



European Immunization Week

Lessons Learnt and Next Steps



**Report of the Meeting
19-20 September 2006**

Abstract

On 19-20 September 2006, a meeting was held at the WHO Regional Office for Europe, Copenhagen, to discuss the European Immunization Week (EIW): lessons learnt and planning of the next EIW, 16-22 April 2007.

The EIW is an advocacy and communication initiative, developed to address declining interest, investment and understanding of immunization in the WHO European Region. The goal of the initiative is *“to increase vaccination coverage by raising awareness of the importance of every child’s need and right to be protected against vaccine-preventable diseases. A special focus is placed on activities targeting hard to reach groups”*. In 2005, the initiative was piloted with nine countries implementing activities.

Experiences from 2005 and discussions at the meeting in Copenhagen clearly showed that the initiative enhances awareness of immunization. The EIW is an effective tool and a framework to strengthen communication and advocacy for immunization, complementing other immunization activities. The meeting demonstrated a clear wish by the Member States to continue this Region-wide initiative on an annual basis.

There was a general understanding that the EIW requires additional financial and human resources and that planning should start well in advance of the launch date. In addition, political commitment is vital to the success of the initiative.

It was agreed that hard-to-reach groups should remain a focus of the initiative. Activities should be based on in-depth analysis and knowledge of target groups and barriers to increasing vaccination coverage – and be considered part of long-term, comprehensive efforts to increase coverage.

Key stakeholders, including community leaders, non-governmental organizations and staff in local administrative and health facilities should be involved early in the planning process. It was stressed that the involvement and commitment of high-level decision makers was crucial to the success of the initiative.

The participants requested WHO to continue encouraging national political commitment for the initiative, facilitating an appropriate environment for advocacy and enabling improved inter-country collaboration.

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Introduction

On 19-20 September 2006, a meeting was held at the WHO Regional Office for Europe to discuss the lessons learnt from European Immunization Week (EIW) in 2005 and plan for EIW, 16-22 April 2007. The meeting was opened by Dr Nedret Emiroglu, Regional Adviser, Vaccine-preventable Diseases and Immunization Programme. Dr Gudjon Magnusson, Director of Health Programmes, welcomed the representatives of the 18 participating Member States. The meeting was attended by national immunization managers or the national counterpart for Immunization Week. In addition, representatives from two key partner agencies were invited to attend; the European Centre for Disease Prevention and Control (ECDC) and UNICEF, the latter, unfortunately were not able to participate (a list of participants is attached as annex 1).

1. Lessons Learnt

1.1 The European Immunization Week: History and Rationale

The European Immunization Week was conceived in 2004 due to a number of factors including declining or stabilizing immunization coverage and sporadic, large outbreaks of measles affecting all parts of the WHO Region. Based on studies and a survey involving all EPI managers, the goal of the initiative was defined: "To increase vaccination coverage by raising awareness of the importance of every child's need and right to be protected against vaccine-preventable diseases. A special focus will be placed on activities to reach vulnerable groups". The initiative was developed to provide an opportunity to increase communication and advocacy for immunization. Three critical target groups were identified; parents/carers, policy/decision makers and health care professionals.

In October 2005, the initiative was piloted with nine countries implementing activities; six of them with some technical and financial support from WHO: Tajikistan, The former Yugoslav Republic of Macedonia, Ireland, Serbia, Italy (South Tyrol Province) and Belarus. Belgium, Hungary and the Russian Federation were provided with regional information materials in addition to the graphic artwork developed for the initiative. During the summer of 2005, a WHO communication consultant visited and worked with the six pilot countries to develop their initiatives. Key messages and activities were developed for one or more of the target groups, depending on the country needs and priorities.

The initiative was evaluated against formative, process and impact indicators and many recommendations were made pertaining to regional and national implementation. The full report is available at http://www.euro.who.int/vaccine/20050608_1. One of the main recommendations was to continue the European Immunization Week as an annual region-wide event.

1.2 Country-specific Lessons Learnt

Each pilot country gave a presentation on the development and implementation of their national Immunization Week. They provided the meeting participants with an overview of their lessons learnt during 2005. Full details of the activities implemented are also provided in the European Immunization Week evaluation report

Tajikistan

In Tajikistan a Knowledge, Attitude and Practice (KAP) study was carried out prior to the Immunization Week defining the key target groups. Immunization Week activities included a national launch ceremony and local sports activities; distribution of information materials (posters, video spot and T-shirts) targeted at parents and students; concerts, exhibitions and theatre shows; media work, an information meeting with media agencies and a press conference.

