Communicating with caregivers about the Human Papillomavirus vaccination: facilitator’s guide
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Abbreviations

HPV  Human Papillomavirus
HWs  Health Workers
ToT  Trainer of Trainers
MI   Motivational Interviewing
ECDC European Centre for Disease Prevention and Control
US CDC United States Centers for Disease Control and Prevention
VPI  Vaccine Preventable Diseases and Immunization Program
WHO  World Health Organization
Introduction

This guide is designed to accompany the training module, Communicating with caregivers about the Human Papillomavirus vaccination: a tool to build confidence in communication skills among health workers. It provides detailed explanations, resources, guidance and training activities to accompany the slides in the training module and support those implementing the training. It is intended for facilitators who will be conducting the training either in-person or online. Facilitators can use this guide to help them adapt the training content to their local context and facilitate discussion with training participants. Facilitators are encouraged to have this guide available to them as a tool during the training session.

Background for facilitators

Health workers (HWs) play a central role in maintaining public trust in vaccination, including addressing concerns of caregivers (1). They need to be well educated and conversant on best practices in vaccination safety communication, including: specific and serious risks of vaccine-preventable diseases, possible side-effects of vaccines, managing adverse events, the importance of clear language and framing conversations, motivational interviewing (MI) techniques and pain mitigation strategies (2).

Health workers who are knowledgeable about evidence-based immunization strategies and best practices are critical to implementing a successful vaccination program (3). They are key to communicating that vaccination is safe and effective.

This training module is designed to equip HWs with knowledge, skills, confidence and resources to help them recommend the Human Papillomavirus (HPV) vaccination. It offers a guided approach to facilitating effective conversations with caregivers about HPV vaccination. Participants will gain skills to start conversations about HPV vaccination, address caregivers’ concerns and build confidence in the HPV vaccines. While the focus is on communication strategies, participants are directed to HPV vaccination resources at the end of the training module to help build their own knowledge and awareness.

The slide guidance and notes provide the facilitator with the information necessary to guide participants through the training slides from beginning to end. Guidance refers to the instructions the facilitator should follow and supportive information for the facilitator to consider. Notes for facilitator refers to what the facilitator should verbalize to the participants. Facilitators are encouraged to be familiar with the slide guidance and notes as well as the accompanying training materials before conducting the training. Accompanying training materials are found in the appendices of this guide. The conversation scenarios used in this training are also available in video format and accessible through the Vaccine Preventable Diseases and Immunization Programme (VPI) at the WHO Regional Office for Europe.

Contact: euvaccine@who.int for more information.
Disclaimer

This tool is not vaccine product specific, rather it provides the structure necessary to tailor conversations to caregivers’ vaccine concerns. The focus of this tool is on communication skills; it is not intended to provide guidance on vaccinology and vaccine administration procedures. To effectively apply the communication techniques, a HW also needs to be knowledgeable and confident about vaccinology, specifics of HPV vaccines used in their clinical setting, vaccine administration techniques, identifying and managing allergic reactions to vaccines and credible sources of HPV vaccine information for caregivers advised in their local contexts. Finally, HWs must rely on their own professional knowledge, skills and judgment in clinical decision-making when giving advice to caregivers.

Slide guidance and notes for facilitators

Slide 1 and 2. Title slide and disclaimer

Guidance: Introduce the training and welcome participants. Introduce your role as the facilitator and provide a concise professional background. A context specific agenda can be shared here to outline the training session plan including the breaks and the training session duration. Inform participants this training has interactive components including knowledge testing and role-play activities. Participants will have the opportunity to participate in practice exercises to apply the skills learned and help strengthen their communication ability. Participants will gain the most from this training through active participation.

Slide 3. Information for facilitators

Guidance: Read the information on this slide before starting the training. Facilitators can adjust the training content to include local examples and considerations where possible. The slides will present theory and practical communication exercises using scenarios. Supportive interactive training activities are included in this guide. Facilitators should be prepared with the accompanying training materials before conducting the training.

Accompanying training module materials include:

1. Pre and Post training self-reflection survey, post training evaluation and feedback survey
2. Interactive training activities
3. Conversation scenarios 1-3, dialogues between HWs and 3 different caregivers.
4. Principles of communicating risks and benefits

It is recommended that participants receive a copy of the training module after the training is complete.
**Slide 4. Contents**

Guidance: Review the contents of the training module with participants. Note that the training will start and end with short pre and post training surveys. The bulk of the training will be provided in five training module parts with the option to integrate interactive activities and/or practice exercises into each part.

**Slide 5. Introduction**

Notes for facilitator: This training is designed to equip HWs with knowledge, skills, confidence and resources to help them in their role to recommend HPV vaccination. It provides a structured approach grounded in techniques of motivational interviewing to assist HWs with communication during HPV vaccination consultations and conversations. HWs who are knowledgeable about evidence-based immunization strategies and best practices are critical to implementing a successful vaccination program. They are key to communicating that vaccination is safe and effective. This training module offers a guided approach to facilitating effective conversations with caregivers about HPV vaccination. While the focus is on communication strategies, participants are directed to HPV vaccine resources at the end of this training module to help build knowledge and awareness on HPV vaccine safety, importance, and effectiveness.

Review the following disclaimer with participants:
This tool is not vaccine product specific, rather it provides the structure necessary to tailor conversations to caregivers’ attitudes and positions about HPV vaccination. The focus of this tool is on communication skills; it is not intended to provide guidance on vaccinology and vaccine administration procedures. To effectively apply the communication techniques, a HW also needs to be knowledgeable and confident about vaccinology, specifics of HPV vaccines used in their clinical setting, vaccine administration techniques, identifying and managing allergic reactions to vaccines and credible sources of HPV vaccine information for caregivers advised in their local contexts. Finally, HWs must rely on their own professional knowledge, skills, and judgment in clinical decision-making when giving advice to caregivers.

**Slide 6. Pre-training self-reflection**

Guidance: Ensure all participants complete the anonymous pre-training self-reflection survey and submit their results to the facilitator. Ten pre-training questions measure the level of confidence that the HW has in their professional capacity to address caregivers’ concerns and support their information needs about HPV vaccination. The goal is for HWs to be able to identify an improvement in their own confidence level as a result of participating in this training. Estimated time to complete the survey is 5 to 10 minutes.

NOTE: Questions are available at the end of this guide. See appendix 1. Questions can be made available in your local setting through an online survey tool and a link or QR code can be inserted into this slide.
Slide 7. Purpose of this training

**Guidance:** Review the two training purposes on this slide and the following *Messages to HWs* with participants.

*Messages to HWs:*

- To maintain and continue to improve coverage of all childhood vaccinations (including HPV), the National Health Authority and WHO have identified HWs as a priority target group for communication capacity building.
- HWs involved in immunization programmes are key to communicating that vaccination is as safe and effective as possible.
- Building confidence in HPV vaccination through effective conversations is critical to promoting vaccine uptake and helping to prevent cancers, namely cervical cancer.
- Before you can build confidence among caregivers, you need to be confident about HPV vaccination and why and when it is crucial for children.

Slide 8. Learning outcomes

**Guidance:** There are six learning outcomes for participants who complete the training. Review the learning outcomes with participants.

Slide 9. Overview of training module

**Guidance:** List each of the five training parts covered in the training.

Slide 10. Part 1: Vaccine confidence and the role of health workers

**Guidance:** Introduce Part 1.

**Notes for facilitator:** Part one covers learning outcome # 1: Explain the role of HWs in contributing to vaccine confidence.
Slide 11. Common attitudes and positions about HPV vaccination

Guidance: Click through to read each quote on this slide out loud.

Notes for facilitator:

- This slide reflects some common examples of how questions and concerns about HPV vaccination are being expressed by the public in the European Region.
- Key factors impacting HPV vaccine acceptance, across Europe include: issues with the quantity and quality of information available about HPV vaccination; followed by concerns about potential side-effects of the vaccine; and mistrust of health authorities, healthcare workers, and new vaccines (4).
- HPV vaccine coverage data indicates there is much variability between and within countries.
- HWs have a unique opportunity to influence vaccine uptake by fostering vaccine knowledge, addressing questions and concerns and promoting HPV vaccine confidence in caregivers and the general public.
- Vaccine communication experts suggest most caregivers will accept HPV vaccination for their child when a HW effectively recommends the vaccine and addresses their questions (3,5,6).

Guidance for group discussion:

Provide the local context regarding HPV vaccination coverage and open the discussion to the group to share the local factors affecting HPV vaccine uptake. (i.e., The HPV vaccine was introduced on (day/month/year) in (country x) and has been met with some resistance amongst some HWs, parents and the media. HPV vaccination coverage by age 15, complete schedule, for females was (x% in year x).

Question to pose to all training participants: What are the common attitudes and positions of caregivers about HPV vaccination that you encounter in your practice setting? Take 5 minutes to reflect and discuss as a group.
Slide 12. Vaccine confidence

Notes for facilitator:

• Vaccine confidence is a multi-faceted concept, based largely on trust (7).

• Vaccine confidence is the trust that individuals, the public and HWs have in:
  o Recommended vaccines
  o Vaccine policies and the health system that delivers vaccines
  o HWs who advise people about vaccines

• A person must have trust in all of these items to feel fully confident in their decision to get vaccinated. The foundation of trust is critical, and this is something that must be built over time. This is a critical concept to think about when working with individuals who may have a history of mistrust in the medical establishment or the government.

• As HWs, you have an impact on the last bullet. You can help to build trust in vaccines and champion the national vaccination programme. It is important to note that HWs can also help to build trust in recommended vaccines as well as the processes and policies behind vaccines by helping people to understand how vaccines are authorized for use in the country and continuously monitored for safety by health authorities.

• By taking time to listen to caregivers concerns and respectfully share information, HWs can help caregivers become confident in their decision to have their child vaccinated. Being honest about what you do not know is also important for building trust. Consider where to seek expert information when you do not know information offhand. For instance, the local health authority, medical professional bodies, an expert colleague or WHO,

• When you share a personal story and the reasons why you recommend the vaccine, you can have a powerful influence on a person’s vaccination decision and help to build their vaccine confidence.
Slide 13. How HWs contribute to vaccine confidence

Notes for facilitator: HWs are the most trusted advisors and influencers of vaccination decisions. A HW recommendation is a major driver of vaccine uptake, however, HWs may underestimate their influence, do not have much time to talk about vaccines or lack vaccine confidence which can prevent vaccine uptake (8).

