



## **EUROPEAN IMMUNIZATION WEEK 2005**

### **REGIONAL EVALUATION OF THE PILOT INITIATIVE**

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## **I Introduction**

From 17-23 October 2005, WHO/Europe and a number of Member States across the Region launched the first *European Immunization Week* (EIW) – an annual initiative to raise awareness, improve communication and advocate immunization across the WHO European Region.

EIW was born out of a concern that immunization is becoming less valued due to a decline in the incidence of, and reduced fear of infectious disease. As a consequence coverage rates have begun to decline or stagnate in many countries across the WHO European Region, often resulting in large, sporadic disease outbreaks. Although average coverage rates are high, they vary greatly between and within Member States, with vulnerable groups existing all over the Region. Furthermore, in several countries, public confidence is being threatened by media scares and groups / individuals opposed to immunization. Immunization often suffers from low political commitment due to competing health priorities.

The goal of the initiative is to increase vaccination coverage by drawing attention to and increasing awareness of the importance of every child's need and right to be protected from vaccine preventable diseases. European Immunization Week targets parents and caregivers, health care professionals and policy makers. A special focus is placed on activities targeting vulnerable groups.

### **About this document**

The following document is an evaluation of the pilot project. The project was driven by WHO Europe and implemented by six countries – Belarus, FYR Macedonia, Ireland, Italy (South Tyrol province only), Serbia and Tajikistan. This document is based upon national evaluation reports and other forms of feedback received from each of these countries at several stages throughout the project period. It is also based upon feedback from the WHO EURO VPI team who were involved in the project or participated in country visits.

Several other countries participated in EIW but did not officially take part in the pilot project (Russian Federation; Belgium; Hungary). Whilst core project documents were usually shared with these countries, the EIW Communications Officer (Regional Office for Europe) did not advise them in the planning or implementation of activity plans and these countries worked largely independently. Some feedback has been received from these countries but it plays a very limited role in this document.

The pilot project aimed to lay the foundations of an annual, Region-wide initiative. The goal of this evaluation is to consolidate learnings and good practice from the pilot project and feed these in to the planning cycle for future years at both Regional and Country level.

### **Evaluating the project**

European Immunization Week was composed of a range of objectives and varied activities that took place in several countries throughout the Region in the run up to and during the week of 17-23 October 2005. Due to the nature of the campaign, with its focus on awareness and education raising, the impact is neither immediate nor easily measured. An evaluation framework was produced in September 2005 (summarised in Appendix A) in which it was agreed to evaluate the initiative on three levels;

- ⇒ Formative evaluation
- ⇒ Process evaluation
- ⇒ Impact evaluation

These form the basis of the structure of this document.

## II Formative evaluation

Formative evaluation refers to the activities undertaken to obtain information that guided the design of the Initiative. This level of evaluation informs the project strategy – from targeting; insight generation; understanding barriers to action and communication habits and preferences. Formative evaluation was conducted at both Regional and Country level.

### Regional level

In designing the Strategic Framework for EIW, extensive desk research was undertaken encompassing advocacy and communication campaigns pertaining to immunization and other areas of public health.

The key sources included:

- ⇒ American Academy of Paediatricians
- ⇒ The Canadian Coalition for Immunization Awareness and Promotion (& National Immunization Awareness Week)
- ⇒ CDC National Immunization Programme
- ⇒ The Children’s Vaccine Programme at PATH
- ⇒ The Communications Initiative (<http://www.comminit.com/immunisation/>)
- ⇒ GAVI
- ⇒ National Network for Immunization Information
- ⇒ PAHO (& Vaccination Week in the Americas)
- ⇒ UNICEF
- ⇒ WHO

Particular focus was placed on learning from other immunization awareness campaign such as Vaccination Week in the Americas and National Immunization Awareness Week in Canada.

Additionally, consumer studies undertaken by GAVI, UNICEF and various contributors to The Communications Initiative enabled a clear understanding of the barriers to timely immunization as well as potential strategies for combating the same. On this basis a draft strategic framework was formulated.

There is a lack of qualitative research on immunization practices in the European Region. Most studies and statistics are either global or concentrated on the least developed countries, especially sub-Saharan Africa. In order to better understand the perceived barriers and potential strategies relevant to the European Region, a questionnaire was distributed to all EPI managers to gather information along the following criteria:

Questionnaire Category	Purpose
Childhood immunization and behavioural change	-To understand barriers and identify potential strategies and communication channels
Hard to reach and / or vulnerable groups	-To understand the level of understanding and prioritisation of vulnerable groups. -To identify effective strategies.
Regarding the theme “Safe Immunization”	-To understand the extent and impact of negative information and rumour campaigns. -To identify strategies to counteract this.
Member States plan of action for the national immunisation programme	-To understand countries capacities and priorities as well as their use of communication as a strategic tool.
Regional Immunization Week – Autumn 2005	-To establish country level priorities for year ahead. -To identify countries with interest and capacity to participate in EIW pilot project.

The questionnaire was returned by 36 out of 52 Member States, with 22 respondents expressing interest in participating in European Immunization Week. The information gathered was used to inform and finalise the strategic framework.

### **Country level**

The WHO Regional EIW Communications Officer worked with each of the national EPI managers to fine-tune their national strategy and activity plan for EIW. The work was guided by a series of consultations with major stakeholders, field visits, desk research, and brainstorming with the national immunization team / EIW Committee. Wherever possible, national research studies were used to inform the strategic direction, such as in Ireland (Irish Southern Health Board study), Italy (ICONA 03 study), Serbia (2002-2004 Campaigns for marginalized population groups) and Tajikistan (KAP study). In countries where no research was available or imminent (FYR Macedonia and Belarus), it was more difficult to design the national strategy as there was a weak understanding of the target audience or the core barriers affecting immunization coverage. In fact, all countries would have benefited from deeper insight into these areas, based on genuine target audience research as opposed to gut-feel.

### **Recommendations for formative evaluation / planning phase in future years**

- ⇒ It is recommended that all Member States routinely share Country level research with EURO so that it may be incorporated into the Regional strategy.
- ⇒ Partner involvement in the formative stage should be augmented, particularly UNICEF
- ⇒ It is recommended that the EURO EIW team liaise with other WHO Communication Officers / Departments involved in annual awareness campaigns (e.g. World Blood Donor Day) as well as PAHO
- ⇒ National level research into behavioural and non-behavioural barriers to immunization and identification of Vulnerable Groups should be encouraged

### III Process Evaluation

Process evaluation monitors the activities conducted in relation to the proposed scope of work and timetable in order to measure whether the initiative was implemented according to plan. Process evaluation also allows us to understand the initiative's dynamics and replicate effective elements / eliminate ineffective elements in future years.

As EIW 2005 was the first year of what is hoped to become an annual initiative, process indicators are very important. They allow us to analyse the level of project activity (inputs and outputs) as well as impediments to the same. Each of the pilot countries (total of 6) completed an evaluation questionnaire and activity report, which have provided the basis for this section of the evaluation. In addition to this, duty travel reports and official feedback from WHO EURO VPI staff has been incorporated.

The process evaluation can be broken down as follows:

1. Planning, strategy and message development
2. Partnerships
3. Implementation of activities
4. Immunization Week Products
5. Advertising & Media Coverage
6. Targeting of vulnerable groups
7. Timing
8. Project timeline
9. Project resources

#### 1. Planning, strategy and message development

As mentioned in the previous section, a strategic framework was produced at the Regional level. This framework provided the foundation for the initiative including:

The project goal:

To increase vaccination coverage by drawing attention to and increasing awareness of the importance of every child's need and right to be protected from vaccine preventable diseases. A special focus is placed on activities targeting vulnerable groups.

Barriers & Communication Strategies:

Although there are many barriers affecting timely immunization, these were broadly categorised under four headings – mistrust, complacency, alienation and deprioritization. For each barrier, a corresponding communications strategy was produced, as indicated in the table below. It was agreed that each country should identify the most prevalent barriers and focus on one or two communication strategies according to their circumstances and capacities.

<b>Barrier affecting timely immunization</b>	<b>Communications Strategy</b>
Mistrust	Focus on vaccine safety & efficacy in order to raise confidence, increase knowledge and build trust (SAFETY & EFFICACY)
Complacency	Reawaken target audience to the benefits of immunization and consequences of non immunization in order to encourage behavioural change (BENEFITS & CONSEQUENCES)

Alienation	Reach out to vulnerable and /or hard to reach groups through specifically targeted activities. Build community support (VULNERABLE & HARD-TO-REACH)
Deprioritization	Increase awareness of benefits of immunization at national / policy level to ensure renewed commitment and focus for immunization (RENEWED COMMITMENT)

Within the Strategic Framework, a wide variety of potential communication messages and channels were identified, although it was stated that these should be fine-tuned on a country-by-country basis when the national activity plan was developed. A sample activity plan was incorporated as well as a series of recommendations pertaining to the pilot project including suggestions on the project timeframe, evaluation and budget.

Country teams began planning for EIW between 6 weeks and four months (or an average of 3 months) before the launch of the initiative. All six countries formed an EIW Committee responsible for implementing the initiative, each including a communications / media specialist. In two of the four countries where the initiative ran nationally, sub-national committees were also included in the planning and implementation of EIW. The national committees met an average of 6 times throughout the planning cycle. In all but one country, the committee has remained in place to work on future activities - a very positive indicator. In one country, where the committee has been dissolved, this is due to personnel restructuring within the health services.

Each of the countries was visited by the EIW Communications Officer, which tended to kick-start the planning cycle. This visit (and the subsequent report) was used to prioritise objectives, target audiences and communication strategies for Immunization Week, as well as to brainstorm key messages and channels that could be used. A variety of stakeholders were consulted and various advocacy activities conducted, such as meetings with key policy makers, Ministers etc. All six countries held brainstorms with partners to develop their activity plans either during the Communication Officer's visit or at a subsequent date. Individual country activity plans are summarised in Appendix B.

<b>Communications Officer Country Visits</b>	
Ireland	w/c 20 June
FYR Macedonia	w/c 11 July
Belarus	w/c 25 July
Serbia	w/c 01 August
Tajikistan	w/c 15 August
Italy	w/c 22 August

Throughout the remaining duration of the project the EURO EIW team provided monitoring and support to the pilot countries. A monitoring questionnaire was despatched to pilot countries approximately 6 weeks before Immunization Week. The purpose of the questionnaire was to monitor progress since the consultant's visit, check the status of activity plans and assess the areas where country teams could benefit from additional support. At this stage, financial support was made available to four out of six countries (this is discussed in a later section).