A survey was conducted following the Immunization Week assessing that the information materials produced and disseminated had been effective in raising awareness about immunization. Lessons learnt included:

- Health facilities should be involved due to their critical role in channeling information about immunization and health care workers should be trained in social mobilization activities;
- Contact with hard-to-reach settlements should be increased;
- Communication channels to reach remote areas of the country should be further identified;
- Participation by other international organizations and political and religious leaders should be increased; student volunteers could be involved;
- Studies of target population should not only be conducted during the EIW.

The former Yugoslav Republic of Macedonia

Activities included meetings with health professionals; a TV spot; information poster and pamphlets distributed to parents through health institutions; contact with local authorities; and a press conference. Mobile teams visited hard-to-reach communities and vaccinated un-immunized and under-immunized children.

In addition to a survey showing increased awareness of the importance of immunization among the general population, journalists and health professionals following the Immunization Week, 1891 children received basic immunization according to the national vaccination schedule, 339 of whom came from a local Roma community. Collaboration with local authorities and NGOs proved a positive experience. Lessons learnt included:

- More time should be allocated for the planning and preparation phase;
- Field workers should be appropriately rewarded, e.g. with certificates of recognition;
- Stronger Government participation would strengthen the initiative;
- Additional funding should be mobilized from other sources.

Ireland

An immunization web site for health care professionals and parents was developed (<http://www.immunisation.ie/en/>). Other activities included a national launch event, a media campaign, promotional materials (including T-shirts, caps, stickers, pens, posters, fact sheets, towels and calendars with the national vaccination schedule printed on them) and local initiatives - including a conference, information stands and discussions with hard-to-reach groups. Activities to inform and include schools and pre-schools, voluntary groups concerned with elderly persons and doctors' and nurses' organizations were also initiated.

The web site was deemed very successful as a sustainable source of high quality information; to date it has received over 40 000 visitors. It was felt that the EIW was an excellent way to highlight awareness of immunization to senior management. In addition, the initiative generated positive press coverage. Lessons learnt included:

- Planning should start early, four months was insufficient; a dedicated team was recommended;
- Support from WHO was pivotal in engaging the decision makers;
- The initiative should be integrated with other primary health care activities;
- Key national and local stakeholders should be engaged;
- The EIW was an excellent opportunity to recognize the efforts of local health care personnel.

Serbia

Activities included round-table discussions and workshops with key policy and decision makers and with the national health insurance fund at national and local levels; a workshop and brunch with media representatives; information materials for parents at health centres (including posters, billboards, a short film clip and the Irish immunization guide for parents translated into local languages); meetings with community leaders and local health facilities; events at kindergartens and schools. Lessons learnt included:

- Planning should commence early;
- Appropriate communication channels should be better identified for hard-to-reach groups;
- Professional health associations could place further pressure on policy and decision makers;
- More community leaders should be included; wider inclusion of civil society was needed;
- Monitoring should be conducted in all districts and responsible district officers appointed.

Italy (South Tyrol Province)

In this area a very strong anti-vaccination movement exists comprising parents, media and some health professionals. Activities included a general media campaign; parents' information evenings; information materials for parents (including posters, flyers, advertisements, editorial articles web site and information booklet); and a workshop and training for health care professionals.

Since the Immunization Week, the media has adopted a more positive attitude towards immunization and has presented a more balanced debate. Lessons learnt included:

- Planning should start early and the team be motivated – to manage the extra work load;
- Support from WHO was critical;
- The arguments and messages put forward by anti-vaccination groups as well as their communication channels should be further explored;
- Existing networks should be used for social mobilization.

Belarus

Activities included information and educational products (video, posters, booklet); official launch event; press conference; public meetings; press publications; national TV and radio programmes on immunization. In addition, a sociological survey was carried out before and after the Immunization Week. The Immunization Week also marked the beginning of a rubella vaccination campaign targeting susceptible adolescents. Lessons learnt included:

- For parents and carers, medical workers proved to be the primary sources of information on immunization;
- Despite generally high vaccination coverage, targeted communication proved to play an important role in maintaining good knowledge.

1.3 Major Recommendations: Regional Evaluation 2005

An evaluation was carried out and a report compiled based on national surveys, feedback from the immunization week national focal points and questionnaires implemented following the Immunization Week. The evaluation recommended continuing the initiative on an annual basis, gradually expanding to more countries throughout the Region. Furthermore, urged by Member States, there was a strong feeling that the initiative should not be implemented during October but earlier in the year. Other major lessons learnt and recommendations included:

Planning

The evaluation emphasized that financial and human resources should be given thorough consideration. Both the activities and the extra workload these cause should be included in the national annual work plan and budget. Furthermore, each country should establish a planning committee well in advance of the initiative with a responsibility for planning and implementing the national EIW plan.

