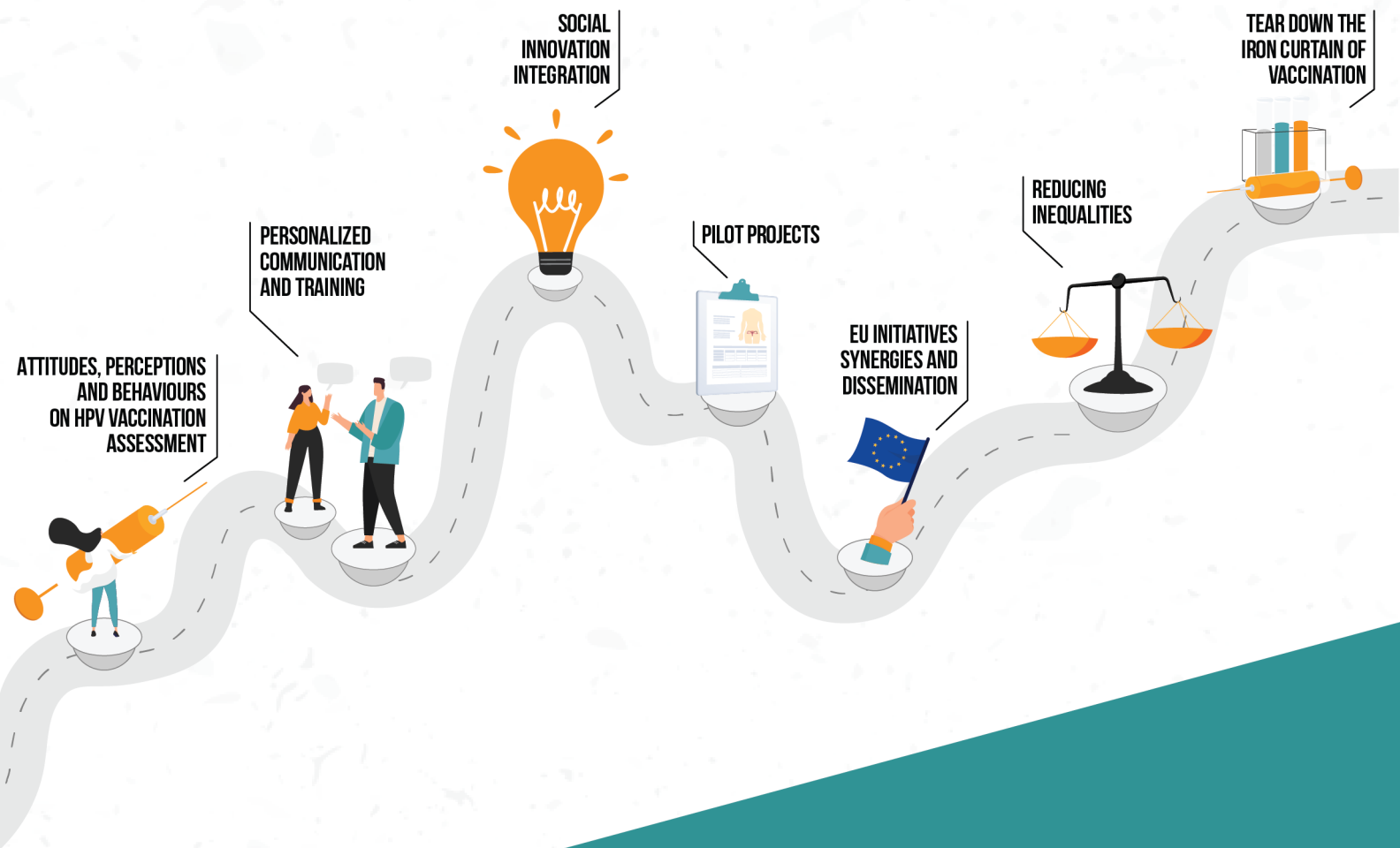


Rethink and Reduce inequalities in HPV vaccination through personalized communication and training, based on social innovation and behavioural determinants of health



