

Workbook // Advocacy for sustainable funding of immunization programmes







REGIONAL OFFICE FOR Europe

Keywords

HEALTH RESOURCES IMMUNIZATION IMMUNIZATION PROGRAMMES VACCINES FUND RAISING

Address

Address requests about publications of the WHO Regional Office for Europe to: Publications WHO Regional Office for Europe UN City, Marmorvej 51 DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

© World Health Organization 2017

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Photo credits

Cover: Polfoto P. 3: WHO/Malin Bring P. 14: WHO P. 24: WHO/J. Christensen All other photos: Colourbox

Contents

ACKNOWLEDGEMENTS	111
INTRODUCTION	1
GUIDANCE	4
BACKGROUND	6
STEP 1: DEFINE YOUR FUNDING NEEDS	7
STEP 2: IDENTIFY STAKEHOLDERS	15
STEP 3: UNDERSTAND STAKEHOLDERS	23
STEP 4: JUSTIFY INVESTMENT	31
STEP 5: PLAN ACTIVITIES	37
REFERENCES	45
BIBLIOGRAPHY	45

Acknowledgements

The Vaccine-preventable Diseases and Immunization Programme of the WHO Regional Office for Europe greatly appreciates the contributions of all partners who have provided input and feedback in the development of this document. Special thanks go to the Immunization Financing and Sustainability Task Team and participants in the test training and sparring partners from Albania, Armenia, the Republic of Moldova, Serbia and the former Yugoslav Republic of Macedonia.

Katrine Bach Habersaat, Vaccine-preventable Diseases and Immunization Programme, WHO Regional Office for Europe, developed the workbook.

The GAVI Alliance provided financial support for the development and pilot-test of the workbook.







Introduction //

Member States have committed to long-term funding of immunization

On 17 September 2014, Member States of the WHO European Region adopted the **European Vaccine Action Plan 2015–2020** *(1)*. With this, they pledged to ensure long-term domestic funding of immunization programmes, sustainable financial investment and political commitment to immunization. They also called for the development of advocacy tools and materials to enhance the profile of immunization programmes and increase public knowledge about vaccines.

In line with this Action Plan, the WHO Regional Office for Europe developed this workbook and a training programme for its use to support national immunization programmes in their effort to ensure national commitment to immunization.

Why must Member States continue to invest in immunization?

Everywhere in the world, health care budgets are under great strain. Immunization managers often struggle to obtain the necessary funding to strengthen immunization programmes and introduce new vaccines. Even protecting current budgets can be a great challenge.

Decision-makers fully acknowledge the success of immunization in preventing suffering and death. But the urgent need to increase – or at a minimum uphold –

investments to sustain this success and continue moving forward is often not supported.

The lack of political prioritization of immunization in some countries is alarming. If threats faced by immunization programmes in the Region are not taken seriously, past successes will be jeopardized and opportunities for new and better vaccines may be lost.

Resurgence of vaccine-preventable diseases

High general coverage, but many underimmunized children

New vaccines - new opportunities to save lives The Region has seen a disturbing increase in outbreaks of vaccine-preventable diseases in recent years. In 2013 alone, Member States reported 31 685 cases of measles and 39 367 cases of rubella (2). Wild poliovirus circulation was also detected in the Region; and, together with a large polio outbreak in 2010 with 31 deaths in four European Region countries, this demonstrates that the Region's polio-free status is under continuous threat. As many as 17 of the Region's 53 countries are considered at risk of transmission should poliovirus be imported¹.

Even though general immunization coverage in the Region is high, large population groups remain unprotected. Of the 11.2 million children born in the Region in 2012, nearly 554 150 did not receive the complete three-dose series of diphtheria, pertussis and tetanus vaccine by the age of one year (4). Variable commitment in Member States is impeding progress, innovative solutions and the actions necessary to fulfil the rights of underserved, marginalized, migrant and disadvantaged children and families.

At the same time, research and innovation have enabled the development of new vaccines that provide protection from more diseases. These developments represent tremendous progress. Failure to introduce new vaccines in national immunization programmes will be a lost opportunity to protect many more children and adults from suffering and death caused by diseases such as cervical cancer, pneumonia, meningitis and severe diarrhoeal diseases in young children.

¹ In 2014, the Regional Certification Commission deemed 14 countries in the Region to be at intermediate risk and 3 countries to be at high risk of transmission following importation of poliovirus *(3)*.

Few external funding sources

Significant socioeconomic returns

In the countries in the Region that graduated from GAVI support, these challenges are even more acute. Before long, very few if any external sources of support for immunization systems may exist. Just as in other Member States, most – or all – resources are mobilized from national budgets.

In all of these Member States, decision-makers should be made aware of the significant socioeconomic returns that immunization represents regarding not only child health and child mortality but also poverty reduction, equity, production, education and strengthening health systems as a whole in order to secure sustainable funding for strong immunization programmes.

This workbook can help immunization programmes convey these important messages in order to secure sustainable funding for strong immunization programmes.



Guidance //

Supporting materials

This workbook was developed to support national immunization programmes in advocating for funding for immunization.

It supplements materials already available on health-related advocacy targeting a broad range of stakeholders, such as decision-makers, the media, the general public, health care workers, etc.

The intention with this workbook is to focus on a selected area of advocacy for immunization: resource mobilization targeting national decision-makers.

To support its use, a set of advocacy documents and a training package were also developed.

Other important advocacy materials include:

.....

- Advocacy for immunization: how to generate and maintain support for vaccination programs, Bill and Melinda Gates Children's Vaccine Program at PATH for the GAVI Alliance (5);
- Advocacy toolkit: a guide to influencing decisions that improve children's lives, United Nations Children's Fund (6);
- http://actoolkit.businesscatalyst.com/index. html - an online advocacy platform developed by PATH and funded by the GAVI Alliance (7).

WORKBOOK AND SUPPORTING MATERIALS

WORKBOOK

A simple process description which can help immunization programme staff plan and carry out advocacy for immunization funding. Hard copies of the workbook can be requested from the WHO Regional Office for Europe. Contact vaccine@euro.who.int.



ADVOCACY DOCUMENT LIBRARY

A set of advocacy documents containing a variety of templates, facts, presentations, messages and frequently asked questions. These can be tailored to the national context and applied in advocay and resource mobilization activities. The advocacy documents are available online: www.euro.who.int/immunizationadvocacy-library.



TRAINING PACKAGE

The Regional Office offers training to national immunization managers and programme staff.

Guidance //

How to use this workbook

The following approach is recommended

- 1. Organize a meeting of at least four hours, preferably a full day (or even longer).
- 2. Invite 3–6 key staff members to participate in the meeting, such as:
 - immunization manager;
 - immunization programme staff;
 - communications officer;
 - partner representative(s) (e.g. WHO, United Nations Children's Fund, members of national immunization technical advisory groups;
 - staff/partner who knows budget processes well; and
 - staff/partners who know relevant decisionmakers well.
- Provide all participants with a copy of this workbook. (Request printed copies from the WHO Regional Office for Europe – or print it: www.euro. who.int/immunization-advocacy-library).
- 4. Appoint:
 - a chairperson to chair the meeting and the exercises, ask questions and take notes on flipcharts; and
 - **a minute taker** to record conclusions, decisions, action points, as well as roles and responsibilities for action points.
- 5. Sit together and collectively go through each of the tasks in steps 1–5 of mobilizing resources for immunization.
- 6. Be aware that there are no correct answers or solutions. You can only assess and guess based on your knowledge and experience. However, you will probably find that, together, you have good insight into the issues in question.

APPROACH

- → 1-day meeting
- \rightarrow 3–6 key staff
- → Roundtable discussion and brainstorming

TIP

Many immunization programme managers and staff already work hard to obtain the support of decision-makers, engage allies and shape the public and media agenda.

This workbook offers a systematic and structured approach, and a starting point for discussions and action planning. It suggests you take some time to analyse the situation in your country – who makes decisions, who has influence, and how do decision-makers feel about immunization? – and use this knowledge to define how you can best prepare the ground for your appeal for sustainable funding and new investments. The workbook focuses on working along new lines, initiating new kinds of activities, forming new alliances and developing more targeted messages to key stakeholders.

- 7. Since there are no definite answers, make sure ample time is allocated to discuss and brainstorm ideas.
- Use a flipchart or a white board to record information. Sticky notes are also useful, since they are easy to move around, remove and re-attach on the white board.
- 9. Conclude the meeting and agree on next steps by answering certain questions.
 - Will you need to meet again to complete all exercises and steps?
 - Who will develop an action plan based on your meeting?
 - Who will make contact with influencers and potential allies?
 - Who will make contact with decision-makers?
- 10. Meet again in 3–6 months to discuss progress and the potential need for more action points.
- → No correct answers
 need to assess and guess
- \rightarrow Complete each task
- \rightarrow Agree on next steps

Background //

What is advocacy and resource mobilization for immunization?

