



Second European Immunization Week meeting

Copenhagen, 11–12 September 2007



ABSTRACT

To recapture the lessons learnt in 2007 and to start the planning of the next European Immunization Week, a meeting took place at the WHO Regional Office for Europe, Copenhagen, on 11–12 September 2007. Forty-two participants took part, representing 27 Member States and partners. The meeting provided an opportunity to discuss national and regional experiences and ways of consolidating, developing and strengthening European Immunization Week in the future.

While all participating countries planned and implemented Immunization Week activities according to their individual issues and challenges, some common lessons learnt were identified: 1) The wide-ranging media involvement and coverage, the impressive and extensive activity at subnational levels and the active involvement of partners were successful approaches that should be sustained and continued; 2) Time should be allowed for planning, including strategic planning, analysis, involvement of partners and resource mobilization; 3) The analysis of target groups must be detailed and the barriers and benefits well defined; and 4) The development and use of process and outcome indications is important to measure the national and regional success of the initiative.

In addition, the meeting participants agreed on a range of milestones for planning next year's European Immunization Week and some general recommendations for the future of the initiative:

- Member States will, together with WHO, develop some indicators for 2008 that could apply to the entire Region;
- Member States will establish working groups and initiate partner relations by December 2007;
- Member States will indicate their needs for WHO technical assistance in the area of communication, coordination, supporting documents or training by December 2007;
- EIW focal points will communicate with ministers and decision makers to get support for the initiative;
- Member States will consider ways of engaging local communication experts if needed. For this, WHO may be able to provide some funding; and
- Financial support requests for EIW activities will be sent to WHO before February 2008.

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Introduction

To recapture the lessons learnt in 2007 and to start the planning of the next European Immunization Week, a meeting took place at the WHO Regional Office for Europe, Copenhagen, on 11–12 September 2007. Among the 42 participants were representatives of 27 Member States, the GAVI Alliance and the WHO/Pan American Health Organization. The meeting provided an opportunity to discuss national and regional lessons learnt and ways of consolidating, developing and strengthening European Immunization Week in the future. The national and regional planning and implementation process and the role of all stakeholders were discussed as well.

Background: European Immunization Week

In 2005 a resolution was adopted by WHO European Region Member States, urging the countries “to support, where appropriate, the implementation of an immunization week within the Region for advocacy to promote immunization”.¹ The idea of an immunization week initiative was prompted by some disturbing trends faced by countries across the Region: Large groups of high-risk, unvaccinated children existed in almost all countries; outbreaks of infectious diseases, especially measles, continued to spread within and between countries; a continuously high risk of re-emergence of already eliminated diseases such as polio was present; public confidence in vaccines was affected negatively by groups, web sites or the press questioning the necessity and safety of vaccination; and immunization was losing political commitment in some countries.

Following a dialogue with Member States and other stakeholders, the long-term goal of the initiative was defined: To increase the success of immunization programmes by raising awareness of the need and right of every child to be protected against vaccine-preventable diseases – placing a special focus on vulnerable, high-risk groups. While WHO Regional Office for Europe would lead and coordinate the initiative from an overall, regional perspective, the participating countries would plan and implement Immunization Week activities according to their specific immunization issues and challenges. This way the framework aimed to achieve the power and synergy of one coordinated approach and message across the Region, while still taking into account the great diversity of the Region’s many countries.

In October 2005, the first European Immunization Week was launched as a pilot project, with nine countries involved. A comprehensive evaluation report identified strengths and weaknesses and recommended that the initiative be continued with more countries, and that the timing of the Week was changed to springtime. The second European Immunization Week was held in April 2007 with 25 countries actively engaged.

¹ Resolution EUR/RC55/R7: “Strengthening national immunization systems through measles and rubella elimination and prevention of congenital rubella infection in WHO’s European Region”.

Different approaches: country examples

As time did not allow for full presentations of all national immunization week activities at the September meeting, a few countries presented specific examples of key activities: outreach activities, training health professionals, involvement of subnational levels and developing immunization web sites.

Outreach activities

Albania: Vaccination of hard-to-reach communities in the Dures district

During the past 20 years, Albania has faced high internal and external migration. Based on a survey identifying a high number of unvaccinated migrant children in the Dures District, Albania decided to focus on this group during the Immunization Week. The objectives of the Immunization Week activities were to identify unregistered children in the district as well as to register these children in the respective vaccination registers and vaccinate them with missed doses according to the national immunization schedule.