# INITIAL REPORT ON MONITORING AND EVALUATION

MAY, 2023



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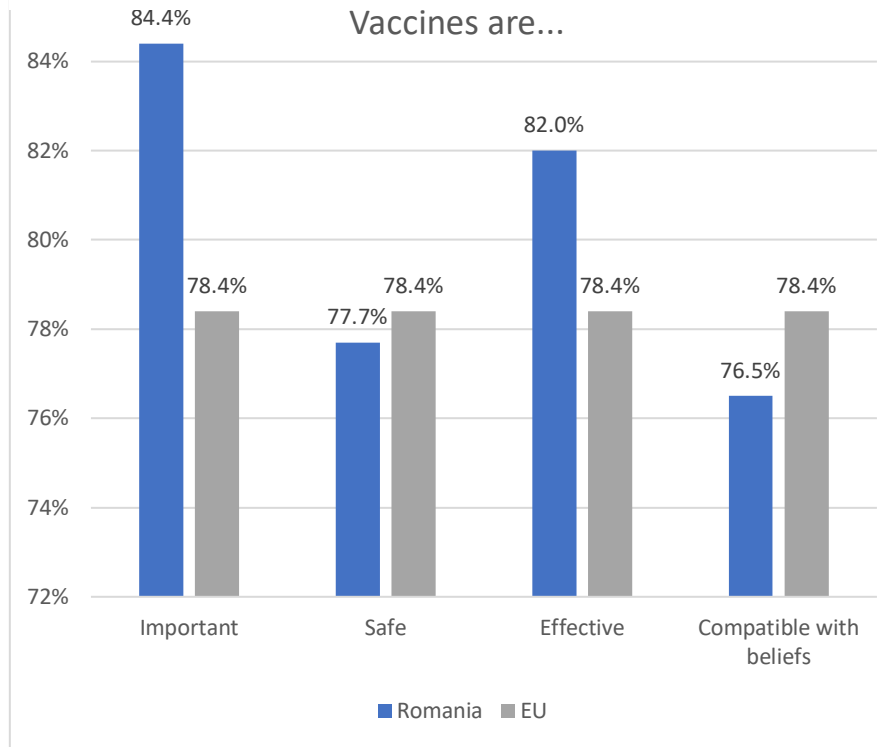
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## CONTEXT

Although HPV cancers are some of the most preventable forms of cancer, the vaccine intake in some countries from the European Region is low and very low. HPV infection is responsible for 99.7% of cervical cancers and it's the most common sexually transmitted infection. 16 and 18-HPV types cause 70% of cervical cancers and pre-cancerous lesions. There is also evidence linking HPV with cancers of the anus, vulva, vagina, penis, and oropharynx. The now available HPV vaccine covers 90% of the circulating strains of the virus. In this context, vaccination of the female and male population should be one of the public health priorities. Theoretically it is, but practically the results are missing in many countries – Romania, Bulgaria, Greece, Poland, Moldova, Ukraine, Belarus, Georgia, Albania and so on are the best examples on how lack of access to the right information, misinformation and fake-news, unrealistic communication strategies and infodemia related to the vaccination in general (including Covid-19 vaccination), can generate thousands of avoidable deaths. These countries, with Romania being the worst, have the highest rate of preventable and treatable deaths in European Region. For example, at European level, Romania ranks first in terms of incidence and mortality for cervical cancer: the incidence is 2.5 times higher than the Eu average, and the mortality rate is over 4 times higher.

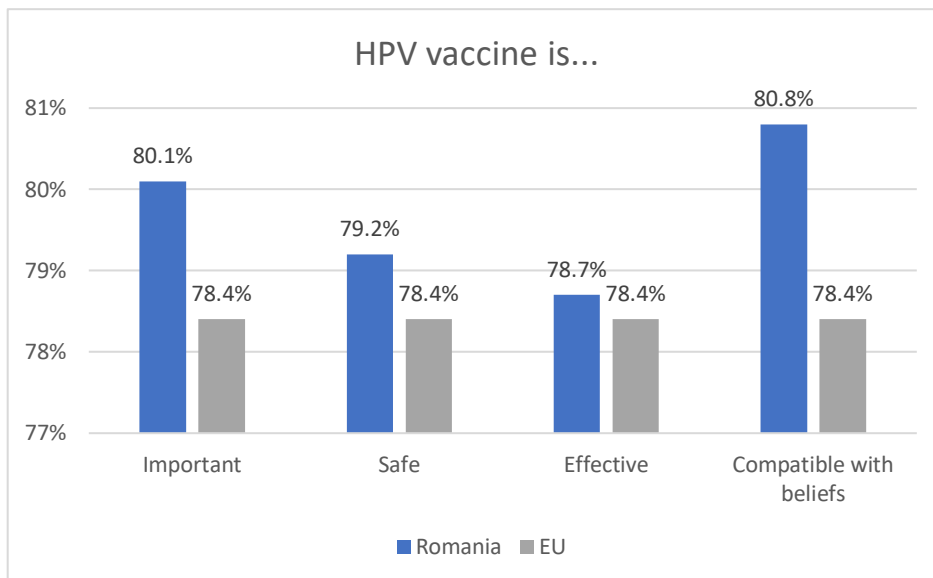
In Romania, per capita spending on health prevention is the second lowest in the European Union, while spendings on primary care are the lowest (OECD and the European Observatory on Health Systems and Policies, 2021). This is why Romania has high mortality rates for preventable and treatable causes – 235 persons/100000 inhabitants in 2020 compared to the average of 109 persons/100000 inhabitants at EU level (Eurostat, 2023). The general vaccine confidence has slightly decreased in Romania after the pandemic from 88% (2018) to 84% (2022) which is a trend observed in the majority of EU countries (de Figueiredo, et al., 2022). 57% of the Romanian population believes that vaccines are important, safe, effective and compatible with their beliefs, while 84% of the healthcare professionals agreed to all. In terms of vaccines safety, 78% of the general population in Romania considers vaccines are safe. The percentage is higher when addressing MMR vaccine (84%). Perspectives on flu vaccine and HPV vaccine are similar, approximatively 78% believe they are safe, observing an increase in since 2020. Only 60% of the Romanian respondents believe Covid-19 vaccine is safe (de Figueiredo, et al., 2022). As can be seen in Figure 1, the Romanian respondents declare they believe vaccines are important (84.4% compared to 78.4% in EU), safe (77.7%), effective (82%), compatible with their beliefs (76.5%). According to the same report (de Figueiredo, et al., 2022), Romanians perceive the HPV vaccine as important (80%), safe (79%), effective (78.7%) and compatible with their beliefs 80.8). One should have in mind that realities might differ from perceptions and social desirability bias when respondents try to answer according to expectations and aiming to “look good” in front of the others.

