behavioral change and stimulate demand for immunization. The role of demand promotion is likely to encompass advocacy with decision-makers, the media, and other influencers; training and orientation

of health and school staff, professional associations, and partners; risk and crisis communication<sup>1</sup>; and social and behavior change with the general public, parents, and teens. The main outcomes of these strategic actions will be to increase knowledge about HPV, cervical cancer, and the HPV vaccine, along with changing social and cultural norms, attitudes, and practices. Integrating SBC strategies into HPV vaccination programs will support the rights of children to enjoy their future, free of HPV and preventable cervical cancer.

## What's in This Guide

- Step-by-step guidance on how to develop an evidence-informed demand promotion strategy and action plan.
- A planning matrix outline for the key components that should be included in a demand promotion plan.
- Key Social Behavior Change (SBC) approaches that should be included in an HPV demand promotion strategy and plan.



# Overarching Actions and Guidance

Here are seven general steps for creating an effective demand promotion strategy for HPV vaccination and cervical cancer prevention.



## Step 1: Coordination and collaboration

In this step, you will need to identify potential partners and establish an HPV demand promotion working group. The demand promotion working group should include multidisciplinary teams of communication experts, social scientists, clinicians, health workers, and community representatives, as well as representatives of the ministry of health, other line ministries, key partner agencies and community institutions considered important to the implementation of the communication component of the program. Establishing strong working relationships early on is important for harnessing multisector ownership and buy-in; ensuring strong and effective planning and implementation including developing communication themes, materials and messages; and supporting information sharing and effective coordination.<sup>2</sup>

**Output:** The key output of Step 1 is the establishment of an HPV communication working group.

### Partnership Analysis and Coordination Checklist

- Establish a government-endorsed, multi-agency demand promotion working group to support HPV introduction/routine immunization.
- Identify and engage relevant local and national stakeholders. These may include nongovernmental organizations, professional associations, schools, faith-based groups, and the media.
- Define roles and responsibilities and establish formal agreements with partners.



## Step 2: Demand promotion research and analysis

In this step, conduct a desk review and/or formative research in order to understand the scope, severity and cause(s) of problems relating to HPV prevalence and HPV vaccine uptake; identify target audiences and explore factors that impede and facilitate their behavior change; and assess available communication channels and opportunities.<sup>3</sup> Also consider reviewing lessons learned in other countries with similar profiles that have already launched HPV vaccination campaigns to learn best practices and potential pitfalls that may not be extracted from a desk review or formative study.

**The formative research/analysis must be initiated at least 5 to 6 months prior to the communication campaign.**

**Output:** The key output of Step 2 is a report/situation analysis that details the problem and your understanding of its causes, facilitators and possible remedies; an analysis of target audiences and communication channels; and a problem statement that articulates the goal of the forthcoming communication direction and approaches.

### Situation Analysis Checklist

- Determine the severity of the health problem: what is the HPV and cervical cancer prevalence, incidence, or mortality? What is the current HPV vaccination rate?
- Explore any differences in HPV and cervical cancer prevalence, incidence, or mortality, as well as HPV vaccine uptake by audience characteristics (for example, socioeconomic status, geographic area, religion, ethnic group, etc.).



Review existing programs and policies around HPV vaccination and identify gaps.

#### Audience Analysis Checklist

Identify primary audience (caregivers of girls aged 9-14 years) and secondary audiences (government officials, religious leaders, adolescents, teachers, etc.), and determine what behaviors should be promoted among each audience. Consider if there are subgroups within these target audiences that require different messages and should thus be further segmented.

Collect in-depth information on target audiences' knowledge, attitudes, beliefs, and behaviors with regard to HPV, cervical cancer, and the HPV vaccine. What are their motivators, resources, media access, and habits? What questions do they have, or information do they need to make a decision to accept HPV vaccination? How do they receive vaccine information and how do they want to receive HPV vaccine information to enable them to accept HPV vaccines? What access do they have to information about the HPV vaccine and HPV vaccination services? Where do they currently stand on the stages to behavior change ladder?

#### Channel Analysis Checklist

Determine what communication channels (radio, television, community influentials, community theater, social media, etc.) are available and which are preferred by the primary audience.

Determine the strengths and weaknesses of each channel. Some considerations include reach among the target audiences, and cost.