Health workers went door-to-door to identify children aged 0–14. To engage the families, a clown performed in the community. Out of the 18 153 children screened, 322 were found to be unregistered. Eighteen children were vaccinated, including with DTP, OPV, DT and MMR vaccines. In addition, data transferring forms from other vaccination points identified another 42 children missing vaccinations who were provided with vaccines accordingly. In addition, the fact that some family doctors do not support the vaccination programme was identified as a key barrier; therefore training was provided to health workers as part of the Immunization Week.

Romania: Outreach to hard-to-reach communities and rural remote areas

The outreach activities planned as part of the Immunization Week in Romania focused on hard-to-reach communities with low vaccination coverage; unregistered populations with limited access to health care; and rural remote areas. The aim was to list all children in the selected areas, verify their vaccination history and develop specific lists for all children that missed vaccinations. To ensure engagement of the families, information flyers about the benefits of immunization were distributed door-to-door during the days before the registration. In addition, T-shirts, caps, flags and sweets were distributed at the vaccination points.

Two key groups were actively engaged: health professionals and local leaders. Community nurses and family doctors were trained and prepared for the Immunization Week activities, and the vaccination points were prepared with the appropriate stock of supplies. Local community leaders and authorities (mainly mayors) were engaged in a dialogue about the importance of immunization to ensure their support of the activities. All unvaccinated children under five years of age – a total of 26 545 – were vaccinated according to the national immunization schedule.

Training health professionals

Uzbekistan: Training graduate students from the medical academy

A key challenge identified during the planning phase in Uzbekistan was persistent rumours among the population that “foreign” vaccines from certain countries are inefficient and unsafe. Health professionals play a key role in providing accurate information and advice to parents;

however, it was found that health care staff generally has little knowledge about the immunization programme. A key issue is the fact that immunization is not part of the curriculum at the medical university. It was therefore decided to hold a symposium for graduate students to introduce them to immunization safety issues in order to boost future family doctors' understanding and knowledge. In close collaboration with the medical academy, the 500 best graduate students were selected for the training, which covered regional trends of immunization, vaccine safety, cold chain and adverse events following immunization (AEFI) and a discussion of the role of the mass media. Questionnaires used before and after the training indicated a clear improvement in the students' knowledge, attitudes and expected future behaviour. Following the Immunization Week, the students are now volunteering to train other medical students at subnational levels, as well as to support the national immunization campaign planned for November 2007.

Involving subnational levels in planning

Russian Federation: Organizing a highly decentralized initiative

The sheer geographical size of the Russian Federation and the Federation's health system required a highly decentralized approach to the planning of the Immunization Week. Out of the 89 territories, 85 were actively involved in planning and implementing activities based on the issues and challenges identified in each territory. A general focus had been identified centrally: to increase trust in immunization, focusing on the large cohorts of unimmunized children in the country. While a wealth of different activities were planned and implemented at subnational levels, the federal level ensured overall coordination and provided support to, and supervision of, the territories. It advised all territories to establish their own Immunization Week planning committee; to develop an action plan taking into account the most burning issues in their respective territories; to request the necessary support from the federal level and to engage local partners. The federal level also developed supporting documents including methodological letters; made information available on their web site, issued press releases, established a national hotline and developed print materials.

The activities launched in each territory were different in scope and purpose; from "open-door" days in polyclinics and "family-supervision" visits in hard-to-reach areas, immunization telephone hotlines and information materials, to media campaigns and involvement of prominent political and public figures. In addition, a total of 330 000 vaccinations, primarily polio, were given to children in high-risk communities. Questionnaire-based population surveys developed by the federal level, measuring attitudes to child vaccination (in 52 regions), showed that the Immunization Week had effectively changed the attitudes of the parents that were indecisive about immunization. Vaccination opponents were more difficult to affect: The percentage of parents being "undefined" was reduced from 41% before the Immunization Week to 14% afterwards, the "positive" group moved from 52% before to 80% after the Week – while the "negative" category moved from 7% to 6%, according to the survey.