Figure 1. General perception on vaccines (Romania and EU, 2022)



Source: Vaccine Confidence Project, European Commission

Figure 2. Perception on HPV vaccine (Romania and EU, 2022)



Source: Source: Vaccine Confidence Project, European Commission

In 2020, 3380 new cases of cervical cancer were reported, the third most common cancer in women (The Global Cancer Observatory, 2021). Even though cervical cancer is preventable and treatable if early diagnosed, the crude mortality rate is the highest in Europe – 18.3 (per 100000 women) and 1805 women died because of this cancer in 2020 (Bruni, et al., 2023). Even though Romanians seem open towards HPV vaccination, the vaccination rate is extremely low and international statistics don't even have data about the share of the population who took HPV vaccine. At the moment, HPV vaccination is free of charge for girls aged between 11-18 and the Ministry of Education is thinking to extend the program for adult women (18-45) and boys (Neagu, 2023). According to the Minister of Health (Neagu, 2023), more than 100000 girls benefitted from the HPV vaccination campaign and the requests are increasing lately. Approximately 30000 requests for HPV vaccination of girls between 11 and 18 years were registered at family doctors in the first half of 2022 (Ministry of Health, 2022). Yet, the total number of girls aged between 10 and 19 years old in 2022 in Romania was 1,095,336.00 (National Statistics Institute, 2022), thus, the share of requests is low compared to the total number of girls.

## PROJECT DESCRIPTION

The ReThinkHPV Vaccination Project aims at changing this narrative and reducing inequalities in HPV vaccination between and within countries through personalised communication and training, based on social innovation and assessment and targeted interventions on the behavioural determinants of health. The main goal of this project is to support Member States and EU widening countries to rethink and restart their HPV vaccination campaigns and so take a step closer to achieving Europe's Beating Cancer Plan and Cancer Mission objectives with regards to HPV vaccination and cancer prevention.

The main issue that this project aims to address is the lack of proper communication & training for HPV vaccination in European countries with a low rate of HPV vaccination. Analysing and assessing the citizens' perceptions and attitudes on HPV infections in time (studies done by Centre for Innovation in Medicine and Renasterea Foundation), the conclusion is that the rate of vaccination can be increased by developing and implementing personalized communication knowledge & training resources, based on social innovation and assessment and targeted interventions on the behavioural determinants of health.

To implement personalized communication knowledge & training resources, we will use the approach based on the assessment followed by targeted interventions on the behavioural determinants of health at micro, meso and macro level. The HPV vaccination behaviour matrix has 3 dimensions:

- Micro-dimension - family members, inner circle of close friends who can influence HPV vaccination behaviour.
- Meso-dimension - community influencers who can influence HPV vaccination behaviour (ex. religious leaders, family doctors or mayors, especially in rural areas)
- Macro-dimension - (inter)national influencers driven by traditional media and social media who can influence HPV vaccination behaviour.