- Research indicates patients are more likely to vaccinate when their health care providers recommend it (1).
- HWs’ knowledge and attitudes about vaccines have been shown to be an important determinant of their intention to recommend the vaccine to caregivers and the vaccine uptake of their eligible patients.
- Therefore, as a HW, your recommendation is likely to affect the attitudes and decisions of many other people. As the ECDC stated: “Healthcare workers are considered to be the most trusted source of vaccine-related information for patients. They are in the best position to understand hesitant patients, to respond to their worries and concerns, and to find ways of explaining to them the benefits of vaccination” (9).
- Caregivers require consistent and accurate information about HPV vaccine safety and benefits from all their health care providers, conveyed in a respectful and positive manner.
- HPV immunization rates can be improved if HWs — and the entire health team — strongly recommend the vaccine at every opportunity.
- A strong recommendation (clear, unambiguous, normative message for same-day vaccination) should be provided to encourage caregivers to accept the HPV vaccine for their child.

Test your knowledge (optional)

Guidance: Pose the following multiple-choice question to the training participants.

Research indicates the factor that is most influential to encourage vaccine acceptance among caregivers is:

A. Incentives given to caregivers to vaccinate.
B. Health workers who confidently recommend vaccination.
C. Public health campaigns that recommend vaccines.
D. Social media messages that recommend vaccines.

The correct answer is B. All the other answers can also influence vaccine acceptance among caregivers in different contexts, however HWs are consistently, the most influential factor. Research indicates a caregiver is more likely accept vaccination for their child when their health care provider recommends it (1). Knowledge testing questions and activities are found in Appendix 3. Interactive training activities.
**Slide 14. Part 2: Communicating risks and benefits**

**Guidance:** Introduce Part 2.

**Notes for facilitator:** Part two covers learning outcome #2: Communicate risks and benefits to support a vaccination decision.

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**Slide 15. The role of HWs in communicating risks and benefits**

**Notes for facilitator:** Communicating about risks and benefits is an essential component of a vaccination consultation.

- When communicating about risks and benefits, it is essential that the caregiver:
  - Understands the risks associated with contracting vaccine-preventable diseases;
  - Understands the benefits and risks associated with vaccines;
  - Knows where to find accurate, trustworthy and clear information about these.

- A key factor in vaccination decision-making is how people perceive risk. HW's must consider how caregivers and patients perceive risk and how these perceptions influence vaccination decision-making.

- **Definition of risk perception (10):** Risk is the possibility of a negative future outcome. Individuals perceive risk according to how probable they believe it is that a specific type of event will take place (probability), and how concerned they are with the consequences of such an event (severity). Risk can also be a feeling. Feelings about risk have a stronger impact on behavior than knowledge about risk.

- Both disease and vaccination may be associated with risk. A person may think that the disease is likely and/or severe, and he or she may feel that vaccine side-effects are likely and/or severe (10).

- The general rule that applies is:
  - If people perceive high levels of risk of disease they will be more likely to vaccinate (10);
  - whereas, if people perceive high levels of risk of vaccination they will become less likely to vaccinate (10).

- When disease risk is perceived as low or absent, fear of disease has been replaced by fear of vaccines for some people (10).

- As a HW, your goal is to facilitate a collaborative discussion with caregivers, explaining the risks of HPV infection and the risks and benefits of HPV vaccination to help them make an informed decision.
**Slide 16. Key points to include in the conversation about HPV vaccination**

**Notes for facilitator:** HWs must champion HPV vaccination. This means HWs must be knowledgeable about the HPV vaccine used in their clinical setting and feel confident to discuss safety and efficacy concerns with caregivers. Reassure caregivers that you fully endorse HPV vaccination. It is recommended to consult your National Health Authority, professional organization or WHO for information, recommendations and updates on HPV vaccines used in your practice setting. Risk communication is best tailored to the concerns of caregivers. Five key risk communication points are suggested for a HW’s conversation about HPV vaccination.

1. The HPV vaccine works better when it is given at the recommended ages of 9-14.
   - WHO recommends vaccination of girls between the age of 9 to 14 years as a priority, as the main aim of HPV vaccination programmes is to protect women from cervical cancer.
   - Evidence shows that women who were vaccinated when they were younger went on to develop fewer pre-cancers compared to women who were older when they got the vaccine (11, 12, 13, 14).

2. Be ready to discuss the common side effects.
   - When discussing side-effects, be sure to emphasize that: vaccines, like any medicine, can have side-effects.
   - Many people who get HPV vaccine have no side effects at all. Some people report having very mild side-effects, like a sore arm.
   - The most common side effects of HPV vaccine are usually mild and include:
     - Pain, redness, or swelling in the arm where the shot was given
     - Fever
     - Dizziness or fainting (fainting after any vaccine, including HPV vaccine, is more common among young people than others)
     - Headache or feeling tired
     - Nausea
     - Muscle or joint pain
   - To prevent fainting and injuries from fainting, children should be seated or lying down during vaccination and for 15 minutes after getting the shot.
   - Very rarely, severe (anaphylactic) allergic reactions might occur after vaccination. People with severe allergies to any component of a vaccine should not receive the vaccine.
   - If side-effects persist for several days, caregivers should seek medical advice for their child from their health care provider.
3. When promoting safety of the HPV vaccine emphasize the following:

- The HPV vaccine has been given to people worldwide since 2006, and it is very safe.
- All HPV vaccines are authorized by the government and have gone through careful clinical trials to test safety (14, 15, 16, 17, 18).
- Safety is continuously monitored in Europe and in over 180 countries around the world. In-depth studies on over 4 million girls and women have not shown any serious side-effects following vaccination (18, 19).
- Vaccine safety is a broad subject. Be ready to tailor your response to the caregiver’s specific concern(s). You might need to help the caregiver to prioritize their main concern given the time limited interaction.

4. In discussing the effectiveness of HPV vaccines, emphasize cancer prevention. HPV vaccination prevents cervical pre-cancer. Girls who received all required doses of the HPV vaccine by age 14 were less likely than unvaccinated girls to go on to have a cervical precancer (19, 20).

5. The protection provided by HPV vaccines lasts a long time. People who received HPV vaccines were followed for at least 12 years, and their protection against HPV has remained high with no evidence of decreasing over time (13, 14, 21, 22).

Guidance: Further information about the principles of communicating risks and benefits of vaccination is found in Appendix 4.
Notes for facilitator:

- It is necessary to deliberately present and review with caregivers the key risks associated with HPV (without using fear tactics) as well as the risks and benefits of the HPV vaccine used in your clinical practice.
- Review your knowledge about the risks involved if a person contracts HPV, the common side-effects of the vaccines used in your practice, the known risk of rare adverse reactions and the overall benefits of the HPV vaccine.
- Reassure caregivers on the mechanisms your clinic has in place to address the rare event of a severe allergic reaction.
- Vaccine risks may vary depending on which vaccine you are using in your clinical setting. Be familiar with the vaccine’s safety and efficacy profile and confident to discuss common and rare side-effects.
- HWs must feel competent and confident to facilitate a risk conversation and know where to access evidence-based resources to strengthen knowledge. Examples of risk related HPV vaccine resources are provided at the end of the training under HPV vaccination resources for HWs.
- When delivering information, consider the following key principles of communicating risks and benefits. Appendix 4.
  o Framing the risks and benefits in the right context is very important.
  o Deliver clear, concise messages.
  o Presenting a risk/benefit analysis should be adapted to the individual’s level of health literacy and should be culturally appropriate.
  o A visual aid, printed material or credible website can help to lay out the information.

- The examples presented in the three following slides are general risks and benefits that can be adapted to your clinical setting.

Guidance: Click on each circle for key messages on risks of HPV infection, risks of HPV vaccines and benefits of HPV vaccines. Then click on the blue arrow in the bottom right corner to continue with the training.
Slide 18. Risks of contracting HPV

Notes for facilitator: Information on this slide details the key risks of HPV infection you want to prioritize in your discussion. HWs can use this as a guide to review with caregivers. These can be adapted to the local context with national data on cervical cancer and or HPV rates if available. The primary goal of the HW is to present the facts and avoid using scare tactics.

Key messages for a HW’s risk discussion:

- Most men and women will be infected with one or more HPV types at some time in their lives and some may be repeatedly infected (19).
- The highest rates of HPV infection occur in sexually active men and women up to age 25 (23).
- HPV can cause cervical cancer - cancer of the lower part of the uterus that connects to the vagina (cervix). Other cancers caused by HPV include: cancers of the anus, penis, vagina, vulva, back of the throat and tongue (24).
- Cervical cancer is the most common HPV-related disease and the second leading cause of death from cancer in women globally. Cervical cancer can lead to death even with screening and treatment (24).
- There is a risk for all women that HPV infection becomes chronic and pre-cancerous lesions progress to invasive cervical cancer (19).
- Every year, about 30 000 women die from cervical cancer in the European Region (23).

Guidance: Click on the blue arrow to return to Slide 16 and review the next circle in the risk/benefit discussion.

Slide 19. Risks of HPV vaccines

Notes for facilitator: When discussing the risks of the HPV vaccines, HWs should keep in mind the following:

- Openly discuss the risks of the vaccine tailoring this conversation to the HPV vaccine(s) used in your clinical practice. Review the common side-effects and what to expect to help promote vaccine acceptance. This slide provides some examples of common side-effects you want to emphasize with patients.
- When discussing less common reactions such as allergic reactions, emphasize the protocols your clinical setting has in place to address allergic reactions (i.e. appropriate medical treatment and supervision).
- Post-marketing surveillance has documented several cases of fainting in young people. Possibly the rate of fainting is higher when the HPV vaccine is delivered as part of a school programme (25).
- To prevent fainting and injuries from fainting, children should be seated or lying down during vaccination and for 15 minutes after getting the vaccine (26).

