

POLICY DIALOG: THE MISSING LINK IN THE 2008 ROMANIAN HUMAN PAPILLOMAVIRUS (HPV) VACCINATION PROGRAM

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Abstract

The model of the traditional decision-making deciding behind the closed doors of power is strongly eroded by the new perception of democracy, as it is gradually replaced by a model dominated not by managers, but by the management of decision. This article analyzes from the social sciences perspective a) why the Romanian 2008 HPV vaccination campaign turned out to be a failure, b) what generated the strong public rejection of a policy that the Ministry of Public Health supposed would be easily accepted by the population, and especially by the targeted group – the 10-11 years old girls and their parents. The article also seeks to offer recommendations, from the public communication perspective, regarding how policy dialogue and public participation might support the promotion of large-scale policies by involving the stakeholders at all stages of the decision-making process, and hence, avoiding unfounded social tensions and waste of valuable resources.

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Introduction

"Six women die each day in Romania because of the cervical cancer and, every year, there are over 3,000 new cases found. The cervical cancer is, in Romania, the first cause of neoplasm mortality for women between 15 and 44" (Vintilescu, 2008). This is how the Minister of Public Health, Eugen Nicolaescu, began his press conference on Thursday, November 20, 2008, when launching the national vaccination campaign against the Human Papillomavirus (HPV). At the same press conference, the minister Nicolaescu also announced that on Monday, November 24 2008, exactly four days later, a vaccination campaign would start in schools, targeting 110,000 4th grade girls (with ages between 10 and 11), and with the associated costs fully supported by the Government. Some other data regarding the scientific and economic fundaments/arguments of this public policy were also mentioned during the same press conference, as the top managers of the Public Health Ministry expressed their belief that the decision of implementing the HPV vaccine through a national vaccination program would be beneficial on the medium and long term (Anghel, 2008; Marcu, 2008).

Intense reactions didn't take long to appear. Although in the middle of the national elections campaign, which meant a harsh competition for the public discussion agenda, the media covered extensively and intensively this particular subject, reflecting the skepticism of the parents and of the opinion leaders from the medical, NGO, education and political fields. Therefore, only three days after the HPV vaccination campaign was launched, headlines such as the following could be read in the newspapers: "We don't want to be guinea pigs" (Gâtej, 2008), "Here the vaccine is refused" (Dohi and Neacșu, 2008a), "The anti-cancer vaccine regarded with fear" (Floroiu, Ionescu and Popa, 2008), "A vaccine to scare the parents with" (Popescu, 2008), "The HPV vaccination could bring the Ministry of Public Health to court" (Georgescu, 2008), "Have the Romanian children become guinea pigs on Governmental funding?" (Cronica Română, 2008), "Stop this vaccination campaign!" (Indrei, 2008). The most sold Romanian journals and newspapers announced that, in many schools, not even one vaccine was administered, as the parents refused this medical service.

The official results of the participation rate in the HPV vaccination campaign will probably be made public within several weeks. However, the data gathered through different channels, including the media, show a very high rate of vaccination refusal¹.

It is not the intention of the author to analyze the medical scientific dimension of this vaccination campaign. This article focuses on analyzing from the social sciences perspective how this public policy took shape, what generated such a strong public rejection of a public policy, which the Ministry of Public Health had supposed would be easily generally accepted by the population, and especially by the targeted group – the 10-11 years old girls and their parents. The article also seeks to offer

¹ At the time when this article was written, the Ministry of Public Health had not yet published any data regarding the results of the vaccination campaign. Nevertheless, unofficial sources confirm the information published by the mass-media, according to which only 3-4% of the parents accepted the vaccination of their children.

recommendations from the perspective of public communication, regarding how such large-scale policies – targeting significant groups of people and/or different categories of public – might be promoted without generating unfounded social tensions.

The International Policy Context

According to the World Health Organization (WHO), HPV is a common infection, and more than 75% of teenage girls and adult women are estimated to be infected with at least once in their lifetime (WHO, 2008, pp. 3). Infections appear shortly after the sexual debut and usually the immunity system reacts and the infected body is cured without any medical intervention. Unfortunately, there are cases when the HPV infections persist, causing lesions, which untreated can lead in 10-15 years to different forms of cancer, most commonly to cervical cancer (Figure 1).

The behavior of the female body after the HPV infection depends on many factors. One of the most important is the HPV type. According to specialists, there are more than 100 genotypes identified by numbers, in order of their discovery (de Villiers, 1997). Among them, the HPV16 and HPV18 are considered “high-risk” genotypes, being responsible for the majority of the HPV-related cancers, among which the most common is the cervical cancer. HPV6 and HPV11 are considered “low-risk” genotypes, being responsible for a substantial proportion of low-grade cervical dysplasia (WHO, 2006).