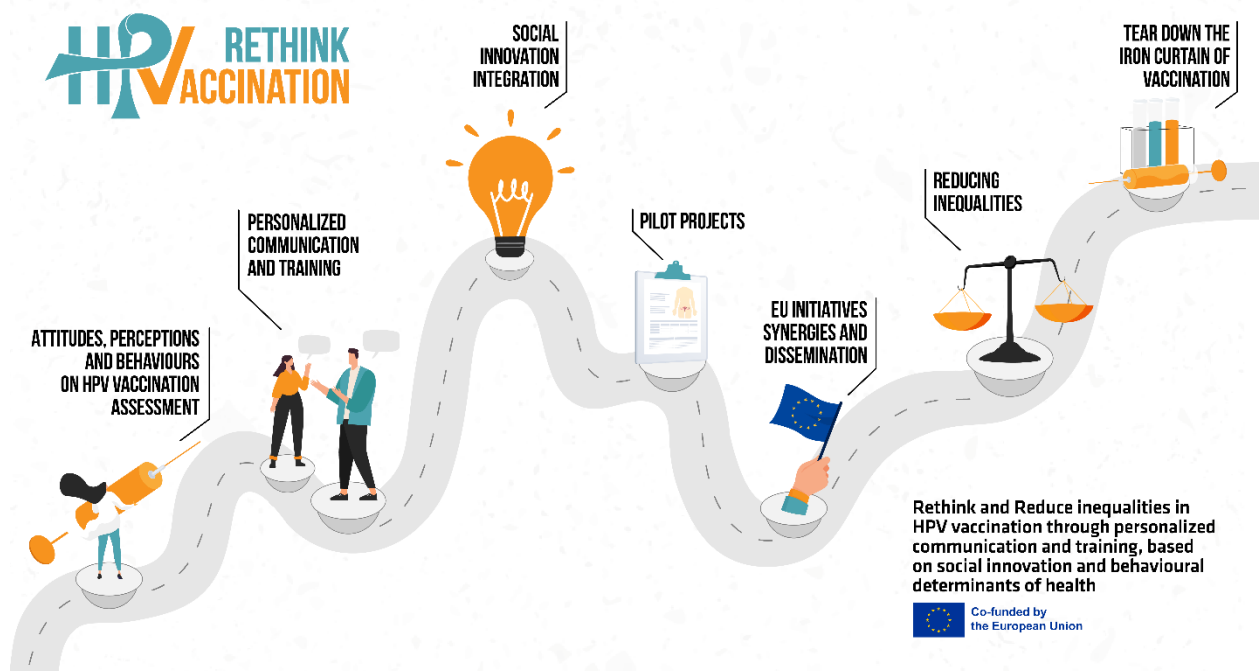
The **general objectives** of the project are:

1. To provide evidence-based knowledge for European countries with a low HPV vaccination rate (VR) on the best communication and engagement strategy to restart or improve their HPV vaccination campaigns based on the understanding of behavioural determinants of health and social innovation.
2. To provide guidance on how to tackle the vaccination and HPV vaccination infodemic, fake-news and disinformation/conspiracies.
3. To develop training programmes for the key actors in the process of HPV vaccination at the national level (training of trainers) - from implementing the idea of getting vaccinated until the vaccination itself.
4. To implement the training and knowledge in two disadvantaged regions in Romania (Pilot Project) and measure the level of HPV vaccination literacy before and after the implementation.
5. To disseminate the information to the national authorities and to other NGOs or civil entities from Romania and to representatives of other countries with a similar profile, like: (EU Countries) Bulgaria, Greece, Poland, Czech Republic and (non-EU countries) Republic of Moldova, North Macedonia, Bosnia-Herzegovina, Albania, Georgia, Ukraine, Kosovo, Serbia
6. To engage with relevant European institutions (Joint Research Center) and to contribute to the objectives of the Knowledge Center on Cancer, one of the flagships of Europe's Beating Cancer Plan.

The **specific objectives** of the project are:

1. To develop a virtual Knowledge Centre on HPV vaccination (for countries with low HPV vaccination rate) with a focus on communication and in synergy with the Knowledge Centre on Cancer; (Indicator: Number of countries, organisations, experts outreached by actions - measured through the participation at the presentation events held);
2. To create a personalized communication strategy for the Romanian needs and generate the HPV vaccination behaviour matrix on 3 dimensions (micro, meso, macro): (Indicator: Satisfaction rate / feedback of national/regional authorities responsible for human papillomavirus vaccination programmes. Baseline: engagement with the Ministry of Health; Target: engagement with Ministry of Education, Presidential Administration and Institute of Public Health);
3. To develop and share a Combating fake-news and the infodemic around HPV vaccination Guideline and disseminate a Romanian short handbook during an online media event (Indicator: Number of media outlets that wrote about it, TV news and Radio appearances on the subject, online audience, and engagement. Target value: 4 TV stations, 1 Radio emission, 10 online articles (on our platform and affiliated press), social media posts on the participants page - all three followed by more than 50,000 people).
4. To design, develop and share international training courses for personalized HPV vaccination communication based on the HPV vaccination behaviour matrix (Indicator: Satisfaction rate / feedback of international and national NGOs representatives; Number of people reached. Baseline value: 5 international organisations. Target value: 10);

5. To select and train Romanian speaking trainers (Indicator: Number of trainings organised. Number of people trained. Target value: 50 county representatives from Romania and 3 representatives from Republic of Moldova);
6. To use the resources to train vaccination leaders in the Pilot Project (Indicator: Number of training courses organised. Target value: 240 people trained, 12 courses);
7. To engage and organise online events with NGOs or other representatives of countries with a low HPV VR to disseminate the knowledge and results (Indicator: Number of events organised and Satisfaction rate / feedback from participants. Target value: 3 events).