In this workbook, advocacy and resource mobilization for immunization is defined as:

→ an effort to obtain or strengthen the support of key stakeholders and influence the public and media agenda with the goal of ensuring long-term and sustainable funding of the immunization programme.

The stakeholders whose trust and support you wish to obtain include:

- decision-makers
- the people, institutions and stakeholders who may influence decision-makers
- your potential allies.

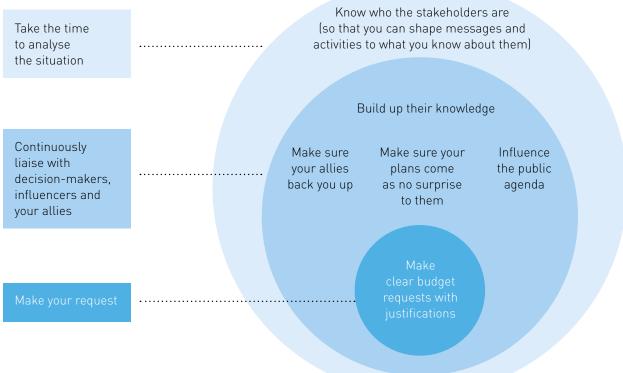
How you obtain the support of key stakeholders depends on the national context, and it is a continuous process with no fixed begining or end.

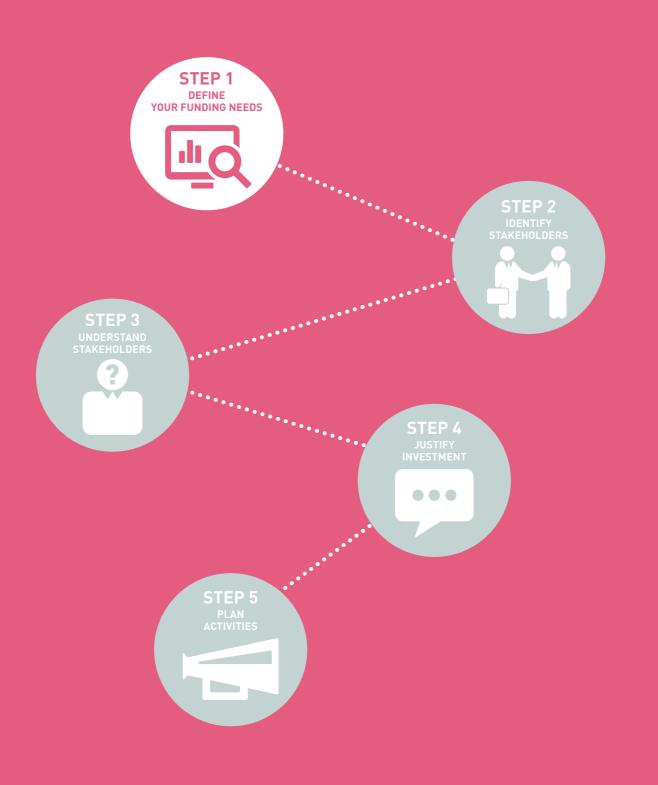
However, in every setting, it is wise to identify and analyse stakeholders and to prepare to interact with them based on your knowledge about them.

The process of advocating for immunization funding thus entails some important steps that can be applied anywhere. These steps are presented in this workbook.



FIG. 1. OBTAINING AND MAINTAINING THE SUPPORT OF KEY STAKEHOLDERS IS A CONTINUOUS PROCESS.





STEP 1



What do you want to achieve?

If your budget requests are not completely clear to yourself, they will definitely not be clear to the people you want to reach.

So before you start advocating for funding of your immunization programme, you need to know what you want to do, and how much money you need. In other words, you need to know your objectives, the financial resources required to achieve these objectives and your funding gap.

Knowing all of this in detail will help you prepare a strong justification for your budget, approach the right people, shape your messages and prioritize your activities.

TASK 1. Define SMART objectives

Discuss and agree on two or three key objective(s). Select areas of work that will require *further investment* in the years to come, or where you fear budgets cuts and expect that advocacy will be needed to sustain the *existing funding*.

The objectives you select should be clearly linked with the objectives of the key national planning and strategic documents in your country. Consult documents such as:

• National immunization plan

- Multi-year plan for immunization
- Annual work plans for immunization
- Communicable diseases plan
- Public health plan and strategy
- National health plan and strategy
- Government development plan

Insert the objectives in Table 1. Link them to the overall national objectives and make sure that they are SMART:



Dpecific:

.

precise, targeting a specific area, avoiding generalities.



easurable:

quantified and providing an indicator of progress.



ttainable:

realistic given the context.

) R

Nelevant: within the scope of overall goals, plans

and strategies.

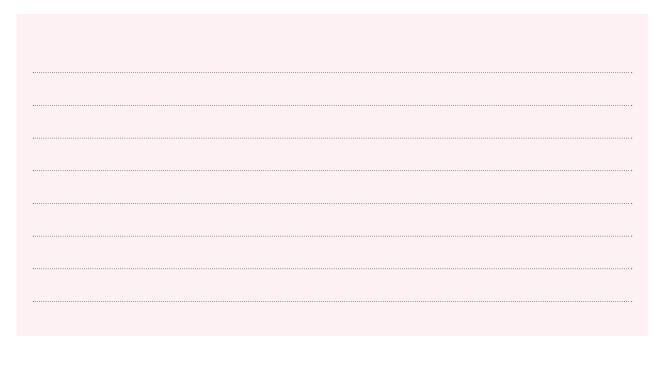


ime-bound:

specifying the timeframe.



TABLE 1. DEFINING SMART OBJECTIVES



INSPIRATION

SMART OBJECTIVES MIGHT BE

Achieving elimination of measles and rubella by year **X**, through conducting supplementary immunization to susceptibles (age group from **A** to **B**) in the year **T** (National health strategy Goal 2. National immunization plan Objective 3).

Protecting individuals against more vaccine-preventable diseases through the introduction of **X** new vaccines in year **T**, to prevent **X** deaths and **Y** number of cases per year due to **Z** vaccine-preventable disease (National immunization plan Objetive 4).

Achieving 95% coverage at national and 90% coverage in at least 90% of all districts with **Y** doses of **X** vaccine by the year **T** (National health strategy Goal 2. National immunization plan Objective 3). Upgrading cold chain infrastructure to ensure high quality of vaccines administered, by purchasing **Y** number of **X** type of WHO-prequalified cold chain equipment for **Z** level in the year **T** (Public health plan and strategy Goal 6. National immunization plan Objective 3).

Upgrading cold chain infrastructure to accommodate **X** new vaccine that will be introduced, by purchasing **Y** number of **X** type of WHO-prequalified cold chain equipment for **Z** level in the year **T** (National health strategy Goal 2. National immunization plan Objective 3).

TASK 2: Define programme activities

Define all programme activities needed to achieve your objective. Make sure they are detailed and quantified: define what, where, how many, how much, by whom, when etc.

All activities should be clearly linked to a specific programme objective. Make it clear why and how each activity is necessary to achieve the objective.

TABLE 2. DEFINING PROGRAMME ACTIVITIES

TIP

Double check that you have considered **all the necessary activities** to achieve your objective(s). Did you think of all activities related to e.g. vaccine supplies, cold chain, staff, training, supervision, outreach, monitoring, surveillance and communication?

INSPIRATION

PROGRAMME ACTIVITIES MIGHT BE...

- Purchasing **Y** number of doses of **X** vaccine.
- Purchasing Y number of Z type of injection syringes and Y number of Q type of safety boxes.
- Purchasing Y number of W type of cold chain equipment.
- Fuel and maintenance for the vehicles / renting vehicles.
- Purchasing Y number of Q type of laboratory equipment / supplies.
- Purchasing Y number of X type of computers for reporting system.
- Staff per diem (specify) for supervision, monitoring, surveillance and case investigation as well as training or outreach/mobile immunization services.
- Introduction of new immunization registry system (specify staff, training costs, IT support, other related costs).

- Printing of **Y** number of **W** type of home-based vaccination cards.
- Printing X number of Q type of information materials for W target group in C number of languages.
- Conducting **X** type of studies/research to assess barriers to immunization.
- Conducting communication activities (specify which) to increase demand for immunization/new vaccine or to address vaccine hesitancy in specific population groups.
- Establishing a communications coordination committee with key stakeholders and allies to increase collaboration on increasing demand for vaccination, addressing vaccine hesitancy and strengthen preparedness for vaccine safety-related events.

Ø.....

TASK 3. Define resources required

Now calculate the resources required to conduct all of your planned activities and thereby achieve your objective[s].