<b>Summary of support provided to pilot countries from WHO EURO</b>
<ul style="list-style-type: none"> <li>• Country visit and stakeholder consultations to discuss national communication strategy and develop activity plan</li> <li>• Ongoing support and monitoring</li> <li>• Financial support for select project activities</li> <li>• Technical expert visit during Immunization Week</li> </ul>



### Conclusions / recommendations

- ⇒ It is recommended that each country establishes an EIW committee at least 4 months in advance of the initiative with responsibility for planning and implementing the national activity plan for EIW
- ⇒ EIW committees were formed in each of the pilot countries and the majority of these have remained in place. These have the potential to ensure that knowledge is built up and communication capacities are strengthened. It is hoped that the presence of the committee will encourage EPI managers to incorporate routine communication / advocacy activities in to the annual work plan, in addition to EIW.
- ⇒ As this is a new initiative it is tempting for countries to adopt multiple objectives and target multiple audiences. All experience shows that a focused campaign will bring stronger results.

## 2. Partnerships

As the project was undertaken on a pilot basis, only one Regional partner was involved in the initiative – UNICEF. Furthermore, the extent of their involvement at the Regional level and during the planning phase was fairly limited although it is anticipated that this will change in future years. UNICEF country offices were closely involved in project implementation in Serbia, FYR Macedonia and Tajikistan.

Five out of six pilot countries successfully included a wide range of external partners in the Initiative. In many cases these were routine partners, but in some cases new partners were enlisted as indicated in table below.

IPH = Institute of Public Health  
PHC = Public Health Centre

NGO = Non-Governmental Organization  
MOH = Ministry of Health

Country	Internal Partners	External Partners
Belarus	Press-service of the Ministry of Health; Ministry of Health; Republican Centre of Hygiene, Epidemiology and Public Health.	WHO
FYR Macedonia	Republican Institute for Health Promotion 10 Country-wide Institutes for Health Protection Health & Sanitary Inspectorate Country-wide Health Houses	WHO UNICEF NGOs
Ireland	Public Health Nurses; Doctors; Health Promotion; Communications; Administration.	WHO*; Department of Health & Children; Irish College of General Practitioners; Active Age Groups*; Primary School*; Irish Practice Nurse Association; Community Health Nurses Association.
Italy (South Tyrol)	Unit of Hygiene and Public Health: (Director of the Unit, Senior Epidemiologist, Legal advisor, Technical collaborator, PR-advisor, Administrative collaborators)	WHO*; Local Hygiene doctors; Journalists; Paediatricians; Church representatives*; Mayors; School representatives; Association for polio victims.*
Serbia	MOH; IPH of Serbia; Regional IPHs;	WHO; Ministry of Education; UNICEF;

	PHCs.	Institute of immunology and virology Torlak; Red Cross; NGOs.
Tajikistan	Republican Centre for Immunoprophylaxis; Regional centres for Immunoprophylaxis.	ERB / WHO; WHO; UNICEF; CARE International; Agha Khan Foundation; Mercy Corps*; Zdrav Plus/ USAID; Children's Foundation/US; ACTED*; National Red Cross Society; NGO "Youth House"; Ministry of Education; Dushanbe State Traffic Inspection.

Please note that classifications of internal / external partners are the respondent's own and have not been altered. \*indicates new partners

All countries with the exception of Belarus included community groups and/or local NGOs in the initiative. These groups ranged from Roma communities, religious groups, an orphanage, an association for polio victims, Jamoats (local communities), mosques, women and youth councils and schools. The involvement of these community groups ranged from them being involved in events, participating in discussions and assisting in conducting activities.

*“Cooperation with NGOs was very good; they have helped in identifying pockets of unvaccinated children. Mayors in the field were very directly involved in advocacy and encouraging parents to get involved in the immunization week”.*

One respondent felt that partner involvement was not as effective as it should have been and commented that international agency assistance was mainly limited to technical / financial assistance rather than linking EIW in to their existing programmes and networks. This is an important comment; although given the limitations of timing it is understandable. It is suggested that if regional partnerships are strengthened, it will facilitate deeper cooperation from partners at the national level.

### **Conclusions / recommendations**

- ⇒ EIW is potentially of interest to a very broad and varied range of partners at national, district and local levels. The number of partners that engaged in the pilot project at short-notice demonstrates the potential of the initiative. EIW also provides an opportunity to form new partnerships, particularly at the community level.
- ⇒ Regional partnerships should be strengthened, especially with UNICEF. It is expected that this will facilitate deeper cooperation from the same partners at the national level.
- ⇒ At the country level, partner responsibilities should be carefully assigned, using the activity plan.

### 3. Implementation of activities

The country reports demonstrate that all countries implemented a wide range of activities, combining awareness raising, education and advocacy.

Activity Conducted*	No of countries (total of 6)
Press conferences	5
Media briefings / interviews	6
Public awareness events	6
Public Information sessions	5
Vaccination campaign	4
National Advertising	5
Local advertising	5
Training session for professionals	5
Information session for professionals	6
Advocacy meetings with senior policy-makers	6

\* note that each country may have held each activity more than once. For example, several press conferences may have been conducted at national, regional and local level. The purpose of this table is to understand whether a country undertook a particular activity, regardless of the number of times or extent to which it did this.

Every country that participated in the pilot had an advocacy objective and successfully managed to engage the Minister of Health (4 countries) and/or Deputy Minister of Health (3 countries) to front / launch the campaign. Several other senior officials participated in the launch events and press conferences. Three countries expressed satisfaction with the results of advocacy activities, as it enabled them to gain access to, and greater support from their senior-most decision makers. These countries used the opportunity to push for increased programme funding, investment in electronic registries and improved political support for the immunization programme. The presence of a senior WHO EURO representative during EIW greatly facilitated country teams in gaining access to these decision makers, particularly in Ireland and Italy (South Tyrol) where there is no WHO Country Office.

The feedback from the EPI managers regarding the implementation of EIW is most encouraging, as indicated by the results to the two questions included below. Five out of six countries felt that they managed to fully execute their activity plans, and four out of five countries felt that they fully met their planned objectives for EIW.

*Looking back at your activity plan for Immunization Week, would you say it was.....?*

	Fully executed	Partially executed	Not executed at all
No. of countries (total of 6)	5	1	

*Looking back at your objectives, would you say they were:*

	Fully met	Partially met	Not met at all
No. of countries (total of 5)	4	1	

Note that 1 country did not respond to this question

It should also be noted that the same, single respondent felt that their activity plan had been 'partially executed' and objectives 'partially met'. This country had a rather ambitious plan for EIW and was also fairly rigorous in their method of self-evaluation as is reflected in their comments:

*“Some of the District Immunization Centres, due to their lack of experience and knowledge, did not use all possible communication strategies, especially in reaching risk groups and were not so active in work with partners.....  
Local communities and NGOs were not effectively involved in some of the districts.”*

#### **Conclusions / recommendations**

- ⇒ The initiative enables immunization teams to gain access to and support from senior policy makers, and to lobby for future programme investment.
- ⇒ The presence of a senior WHO EURO representative during Immunization Week can greatly facilitate national advocacy and media efforts.
- ⇒ Some countries have strong experience in conducting communication and advocacy activities, whilst others do not and may require supplementary support. Furthermore, countries that undertake routine communication / advocacy activities may have quite different objectives for EIW than those that do not. In the former case, countries should not divert attention from the regular / annual plan but rather use EIW as a platform for ongoing strategic communication projects.

#### **4. Immunization Week Products**

##### **Creating a visual identity for EIW (Regional level)**

The process of creating a visual identity for EIW commenced with the generation of a range of potential positioning statements. During a team brainstorm, the positioning statement was agreed as follows:

*Immunization is vital for every child*

Once the positioning was agreed, a range of slogans were created by the team and tested amongst parents of a broad range of ages and nationalities (with a recognised degree of bias as respondents were predominantly WHO staff). The agreed slogan was:

*Prevent. Protect. Immunize.*

The next step was to write a Creative Brief, which was provided to the graphic designers to guide the process of creative development. This resulted in the creation of a logo and visual identity for EIW, which has subsequently been applied across all materials.\*

A variety of creative materials were produced for the Regional Committee meeting in August 2005. These included a folder, 3 fact sheets and a poster in English, French, German and Russian. EIW was effectively launched to the Member States during the Regional Committee.

In advance of the launch of Immunization Week a dedicated web page and web feature were produced for the VPI and EURO websites. As the budget was not available to produce a bespoke PSA (public service announcement / TV spot), it was decided that one of the PAHO PSAs that ran during *Vaccination Week in the Americas* would be adapted for use in Europe. A guide English version (complete with EIW logos) was produced. The PSA was adapted and aired in Serbia only, where it appears to have been well received.

All of the Regional creative materials (logo, folder, fact sheets, poster, web page, TV spot) were made available to the pilot countries and they were encouraged to make maximum of the same in order to help establish a common visual identity for EIW across the Region.

*\* The graphic design was initially created by Gilles Collette at PAHO then handed over to Paul Gibney Design, Dublin for completion and design of the Regional materials. PAHO's generous contribution to the EIW creative process is gratefully acknowledged.*

### **Country level creative development**

Each country produced a wide range of communication materials. These are broadly summarised in the table below:

<b>Country</b>	<b>Products</b>
Belarus	2 x Video spots, posters, folders, information sheets
FYR Macedonia	TV spots, brochure, posters
Ireland	T-shirts, bags, caps, pens, stickers, posters, radio advertisement, press advertisements, Immunization Web Site, Information fact sheets
Italy	Outdoor posters, indoor posters, leaflets, booklet for parents, fact sheets, advertisements, web page
Serbia	Leaflets, posters, brochures, billboards, CDs, Video spot educational materials
Tajikistan	Leaflets, handouts, brochures, banners, 2 x video spots, t-shirts.