## Step 3: demand promotion strategies and action planning

In this step, the information from the analyses conducted during Step 2 is used to craft a strategy that includes demand promotion objectives, strategic approaches, recommended communication channels, an action plan, and a monitoring and evaluation plan. Creating a comprehensive communication strategy ensures that your communication activities respond to local needs and will make an impact. It may also

be advisable to refer to existing demand promotion strategies to see if there are other aspects that can be replicated or refined based on the needs assessment of the primary and secondary audiences.

**The demand promotion strategy and action plan should be completed 2-3 months before the roll out.**

**Output:** The key output of Step 3 is a communication strategy and action plan that will guide partners throughout the implementation of the project.

#### Demand Promotion Objectives Checklist

Define demand promotion objectives. The objectives describe desired changes in behavior determinants, such as knowledge, attitudes, and social norms, as well as changes in target audience's behavior.

Ensure that demand promotion objectives are Specific, Measurable, Appropriate, Realistic, and Time-bound (SMART) and describe what audiences should think, feel, and do after exposure to the communication interventions.

#### Strategic Approach and Channels Checklist

Select strategic approaches that contribute to the achievement of objectives. A mix of approaches is required in order to address important programmatic interventions like vaccine introduction. Strategic approaches include advocacy, social mobilization, community engagement, social and behavior change communication, capacity building, and vaccine safety communication.

Select communication channels, ensuring that there is a mix of channels (mass media, interpersonal communication, community-based), and that the channel selection is based on the audience and channel analyses.

When considering your mix of channels, be sure to think about people who may be hard-to-reach, such as girls who are out-of-school, or those living in remote rural areas without access to radio or television. These groups will require specific communication approaches and channels. For example, HPV program implementers may engage with community leaders and community health workers, develop relevant materials for community radio stations, or conduct canvassing campaigns to create dialogue around the HPV program. Ensure that

your communication strategy includes all stakeholders, especially those who may be hard-to-reach.

- Develop a theory of change to show how demand promotion approaches and activities are expected to contribute to behavior and social change.

*For more information on community engagement, refer to the Field Guide – Engaging Communities for HPV*

#### Action Plan Checklist

- Write up an action plan, including activities, communication materials dissemination plan, partners' roles and responsibilities, timeline, budget, monitoring and management plan, along with sustainability.
- Ensure that there is funding available to implement the plan.

#### Monitoring and Evaluation Plan Checklist

- Use the theory of change to help select monitoring and evaluation indicators.
- Ensure that indicators are valid—that is, do they measure the topic or issue that they are meant to reflect? Are indicators reliable—that is, do they produce consistent results when repeated over time? Are they specific (measure a single topic or issue), sensitive (responsive to change), and operational (measurable)?
- Ensure that indicators include behaviors (rather than only knowledge and attitudes).
- Develop a monitoring and evaluation (M&E) plan.
- Ensure that M&E plan describes data sources, data collection methods, and timeline for collecting data.

*For more information on M&E please refer to the Field Guide – Monitoring and Evaluation for HPV Communication.*

## Step 4: Messages, branding, material, and pretest

In this step, messages, branding, and communication materials are developed. Communication materials can be anything from printed brochures, to radio spots, to

community theater productions, and more. Messages and materials must be aligned with the strategic plan and pre-tested with target audiences.

Always consider building a national brand for HPV vaccination. A brand is a personality, appearance and reputation combined into one impression. Branding helps to distinguish the vaccine and desired actions and creates trust.

**Development of demand promotion materials is a parallel process and needs to be delivered at district level at least 2 – 3 weeks before the launch.**

**Output:** The key output of Step 4 is a package of HPV vaccination branded communication materials ready for distribution.<sup>4</sup>

#### Creative Brief Checklist

- Develop a Creative Brief to share with people and organizations involved in developing messages and materials.
- Ensure that the Creative Brief describes the targeted health problem, primary audience, and desired actions or behavior change.

#### Messages and Materials Checklist

- Choose your creative team—designers, artists, writers, producers, and broadcasters—depending on your communication products as defined in your communication plan.
- Develop messages and materials that are tailored to audience segments, technically accurate, and based on the creative brief and formative research findings.
- Pretest messages and materials with target audiences.
- Revise and finalize messages and materials based on pre-test findings and recommendations.