Guidance: Click on the blue arrow to return to Slide 16 and review the next circle in the risk/benefit discussion.
**Slide 20. Benefits of HPV vaccines**

**Notes for facilitator:** When discussing the benefits of the HPV vaccines, HWs should keep in mind the following:

- Openly and enthusiastically present the benefits of the HPV vaccine including efficacy.
- The conversation must be tailored to the vaccine used in your clinical practice setting.
- This slide outlines the general points you want to emphasize and can be adapted to your local setting.
- Present HPV vaccination as an effective way to prevent cervical cancer morbidity and mortality.

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**Slide 21. Communication scenario about risks and benefits**

**Guidance:** Review the scenario on the slide with participants. In response, the HW should share information on risks and benefits fairly and openly, ensuring that the information is understandable to the caregiver. In discussing vaccine safety with this caregiver, the HW should emphasise that the benefits of vaccination far outweigh the risks of vaccination. Facilitate a discussion inviting participants to list examples of possible risks of HPV infection and the benefits and risks of the HPV vaccines to include in the discussion with this caregiver. After participants have shared their responses, offer the suggested responses below if not already discussed.

**Risks of HPV infection**
- HPV infections are very common among men and women. Nearly everyone will get HPV at some point in their lives (24).
- HPV infection can cause cervical cancer. Cervical cancer is the most common HPV-related disease and the second leading cause of death from cancer in women globally (24).
- Every year, about 30 000 women die from cervical cancer in the European Region (23).

**Benefits of HPV vaccine**
- The vaccine is very safe. Many people who get the HPV vaccine have no side-effects at all (19).
- HPV vaccination works extremely well with the potential to prevent more than 90% of HPV-cancers (19).
- Since the HPV vaccine was first recommended, the number of cases of precancers of the cervix in young women has dropped significantly (12, 13, 14).
- HPV vaccination is one of the easiest and most effective ways to prevent cancer.

**Risks of HPV vaccine**
- Common side-effects are mild and short-term. These may include: pain, redness, or swelling in the arm where the vaccine is given; fever; headache or fatigue; nausea; muscle or joint pain (19).
- Serious reactions to the HPV vaccines are rare (19).
- Fainting in some young people (unrelated to the contents of the vaccine) (26).
Part 3: Factors influencing caregivers’ acceptance of HPV vaccination

Guidance: Introduce Part 3.

Notes for facilitator: Part three covers learning outcome # 3: Understand factors influencing vaccination behavior in the context of HPV.

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Factors influencing acceptance of HPV vaccination

Notes for facilitator: Often times, HWs assume some caregivers do not want their child to get vaccinated but they may not always understand the root causes for this. This behaviour model will help you to understand vaccine behaviour among caregivers and in the public. The core of the model are four factors that influence vaccination:

Level of knowledge and health literacy refers to individuals' knowledge and information levels regarding vaccination, or skills and personal ability to book appointments and follow through on intentions to vaccinate, these are equally important barriers or drivers to vaccination (27). You might hear a caregiver say, “Why does my child need the HPV vaccine?”

Attitudes and intention refer to the internal processes of individuals which influence vaccination decision making and behaviours, this includes risk perceptions, personal beliefs, confidence and trust (27). A caregiver may say, “I do not trust that the HPV vaccine is safe for my child.”

Support from social network refers to the social processes that are important determinants for vaccination behaviours (27). This relates to one’s social, community and cultural support, values and norms. You may have heard a caregiver say, “Our religious leader does not support this vaccine.”

Convenient access to vaccination refers to physical opportunities in the form of a well-functioning public health and vaccination service delivery system as well as appropriate legislation, vaccination supply, qualified staff and sufficient financial resources in the health system (27). You may have heard a caregiver say, “I really want my daughter to get the HPV vaccine, but it is not offered at our doctor’s clinic”

These factors all interact to influence vaccination behaviour (27). Identifying and exploring the factors with caregivers can help the HW better understand a person’s attitudes and position about HPV vaccination.

Guidance: Click on each box and move through the following seven slides of key examples from the literature on the factors influencing acceptance of HPV vaccination in the European Region.
Slide 24. Insufficient knowledge or information

**Notes for facilitator:** Some people report insufficient knowledge or information, and believe that the information available is unclear, biased and/or inadequate. It is important for HWs to have patient-friendly resources on HPV vaccination, tailored to health literacy levels and language appropriate (4). Consider developing basic fact sheets, leaflets and other visual materials. Caregivers consider accepting HPV vaccine based on knowledge gained from several sources. Therefore, messaging and information needs to be consistent across HWs and settings (i.e. health care settings and schools). Key information should reinforce why the vaccine is important, who should receive it, vaccine effectiveness and safety.

**Guidance:** Click on the blue arrow to return to factors influencing acceptance of HPV vaccination on slide 22. Then click on the “attitudes and intentions” box.

Slide 25. Safety concerns

**Notes for facilitator:** Vaccine safety concerns may be the most common factor affecting HPV vaccine hesitancy (4). Many people have concerns or fear about the potential side-effects of HPV vaccination (4). One of the most common reported perceived side-effects by caregivers is infertility (4). To counter incorrect information, multiple sources of consistent information about the safety and effectiveness of the HPV vaccines need to be employed to help build trust with caregivers. HWs are encouraged to gather up-to-date patient friendly resources from their National Health Authority, professional health care bodies and/or associations and WHO. Ensuring parents have access to information tailored to their specific safety concern(s) is essential for building trust and promoting acceptance.

**Guidance:** Click on the blue arrow to the next example.

Slide 26. Mistrust

**Notes for facilitator:** Mistrust in health authorities, doctors, pharmaceutical companies and the relative newness of the HPV vaccine is often reported (4). HWs can focus their conversations with caregivers on building confidence in the HPV vaccines by sharing expert knowledge on their safety profile and effectiveness related to preventing cervical cancer.

**Guidance:** Click on the blue arrow to the next example.
Slide 27. Low perceived risk of infection

Notes for facilitator: Some caregivers may believe that their child is not at risk from HPV, because HPV is most often spread through sexual contact (4). These persons could benefit from an open risk/benefit discussion where focus is given to cancer prevention rather than HPV as a sexually transmitted virus. Refer to key messages in Part 2. Communicating risks and benefits.

Guidance: Click on the blue arrow to return to factors influencing acceptance of HPV vaccination on slide 22. Then click on the “support from social network” box.

Slide 28. Mass and social media

Notes for facilitator: Social factors that influence vaccination behaviour include mass and social media. People often use messaging from mass media and social media platforms to form their opinions about vaccination. However, public awareness can be hijacked through spreading misinformation and disinformation online and falsely-balance reporting by the media (28).

- Misinformation is false information shared by people who do not intend to mislead others. Misinformation often arises when there are information gaps or unsettled science, as human nature seeks to reason, better understand, and fill in the gaps (28).
- Disinformation is false information deliberately created and disseminated with malicious intent (28).

Both types can affect vaccine confidence and vaccination rates. Most misinformation and disinformation that has circulated about HPV vaccines has focused on vaccine safety. A common recommendation among HWs and researchers is to focus on protecting caregivers and the public against false information, by countering with HPV vaccine evidence, instead of seeking to convince committed opponents of vaccination.

Guidance: Click on the blue arrow to the next example.

Slide 29. Influencers

Notes for facilitator: Evidence has shown that healthcare professionals and family members often have the most influence on HPV vaccination decisions (4). Therefore, ensuring these groups have up-to-date, accurate and consistent information about HPV vaccination is critical to vaccine acceptance.

Guidance: Click on the blue arrow to return to factors influencing acceptance of HPV vaccination on slide 22. Then click on the “convenient access to vaccination” box.
Slide 30. Limited HPV vaccine supply

Notes for facilitator: Access barriers to vaccination include affordability, availability of vaccines, geographical accessibility, legislation that allow for vaccines, time and space to administer vaccination, ability to understand services (language and health literacy), and appeal of vaccination services (10). Even if a positive intention to vaccinate exists, access issues may block one's physical opportunity and decision to get vaccinated. One example cited in the European Region is the limited supply of HPV vaccines (29). The WHO has highlighted that the current global HPV vaccination shortage, might delay the introduction of HPV vaccination in countries with a high burden of cervical cancer (30). Shortages may also impact the decision to extend vaccination to boys in countries where it is not yet available to this group (30).

Test your knowledge (optional)

Guidance: Ask the training participants to match the following examples (A-I) to the correct factor influencing acceptance of HPV vaccination.

A. Limited vaccine supply
   Level of knowledge and health literacy
B. Relatives
   Support from social network
C. Fact sheets in local languages
   Attitudes and intentions
D. Mistrust of pharmaceutical companies
E. Location of vaccination clinics
   Convenient access to
F. Social media friends
G. Safety concerns about side-effects
H. School newsletters informing caregivers about the HPV vaccine
I. Belief that “I am young and healthy”

A and E are examples of convenient access to vaccination. B and F are examples of support from social network. D, G and I are examples of attitudes and intention. C and H are examples of level of knowledge and health literacy. Knowledge testing questions and activities are found in Appendix 3.

Interactive training activities.

Slide 31. Part 4: Communicating with caregivers using motivational interviewing

Guidance: Before continuing with this slide, it is a good opportunity to offer a break to participants. Introduce Part 4.

Notes for facilitator: Part four covers learning outcome # 4: Identify different attitudes and positions among caregivers about HPV vaccination; and # 5: Apply a structured approach in conversations about HPV vaccination using strategies grounded in motivational interviewing.
Slide 32. Vaccine acceptance among caregivers

Notes for facilitator:
- Willingness to accept a vaccine is set on a continuum of vaccine acceptance, between those who accept all recommended vaccines with no doubts, to complete refusal with no doubts, with vaccine hesitant individuals representing a large heterogeneous group between these two extremes.
- Vaccine hesitancy is considered as a behavioral phenomenon and refers to “a delay in acceptance or refusal of vaccination despite availability of vaccination services. Vaccine hesitancy is complex and context specific, varying across time, place and vaccines” (31).
- It is important to note that vaccine hesitant individuals encompass a wide range of people who differ from the very small percentage who refuse all vaccination. Within this heterogeneous group, many may have legitimate questions, want more information, or take the “wait and see approach”.
- Communication strategies must be adapted when addressing persons from these various categories on the continuum.
- HWs can influence the hesitant group through effective communication strategies that help to move them along the continuum in the direction of vaccine acceptance.
- Remember: the majority of people accept vaccination, several are uncertain and will have questions, few people refuse (8).