Each of the six countries used the EIW logo and slogan throughout their materials. Both were well received by the pilot countries, as demonstrated by the comments below:

*“Feedback was very positive. People thought it was clear, easily understood and the colour was cheerful”*

*“The idea of the logo and slogan was excellent”*

*“The logo is very colourful; slogan is clear and motivating”*

One country commented that they would have preferred to see the children's faces in the logo. In another country the logo was manipulated (children's photos placed inside). This should be discouraged in future. Instead, countries may use real imagery in the body of their posters / brochures, alongside the (unadulterated) logo. A set of simple logo guidelines was produced by the Graphic Designer and despatched to all countries alongside a CD containing the artwork. These guidelines should be supplied to, and adhered to, by all countries taking part in the initiative in future years.

One country also commented that the inclusion of dates on the posters meant they it could not be used beyond Immunization Week. This comment should be considered for future years and weighed up against the benefits of including the date.

Four out of six countries pre-tested their messages / communication materials – albeit informally for the most part - against the target audience. It is suggested that more structured testing of materials, through focus groups for example, would provide EPI managers with invaluable guidance for future communication activities.

## Conclusions / recommendations

- ⇒ EIW lends itself to a broad range of messages and channels, from traditional media (e.g. press) to non traditional media (e.g. children's theatre). The diversity of the country activity plans demonstrate the potential to innovate in this area.
- ⇒ A strong, clear visual identity and slogan have been created for EIW. These should be maintained in future years. Visual identity guidelines should be supplied to all Member States and carefully adhered to.
- ⇒ Countries must be briefed on EIW at an early stage to allow then sufficient time for planning and production of materials. Any Regional materials that are produced should be shared with countries well in advance. It is also hoped that Member States will share national materials from one country to another (as in the case of the Irish brochure which was translated and used in Serbia during the pilot project) thus promoting stronger regional cooperation.

## 5. Advertising & Media Coverage

The media environment differs hugely from country to country. In countries where media is predominantly State-run, media coverage was guaranteed and advertising was placed free of charge. However, in FYR Macedonia and Serbia, although the airtime was free of cost, the TV spot was broadcast at unpopular times of day / night. To secure better timeslots it would be necessary to negotiate with the station editors further in advance. In countries such as Ireland and Italy, media coverage is harder to secure and advertising space is sold at a premium. This makes it difficult to draw comparison between countries or judge the efficacy of PR efforts from one country to the next. In general, however, it would appear that coverage was good and media interest was strong across all medium (TV, radio & print) at the national, regional and local level. Multi-media advertising was also used.

The following table summarises the media coverage received by country\*:

Country	Media coverage
Belarus	63 TV speeches; 58 cinema advertisements; 454 radio information slots; 250 press articles.
FYR Macedonia	Not specified
Ireland	1 national TV slot; 5 National radio slots; 20 Local Radio slots; 2 national press articles; 20 local press articles.
Italy	2 TV transmissions ; Live radio transmissions with phone calls; 17 local press articles
Serbia	8 national TV slots; 48 local TV slots; 62 local radio slots; 7 local press articles;
Tajikistan	2 TV spots broadcasted three times daily during EIW by national and 3-5 times daily by three regional TV stations; 7 national radio interviews; Daily radio broadcasting by 5 national, 3 commercial, 4 regional and 34 local radio stations; 7 national, 3 regional & 28 local press articles.

\*Note that some respondents have included advertising in this section

This table summarises the advertising medium used in each country:

Advertising Medium	Cinema	National TV	Regional / Local TV	Billboard Posters	Bus ads.	National Radio	Regional / Local Radio	National Press	Regional / Local Press
Belarus	√	√							
FYR Macedonia		√	√			√	√		
Ireland						√	√	√	√
Italy			√	√	√		√		√
Serbia		√	√	√			√	√	
Tajikistan		√	√			√	√		

Two countries (Macedonia and Serbia) used national and/or local celebrities in their communication activities, to boost campaign awareness. No specific feedback has been received regarding the perceived success of this.

Negative media coverage was only received in Italy, and this had been anticipated due to the active Anti-Immunization Lobby groups in the South Tyrol Province. A total of 7 articles appeared from vaccination opponents (as opposed to 17 press articles covering the event).

Two countries felt that media coverage was not as good as anticipated due to the Avian Influenza outbreak, whilst two other countries felt that media coverage was better than they expected and put this down to the fact that the media had been briefed and nurtured in advance of the event. The presence of senior WHO EURO representatives during EIW helped to attract media interest in several countries, especially Ireland and Italy.

Some countries have a good deal of experience in working with the media, whilst others are less experienced. A Guide to Working with the Media was written by the EIW Communication Officer and shared with the countries in order to assist them in this regard. However, wherever possible a national media specialist should be responsible for handling the media and the amount of effort required for this should not be under-estimated.

A Regional Press Release was also issued and EIW was briefly announced to the Press during the weekly press briefing in Geneva (It was hoped to hold a press conference but this did not materialise). However, there was no regional coverage of the initiative. For future years, the Regional PR should be planned and implemented more rigorously by the COM unit in Copenhagen / Geneva in conjunction with the VPI team.

### **Conclusions / recommendations**

- ⇒ The media is responsive to EIW at national, sub-regional and local levels. Media support can be maximised through routine contact with the media and detailed planning.
- ⇒ Wherever possible a national media specialist should be responsible for handling the media and the amount of time and effort required for this should not be under-estimated.
- ⇒ Regional (pan-European) PR efforts should be strengthened in future years

## **6. Targeting of vulnerable groups**

The goal of EIW states that a special focus should be placed on activities targeting vulnerable groups. Part of the challenge at the country level was to correctly identify those groups that should be targeted as well as channels to reach them. Across the pilot countries vulnerable groups were identified from a wide variety of communities including mountainous rural communities, Roma communities, IDPs and other ethnic groups. In South Tyrol, the vulnerable population is not economically disadvantaged or marginalised, but can be found in communities where immunization scares have spread and coverage has reached dangerously low levels.

Effective targeting of vulnerable groups requires careful planning and understanding of the target audience as well as culturally sensitive entry points. For example, in Tajikistan local community groups helped to target remote rural areas and in Serbia a local Mayor’s office helped to reach the Roma community. It is important that the community is consulted in advance to ensure that activities are appropriate and that messages will not be rejected. For example, some vulnerable groups are known to actively decline immunization due to personal beliefs. However, in one Roma community it was reported that many children were unvaccinated not because of entrenched personal beliefs but because parents resisted visiting the local health centre due to the discrimination they face from other (non Roma) parents. There are a vast and often complex range of reasons why children from vulnerable groups are unvaccinated – some of these are behavioural reasons, others are non-behavioural (usually related to access to health services). It is important that these reasons are unearthed in the planning phase. In Serbia, a KAP (Knowledge, Attitude, Practice) study was planned by UNICEF with a booster sample amongst marginalised groups. This type of research will provide crucial insights for future communication activities. Similar studies should be encouraged across the European Region.

A further consideration related to the development of creative materials is the additional resource requirement to translate materials in to minority languages. For example, on the Irish Website launched during EIW Childhood Immunization leaflets were translated into French, Romanian and Portuguese to cater for the growing number of ethnic minority groups residing in Ireland. Additionally, literacy rates are often poor within some such communities and therefore personal contact and face-to-face messaging is often required.

All countries with the exception of Belarus included vulnerable groups in their planning and activity plans - although a glance at the activity plans shows that more weight was placed on activities targeting the general public than those targeting vulnerable groups. A critical question that should be addressed in future planning phases is whether the initiative should focus exclusively on targeting vulnerable groups.

A short summary of the activities conducted are presented in the table below, (based directly on the feedback received from the country evaluation questionnaires):

### Activities targeting vulnerable groups

FYR Macedonia	<p><i>-Activities on the terrain – on the spot; visits to remote rural areas; communities with Roma population; briefings and discussions with parents at the local communities and at the local health centres.</i></p> <p><i>-A number of unvaccinated and not completely vaccinated children were discovered among Roma population.</i></p> <p><i>-In the national TV spot the Queen of Gypsies Esma was involved, She personally has adopted more than 40 children.</i></p>
Ireland	<p><i>-Health professionals targeted vulnerable groups for the week, following up defaulters and visiting group meetings to bring information to these groups. Intense effort was</i></p>



	<p><i>made to contact asylum seekers and ethnic groups i.e. Travellers. These can be difficult groups to target especially travellers due to movement and transient nature of their lifestyles. But one-on-one contact during EIW proved quite successful.</i></p> <p><i>-Immunisation information for the general public was translated into French, Portuguese, Irish and Romanian and placed on the new immunisation website. This information can be downloaded and printed in the GP surgery when required.</i></p>
Italy (South Tyrol)	<p><i>Two public information evenings were held in “black spot” areas with very low immunization coverage and where the anti-immunization lobby is active. Information materials were tailored to address specific, frequently-asked- questions and fears of these groups.</i></p>
Serbia	<p><i>Roma communities were targeted due to having lower coverage of mandatory immunizations. Activities conducted included; meetings with local leaders of Roma communities, promotion of immunization on local Roma radio stations, and door-to-door visits to check immunization cards in Roma settlements in Cacak.</i></p>
Tajikistan	<p><i>-During the planning 3 main risk groups were identified 1) Those that live in remote highlands; 2) Minorities (gypsies and fundamental religious populations); 3) Internally displaced persons (IDPs).</i></p> <p><i>-30 mobile teams were created in 18 districts and visited areas with targeted vulnerable groups. The disseminated information, held community meetings, undertook house visits and vaccinated non- or partially vaccinated children (1275 children in Kurgan-Tube zone and 929 children in Sogd Oblast).</i></p> <p><i>-The teams received considerable support from local Jamoats and communities. Due to the lack of access to traditional media and the lack of quality primary health care services, special channels of communication were identified and used to target vulnerable groups. These include the use of mobile teams, farmers’ associations, state forest committees and religious leaders.</i></p>

### **Conclusions / recommendations**

- ⇒ Although vulnerable and hard-to-reach groups are often difficult to target, they exist in each and every country, spanning a diverse range of communities and individuals. Careful target group identification and planning is vital to ensure results.
- ⇒ There are a vast and often complex range of reasons why children from vulnerable groups often remain unvaccinated. It is important that these reasons are understood in the planning phase. A KAP (Knowledge, Attitude, Practice) study or piece of qualitative research (e.g. focus groups) will provide crucial insights and Member States should be encouraged to conduct the same.
- ⇒ Effective targeting of vulnerable groups also requires culturally sensitive entry strategies. Community members should be consulted in the design of activities and messages to ensure they are appropriate and likely to be accepted.
- ⇒ When planning communication materials countries should consider the need for translation in to local languages as well as strategies that can be used to effectively target individuals with low literacy.
- ⇒ For the time being, vulnerable groups should be maintained as the ‘special focus’ of European Immunization Week. In fact, it is worth considering whether the initiative should focus exclusively on targeting vulnerable groups. It is suggested that this decision be made at a Regional level during the strategic planning phase.