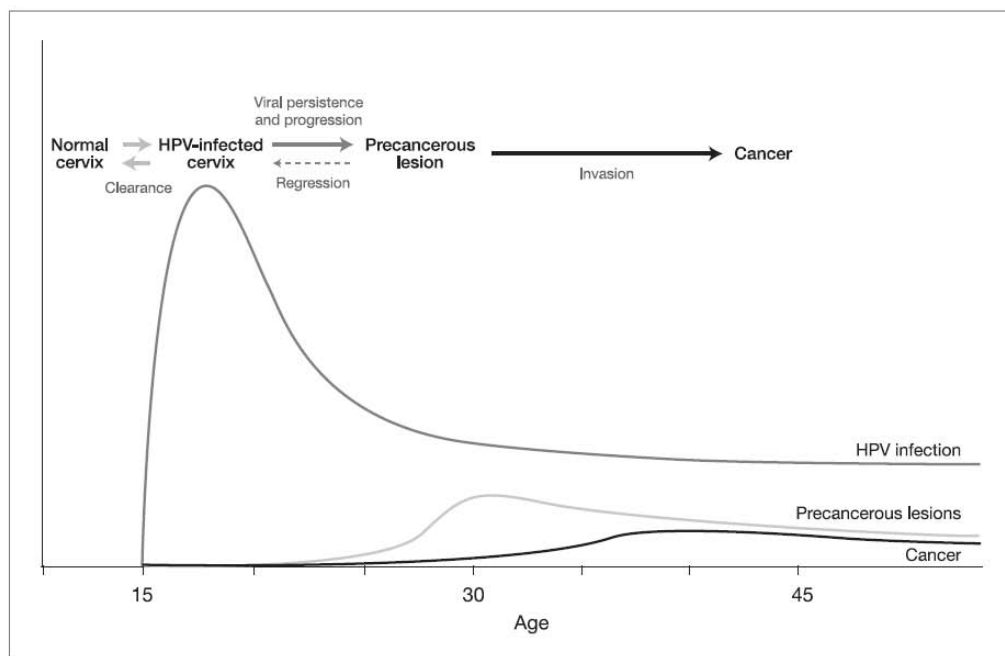


Figure 1: Prevalence of HPV infection, precancerous lesions and cervical cancer by age of women.

Source: Schiffman and Castle, 2005, pp. 2103; World Health Organization, 2006, pp. 2

Nevertheless, the statistics show that while the distribution of HPV types is relatively uniform over different geographic areas (Muñoz *et al.*, 2003), the number of persons affected by cancers attributable to HPV infections vary considerably from one region to another, with significant differentiation between developed and developing countries (see Table 1 and Figure 2).

Table 1: Number of cancers attributable to HPV infection, 2002: developed and developing countries

Site of cancer	Global	Developed countries		Developing countries	
	Attributable to HPV	Total no. of cancers	Attributable to HPV (%)	Total no. of cancers	Attributable to HPV (%)
Cervix	492.800	83.400	16.92%	409.400	83.08%

Source: Parkin and Bray, 2006.

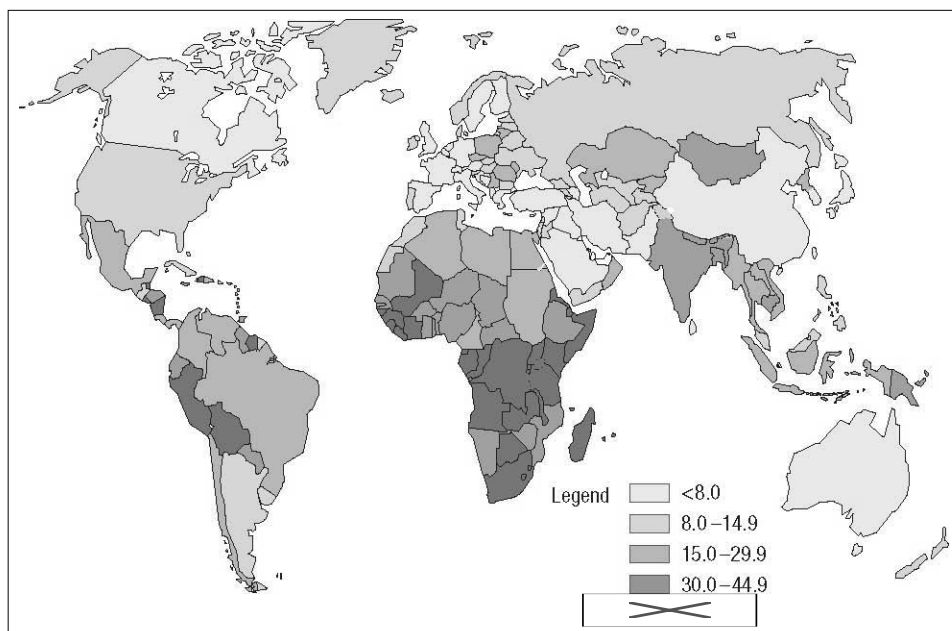


Figure 2: Worldwide incidence of cervical cancer per 100,000 females (all ages), age-standardized to the WHO standard population, 2005. Source: World Health Organization, 2007, pp. 7

Thus, it is obvious that, from a medical point of view, the evolution of the HPV-infected women can be influenced by a series of other factors such as, for example, prevention measures or treatments applied.