Immunization web sites

Belgium: A vaccination web site for youth in Flanders

In the Flemish part of Belgium, a key focus was to improve vaccination information to young adults about taking responsibility for their own vaccinations after secondary school. One approach was the development of a new web site targeting youth specifically:

www.vaccinatieweek.be. The web site was developed as part of a process of providing better web-based information to health professionals and the general public to counteract the fact that a web keyword search for “vaccination” used to only lead to commercial sites. The aim has been to live up to the WHO quality criteria for immunization-related web sites. The Immunization Week web site for young adults was developed with a layout that would appeal to this target group – with music being the theme – and banners were created to direct youth to the site from other “youth” web sites. The site contained information about the Immunization Week, and materials were available for download. The process of developing the site took about one month, and the costs were estimated at about €450. However, the web site is considered a long-term investment as it has been announced that it will be used for next year’s Week as well. It is also seen as part of the general web site on immunization in Flanders.

Ireland: A vaccination web site for health professionals and the general public

Ireland participated in the Immunization Week pilot in 2005 and identified lack of information about vaccines as a key issue. The Immunization Week was therefore used as an opportunity to develop a comprehensive national web site on immunization targeting both health professionals and the general public: www.immunisation.ie. The process to develop the web site was coordinated by a working group, with experts on immunization, communication, information technology and health promotion. The target groups were analysed, and key stakeholders were consulted. As a result, the objective was identified: “to provide a national web site providing clear, factual information and advice to the general public, parents and professionals”. The site content and layout were defined according to the WHO criteria for immunization web sites regarding credibility, content, accessibility and design analysis. The process to develop the site took three months with intensive effort and committed staff. Since the launch in November 2005, the site has been regularly monitored and updated and has had an average of 2 000 visits per month. In 2006 the site was awarded WHO accreditation.

A different approach: Vaccination Week in the Americas

A representative from the Pan American Health Organization (PAHO) talked about the experience with the Vaccination Week in the Americas (VWA), which celebrated its fifth anniversary this year. It has been a major success and has grown from 19 countries and territories in 2003 to 45 in 2007. More than 195 million people have been vaccinated during the VWA so far. While European Immunization Week is more focused on spreading information about immunization, VWA is more practical in nature and aims to increase the number of vaccinations. Among the main objectives of VWA are to promote equity and access to immunization, promote communication and cooperation between countries (for example, there was a tri-border regional launching event in 2007 between Argentina, Brazil and Paraguay) and maintain immunization on the political agenda.

With the VWA being more focused on vaccinations, each of the five years has had a different theme in terms of which target groups and diseases should be highlighted. As for the planning process, countries manage and implement the VWA, and PAHO helps coordinate. At the September meeting, an insight into the planning process was also given when categories for estimated cost were flagged. These could be: Vaccines and supplies, cold chain, training, operational expenses, supervision and monitoring, epidemiological surveillance, social communication and evaluation.

Indicating the success of social communication, a post-event survey from El Salvador showed that more than 80% of those asked had heard about a vaccination activity recently. Among the main challenges of the VWA is to protect the achievements in terms of polio eradication and measles elimination, for example, as well as using VWA as a platform for the introduction of new vaccines in certain countries.

The idea of collaborating during VWA and EIW in 2008 was explored, possibly through a synergised launching event. This would tie into the vision of developing a global immunization week some time in the future.

Regional overview: results 2007

All participating countries in EIW 2007 submitted evaluation questionnaires to WHO for their Immunization Week, and many countries provided additional evaluation reports. Based on this, a regional overview was presented at the meeting, showing the facts of the planning, implementation, activities and results of the Week in the many countries involved.

Comparing the results of European Immunization Week 2007 with the strategic objectives set, the initiative proved to have been successful. The strategic objectives were to:

- engage and support Member States from all parts of the WHO European Region, creating the synergy of one common message across the Region;
- provide balanced and targeted information to critical target groups, taking into account the individual challenges in each of the participating countries;
- engage key target groups in national and subnational activities, raising awareness and understanding of the risks of diseases and the benefits of vaccination; and
- consolidate EIW as an annual and Region-wide initiative, building on the lessons learnt from the pilot phase.