Slide 33. How to start the conversation

Notes for facilitator: To best understand a caregiver’s attitude and position about HPV vaccination, you must first determine where the caregiver is on the continuum of vaccine acceptance.

1. Start the conservation with a presumptive statement presenting vaccination as the default. For example, “Eva can receive her HPV vaccine today” or “Now it is time for Eva to receive her HPV vaccine”. A presumptive statement is one that assumes the caregiver is willing to have their child vaccinated and has been shown to increase vaccine uptake (2,6,32). Such announcements signal the HW’s confidence in the vaccine and helps to establish vaccination as the norm. These statements are more effective at increasing vaccine uptake than using reluctant language (6,32) (such as, “What do you think about giving the HPV vaccine to Eva today?”).

2. Allow the caregiver to respond, listen closely to the response and determine their stance toward HPV vaccination uptake, remembering that the majority will accept vaccines, many have questions, and few will refuse (8).

The quotes along the continuum of vaccine acceptance are examples of caregivers’ responses to a presumptive statement that help to determine where they are on the continuum of vaccine acceptance.
Slide 34. Identifying acceptors, hesitators and refusers

Notes for facilitator:
- Depending on the response, individuals will generally fall into one of these three broad categories: acceptors of vaccine, vaccine hesitators, or vaccine refusers (1,3).
- Review the description in each category with participants.
- Note the distinctions between vaccine hesitators and vaccine refusers.
- Recommend that participants be familiar with the descriptions listed in each category to understand how these individuals commonly present.
- Consider asking participants if they know of any other common characteristics expressed by caregivers they have encountered in their practice to include in these categories.

Slide 35. How to respond

Notes for facilitator:
- Once you have determined where a caregiver stands on the continuum of vaccine acceptance it is time to tailor your conversation to the attitudes and position expressed.
- You will continue your conversation down one of three pathways.

1. Accept All

   This conversation pathway is the shortest and most straightforward with the goal being to vaccinate and congratulate (3).
   - Keep the conversation brief however be sure to screen for contraindications and precautions to make sure it will be safe for the child to receive the HPV vaccine.
   - Ask if there are questions before proceeding with the vaccine and be ready to respond with confidence or know where to access information.
   - Proactively share knowledge on the common side-effects of the HPV vaccine used in your clinical setting and explain pain mitigation strategies.
   - Although they accept to vaccinate, caregivers may have process related questions. It is important to proactively explain the process and respond to questions in an effort to maintain trust and prevent the caregiver from moving in the opposite direction on the continuum. It is your responsibility to provide information that is of value or importance to the caregiver and child. This is best achieved through an interaction with a caregiver and child that enables you to identify what is important to them.
   - Explain the process of the visit, keeping it brief. For example, “The vaccine is given through an injection into your shoulder. You may feel a slight pinch when the needle goes in. Afterwards, we want you to stay here for (15 or 30 minutes, depending on patient history) to be sure you do not have any allergic reactions.”
   - Explain there is a post-vaccination observation for 15-30 mins to monitor for allergic reactions. This is a general rule with all injectable vaccines.
   - After the vaccine remind about the next dose in the vaccination series. Sending the caregiver a reminder or scheduling a recall in the system results in timely vaccination uptake and avoids incomplete or suboptimal vaccination coverage.
2. Hesitant

This conversation pathway is the longest of the three and requires you to initiate a conversation guided by MI techniques. When a caregiver or child expresses hesitance after an announcement of vaccination, the HW should switch rapidly to acknowledging and empathizing with their concerns. The structure and communication techniques will be further elaborated on.

3. Refuse All

This conversation pathway should also be short but may not always be straightforward. The key is not to dismiss these persons, rather acknowledge their concerns while being persistent with your strong recommendation to vaccinate and leave the door open for discussion. Every future encounter with these persons is an opportunity for the health care team to gently approach the subject again. *The goal of the Refuse pathway is to build trust and engagement rather than dismiss the person.*

- When you leave the door open for discussion, see every encounter as opportunity to revisit and gently discuss vaccines.
- Keep these conversations brief avoiding confrontation.
- Engaging in debate about the validity of the person’s beliefs can result in extended, unproductive consultations and should be avoided. It can increase the risk of these persons disengaging from the healthcare system altogether.
- Resist correcting misinformation before the person has had the chance to express all their concerns as this tends to shut down the conversation.
- Persons may perceive this as adversarial and feel the need to defend themselves. This undermines trust and can result in a lengthy, unproductive consultation.
- Ask for permission to share information before providing facts.
- Even if the caregiver is not ready to accept vaccination for their child, making your position clear is important through your strong recommendation to vaccinate.
- You can present options tailored to the concerns you are hearing such as sharing credible resources or offer referral to a specialist service or community advocate (if available). However, do not push information on these persons.
- You should inform about the risks of remaining unvaccinated. For example, the child is not protected against some serious types of HPV infection that may lead to cervical cancer.
- Leave the door open by letting the caregiver and child know they are welcome back to your clinic if they have more questions or change their mind.
Communicating with caregivers using motivational interviewing

Notes for facilitator: Vaccine refusal puts persons at risk for poorer health outcomes. However, when a HW pushes too hard with their conviction, caregivers may resist a HW’s recommendation. Instead, we want to enhance the caregiver’s own personal motivation to change their vaccination behavior. In the case of vaccine-hesitant caregivers, we want them to discover their own motivation for having their child receive the HPV vaccine.

Let us now discuss the conversation pathway responding to vaccine hesitant persons. This pathway requires you to initiate a conversation guided by MI techniques.

MI is a person-centred communication approach to elicit and strengthen motivation and commitment to change (33).

It is a validated patient communication style and often used by health providers working in chronic disease management with successful results.

With regard to immunization, the MI approach aims to inform persons about vaccines and vaccination, according to their specific needs and their individual level of knowledge, with respectful acceptance of their beliefs. The use of MI calls for a respectful and empathetic discussion about vaccination and helps to build a strong relationship between the HW and individual (33, 34).

The four elements of the spirit of MI enable HWs to build a respectful relationship with empathy:

1. Partnership — Achieving equality, strengthening collaboration
2. Acceptance — A positive, empathic attitude that reinforces autonomy
3. Evocation — Having the patient verbalize the change
4. Compassion/altruism — Acting in a caring way

The traditional counselling style involves telling and educating persons on how to behave and what to do by:

- Giving more facts about vaccines
- Giving more facts about vaccine preventable diseases
- Using fear-based tactics

Studies indicate this traditional style is an ineffective approach to address vaccine hesitancy and may in fact backfire to reinforce hesitancy (34, 35).

The goal is to shift your conversation style from the traditional counselling – telling persons what to do and instead use a collaborative partnership style to build a trusting relationship (33, 34).

Most caregivers will accept vaccination after a HW gives a clear, unambiguous recommendation that their child is due for HPV vaccine that day (32). Many of those who do not immediately accept will have simple questions that a HW can easily address. However, some caregivers will be more hesitant. Using MI techniques with these caregivers can result in more effective conversations and increase HPV immunization rates.
Notes for facilitator:

- This slide reviews five essential interaction techniques used in MI.
- Once you have identified a caregiver is vaccine hesitant, you can use the following MI techniques to initiate a conversation and explore the caregiver’s primary concern(s).

1. **Ask OPEN-ENDED QUESTIONS** to explore reasons behind vaccine hesitancy (8,33). Use open-ended questions such as: What? How? Tell me?

   For example, “What is your greatest concern about the HPV vaccine?” OR “Tell me what you heard about the HPV vaccine?” These questions allow the caregiver to participate in the conversation and elaborate on their beliefs and position instead of giving a “yes” or “no” response.

2. **Use REFLECTIVE LISTENING** to confirm what the caregiver is saying (8,33). This is a very important skill and harder than it may seem. The HW must show interest in what the caregiver has to say and respect for the caregiver’s values and opinions. The HW can use **simple reflection**: directly repeating what the caregiver says OR **complex reflection**: repeating what you think the caregiver means (8,33).

   Example of simple reflection: “You are afraid of the side-effects.”
   Example of complex reflection: “It sounds like you want to make the best choice for your health”

3. **AFFIRMATION** requires the HW to recognize the caregiver’s strengths and validate their concerns as a strategy to identify common goals (8,33). These positive statements provide the caregiver with encouragement.

   For example, “You are concerned about your child’s health” OR “It is great that you took time to look for information about the HPV vaccine”.

4. **SHARE KNOWLEDGE** using a respectful approach to help build trust (8,33).

   For example, “If it is okay, I would like to share some information on this vaccine and explain why I recommend it for your child.”

   **Guidance:** Click on the blue objective box to go to slide 37 to elaborate on this MI skill.

5. **SUMMARIZE** the interaction. This is a form of reflective listening (8). This technique provides a transition to concrete action (i.e. vaccination, follow-up visit, referral).

   For example, “It sounds like your concerns were mainly about side-effects. Now that we have discussed the common side-effects, what do you think you want to do?” This statement transitions to an action and allows the caregiver to determine their decision based on the HW’s reflection of the conversation.

   **Guidance:** Click on the blue objective box to continue with the training (slide 38).
Slide 38. Respectfully sharing knowledge to build trust

Notes for facilitator:

- In conversations with vaccine hesitant caregivers, you will need to share knowledge in an effort to build trust and acceptance.
- A MI technique to share knowledge or give advice while building trust is the ELICIT – SHARE – VERIFY approach (8,33).
- This interaction technique is meant to explore concerns further and share expert information to address specific concerns of persons.

1. **ELICIT:** Ask information on what the person knows about vaccines and ask permission to give more information (8,33). This method promotes collaboration in a respectful manner to build trust.

   For example:

   “What do you know about the side-effects of the vaccine?”

   Following the response:

   “If you agree, I could give you some additional information.”

2. **SHARE:** Provide information tailored to the person’s concern (8,33). This is also an opportunity for the HW to provide their strong recommendation for vaccination and explain why.

   For example:

   “Most side-effects of the HPV vaccine are mild and should not last longer than 2 days, such as….”

   “Safety studies indicate serious allergic reactions are rare.”

   “I can strongly recommend this vaccine because the risks of HPV infection far outweigh the risks of the HPV vaccine side-effects.”

