

HPV Vaccination

A guide for planning
and designing demand
promotion interventions

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INTRODUCTION

This guide aims to assist countries planning to introduce HPV vaccination through different delivery mechanisms. It provides programme managers or focal points for demand promotion with a step-by-step checklist that summarizes the core elements of behaviorally informed demand promotion, with links to a wide range of resources for reference.

The idea of this guide originated from a recent UNICEF global review of HPV vaccine demand promotion resources and consultation with partners, where stakeholders acknowledged the existence of many guidance notes, tools, and case studies on demand promotion by different partners but housed in multiple locations and websites. Stakeholders recommended not to create new guidance and tools, but rather to facilitate a process to ease access to what already exists, hence this guide.

The guide highlights five main steps to consider while planning for demand promotion as part of HPV vaccination introduction including **1) Planning and coordination, 2) Formative research and analysis, 3) Developing the demand promotion plan, 4) Implementation of the demand promotion plan and 5) Monitoring, learning and adapting.** It provides key considerations for each of the steps with a list of resources including sample templates that can be used as reference points when undertaking that specific step.

The guide should be used in conjunction with the **nine field guides** for HPV introduction developed in 2018 by the multi-partner HPV communication working group, and available at the global HPV communication website – <https://globalhpv.com/resources/program-implementers/>. Also included are various curated resources developed and used by the HPV partners during previous introductions, providing an excellent reference point for developing demand promotion plans.

Provided in the annex is a sample of key HPV introduction messages for various audience groups including adolescent girls, parents and caregivers, teachers, and health care workers.

We hope that you find the checklist helpful in planning for demand promotion.

ACKNOWLEDGEMENTS

Thanks to the Global HPV sub-team members and Partners who generously contributed their time to review the guide and participate in the stakeholder consultations on HPV vaccine demand promotion. Our appreciation to UNICEF country and regional office staff who provided the end user feedback. This guide was compiled by Charles N. Kakaire and Dianne Summers.

PLANNING AND COORDINATION



It is important that the immunization demand focal points (Social and Behaviour Change (SBC)/Communication Specialists, Risk Communication and Community Engagement (RCCE) officers, etc.) are part of national planning and coordination structures for HPV vaccine introduction to facilitate stronger supply and demand linkages. To ensure proper coordination of demand promotion activities, a key consideration is to ensure that these focal points engage with the overall planning and technical teams overseeing the HPV vaccination introduction to fully understand what information is available about the planned introduction.

Key considerations

- Identify which coordination mechanisms exist and their level of functionality.
- Understand how cross sectoral coordination is being managed, MoE should be engaged in the planning for school-based delivery.
- Map primary stakeholders at both the national and subnational levels responsible for planning and executing the HPV vaccine rollout. Understand the varied roles these stakeholders play, encompassing both supply and demand aspects and how these can be leveraged to support co-creation and implementation of the demand promotion strategy.
- Identify and map demand/communication partners and stakeholders that should be involved in the planning for the HPV introduction.
- Adapt or establish a coordination mechanism and develop or adapt a Terms of Reference for the group, with clear definition of objectives, roles and responsibilities for the members and frequency of meetings.
- Assign a focal person(s) to be part of the overall planning coordination mechanisms to ensure representation, information gathering and sharing back to the demand promotion coordination group. This could be an advocacy communication and social mobilization sub-group or task team.
- In liaison with technical teams, **plan for and conduct an orientation of the group members**, providing an overview of the planned HPV vaccination to ensure members are aware of the basic information about HPV vaccines and the nature of the planned introduction.
- For school-based delivery, understand the plan for reaching out-of-school and other hard-to-reach girls. Is there mapping to identify where they are located, or do you need to conduct one? How will HPV vaccines be delivered to them?
- Map possible influencer groups, including women and politicians, religious leaders, leading medical professionals, youth leaders and other celebrities such as athletes, musicians, actors, etc.
- Understand the cohort to be vaccinated, such as 9-year-old girls or a multi-age cohort (catch up campaigns), and how the HPV vaccines will be delivered.
- Noting the nuance of the target group for HPV vaccination, draw on lessons from previous vaccination efforts including the prevailing country context to plan your activities. Through health facility or outreach campaigns?
- Understand if additional antigens such as tetanus toxoid-containing vaccines (TTCV) or commodities such as deworming, or services such as nutrition, adolescent health and WASH will be integrated into delivery.
- Understand what resources are available and the proportion for demand promotion.
- Understand how cross sectoral coordination is being managed, MoE should be engaged in the planning for school-based delivery.
- Identify which coordination mechanisms exist and their level of functionality.
- The formative research analysis and assessment may help to inform elements of the planning process.