Based on these objectives, some key achievements were identified:

- The initiative had grown considerably in geographical scope, now involving 25 countries from all parts of the Region, up from nine in the 2005 pilot Week.
- An impressive range of information materials was produced – in the numerous national and minority languages of the Region, targeting various groups. The numbers speak for themselves: 126 different information materials, printed and distributed in 1 501 696 copies – of these 1 313 996 folders or leaflets. In addition: 34 231 immunization cards updated; 701 202 SMS messages sent out; 2 394 radio, TV or newspaper messages/announcements sent out and 106 web pages developed. At the same time, a variety of activities to actively engage the target groups demonstrates that European Immunization Week is not just a traditional information campaign. Hundreds of competitions, workshops and conferences, and thousands of school lessons and training sessions were organized at national and subnational levels. In addition, more than 500 000 people were immunized with a total of almost 1.5 million vaccination shots.
- The regional synergy was emphasized by the fact that almost all countries used the logo and slogan of the initiative translated into the national languages. In addition, the pre-

prepared regional layouts were widely used in revised forms across the Region. Still, the initiative proved its ability to be tailored to the specific individual challenges of the many countries involved. The countries were able to target the different aspects of their immunization systems within the common framework: routine immunization, measles, rubella, polio, new vaccines, travel vaccines – parents, children, youth, health professionals, national and local decision makers, media – quality and safety – outreach, information products and active involvement of target groups.

- Across the Region there was an impressive involvement of subnational levels in the planning and implementation of the initiative.
- Adding to the results and achievements, the enthusiasm and engagement of the participating countries were considered a major success as well. According to the national evaluation questionnaires, all 25 countries are planning to participate again in 2008; 75% of the countries considered the Immunization Week overall to have been “successful”, while 25% considered it “partially successful”; and all countries believe that the Immunization Week activities will increase immunization coverage – nationally or in specific groups – after one or more years.

Regional overview: lessons learnt 2007

As the strategic objectives included using lessons learnt from the pilot phase, these were reviewed as well, identifying important lessons for future Immunization Weeks.

- The pilot evaluation recommended starting planning well in advance, preferably four months in advance of the Week. As just 28% of the countries did so – and as 20% started their planning as late as March 2007 – there was a strong recommendation to start planning earlier in all countries.
- The pilot evaluation furthermore recommended clear target group identification, based on data and knowledge of high-risk groups. This was successfully achieved across the Region with clearly defined target groups for each activity. However, the recommendation to thoroughly analyse each target group to know their knowledge levels, attitudes and behaviour in depth was followed in very few countries. Although this was linked to the fact that many countries started their planning process very late, there was a strong recommendation to strengthen the analysis of target groups in order to tailor activities and thereby increase the impetus for success.
- The pilot evaluation recommended involving both strategic partners and the media and national and subnational levels. This was successfully achieved across the Region, with involvement of other partners than WHO in 22 out of 25 countries – and with media activities in 23 countries. An impressive total of 264 national and subnational press releases were issued and 116 activities were organized for the press – be it festive launch events, press conferences, meetings or even competitions – and only one country experienced negative media coverage in the form of one article. The recommendation was to continue this successful approach, maintaining partner relations and strengthening them for future Immunization Weeks.
- Another recommendation from the pilot phase was initiating resource mobilization to ensure long-term sustainability in the countries where this is necessary. As nine countries were able to raise resources outside their own institutions or WHO, this aim was successfully fulfilled. However, the amounts obtained were quite limited, and the

recommendation was to continue and further strengthen resource mobilization efforts in the coming years, developing resource mobilization plans well in advance of the Week.

- Lastly, it was recommended to define clear indicators and measures of success and prepare the evaluation of the initiative as part of the planning process. As 15 countries defined indicators and 14 countries developed evaluation reports, this was partially done. However, very few countries performed surveys to verify indicators, and most evaluation reports were descriptive in format and did not attempt to measure the success of the initiative by comparing indicators with results. Therefore, the recommendation was to strengthen the use of indicators and evaluation. It was furthermore agreed that a set of Region-wide indicators should be defined, which all participating countries should report against.

Some comments

At the meeting, some Member States made some comments about future EIWs. Ukraine and the Russian Federation suggested that perhaps WHO could be more involved when it comes to training issues, especially for the EIW in 2008. Other Member States expressed a wish for more focus on the intercountry collaboration and exchange of information and experiences. This could be, for example, lessons learnt from working with Roma communities, which should be widely shared. Member States also asked for exchanging experiences on how to organize immunization programmes as well as how to decide which topics should be chosen for the various Immunization Weeks. Belgium also suggested a universal way of using a code – or an abbreviation – for naming vaccine-preventable diseases, as the Chinese signs used today are not understood by non-Chinese. As a result, in Belgium, they use different abbreviations that are not understandable if you are not working in the area; for example “MMR” in Flanders would be “MBR” and in the French-speaking part “RRO.”

