Addressing health system barriers to HPV vaccine uptake

Marginalised Roma communities in Slovakia encounter multiple barriers when it comes to Human papillomavirus (HPV) vaccine uptake. Identified by local stakeholders (community members, healthcare professionals, public health authorities and policymakers), the most significant and feasible to address ones include insufficient information delivery, linguistic barriers, limited access to the healthcare system, lack of awareness raising initiatives, and inadequate healthcare professional training.

To effectively respond to the community’s needs, we have based our piloting interventions in Eastern Slovakia, Kosice on these barriers and have devised a multicomponent approach. The main component will be recruiting and training Roma health mediators along with healthcare professionals to conduct educational sessions for parents and their children.

General description of interventions

Health promoters

The position of “Roma health mediator” is well-established in Slovakia under the national project “Healthy Communities”. These mediators, of Roma origin, reside and work within the communities that RIVER-EU aims to reach, enjoying the trust of their peers. Utilising their network, they are ideal candidates for recruiting participants.

When enlisting healthcare professionals, the outreach extends to those working in primary care, gynaecologists, vaccinologists, and medical students. Priority is given to candidates with a Roma background, ensuring to include both genders.
Health promoters' training

This pilot intervention offers education on HPV-related infections, vaccination, and practical information about the Slovak Immunisation Programme to Roma health mediators, empowering them to promote HPV immunisation and bridge the gap between healthcare systems and communities. Building on their previous experience, they will additionally participate in training sessions that aim to refresh their presentation and communication skills. Healthcare professionals will undergo more in-depth training through online courses, covering similar topics. By the end of the training, both groups will become familiar with context-specific barriers, beliefs, and attitudes towards HPV vaccination, and will be equipped with culturally appropriate communication skills and strategies for using easy to understand language.

Educational programmes in the community

Defining target groups for educational sessions

Following the training, health promoters will organise HPV educational sessions for parents/legal guardians and their vaccine-eligible children (boys and girls aged between 12 and 14 and 364 days) who haven't received vaccination, along with 11-year-old children who will turn 12 during the intervention's duration. This focus on the specified age group aligns with the project's aim to promote HPV vaccinations that are accessible and free of charge.

Educational content and settings

Our focus lies on marginalised Roma communities in Kosice region, Eastern Slovakia, where vaccination rates are notably low. Sessions for parents and legal guardians will convene in neighbourhoods and familiar venues such as community centres, schools, health centres, and religious establishments. Separate sessions for boys and girls, conducted during school hours, ensure a safe environment for questions, with no teachers present.
These sessions provide factual information on HPV, HPV vaccination, how to access additional information, and arrange a vaccination appointment, with the aid of audiovisual content, brochures with simple wording and graphics. They are delivered in Slovak and Romani languages by Roma health mediators and supported by health professionals to address technical inquiries. Common community beliefs and understandings are openly discussed as well.

After the sessions, Roma health mediators extend their support indefinitely, ensuring continuity beyond the project's duration. They provide vaccine reminders and guidance in navigating the healthcare system. On-demand appointments with healthcare professionals are available for personalised assistance.

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Quality assurance

Both training and educational sessions will undergo evaluation using pre- and post-knowledge and attitude questionnaires. Participants will be surveyed about their vaccination intentions post-session and six months later. Continuous evaluation and updates based on feedback will ensure content relevance and effectiveness.

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