

2011 Vaccination Week **in the Eastern Mediterranean**

Strategic framework



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Introduction

This document provides regional and national stakeholders with a strategic framework for the regional vaccination week initiative. A guide has also been developed to assist countries in developing, implementing and evaluating national activities.

Vaccination Week in the Eastern Mediterranean was initiated in 2010 based on encouraging experiences from the WHO Regions of the Americas and Europe, which since 2002 and 2005, respectively, have coordinated region-wide vaccination weeks.

These experiences show that a regional vaccination week initiative provides an opportunity for countries to strengthen immunization services and systems through advocacy, education and communication activities. Pooling resources and coordinating efforts creates synergy which benefits all stakeholders engaged in the region-wide initiative. The vaccination week initiative also provides an opportunity for countries to share experiences and lessons learned, and to tailor their activities to their national health priorities and challenges. **The second Vaccination Week in the Eastern Mediterranean will be launched during the week of 24–30 April 2011.**

The regional strategic framework is presented in three parts:

- Part 1 Commitment to immunization**
This section concerns the commitments from countries to strengthen immunization services and systems through deliberate advocacy, education and communication.
- Part 2 Immunization situation in the Eastern Mediterranean Region**
This section concerns vaccine-preventable diseases and immunization in the Region.
- Part 3 Vaccination Week in the Eastern Mediterranean Region**
This section concerns the strategic goal, objectives, roles and responsibilities and the structure of the initiative.

Each country will allocate the necessary funds as well as implement and evaluate its national Vaccination Week activities. The WHO Regional Office for the Eastern Mediterranean and partners will continue to provide technical assistance in planning relevant health promotion activities. The involvement of regional and national immunization partners, such as UNICEF, nongovernmental organizations and charity organizations, can contribute to the success and sustainability of the initiative. Partners are an invaluable source of knowledge, access to vulnerable groups and financial support.

Part 1 Commitment to immunization

Why is immunization important?

Immunization is one of the most successful and effective health interventions. This health intervention has reduced morbidity and mortality across the world in a safe and cost-effective manner. Immunization is an important investment for all countries.

From infants to senior citizens, immunization prevents debilitating illness, disability and death from vaccine-preventable diseases. When vaccines are combined with other health interventions such as vitamin A supplementation to boost children's immune systems, provision of deworming medicine, growth monitoring, and distribution of insecticide-treated nets to prevent malaria, immunization becomes a major force for child survival. Immunization is also a key strategy to ensure global health security and to respond to the threat of emerging infections, such as pandemic influenza.

Goal 4 of the United Nations Millennium Development Goals, to which all countries are signatories, commits world leaders to reducing child mortality. The target specifies reducing under-five mortality by two thirds between the years 1990 and 2015, using the proportion of children under 1 years of age immunized against measles as an indicator.

At the Special Session of the United Nations General Assembly on Children, held in 2002, all Member States adopted resolution A/RES/S-27/2, A world fit for children, stating that they would ensure full immunization of children under 1 year of age, reduce deaths due to measles and extend the benefits of new and improved vaccines to children in all countries.

Millennium Development Goal 4

Goal: Reduce child mortality.

Target (4.A): Reduce by two thirds, between 1990 and 2015, the under-five mortality rate.

Indicators include: Proportion of one-year-old children immunized against measles.

<http://www.mdgmonitor.org/goal4.cfm>

A World Fit for Children

All Member States will “ensure full immunization of children under one year of age, at 90 per cent, coverage nationally, with at least 80 per cent coverage in every district or equivalent administrative unit; reduce deaths due to measles by half by 2005...and extend the benefits of new and improved vaccines and other preventive health interventions to children in all countries”

(Resolution A/RES/S-27/2 A world fit for children. Adopted by all Member States, at the Special Session of the UN General Assembly on Children)

http://www.unicef.org/specialsession/docs_new/documents/A-RES-S27-2E.pdf

Why are advocacy, education, and communication activities important for strengthening immunization services and systems?

In response to the Millennium Development Goals, the World Health Organization and United Nations Children's Fund (UNICEF) jointly developed the Global Immunization Vision and Strategy (GIVS) 2006–2015, which calls for countries to improve equity in immunization services by improving **communication** and dissemination of information. It also encourages countries to increase the **community demand** for immunization; ensure adequate and **sustainable financing** of national immunization programmes; define and recognize the roles, responsibilities and accountability of **partners**; and **combine different approaches** in this effort, with an aim to reach more people, especially the hard to reach groups.

Global Immunization Vision and Strategy 2006-2015

Goals by 2010 or earlier

- Increase coverage. Countries will reach at least 90% national vaccination coverage and at least 80% vaccination coverage in every district or equivalent administrative unit.
- Reduce measles mortality. Globally, mortality due to measles will have been reduced by 90% compared to the 2000 level.

<http://www.who.int/immunization/givs/en/index.html>

Recent unpublished review of peer-reviewed literature by the United States Centers for Disease Control and Prevention found that the structural determinants and conditions of daily life responsible for the unimmunized children are primarily related to parental attitudes and knowledge, such as perceived benefits and threats and group pressures for or against vaccination; communication and information, such as rumours and misinformation; immunization system, such as health care work attitudes and knowledge; and family characteristics.

Lack of information and understanding of the importance of immunization, as well as myths and misperceptions, are often barriers to utilizing immunization services, resulting in low coverage and compliance or high drop-out rates. However, targeted *advocacy, education and communication* activities can neutralize the misinformation and rumours, improve stakeholder awareness and attitudes and potentially result in increased immunization coverage¹, introduction of new vaccines and technologies, and sustainable financial and technical support for the immunization system.