Future directions

Based on the meeting presentations and the issues discussed, the meeting participants agreed on a set of recommendations for the planning of next year’s European Immunization Week.

- Strengthen analysis of target groups to better tailor communication activities. This means better data on these groups as experience show there was a major gap in knowledge about their attitudes, behaviour and practices, both before and after the event. It was also agreed that there is a need to ensure that barriers and benefits are well defined.
- Continue successful approach of involving partners at all levels, both national and regional. Partner involvement could cover areas such as technical support, financial support as well as support in implementation.
- Continue successful media approach. The EIW 2007 generated almost exclusively positive press coverage, and indeed a substantial media interest in general. This should be continued also in 2008.
- Strengthen resource mobilization.
- Strengthen evaluation process. This means developing process and outcome indicators and following up on the outcome after the event. Based on experience from 2007, Member States agreed that this could be improved.

- Start planning early. This pertains to all areas, including involving partners, developing indicators and identifying possible assistance needed from WHO.

To support these recommendations, the meeting participants agreed on a set of milestones.

WHO will

- distribute the report of EIW 2007 region-wide in 2007;
- distribute the meeting report and recommendations to all participating countries in 2007;
- develop or revise any requested and necessary guidelines or technical support documents by the end of 2007 or early 2008; and
- provide continuous support and communication, including monthly newsletters, to all participating countries, all throughout the planning process towards the next Immunization Week scheduled for 21–27 April 2008.

Member States will

- establish working groups before the end of 2007;
- involve key partners in their planning by end of 2007;
- develop resource mobilization action plans, where necessary, by the end of 2007;
- initiate the development of a national Immunization Week strategy and action plan before December 2007 – and finalize this by February 2008;
- submit their possible requests for technical support from WHO by December 2007; and
- submit their possible requests for financial support from WHO by March 2008.

Target group analysis

- A presentation was given on how to analyse the target groups to better tailor activities and the general planning for EIW.
- Key issues were what influences behavioural change in terms of immunization. The presentation suggested that various issues should be considered: Availability/access, affordability, social support, personal risk perception, vaccine efficacy, self efficacy and brand appeal. Issues such as awareness of vaccine-preventable diseases, understanding transmission and appreciating severity could influence personal risk perception and vaccine efficacy issues, according to the presentation.
- A framework for planning was suggested: First, one should define the priority group; then what behaviour one wants to achieve, the key factors and the activities. For all this, key indicators should be developed, against which success can be measured.
- Group work was carried out during the meeting, in which the groups could choose to focus on hard-to-reach families of low income and specific ethnic origin, or urban wealthy families, using the technique as described above.
- The following discussion showed great interest in the subject and interest in further training on the issue, which will now be explored possibly through regional subtrainings or through local consultants as required.

WHO committal documents for EIW

- Administrative and financial concepts, terms, structures and cycles of operations in the WHO Regional Office for Europe were also discussed.
- WHO presented the three types of contractual documents that can be used for EIW: Agreement of performance of work (APW), internal commitment (I/C) and purchase order (PO). Respectively, these are: A contract that is raised directly with a ministry or association with the signatory of the document being responsible for implementation of the funds; a document that is issued directly with the WHO Regional Office for Europe; and a document that is raised directly with the supplier in the country.
- As for guidelines, WHO emphasized that WHO should receive Member States' funding requests at least six weeks in advance of a planned event, and budget requests have to be detailed.

Conclusions and Recommendations from the meeting

Based on the meeting, some general conclusion and recommendations were drawn up, kicking off the planning process for EIW 2008. First the key successes of EIW 2007 were highlighted, followed by the challenges ahead.

Key successes of EIW 2007:

- region-wide engagement;
- focus on individual issues but with a general synergy in terms of message and look, emphasizing that this is one common initiative;
- hundreds of activities were launched to involve and engage target groups; and
- engagement of national as well as subnational levels.