RESOURCES

[Field Guide Planning for HPV Communication](#)
[HPV Vaccine Lessons Learnt and Recommendations](#)
[WHO Protecting All Against Tetanus Guide to sustaining maternal neonatal tetanus elimination](#)
[Gavi Vaccine Funding Guidelines EN](#)
[Gavi Vaccine Funding Guidelines FR](#)
[WHO HPV Vaccines Position Paper: Dec 2022](#)

FORMATIVE RESEARCH, ANALYSIS AND ASSESSMENT



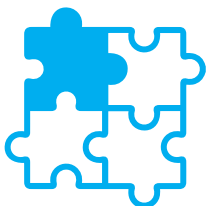
Using existing relevant data in addition to literature review, audience consultations through various approaches and stakeholder analyses, conduct formative research and surveys to identify key social and behaviour drivers and constraints/barriers to HPV vaccination. Identify the primary and influencing audiences for communication, including the key decision makers for health in the family, and key influencers for vaccine acceptance in the community. This could include literature review, audience consultations through use of various human centred-design techniques, qualitative research, stakeholder analysis, etc. While this is context-specific, available evidence shows that health workers, teachers and religious leaders are key influencers for HPV vaccine uptake. It is important to have a clear understanding of the identified audiences' social, demographic and psychographic characteristics.

- Understand what approaches or communication channels (radio, television, community influence, community theatre, social media, health worker WhatsApp groups, etc.) are available and which are preferred/trusted by the various audience groups.
- Include male and female caregiver perspectives on immunization and an understanding of their role as decision makers for health and vaccination services.
- Include an analysis of gender-related barriers into coverage and equity assessments to understand household decision-making dynamics and equity elements among adolescents. Ensure to mainstream real or possible social inclusion and exclusion factors as well.
- Where resources allow, anthropological surveys and situational/causal analysis can provide deeper insights into social, economic and cultural barriers to vaccine uptake.
- Include an analysis of gender-related barriers into coverage and equity assessments to understand household decision-making dynamics and equity elements among adolescents. Mainstream real or possible social inclusion and exclusion factors as well.
- Identify specific barriers faced by out of school and other hard to reach adolescent girls with regards to access and acceptance of HPV vaccines.
- Use information gathered through formative assessment or conduct media surveys to identify communication channels with the best reach to key audiences including radio, TV, community face to face, and peer to peer among girls including social media.
- While the formative research could explore several domains of demand, with limited time and resources, the focus could be on the following domains:
 - Knowledge about vaccines/immunization in general.
 - Knowledge/awareness about HPV vaccines and cervical cancer
 - Risk perception of the girls and care givers about cervical cancer
 - Intention and motivation to seek/accept HPV vaccination due to its benefits.
 - Gender and social norms
 - Social inclusion and exclusion factors
 - Fears, myths and misconceptions about the vaccines.
 - Common sources of information
 - Key influencers and any specific concerns
 - Common misinformation or rumours about HPV vaccines
 - Factors beyond communication that are likely to affect the ability of the girls to get vaccinated
 - Trust in health workers, services and government systems

RESOURCES

[Behavioural and Social Drivers of Vaccination \(BeSD\) survey tool](#)

DEVELOPING A DEMAND PROMOTION PLAN



Using the data from the formative research/assessment, develop a demand creation/promotion plan in collaboration with relevant stakeholders. The findings are important for defining clear objectives and approaches to overcome any barriers to vaccine uptake identified, as well as key audiences, messages, and communication channels.

The plan should clearly identify timelines, costs and responsible partners, with key components such as:

- Background/analysis from the assessment
- Objectives
- Intended audience
- Key messages
- Costed implementation plan that includes targeted interventions, approaches, channels, indicators, and timelines.
- Crisis communication plan
- Monitoring and evaluation
- Measure changes in knowledge and awareness and contribution to uptake of vaccination. This is especially important in settings where knowledge is low. The SBC/communication specialist should monitor whether the demand promotion interventions have increased intent to vaccinate (intent being a predictor for action) and triangulate with vaccination coverage data. A monitoring plan should include measurable indicators and available data sources.
- Develop a crisis communication plan with designated spokespersons and actions to address adverse events following immunization (AEFI). An AEFI may lead to the rapid spread of rumours and misinformation about the HPV vaccine and loss of public confidence. Build capacity of the spokespersons and support them with tools such as a Frequently Asked Questions document to address some of the questions that may come their way. Develop a crisis communication tree, which can be activated if there is a crisis. AEFI management includes communicating swiftly and transparently about an adverse event, and reassuring communities that HPV vaccines are safe and effective, and that AEFIs are systematically investigated.