3. **VERIFY:** Confirm that the person understood and inquire what they will do with this information (i.e. what is their intention now?) (8,33). This helps to ensure the person understands what you have said and offers a moment for clarification.

   For example:

   “Does this new information make sense? Based on what we discussed, what are your thoughts now?”

Click on the blue verify box to return to slide 36 and continue with MI skill #5.
Slide 39. The conversation objective

**Notes for facilitator:** In conversations with vaccine hesitant caregivers the HW’s objective is to increase vaccine confidence and move the caregiver along the continuum toward vaccine acceptance.

Slide 40. Guiding your conversation

**Notes for facilitator:**

- This pathway guides you through the conversation steps/flow with a caregiver.
- The HW aims to be person-centered and collaborative.
- Start with a presumptive statement, assuming vaccine acceptance – listen to the person’s response and identify where the person stands on the continuum of vaccine acceptance – ask an open-ended question to explore the person’s concern – reflect the person’s concern(s) and acknowledge the person’s concern(s) – affirm the person’s strengths and provide encouragement – elicit with permission what the person knows, share your expert knowledge, verify the person’s understanding about what you shared – summarize the interaction.
- At the end of the pathway, you will help the caregiver determine one of three actions: vaccinate their child, remain hesitant, refuse to vaccinate.
- If the caregiver accepts vaccination – follow the appropriate *Accept* response steps outlined earlier. Remember the goal is to vaccinate and congratulate.
- If the caregiver refuses – follow the appropriate *Refuse* response steps outlined earlier. Remember, do not debate or dismiss, provide credible resources if the caregiver is willing to accept them, leave the door open for discussion.
- If the caregiver is still hesitant: Refer to credible information resources, offer a referral to specialist service if available, offer to schedule a follow-up for a new discussion.
Test your knowledge (optional)

Guidance: Pose the following multiple-choice question to the training participants and ask them to select one answer:

Which statement is correct?

A. The majority of people refuse vaccination, several are uncertain and have questions, and only a few accept.
B. The majority of people accept vaccination, only a few are uncertain and have questions, but several people refuse.
C. The majority of people accept vaccination, several are uncertain and have questions, only a few people refuse.

The correct answer is C. The majority of people globally accept vaccination when it is recommended by a HW. Several people will have questions and concerns that a HW who is trained in communication skills can effectively address. Few people actively refuse to vaccinate. However, this group can be vocal and can hijack the public discourse around vaccination (1,2,8). Knowledge testing questions and activities are found in Appendix 3. Interactive training activities.

Test your knowledge (optional)

Guidance: Pose the following multiple-choice question to the training participants and ask them to select one answer:

What are the essentials skills used in motivational interviewing?

A. Tips, directives, reflective listening, open-ended questions, summarizing
B. Open-ended questions, reflective listening, affirmations, sharing knowledge, summarizing
C. Open-ended questions, summarizing, reflective listening, information
D. Open-ended questions, reflective listening, affirmations, tips

The correct answer is B (36). Knowledge testing questions and activities are found in Appendix 3. Interactive training activities.
**Optional:** Consider at this point integrating skill practice questions #6-11, found in Appendix 3. Interactive training activities. These questions breakdown each of the MI skills discussed in part four, though a case scenario, enabling participants to grasp each skill before putting all the conversation pieces together in part five.

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**Slide 41. Part 5: Putting the conversation pieces together to build confidence in communicating about HPV vaccination**

**Guidance:** Introduce Part 5.

**Notes for facilitator:** Part five covers learning outcome #6: Deliver clear, concise messages to build confidence in HPV vaccination among caregivers.

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**Slide 42. Conversation scenarios**

**Guidance:**
- Read the information on this slide for participants to introduce the role play activity in this part of the training.
- Read the three scenarios together as a group. For each scenario, review the communication strategy in the box and discuss possible responses as a group using the communication techniques learned. Examples of potential responses are provided.
- In small breakout groups of 3-5 persons follow the instructions for the role play activity.
- The following 1-3 slides after each scenario provides a full dialogue between the HW and caregiver with their child, applying the recommended communication structure and employing the communication techniques discussed. Complete dialogues of the conversation challenges can also be found in Appendix 2 of this guide.
- The dialogues are also available in video format.
Slide 43. 1. Conversation scenario – the unaware parent

Guidance: Read the first scenario together as a group. Review the communication strategies and the associated response examples provided in the boxes for conversation guidance. Discuss how to respond to this parent applying MI skills. Remember these conversations must be tailored to the specifics of the HPV vaccine used in the HWs’ clinical practice.

Slide 44. Role play activity conversation scenario #1

Guidance: Review the instructions on this slide with participants. Give each group 5 to 10 minutes in their small group to conduct the role play. After this time is up, lead a discussion with the larger group to understand how the group sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 45–47. Dialogue, conversation scenario #1

Notes for facilitator:
- This slide and the next two slides present the full dialogue between the HW and the “unaware” parent applying the recommended communication structure and employing the communication techniques discussed.
- At the end of this conversation, the HW gives the parent the time to reflect and determine the next step. The action will be one of the three possibilities: vaccinate child, refuse vaccination, remain hesitant. The HW would then follow the appropriate pathway tailored to the action.

Guidance:
- After discussing feedback from the group activity, facilitators or two participants can read out loud the dialogue emphasizing the MI skills used.
- Alternatively, the corresponding video can be shown.
- After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.
Slide 48. 2. Conversation scenario – the uncertain parent

Guidance: Read the second scenario together as a group. Review the communication strategies and the associated response examples provided in the boxes for conversation guidance. Discuss how to respond to this parent applying MI skills. Remember these conversations must be tailored to the specifics of the HPV vaccine used in the HWs’ clinical practice.

Slide 49. Role play activity conversation scenario #2

Guidance: Review the instructions on this slide with participants. Give each group 5 to 10 minutes in their small group to conduct the role play. After this time is up, lead a discussion with the larger group to understand how the group sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 50–52. Dialogue, conversation scenario #2

Notes for facilitator:
- This slide and the next two slides present the full dialogue between the HW and the “uncertain” parent applying the recommended communication structure and employing the communication techniques discussed.
- At the end of this conversation, the HW gives the parent the time to reflect and determine the next step. The action will be one of the three possibilities: vaccinate, refuse, remain hesitant. The HW would then follow the appropriate pathway tailored to the action.

Guidance:
- After discussing feedback from the group activity, facilitators or two participants can read out loud the dialogue emphasizing the MI skills used.
- Alternatively, the corresponding video can be shown.
- After completing this scenario together as a group, ask participants if they have questions or need clarification before moving to the next scenario.
Slide 53. 3. Conversation scenario – the opposing parent

**Guidance:** Read the third scenario together as a group. Review the communication strategies and the associated response examples provided in the boxes for conversation guidance. Discuss how to respond to this parent and her child applying MI skills. Remember these conversations must be tailored to the specifics of the HPV vaccine used in the HWs’ clinical practice.

Slide 54. Role play activity conversation scenario #3

**Guidance:** Review the instructions on this slide with participants. Give each group 5 to 10 minutes in their small group to conduct the role play. After this time is up, lead a discussion with the larger group to understand how the group sessions went. Ask an individual from each group to provide feedback on the response strategies used by the person who played the HW. For instance, what did the HW do well and what strategies could be applied to this scenario?

Slide 55–56. Dialogue, conversation scenario #3

**Notes for facilitator:**
- This slide and the next present the full dialogue between the HW and the “opposing” parent and child applying the recommended communication structure and employing the communication techniques discussed.
- At the end of this conversation, the HW gives the parent and child the time to reflect and determine the next step. The action will be one of the three possibilities: vaccinate, refuse, remain hesitant. The HW would then follow the appropriate pathway tailored to the action.

**Guidance:**
- After discussing feedback from the group activity, facilitators or three participants can read out loud the dialogue emphasizing the MI skills used.
- Alternatively, the corresponding video can be shown.
- After completing this scenario together as a group, ask participants if they have questions or need clarification.
Guidance: Pose the following multiple-choice question to the training participants and ask them to select one answer:

When starting a conversation about vaccination with a caregiver:

A. Use a presumptive statement assuming acceptance of vaccination.
B. Ask what they think about getting vaccinated.
C. Only discuss the vaccine if the topic is mentioned.

The correct answer is A. A presumptive statement is one that assumes the caregiver is willing to have their child vaccinated and has been shown to increase vaccine uptake (6, 32). Such announcements signal the HW’s confidence in the vaccine and helps to establish vaccination as the norm. These statements are more effective at increasing uptake than reluctant language, such as, “what do you think about giving the HPV vaccine to your daughter today?”

Test your knowledge

Guidance: Pose the following multiple-choice question to the training participants and ask them to select one answer:

Which statement is incorrect:

A. When sharing expert knowledge with caregivers ask what he/she knows and ask permission to complete their knowledge.
B. When sharing expert knowledge with caregivers provide as many facts as possible.
C. When sharing expert knowledge with caregivers give evidence-based information or advice tailored to their concern(s).

The correct answer is B. Too many facts can be overwhelming and can sometimes reinforce vaccine hesitancy (34, 35). When providing expert information provide short, concise messages tailored to a person’s concern.
Slide 57. Keep in mind

**Guidance:** Review each bullet point on this slide to summarize part five. **Emphasize that a HW’s confident recommendation to get vaccinated against HPV is a crucial part of all conversations with caregivers.**

Slide 58–59. HPV vaccine resources for health workers

**Notes for facilitator:**
- This slide and the next offer training and educational materials HWs can use to prepare for HPV vaccination consultations and explain the HPV vaccine to caregivers.
- Remember to also check with your professional association or your National Health Authority for HPV vaccine updates and resources.

Slide 60. Post training self-reflection and evaluation

**Guidance:**
- All participants are asked to take 15 minutes to complete the anonymous post-training self-reflection survey, and post-training evaluation and feedback survey and return to the facilitator.
- Completion is important to consolidate learning and evaluate the module.
- Ten post training self-reflection questions measure the level of confidence that the HW has in their professional capacity to address patient concerns and support patient information needs about HPV vaccination after having completed the training module. The goal is for HWs to be able to identify an improvement in their confidence levels as a result of participating in this training.
- The post training evaluation aims to determine if the training is effective at meeting the outcomes proposed, whether it is useful and satisfactory to participants and whether it can influence communication behaviour among HWs in the context of HPV vaccination

**NOTE:** Questions are available at the end of this guide. See appendix 1. Questions can be made available in your local setting through an online survey tool and a link or QR code can be inserted into this slide.