*For more information on branding, refer to the Field Guide – HPV Vaccination Branding*



4. [https://www.thehealthcompass.org/sites/default/files/strengthening\\_tools/P%20Process%20Eng%20%26%20Fr.pdf](https://www.thehealthcompass.org/sites/default/files/strengthening_tools/P%20Process%20Eng%20%26%20Fr.pdf)



## Step 5: Risk and crisis communication pre-positioning

When implementing an immunization program, it is always important to be prepared for the possibility of any vaccine safety concern, event, or an Adverse Event Following Immunization (AEFI). In the wake of an AEFI, misconceptions and rumours about the vaccine can run rampant, diminishing people's willingness to get vaccinated, and in turn, hindering program success. It is essential to build trust with the public early on, and to develop a risk/crisis communication plan in advance, as part of the HPV demand promotion strategy. Doing this will ensure that in the unfortunate event of an AEFI, communication can be immediate and effective at assuaging public concerns.

**Risk and crisis communication approaches and interventions are part of the HPV communication strategy and action planning and the pre-positioning must be initiated as soon as the strategy/action plan is finalized.**

**Output:** The key output of Step 5 is a risk and crisis communication plan that is available for advance preparations and action.

**Risk and Crisis Communication Plan Checklist**

- Make a regional and local media contact list (including after-hours news desks)<sup>5</sup> and foster long-term partnerships with the media to promote responsible reporting on the HPV vaccine.<sup>6</sup>

- Designate spokespersons responsible for communicating with the media and the public in the event of an AEFI.

- Create a risk and crisis communication plan, including explicitly agreed partner roles and responsibilities and Standard Operating Procedures (that includes response times and response processes for anticipated crises).

- Identify and secure a funding source should the plan need to be implemented.

*For more information on risk and crisis communication, refer to the Field Guide – HPV Risk and Crisis Management.*



## Step 6: Implementation

In this step, we implement the demand promotion action plan and monitor its progress. This also includes focused advocacy, conducting interpersonal communication (IPC) trainings, engaging community influentials/teachers/communities, mass and social media campaigning, and other activities.

**The implementation preparations must be initiated well in advance and ideally a cross channel campaign ought to rollout at least four weeks prior to the vaccine introduction launch. Please remember communication must continue between doses with an increase in frequency close to the scheduled second dose.**

**Output:** The key output of Step 6 is an integrated set of activities including any adjustments indicated by monitoring.<sup>7</sup>

### Implementation Checklist

- Make sure all roles are documented and partners understand their roles in the project and are ready and able to move ahead.

- Conduct trainings with partners and spokespersons (such as interpersonal communication trainings with health workers).

- Disseminate communication materials and activities.

- Continue communication implementation between the doses.



## Step 7: Monitoring, documentation, and assessment

In this step, you will manage and monitor the demand promotion program, and make mid-course corrections if needed. You will also conduct evaluation activities to determine if the demand promotion program reached its objective of increasing HPV vaccine uptake. It is important to keep records of all the outcomes in order to make an accurate conclusion in the future of what works (or does not work).



**Monitoring progress through indicators is a continuous process during and after the campaign. Documentation of lessons learned and good practices of any component or phase of the communication work is very important to the design of similar programming in the future.**

#### Monitoring Checklist

- Manage and monitor program progress—activities, staffing, budget, and responses of the audience and other stakeholders.
- Make midcourse adjustments to the program based on monitoring results.

#### Documentation and Assessment Checklist

Measure outcome and assess impact through surveys and other evaluation techniques.<sup>8</sup>

Disseminate results to partners, key stakeholders, decision-makers, the news media, funding agencies, and other interested individuals and organizations.<sup>9</sup>

Record lessons learned and archive research findings for use in future programs.

Revise or redesign program based on evaluation findings.

*For more information on risk and crisis communication, refer to the Field Guide – Monitoring and Evaluation for HPV Communication.*



# Facts About Cervical Cancer and HPV

- Cervical cancer is one of the most common cancers affecting women. 350,000 women died of cervical cancer in 2022.<sup>10</sup>
- Cervical cancer is one of many diseases that afflict the poor disproportionately. 94% of worldwide deaths from cervical cancer occurred among women living in low and middle-income countries, mainly due to lack of access to screening and treatment facilities.<sup>11</sup>
- Cervical cancer affects the cervix, part of a woman's uterus (womb).
- Human papillomavirus (HPV) is the primary cause of cervical cancer
- HPV is highly transmissible. The majority of the population who are sexually active, will become infected with HPV during their lives. Most HPV infection clears naturally, but in some cases, these infections will persist over years and go on to cause cervical cancer.
- Cervical cancer can impact child bearing as surgical removal of the womb may be required.<sup>12</sup>
- There are different types of HPV. HPV 16 and 18 are responsible for the majority of cervical cancer cases. Vaccines protect against these specific types of HPV.