## **7. Project Timeline**

The complete project schedule is included as Appendix C. Due to the nature of the project this year (pilot project) the timing allowed for country level planning and the production of national creative materials was insufficient. Pilot countries felt that with more time, partnerships and advocacy activities could have been stronger and the timing also placed limitations on the amount of regional coordination that was possible. Almost every national immunization team suffers from personnel shortages and responsibility for the execution of EIW tended to fall on few shoulders. For this reason, adequate time for implementation is vital. It is recommended that all Member States be made aware of the timing of EIW at an early stage, so that it might be incorporated in to their annual activity plan and budget (and similarly to partners’).

*“This first experience on the EIW was only possible because a highly motivated team of different professionals with long term experience and deep knowledge could be put together. The planning should start far more in advance. The event was inserted very late into the activity plan for 2005.... For best results, organization of an EIW needs time and resources need to be mobilized and allocated far in advance.”*

The timing of the initiative - from 17-23 October – was deemed inappropriate by five out of six countries for a variety of reasons. In Belarus, Italy and Ireland the initiative coincided with the influenza campaign and there was a worry that the message would be dissipated. In Tajikistan, the timing coincided with the period of cotton harvest collection. Thus, in certain Rayons most of the health workers, educators and students were involved in this. There is no consensus on when EIW should be held; suggestions ranged from Jan/Feb (1 respondent), April/May (3 respondents), August-September (2 respondents)

The timing difficulties were exacerbated by the intense media activity on Avian Influenza that took place in October and detracted media attention from EIW. However, this could not have been predicted when the initiative was planned.

### **Recommended project timeframe for future years**

Month 1	Regional Strategic planning (with partners)
Month 2	Regional Strategic planning (with partners)
Month 3	Regional Strategic planning (with partners) & Country level planning
Month 4	Country level planning & Creative Development
Month 5	Country level planning & Creative Development
Month 6	Country level planning & Creative Development
Month 7	Country level planning & Creative Development & Media / PR
Month 8	PROJECT IMPLEMENTATION & Media/PR & Project Evaluation
Month 9	Project Evaluation
Month 10	Project Evaluation
Month 11	Project Evaluation
<b>TOTAL</b>	<b>11 MONTHS*</b>

\* Whilst it would be possible to complete this project within a shorter time-frame the following timings are recommended in view of the time required to liaise with ministries, mobilise partners and resources & arrange country missions. There is also certain amount of down-time over the summer months.

### **Conclusions / recommendations**

- ⇒ During the pilot project the timing allowed for country level planning and production of creative materials was insufficient.
- ⇒ The planning of EIW must commence early enough to ensure that it is included in the national annual work plan and budget. For similar reasons, partners will need to be briefed at an early stage.
- ⇒ The timing of EIW should be carefully considered as October would appear to present difficulties for many Member States.

## **8. Project Resourcing**

EIW budgets varied from country to country and ranged from US\$12,000 to US\$260,000. WHO EURO provided financial support to four countries to a maximum of US\$12,000 (of which US\$2,000 covered evaluation activities). WHO contribution ranged from 0% to 100% of project budgets, whilst partner funding also varied from 0% to 22% of project budgets. Certain comments received from countries are noted below:

*“This funding for EIW is not guaranteed for future years”*

*“Additional financing is needed for a) training; b) mobile teams support; c) motivation of individuals, e.g. farmers, foresters, etc”*

*“There is a need to engage other partners with their resources”*

*“State Funds used especially for this Week are difficult to estimate since medical staff and EPI manager as well as Inspectors and public health staff were doing those activities as part of their jobs and additional issues were done voluntarily.”*

As neither Regional or National level funding for EIW can be assured on an ongoing basis, funding needs to be given thorough consideration in the planning cycle for future years.

The planning and implementation of EIW placed a real strain on the human resource capacities in most of the pilot countries. The national immunization team tends to be small and under-resourced and dependent on the motivation and enthusiasm of its dedicated team members. Although many of the EPI managers have accumulated good experience in the area of communications, they have no specialist knowledge of the same. In many cases, communication / advocacy expertise was provided by the communications unit of the MOH.

### **Conclusions / recommendations**

- ⇒ Resourcing (financial and human) of EIW must be given thorough consideration in the country level planning cycle. The additional workload generated by EIW is likely to place a strain on small, national immunization teams. Extra technical and communication support may be required.
- ⇒ It is particularly important that each team has access to a communications / media specialist.

## IV Impact Evaluation

Impact evaluation measures the extent to which change occurs, consistent with the goal and objectives of the Initiative. Evaluation addresses the question: did the Initiative make a difference? This type of evaluation often requires complex evaluation techniques. Given the level of financial and human resources available, a rigorous study was not undertaken this year.

Pilot countries were asked to conduct a short, face-to-face survey amongst mothers with children under five years (approximate sample size of 200), in order to establish the efficacy of EIW activities and messages. The questionnaire was designed to evaluate communication awareness and recall (unprompted and prompted), communication reach and short-term behavioural outcome. It was also used to establish some key performance indicators (KPIs) that can be measured and monitored over time in order to compare the outcome of EIW activities in 2005 with future years. The key performance indicators proposed included awareness, understanding, confidence, relevance and action. A copy of the sample questionnaire is attached as Appendix D.

<b>Impact evaluation indicators:</b>
- Percentage of respondents who were aware of the campaign (prompted / unprompted)
- Percentage of respondents who correctly recalled messages (prompted / unprompted)
- Percentage of respondents who correctly recalled slogan (prompted / unprompted)
- Percentage correctly recalling communication channels
- Percentage of respondents who acted / plan to act as a result of EIW activities
- Percentage who plan to follow up on their child's vaccination status (prompted)
- Level of awareness, understanding, confidence, relevance and action (Key Performance Indicators)
- Coverage data from specifically targeted communities (e.g. vulnerable groups)



### Survey Results

Despite efforts to standardise the questionnaire and methodology, it is clear that there were significant differences in terms of the individual country methodologies and sample sizes, which makes the results very difficult to compare. There was also misunderstanding regarding some of the terminology (e.g. 'prompted' vs. 'unprompted' awareness). Nevertheless, once handled with caution, the results provide useful guidance that can be fed in to the Regional / National planning cycles and a base line against which future EIW activities can be planned and evaluated. They also provide useful and insightful information regarding the target groups' knowledge and feelings on the subject of immunization.

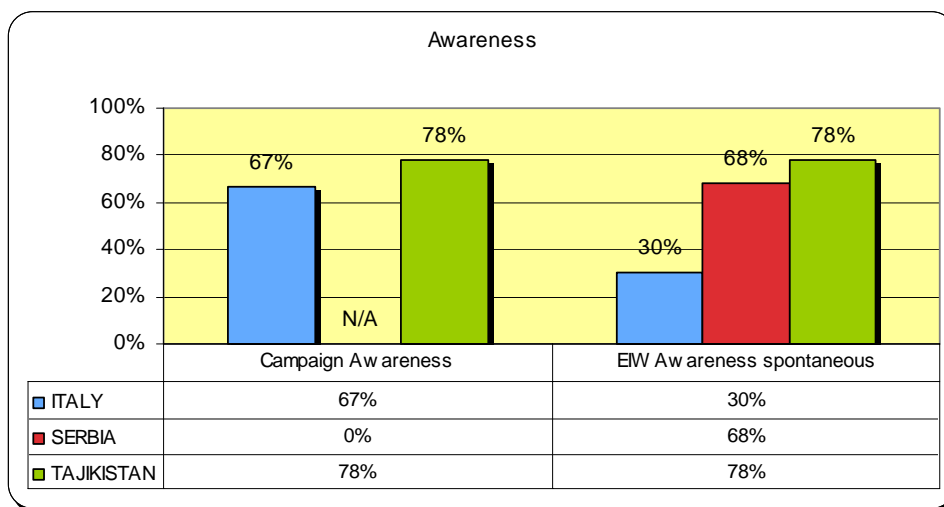
A public evaluation survey was not carried out in Ireland due to a drain on Immunisation Office resources (financial and human) that was caused by three campaigns taking place in the aftermath to EIW (Mumps, Influenza and Hib). These led to unforeseen additional expenditure for the immunization programme as well as staffing pressures. The team also felt that a survey would have been jeopardised by the number of competing immunisation issues in the public sphere (i.e. Pandemic flu, Avian flu, Mumps and Hib). A standard awareness survey was also not conducted in FYR Macedonia.

Of the four countries that completed the evaluation, the surveys from Tajikistan, Italy (South Tyrol) and Serbia are somewhat comparable. In Belarus, the survey took a different form as it was linked to the rubella campaign amongst young adults.