Slide 61–63. Training module references

**Guidance:** The complete list of references considered in the development of the training module.

Slide 64. Back cover

**Guidance:** End the training and thank participants for their time and participation.
References


Appendices

Appendix 1. Pre- and post-training self-reflection survey, evaluation and feedback survey

Pre-training self-reflection survey

For each of the following questions please rate your confidence on a scale of 1 to 5 (where 1 = not at all confident; and 5 = very confident).

The following 10 pre-training questions measure the level of confidence that you have in your professional capacity to address caregivers’ concerns and support their information needs about HPV vaccination.

How confident are you in your ability to:

1. Talk to caregivers about HPV vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

2. Talk to caregivers about the risks of HPV infection?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

3. Talk to caregivers about the benefits of HPV vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)
4. Talk to caregivers about the risks of HPV vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

5. Respond to questions and concerns caregivers have about the safety and effectiveness of HPV vaccines?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

6. Recommend the HPV vaccine when caregivers are hesitant about HPV vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

7. Avoid conflict with caregivers who refuse the HPV vaccine?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

8. Establish an ongoing dialogue with caregivers about HPV vaccination when they decide to delay or refuse the HPV vaccine?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)
9. Provide caregivers with credible information and resources about HPV vaccines and vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

10. Access appropriate information and resources for health workers about HPV vaccines and vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

Post-training self-reflection survey

For each of the following 10 questions please rate your confidence on a scale of 1 to 5 (where 1 = not at all confident; and 5 = very confident).

Now that you have completed the training module, how confident are you in your ability to:

1. Talk to caregivers about HPV vaccination?
   □ 1 (Not at all confident)
   □ 2
   □ 3
   □ 4
   □ 5 (Very confident)

2. Talk to caregivers about the risks of HPV infection?
   □ 1 (Not at all confident)
   □ 2
   □ 3
   □ 4
   □ 5 (Very confident)

3. Talk to caregivers about the benefits of HPV vaccination?
   □ 1 (Not at all confident)
   □ 2
   □ 3
   □ 4
   □ 5 (Very confident)

4. Talk to caregivers about the risks of HPV vaccination?
   □ 1 (Not at all confident)
   □ 2
   □ 3
   □ 4
   □ 5 (Very confident)
5. Respond to questions and concerns caregivers have about the safety and effectiveness of HPV vaccines?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

6. Recommend the HPV vaccine when caregivers are hesitant about HPV vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

7. Avoid conflict with caregivers who refuse the HPV vaccine?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

8. Establish an ongoing dialogue with caregivers about HPV vaccination when they decide to delay or refuse the HPV vaccine?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)

9. Provide caregivers with credible information and resources about HPV vaccines and vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)
10. Access appropriate information and resources for health workers about HPV vaccines and vaccination?

☐ 1 (Not at all confident)
☐ 2
☐ 3
☐ 4
☐ 5 (Very confident)
Evaluation and feedback survey

Please take time to complete this short survey directly after the training. This aims to determine if the training is effective at meeting the outcomes proposed, whether it is useful and satisfactory to participants and whether it can influence communication behaviour among health workers in the context of HPV vaccination. Your feedback can help improve this training for future use.

1. Please select your professional group.
   - ☐ General Practitioner
   - ☐ Specialist Doctor
   - ☐ Nursing
   - ☐ Pharmacist
   - ☐ Programme Manager
   - ☐ Other

Please indicate the extent to which the following learning outcomes were met through this training module:

2. Explain the role of HWs in contributing to vaccine confidence.
   - ☐ Not met
   - ☐ Partially met
   - ☐ Entirely met

3. Communicate risks and benefits to support a vaccination decision.
   - ☐ Not met
   - ☐ Partially met
   - ☐ Entirely met

4. Understand factors influencing vaccination behavior in the context of HPV.
   - ☐ Not met
   - ☐ Partially met
   - ☐ Entirely met

5. Identify different attitudes and positions among caregivers about HPV vaccination.
   - ☐ Not met
   - ☐ Partially met
   - ☐ Entirely met
6. Apply a structured approach in conversations about HPV vaccination using strategies grounded in motivational interviewing.

☐ Not met
☐ Partially met
☐ Entirely met

7. Deliver clear, concise messages to build confidence in HPV vaccination among caregivers.

☐ Not met
☐ Partially met
☐ Entirely met

8. Was this training module relevant to your practice?

☐ Yes
☐ No

10. Rate your overall satisfaction with this training module

☐ Not satisfied
☐ Partially satisfied
☐ Entirely satisfied

11. Was this training module interesting to you?

☐ Not interesting
☐ Partially interesting
☐ Entirely interesting

12. Was this training module useful for you?

☐ Not useful
☐ Partially useful
☐ Entirely useful

13. Do you intend to use the communication strategies you learned from this training in your practice?

☐ Yes, I can use all of the strategies discussed in my practice
☐ Yes, I can use some of the strategies discussed in my practice
☐ No, I will not use the strategies discussed in my practice.
14. What MAIN reason motivated you to complete this training module?

☐ Relevant to my practice (i.e. I communicate with caregivers about HPV vaccination)
☐ I am interested in improving communication skills during vaccination consultations
☐ I am interested in vaccination professionally
☐ I wanted to learn more about professional resources for HPV vaccines and vaccination
☐ Other (please specify in the next question)

If you stated 'Other' in the previous question, please specify below.


15. What SECONDARY reason motivated you to complete this training module?

☐ Relevant to my practice (i.e. I communicate with caregivers about HPV vaccination)
☐ I am interested in improving communication skills during vaccination consultations
☐ I am interested in vaccination professionally
☐ I wanted to learn more about professional resources for HPV vaccines and vaccination
☐ Other (please specify in the next question)

If you stated 'Other' in the previous question, please specify below.


Please provide any other feedback or suggestions for improvement of this training module.


Thank you for completing this survey. We value your feedback.

Appendix 2. Conversation scenarios 1–3

Conversation scenario # 1 – The unaware parent

Anna is in your office with her 10-year-old daughter Eva. They were called by the nurse because Eva is due for her first HPV vaccine. You welcome them and start the conversation to recommend the vaccine for Eva. Anna replies, “What is HPV and why does Eva need a vaccine?”

HW: Welcome to you both and thank you for taking the time to come to the clinic today. I want to let you know that today Eva can receive the vaccine to protect her from HPV. (Use a presumptive statement)

Anna: What is HPV and why does Eva need a vaccine?

The HW recognizes Anna is questioning the necessity of the HPV vaccine. She lacks knowledge about HPV but not showing signs of refusal. The HW determines Anna is vaccine hesitant.

HW: I am glad you asked! Let us take a moment to talk about this. HPV, or human papillomavirus, is a very common virus that can cause serious cancers such as cervical cancer. HPV is spread by skin-to-skin contact or sexual contact. Nearly everyone will get HPV at some point in their lives. Most HPV infections go away by themselves, but some can lead to cancer later in life. The HPV vaccine is important for Eva because it protects her and other girls her age from cervical cancer throughout their lives.

Anna: Hmm I am not sure about this, this vaccine makes me uncomfortable.

HW: Tell me, what is it about the vaccine that concerns you? (Ask an open-ended question, tailored to the caregiver’s concern)

Anna: Well, I am not sure if Eva really needs this vaccine right now, she is too young to be thinking about sex.

HW: I can understand, in fact a lot of parents share your concern. It sounds like you are uncertain if the HPV vaccine is necessary for Eva at her age. Is this correct? (Acknowledge concern, use reflective listening)

Anna: Well, yes, she is too young to be having sex.

HW: If it is okay with you, I can share some information with you about why this vaccine is recommended for Eva at her age. (Ask permission to share)

Anna: It is okay, go ahead. I would like to know.

HW: Vaccines protect children before they are exposed to a virus. That is why we give the HPV vaccine earlier rather than later, to protect them long before they are ever exposed. Studies show that girls your daughter’s age developed a stronger immune response after vaccination compared with older teenage girls and adult women. This means Eva would have better protection against HPV if she were exposed to it in the future. For this reason, I strongly recommend the vaccine to all girls Eva’s age. (Share
Does this help to clarify your concern? *(Verify understanding)*

Anna: Well yes, I guess that makes sense, but how do I know it is safe?

HW: That is a very good question and very important that you voice your concerns about safety issues. *(Affirm and encourage strengths).* All HPV vaccines are very safe. The vaccines were initially tested in tens of thousands of people before they were approved for widespread use. Since then, well over 100 million doses of the vaccines have been safely administered worldwide, and adverse reactions are continuously monitored and investigated. National health authorities and the World Health Organization regularly review the safety of vaccines. To date, no concerns about the safety of HPV vaccines have been found. I strongly recommend this vaccine because it has been very thoroughly researched and it is very safe and effective. *(Share knowledge, provide strong recommendation)*

Anna: Well, okay, I guess I feel better about it then.

HW: Given our discussion today about the HPV vaccine for Eva, what do you think you want to do? *(Summarize and decide action)*

**Summary message to HWs when responding to vaccine hesitancy:**

Initiate a conversation guided by MI techniques:

1. **Ask OPEN-ENDED QUESTIONS** – Explore main reasons behind hesitancy.

2. **REFLECT and ACKNOWLEDGE CONCERNS** – Repeat what the patient says or what you think the patient means to reflect the cause(s) of hesitancy.

3. **AFFIRM STRENGTHS and PROVIDE ENCOURAGEMENT** – Recognize strengths to identify common goals.

4. **ELICIT, SHARE KNOWLEDGE, VERIFY** – Ask what patient knows and seek to complete their knowledge, share evidence tailored to concern, verify next steps. **Strongly recommend vaccination** and explain why.

5. **SUMMARIZE** concerns; **DECIDE ACTION**:
Conversation scenario # 2 – The uncertain parent

Sara is in your office with her 11-year-old daughter Elsa to review her asthma medication. You announce that Elsa is eligible to receive the HPV vaccine today.