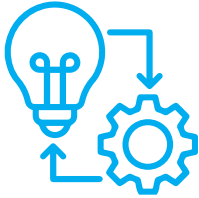
Key considerations

- Apply human-centred design approaches to tailor the objectives and approaches to best reach adolescent girls, parents and communities and address any barriers to vaccine acceptance and uptake. HPV vaccines provided through routine services are currently only available to girls in most of the countries, and evidence highlights gender-related barriers to accessing vaccination. Out-of-school girls have their own set of vulnerabilities, and they can co-create interventions that respond to their needs and literacy levels through active engagement.
- Ensure that the demand plan includes key audiences to receive training and the development of training materials. For example the plan may include conducting orientations with media, journalists, broadcasters, and key influencers and providing briefing packs that include accurate messages and key facts for interviews, op-eds, and articles. Provide media training for trusted spokespersons, such as medical experts and influencers. Create contact pathways between the media and the spokespersons for ease of clarification of issues and transmission of messages.
- Ensure that the costed implementation plan has a detailed budget and responsible entities and timelines for execution. It is useful to coordinate the contribution of resources from partners and to track expenditure against the range of demand promotion interventions.
- Consider relevant real-time monitoring tools and feedback loops to identify and address issues in real-time through use of chatbots, hotlines, social listening, and in-person consultations depending on what's applicable in the country context.

RESOURCES

[Creating Demand for HPV Vaccines through girl-centred approaches](#)
[Girl Focus Toolkit](#)
[Field Guide HPV Risk Communication & Crisis Management](#)

IMPLEMENTING YOUR DEMAND PROMOTION PLAN



Implement all activities in the demand promotion plan while ensuring effective coordination with relevant stakeholders. Key activities include:

- **Message development through co-creation, adaptation and pre-testing:** Develop, review or update key messages based on findings and needs identified through formative research. This includes collaborating with stakeholders, including adolescent girls, teachers, and caregivers, through co-creation or adapting and pre-testing key messages.
- **Production of multi-media materials:** Produce relevant multi-media materials and tools in various formats such as print, video, audio and visual.
- **Launch and dissemination:** Launch and disseminate key messages, assets and tools through appropriate channels and platforms as outlined in the strategy.
- **Monitoring implementation:** Monitor the implementation of the demand promotion plan to ensure activities are on track and effective.
- **Learning and adaptation:** Learn from monitoring data, stakeholder feedback and lessons learned to adapt key interventions as necessary.



Communication is most effective when delivered by trusted and credible influencers. Health workers, teachers and religious leaders among others, can strongly influence parents' acceptance or refusal of vaccines. Training, job aids and other tools can empower them to address the main determinants of vaccine uptake. Additionally link the influencer mapping conducted earlier in the exercise and provide advocacy content and key messages to those new groups.

Consider addressing the following:

- **Knowledge:** understanding of what cervical cancer is, primary cause of cervical cancer is HPV infection, importance of vaccinating girls before sexual debut
- **Confidence:** HPV vaccines are safe and do not cause infertility
- **Skills:** interpersonal communication (IPC) skills to communicate with girls, fathers/male caregivers and mothers, and to become advocates for HPV vaccination in their communities.

RESOURCES

[Field Guide Interpersonal Communication for HPV](#)
[Pocket Guide for HPV Communication Job Aid](#)





TAILOR MESSAGES TO YOUR AUDIENCE

A message framework can ensure that all partners and stakeholders are disseminating accurate and consistent messages. As your primary audience, adolescent girls are not passive recipients, and hence their active engagement in the development and co-creation of messages is important to vaccine uptake. Key household decision makers about health matters including vaccination, such as fathers/male caregivers, are a critical point of influence and can help to overcome barriers to vaccine uptake.