## 1. Combined survey results from Italy, Serbia & Tajikistan

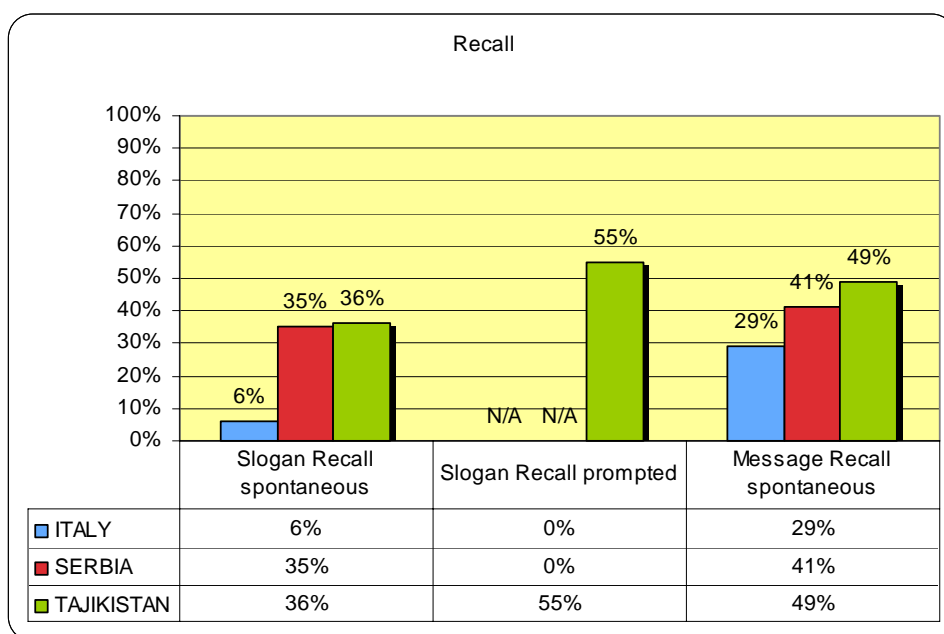
*Note: Please treat this data with a degree of caution due to the differences in sample sizes and methodologies. Specific country information is included in the appendices and more detailed analyses are available in the individual country evaluation reports.*

### Awareness



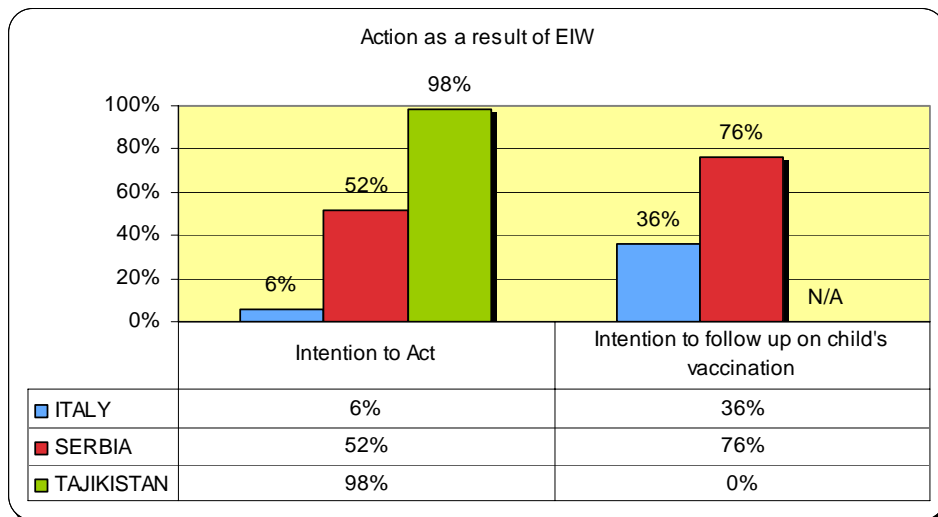
- ⇒ Campaign awareness is a measurement of the number of people that were aware that an immunization initiative has taken place. The results from both Italy and Tajikistan are very encouraging.
- ⇒ Specific awareness of European Immunization Week is also very high, especially in Serbia and Tajikistan. Although lower in Italy, it is important to note that the Italian survey was conducted one month after EIW (as opposed to a few days after the event in the other countries) and therefore a score of 30% awareness is reasonably high. However, it might also suggest that the campaign was too passive to make a lasting impact.

### Recall



- ⇒ High recall in Serbia indicates that the EIW campaign is resonating with Serbian mothers. The Tajik results are also extremely impressive, indicating high penetration
- ⇒ The communication activity has weaker penetration in Italy with poor slogan recall and below average message recall. Again, given that the survey was conducted one month after EIW it is understandable that specific details of the initiative were no longer well recalled. However, it could also be possible that the communication activity has been less effective here.

## Action



- ⇒ In line with recall results, Italy scored low on 'intention to act'. However, it scored relatively well on 'intention to follow up'. This contradiction is a little unusual and could be related to the nature in which the first question was posed. Either way, the fact that over a third of respondents plan on following up on their child's vaccination status is encouraging, especially given the high levels of anti-vaccination feeling / poor immunization coverage rates in this Province.
- ⇒ In Serbia, intention to act as a result of EIW is very strong. Early signs seem to indicate that campaign succeeded very well amongst Serbian mothers
- ⇒ The score of 98% recorded in Tajikistan is remarkable, if somewhat dubious!

## Key Performance Indicators

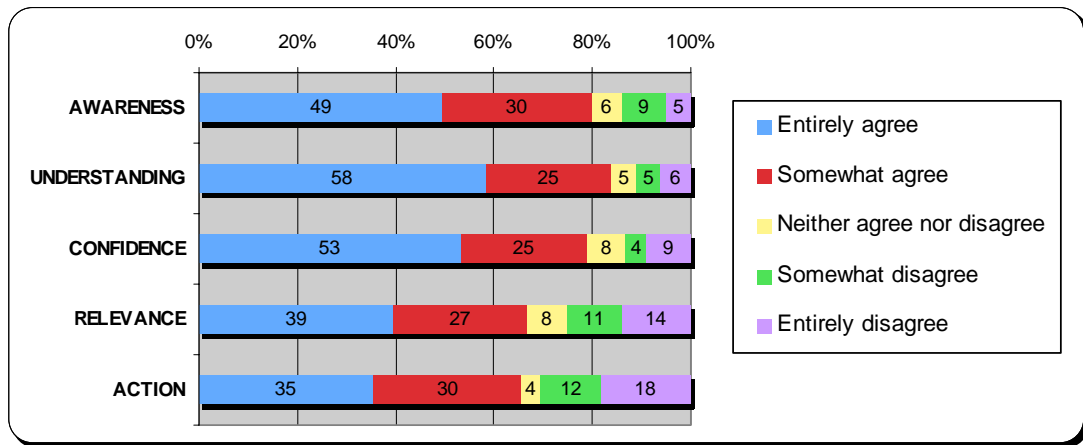
Key Performance Indicators (KPIs) have the potential to provide a base line against which future EIW activities can be assessed. They also provide us with key information regarding attitudes and concerns surrounding immunization. Unfortunately, KPIs were only captured in two countries. Nevertheless, they provide positive indications regarding the impact of EIW activities.

Respondents were asked to reply to the following:

***As a result of the Immunization Week communication activities you have seen/heard, please rate each of the following statements (Entirely agree; Some-what agree; Neither agree nor disagree; Some-what disagree; Entirely disagree)***

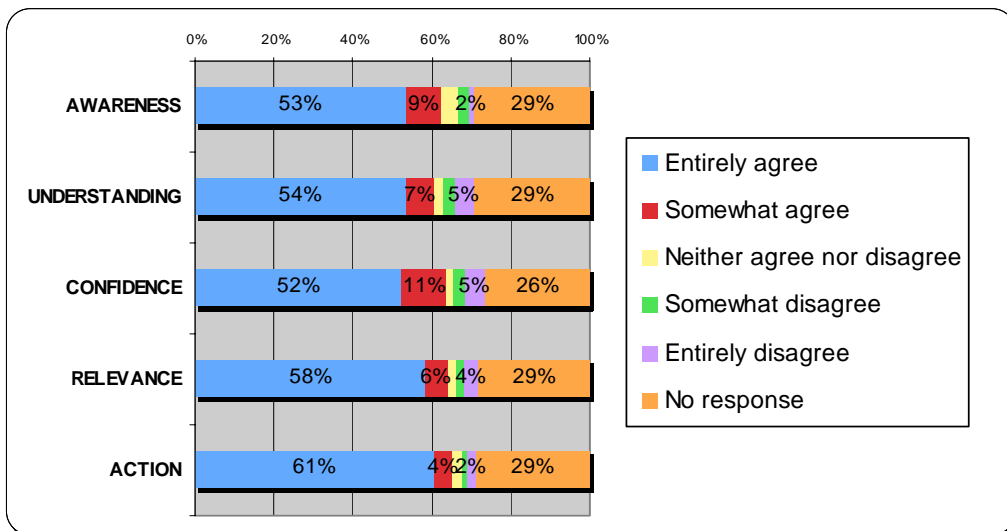
- 1) I am more aware of the importance of childhood immunization (Awareness)*
- 2) I have a better understanding of the benefits of childhood immunization (Understanding)*
- 3) I believe that immunization is safe and effective (Confidence)*
- 4) I believe that timely immunization is critical to protect my family from certain disease (Relevance)*
- 5) I will make it a priority to immunize all of my children (Action)*

## Italy



- ⇒ The KPI sample set is 99 (out of a total sample size of 208). 109 respondents did not respond to this section of the survey.
- ⇒ KPI scores are strong. 80% agree / entirely agree that they are more aware of the importance of immunization as a result of the campaign. 84% agree / entirely agree that they have a better understanding of the benefits of immunization and 78% agree / entirely agree that immunisation is safe and effective
- ⇒ The relevance and action indicators are more polarising: for example, 30% of respondents disagreed (entirely / somewhat) that they would make immunisation a priority for their children.

## Serbia



- ⇒ The KPIs score very well for Serbia with over half of respondents entirely agreeing with each of the 5 statements with the highest score registered for those agreeing to make it a priority to immunize their children
- ⇒ Only a minority of respondents 'entirely disagreed' with the 5 KPIs (2%-5%).
- ⇒ The results suggest that the campaign has persuaded mothers to think again about immunisation and take action
- ⇒ High 'no responses' are due to lack of campaign awareness or failure to answer this question. If these were excluded from the sample, the KPI scores would be even higher. (As the raw data was not available to me this was not done).

Overall, the survey results from Italy, Serbia and Tajikistan suggest that:

- ⇒ High levels of awareness and recall were recorded in Serbia, with every second respondent having acted / planning to act as a result of Immunization Week and three in four planning to follow up on their child’s vaccination status. It is probable that the EIW objective of raising awareness and understanding amongst parents has been achieved.
- ⇒ In Tajikistan, awareness and recall scores are very positive. Intention to act is remarkably high and may be over-estimated. The results suggest that good progress will have been made against the EIW objective of improving immunization awareness and knowledge against the general public.
- ⇒ In South Tyrol, penetration is lower although the initiative has successfully raised awareness and intention to follow up is encouraging. It is likely that the campaign has made some important steps towards the EIW objective of improving public awareness and tackling misconceptions about immunization.