Sara says, “*I have been speaking to other parents on Facebook about this vaccine and I am not sure it is safe for kids. Besides, I never had this vaccine when I was young, and I am healthy.*”

**HW:** Now that Elsa is 11, she is due for the HPV vaccine today. (*Use a presumptive statement*)

**Sara:** Hmmm, I have been speaking to other parents on Facebook about this vaccine and I am not sure it is safe for kids. Besides, I never had this vaccine when I was young, and I am healthy.

Sara signals uncertainty, she has concerns about the vaccine’s safety, yet she is not refusing. The HW determines Sara is vaccine hesitant.

**HW:** Okay, let us talk about this. Tell me what you have heard about the HPV vaccine that concerns you? (*Ask an open-ended question, tailored to the caregiver’s concern*)

**Sara:** Well, my friend said that there are terrible side-effects. Her daughter got the vaccine and then started getting these horrible headaches. I do not want anything bad like this to happen to Elsa.

**Elsa is looking uncomfortable.**

**HW:** That sounds awful, I can understand why that would worry you. It sounds like you are really concerned about the side-effects of the vaccine. Is this correct? (*Acknowledge concern, use reflective listening*)

**Sara:** Well yes, I heard that the HPV vaccine is new. How do we know it is safe?

**HW:** It is great that you are thinking about what is best for Elsa’s health and asking questions. (*Affirm strengths*)

I have spent a lot of time looking into the safety of this vaccine, if it is okay with you, I could give you some information you might find helpful. (*Ask permission to share*)

**Sara:** Sure, yes that would be nice.

**HW:** Experts have collected a lot of safety data on the HPV vaccine over the last decade, and so far, the evidence continues to show that this vaccine is very safe. Like any medication, the HPV vaccine can cause side-effects, including pain, swelling, or redness where the vaccine was given. This is normal and should go away in a day or two. You are right, the vaccine is relatively new in our country, that is why you were not offered it when you were Elsa’s age. What we know is that cervical precancers in young women have gone down dramatically in the years since this vaccine has been introduced in many countries. Cervical cancer caused by HPV is serious – that is why I strongly recommend this vaccine to all my friends and family who have children. (*Share knowledge, provide strong recommendation*)

**Sara:** Really?
HW: Absolutely, I recommend this vaccine for Elsa because I truly believe in it. *(Provide recommendation and explain why)*

Sara: Okay, maybe I am over thinking, I just want to be sure it is the right thing to do.

HW: Of course, you want to make the best decision for Elsa. Please know, I would not recommend anything that was not completely researched, very safe and in Elsa’s best interest. *(Reaffirm strong recommendation)*

Sara: Okay, thanks, that is good to hear.

HW: I am glad that we could talk about your safety concerns today. Given our discussion about the HPV vaccine what do you think you want to do? *(Summarize and decide action)*

Summary message to HWs when responding to vaccine hesitancy:

Initiate a conversation guided by MI techniques:

1. Ask **OPEN-ENDED QUESTIONS** – Explore main reasons behind hesitancy.
2. **REFLECT and ACKNOWLEDGE CONCERNS** – Repeat what the patient says or what you think the patient means to reflect the cause(s) of hesitancy.
3. **AFFIRM STRENGTHS and PROVIDE ENCOURAGEMENT** – Recognize strengths to identify common goals.
4. **ELICIT, SHARE KNOWLEDGE, VERIFY** – Ask what patient knows and seek to complete their knowledge, share evidence tailored to concern, verify next steps. **Strongly recommend vaccination** and explain why.
5. **SUMMARIZE** concerns; **DECIDE ACTION**:
Gaia is in your office today with her 13-year daughter Ani who has an impacted ear canal from excess ear wax. After addressing Ani’s ear complaint, you take the opportunity to let them know that Ani is eligible for the HPV vaccine today.

Ani says, “I do not want this vaccine, my dad is a doctor and he does not think I should get it.”

HW: Gaia, I want to let you and Ani know that Ani is eligible to receive the HPV vaccine today. (*Use a presumptive statement*)

Ani: I do not want this vaccine. My dad is a doctor and he does not think I should get it.

The HW recognizes that Ani is refusing the vaccine but senses that Ani and her mother may be unsure. The HW determines Ani is vaccine hesitant.

HW: You sound concerned. Could we talk through this together? (*Show empathy and establish collaboration*) (*Pause for indication*)

What have you heard about the HPV vaccine that causes you to worry about it? (*Ask an open-ended question, tailored to the concern*)

Ani: My dad says this vaccine is new and teenagers are being used in experiments to test the safety.

Gaia: I also read in a Facebook group that this vaccine can cause infertility in young women, so I do not trust it.

HW: If I understand correctly, it sounds like you do not trust the safety of the vaccine, and you are worried about what you have heard regarding harmful side-effects. Is this correct? (*Use reflective listening to verify concern*)

Gaia: Yes, well, we have been hearing a lot and we just do not know about the long-term effects and whether it is safe.

HW: I can understand that what you have been hearing is worrying and I can see that Ani’s health and safety is important to you. (*Affirm and encourage strengths*) If it is okay with you, I could give you some information about the safety of the vaccine that may help to address your concerns. (*Acknowledge concern and ask permission to share*)

Gaia: Sure, okay.

HW: Well, your dad is right that this vaccine is relatively new in comparison to other routine childhood vaccines. Regardless, all HPV vaccines have gone through rigorous testing before being authorized for use and have proven to be very safe with no significant risks or side-effects. The most common side-effects are mild and resolve after a short time. These include pain and redness at the injection site, fever, dizziness, headache and nausea. Serious reactions to the HPV vaccines are rare.

National health authorities and the World Health Organization regularly review the evidence on the safety of HPV vaccines and concluded that the available evidence has not shown any safety concerns.
regarding the use of HPV vaccines. I can also confidently say there is no evidence to suggest that getting the HPV vaccine will have an effect on future fertility. In fact, studies show no association between the HPV vaccines and reproductive problems in females. However, getting HPV could affect future fertility. Women who develop an HPV precancer or cervical cancer could require treatment that would limit their ability to have children. Research has concluded that the HPV vaccine is an effective way to prevent illness and death resulting from cervical cancer. (Share knowledge) That is why I strongly recommend this vaccine to all girls Aní’s age. (Provide strong recommendation) Does this information make sense? (Verify understanding)

Gaia: Well yes, I did not know about cervical cancer.

HW: Yes, cervical cancer is very serious. In fact, it remains the second leading cause of death from cancer in women worldwide. (Share knowledge, pause for reflection)

So, Gaia and Aní, given our discussion today on the safety of the HPV vaccine and why it is important, what are your thoughts about it now? (Summarize and decide action)

Summary message to HWs when responding to vaccine hesitancy:

Initiate a conversation guided by MI techniques:

1. **Ask OPEN-ENDED QUESTIONS** – Explore main reasons behind hesitancy.
2. **REFLECT and ACKNOWLEDGE CONCERNS** – Repeat what the patient says or what you think the patient means to reflect the cause(s) of hesitancy.
3. **AFFIRM STRENGTHS and PROVIDE ENCOURAGEMENT** – Recognize strengths to identify common goals.
4. **ELICIT, SHARE KNOWLEDGE, VERIFY** – Ask what patient knows and seek to complete their knowledge, share evidence tailored to concern, verify next steps. **Strongly recommend vaccination** and explain why.
5. **SUMMARIZE** concerns; **DECIDE ACTION**: 
Appendix 3. Interactive training activities

Part 1. Vaccine confidence and the role of health workers

1. Research indicates the factor that is most influential to encourage vaccine acceptance among caregivers is: (Select one answer)
   
a. Incentives given to caregivers to vaccinate.
   
b. *Health workers who confidently recommend vaccination.*
   
c. Public health campaigns that recommend vaccines.
   
d. Social media messages that recommend vaccines.

   The correct answer is b. All the other answers can also influence vaccine acceptance among caregivers in different contexts, however HWs are consistently, the most influential factor. Research indicates a caregiver is more likely accept vaccination for their child when their health care provider recommends it (1).

Part 2. Communicating risks and benefits

2. Communication scenario about risks and benefits

   **Scenario:** A mother of a 9-year-old girl is concerned about the safety of the HPV vaccine. This vaccine is very new in your country, and she has heard from relatives that it can cause fertility problems in the future. She wants you to explain the risks involved by getting vaccinated and why her daughter should get the HPV vaccine.

   **Action:** Discuss key points you would like to prioritise in your conversation with this mother.

   This table presents some key messages about the risks and benefits that can be discussed with the mother. Share these examples with participants if they have not already been discussed.

<table>
<thead>
<tr>
<th>Risks of HPV infection</th>
<th>Benefits of HPV vaccine</th>
<th>Risks of HPV vaccine</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPV infections are very common among men and women. Nearly everyone will get HPV at some point in their lives.</td>
<td>The vaccine is very safe. Many people who get the HPV vaccine have no side-effects at all.</td>
<td>The most common side-effects are mild and resolve after a short time. These include: pain, redness, or swelling in the arm where the vaccine is given; fever; headache or feeling tired; nausea; muscle or joint pain</td>
</tr>
<tr>
<td>HPV vaccination works extremely well with the potential to prevent more than 90% of HPV-cancers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HPV infection can cause cervical cancer. Cervical cancer is the most common HPV-related disease and the second leading cause of death from cancer in women globally.</td>
<td>Since the HPV vaccine was first recommended, the number of cases of precancers of the cervix in young women has dropped significantly.</td>
<td>Serious reactions to the HPV vaccines are uncommon.</td>
</tr>
<tr>
<td>Every year, about 30 000 women die from cervical cancer in the European Region.</td>
<td>HPV vaccination is one of the easiest and most effective ways to prevent cancer.</td>
<td>Fainting in among young people (unrelated to the contents of the vaccine).</td>
</tr>
</tbody>
</table>
Part 3. Factors influencing caregivers’ acceptance of HPV vaccination

3. Match the following examples (A-I) to the correct factor influencing acceptance of HPV vaccination.

A. Limited vaccine supply  
B. Relatives  
C. Fact sheets in local languages  
D. Mistrust of pharmaceutical companies  
E. Location of vaccination clinics  
F. Social media friends  
G. Safety concerns about side-effects  
H. School newsletters informing caregivers about the HPV vaccine  
I. Belief that “I am young and healthy”

A and E are examples of convenient access to vaccination. B and F are examples of support from social network. D, G and I are examples of attitudes and intention. C and H are examples of level of knowledge and health literacy.