## SWOT ANALYSIS OF THE PROJECT

<p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>• Diverse and competent team with various backgrounds: social sciences, communication, project management, health and medicine;</li> <li>• Strong partnership between 4 organizations with experience in project management and HPV vaccination theme;</li> <li>• Expertise and Knowledge: Each partner brings unique expertise and knowledge in their respective fields, such as medical research, public health, vaccination programs, and community engagement;</li> <li>• Previous successful collaboration between partners;</li> <li>• The partners have existing networks and collaborations with healthcare providers, government agencies, and community organizations, which can facilitate the implementation of the project;</li> <li>• The partners have access to financial resources, infrastructure, and technological capabilities required for the project.</li> </ul>	<p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>• Limited duration of the project – 24 months</li> <li>• The project might face challenges in maintaining effective communication and coordination among the partners due to differences in organizational structures, priorities, or communication styles;</li> <li>• Overloaded project members with overlapping activities;</li> </ul>
<p><b>Opportunities</b></p> <ul style="list-style-type: none"> <li>• Increasing public awareness about the importance of HPV vaccination presents an opportunity to engage communities and generate support for the project.</li> <li>• Government policies and funding initiatives aimed at improving vaccination rates and reducing HPV-related diseases can provide support and resources for the project.</li> <li>• The project can collaborate with healthcare providers, educational institutions, and community organizations to expand the reach and impact of the HPV vaccination program.</li> <li>• Technological advancements, such as digital health platforms or telemedicine, can be leveraged to improve vaccine delivery, monitoring, and follow-up.</li> <li>• Collaboration with other national and international projects (such as PERCH and Rethink also finance by the European Commission).</li> </ul>	<p><b>Challenges</b></p> <ul style="list-style-type: none"> <li>• The project may face challenges due to vaccine hesitancy among certain population groups, which could affect the acceptance and uptake of the HPV vaccine.</li> <li>• Changes in regulations, licensing requirements, or legal issues related to vaccine distribution and administration may pose threats to the project.</li> <li>• Insufficient funding or budget cuts could limit the project's scope, affecting its ability to achieve the desired outcomes.</li> <li>• Political instability due to governmental changes and potential conflicts</li> <li>• The international conflicts might affect the project implementation</li> <li>• Local elections taking place in Romania in 2024 (local, parliamentary, euro-parliamentary and presidential)</li> </ul>



## STAKEHOLDER ANALYSIS

Stakeholder analysis is a process that helps identify and understand the individuals, groups, or organizations that have an interest in or can be affected by a project.

### 1. Government authorities

- **Ministry of Health:** Responsible for public health policies, regulations, and funding for vaccination programs. The current Minister of Health is an active promoter of the HPV vaccination campaign in Romania and he stated they will extend the HPV vaccination program to adult women and boys in order to increase the vaccination rate at national level:

*“With the resources of this Ministry, we vaccinated more than 100,000 girls in the anti-HPV vaccination program. Now is the time for a new approach. After years of discussion, we decided that we can offset vaccines and greatly increase access to vaccination, not just for girls who are already eligible, but also for women between the ages of 18 and 45, and even for boys. The financial resources used to compensate vaccines in the near future are from the Ministry of Health and will be transferred to the National House for Health Insurance, so that we can include vaccines on a list that allows vaccination of adults or patients with chronic diseases. We want to continue to facilitate access for currently eligible categories. The more people we have vaccinated, the better the public health problem can be controlled” (Alexandru Rafila, Minister of Health, March 2023)<sup>1</sup>.*

- **National Institute for Public Health:** Involved in the planning, implementation, and monitoring of vaccination campaigns. The institution develops and promotes vaccination campaigns at local, regional and national level and they coordinate the HPV vaccination campaign at local level through local public health departments. They, monthly, report the vaccination stakes and ask for new ones if needed. The Institute for Public Health is part of another European project targeting HPV vaccination – PERCH project; the project involves 18 European countries and 34 partner organizations, aiming to improve the capacity of member states to plan and implement HPV vaccination campaigns by sharing knowledge and experience.

### 2. Healthcare Professionals

- **Doctors and Nurses:** Provide medical expertise, administer vaccines, and offer counseling to patients and parents.
- **Pharmacists:** Dispense vaccines, provide information, and play a role in vaccine distribution.
- **Medical Associations:** Represent the interests of healthcare professionals and may provide guidance and support for vaccination initiatives. The National Society of Family Medicine in Romania develops and implements trainings for health professionals to improve their knowledge and abilities on implementing HPV vaccination campaigns.

### 3. Educational Institutions:

- **Schools and Universities:** Can serve as venues for vaccine administration and education programs. Teachers and school administrators can promote vaccination among students. The

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<sup>1</sup> The full press article is available here: <https://www.hotnews.ro/stiri-sanatate-26119195-vaccinul-hpv-compensat-premiera-romania-pentru-femeile-varsta-pana-45-ani-anunta-alexandru-rafila.htm>

initial HPV vaccination campaign (2008-2009) started in schools, but the campaign was a failure due to communication and organization issues. Still, the schools can be a relevant stakeholder for promoting HPV vaccination and facilitating the parents and students' access to information.

**4. Community Organizations and NGOs:**

- Advocacy Groups: Organizations working to raise awareness about HPV-related diseases and the importance of vaccination.
- Women's Health Organizations: Focus on promoting women's health and may support campaigns targeting HPV vaccination for girls and women. Few women organization are active in Romania, some examples: Asociația Mame pentru Mame, E-Romnja (Roma NGO), Centrul Filia
- Youth Organizations: Involved in engaging young people and raising awareness about HPV.