## 2. Survey Results from Belarus

The survey that was conducted in Belarus took a different form. Both a pre- and post- test were conducted, measuring key indicators against young people (age 17-19), who constituted a core target group for EIW due to the Rubella campaign. The sample size was 6,000 and therefore in no way comparable with the other countries. Selected results are shown below:

#	Question	Before EIW	After EIW
1	Awareness of immunization as means of infectious diseases prevention	43.2%	57.5%
2	Information received from the health care professionals	77.4%	75.9 %
3	Information received from mass media	55.8%	59.7%
4	Understand the need of immunization	75.4%	73%
5	Don't know why do I need immunization	12.5%	18.8%
6	Do you need rubella vaccination	46%	64.8%
7	Rubella vaccination protects from rubella	82.5%	89.9%
8	Rubella vaccination protects your future children from CRS	32.9%	37.6%
9	Have you heard about EIW		54.6% (yes) 44.6% (no)
10	Have you learned more about vaccination during EIW		37.3% (yes, much more) 24.5% (yes, a little) 7.1% (no)



Some very positive conclusions may be drawn from these results, bearing in mind the objective (against this target group) was to inform all young people age 17-19 about the importance of rubella vaccination:

- ⇒ 33% increase in general awareness of benefits of immunization
- ⇒ 41% increase in awareness of need for Rubella vaccination
- ⇒ 14% increase in awareness about CRS
- ⇒ Levels of awareness of EIW were high with 54.6% claiming to have heard about the initiative and 61.8% claiming to have learnt either a little or a lot as a result of EIW.

In general, the levels of base-line awareness as well as the encouraging results highlighted above indicate that there is a strong role for routine communication and education activities in Belarus. Although three quarters of young people surveyed claimed to understand the need for immunization, it is possible to conclude that specific awareness is weaker (43% aware that immunization prevents disease before the campaign; 37.6% aware that Rubella protects future children from CRS after the campaign). Targeted communication has an important role to play in ensuring that high coverage levels are maintained.

### **3. Coverage data from vaccination activities**

Vaccination activity took place in three countries during EIW but results are only available from one country. In Tajikistan, 30 mobile teams worked in 18 districts, targeting vulnerable groups. A total of 2204 partially or non-immunized children were immunized. In Belarus, EIW coincided with the national Rubella campaign and was thus used to target young people with messages about immunization and rubella. However, due to supply delays vaccination activity during EIW was limited.

Many of the pilot countries have a wealth of experience in running vaccination campaigns but less experience in running communication / awareness campaigns. Similarly, in the public mind, any sort of immunization promotion is equated with vaccination campaigns. One of the questions that should be debated in planning future EIWs is whether or not any form of vaccination activity should take place during the week. Whilst there is certainly an argument to suggest that it should not, we must remember that it is through vaccination activity in Tajikistan that thousands of unvaccinated children were reached, particularly in hard-to-reach areas / within vulnerable groups.

Further discussions with regards to impact on vaccination coverage will be held at the Pilot Evaluation meeting within the next few months. It is anticipated that EPI managers from each of the pilot countries will attend this meeting with a view to discussing some of the long-term impacts of the initiative. The meeting will be used to explore the following:

- Longer-term outcomes (e.g. increased political commitment, improved public confidence etc.);
- Lessons learnt;
- How the process could be improved;
- Sustainability of Initiative (e.g. will the EIW committee continue to meet? have partnerships been strengthened? have media relations improved?);
- Value for money.

### **Conclusions / recommendations on impact evaluation**

- ⇒ In future years, it is recommended that participating countries are consulted in the design of the evaluation framework to ensure that (a) they have the capacity to conduct the proposed evaluation (b) that there is a common understanding of the survey methodology and terminology.
- ⇒ The impact evaluation has provided a benchmark for future country activities. Results from the awareness survey and Key Performance Indicators demonstrate progress made by each country in meeting their respective objectives. Although individual country results vary, the overall impression is that EIW has strong potential to improve awareness about immunization and generate a change in behaviour.
- ⇒ The results also reveal that there is a wide range of opinion on the subject of immunization and a genuine need for targeted communication / education activities.

## V Final Conclusions and Recommendations

The pilot project has revealed a significant number of conclusions with regards to the process of planning, organizing and implementing the first European Immunization Week.

Constructive feedback from the participant countries has provided important lessons that must be taken on board and given due consideration during future project cycles. These are summarised below:

### Formative evaluation (strategic planning) stage

- ⇒ It is recommended that all Member States routinely share Country level research with EURO so that it may be incorporated in to the Regional strategy.
- ⇒ Partner involvement in the formative stage should be augmented, particularly UNICEF
- ⇒ It is recommended that the EURO EIW team liaise with other WHO Communication Officers / Departments involved in annual awareness campaigns (e.g. World Blood Donor Day) as well as PAHO
- ⇒ National level research into behavioural and non-behavioural barriers to immunization and identification of Vulnerable Groups should be encouraged

### Planning & Strategy

- ⇒ It is recommended that each country establishes an EIW committee approximately 4 months in advance of the initiative with responsibility for planning and implementing the national activity plan for EIW
- ⇒ EIW committees were formed in each of the pilot countries and the majority of these have remained in place. These have the potential to ensure that knowledge is built up and communication capacities are strengthened. It is hoped that the presence of the committee will encourage EPI managers to incorporate routine communication / advocacy activities in to the annual work plan, in addition to EIW.
- ⇒ As this is a new initiative it is tempting for countries to adopt multiple objectives and target multiple audiences. All experience shows that a focused campaign will bring stronger results.

### Partnerships

- ⇒ EIW is potentially of interest to a very broad and varied range of partners at national, district and local levels. The number of partners that engaged in the pilot project at short-notice demonstrates the potential of the initiative. EIW also provides an opportunity to form new partnerships, particularly at the community level.
- ⇒ Regional partnerships should be strengthened, especially with UNICEF. It is expected that this will facilitate deeper cooperation from the same partners at the national level.
- ⇒ At the country level, partner responsibilities should be carefully assigned, using the activity plan.

### Implementation of activities

- ⇒ The initiative enables immunization teams to gain access to and support from senior policy makers, and to lobby for future programme investment.
- ⇒ The presence of a senior WHO EURO representative during Immunization Week can greatly facilitate national advocacy and media efforts.
- ⇒ Some countries have strong experience in conducting communication and advocacy activities, whilst others do not and may require supplementary support. Furthermore, countries that undertake routine communication / advocacy activities may have quite different objectives for EIW than those that do not. In the former case, countries should not divert attention from the regular / annual plan but rather use EIW as a platform for ongoing strategic communication projects.

### Immunization Week products

- ⇒ EIW lends itself to a broad range of messages and channels, from traditional media (e.g. press) to non traditional media (e.g. children's theatre). The diversity of the country activity plans demonstrate the potential to innovate in this area.
- ⇒ A strong, clear visual identity and slogan have been created for EIW. These should be maintained in future years. Visual identity guidelines should be supplied to all Member States and carefully adhered to.
- ⇒ Countries must be briefed on EIW at an early stage to allow them sufficient time for planning and production of materials. Any Regional materials that are produced should be shared with countries well in advance. It is also hoped that Member States will share national materials from one country to another (as in the case of the Irish Brochure which was translated and used in Serbia during the pilot project) thus promoting stronger regional cooperation.

### Advertising and media coverage

- ⇒ The media is responsive to EIW at national, sub-regional and local levels. Media support can be maximised through routine contact with the media and detailed planning.
- ⇒ Wherever possible a national media specialist should be responsible for handling the media and the amount of time and effort required for this should not be underestimated.
- ⇒ Regional (pan-European) PR efforts should be strengthened in future years

### Targeting of vulnerable groups

- ⇒ Although vulnerable and hard-to-reach groups are often difficult to target, they exist in each and every country, spanning a diverse range of communities and individuals. Careful target group identification and planning is vital to ensure results.
- ⇒ There are a vast and often complex range of reasons why children from vulnerable groups often remain unvaccinated. It is important that these reasons are understood in the planning phase. A KAP (Knowledge, Attitude, Practice) study or piece of qualitative research (e.g. focus groups) will provide crucial insights and Member States should be encouraged to conduct the same.
- ⇒ Effective targeting of vulnerable groups also requires culturally sensitive entry strategies. Community members should be consulted in the design of activities and messages to ensure they are appropriate and likely to be accepted.
- ⇒ When planning communication materials countries should consider the need for translation in to local languages as well as strategies that can be used to effectively target individuals with low literacy.
- ⇒ For the time being, vulnerable groups should be maintained as the 'special focus' of European Immunization Week. In fact, it is worth considering whether the initiative should focus exclusively on targeting vulnerable groups. It is suggested that this decision be made at a Regional level during the strategic planning phase.

### Project timeline

- ⇒ During the pilot project the timing allowed for country level planning and production of creative materials was insufficient.
- ⇒ The planning of EIW must commence early enough to ensure that it is included in the national annual work plan and budget. For similar reasons, partners will need to be briefed at an early stage.
- ⇒ The timing of EIW should be carefully considered as October would appear to present difficulties for many Member States.

## Project Resourcing

- ⇒ Resourcing (financial and human) of EIW must be given thorough consideration in the country level planning cycle. The additional workload generated by EIW is likely to place a strain on small, national immunization teams. Extra technical and communication support may be required.
- ⇒ It is particularly important that each team has access to a communications / media specialist.

## Impact Evaluation

- ⇒ In future years, it is recommended that participating countries are consulted in the design of the evaluation framework to ensure that (a) they have the capacity to conduct the proposed evaluation (b) that there is a common understanding of the survey methodology and terminology.
- ⇒ The impact evaluation has provided a benchmark for future country activities. Results from the awareness survey and Key Performance Indicators demonstrate progress made by each country in meeting their respective objectives. Although individual country results vary, the overall impression is that EIW has strong potential to improve awareness about immunization and generate a change in behaviour.
- ⇒ The results also reveal that there is a wide range of opinion on the subject of immunization and a genuine need for targeted communication / education activities.

## Final Recommendations

The pilot project of European Immunization Week generated strong interest and response from internal and external stakeholders, as well as notable impact amongst the general public and other target audiences. It has proven to be an effective mechanism for refreshing and reinforcing messages regarding the importance of routine childhood immunization. The creation of a clear, distinctive visual identity has helped to bring the initiative to life.

EIW is not a replacement for routine communication and advocacy activities. However, it does provide a springboard from which a wide range of activities can be launched and publicised. As such it should be considered as a vehicle for strategic communication activities (rather than merely tactical messages), and built in to the annual immunization activity / work plan.