First, define the cost for each of the programme activities listed above. Break the cost down into cost categories. Then calculate the total amount of resources required. List it in Table 3 using cost categories such as:

- Vaccines and injection supplies
- Cold chain equipment
- Transportation
- Surveillance (lab equipment, supplies etc.)
- Staff (salary, per diem, consultants etc.)
- Training and supervision
- Monitoring
- Communications
- Research
- Advocacy

Identify your preferred funding source for each activity. This information will help you later to prioritize your advocacy and resource mobilization activities.

TABLE 3. DEFINING RESOURCES REQUIRED

COST CATEGORIES	RESOURCES REQUIRED

INSPIRATION

THE RESOURCES REQUIRED MIGHT BE...

FOR 2016-2020

Vaccines and injection supplies	USD	421 000
Personnel	USD	849 500
Training and supervision	USD	90 000
Research	USD	60 000
Logistics (vehicles, cold chain		
and other equipment)	USD	489 000
Lab equipment and other supplies		
for surveillance	USD	242 000
Campaigns and communications	USD	378 500
Research	USD	119 000

TASK 4. Define funding gap

Approaching decision-makers you need to know exactly how much additional funding is required – you need to know your funding gap.

To know your funding gap, calculate the difference between the resources required to achieve your objectives and the funding which is already available to you – this year and in the years to come. Use the following approach:

Resources required to achieve the objectives

- + Available funding (secured and/or probable)
- = Funding gap

List the details of your funding gap in Table 4. Prioritize, so that it is clear which activities are absolutely necessary, which activities may be postponed, and which activities may have alternative solutions.

TABLE 4. DEFINING THE FUNDING GAP

INSPIRATION

THE FUNDING GAP MIGHT BE ...

FOR 2016-2020

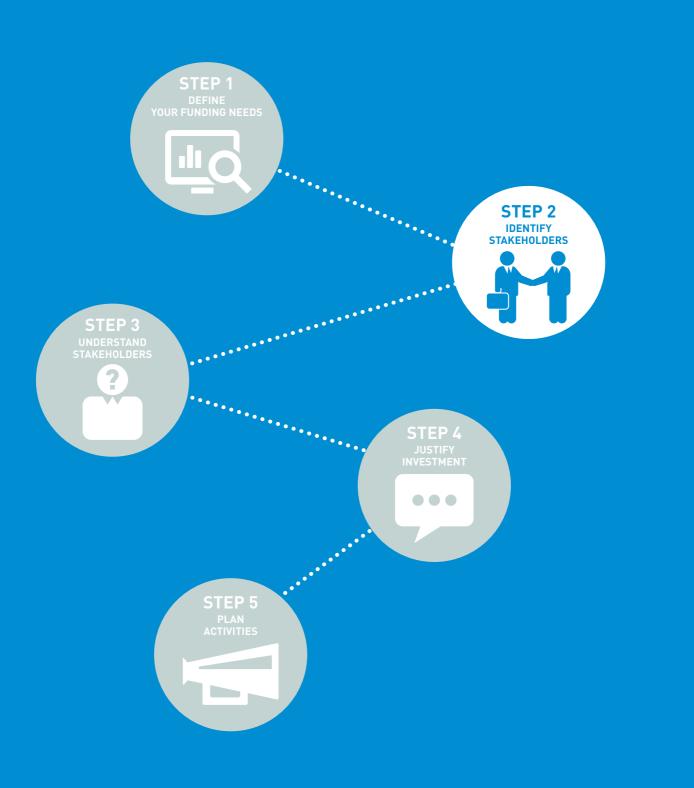
USD	121 000
USD	649 500
USD	289 000
USD	278 500
	USD USD

TIP

Your budget should reflect the needs of your immunization programme. However, you may not be able to mobilize all necessary resources. Be prepared for this situation: **always have a PLAN B.** Be prepared to answer questions about alternative ways to achieve your objectives, or about activities that may be down-scaled or postponed. Knowing what you want to achieve (objectives), how much money it costs (resources required) and how much additional money is necessary to achieve it (funding gap) are essential issues when you shape your requests to decision-makers.

However, in addition to this, you need to prepare a strong justification for your request and to make sure that is comes as no surprise to decision-makers. You need to prepare the ground for your request by liaising with key stakeholders and by building up their knowledge of the benefits of immunization, of the need for investment and of the risks associated with underfunding. This process is described in steps 2-5.







You now know your funding needs, and you have defined the details of this necessary investment in immunization. Before you approach decisionmakers with your request, take your time to analyse the situation in your country.

Who makes **decisions** about your immunization budget? Who influences these decision-makers? And who can you work together with as **allies** to achieve your objectives?

Knowing this will help you define and prioritize your advocacy activities, and it will guide you in shaping your messages when you need to justify investment in immunization.

TASK 5. List decision-makers and influencers

Prepare a list of the people and institutions that you believe influence how immunization is prioritized in your country.

Take into account your programme objectives and funding gap and include decision-makers and influencers accordingly.

Brainstorm and insert the names in Table 5.

Highlight the people whom you have or may realistically gain access to, as these are the people you will need to approach later on.

Who are the "influencers"?

While decision-makers have formal authority to make decisions, other people may be almost as powerful or even more powerful – because they shape the public debate, or because decision-makers trust their advice. These people are the influencers.

See below for inspiration.

TABLE 5. LISTING DECISION-MAKERS AND INFLUENCERS

INSPIRATION

DECISION-MAKERS AND INFLUENCERS MAY BE:

- ministers and deputy ministers (health, finance, family, economy, development, etc.);
- governments;
- financial departments of ministries, permanent secretaries or heads of departments in ministries (health, finance, justice, children);
- local government stakeholders;
- mass media/journalists;
- key technical staff in ministries (who prepare documents for the minister);
- national budget committee;
- members of parliament (spokespersons in relevant fields);
- regional or local health departments;
- local leaders, religious leaders;
- other politicians (e.g. regional or local);
- potential donors national or international such as international organizations, diaspora, nongovernmental organizations etc.;
- private sector;
- national health insurance fund;
- experts and scientists; and
- tomorrow's decision-makers (identify who they are).

TIP

When completing the list:

- include not only institutions or organizations but also specific people, their functions and their names;
- take into account everyone with decisionmaking power, as well as those with more informal influence – those who might affect decision-makers;
- take into account the events and processes of the coming year and who will be involved (including budget, strategy or political processes);
- remember both the short-, mid- and longterm perspectives (next year and up to 10 years ahead).

TIP

Take into account your budget process and the decision-makers who influence it.

Try also to find other ways to affect the budget in the short and long term. Which other stakeholders might affect how the immunization programme is prioritized and supported in the long term?

Ø.....

TASK 6. Identify potential allies

You know who your decision-makers and influencers are. Next you need to find out who can help you influence them.

The more people who communicate a message, the stronger it becomes.

So before you interact with decision-makers and influencers, consider who can help you prepare or assist you in establishing contact. Identify possible allies by mapping potential linkages to the Table 5.

Ask yourself:

- Who shares your interests and agenda e.g. with regards to children or health?
- Who works with immunization or related areas?
- Who may benefit from working together with you?
- Who does the decision-maker trust?
- Who knows the decision-maker well?
- Who has established a relationship with the decision-maker?
- Who is effective in setting the public agenda?

Insert the names of decision-makers/influencers and the possible allies you may reach them through in Fig. 2. For inspiration, see page 20.

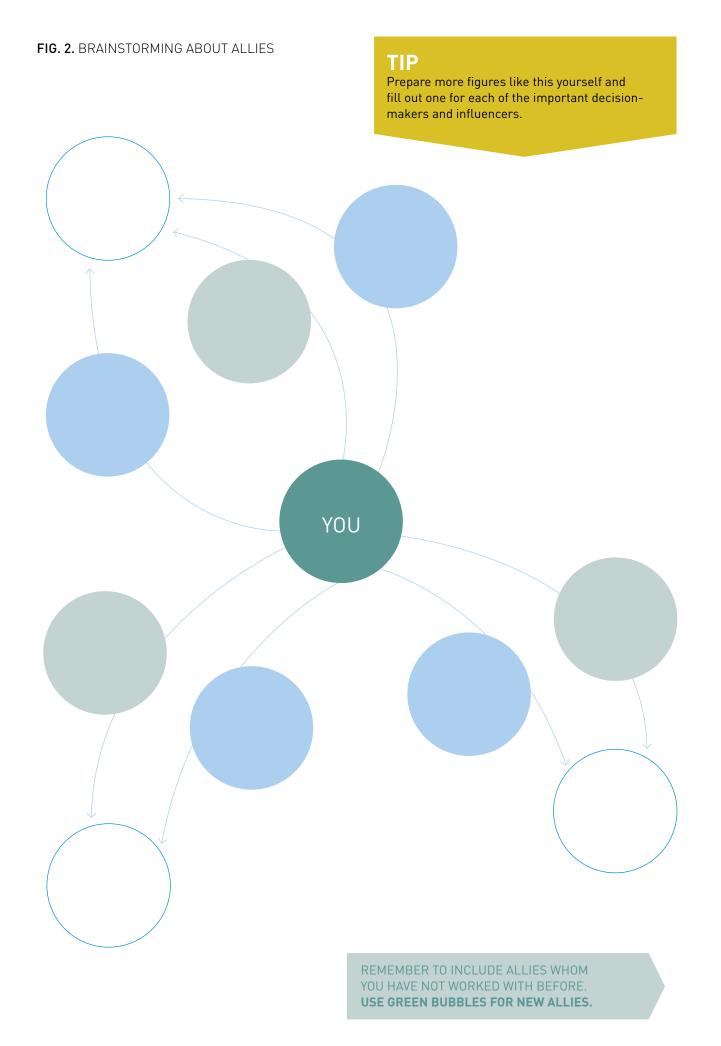
Background // Why engage allies?