**5. Media:**

- News Outlets: Have the power to raise awareness about the benefits of HPV vaccination, dispel myths, and inform the public. Scoala 9 has been interested on HPV vaccination campaigns and they documented the situation in Romania: <https://www.scoala9.ro/ce-am-invatat-din-esecul-campaniei-anti-hpv-din-2008--odata-cu-aducerea/1128/>
- Social Media Influencers: Engage with the younger population and can play a significant role in spreading accurate information about vaccination.

**6. Parents and Guardians:**

- Parents of Adolescent Girls: Play a critical role in decision-making regarding their daughters' vaccination. Their support and understanding are crucial for successful vaccination campaigns.
- Parent-Teacher Associations: Can act as advocates and influencers, supporting vaccination efforts and disseminating information to parents.

## UPDATED RISK ANALYSIS

Identified risk	Mitigation strategy
<b>Changes to national and/or European legislation in the field, with a direct impact on the project</b>	Maintaining permanent communication between partners to avoid situations where the information used is no longer up-to-date. Constant information about changes in national and/or European legislation through permanent monitoring of the relevant legislation. Risk management plan and risk management procedure developed at the beginning of implementation, which will identify other specific risks and solutions and will update the list of risks already identified.
<b>The delay of an activity leads to the delay of dependent activities</b>	This risk can have a significant impact on the implementation of the planned activities The mitigation strategy consists of continuous monitoring of project status. Constant monitoring of compliance with the calendar and operational plan. The rapid definition of action plans for the recovery of possible delays. Allocating additional resources or making an additional effort to catch up on delays. To reduce risks, each important activity has a coordinator or is under the direct supervision of the project manager and the vast majority of activities are assigned to the sole responsibility of one of the partners, depending on the skills and expertise of each one, thus reducing the risk of overlaps, misunderstandings or non-correlations. Close communication also contributes to limiting the effects or occurrence of risk.
<b>Risk of not fulfilling the indicators - this risk can occur in any implementation process. It refers to the total or partial non-fulfillment of the indicators or to the non-compliance with the structure of the indicators proposed in the financing request.</b>	In order to mitigate the risk, the dynamics of the indicators of the financing request will be permanently monitored. The monitoring process will involve monitoring reports that will analyze each indicator that is an integral part of the funding request. In the case that an indicator does not correspond to the implementation process, specific measures will be taken to remedy the situation of that indicator. Such measures, depending on the situation encountered, could be: increasing the implementation team for the recovery of delays with the assumption of ineligible costs deriving from this process, the creation of partnerships with employers, NGOs or other actors interested in the recovery of delays.
<b>Non-compliance with the project budget structure - the distribution of expenses by budget chapters</b>	In order to eliminate this risk, monitoring will be carried out with a monthly frequency and expenditure projections will be made depending on the realities of the implementation process. The management team will be directly responsible for this activity. In the event of the identification of deviations from the distribution of expenses by budget chapters, according to the provisions of the financing request, a notification or an additional act will be initiated to modify the budget structure. The permanent monitoring of the budget will be an integral part of the implementation procedures that will be carried out and used in the implementation process.
<b>Target group risk – target group fluctuation,</b>	There may be a series of fluctuations regarding the target group or a dynamic of the recruitment process that affects the implementation process. In order to eliminate this risk, concrete

<p><b>resignations, target group ineligibility</b></p>	<p>partnerships will be created with as many educational units as possible and an integrated database of students and teachers will be created. In the event of a deficit of the target group, with the help of the educational units, an additional number of students of the profiles necessary for inclusion in the activities of the project will be called. To limit this risk, at least 10% more people will be selected as a potential target group, from which reserves will be established.</p>
<p><b>The commitment, motivation and enthusiasm of the project participants could decrease during the project</b></p>	<p>This risk will be managed by creating a varied and interactive program of activities that will keep the participants interested and involve them directly. Measures will be taken to ensure an environment in which the rights and well-being of the people involved in the project activities are respected and protected</p>
<p><b>The emergence of conflicts between project team members</b></p>	<p>The project manager will organize regular formal and informal discussions with the project team in order to prevent possible conflicts. The experts each have specific responsibilities, without overlapping. Motivating teams by mentioning common objectives. Replacement of human resources in case of necessity.</p>
<p><b>The risk of project activities not being scheduled in time</b></p>	<p>Realization of procurement procedures in which very clear deadlines and penalties for non-fulfillment of these deadlines are specified Communication within the project team and continuous monitoring of activities and their timing. The achievement of deadlines in the Gantt chart to cover possible delays, which do not affect the implementation of the project</p> <p>The risk management procedure, the monitoring and evaluation procedure developed by the management team at the beginning of the project and which will be updated during the project. Elaboration and periodic updating of a project implementation plan.</p>
<p><b>Delays in project objectives (medium)</b></p>	<p>The Project COO is responsible for monitoring progress in accordance with the deliverables defined. Regular meetings with all the WP coordinators and internal communication to share progress and advances will ensure the timetable of the project. If the delays are caused by external or unpredicted changes, the management team will engage their best efforts in solutioning. The ultimate likelihood of delays is very low.</p>
<p><b>Failure in implementing the Pilot Project (very low)</b></p>	<p>Although this risk is low, since we would not engage in implementing a Pilot Project if we wouldn't have the resources and connections, if this happens, and after engaging with the local authorities they are reluctant, we will choose another region with the profile described in the project (there are plenty in Romania).</p>
<p><b>Failure in increasing the level of HPV vaccination literacy in the targeted population in the Pilot Project (low)</b></p>	<p>There is a very low chance that the information we provide is quickly forgotten and does not help to raise the overall health literacy in the community. If this happens and after the measurement, we see that their attitudes, perceptions, and behaviours did not positively change, we begin to work on a strategy the other way around - it could be a sign that in populations like those, another approach is needed (maybe compulsory vaccination).</p>