Key considerations

- Develop and co-create messages with participant groups, specifically tailored to the languages and culture of communities - applying the 7 Cs of good communication (Command Attention, Clarify the Message, Communicate a Benefit, Consistency Counts, Create Trust, Cater to the Heart and Head, Call to Action).
 - Pre-test messages and materials including for low literate audiences through focus group discussions.
 - Messages should not reinforce gendered stereotypes but rather promote positive masculinity; for example, a loving and caring father who ensures his daughter's future health by vaccinating her today.
 - Incorporate messages that build awareness of cervical cancer and HPV vaccines into promotion of other services such as TTCV boosters and adolescent health. This is more possible in countries where HPV vaccination is integrated into primary health care (PHC), or HPV with third dose TTCV booster shots, adolescent health strategy and school health programs.
- Ensure that messages answer the **Five W's and H Framework** to ensure complete and accurate provision of information to adolescent girls, parents and caregivers and other primary and secondary audiences along the demand chain. Key information/messages should answer the following six questions:
 - **Who:** Specify the individuals or target groups for HPV vaccination, e.g., 9–14-year-old girls.
 - **What:** Provide basic information and facts regarding HPV vaccination.
 - **When:** The specific dates or time frame of the HPV rollout and timelines at the vaccine delivery points.
 - **Where:** The location of the HPV vaccination points, health centres, community outreach, schools, etc.
 - **Why:** Emphasize the reasons (appeal to emotions and reason) for HPV vaccination to motivate adolescent girls, parents and caregivers, and other stakeholders to demand/accept vaccination and address potential vaccine hesitancy.
 - **How:** Explain the vaccine delivery process, safety, and quality assurance issues from the perspective of the clients' needs to build trust and combat misinformation and disinformation.
 - Monitor the effectiveness of messages through audience feedback loops, such as phone surveys or digital messaging.

RESOURCES

[Field Guide HPV Message Framework](#)
[Field Guide HPV vaccination branding](#)
[Girl Focus Toolkit](#)
[HPV Vaccine Communication](#)
[How to Design SBCC Messages](#)



BUILD VACCINE CONFIDENCE AND TACKLE MISINFORMATION

HPV vaccines can attract more misinformation and rumours than other vaccines in childhood immunization, often because young adolescent girls are being vaccinated. Have a plan in place to tackle any misinformation and concerns around safety of vaccine that might arise. The plan should aim for the following considerations

- Provide accurate and prompt information to build trust in the HPV vaccine and the health system.
- Coordinate with supply side to ensure availability and timely provision of the service at the right time at the right place.
- Empower health workers and teachers as trusted sources of information by equipping them with interpersonal communication skills and knowledge about cervical cancer, safety and effectiveness of the HPV vaccine.
- Engage with caregivers, including fathers, girls and communities early on to build confidence and acceptance, and address concerns about the HPV vaccine.
- Build reliable systems to track misinformation and rumours and monitor public opinion. Multiple sources including field reports, hotlines, special WhatsApp groups, news reports, radio call-ins, social media conversations, etc., should be systematically monitored prior to vaccine introduction and during rollout.
- Form a misinformation management working group at the national/subnational level (for example, a subcommittee of the demand technical working group) to analyse the risk level and to provide a timely, coordinated response. Close collaboration with other technical working groups such as AEFI and vaccine safety is critical.
- Respond swiftly to any misinformation before it can spread. Create a list of trusted and credible spokespersons and health workers who can quickly respond with public announcements or articles. Build capacity of the spokespersons to address public concerns.
- Monitor feedback through social and community listening platforms to ensure effective communication.

RESOURCES

Vaccine Confidence Index
Vaccine Misinformation Management Field Guide
Cranky Uncle



ADVOCACY, COMMUNITY ENGAGEMENT AND SOCIAL MOBILISATION

Community engagement and social mobilisation encourages acceptance and uptake of vaccines and is especially important for HPV vaccine. A review of country experiences in HPV vaccination recommended that social mobilisation should begin as soon as possible or at **least a month ahead** of vaccination and address concerns and misconceptions about HPV vaccines. This is an opportunity to also address parent and community concerns.