A series of studies show that in Europe, where there is a high-quality organized screening program, cervical cancer rates have decreased significantly due to the fact that the screening program allows detection of cancers at an early stage. For example, in Finland, such a system was introduced during 1960s and the results did not take

long to show: (i) the world-adjusted cervical cancer incidence rate decreased with 66% over 20 years; and (ii) mortality declined by 60% over 20 years and by 82% over 40 years (WHO, 2008).

The good results recorded by some countries in the fight against cancer guided the research and prevention/treatment policies in the same directions. Consequently, in 1968 the World Health Organization (Wilson and Jungner, 1968) and in 1974 the Council of Europe undertook the principles of screening as a tool for the prevention of chronic non-communicable diseases. In 2003, the Council of the European Union joined this effort and, based on article 152(4) of the Treaty establishing the European Community, it adopted the Council Recommendation on cancer screening (2003/878/EC), encouraging the member countries to introduce screening programs for cervical, breast and colorectal cancer, following procedures which take into account medical, organizational, economical, social, legal and ethical aspects.

Table 2: Incidence of mortality from cervical cancer in the European Region

No.	Country	No. of new cases	ASR per 100.000 women	No. of deaths	Mortality ASR per 100.000 women
1.	Albania	389	25.2	146	9.8
2.	Armenia	380	16.8	130	6.7
3.	Austria	610	10.9	295	4.1
4.	Azerbaijan	345	8.2	113	2.8
5.	Belarus	1.086	13.1	436	5.2
6.	Belgium	667	9.3	326	3.4
7.	Bosnia and Herzegovina	545	21.3	227	8
8.	Bulgaria	979	18.7	506	8
9.	Croatia	431	13.3	209	5
10.	Cyprus	53	11.6	25	5.3
11.	Czech Republic	1.160	16.2	476	5.5
12.	Denmark	439	12.6	230	5
13.	Estonia	156	15.5	74	6.6
14.	Finland	164	4.3	81	1.8
15.	France	4.149	9.8	1.647	3.1
16.	Georgia	580	17.5	225	5.9
17.	Germany	6.133	10.8	2.967	3.8
18.	Greece	578	7.7	239	2.5
19.	Hungary	1.042	15.7	551	6.7
20.	Iceland	13	8.3	10	4.7
21.	Ireland	164	7.2	88	3.5
22.	Italy	3.418	8.1	1.186	2.2
23.	Kazakhstan	1.955	21.6	729	7.9
24.	Kyrgyzstan	522	21.6	186	7.9
25.	Latvia	291	12.9	165	7.4
26.	Lithuania	446	17.5	256	9
27.	Luxembourg	24	8.7	13	3.9
28.	Malta	14	4.8	6	1.6

29.	Moldova	476	18	220	7.8
30.	Netherlands	753	7.3	307	2.3
31.	Norway	291	10.4	125	3.5
32.	Poland	4.901	18.4	2.278	7.8
33.	Portugal	956	13.5	378	4.5
34.	Romania	3.448	23.9	2.094	13
35.	Russian Federation	12.215	11.9	7.784	6.5
36.	Serbia and Montenegro	1.816	27.3	815	10.1
37.	Slovakia	654	18.5	242	6.1
38.	Slovenia	207	16.1	79	4.7
39.	Spain	2.103	7.6	739	2.2
40.	Sweden	485	8.2	249	3.1
41.	Switzerland	389	8.3	108	1.7
42.	Turkey	1.364	4.5	726	2.4
43.	Ukraine	4.885	14.1	2.578	6.4
44.	United Kingdom	3.181	8.3	1.529	3.1
Total		12.053.856		9.752.063	

Source: Globocan, 2002; World Health Organization, 2008, pp. 11

The two latest decades have brought about not only the intensified efforts of different international and/or national bodies engaged in the fight against cervical cancer, but also an intensified effort of researchers in finding new treatment methods. Therefore, according to Denise Nardelli-Haeffliger (2006), in the complex process of identifying a HPV vaccine an important role was played by Dr. Schiller and Dr. Lowy, who, at the beginning of the '90s, were able to offer a vaccine administrated by intramuscular injections.