Many people, institutions and organizations have access to or are trusted by decision-makers. These could be your potential allies. Allies can help you decide on messages and the best way to reach your decision-makers. They may also be willing to:

advocate for immunization;

.....

- give you access to their own networks, supporters and resources;
- distribute your materials to a broader audience (e.g. assist in campaign activities).

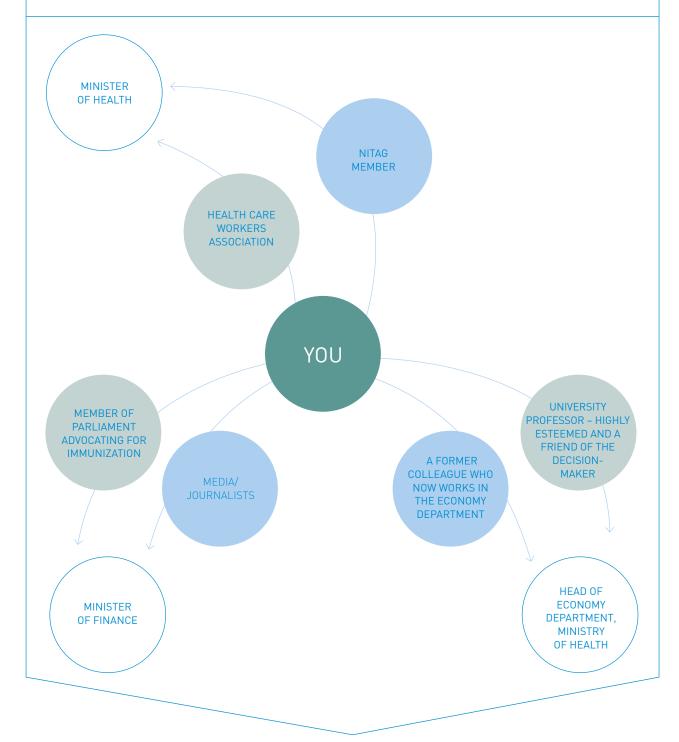


INSPIRATION

POTENTIAL ALLIES MAY BE:

- national organizations (nongovernmental organizations, interest groups) on health, children/youth, human rights, etc.;
- professional associations of health care workers (paediatric, medical);
- experts, researchers, educational institutions;
- international agencies United Nations Children's Fund, WHO, the GAVI Alliance, the World Bank, the International Monetary Fund, the European Union, etc. – and members of inter-agency coordinating committees;
- members of national immunization technical advisory groups (NITAGs);

- media/journalists;
- private companies, e.g. insurance companies;
- think-tanks or economic development agencies;
- any personal or private contacts you may have who have access to decision-makers or influencers;
- national health insurance fund;
- leaders of political parties and their spouses;
- ambassadors;
- potential donors national or international such as international organizations, diaspora, nongovernmental organizations etc.;
- new stakeholders whom you have not worked with before (think about who they might be).



TASK 7. Consider how you can collaborate

After identifying potential allies, list them in Table 6.

For each one, consider how you could work together. Brainstorm ideas for building relationships with allies and areas of collaboration, and insert your notes and ideas in Table 6.

TIP

Include only stakeholders whom you may realistically gain access to.

TABLE 6. LISTING ALLIES AND AREAS OF COLLABORATION

NAME AND INSTITUTION/ORGANIZATION	IDEAS FOR AND AREAS OF COLLABORATION

INSPIRATION

RELATIONS WITH ALLIES DEPEND ON NATIONAL AND CULTURAL SETTINGS, BUT ACTIONS MAY IN-CLUDE:

- asking a NITAG member to advocate for increased immunization budgets and influence decision-makers;
- establishing a formal network of allies that meets regularly, e.g. a national network for immunization, for child health or something of a similar nature;
- working together to organize immunization advocacy activities, e.g. initiate a conference on immunization, roundtable debates with members of parliament, media campaigns, etc.;
- encouraging an ally to establish an interest group or organization, a Facebook group or other functions in support of immunization, and, if feasible and appropriate, providing technical and financial support;
- asking WHO or other international agencies to advocate for strengthened prioritization of immunization in their contact with your decision-makers;
- getting access to your decision-makers through your ally's connections;
- holding regular meetings with allies to keep each other informed and share information, experiences, lessons learnt, etc.;

- involving allies in your own existing activities, such as European Immunization Week;
- organizing training of allies and their staff so they can advocate in favour of immunization;
- asking allies to involve you in their existing activities and to broaden their scope to include a focus on immunization (e.g. if they already work with children, health or other related issues);
- offering your support to allies; e.g. in terms of technical support, access to other stakeholders or even funding;
- asking allies to link to you and retweet or like your social media communication – thereby spreading your message to their connections, and
- working together to influence the media agenda in favour of immunization and of the specific investment you would like to make (e.g. introducing a new vaccine or a new electronic data registry).

TIP

Make sure to work with different kinds of allies – you need diversity and people who contribute with different kinds of support/strengths.

Remember your programme objectives and funding gap and include allies accordingly.

TIP

Existing allies: consider how you may strengthen your relationship or extend your collaboration to new areas.

New allies: consider new partners and identify who they may be and how you could work with them.

ADVICE & GUIDANCE: HOW TO APPROACH ALLIES

Building relationships with allies takes time. However, you will get much more in return.

If you establish trust and an equal relationship, you can;

- become each other's advocates and invaluable resources for each other;
- draw upon each other's knowledge and experience;
- call upon each other for assistance or advice

TIP

Your access to allies and the nature of your relationship with them depends on your cultural and structural settings. However, some general advice is applicable in many situations.

MAKE CONTACT

- Contact the people with whom you would like to ally yourself with.
- If appropriate, call them and ask for a meeting.
- Or ask another ally to introduce you. Follow up.

FOLLOW UP

- Follow up quickly and efficiently after each meeting or event.
- Call or send an e-mail the following day.
- If appropriate, ask for a meeting to share ideas.
- Or send them some background information about immunization to follow up on your discussions.

DEVELOP MESSAGES

- Develop messages and stick to them. You may have little time to talk.
- Use messages that are appropriate for your audience and avoid being too technical.
- Even if the topic of a meeting is not (just) immunization, prepare your most important messages and find an opportunity to convey them.

PREPARE SYSTEMATICALLY

- Before any meeting or event where you may meet a potential ally, develop objectives for your participation.
- Decide on whom you would like to talk to.
- If there is group work, participate in the group that is most relevant and include the people you would like to meet.

MEET WITH ALLIES WHEREVER POSSIBLE

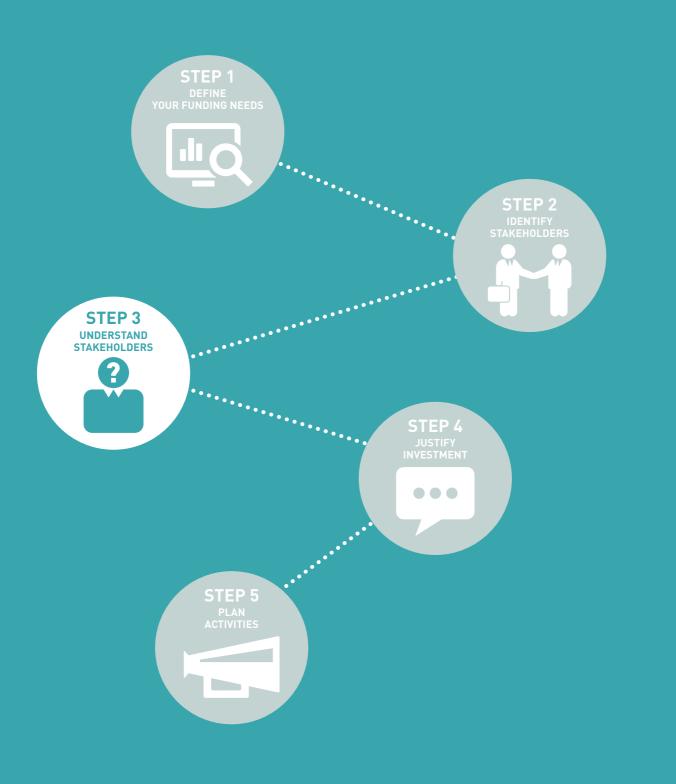
- Use any opportunity to meet potential allies.
- Participate in events where they are present meetings, conferences, launches, etc.