Face to face interaction is recommended as the most effective way of mobilizing parents and communities and increasing acceptance and confidence in vaccination.¹

Key considerations

- Position the HPV vaccine as an intervention to prevent cancer.
- Engage essential stakeholders such as adolescent girls' groups, women's groups, men, and trusted sources of information throughout the demand promotion process to build trust and generate demand for the HPV vaccination. This involvement should span from initial research and strategy development to message co-creation, testing, implementation, feedback collection and monitoring. This will ensure that the HPV vaccination rollout effectively addresses the critical needs and concerns of the community stakeholders.
- Ensure that your community engagement and social mobilisation are based on data generated through online, offline, and on-ground sources (see latest Programme Guidance on Social and Community Listening here: <https://www.sbcguidance.org/do/social-and-community-listening>)
- Work with women's organisations as key stakeholders to reach and empower women in the community and with fathers' groups as decision makers in the household for vaccination.
- Engage with youth groups and mobilise them to promote vaccine uptake and trust and to debunk rumours and misinformation.
- Coordinate with health, education and community leaders for their support, e.g., health worker and teacher training, meetings with parents and students, house-to-house visits.

¹ Key lessons from Path-LSHTM HPV Vaccine Lesson Learned – Communications brief
<https://www.path.org/our-impact/resources/hpv-lessons-learn/>

- Partner with professional bodies, e.g., national cancer societies, gynaecology and oncology associations, and private sector medical organizations, to ensure support of health practitioners before vaccine introduction
- Where feasible, work with partners to mobilize schoolteachers to support implementation of HPV programmes. Empowering teachers as vaccine champions can help disseminate key messages.
- Ensure caregivers and communities have up-to-date information on timing and location of vaccination sites.
- Engage key stakeholders at the national and subnational levels to identify appropriate HPV vaccination champions in your context. These could include influential figures such as religious leaders, first ladies or celebrities, among others. Personal testimonies of cervical cancer and positive stories of vaccination can be powerful tools for advocacy.
- Develop a compilation of personal testimonials of people who have been affected by HPV/cervical cancer. Ask them to talk about the impact of the disease on their family, including positive stories of vaccination, as powerful tools for advocacy.
- Continue raising awareness of cervical cancer and HPV vaccines beyond campaign period. Consistent communication helps to ensure high vaccination coverage beyond vaccine introduction phase.

RESOURCES

Field Guide Engaging with Communities for HPV Advocacy
 HPV Lesson Learned: Communication
 Vital Role of Communities: HPV vaccination in Tanzania
 Social Mobilisation Consent & Acceptability



DEVELOPING AND IMPLEMENTING YOUR DIGITAL COMMUNICATIONS PLAN

In countries where adolescent girls have good access to digital media, digital communication should be an integral component of the demand promotion strategy. It is an important communication channel to reach them. Demand focal points should develop a digital media plan with clear objectives and messages, and identify audiences, e.g., social media influencers and celebrities, as well as girls (peer-to-peer) to amplify the messages.

Utilise relevant social and community listening tools to gather and analyse readily available information from online, offline, and on-ground sources to generate community insights to inform planning, implementation and monitoring of HPV vaccination promotion strategies.

Content can include short videos, infographics, myth busters, Cranky Uncle/Auntie, facts and figures, and up-to-date HPV vaccination locations and dates. Language should be short and pithy, and convey positive emotions. Use hashtags and key words.

Leverage available digital platforms to promote HPV vaccine uptake. Some examples could include U-Report, InternetofGoodThings and FunDoo platforms.

RESOURCES

Field Guide Digital Dialogue for HPV
 Girl Effect Design Guide & Toolkit
 Social and community listening
 How-to-build-an-infodemic-insights-report-in-six-steps-2023.pdf (unicef.org)
 U-Report - <https://ureport.in/>
 FunDoo

MONITORING, LEARNING AND ADAPTING



Monitoring should be a key component of your HPV Demand Promotion plan. Develop measurement tools and instruments required to carry out both the monitoring and evaluation protocols at national, subnational and community levels.

- Develop indicators to regularly track the progress of the demand interventions. At a bare minimum, within the given time, measure any changes in knowledge, attitudes, understanding of key messages, intentions and vaccine uptake. Ensure the tools developed at national level can be adapted to subnational level with proper orientation on how to use them.
- Data gathered through social listening and rumour tracking is a useful resource to swiftly respond to misinformation, adapt messaging or to address emerging issues such as unavailability of vaccines or changed location of vaccination sites.
- Incorporate a review of demand-related data in review meetings at national and/or sub-national level in the months following introduction.
- The monitoring plan should include a feedback loop to quickly adjust demand promotion interventions and to track impact with measurable indicators and data sources.
- Overall, aim to measure **Effort** – how much did we do, **Quality** – how well did we do, and **Effect** – What did we achieve, from implementing the demand promotion activities.