Target groups

The evaluation stressed that identification of the target groups should be done carefully and sensitively through detailed research into the barriers to improving vaccination coverage. The evaluation concluded that hard-to-reach target groups should be maintained as the special focus. National level research to identify and further explore these groups was strongly encouraged; the evaluation recommended Knowledge, Attitude, Practice (KAP) studies or other qualitative research studies to understand the complex reasons why children in some population groups are not vaccinated. There is a need for culturally sensitive approaches, and early involvement of the relevant community leaders/members in the planning phase was recommended.

Partners and stakeholders

The evaluation stressed that the EIW was of interest to many partners at national, district and local levels. It emphasized the importance of the initiative in enabling immunization staff to gain access to senior policy makers and to advocate for programme investment. The evaluation proposed liaising with partners early in the planning process, however, recommended carefully assigning partner responsibilities in the EIW plan. Furthermore, maximizing media support through routine media contact and detailed planning was recommended.

Regional cooperation

The evaluation recommended that Member States routinely share pertinent data with each other and with the WHO Regional Office for Europe. Mechanisms to ensure this inter-country exchange should be developed. Moreover, the relevant data should be incorporated into the regional EIW strategy by WHO. Furthermore, the evaluation recommended strengthening partnerships at regional level to enhance collaboration with national level partners.

1.4 Resource Mobilization

A presentation was given by a resource mobilization expert providing guidance and recommendations for participants with regard to resource mobilization for Immunization Week activities. Finance is one of many types of resources that may be needed to develop and implement immunization week activities; volunteer support, gifts in kind etc. could also prove equally important contributions to the initiative.

To be successful in mobilizing resources, a clear project mission and objectives are essential. Long-term relationships with potential donors should be formed to ensure their engagement and understanding of the issues and to provide clarity on their contribution to the overall goal. Thorough research should be carried out before approaching potential donors in order to tailor the presentation of the initiative to their objectives, policies and interests.

2. Planning for 2007

2.1 The “Three-Step Approach” to planning

To enable and facilitate the initiation and development of national immunization week activities, EURO/VPI developed “Guidelines for national planning”. These guidelines propose a three-step approach to guide countries through the definition and planning of their initiatives, ensuring a comprehensive analysis of the barriers to improving immunization coverage as the foundation for any activity. The proposed three steps are:

Step 1. Situation analysis: identifying and analyzing the barriers to increasing immunization coverage. This research and analysis should define problems and challenges faced in any country in terms of ensuring maximum protection against vaccine-preventable diseases. For example, vaccination coverage data can be used to identify areas of low uptake. Further analysis of the reasons for this low uptake may reveal parental concerns about safety, or perhaps health care workers not promoting immunization, or lack of physical access to immunization services. The situation analysis phase is crucial in defining the specific groups or individuals to be targeted during the Immunization Week activities.

Step 2. Target group analysis: identifying and thoroughly defining the target groups and the most effective ways to engage and reach them. Taking the example of “parents” as the main target group, this will include to further analyze the reasons why parents/carers are not taking their children for vaccination. This might be carried out by KAP (knowledge, attitude and practice) studies, focus group interviews, questionnaires, parents evenings, social research etc. This research will identify not only the reasons for unwillingness to vaccinate (fear, poor knowledge, lack of trust, lack of access), but also their channels of influence, i.e. where they receive or access their information and how their opinions are formed.

Step 3. Planning, implementing and evaluating activities: based on step 1 and step 2 above, activities can be developed to ensure that the right target groups are reached by the most appropriate messages or activities through the most appropriate channels. During this phase, the evaluation framework should be designed, to measure the impact of any activities that are implemented. The evaluation is critical to measure whether the activities achieve the desired results and to provide a benchmark ensuring that improvements continue to be made.

2.2 Working Group Discussions

The three step planning process was presented and then discussed in detail in the working groups. The groups were asked to consider the major challenges in each of the three planning phases and suggest ways to overcome these challenges. The four groups presented a summary of their discussions in a plenary session and the following issues were highlighted.

Analyzing the situation (Step 1)

The participants stressed that the situation analysis should be considered part of a long-term and ongoing process to identify the barriers to increasing immunization coverage. Indeed it should be part of the National Immunization Plan. It was agreed that evidence-based data and information is often available, however, not always in an appropriate format to enable productive analysis (i.e. too focused/detailed or too general). Therefore, it was noted that systems need to be adjusted to enable the better collection and effective use of such data.