SUPPORT THEM

- Offer your support and become a powerful resource for others.
- If you assist people and share your knowledge with them, they may turn to you for suggestions, ideas and connections – and they will want to support you as well.

INVITE THEM

- Use any opportunity to invite your allies or potential allies to collaborate.
- Hold regular meetings.
- Invite them to events and launches such as the European Immunization Week or national immunization days.



STEP 1



In step 2, you identified decision-makers, influencers and potential allies.

Next you need to understand how and why these stakeholders are important, and assess their standpoint in relation to immunization.

Make a large chart on a white board or flipchart, and use sticky notes to insert the names of

TIP

stakeholders.

TASK 8. Define how and why stakeholders are important

Tables 5 and 6 list the stakeholders whom you would like to approach. Use Fig. 3 to organize your stakeholders according to their perceptions and prioritization of immunization, and their influence on how immunization is perceived and prioritized in your country.

FIG. 3. ORGANIZING STAKEHOLDERS

НІБН A B NOLVZTUNNUM NO OT QUILING SI LINE SUPERATING SI LINE SUPERATING

TIP

When assessing stakeholders' influence, take into account the programme objectives and funding gap you identified in Step 1.

TIP

You can never know for sure the degree to which stakeholders prioritize immunization, but try to assess it based on your experience with and knowledge of them.

TIP

"Stakeholders" are:

- decision-makers;
- influencers;
- allies and potential allies.

Be aware that there is no clear distinction between different kinds of stakeholders. One person may be both an ally and an influencer, and perhaps even a decision-maker. Insert the names from Fig. 3 into Table 7. Insert them according to priority, so that the stakeholders you need to approach first are at the top of the list.

TIP

Focus on the stakeholders that you have or may gain **access** to. If you do not have access to the Minister of Health, he/she should not be a priority on your list.

TABLE 7. LISTING STAKEHOLDERS ACCORDING TO PRIORITY AND ROLE

	ROLE			
	A HIGH INFLUENCE, LOW PRIORITIZATION Take immediate action to try to convince these stakeholders of the importance of immun- ization.	B HIGH INFLUENCE, HIGH PRIORITIZATION Encourage these stakeholders to influ- ence (other) decision- makers and advocate for immunization. Make sure they get the infor- mation and technical support they need from you.	C LOW INFLUENCE, LOW PRIORITIZATION Try to convince these stakeholders of the- importance of immun- ization. They might become more influential at a later stage.	D LOW INFLUENCE, HIGH PRIORITIZATION Try to increase the in- fluence of these stake- holders. Empower and liaise with them. They might become more influential at a later stage.
FIRST PRIORITY				
				······
SECOND PRIORITY				

Background // Motivators and barriers

If you know how stakeholders perceive immunization, as well as the reasons behind their perceptions, you can shape your messages to them, making it easier for you and your allies to win their attention and trust.

Motivators

Motivate stakeholders to prioritize immunization

Winning someone's attention is easier if one appeals to him/her in a positive way. Ideally, you should encourage the stakeholders to feel ownership and personal dedication to immunization. To do so, you need to know what motivates the stakeholder. What is the stakeholder's personal and political standpoint, and how can immunization fit into this in a positive way?

Barriers

Address the reasons why stakeholders do not prioritize immunization

Stakeholders may have many reasons to not prioritize immunization. If you know the stakeholders well and have identified their key barriers to prioritizing immunization, you can develop targeted and strategic messages tailored exactly to their concerns.

TIP

ASK YOURSELF QUESTIONS:

- What is the political standpoint of the individual stakeholder?
- In what areas or activities is the stakeholder engaged?
- What political agendas are the most important to the stakeholder?
- In what areas or activities is the stakeholder already succeeding?
- In what additional areas may the stakeholder be looking for success in order to strengthen his or her profile?

TIP

BASE YOUR ANSWERS ON:

- your past experience with the stakeholder;
- advice of colleagues and supervisors;
- consultation with your allies they may know the stakeholders well and may have experience communicating with them; and
- consultation with an expert on politics in your country, if possible and appropriate.

TIP

You probably already know your stakeholders quite well. Still, analysing their barriers and motivators in detail will make it easier for you to shape your messages to them.

TASK 9. Identify potential barriers and motivators

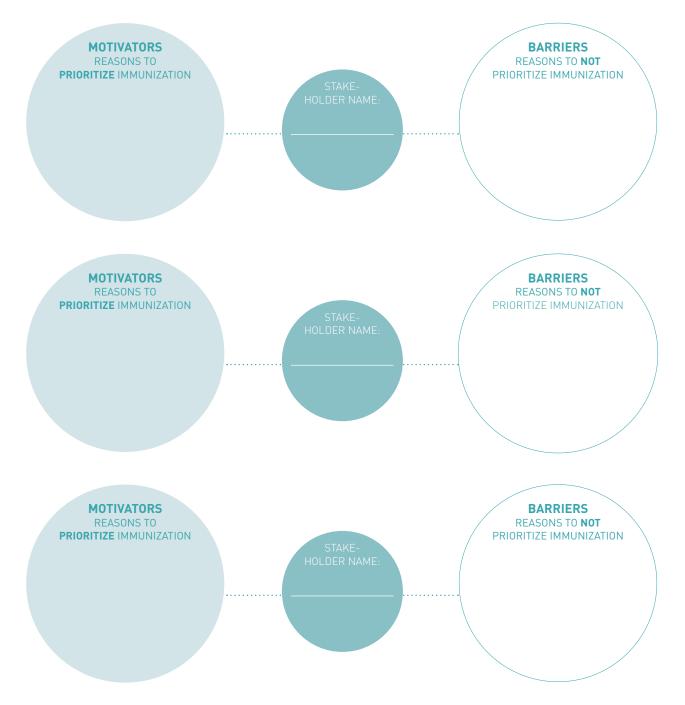
Select the first-priority stakeholders in Table 7 on page 26. Try to identify potential barriers and motivators for each one – i.e. the reasons why they would or would not want to prioritize immunization – and insert them in Fig. 4.

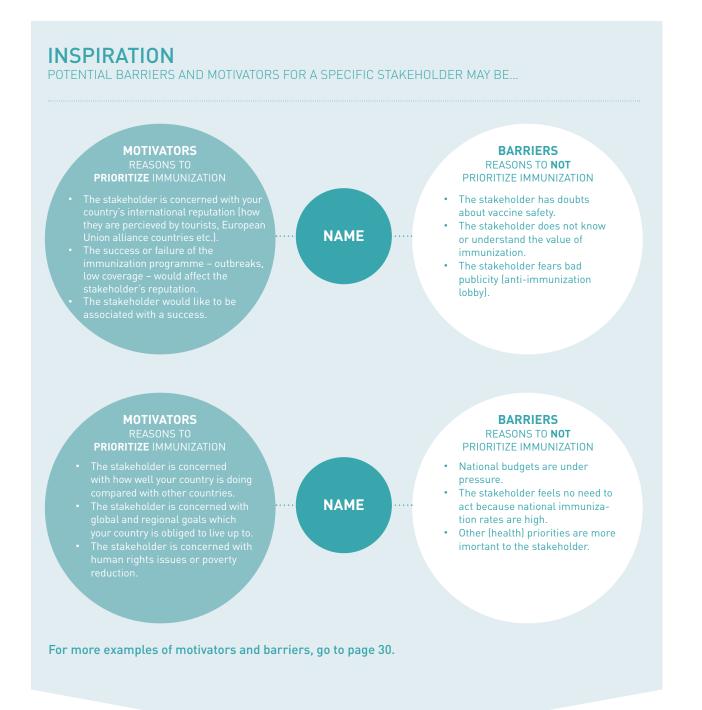
When considering barriers and motivators, take into account the programme objectives and funding gap you identified in step 1.

TIP

Prepare more figures yourself and fill out one for each priority stakeholder.