Part 4. Communicating with caregivers using motivational interviewing

4. Which statement is correct? (Select one answer)

a. The majority of people refuse vaccination, several are uncertain and have questions, and only a few accept.
b. The majority of people accept vaccination, only a few are uncertain and have questions, but several people refuse.
c. The majority of people accept vaccination, several are uncertain and have questions, only a few people refuse.

The correct answer is c. The majority of people globally accept vaccination when it is recommended by a HW. Several people will have questions and concerns that a HW who is trained in communication skills can effectively address. Few people actively refuse to vaccinate. However, this group can be vocal and can hijack the public discourse around vaccination.

5. What are the essential skills used in motivational interviewing? (Select one answer)

a. Tips, directives, reflective listening, open-ended questions, summarizing  
b. Open-ended questions, reflective listening, affirmations, sharing knowledge, summarizing  
c. Open-ended questions, tips, reflective listening, information  
d. Open-ended questions, reflective listening, affirmations, tips

The correct answer is b. The essential skills used in motivational interviewing in the context of vaccination consultations are, open-ended questions, affirmations, reflective listening, summarizing, and respectfully sharing information. The use of tips is not a motivational interviewing skill.
6. Exploring open-ended questions:

Scenario: You are seeing a 12-year-old female patient, Anna and her mother at a clinic visit. You welcome them and start the conversation to say, “Today we have a vaccine for Anna against cancers caused by HPV cancers.”

The mother replies, “I do not think she should have the HPV vaccine.”

**What would you say first to explore this parent’s concern?**

- a. Why do you think Anna should not have the HPV vaccine?
- b. I can understand why you think this. Do you want to reschedule an appointment to talk about it another day?
- c. Just so I can understand what makes you think this, would you mind sharing what your particular concerns are?

The correct answer is c. Ask an open-ended question to explore and prioritize concerns. Open-ended questions that start with the question why may sound argumentative and causes the person to respond in defense. Open-ended questions that start with what? or tell me? allow for a collaborative and respectful discussion. Asking the parent to reschedule the visit only delays the conversation and is less likely to lead to vaccine uptake.

7. Exploring reflective listening:

Scenario: You are seeing a 12-year-old female patient, Anna and her mother at a clinic visit. You welcome them and start the conversation to say, “Today we have a vaccine for Anna against HPV cancers.”

The mother replies, “I don’t think she should have the HPV vaccine.”

You respond to say, “Just so I can understand what makes you think this, would you mind sharing what your particular concerns are?”

The mother says, “Well, I have heard that it is a vaccine to prevent a disease that is transmitted by having sex, and she is a long way from having sex.”

**Which statement would you use to reflect the parent’s concern and demonstrate empathy?**

- a. I understand why you are worried, getting the HPV vaccine can be a stressful experience for young girls.
- b. Well, research shows that many adolescents will be having sex by middle school, and if you are worried about her having sex, studies have shown that this vaccine will not increase the likelihood of her having sex.
- c. I can hear that you are concerned that Anna is too young for the HPV vaccine because HPV is transmitted by sexual contact, is this correct?
The correct answer is c. Use reflective listening to repeat what the caregiver says or what you think the caregiver means. Then ask for confirmation to make sure you understand the concern. This is a conversation tool to build trust. Responding directly with facts can reinforce vaccine hesitancy and put the caregiver on the defense. Always frame vaccination in a positive manner. Implying that getting vaccinated is a stressful experience can also reinforce hesitancy.

8. Exploring affirmation:

Scenario: You are seeing a 12-year-old female patient, Anna and her mother at a clinic visit. You welcome them and start the conversation to say, “Today we have a vaccine for Anna against HPV cancers.”

The mother replies, “I don’t think she should have the HPV vaccine.”

You respond to say, “Just so I can understand what makes you think this, would you mind sharing what your particular concerns are?”

The mother says, “Well, I have heard that it is a vaccine to prevent a disease that is transmitted by having sex, and she is a long way from having sex.”

You respond to say, “I can hear that you are concerned that Anna is too young for the HPV vaccine because HPV is transmitted by sexual contact, is this correct?”

The mother says, “Yes, I think Anna is too young to be having sex, this vaccine is not necessary for her.”

Which of the following statements could you use in response as example of affirmation?

a. I am confident that you will get over your concern and get your daughter vaccinated because the vaccine is best for girls your daughter’s age.

b. I can hear that you have some knowledge about HPV, and I think it is very important that you are expressing your concern about the vaccine.

c. I can understand why you are worried.

The correct answer is b. Acknowledge the caregiver’s strengths to help build a trusting, respectful and collaborative relationship.

9. Exploring the “elicit-share knowledge – and verify approach”

The mother says, “Yes, I think Anna is too young to be having sex, this vaccine is not necessary for her.”

After your statement of affirmation, how would you respectfully share your expert knowledge?

a. I have thought a lot about this. If it is okay with you, I could share some information that has helped me to better understand the HPV vaccine.
b. Trust me, this vaccine is necessary. Let me tell you what Anna can expect after getting the vaccine.

c. Don’t worry! A lot of young girls your daughter’s age have been vaccinated. Several studies show us that this vaccine is necessary regardless of sexual activity.

The correct answer is a. Ask permission before giving expert advice. This avoids confrontation and helps to ensure the caregiver is ready to receive information.

10. After getting permission to share your expert knowledge, how would you provide information to change a parent’s perspective?

a. Well, research shows that many adolescents will be having sex by middle school, and if you’re worried about her having sex, studies have shown that the vaccine will not increase the likelihood of her having sex.

b. I used to think of this vaccine as something to prevent a sexually transmitted disease but realized it is really about preventing cancer caused by HPV. We recommend this vaccine at your daughter’s age because younger kids have a better immune response than adults. That is why we give the HPV vaccine earlier rather than later, to protect them long before they are ever exposed. This means Anna would have better protection against HPV if she were exposed to it in the future. For this reason, I strongly recommend the vaccine to all girls Anna’s age.

c. You are right HPV is a sexually transmitted infection. HPV is spread through intimate skin-to-skin contact. You can get HPV by having vaginal, anal, or oral sex with someone who has the virus, even if they do not have signs or symptoms. Some HPV infections can cause cancer that is why we give a vaccine to young girls.

The correct answer is b. When proving expert information, tailor the information to the main concern. Too many facts can be overwhelming. Use clear and concise sentences. Explain why you recommend the HPV vaccine to all eligible persons.

11. Exploring how to summarize and decide an action

Scenario: You are seeing a 12-year-old female patient, Anna and her mother at a clinic visit. You have respectfully provided her with information about when and why the HPV vaccine is given, and strongly recommended that Anna is vaccinated based on the benefits of HPV vaccination versus the risks associated with being unvaccinated and acquiring an HPV infection.

What could you say to briefly summarize the discussion for the parent and transition to an action?

a. So now that we have talked about the benefits of the HPV vaccine, it is time for Anna to get vaccinated.

b. Now that we have talked about what you might expect after the vaccine, maybe you can think about getting Anna vaccinated at her next visit.
c. Today we have talked about the benefits of the HPV vaccine for girls Anna’s age and why I recommend this vaccine for her. What do you think you want to do?

The correct answer is c. Briefly summarize the conversation and transition to an action by letting the caregiver determine what they will do considering the conversation you just had.

Part 5. Putting the conversation pieces together to build confidence in communicating about HPV vaccination

12. When starting a conversation about vaccination with a caregiver: (Select one answer)
   a. *Use a presumptive statement assuming acceptance of vaccination.*
   b. Ask what they think about getting vaccinated.
   c. Only discuss the vaccine if the topic is mentioned.

The correct answer is a. A presumptive statement is one that assumes the caregiver is willing to have their child vaccinated and has been shown to increase vaccine uptake (2, 32). Such announcements signal the HW’s confidence in the vaccine and helps to establish vaccination as the norm. These statements are more effective at increasing uptake than reluctant language (such as “What do you think about giving the HPV vaccine to your daughter today?”).

13. Which statement is incorrect: (Select one answer)
   a. When sharing expert knowledge with caregivers ask what he/she knows and ask permission to complete their knowledge.
   b. *When sharing expert knowledge with caregivers provide as many facts as possible.*
   c. When sharing expert knowledge with caregivers give evidence-based information or advice tailored to their concern(s).

The correct answer is b. Too many facts can be overwhelming and can sometimes reinforce vaccine hesitancy (34, 35). When providing expert information provide short, concise messages tailored to a person’s concern.
Appendix 4. Principles of communicating risks and benefits

<table>
<thead>
<tr>
<th>Communicate current knowledge</th>
<th>Your professional opinion matters</th>
<th>Respect differences of opinion about vaccination</th>
<th>Represent risks and benefits of vaccines fairly and openly</th>
<th>Adopt a patient-centred approach</th>
<th>Present clear, concise evidence-based messages</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Consider what the caregiver already knows.</td>
<td>• Your strong recommendation to get vaccinated has been shown to increase uptake.</td>
<td>• Some caregivers will express reluctance or refusal to accept the vaccine for their child.</td>
<td>• Contrast known versus theoretical risks of the vaccine with known risks associated with HPV.</td>
<td>• Effective decision-making is best done in a partnership between the health worker, caregiver and child.</td>
<td>• Encourage questions, address misinformation, and provide credible resources, for those who want more information.</td>
</tr>
<tr>
<td>• Use varied information formats tailored to educational levels and languages.</td>
<td>• Use statements such as, “I believe this vaccine will protect your daughter”.</td>
<td>• Ask permission to explore underlying reasons without being judgmental.</td>
<td>• Caregivers have input into the decision to vaccinate and retain responsibility for the health of their children.</td>
<td>• Respond to specific concerns avoiding lengthy discussions.</td>
<td>• Reaffirm your conviction that the vaccine is important to protect against cancers and other diseases caused by HPV.</td>
</tr>
<tr>
<td>• Provide guidance on how to assess website reliability and provide a list of reliable ones.</td>
<td>• Remember: A trusted Health Worker is proven to be essential in the decision-making process.</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
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