10. GLOBOCAN (2018). Cancer Fact Sheets: Cervical Cancer. Accessed July 19, 2018 at <http://globocan.iarc.fr/old/FactSheets/cancers/cervix-new.asp>.

11. World Health Organization (2018). Cervical Cancer. Accessed July 19, 2018 at <http://www.who.int/cancer/prevention/diagnosis-screening/cervical-cancer/en/>.

12. Cancer Research UK, Available at <https://www.cancerresearchuk.org/about-cancer/cervical-cancer/living-with/fertility>

# Facts About HPV Vaccination and Cervical Cancer Prevention

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- Cervical cancer can be prevented through HPV vaccination of girls, and cervical cancer screening and treatment of women.
- HPV vaccine is highly effective at preventing HPV infections, precancerous lesions, and most forms of cervical cancer.
- By 2022, over 130 countries had introduced HPV vaccines into national immunization programs.<sup>13</sup> Governments in many countries offer HPV vaccine free of charge through immunization programs
- The vaccine is most effective if administered to girls before exposure to HPV that occurs with sexual debut. WHO recommends girls aged 9 to 14 years old as the primary cohort for vaccination with a one or two dose schedule.<sup>14</sup>
- For girls aged 15 or older, or those with a compromised immune system, three doses within 12 to 15 months are recommended (typically given at 0, 2, and 6 months; but the second dose can be given at up to 6 months after the first dose).
- HPV vaccines are safe, effective and reliable. WHO Advisory Committee for Vaccine Safety has closely monitored the safety of HPV vaccines reviewing data and studies from all over the world. A WHO 2017 review of over 270 million doses of HPV vaccine concluded the vaccine has an excellent safety profile and no major adverse events.
- HPV vaccine is delivered with an auto-disposable (AD) syringe that is used only once and then must be safely disposed.
- HPV vaccine does not impact fertility or promote promiscuity. It is a vaccine that protects against cervical cancer.
- Evidence shows that countries with national HPV vaccination programs with high coverage have a significant reduction in new infections and cervical cancer cases over time.
- Like all other vaccines, the HPV vaccination can produce mild side effects, such as redness, swelling or soreness in the arm where the injection is given. Some people also experience headache, mild fever, aches in joints or muscles or temporary nausea. These side effects usually last a day or two and are not dangerous. If symptoms persist, the person should consult their local clinic or hospital immediately.



# Appendix 1: Action Planning Matrix

The HPV communication action planning template is intended to offer an outline of the communications activities at national, sub-national, or district/town levels. While populating and adapting the template to the local context, please insert/adjust new rows or columns as needed

Strategy/Category	Activities	Audience	Timeline	Budget	Indicator	Responsible
Communication coordination and collaboration	Functional HPV communication coordination committee/ working group in place					
Research & analysis	Conduct a formative research or analysis					
Focused advocacy	Preparation of focused briefings based on defined areas of support from, MoE, parliamentarians, media, medical/professional associations					
Communication capacity building	Development, production and delivery of IPC/AEFI training material for FLWS					
Messages, branding, material and pretest	Development, pretest, production & delivery of communication material					
Community engagement and dialogue	Identify and reach out to influential community members who will support the promotion of HPV vaccination at community level					
Mobilizing teachers and students	School storming through school assemblies, classroom pledges and teacher to parent messages					
Digital listening and campaigning	Digital campaign—paid and unpaid campaigns					
Mass Media planning and roll out	Production of TV, Radio, Newspaper PSAs/Ads, pretesting, implementation, and monitoring					
Risk and crisis communication pre-positioning	Positioning of messages, press releases and other materials. Designation of spokespersons at national/sub-national levels					
Monitoring, documentation and assessment	Develop communication monitoring indicators and for all levels and develop a plan for implementing monitoring, documentation, and assessment activities					

May be further broken down to reflect total needs and sources of funding from various partners.

The template contains some sample communication strategies/categories and activities as background information and reference only. Please craft context specific strategies and evidence driven interventions.