FIG. 4. UNDERSTANDING STAKEHOLDERS

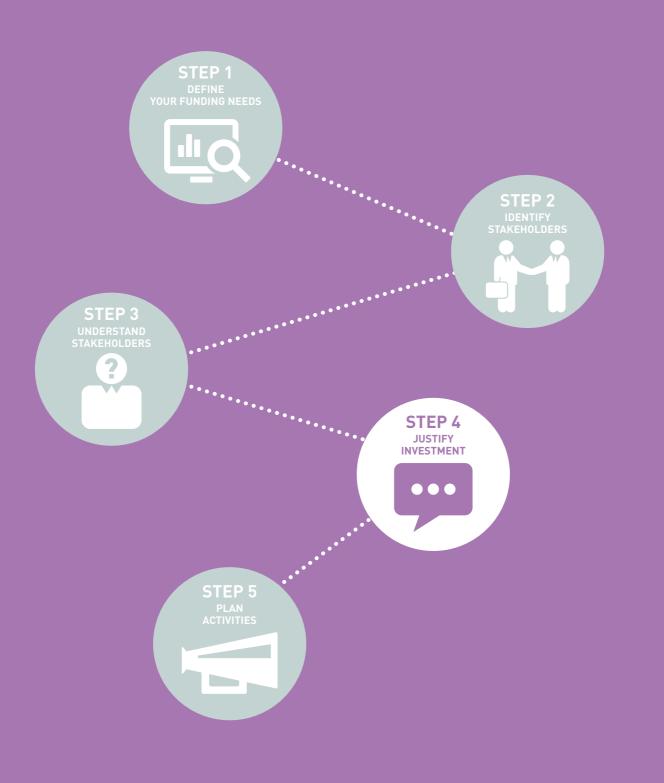




INSPIRATION

DEPENDING ON THE NATIONAL AND CULTURAL SETTING, BARRIERS AND MOTIVATORS MAY BE...

POTENTIAL MOTIVATORS (why a stakeholder may prioritize immunization)	POTENTIAL BARRIERS (why a stakeholder may not prioritize immunization)
The success or failure of the immunization pro- gramme – outbreaks, low coverage – would reflect on the stakeholder's reputation.	The stakeholder basically does not understand the concepts of immunization, does not care about it and does not want to discuss it.
The stakeholder would like to be associated with a success.	National budgets are under pressure or ceilings have been reached on health ministry budgets.
The stakeholder is concerned with global and regional goals that your country has committed to achieving.	Other (health) priorities are more important to the stakeholder.
The stakeholder is concerned with your country's international reputation.	The stakeholder does not feel any commitment to immunization.
The stakeholder wants your national standards to be aligned with international standards (e.g. EU).	The stakeholder believes that immunization is just about providing vaccines and does not understand the need to ensure that all elements of the pro- gramme are strong and well-functioning.
The stakeholder is concerned with how well your country is doing compared to other countries.	The stakeholder understands the need to strength- en the immunization programme, but (always) wants to postpone action.
The stakeholder is concerned with human rights is- sues, Millennium Development Goals and/or poverty reduction goals.	The stakeholder has doubts about vaccine safety.
The stakeholder is concerned with child health or general health issues.	The stakeholder does not know or understand the value of immunization.
The specific political situation or specific current events makes it opportune to raise the issue of immunization, e.g. forthcoming election (election campaign focusing on health or children), discussions of European Union candidate membership, ongoing debate on immuniza- tion, outbreaks in neighbouring countries, etc.	The stakeholder holds anti-immunization sentiments.
	The stakeholder is more concerned with curative services than with preventive care (myopia).
	The stakeholder feels no need to act because the national immunization rates are high.
	The stakeholder knows that there is no political will beyond the stakeholder's own ministry to prioritize this issue, so the stakeholder does not pursue it.



STEP 1

STEP 4 JUSTIFY INVESTMENT

ow you know more about y

C

Now you know more about what motivates your stakeholders and what potential barriers may keep them from prioritizing immunization.

This makes it possible for you to prepare a strong justification for your budget request, which takes into account the barriers and motivators of your decisionmakers. It also makes it possible for you and your allies to shape your interaction with decision-makers.

Background // How to prepare messages

To justify investment in immunization you need to prepare strong messages. Develop your messages by framing the key reasons why immunization should be prioritized in your country, and why this particular investment you are planning for is necessary.

- Use your knowledge of the potential barriers and motivators to shape the messages.
- Depending on your audience, use both factual and emotional messages.

Share the messages

Make sure that you, your colleagues and your allies know the messages well – and stick to them. If you do not convey the same messages, you will create confusion instead of trust and support.

Create ownership and work to ensure the stakeholder feels personally committed to immunization.

Find ways to ensure the stakeholder's ownership of immunization. Ask yourself certain questions.

- How can the stakeholder benefit from supporting immunization?
- How can I present immunization in a way that supports the stakeholder's political standpoint?



TASK 10. Prepare three key messages

Select the most prevalent barriers and the most important motivators.

Taking these barriers and motivators into account, prepare the messages that you, your colleagues and your allies can convey when communicating with stakeholders.

- For each meeting, prepare just three **key messages**.
- For each key message, prepare three **supporting messages.**

Go through this task whenever you prepare for a meeting with a stakeholder. This way, you can target messages to the individual based on what you know about him or her.

See page 36 for inspiration, and use the immunization advocacy library² to find tools, templates and supporting arguments. Refer to the library document "How to prepare messages for decision-makers" for many more suggested messages and advice on how to respond to barriers and motivators.

TIP

There is nothing as convincing as facts. Refer to research and data from your own country or from other countries in the Region.

TIP

You may only meet the key stakeholders once and perhaps only for a very short while. Use this opportunity well. With limited time and access, you have to be sharp and to the point – and address exactly the issues that will win the stakeholder's attention and interest.

TIP

The advocacy document library offers a wide range of fact sheets and background information. These documents can:

- help you shape your messages
- help you prepare for meetings
- be used as hand-outs for stakeholders.

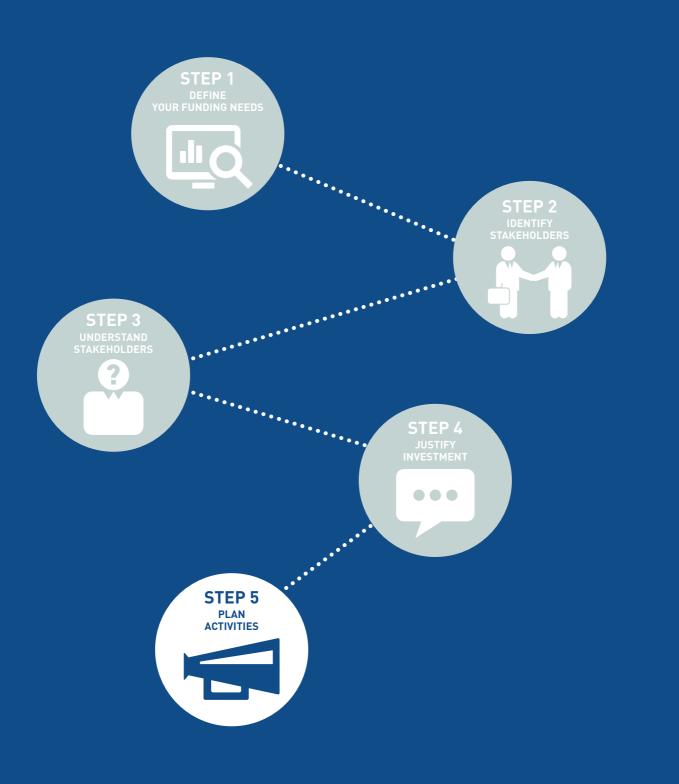
MOTIVATOR OR BARRIER			
KEY MESSAGES			
SUPPORTING MESSAGES			
SUPPORTING MESSAGES			
SUPPORTING MESSAGES			
SUPPORTING MESSAGES			

TABLE 8. PREPARING MESSAGES THAT ADDRESS MOTIVATORS AND BARRIERS

INSPIRATION

DEPENDING ON THE NATIONAL AND CULTURAL SETTING, MESSAGES MAY BE...

BARRIER	THE STAKEHOLDER FEELS NO NEED TO ACT BECAUSE IMMUNIZATION RATES ARE HIGH.		
KEY MESSAGES	Even with high coverage, an outbreak of a vaccine-prevent- able disease in our country is indeed a risk.	We have not yet met the targets to which we have committed and thus we are still vulnera- ble.	Viruses do not respect borders. As long as disease is circu- lating anywhere, our country needs to ensure the protection of the people living here.
SUPPORTING MESSAGES	Children, adolescents and adults still suffer from diseases that are preventable. Last year, we had 516 cases of measles, and 911 cases of rubella.	Our neighbouring countries are entering the verification process towards measles and rubella elimination – we are lagging behind.	The European Region has seen a disturbing increase in out- breaks of vaccine-preventable diseases in recent years.
SUPPORTING MESSAGES	Even with high coverage, we still have groups of under- or unimmunized people. Disease outbreaks may very well occur in specific geographic locations or with specific groups in our country (specify).	Imagine that we are within reach of achieving the goals of eradicating polio and eliminat- ing measles and rubella. We can only reach these goals if we follow global and regional guidelines.	Following a few years with his- torically low incidence, measles has resurged in the European Region. In 2013 alone, 31 685 cases of measles were reported.
SUPPORTING MESSAGES	The Regional Certification Commission in its latest report assessed that our country is at risk of transmission should po- liovirus be imported. With po- liovirus still circulating in some countries in our increasingly globalized world, our polio-free status is under threat.	Only if we – together with other countries – live up to the agreed goals can we eliminate diseas- es that cause suffering, disa- bility and death.	In 2010, a polio outbreak with 31 deaths affected 4 countries in the Region. This demon- strates that failing to prioritize immunization could lead to the resurgence of serious and high- ly contagious diseases.