During this phase, it was also noted that involving other sectors and national institutions (universities or health education institutions) as well as the obvious partners, is critical. ECDC highlighted their willingness to support countries during this phase, particularly with relation to surveillance issues.

Defining the target groups (Step 2)

It was recognised that limited qualitative and quantitative data exists specifically about awareness, perceptions and attitudes of the various target groups. It was suggested that meetings, dialogue and communication with certain groups would help understanding the underlying issues. The importance of identifying appropriate communication channels and influences to reach target groups was also emphasized and examples were given. The participants stressed the importance of developing new information products appropriate to language, culture, literacy levels and general acceptability. Finally, the participants identified additional target groups including children themselves, educators, community leaders and anti-vaccination groups.

Developing the activities (Step 3)

Some of the challenges presented were relating to the resources required to develop and implement certain activities and the existence of a dedicated budget was highlighted to be of great importance. Competing or unexpected priorities were also highlighted as a potential danger to the implementation of EIW activities (based on experiences from avian flu during 2005); one of the suggestions made was to ensure that the EIW team should remain focused but be flexible enough to re-prioritize activities if this were required. In addition, if the appropriate level of commitment from key stakeholders is provided from the outset, there is a vested interest in ensuring that the agreed activities are correctly and appropriately implemented.

The participants emphasized the need to ensure that activities reflected the real needs of the defined target group and again highlighted the importance of high quality data to understand these needs and best ways to reach the target groups. Also, opportunities to integrate EIW activities with other relevant public or primary health care initiatives should be exploited. Finally, ensuring that a strong evaluation framework is built into the activity planning phase was deemed necessary; not only to show tangible results but also to establish a framework through which targeted communication and advocacy can be continuously measured and improved.

Mechanisms in the planning process

There was a short discussion on the mechanisms that would support and enable the planning and development of immunization week activities. It was universally acknowledged that political commitment was critical to engage in the process. It was suggested that a national, and if relevant, a network of sub national coordinators or a dedicated team was crucial to drive the process forward. It was acknowledged that a detailed action plan, agreed by the key stakeholders, with an agreed time line and budget would also facilitate the planning and implementation process, in addition to clearly defined roles and responsibilities. As part of EIW “team” capacity building, training opportunities were also suggested as a useful part of the planning process. The development of a contingency plan was also thought vital.

3. Conclusions

Experiences from the 2005 and discussions at this meeting clearly showed that the initiative can increase awareness of immunization issues at several levels. European Immunization Week is a strong tool and framework to increase and strengthen communication and advocacy for immunization. Political commitment is vital to the success of the initiative.

There was clear support to continue the initiative on an annual basis in April or May each year. There was a general understanding that the initiative requires additional resources to fully and effectively implement. It was highlighted that to ensure an effective outcome, planning should start well in advance of the launch date. It was agreed that “hard-to-reach” groups should remain the major focus of the Immunization Week. It was emphasized that WHO support to national activities encourages interest, participation and commitment from the decision and policy makers in the countries.

Key stakeholders, including community leaders and NGOs, should be involved in the planning process. Local level administrators and health workers should also be involved at an early stage, particularly given their role as a major source of information on immunization.

It was recognized that thorough research and analysis form the foundation of what will be a long-term process to increase vaccination coverage through advocacy and enhanced communication with the various target groups. It was strongly recommended that activities be developed and tailored on the basis of such thorough research and analysis, ensuring sensitivity to the target group and relevance to the country context.

4. Next steps

WHO will take the following steps:

- Disseminate the outcome of the meeting to all relevant stakeholders, including to key decision makers in the participating countries;
- Encourage political commitment to the EIW and facilitate an appropriate environment for advocacy;
- Revise the relevant strategic documents and guidelines for the EIW and make them available through the dedicated web site <http://www.euro.who.int/vaccine>;
- Circulate the evaluation framework for input from the participating countries;
- Continue to provide technical support, as far as is possible, to develop and enable the implementation of the regional framework.
- Facilitate the links with regional partners, such as UNICEF and ECDC;
- Facilitate inter-country collaboration in order to enable the sharing of relevant information and experience and support the planning and implementation of the EIW;
- Engage, as far as possible, with the planned activities.

Member States could take the following steps:

- Use the meeting as a starting point for communication with relevant national decision makers and to initiate the planning process for EIW 2007;
- Convey formal notification of participation in the EIW, 16-22 April 2007 to WHO/EURO;
- Identify and appoint a EIW focal point and / or planning team;
- Define a plan of action, including process, roles and responsibilities and objectives, budget and resource requirements;
- Start a detailed situation analysis, enabling the definition of target groups and appropriate activities.

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