The challenges for the next EIW were drawn up, on which Member States were encouraged to focus in particular:

- starting the planning process early – timeliness;
- strengthening the analysis of target groups;
- strengthening the evaluation process; and
- strengthening the development and use of process and outcome indicators.

It was agreed that Region-wide indicators should be developed for the overall initiative:

- five to six key indicators for the overall initiative;
- process and outcome indicators;
- short- and long-term;
- regional/national/subnational;
- must take into account national differences;
- to be developed with Member States; and
- to be finalized by December 2007.

Partnership with Vaccination Week America (VWA)

In terms of a possible partnership with VWA for EIW 2008, it was emphasized that this would increase political awareness and resources and would therefore maximize the impact of both initiatives. One option could be to coorganize the launching event. Such collaboration would also fit in well with the overall long-term vision of a global vaccination/immunization week initiative. The plan is to liaise and coordinate by exchanging technical and supporting documents and learning from each other's experiences.

Annex 1

PROVISIONAL PROGRAMME

Tuesday 11 September

8.30– 9.00	Registration	Ms. Elena Jørgensen
9.00	Welcome from the WHO Regional Office for Europe	Dr Nedret Emiroglu
	Scope & purpose and agenda	Ms. Katrine Habersaat
	Messages	Ms. Jackie Christensen
9.20	Introductions (20 minutes)	Ms. Katrine Habersaat
9.40	European Immunization Week: background History, rationale, strategic framework (20 minutes)	Ms. Katrine Habersaat
10.00	Country examples – different approaches to EIW <ul style="list-style-type: none"> • Outreach activities: Albania and Romania (20 minutes per presentation incl. questions) • Training health professionals: Uzbekistan (20 minutes incl. questions) 	<u>Albania:</u> Dr Ilirjana Kadare <u>Romania:</u> Dr Adriana Pistol <u>Uzbekistan:</u> Dr Dilorom Tursunova
11.00	Coffee break	Reception area, ground floor
11.20	...cont.: Country examples – different approaches to EIW <ul style="list-style-type: none"> • Organizing a decentralized EIW: Russian Federation (20 minutes incl. questions) • Establishing an EIW web site: Belgium (Flanders) (20 minutes incl. questions) 	<u>Russia:</u> Dr Nataliya Frolova <u>Belgium:</u> Dr Geert Top
12.00	Vaccination Week in the Americas (Presentation and questions: 60 minutes)	Ms Alba Maria Roperro, PAHO
13.00	<ul style="list-style-type: none"> • Establishing an EIW web site: Ireland (20 minutes incl. questions) 	<u>Ireland:</u> Dr Brenda Corcoran
13.20	Lunch	WHO cafeteria
14.20	Regional overview of lessons learnt Overview of results and lessons learnt (30 minutes)	Ms. Katrine Habersaat
14.50	Future direction of EIW Future strategic direction of EIW (15 minutes presentation) Discussion: Future directions and development of EIW, including	Ms. Katrine Habersaat

	requests for support and role of WHO (45 minutes)	
15.50	WHO committal documents for EIW Administrative and financial concepts, terms, structures and cycle of operations in the WHO Regional Office for Europe	Ms. Jackie Christensen
16.10	Exhibition and welcome drink	New building (T)
18.30	<i>Dinner at Restaurant Silom</i>	

Wednesday 12 September

8.30	Arrival and welcome	Ms Katrine Habersaat
8.35	Models for target group analysis	Mr Robb Butler
10.20	Coffee break	Reception area, ground floor
10.30	Introduction to group work Using target group analysis to design activities	Ms Katrine Habersaat
10.40	Group work	Facilitators: Dr Liudmila Mosina Mr Leo, Weakland Dr Andrei Lobanov Mr Eric Laurent
10.40	Partnership discussion with Ivonne Rizzo from the GAVI Alliance and Alba Maria Roperio from PAHO	Ms Katrine Habersaat
13.00	Lunch	WHO cafeteria
14.00	Group presentations and discussion 15 minutes per group (60 minutes), followed by plenary discussion (30 minutes)	Ms Katrine Habersaat moderating discussions
15.30	Coffee break	Reception area, ground floor
16.00	Conclusion and recommendations Short presentation followed by discussion (45 minutes)	Dr Nedret Emiroglu
16.45	<i>Wrap up</i>	Ms Katrine Habersaat