STEP 1





Now it is time to try to influence the key stakeholders: decisionmakers, influencers and allies.

The objective of this process is to obtain the stakeholders' support and to build up their knowledge of the benefits of immunization, of the need for investment and of the risks associated with underfunding. This way, they will be prepared and well informed when they receive your budget request.

Ultimately, this will enable you to work for sustainable, long-term prioritization and funding of the national immunization programme.

Plan your interaction with stakeholders based on what you know about their barriers and motivators. It will be a long process, but building their trust in you and the immunization programme is crucial.

Background // Influencing stakeholders is a long-term process

Influencing stakeholders is not easy. There is no fixed way to gain the support of another individual or institution. You should consider it a step-by-step process with a long-term perspective.

TIP

.....

Remember to involve your allies. For example, you may not be able to meet with the Minister of Health – but it may be possible for a member of the national immunization technical advisory group to do so.

TIP

Whenever possible and appropriate, you should build relationships, not just convey information. You also need to maintain and continuously strengthen these relationships.

TIP SHAPING THE MEDIA AGENDA

It is not easy to shape the media agenda in favour of immunization and in favour of the investment you are planning for. But a strategic and well-prepared public relations strategy will help you.

Work together with your press and media department to develop a strategy. Your approach will depend on the national context, but you may consider some of the following strategies:

- strategic use of research and data: presenting clear and simple data justifying the investment, e.g. number of deaths or hospitalizations due to the disease; estimated costs saved through the introduction of a new electronic registry; or research results identifying underserved populations and the causes of their inadequate access
 – all of this should be linked with your suggested solutions to these challenges;
- one-to-one contact with key journalists/media to increase their knowledge and motivation to write about immunization and the need for the particular investment you would like to make;
- offering exclusive stories or interviews to a selected journalist/media – exclusivity is appealing to journalists, and they often give exclusive stories more attention and much more editorial space;
- press releases and press events to increase attention and general awareness – focus on issues that are relevant to the specific investment you would like to make;
- collaboration with allies, e.g. using their media contacts

 consider offering double interviews with you and your ally (e.g. an NGO or paediatric association), or consider keeping a low profile yourself if you think the ally will be a stronger advocate;

 thinking and working as a journalist to shape stories and "hooks" – remembering the key journalistic criteria:

ACTUALITY:

make it clear why this story is important right **now** (e.g. use European Immunization Week as a "hook").

RELEVANCE:

emphasize the relevance for the media's **reader or viewer** (e.g. explain data by saying that this concerns as an example, one child in each class room on average).

IDENTIFICATION:

present the story in a way that enables the reader or viewer to **identify** with the topic (e.g. help the journalist find families who are willing to be interviewed, or hold a press conference on a playground or in a kindergarten).

SENSATION:

emphasize how this story is **surprising** and exciting (e.g. present new research data and explain that it has never been published before).

EXCLUSIVENESS:

consider offering the story exclusively to the journalist.

INSPIRATION: APPROACHING DECISION-MAKERS AND INFLUENCERS YOU MAY CONCIDER THE FOLLOWING...

ENGAGE STAKEHOLDERS IN YOUR WORK

- Use any opportunity to engage stakeholders.
- Invite them to participate in launches, celebrations and other events with media and public attention, such as the European Immunization Week or national immunization days.
- Invite them to visit a health centre to provide insight into the everyday work related to immunization.

BECOME A POWERFUL RESOURCE TO STAKEHOLDERS

- Offer your assistance and respond right away if they ask for information from you.
- If they know they can always come to you for assistance and you will always provide fast and accurate information, they may be more open-minded the next time you present something to them.
- Once you have established a relationship, make sure that you are available.

MEET FACE-TO-FACE

- If appropriate, ask stakeholders for a meeting. This will enable you to build a personal relationship and earn their trust and respect.
- Make your agenda or request clear before you ask for a meeting. It should be clear what you are asking from the stakeholder, and it needs to be relevant to the stakeholder, i.e. politically relevant and of public interest.
- If you cannot meet with a policy-maker or the highest ranking manager, meet with his or her staff.
- Preparing strategies and papers, staff may have great influence on the decisions made. Building a relationship with key staff may produce important long-term results.

MEET WITH STAKEHOLDERS WHEREVER POSSIBLE

- Use any opportunity to communicate with stakeholders. Participate in events where they are present – meetings, conferences, etc.
- Decide with whom you would like to talk
- In group work, participate in the group that is most relevant for the people you would like to meet.

ASK YOUR STAFF, SUPERVISOR AND ALLIES TO COMMUNICATE THE MESSAGES

- Make sure that everyone in your department mentions immunization when meeting a stakeholder – not only your staff, but also your supervisor and your allies.
- Even if the topic of the meeting is not immunization, there may be a chance to mention it.
- Prepare the message-bearer before the meeting, providing key messages and the most important facts.

PREPARE SYSTEMATICALLY

- Before any meeting or event at which you may meet a stakeholder, develop objectives for your participation.
- Based on your knowledge of the stakeholder, develop messages and stick to them. You may only have a short time to talk.
- Use messages that are appropriate for your audience and avoid being too technical.
- Even if the topic of a meeting is not (just) immunization, prepare your most important messages and try to find an opportunity to convey them.

COMMUNICATE REGULARLY AND FOLLOW UP

- Find ways to communicate on a regular basis.
- Consider sending a quarterly newsletter with the latest information on immunization.
- If appropriate, set up a Facebook site where information can be posted regularly.
- If you meet with stakeholders, make sure to follow up.
- Send them an e-mail the following day with follow-up information to the discussion you had.

BUILD CAPACITY IN THE MINISTRY OF HEALTH

• If relevant, train key ministry staff on immunization and the cost-effectiveness of immunization – if possible via international partners.

TASK 11. Prepare a list of action points, and assign roles and responsibilities

Recall the programme objectives and funding gap you identified in step 1. Define action points to prepare the ground for the budget request you would like to make.

Ask yourself:

- How can we build up knowledge about the benefits of immunization, the need for investment and the risks associated with underfunding?
- How can we influence the public and media agenda in favour of immunization and of the specific investment we would like to make?
- How can we make sure that our allies back us up?
- How can we make sure that our funding request comes as no surprise to decision-makers?

For each action point, define its scope, timing, and roles and responsibilities.

TIP

Focus on the stakeholders whom it is realistic to gain access to. Often, you will not be able to reach decision-makers, but you may be able to gain access to important influencers and allies.

INSPIRATION

ACTIVITIES TARGETING STAKEHOLDERS DEPEND ON NATIONAL AND CULTURAL SETTINGS, BUT MAY INCLUDE:

- justifying the investment through qualitative and/ or quantitative research, e.g. cost-effectiveness evidence for the introduction of a new vaccine or 'Tailoring Immunization Programmes (TIP)' research identifying underserved populations and the underlying causes of their inadequate access;
- organizing national conferences on the cost– effectiveness and social benefits of immunization and inviting important stakeholders as keynote speakers – and using this opportunity to provide background information on immunization;
- asking WHO to meet with your Minister of Health to advocate for strengthening the immunization programme and increasing budgets;
- organizing face-to-face meetings with your Minister of Health or Deputy Minister of Health;
- developing an information package for members of parliament and organizing a parliamentary hearing on new vaccines with a focus on cost-effectiveness and the wider societal benefits of immunization;

- influencing the media agenda through the implementation of a strategic public relations strategy, including e.g. one-to-one contact with key journalists to increase their knowledge and motivation, strategic use of research and data, press releases and press events;
- developing material on the cost-effectiveness of immunization and distributing it to health spokespersons from all parties represented in parliament;
- supporting specific nongovernmental organizations that work for health and children, and broadening their focus to include immunization

 providing technical support and funding, e.g. for the development of advocacy materials;
- engaging a priority stakeholder as a keynote speaker at a European Immunization Week event – and using this opportunity to provide background information on immunization; and
- liaising with key journalists sharing cost– effectiveness studies and other key information on the societal benefits of immunization.

:

TABLE 9. LISTING ACTION POINTS, SCOPE, TIMING AND ROLES & RESPONSIBILITIES

PROGRAMME OBJECTIVES & FUNDING GAP	
STAKEHOLDERS Take into account which stakeholders are most important and what you know about them before approaching them.	
ACTION POINTS Define the activities that will take place.	
SCOPE & PURPOSE Define how many, how much and who.	