One of the strengths of the campaign is its potential for commonality across the Region, whilst allowing individual countries the flexibility to tailor their strategies, messages and activity plans according to their specific needs. The pilot evaluation demonstrates the breadth of the initiative in terms of partnerships, target audiences, communication activities and channels. This points to the potential of the initiative to be refreshed and updated year after year. There is also the opportunity for successful communication strategies and materials to be shared from country to country, promoting stronger Regional co-operation. The country evaluation reports demonstrate that the initiative can be used as a mechanism for tackling sensitive issues (e.g. vaccine safety) and can be leveraged to gain access to top-level decision makers and influential media.

Five out of six countries that participated in the pilot felt that EIW should become an annual initiative. A variety of reasons were given for this:

*“We feel it would be a very worthwhile initiative as immunisation is an area which does not always get priority for awareness programmes.”*

*“To reach its goal, the event must be organized periodically...A single event is not effective”.*

*“During routine immunization activities health workers pay less attention to the communication, establishing strong partnership, etc. [...] An annual initiative will promote in paying more worthy attention to the problems of communication and partnership.”*

This evaluation concurs with the view of the pilot country Immunization Programme Managers in recommending that EIW be continued as an annual, Region-wide initiative, driven by WHO in conjunction with key Regional partners in this area. The evaluation has pinpointed many important lessons for future implementation of EIW, which should be given due consideration at both the regional and country level. There is a strong case for maintaining marginalized / vulnerable population groups as the priority of EIW in coming years due to the scope for improved immunization coverage and stronger awareness amongst such groups.

## APPENDIX A

### EIW Evaluation Framework - Summary of evaluation stages

STAGE	WHAT MEASURED	HOW (Methodology)	BY WHOM	WHEN
Formative	Activities undertaken to obtain information to design the Initiative.	Consultations Observations Primary Research Desk Research  Will be discussed in relation to recommendations for planning phase for future years.	Regional Team	NOV 05
Process	-Planning process -Partnerships -Activities conducted -EIW Products -Media coverage	-Country teams' records -EPI manager questionnaire -Media monitoring	EPI manager / EIW focal point	Nov 05
Impact	- Communication awareness - communication recall - communication channel reach - short term behavioural impact - Key performance indicators  - Year-on monthly increase in vaccination uptake - Coverage data from specifically targeted communities (e.g. vulnerable groups)	-Face-to-face questionnaire  - Immunization uptake data	EPI Manager / EIW focal point	OCT 05  Q1/06
Post Mortem Analysis	-Longer-term outcomes -Lessons learnt -Process improvements -Sustainability of Initiative -Value for money	- Planning session	Regional Team EPI Manager / EIW focal point	Q1 / 06

## APPENDIX B

## COUNTRY ACTIVITY PLANS

<b>Country</b>	<b>BELARUS</b>	
<b>Strategy</b>	-BENEFITS & CONSEQUENCES; -RENEWED COMMITMENT	
<b>Objectives</b>	1) To inform all young people age 17-19 about the importance of rubella vaccination.	2) To inform parents about the benefits of immunization
<b>Activities</b>	-Opinion poll amongst youth before and after EIW -Production and broadcasting of video spot (PSA) on Rubella in cinemas and TV -Poster campaign in schools, universities and public places	-Production and screening of video spot (PSA) informing audience about EIW -Poster campaign educating parents about the importance of immunization -Press conference & production of information materials for journalists -PR including panel TV show

<b>Country</b>	<b>IRELAND</b>	
<b>Strategy</b>	-SAFETY & EFFICACY; -RENEWED COMMITMENT	
<b>Objectives</b>	1) Prioritise immunization within the HSE. Create awareness of immunization as a priority issue amongst high level management.	2. Boost public confidence of immunization
<b>Activities</b>	-Briefing meetings, and distribution of fact sheets to key policy makers and high level management -Engagement of Immunization Coordinators, HSE staff, professional bodies and agencies -Launch ceremony & press conference with Deputy Prime Minister	-National press launch -Radio, press and poster advertising campaign -Launch of long-term specialist website: <a href="http://www.immunisation.ie">www.immunisation.ie</a> -Regional & local level activities including PR, promotion, training & school activities -Targeting of local ethnic (traveller) groups -Translation of fact sheets in to minority languages

<b>Country</b>	<b>ITALY</b>		
<b>Strategy</b>	-SAFETY & EFFICACY; -RENEWED COMMITMENT		
<b>Objectives</b>	1) Improve public awareness and tackle misconceptions	2) Build confidence from within through training and information of health personnel	3) Lobby key decision makers
<b>Activities</b>	-2 information evenings in “black-spots” launched by local Minister of Health. -Advertising campaign (multi-media) -PR including live radio phone-in shows	-Training workshops -Production of information materials	-Advocacy meetings



**APPENDIX B**
**COUNTRY ACTIVITY PLANS (contd.)**

<b>Country</b>	<b>FYR MACEDONIA*</b>		
<b>Strategy</b>	-BENEFITS & CONSEQUENCES; -VULNERABLE & HARD-TO-REACH; -RENEWED COMMITMENT		
<b>Objectives</b>	1) Increase coverage / awareness amongst hard-to-reach and vulnerable groups	2) Update parents knowledge about the benefits of vaccination	3) Increase policy makers understanding of the importance of continuous investment in the National Immunization Programme
<b>Activities</b>	-Vaccination activity amongst Roma populations and remote, rural villages -Briefings and discussions with parents in local communities & health centres -Cooperation with local, self-government (Mayors) and NGOs -Translation of educational materials in to minority languages	-Production and dissemination (through health units) of educational materials (brochures & posters) discussing the benefits and importance of immunization - National and Regional advertising campaign -PR and media campaign -Information and training session for professionals	-Press conference with journalists with messages about the cost effectiveness of immunization -Meetings with senior policy makers

<b>Country</b>	<b>SERBIA</b>	
<b>Strategy</b>	-BENEFITS & CONSEQUENCES; -VULNERABLE & HARD-TO-REACH; -RENEWED COMMITMENT	
<b>Objectives</b>	1) Lobby policy makers for additional funding for national immunization programme	2) Raise awareness and understanding amongst parents of their immunization entitlements (with a focus on Roma Communities)
<b>Activities</b>	-Lobbying of senior MOH decision makers & management of Primary Health Centres through targeted meetings, Round- Table, Workshops etc. -Series of Regional meetings with district coordinators for immunization and health promotion	-Workshops for journalists chaired by Minister -Training workshop with health care professionals (district coordinators) -Public Relations Campaign and Press launch featuring celebrity actress -Multi-media advertising campaign -District & Local level activities such as information evenings and play produced by local orphanage -Production and dissemination of EIC materials including booklet for parents -PR targeting Roma communities through local media channels -Workshop with Roma leaders -Project with Gynaecological services to educate pregnant Roma women -Translation of brochures in to Roma languages

**APPENDIX B**
**COUNTRY ACTIVITY PLANS (contd.)**

<b>Country</b>	<b>TAJKISTAN</b>		
<b>Strategy</b>	-BENEFITS & CONSEQUENCES; -VULNERABLE & HARD-TO-REACH; -RENEWED COMMITMENT		
<b>Objectives</b>	1) To improve knowledge and awareness amongst parents, school children and adult population	2) Utilise mass media to improve immunization knowledge amongst children, youth, parents and the general population especially hard-to-reach groups	3) Capacity building and creation of strong coalition
<b>Activities</b>	-Development and dissemination of immunization guidelines through health centres -Information campaign through meetings and cultural / sporting events. -Opening ceremonies in cities and district centres -Local level activities such as Puppet and Youth Theatre, mini football competitions and use of volunteers to disseminate information	-PSAs broadcast on national and regional TV targeting children, youth and parents -Round table on national TV -Newspaper articles -Internet and mobile phone campaign -PR -Outreach activities to hard-to-reach areas and meetings with minority groups and community associations. Included vaccination activity.	-Press conferences /media briefings at national and regional levels -Support to Coordinators in preparation and implementation of EIW at Regional and District level -Training session for health professionals -Meetings with Senior Policy makers in all cities and district centres

## **NON 'PILOT' COUNTRIES THAT PARTICIPATED IN EIW**

### **BELGIUM**

Belgium decided to participate in EIW in June (before the Summer holidays) and therefore planning time was very limited. Nevertheless, both the Flemish and French communities took part in the initiative, which was organised by the MOH at the local levels. No partner organisations were involved. Due to a strike and the added workload caused by avian flu, the number of activities that took place in the Flemish community had to be curtailed.

<b>Country</b>	<b>BELGIUM</b>	
<b>Strategy</b>	-SAFETY & EFFICACY;	
<b>Objectives</b>	1) To increase MMR coverage and awareness amongst French speaking Community	2) To promote new electronic registry system amongst health care providers in Flemish Community
<b>Activities</b>	Press conference; TV spot on MMR; Information session for professionals involved in vaccination programmes (school doctors, private doctors, under-five clinics).	Training session for professionals

## **APPENDIX B COUNTRY ACTIVITY PLANS (contd.)**

### **HUNGARY**

European Immunization Week ran in Hungary from 14 to 20 November 2005. PR activity was deemed to be a success by the increased media coverage on immunization, featured on public and private TV channels and in the press.