Still, from the identification of a solution in a lab to its large-scale implementation, there is a long and complicated process, that includes testing on human subjects, their years-long monitoring, the submission of the research results to national and/or international specialized committees for the necessary validations and endorsements, and the mass production and delivery processes, etc. This is why, regardless the political² and financial support for such research, only in June and September 2006 the quadrivalent HPV vaccine Gardasil®, produced by Merck, managed to receive the approval of the US Food and Drug Administration (FDA), and respectively of the European Medical Agency. A year later, a second product, the bivalent HPV vaccine Cervarix®, produced by Glaxo Smith Kline, was registered for use in the EU (Constantine and Jerman, 2007; WHO, 2008).

The two vaccines are quite similar, the difference consisting in the number of HPV infection types that they protect against: while Gardasil® protects against HPV infections of types 6, 11, 16 and 18, Cervarix®, protects only against HPV infections of types 16 and 18, which are, in fact, the most dangerous ones. Both vaccines are

² As showed also by the WHA Resolution 58.22, adopted at the 2005 World Health Assembly

administered intramuscularly, in three doses of 0.5 ml, with a 6 month interval between the first and the last dose³. For maximum efficiency, it is recommended that the quadrivalent vaccine be administered to girls aged between 9 and 15, and the bivalent vaccine be administered to girls aged between 10 and 14. Both vaccines can also be administered to boys and adults, males or females. Also, both vaccines are compatible with other vaccination programs. The data registered so far show that both vaccines generate an impressive increase in immunization to the related HPV infections, immunization still active six years after the vaccine administration. There is no data, yet, about what happens after more than six years from the vaccination (Constantine and Jerman, 2007; WHO, 2006; WHO, 2007; WHO, 2008).

Soon enough, this new instrument for fighting cervical cancer and other related HPV illnesses showed its impact on the policy-makers: within less than 14 months after the approval of the first HPV vaccine, 16 European countries⁴, together with the US, Canada and Australia were recommending its utilization at a large scale and were searching solutions to cover the related costs. Today, according to European Union (Euvac.net) statistics, 7 countries⁵ have already introduced the HPV vaccine in the national vaccination/immunization plans.

However, regardless the good results and high expectations from this new method of preventing HPV infections, there are experts (Kim and Goldie, 2008; Haug, 2008) advocating for prudence. Their reserved approach is not based on information or facts denying the performances of this vaccine, but on the lack of enough evidence or information confirming them, such as:

- (i) Since up to date the monitoring of the subjects has only reached the sixth year, there is no evidence as of how long the immunization provided by this vaccine will last;
- (ii) It is uncertain yet if this vaccine prevents not only cervical lesions, but also cervical cancer;
- (iii) Since in most cases the HPV infections are easily cleared by the immune system, it is still uncertain how, to what degree and with what consequences this vaccine will interact with the immune system of the vaccinated person;
- (iv) How this vaccine is affecting preadolescent girls, since the only studies conducted so far have been focused on increased immunization and disregarded other aspects that might affect their health later in life.

Therefore, some argue that there are – and, maybe, for a few decades, there will still be – too many essential questions unanswered to afford a large-scale utilization of the vaccine.

³ Gardasil is administered at 0, 2 and 6 months, while Cervarix, at 0, 1 and 6 months

⁴ Austria, Belgium, Denmark, France, Germany, Greece, Italy, Liechtenstein, Luxembourg, Netherlands, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom.

⁵ Austria, Belgium, France, Germany, Luxembourg, Spain, Switzerland.

The Romanian Policy Context

According to international statistics, Romania is one of the countries with a high risk of HPV infection and almost the highest incidence of mortality from cervical cancer in the European Region (see Table 2). More than 3,000 new cases are diagnosed every year, corresponding to an age-standardized rate (ASR) per 100.000 women of 23.9 (that is 2.21 times higher than in Germany, 2.43 times higher than in France, 3.14 higher than in Spain, and 5.55 times higher than in Finland). Also, more than 2,000 deaths are registered every year, corresponding to a mortality ASR per 100.000 women of 13 (that is 3.42 times higher than in Germany, 4.19 times higher than in France, 5.9 times higher than in Spain, and 7.22 times higher than in Finland). These comparative data, gathered by the International Agency for Research on Cancer within the framework of Globocan 2002 project, are as much more worrying as, according to the Romanian Ministry of Public Health, the dynamics registered in the latest 18 years shows a continuously increasing trend (Ministry of Public Health, 2008).

Facing these numbers, it was obvious that the Romanian policy-makers had an obligation to address the issue. A first measure, which focused on the larger scope of public health, was the launching, in 2007, of the National Program for Population Health Evaluation, consisting in inviting all adult population to the family physician for a complete check-up and lab work. The costs associated with this plan are covered by government health insurance agencies, and the project is intended to become regular, somehow similar to the national screening programs ongoing in other countries. Up to now, according to official data, 2.5 million Romanians have participated in the program (Ministry of Public Health, 2007). Of course, such a program needs time in order to create momentum, to involve the majority of the adults and to become an effective instrument in improving the health state of the general population.