<p><b>Failure in engaging with NGOs from other countries (medium)</b></p>	<p>Normally, we would consider this risk as being low, but given the pandemic context, the NGOs might have other priorities. To avoid this blockage, we will start engaging with them from the beginning of the project. In this case, the risk of this happening is low.</p>
<p><b>Covid-19 pandemic and restrictions are still harsh (medium)</b></p>	<p>While most of our activities are online (except one event) or we would like them to be at this moment, exceptions might appear - we could conclude that in some areas from the Pilot Project the people are not engaged during online courses or that the meetings that we intend to have online with the journalists and Romanian media will be preferred to be in person. We will do our best to convince them that online would be better, find new methods of online interaction and/or provide them temporary means of online attendance.</p>

## INDICATORS

WP	Indicator	Baseline	Target	Means of verification	Methods	Instruments
5	Number of training courses organised	0	12	Training reports, agenda, attendance list	N/A	N/A
4	Number of training of trainers organised	0	1	Training report, agenda, attendance list	N/A	N/A
4, 5	Number of people trained	0	300	Centralization of participants	N/A	N/A
4,5	Satisfaction rate / feedback of trainees	0	Medium satisfaction rate	Evaluation report	Collecting data	Questionnaire for training participants and trainees - beginning and end of trainings - Measure the participants level of HPV vaccination literacy
6	Satisfaction rate / feedback of national/regional authorities responsible for human papillomavirus vaccination programmes	0	Medium satisfaction rate	Evaluation report	Collecting data	Questionnaire for authorities
6	Number of practices taken up by national authorities to complement the national human papillomavirus vaccination programmes	0	1	Report	N/A	N/A
6	Number of practices taken up by regional	0	2	Report	N/A	N/A

	authorities to complement the regional human papillomavirus vaccination programmes					
	Number of types of material produced for disseminating expertise, best practices, and guidelines (e.g., studies, reports, handbooks, brochures)	0	Printed materials: 50 handbooks, 240 brochures Electronic: 1 curriculum, 1 guideline, 1 infographic, 3 handbooks, 3 reports	Produced materials	N/A	N/A
6	Number of countries outreached by actions	0	5	Report	N/A	N/A
6	Number of organisations outreached by the actions	0	15	Report	N/A	N/A
	Number of engagement events organised	0	3	Report	N/A	N/A
8	Number of Romanians reached by the awareness campaigns (TV, Radio, Websites, social media)	0	50.000 (internet and social media) 50.000 (TV and Radio appearances)	Dissemination report	N/A	N/A

# MILESTONES

WP	Milestone	Lead beneficiary	Means of verification	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
1	MS1. Kick-off online meeting	RF	Grant agreement signed Meeting report																								
2	MS2. Knowledge centre launch	CIM	Online platform available																								
3	MS3. Guideline launching event	RF	Agenda and list of participants																								
4	MS4. Counties vaccination representative's (trainers) online training	RF	Agenda and list of participants																								
5	MS5. The first online training course	RF	Agenda, presentation slides and recording.																								
6	MS6. Online event:	RF	Published, Agenda and list of participants																								



## DELIVERABLES

WP	Deliverables	Lead	Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
4	D4.1. Training curriculum	RF	Curricula for the training (approx. 20 pages, PDF format, English language).																								
4	D4.2. Report on the knowledge of the training for counties vaccination representatives	RF	Electronic format, English language. Including agenda, list of participants, feedback and HPV literacy assessment																								
5	D5.1. Report on the trainings held	RF	This deliverable refers to the online training courses from the 2 zones. We will provide: invitation, agenda and feedback questionnaire.																								
5	D5.2. Report on attitudes, perceptions, and behaviours towards HPV vaccination in the community	RF	Presentation of the data. Electronic format, English language.																								
5	D5.3. Social media awareness campaign	RF	Electronic format, English and Romanian languages																								
6	D6.1. Report on the synergy with JRC on Knowledge Centre on Cancer	CIM	Electronic format Language: English																								

