

Community dynamics influencing HPV vaccine uptake amongst girls in the Pacific Islands



BACKGROUND

The following people contributed studies or analysis to inform this poster:

SAMOA:

Robert Carney, Mereta Sefo Faalafi, Aaone Tanumafili Taveuveu, Project Team; Tuila Pati, Ministry of Health, Government of Samoa

TONGA:

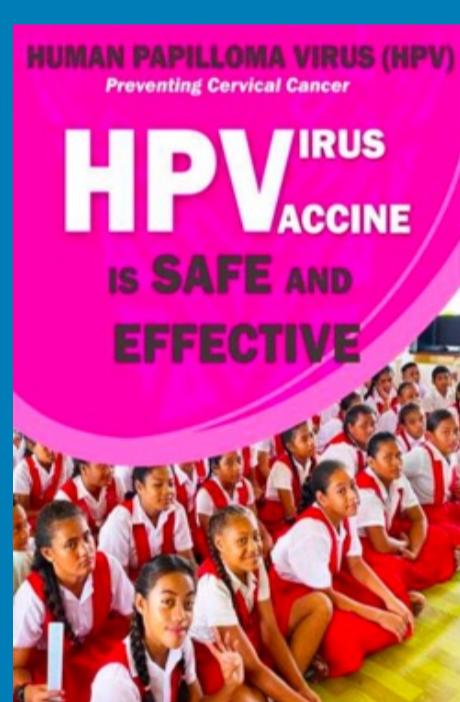
Dr Seini Toumaoua Fifita, Tonga National University; Dr Losana Vuki, Sr Afu Tei, Ministry of Health, Government of Tonga; Iemaima Havea, Lavinia Palei, Project team

TUVALU:

Dr Christine Lifuka, Ministry of Health, Government of Tuvalu; Alaita Taulima, Sauniga Sosene, Project team

VANUATU:

Jude Ssenyonjo, Dr Esther Makanga, UNICEF; Apisai Tokon, Hannah Tamata, Project team.



CONTACT INFORMATION:

ADB. Regional:
Systems Strengthening for Effective Coverage of New Vaccines in the Pacific Project.



SCAN TO KNOW MORE

Ki Fung Kelvin Lam
klam@adb.org

ADB

Community dynamics play a significant role in influencing the uptake of public health interventions. Despite vaccines being considered as public health 'best-buy', Samoa, Tonga, Tuvalu, and Vanuatu have faced challenges in attaining the 80% coverage target, or reaching segments of the target population, since the introduction of the Human Papilloma Virus (HPV) vaccine in 2021. The HPV vaccine was introduced with support from a regional ADB project with the objectives to reduce four Pacific island countries' burden against vaccine preventable diseases, integrate immunization programs into broader health systems, and improve access to primary healthcare services.

OBJECTIVES

To identify the behavioral, social and structural drivers that influence the uptake of HPV vaccine amongst girls and recommend evidence-based interventions to promote uptake.



METHODOLOGY

Studies were conducted in Samoa, Tonga and Vanuatu, and informal enquiry undertaken in Tuvalu, to examine the reasons for vaccine refusal amongst unvaccinated girls who were eligible for HPV vaccination. Mixed methods and qualitative approaches were used including focus-group discussions, surveys and key informant interviews with unvaccinated girls, parents and caregivers, and healthcare and school workers to understand the factors influencing vaccine uptake.



LESSONS LEARNT

Overall, the findings suggest that community-based approaches, including peer influence amongst family and the community, are essential for improving HPV vaccine in Pacific island countries. Tailored health promotion outreach sessions for women and men, particularly those led by community champions or public figures, have proven to be successful risk communication strategies to bridge communication gaps and dispel misinformation over vaccination. Whilst school-based campaigns remain a relevant way to reach adolescent girls, door-to-door or village level campaigns have helped to catchup those undecided or refusing. Household enumeration programs have helped improve target population data. Other enablers such as microplanning for outreach campaigns, linkage to school registers for more accurate reporting, and partnerships with NGOs and faith-based groups at the community level are also important drivers.



POLICY RECOMMENDATION

Unlike routine vaccines for infants, HPV vaccination for adolescent girls requires contextualized approaches to overcome gendered risk perceptions and misinformation. Enhancing interpersonal communication and providing culturally appropriate information can help address vaccine hesitancy, increase social equity, and improve the roll-out of public health programs.

RESULTS

Across the four countries, key drivers of vaccine refusal or hesitancy were: communication and information gaps (in parents and health workers); misinformation (infertility or other side-effects) and COVID-19 impacts. Operational barriers (wait times, supply, coordination, tracking target population) also impacted uptake, particularly where there was a gap between campaigns and delivery of the services. Social factors impacting uptake were gender differences in decision-making amongst parents and caregivers (mothers deferring to fathers, reasons for refusal); religious or cultural barriers; and low levels of trust for healthcare workers. Uptake was improved with increased interpersonal communication (house-to-house, village outreach); the engagement of trusted community, religious or healthcare leaders to provide HPV messaging; and peer influence amongst girls (Samoa).