A second measure, this time addressing explicitly the HPV issue, was adopted in 2008, and consisted in vaccinating all 4th grade girls – 110,000 in total. The costs of the campaign rose to 23 million Euros, the timeframe established was 6-7 months, that is the time needed for the administration of the three doses of the vaccine, and the infrastructure to be used was the same as for any other national immunization campaign for children in schools. The vaccination campaign was made public on November 20, 2008, and was planned to start effectively on November 24, 2008 (Ministry of Public Health, 2008).

Immediately after the Ministry of Public Health, through the voice of its Minister, announced the decision of introducing this vaccine in the national immunization plan and starting the vaccination right away, series of questions have been sharply launched by different categories of publics, concerned generally with: (i) public health priorities, (ii) vaccine efficacy and safety, (iii) financial issues, (iv) sustainability of the policy decision, (v) communication issues, etc.

(i) Public health priorities

Each country, developed or developing, faces and has to address numerous health issues, within a constraining environment, be it economic, cultural, political, legal, etc. (WHO, 2005). Therefore, when a public health policy decision is adopted, chances

are it has been made to the detriment of other public health policy proposals, which remain on the waiting list for yet another undetermined period of time. This is why, the more significant the resources allocated for the implementation of a public health policy decision are, the higher the tension surrounding the issue is. A great tool for avoiding such situations might prove to be a transparent and rigorous national system for establishing public health priorities based on solid arguments and effective dialog among the different categories of publics involved in the policy cycle related to a specific need/issue. This way, the decisions can no longer be labeled arbitrary or biased due to the decision-makers' preferences or interests. In the same time, it helps creating buy-in and a certain feeling of ownership among the publics involved in the process, which, undoubtedly, will be of assistance in the stage of policy implementation.

In the Romanian case, up till November 2008, the treatment of HPV infections and related diseases had not been perceived by the public as a national priority. In this context, when the government announced the spending of 23 million Euros on preventing a series of illnesses which might affect in 20 or 30 years the girls that are now 10-11 years old, the types of reactions they got from the public was such as: "Why this disease?" and "Why to invest in the treatment of potential patients over 20-30 years, while the government is failing to provide today's sick people, suffering from different ailments, with the necessary treatments?" and so on. Such issues were raised by numerous voices from the public, and the different mass media (journals, radio stations, televisions, the new media) were willing to assist and encourage them. This explains why, on November 28, 2008 – four days after the vaccination campaign was supposed to have been started –, the editors of *Jurnalul National (The National Journal)*, invoking the Law 544/2001 that guarantees the free access to information of public interest, published a list of eight questions addressed to the Ministry of Public Health, under the headline "Ambiguities regarding the vaccine against cervical cancer". The first of those questions was raising precisely the priority issue.

(ii) Vaccine Efficacy and Safety

The process of obtaining the approval of the specialized agencies – such as the US Food and Drug Administration or the European Medical Agency – for the large-scale use of a vaccine is complex and lengthy, requiring the producers to submit all relevant data, including those concerning the efficacy and the safety of the vaccine. Even so, the public's concerns regarding the use of the product might not cease, especially when the producer(s) and/or the policy-makers are not able to provide the right information to bring rumors to an end, or are not prepared to face some specialists' less optimistic points of view.

This is exactly what happened in Romania immediately after the launch of the HPV vaccination campaign. Without delay, the media brought to the attention of the Romanian public the international debates (including the messages posted on different blogs) on the possibility that the death of two persons in Europe and of other 20 in the US might have been linked to their vaccination against HPV. Also, articles signed by specialists like Dr. Charlotte J. Haug, Dr. Jane J. King and Dr. Sue J. Goldie, and published on August 21 in *The New England Journal of Medicine*, on one hand,

and reports of the European Medical Agency, on the other hand, were presented by the Romanian newspapers as strong counterarguments to the authorities' relentless appeals to the parents of the 4th grade girls, asking them to approve their daughters' vaccination.

All this time, it seemed like the public authorities were not only taken by surprise by parents' massive rejection of the campaign, but also proved to be poorly prepared to promptly offer clear and consistent information to shed light on the different issues raised, especially concerning the efficacy and safety of the vaccine. Relevant for this context are the statements of several teachers, nurses and doctors that confirmed feeling overwhelmed by the avalanche of questions coming from the parents interested in the safety of the vaccine and in its possible adverse reactions and side effects (Gâtej, Vintilescu, Cazan and Iancu, 2008; Timar, 2008). Furthermore, although the instructions provided by the Ministry of Public Health required each school to organize parent-teacher conferences to ensure that all necessary information was delivered and explained, a great number of teachers and medical staff admitted that they had not received any kind of training concerning how they were supposed to handle the details and tasks of such a campaign.