<b>Country</b>	<b>HUNGARY</b>	
<b>Strategy</b>		
<b>Objectives</b>	1) Improve understanding amongst policy makers & health professionals	2) Improve public awareness of importance and benefits of immunization
<b>Activities</b>	<p>Briefing session for policy makers with support of Chief Medical Officer;</p> <p>The CMO stressed the special control of vaccination coverage / organisation of additional vaccination amongst children from Roma communities or vulnerable minorities;</p> <p>19 counties and Budapest conducted training and information workshops for health professionals. Workshop topics included the new vaccination schedule and information on the importance of immunization to boost parents' awareness and knowledge;</p> <p>Special section on vaccination held during the National Conference of Family Paediatricians;</p> <p>Presentation on immunization at the National Conference of District Nurses by the Head of Department of Epidemiology of the CMO Office.</p>	<p>19 counties plus Budapest held Press Conferences on immunization. Central press conference was headed by The Chief Medical Officer and experts in the field;</p> <p>Information campaign with Kindergarten teachers highlighting the importance of immunization (1 county).</p> <p>Several regional units organized exhibitions and competitions on immunization.</p>

## APPENDIX C

## EIW Pilot Project – Final Schedule of activities

Activity:	Date completed	Total time required for this activity:
<b>STRATEGIC FRAMEWORK</b>		<b>16 months*</b>
Draft Strategic framework compiled	Mar-May 2004	
Consultation with countries (Questionnaire)	Oct 2004	
Revisions to strategic framework	End 2004 / Early 2005	
Internal fundraising	Early 2005 & September 2005	
Communications Officer appointed	June 2005	
Communication Strategy finalised	June 2005	
Pilot markets finalised	June 2005	
<b>CREATIVE PROCESS</b>		<b>4.5 months</b>
Internal Brainstorm	June 2005	
Positioning agreed	June 2005	
Slogan identified and agreed	June 2005	
Creative brief agreed	June 2005	
Creative development (including appointment**)	June – July 2005	2 months
Production of Materials for Regional Committee (Incl. translations)	Mid July – mid September 2005	2 months
Printing of materials for RC (including appointment**)	August – mid September 2005	6 weeks
Web page development	September – October 2005	2 months
PSA (TV spot) adaptation	September 2005	1 month
CDs and info packs issued to all Member States	Late September 2005	2 weeks
<b>COUNTRY LEVEL PLANNING</b>		<b>4.5 months</b>
Country Visits by Communications Officer (6 countries)	June – August 2005	3 months
Country visit reports issued	Start July – Start September 2005	2 months
Country level creative development and materials production	September – October 2005	6 weeks (allow longer)
Liaison between EURO team and pilot countries (liaison officers and EPI managers)	June – October 2005	5 months
Funding agreed and despatched to 4 pilot countries	September – October 2005	1 month (allow longer)
Monitoring of pilot country activity plans	September 2005	3 weeks
<b>MEDIA / PR</b>		<b>1 month</b>
Guidelines document written and sent to countries	Mid Sep – Early October 2005	1 month
Regional Press Release drafted and issued	October 2005	2-3 weeks (allow longer)
VPI Technical visits arranged (during EIW)	Start October 2005	3 weeks
<b>EVALUATION</b>		<b>6 months</b>
Internal project review	Early September 2005	
Evaluation framework shared with pilot countries	Start October	
Request for evaluation reports sent to all participating countries	End October 2005	
Evaluations completed and returned to EURO	November – December 2005 ***	
Regional Evaluation Completed	End Feb 2006	
<b>TOTAL PROJECT TIMELENGTH</b>		<b>24 MONTHS</b>

\* This stage of the process was delayed by uncertainty over project timings and project personnel

\*\*Includes sourcing and vetting suppliers, competitive quotes, negotiation and agreement of terms with supplier

\*\* Evaluations were requested to be submitted by 15 November. All were received by mid-December with the exception of FYR Macedonia and The Russian Federation who have not submitted reports to date (28/02/06).

**APPENDIX D**

**Questionnaire for evaluating European Immunization Week amongst public**

1. Do you have children under 5 years old? Yes \_\_\_\_ No \_\_\_\_

*If the answer is no, stop the interview and exclude it from the analysis*

2. Have you recently seen or heard anything about an immunization campaign? Yes \_\_\_\_ No \_\_\_\_

*If the response is no, end the interview, but maintain the results for the analysis.*

3. Do you recall what you saw or heard? (keep prompting (“Anything else?”) & record all feedback:)

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4. Did you hear anything mentioned about ‘European Immunization Week’ Yes \_\_\_\_ No \_\_\_\_

5. Where did you hear of this activity?  
(a) Radio (e) School  
(b) TV (f) Health facility  
(c) Newspapers / magazines (g) Word of mouth  
(d) Other advertising (h) Other (specify) \_\_\_\_\_

6. What was the message all about?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you recall the slogan? Yes \_\_\_\_ No \_\_\_\_

*If No, prompt (Have you heard the slogan ‘Prevent. Protect. Immunize’?)*

When prompted: Yes \_\_\_\_ No \_\_\_\_

8. Did you or will you do anything as a result of this message? What?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Will you be following up on your child’s vaccination status? Yes \_\_\_\_ No \_\_\_\_

Why \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. As a result of the Immunization Week communication activities you have seen/heard, please rate each of the following statements (from 1 = “entirely agree” to 5 = “entirely disagree”):

- I am more aware of the importance of childhood immunization .....
- I have a better understanding of the benefits of childhood immunization .....
- I believe that immunization is safe and effective .....
- I believe that timely immunization is critical to protect my family from certain diseases .....
- I will make it a priority to immunize all of my children.....

*1=Entirely agree; 2=Somewhat agree; 3=Neither agree nor disagree; 4=Somewhat disagree; 5=Entirely disagree*

## APPENDIX E

## Evaluation Survey – Individual Country Data

### Italy (South Tyrol):

The survey was held approximately one month after EIW (note that other surveys were conducted in the week following EIW) targeting a total of 208 parents with children under five. Half of the participants were recruited from urban areas (n=101) and half from rural areas (n=107).

<b>Indicator</b>	<b>Response</b>
<i>Percentage of respondents who were aware of a campaign (prompted / unprompted)</i>	67,3% (n=140)
<i>- Percentage of respondents who were aware of the EIW (unprompted)</i>	30,3% (n=63)
<i>- Percentage of respondents who correctly recalled messages unprompted)</i>	28,8%(n=60)
<i>Percentage of respondents who correctly recalled slogan (unprompted)</i>	6,3% (n=13)
<i>Percentage of respondents who acted / plan to act as a result of Immunization Week activities</i>	6,3% (n=13)
<i>Percentage who plan to follow up on their child's vaccination status (prompted)</i>	36,1% (n=75)

<b>ITALY</b>						
<b>KPI</b>	Entirely agree	Some-what agree	Neither agree nor disagree	Somewhat disagree	Entirely disagree	Sample size
AWARENESS	49	30	6	9	5	99
UNDERSTANDING	58	25	5	5	6	99
CONFIDENCE	53	25	8	4	9	99
RELEVANCE	39	27	8	11	14	99
ACTION	35	30	4	12	18	99

## APPENDIX E Evaluation Survey – Individual Country Data (contd.)

### Serbia:

The survey was performed in the week following EIW in 12 districts, covering a sample size of 558 parents of children under 5 years old.

<i>Indicator</i>	<i>Response</i>
<i>Percentage of respondents who were aware of a campaign (prompted / unprompted)</i>	<i>n/a</i>
<i>- Percentage of respondents who were aware of the EIW (unprompted)</i>	<i>68%</i>
<i>- Percentage of respondents who correctly recalled messages (unprompted)</i>	<i>41%</i>
<i>Percentage of respondents who correctly recalled slogan (unprompted)</i>	<i>35%</i>
<i>Percentage of respondents who acted / plan to act as a result of Immunization Week activities</i>	<i>52%</i>
<i>Percentage who plan to follow up on their child's vaccination status (prompted)</i>	<i>76%</i>
<i>Recall of communication channels:</i>	
<i>TV</i>	<i>27,4%</i>
<i>Health care institutions</i>	<i>17,3%</i>
<i>Radio</i>	<i>6,1%</i>
<i>Newspaper</i>	<i>5,5%</i>
<i>From friends</i>	<i>3,1%</i>
<i>Other</i>	<i>1,4%</i>
<i>No response</i>	<i>39,2%</i>

SERBIA							Total Sample
KPI	Entirely agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Entirely disagree	No response	
AWARENESS	53%	9%	5%	2%	2%	29%	100%
UNDERSTANDING	54%	7%	2%	3%	5%	29%	100%
CONFIDENCE	52%	11%	2%	3%	5%	26%	100%
RELEVANCE	58%	6%	2%	2%	4%	29%	100%
ACTION	61%	4%	3%	2%	2%	29%	100%

## APPENDIX E Evaluation Survey – Individual Country Data (contd.)

### Tajikistan:

The Tajik survey was conducted in four locations (two districts) on 22-23 October targeting rural and urban populations as well as vulnerable groups (50% of sample). The survey was slightly more detailed than the (Regional) sample survey and therefore some of the results are not directly comparable with the aforementioned countries.

<b>Indicator</b>	<b>Response</b>
<i>Percentage of respondents who were aware of a campaign (prompted / unprompted)</i>	78%
<i>- Percentage of respondents who were aware of the EIW (prompted / unprompted)</i>	78%
<i>Percentage of respondents who correctly recalled slogan (prompted / unprompted)</i>	36% (unprompted) 55% (prompted)
<i>Percentage of respondents planning to immunize their child with all required vaccines as a result of EIW activities</i>	98%
<i>Recall of communication channels:</i>	
<i>TV</i>	<b>74%</b>
<i>EIC materials</i>	<b>10%</b>
<i>Radio</i>	<b>23%</b>
<i>Newspaper / Magazines</i>	<b>1%</b>
<i>School</i>	<b>22%</b>
<i>Health facility</i>	<b>31%</b>
<i>Relatives / Neighbours</i>	<b>7%</b>

Message recall fluctuated by region but an overall level of 49% recalled the key message that Immunization prevents infectious disease. However, only 15% recalled the message that it is very important to vaccinate children on time. *(It is worth noting that such results will depend on whether respondents were asked to recall several messages and whether or not they were prompted. This information was not available).* TV was by far and above the most effective medium *(It is also worth noting that most surveys show that in a multi-media campaign where TV is used it is almost always recalled above and beyond any other medium).* Although recall of schools as a communication channel is only 22%, it is important to mention that in one area where educators from secondary schools were very active in disseminating information, more than 86% of respondents recalled hearing about EIW from school. Printed materials were deemed to be less effective because they were not printed in sufficient quantity.

The Tajik survey is the only survey which evaluated against vulnerable groups and is able to separate this data to provide discrete results against this group. The results are also extremely positive.

<b>Indicator</b>	<b>Response</b>
<i>Percentage of respondents who were aware of a campaign (prompted / unprompted)</i>	75%
<i>- Percentage of respondents who were aware of the EIW (prompted / unprompted)</i>	69%
<i>Percentage of respondents who correctly recalled slogan (prompted / unprompted)</i>	0% (unprompted) 6% (prompted)

Amongst this particular vulnerable group (“Luli Gypsies”) the health facility was the most effective medium of communication, followed by relatives / neighbours.