RESOURCES

Field Guide Monitoring and Evaluation for HPV
Behavioural and Social Drivers of Vaccination (BeSD)



ANNEX 1:

SAMPLE COMMUNICATION PLAN TEMPLATE

Participant audience	HPV vaccination challenge	Communication goal	Key message focus	Channels	Material types	Measurement to assess effectiveness

ANNEX 2:

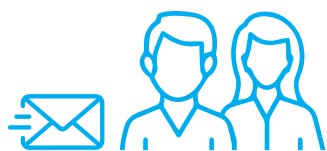
KEY SAMPLE MESSAGES BY PRIORITY AUDIENCE GROUPS

Note: Some countries prefer to focus on the cancer linkages, rather than the STI-aspects of HPV



Messages for adolescent girls

- Cervical cancer is one of the most common and most deadly cancers affecting women.
- It is caused by the HPV virus, which can be transmitted sexually.
- Cervical cancer is preventable through vaccination with the HPV vaccine.
- This new HPV vaccine prevents cervical cancer and will keep me/you in good health.
- The HPV vaccine comes in one or two doses (depending on country recommendation) - it is important you receive the full dose for it to work properly.
- The HPV vaccine is for girls because they are more at risk than boys.
- The HPV vaccine works best when received by girls when they are young.
- The HPV vaccine is safe, effective and free.
- The cervical cancer vaccine is most effective if administered before the girl is sexually active.
- The cervical cancer vaccine does not protect against HIV and sexually transmitted infections.
- The HPV vaccine keeps you healthy and you can still have a family in the future.
- The HPV vaccine can produce mild side effects; these usually last less than a day and are not dangerous.
- The HPV vaccine feels like any other injection into the arm. Your arm may feel a little sore for a day or so, but that feeling soon goes away.
- All girls my age (9–14) are having the HPV vaccine and all boys are being told why it is important for girls to have it.
- You can get the HPV vaccine in school on xxxxx date or at the Health Center.



Key messages for caregivers

- The HPV vaccine protects girls age 9–14 years from most cervical cancer.
- Cervical cancer is a leading cause of cancer in women in this country.
- The HPV vaccine protects against infections that cause 70 per cent of cervical cancer
- The HPV vaccine is free, safe and highly effective.
- Health workers are trained to provide HPV vaccine safely.
- The HPV vaccine is delivered with a syringe that is used once and safely disposed.
- Protect your girl child aged 9–14 years with the HPV vaccine.
- The HPV vaccine has a lifetime benefit.
- If you have any questions about the HPV vaccine, please ask your Health worker.
- The HPV vaccine will be given to girls aged 9–14 years in schools during xxxxx and/or government-owned health facilities (specific to country protocols).
- People with low immunity, e.g., people with HIV, cancer, transplantation, autoimmune diseases or who are taking immunosuppressant medication should receive three doses to make sure they get the most benefit.



Key messages for health workers

- The HPV vaccine is highly effective in preventing cervical cancer and other types of cancers caused by the human papillomavirus (HPV).
- The HPV vaccine provides long-lasting protection against HPV infections and associated diseases. It is designed to offer lasting immunity and reduce the risk of future complications
- Extensive research and clinical trials have shown that the HPV vaccine is safe and well-tolerated. It has undergone rigorous testing to ensure its effectiveness and safety.
- HPV vaccination does not only protect vaccinated individuals but also contributes to herd immunity. When a significant portion of the population is vaccinated, it helps reduce the overall transmission and prevalence of HPV.
- The HPV vaccine is recommended for girls ages 9–14 years to protect them against cervical cancer and HPV-related diseases.
- In addition to preventing cancer, the HPV vaccine also offers protection against genital warts, a common HPV-related condition. Vaccination can help reduce the burden of these conditions in individuals.
- Vaccination at an early age, typically during adolescence, is crucial as it provides the best protection. Ideally, vaccination should be completed before individuals become sexually active.
- While the HPV vaccine is highly effective, regular cervical cancer screening (such as a Pap smear) is important for early detection and treatment of any abnormalities, even in vaccinated individuals.
- The community trusts you. Please talk to parents and caregivers, community and religious leaders and other people in your community about the benefits of HPV vaccination.
- Your next/final dose is planned after 6 months. Listen for announcements for the exact dates to complete your vaccination (subject to dose schedule).



United Nations Children's Fund (UNICEF)

3 United Nations Plaza
New York, NY 10017, USA

www.unicef.org