(iii) Financial Issues

As shown by a series of reports from various international organizations, immunization programs are, generally, the most efficient instruments to approach diseases and illnesses, from all points of view, including the economic aspects (WHO, 2005; Adeyi, Smith and Robles, 2007). In fact, the cost-effectiveness argument was well emphasized at the time when the HPV Vaccination Program was launched in Romania. Both in the Ministry of Public Health's press conference on November 20, 2008, and in a follow-up press release it was stressed out that "although the amount of 23 Million Euros might seem a lot, it is, actually, three times smaller than the amount spent yearly for the treatment needed by the women suffering from cervical cancer" (Ministry of Public Health, 2008).

Nevertheless, this was not enough to calm down the spirits, as the public still wanted to know the details of the procurement procedures, the criteria on which the price was established, what was the cost of the vaccine in other countries, what happens if some of the vaccines bought remained unused (as some of the parents might refuse them), etc. Last, but not least, there were questions about the economic sustainability of this new program, respectively about its impact on the overall budget of the Ministry of Public Health on the medium and long term (*Jurnalul Național*, 2008).

(iv) Sustainability of the Policy Decision

The sustainability of any policy decision is a very serious matter, being influenced by various factors, including the economic and political background. The political background has had a particularly significant relevance in the Romanian HPV policy context.

When preparing a policy decision involving the participation of various and numerous categories of publics, one has to consider two fundamental aspects: the

long term engagement of important human, logistic and financial resources and the contentiousness of the issue – the potential of the decision potential to generate vivid and extensive public debates and discussions. If possible, sensitive decisions should be made in a context of strong and long term political commitment. And this is exactly what was uncertain in Romania at the time the campaign was launched – November 20, 2008. Government’s determination to introduce the HPV vaccine in the national vaccination program was clear. But this decision was made by a minority government, only 10 days before the general elections, and without any certain guarantee, at least at the public perception level, that the new Government would continue this policy. All these rose serious questions regarding the sustainability of the newly implemented HPV policy.

(v) Communication Issues

Shortage of relevant data at the appropriate time, complete lack of dialog and information exchange among the related stakeholders – this is how the general picture of the Romanian HPV vaccination campaign looked like in November 2008, as constantly pointed out by the different publics involved. As a result, on November 26, 2008, Mihaela Gună, the President of the National Federation of the Secondary Education Parents Associations (NFSEPA), made a public statement announcing that, since the parents had not been “informed correctly and completely”, she was authorized to request the Ministry of Public Health to postpone the vaccination campaign. “In order to be able to decide what’s best for our children, we need to be informed correctly about the risks of taking the vaccine. We feel that, as long as this campaign has not been properly prepared, and the specialists, with a few exceptions, failed to get in touch with the schools before the start of the campaign, we have been denied our fundamental right to information. The parents are asked to make decisions for their children, without knowing important issues about the vaccine”, Mrs. Gună also declared (*Cronica Română*, 2008). The day after, at a public meeting between the representatives of the Ministry of Public Health and of the NFSEPA, Cristina Iordache, advisor for the NFSEPA, passed on the same message to the minister, strongly emphasizing the legal right of the parents to know the benefits and risks of vaccination before making a decision. In addition, Mrs. Iordache also requested the minister to publicly take full responsibility for the vaccination campaign” (Dohi and Neacșu, 2008b).

Discussions

In the latest decades, we have witnessed an unprecedented dynamics of the decision-making process and a proliferation of public policies both in traditional areas of government action as foreign policy, transportation, education, welfare, law enforcement, business and labor regulation, international trade etc., but also in areas that have only recently caught the attention of the decision-makers, such as economic stability, environmental protection, equality of opportunity, medical care, nuclear energy and so on (Anderson, 2003). There is a large diversity in the design of different public policies, depending on the area of action or the targeted issues. As a result, researchers

and practitioners of the field have defined a variety of public policies categories and typologies. But, no matter how different from each other, there are a few basic elements all public policies have in common; among them, the ever increasing level of policy dialog and public participation at all stages of the public policy process.

The relationship between publics, public opinion, policy dialog, public policy and political decisions has been well documented already since the beginning of the 19th century. Gabriel Tarde (1901), Walter Lippmann (1922), Edward L. Bernays (1923), Harold D. Lasswell (1972), Jürgen Habermas (1989) and Wayne Persons (1995) are only a few of the numerous authors that have showed interest in this topic, demonstrated that political action, including the public policy process, can only exist in relation to public space. In fact, Parsons (1995, pp. 110) goes further, saying that “in a democracy one could argue that public policy is a function of public opinion”, underlining, maybe a little too strongly, the decisive role played by the public in the process of decision making and implementation.