TABLE 9. CONTINUED FROM PAGE 42

TIMING Insert months and year.	
ROLES & RESPONSIBILITIES Define clear deliv- erables and insert names of those who need to deliver them.	
PROCESS INDICATORS	
TARGETS	

TIP

MEETING WITH A KEY STAKEHOLDER: HOW TO PREPARE FOR AND MANAGE THE MEETING

If you succeed in setting up a meeting with a stakeholder, this may be **your only opportunity** to make a good impression and to convey your messages. The stakeholder's impression of you, obtained from this meeting, may be decisive for your future relations.

Detailed preparation is an investment with high yields.

PREPARE IN DETAIL

CONVEY

YOUR MESSAGES

Discuss relevant questions with your team or a colleague. What is the objective of the meeting? What, ideally, do you want from the stakeholder you are meeting? What are your key messages? If you want to succeed, where do you start, and where should you plan for discussions to end?

- Prepare an agenda based on the previous item. Send the agenda beforehand or bring it to the meeting.
- Prepare fact sheets or other materials to show during the meeting or to give to the stakeholder. Some people are visually oriented, and materials can support your message.
- If your allies or colleagues accompany you to the meeting, agree in advance who will say what and when.
- Prepare a briefing note and talking points. You may only have a short time, so prepare clear messages and make sure to get to the point: the request for support which you need to convey.
- Prepare different messages for different stakeholders. Use your knowledge of their barriers and emphasize the relevant motivators.
- Be aware that barriers are difficult to overcome. A better strategy could be to focus on the motivators that may motivate the stakeholder. How can the stakeholder benefit? How can you appeal to the stakeholder by addressing something that he or she is concerned about?
- First and foremost, try to strengthen the stakeholder's ownership of the outcome. You should avoid instructing the stakeholder in what to do; you should try to find out what motivates the stakeholder so that, at the end of your meeting, the stakeholder wants to act.
- Repeat key messages. Even if it seems redundant, people often need to hear things more than once before they fully understand.
- Be credible and convincing. The urgency of prioritizing immunization, the costeffectiveness of immunization and the specific requests you might have need to be clear.
- Be reasonable. Make it clear that you understand the budgetary or political limitations or administrative constraints.
- Try to relax. Your preparations will help you feel confident.
- Speak slowly and limit the use of technical terms. Allow some time for the stakeholder to note down your points and ask questions. Do not be afraid of pauses.
- Be aware of how you look and act. Nonverbal forms of communication, such as gestures, body movements, facial expressions and lack of eye contact, may divert the attention of the stakeholder away from what you are saying.
- Be careful not to be drawn into a debate. Try to get back to your key messages. If relevant, tell the stakeholder that you will revert with more information from credible sources.
- Make sure to agree on the results of the meeting. Repeat any possible agreements that you made during the meeting. Agree on next steps, e.g. the next meeting or any possible actions on both sides.
- Prepare minutes of the meeting. Include clear indications of follow-up actions and designate responsible persons for each one.
- Follow up with the stakeholder. If you promised to forward more information, make sure to do so as soon as possible. If appropriate, share the minutes with the stakeholder with whom you met.

BE AWARE OF YOUR APPEARANCE

NEXT STEPS AFTER THE MEETING

References³

- European Vaccine Action Plan 2015–2020. Copenhagen: WHO Regional Office for Europe; 2014 (http://www.euro.who.int/ en/health-topics/disease-prevention/vaccines-and-immunization/publications/2014/european-vaccine-action-plan-20152020).
- Centralized information system for infectious diseases (CIS-ID) [online database]. Copenhagen: WHO Regional Office for Europe; 2014 (http://data.euro.who.int/cisid/).
- Report of the 28th Meeting of the European Regional Certification Commission for Poliomyelitis Eradication, Copenhagen, Denmark, 3–5 June 2014. Copenhagen: WHO Regional Office for Europe; 2014 (http://www.euro.who.int/__data/assets/pdf_file/0008/256949/Report-of-the-28th-Meeting-of-the-European-Regional-Certification-Commission-for-Poliomyelitis-Eradication.pdf?ua=1).
- WHO vaccine-preventable disease monitoring system, 2013 global summary. Global and regional immunization profile: European Region. Geneva: World Health Organization; 2013 (http://apps.who.int/immunization_monitoring/data/gs_eurprofile.pdf).
- Advocacy for immunization: how to generate and maintain support for vaccination programs. Washington (DC): GAVI, The Global Fund for Children's Vaccines; 2001 [http://www.path. org/vaccineresources/files/GAVI-AdvocacyHandbook.pdf].
- Advocacy Toolkit: a guide to influencing decisions that improve children's lives. New York (NY): United Nations Children's Fund; 2010 (http://www.unicef.org/evaluation/files/ Advocacy_Toolkit.pdf).
- 7. Advocacy for immunisation [website]. 2014 (http://actoolkit. businesscatalyst.com/index.html).

Bibliography⁴

Many guidelines and support documents can be consulted to plan advocacy for immunization.

10 tips for successful malaria vaccine advocacy. Washington (DC): The PATH Malaria Vaccine Initiative; 2012 (http://www.malariavaccine.org/files/Advocacy-Booklet-FINAL-web.pdf).

ACTION Global Health Advocacy Partnership [website]. Washington (DC): ACTION; 2012 (http://www.action.org/).

Coalition Building: A Cornerstone of National Advocacy, Policymaking and Effective Cervical Cancer Prevention Programs. Publication city: Cervical Cancer Action; publication year (http://www.cervicalcanceraction.org/pubs/CCA_national_coalition_building.pdf).

Economics of immunization: a guide to the literature and other resources. Geneva: World Health Organization; 2004 (WHO/V&B/04.02; http://whqlibdoc.who.int/hq/2004/WHO_V&B_04.02.pdf).

Faulkner D, Fields R. Advocacy for Financial Sustainability. The CHANGE Project, AED, 15 January 2004 [presentation]. Publication city; Publisher; 2004 [http://www.globalhealthcommunication.org/tool_docs/13/advocacy_for_financial_sustainability.pdf].

Immunization advocacy library (website). 2015 / www.euro.who.int/ immunization-advocacy-library.

Fisher K, Bass E. Advocacy, Information and Communication. Engaging Stakeholders at All Levels to Prepare for the Introduction for HPV Vaccines. London: AIDS Vaccine Advocacy Coalition; 2006 (http://screening.iarc.fr/doc/StopCxCa_advocacy_2006.pdf).

Ozawa S, Grewal S, Portnoy A. Decade of Vaccine Economics (DOVE). Costing, Financing and Funding Gap (CFF) Model. Immunization and Vaccine related Implementation Research meeting, 17 June 2014 [presentation]. Baltimore (MD): International Vaccine Access Center; 2014 http://www.who.int/immunization/research/ meetings_workshops/dove_jhsph_ivir_june14.pdf).

Shrimp L. Strengthening Immunization Programs: The Communication Component. Arlington (VA): Basic Support for Institutionalizing Child Survival Project (BASICS II) for the United States Agency for International Development; 2004 (http://pdf.usaid.gov/ pdf_docs/pnaea842.pdf).

Vaccine delivery infographics. In: Bill and Melinda Gates Foundation [website]. Seattle (WA): Bill and Melinda Gates Foundation; 2015 (http://www.gatesfoundation.org/What-We-Do/Global-Development/Vaccine-Delivery/Infographics).

Waisbord S, Larson HJ. Why Invest in Communication for Immunization? Evidence and Lessons Learned. Baltimore (MD): Health Communication Partnership based at Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, United Nations Children's Fund; 2005 (http://www.who.int/immunization/hpv/ communicate/why_invest_in_communication_for_immunization_ _healthcommunicationspartnership_path_usaid.pdf).

³ All websites accessed 26 January 2015.

⁴ All websites accessed 26 January 2015.

Workbook // Advocacy for sustainable funding of immunization programmes

This workbook was developed by the WHO Regional Office for Europe to support national immunization programmes in advocating for immunization funding.

The workbook presents step-by-step guidance on advocacy targeting key decision-makers.

To support its use, af set of advocacy documents and a training package were also developed, and national immunization managers and programme staff are offered training by the WHO Regional Office for Europe.

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania	Greece
Andorra	Hungary
Armenia	Iceland
Austria	Ireland
Azerbaijan	Israel
Belarus	Italy
Belgium	Kazakhstan
Bosnia and Herzegovina	Kyrgyzstan
Bulgaria	Latvia
Croatia	Lithuania
Cyprus	Luxembourg
Czech Republic	Malta
Denmark	Monaco
Estonia	Montenegro
Finland	Netherlands
France	Norway
Georgia	Poland
Germany	Portugal

Republic of Moldova Romania **Russian Federation** San Marino Serbia Slovakia Slovenia Spain Sweden Switzerland Tajikistan The former Yugoslav Republic of Macedonia Turkev Turkmenistan Ukraine United Kingdom Uzbekistan