WP	Deliverables	Lead	Description	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
6	D6.2. Report on the NGOs engagement	RF	Electronic format, English language. Including agenda from the event, list of participants and letter of engagement.																								
6	D6.3 Consensus document on the strategy to rethink and restart HPV vaccination	RF	Will be signed by all participants from countries in T6.2 and written in English.																								
7	D7.1. Initial evaluation Report	RF	Electronic format, english language.																								
7	D7.2. Impact and monitoring indicators	RF	Electronic format, english language.																								
7	D7.3. Final evaluation report	RF	Electronic format, english language.																								
8	D8.1. Dissemination report	RF	Electronic format Language: English																								
8	D8.2. Project leaflet	RF	Electronic format Language: English																								

## METHODS AND INSTRUMENTS

After each training, a feedback form will be filled in by the participants and an evaluation report will be written based on the data analysis. The purpose of the questionnaire is to assess the satisfaction of the participants in the training. The questionnaire is anonymous and the aggregated results will be used to document the progress and impact of the project on the beneficiaries.

### Feedback form

#### 1. How do you rate the implementation/organization of the training session you attended?

Please use a scale of 1 to 5 in your rating, where 1="Strongly Disagree", 2="Disagree", 3="Neither Agree nor Disagree", 4="Agree", 5="Agree total".

<b>Communication with the organizing team</b>	1	2	3	4	5
Communication with the organizing team was efficient.	1	2	3	4	5
I received clear information about administrative activities (account, accommodation, transport, etc.)	1	2	3	4	5
I received a clear answer to any question addressed to the organizing team.	1	2	3	4	5
The organizers were attentive and offered me support when I needed it.	1	2	3	4	5

<b>Trainer/s</b>	1	2	3	4	5
He/she stimulated thinking and discussion, providing opportunities for the exchange of ideas and experience.	1	2	3	4	5
He/she transmitted clear information about the course topic	1	2	3	4	5
He/she clearly answered to the questions of the participants	1	2	3	4	5
Overall, I am satisfied with the trainer.	1	2	3	4	5

<b>Training sessions</b>	1	2	3	4	5
The program of the training course was well organized in order to facilitate the approach of all proposed topics and the organization of debates and discussions with all participants.	1	2	3	4	5
The training session had a suitable duration for a good understanding of the information presented and for the involvement in discussions of all participants.	1	2	3	4	5
The other facilities made available (materials received in the map, equipment) were useful in the smooth running of the training course.	1	2	3	4	5
The content of the training session was organized in a logical way.	1	2	3	4	5
Overall, I am satisfied with this training session.	1	2	3	4	5

<b>Facilities</b>	1	2	3	4	5
The location was suitable for the training course.	1	2	3	4	5
The accommodation conditions were good.	1	2	3	4	5
The food provided was good.	1	2	3	4	5

**2. Mention 2 things you learned in this training session**

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**3. What were the strengths of this training session?**

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**4. What were the weaknesses of this training session?**

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**7. Other comments from participants:**

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**8. Socio-demographic data**

8.1. County: \_\_\_\_\_

8.2. Locality: \_\_\_\_\_

8.3. Age: \_\_\_\_\_

8.4. Gender: \_\_\_\_\_

8.5. Profession: \_\_\_\_\_

## ETHICS, GDPR AND SAFEGUARDING POLICY

All partners implement “Do no harm” principles in all activities by analyzing possible unintended effects of actions and mitigating the risks of negative impact for the vulnerable communities we work for and for the community in general. In order to mitigate unintended negative effects, we have initial needs assessment and constant feedback sessions with the participants in the projects.

The project incorporates ethical and safety considerations at all levels. Secondly, at all aspects of the research, from recruiting subjects to collecting and storing data to reporting results, risks to research participants will be minimised. Staff involved in research will be trained to avoid ethical issues and to apply the ethics protocol. Risks to research participants will be minimized in all aspects of the research, from recruiting subjects to collecting and storing data and reporting results.

All project activities take into consideration a gender dimension in terms of access and involvement, but also regarding the messages and discourses we promote. Minimum 50% of the target group are women.

A data management plan will be put in place to formalise the handling of personal data by the project partners in accordance with EU GDPR. The data collected by will be fully anonymised before being analysed and transferred for legal analysis. Each subject will fulfil a GDPR agreement that will stipulate all the information regarding data collection, data access and storage. The project and research participants will be well informed about data protection.

Other ethics issues that may arise when implementing the project and the solutions found to minimize the risks: (1) lack of accountability and responsibility from the project team will be reduced through objectives and clear selection mechanism for project staff and the involvement of the Advisory Board, (2) lack of honesty and transparency will be avoided by providing accurate information and making realistic commitments with the intent of meeting them, (3) conflict of interests will be avoided by all means.

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Supervised by Project manager,

Botezatu Cornelia

A handwritten signature in blue ink, appearing to read 'Botezatu'.