However, not everybody accepts this approach. There are decision-makers considering that, in some very specific fields requesting precise and detailed technical/scientific information, such as nuclear energy, national security, medical science, etc., involving the public in the policy process would only make the whole process a lot slower or even compromise the quality of its results, as the average person might lack the information and necessary expertise to competently influence the shaping of the decision. For such decision-makers, the most likely option for relating with the stakeholders would be to inform them of the decision made (the “public be informed” model), to the detriment of the options of partial or full involvement of the public (the “two-way asymmetric” model and, respectively, the “two-way symmetric” model) (Grunig and Hunt, 1984; Thomas, 1995).

The factors of influence that determine the policy-maker to adopt an institutional behavior more or less open to public dialog and involvement are related to a series of variables internal and external to organizations. Cancel *et al.* (1997) have studied this phenomenon and identified 86 variables, among which: the values shared by the members of the organization, the age of the organization, the importance of tradition in the organizational culture, the degree of formal behavior – the existence or lack of procedures, organization’s promptness in adapting and acquiring new information and know-how, the risk level in the field of the organization, the nature of the publics, the potential of negative publicity, organization credibility, the success or failure in promoting internal change in the past, the available time, etc.

When the combination of variables translates into an organizational profile of the policy-maker which discourages openness and dialog in an ample policy process before decision is made (and also afterwards, in the process of implementation and monitoring), the whole policy process might be exposed to risks such as: (i) opposition/hostility or disinterest of the public; (ii) significant increase in the time needed for policy implementation; (iii) significant increase in the costs of policy implementation; (iv) perturbing the system/field of activity targeted by the public policy; (v) compromising the core idea of the public policy and even the institution that promoted it.

From the above description of the 2008 Romanian Human Papillomavirus Vaccination Program, it is easy to notice that the policy dialog dimension of the process was neglected. If it turns out that only 3-4% of the girls' parents accepted the HPV vaccination, then the considerable failure of this public policy could be largely attributed to the lack of any communication plan that should have been part of the larger implementation strategy, along with the medical, economic, and logistic aspects. In fact, analyzing the communication approach it becomes clear that a series of fundamental elements have been either inaccurate or completely omitted. Among these, maybe the most important were: (i) the model of communication used; (ii) the timing and time available; (iii) the targeted publics, the messages, and the channels of communication; (iv) the ownership of the policy.

(i) The model of communication

The chain of events was consistent with a traditional approach of policy making, quite similar to a communication model widely used at the beginning of the last century⁶, and unfortunately still used today by some public institutions – the „Decide-Announce-Defend” (DAD) model. The DAD model refers to the fact that the decision is made behind closed doors, then the policy-makers announce it to the public and prepare for the defend stage in case they should encounter opposition from the stakeholders (Connor, 2002). As DAD model demonstrates, the element of surprise quite never works in favor of the decision makers and most of the times the defend phase lasts long and is resource-consuming. In the case of the Romanian HPV vaccine campaign, the use of the DAD approach has proved to be a major “wrong step”, especially since the campaign needed the involvement of hundreds of thousands of people (children, parents, teachers, medical staff, etc.), on who's commitment greatly depended the success or failure of the policy. A proactive approach based on a bi-directional and symmetrical communication model – inviting to dialog all targeted and prospective stakeholders right from the start of the policy process – might have proved a much better tool allowing the building of a solid relationship of trust between the public policy maker and its beneficiaries, founded on the exchange of consistent and complete information.

The “wrong step” could be explained by the fact that the most acting and well-known representatives of the policy maker were highly trained specialists in the medical and economic fields. In other words, the technical (medical and economic) approach came first eclipsing the social science approach. On the other hand, though, this “wrong step” could have been avoided, had it been given more consideration to the emphasis of the key documents concerning the introduction of a new vaccine in the national vaccination program and of the interdisciplinarity of the issue, and especially of the communication aspects. Thus, *Vaccine introduction Guidelines. Adding a vaccine to a national immunization program: decision and implementation*,

⁶ The classical model of public communication, which, according to the typology developed by Grunig and Hunt (1984), corresponds to the 1900-1920 period in the history of public communication

published by the WHO (2005) includes a distinct chapter named *Advocacy, social mobilization and communication*, which advises that the advocacy/communication efforts to be initiated at the same time with the beginning of the policy process, be there all the time during the policy development, and having as a main goal the building of trust and awareness for the new vaccine and immunization program. Another World Health Organization document targeting precisely the issue of HPV vaccination is *Preparing for the Introduction of HPV Vaccine in the WHO European Region. Strategy paper. Vaccine-Preventable Diseases and Immunization Program* (WHO, 2008). This, as well, contains a distinct chapter – *Advocacy, information and communication* – pointing out the importance of including in the policy process a “balanced and informative public education and communication program about HPV” along with the explanation of the benefits and limitations of the vaccines (WHO, 2008, pp. 10). Both specialized literature and case studies show that a DAD approach is not able to provide neither a balanced exchange of information among the stakeholders, nor their education, or the building of mutual trust.