# Appendix 2: Key SBC Approaches

## 1. Advocacy

“Advocacy is an organized effort to inform and motivate leadership in order to create an enabling environment for achieving program objectives and development goals. The purpose for advocacy is (1) to promote the development of new policies, change existing governmental or organizational laws, policies or rules, and/or ensure the adequate implementation of existing policies, (2) to redefine public perceptions, social norms and procedures, (3) to support protocols that benefit specific populations affected by existing legislation, norms and procedures, and/or (4) to influence funding decisions and equitable allocation of resources for specific initiatives.”<sup>15</sup>

### Target Audiences:

- Policymakers and decision-makers
- Program planners and implementers
- Media/journalists
- Community leaders, including religious leaders

## 2. Social Mobilization

“Social mobilization is a process to engage a wide range of traditional, community, civil society and opinion leaders around a common cause or issue. Expanding beyond community engagement as a focus, social mobilization reaches out to non-governmental organizations, professional groups/networks, youth groups, women’s groups, community-based organizations, faith-based organizations, professional networks and the private sector to catalyze these different groups to take action and/or support change a common cause (e.g., immunization or Vitamin A supplementation; back to school campaigns, etc.). Through alliance-building and partnerships often combined with media campaigns, social mobilization also engages and motivates various partners at national and local levels to raise awareness of and demand for a particular development objective and to provide sustainable, multi-faceted solutions to broad social problems.”<sup>16</sup>

### Target Audiences:

- National and community leaders
- Community groups/organizations

## 3. Community Engagement

“Community engagement focuses on collective or group participation, not on any particular behavior. It empowers communities and their social networks to reflect on and address a range of behaviors, issues and decisions that affect their lives and to proactively participate in their development. Community participation is a strategy that raises awareness and strengthens the capacity of both “rights holders” and “duty bearers” to assess, analyze, plan, facilitate, implement, and monitor and evaluate interventions that will promote the survival, development, protection, and participation of women and children.”<sup>17</sup>

### Target Audiences:

- Social influencers, such as teachers, religious leaders, community elders, and local politicians
- Existing community groups (such as women’s groups and youth groups)

## 4. Capacity-building

“Capacity-building at the institutional and community levels is an important component for strong and effective SBC programs. There are many strategies for developing capacities for the management and delivery of SBC programs, including formal and informal skills training, mentoring, supportive supervision, and team building exercises. The type of strategy selected depends on the existing level of capacity, the type of strengthening required and the level at which the capacity needs to be strengthened (e.g., individual, group, community, organization/institution, or national level).”<sup>18</sup>

### Target Audiences:

- Health workers
- Media practitioners
- Community leaders

### 5. Social and Behavior Change Communication (SBCC)

“SBCC promotes and facilitates behavior change and supports broader social change for the purpose of improving health outcomes. SBCC is guided by a comprehensive socio-ecological theory that incorporates both individual-level change and change at the family, community, environmental and structural levels. A strategic SBCC approach follows a systematic process to analyze a problem in order to define key barriers and motivators to change, and then design and implement a comprehensive set of interventions to support and encourage positive behaviors. A communication strategy provides the guiding principles for designing SBCC campaigns and interventions, ensuring that communication objectives are set, intended audiences are identified, and consistent messages are determined for all materials and activities.”<sup>19</sup>

#### Target Audiences:

- Parents and guardians
- Adolescent and pre-adolescent girls
- Any individual who influences conversations online (particularly girls, parents, and the general public)
- Social media influencers / YouTube stars / bloggers

### 6. Vaccine Safety Communication

Vaccine safety communication entails promoting “awareness of vaccine risks and benefits” and preparing for “managing any adverse events and concerns about vaccine safety promptly.” Communicating about vaccine safety is essential in at least three situations, namely (1) explaining properly the benefits and risks of a recommended vaccine; (2) addressing public concerns and upcoming or persistent rumours about vaccine safety; (3) preparing to address vaccine safety crises if and when they occur.”<sup>20</sup>

#### Target Audiences:

- Government ministries
- Program planners and implementers
- Media / journalists
- Social influencers on a national and community level
- Parents and guardians





# Endnotes

- 1 OPV switch communications guide.
- 2 OPV switch comms
- 3 MNCHN guide
- 4 [https://www.thehealthcompass.org/sites/default/files/strengthening\\_tools/P%20Process%20Eng%20%26%20Fr.pdf](https://www.thehealthcompass.org/sites/default/files/strengthening_tools/P%20Process%20Eng%20%26%20Fr.pdf)
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