(ii) Timing and time available

The issue of the time allotted for the implementation and policy dialog is, in this case, of particular importance: between the first public announcement of the vaccination campaign and the starting of the vaccinations only 4 days passed – 2 working days and a weekend. Of course, there could be a lot of reasons behind this behavior, but in front of scientific evidence, one cannot but admit that 4 days are an impossibly short time for preparing a complex communication campaign that aims to (or should have aimed to): (i) increase awareness on the HPV issues and bring them to the top of the public agenda; (ii) to extensively inform the public about the HPV; (iii) educate the public to act toward avoiding and/or treating HPV infections; (iv) change public behavior toward accepting the idea of vaccination through reaching a higher level of understanding and trust (Newsom *et al.*, 2000). A series of quantitative and qualitative investigations among the key categories of public can be decisive in assessing their perception of the vaccine and in scheduling the stages of the vaccination campaign (Constantine and Jerman, 2007). Finally, the time frame of the vaccination campaign depends on several factors, one of the most important being the socio-cultural background of each of the publics targeted.

(iii) Publics, messages and channels of communication

In the field of public communication, the terms *public*, *message* and *channel of communication* are most of the time used in singular. This could lead to the mistaken belief that there is only one public, one message, and one communication channel.

Yet, the theory of publics, well documented by authors such as Bernstein (1983), McQuail and Windahl (1983/2001), Hendrix (2001) or Seitel (2004), explains that, in the field of public communication, there is not only necessary to understand the differentiation among publics, but also to convert some publics from receivers of messages to emitters. Hence, in the case of the Romanian HPV vaccination campaign, even if the main public is formed by the 110.000 girls with ages between 10 and 11,

since they are underage, the ones making the decisions for them are their parents – a different category of public, that had to be approached in a different manner. In this case, the emitter of the message is only the promoter/promoters of the vaccination campaign; in the case of a well prepared campaign, the policy-maker is able to change the status of some of the stakeholders involved (family physicians, nurses, teachers, the mass-media, etc.) from receivers to emitters, that become leaders of opinion, promoters or at least message multiplexers.

Both the messages and the channels of communication need to be distinct for each public category. For example, it would be a mistake to have the message transmitted to the staff involved in the implementation of the campaign through the same channel and at the same time as to the parents (e.g.: a physician getting the necessary information through press, at the same time with the parents.). Specialized messages (medical information, procedures, etc.) need to be transmitted towards the medical staff through dedicated channels (training and information sessions, documentation, workshops, etc.) long before the start of the communication campaign addressed to the general public. This way, when the campaign starts the policy-maker should already have in place a network of trained promoters prepared to multiply the message professionally through channels they are familiar with. From the statements of the medical staff, it results this did not happen in the 2008 Romanian HP vaccination campaign, and they felt overwhelmed when facing the avalanche of questions coming from the parents.

(iv) Ownership of the policy

The responsibility for the design of the 2008 Romanian HPV vaccination program belongs mostly to the Ministry of Public Health. Nevertheless, this responsibility should have been shared with other actors of the medical field. For example, the majority of the medical institutions and specialists along with the producers and distributors of the vaccines should have proactively supported the Ministry of Public Health in a joint effort to correctly design the policy in terms of medical content, schedule and communication with stakeholders. It is hard to understand why the producers/distributors of the vaccines did not get involve in the process of communication and awareness building, since it should have been clear that the failure of this campaign would almost certainly attract international attention and consequently affect their business, while a success would have helped both the producers/distributors and the implementation of the HPV vaccinations in other countries.

Conclusions

The last three-four decades have brought about fundamental changes in the involvement of publics in public management issues. Some consider this as a certain emancipation of the stakeholders that takes the shape of a much more independent attitude of the individuals towards the government. Others see the emancipation as an effect, with the cause residing somewhere between education and development. The new media require the transformation and reframing of the democracy, by relocating the government from the ivory tower of power – a position legitimated by elections – in the arena of public debate and participation where everything is filtered by the

interest of the citizen. In other words we are witnessing a horizontalization of the power relations, of the relations between governments and the governed, a process that accumulates tension in the absence of meaningful and open exchange of ideas and opinions based on dialog among the actors involved.

This process has shaped new actors and new roles. The model of the traditional decision-maker deciding behind the closed doors of power is strongly eroded by the new perception of democracy, as it is gradually replaced by a model dominated not by managers, but by the management of decision. Finally, this leads to a depersonalization of the decision through the extension of the circle of actors. The trend is inevitable because, as Cleveland (1985, p. 192) said, “more and more work gets done by horizontal process – or it doesn’t get done. More and more decisions are made with wider and wider consultation – or they don’t ‘stick’ ”.

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