Definition of Stakeholders

Persons or organizations that are invested, involved, have share, interest, or emotional concern in a programme and/or results of a programme. Examples include: community, media, health care workers, policy-makers.

Adapted from <http://www.cdc.gov/getsmart/program-planner/Step1.pdf> and <http://dictionary.reference.com/browse/Stake>

¹ Wakefield MA, Loken B, Hornik RC. Use of mass media campaigns to change health behaviour. *Lancet*, 2010; 376:1261–71.

Case: KAP study in Sudan

A knowledge, attitudes and practices (KAP) study of Sudanese communities towards tuberculosis showed that almost everyone had heard of tuberculosis – the majority of them from radio and television.

However, more than 15% did not know that tuberculosis was an infectious disease. Also, almost one third of the population was unaware of the proper time for vaccination with BCG. Almost 40% considered it shameful to have tuberculosis, and 13% thought it best to hide it if someone had tuberculosis.

The main reasons for not understanding information about the disease were vague information, difficult language and incomplete information. The KAP-related information has been crucial in the planning of BCG vaccination and other tuberculosis control activities.

Sudan, Federal Ministry of Health, 2007

Case: KAP study in Saudi Arabia

A 2010 article published in the journal *Vaccine* looked at knowledge, attitudes and practices toward influenza immunization amongst health care workers at the King Abdul Aziz hospital in Saudi Arabia. It was determined that the knowledge of influenza disease and prevention amongst health care workers was low, and the most common reason for not being vaccinated was a belief that the vaccine is not effective in disease prevention.

Rehmani R, Memon, JI. Knowledge, attitudes and beliefs regarding influenza vaccination among health care workers in a Saudi hospital. Vaccine, 2010, 28: 4283–7

Case: Success in involving polio victims in the fight against polio

Experience shows that proper attention to polio vaccine refusals can overcome many barriers, hesitation, doubts and rumours. In Somalia, the strategy has been innovative: polio victims played an important role in increasing coverage in their own communities. Once refusals were identified, polio victims visited the household to discuss, answer questions, address suspicions and convince parents – and administer mOPV if the intervention was successful. The polio victims were trained to master all topics in order to handle different sorts of refusals.

The persuasion made by polio victims – and perhaps more importantly their physical disability due to polio – were successful in fighting resistance and rejection of vaccination in their communities. As a result of the campaign, the refusal conversion rate was as high as 78%.

Part 2 Immunization situation in the Eastern Mediterranean Region

A diverse region with a common goal

The WHO Eastern Mediterranean Region comprises 22 countries, including high-, middle- and low-income countries, and covers a vast area which ranges from Pakistan to the east and Morocco in the west. More than 550 million people live in this Region, where profound differences exist in wealth, security, terrain, health and other conditions. Any regional initiative should take into consideration the diversity between and within countries, as well as the unique challenges facing the Region. These challenges, among others, include:

Political commitment: Several immunization programmes are victims of their success as increasing coverage and decreasing vaccine-preventable disease burden have led to shifting of priorities and funds. For example, this disturbing trend has translated into lack of commitment and funds to carry out salient supplementary immunization campaigns, as well as introduction of pneumococcal and rotavirus vaccines.

Demand and utilization: Even with relatively high access to immunization services, in some areas, there are still some population groups who do not *utilize* the services for reasons related to knowledge, attitudes or practices. Some parents or caretakers lack information and understanding of the importance of immunization. Myths and misunderstandings may also result in a negative view towards immunization.

Quality of service delivery: In some countries, the performance of vaccination teams and the services provided creates a distrustful atmosphere where people do not feel safe, respected and subsequently do not complete their immunization schedule.

Safety and security: In a number of countries with war torn and unstable environments, access to immunization services or outreach for high risk populations or hard-to-reach areas is seriously hampered.

Managerial and technical capacities: The immunization programme structure in several countries and pre-service and in-service training for their health care personnel are not always adequate to meet or anticipate the rapid changes and innovation in immunization.

Vaccine-preventable diseases and immunization in the Region

Countries in the Region have experienced notable success in reducing morbidity and mortality due to vaccine-preventable diseases. Vaccination coverage with three doses of diphtheria–tetanus–pertussis vaccine (DTP3) has increased to 85%, up from 18% in 1980. Significant achievements also include reaching the 90% measles mortality reduction target three years ahead of schedule; maintaining polio-free status in 20 countries; strengthening surveillance networks and national decision-making process to introduce new vaccines; and organizing the first advocacy, education and communication initiative (Vaccination Week) with 100% country participation.

Despite extraordinary progress in immunizing more children over the past decade in the Region, in 2009, an estimated 1.9 million or more than 5000 infants per day did not receive their third dose of DPT by their first birthday. In addition, the Region continues to face challenges such as the interruption of polio transmission from Afghanistan and Pakistan, and elimination of measles and maternal and neonatal tetanus. Moreover, vaccine-preventable diseases contribute to 20% of under-five deaths. The majority of the vaccine-preventable disease-related deaths are due to pneumococcal disease and rotavirus diarrhoea, which can be partially prevented through vaccination with newly available vaccines.

Child mortality in the Region

An estimated 1 276 000 children under five years died in 2008 in the Eastern Mediterranean Region. Most of these deaths were due to pneumonia and diarrhoeal diseases caused by *Haemophilus influenzae type B* (Hib), *streptococcus pneumoniae* and rotavirus, despite the existence and availability of potent and safe vaccines.²

Polio

Only two out of the 22 countries in the Region are still polio endemic, namely Pakistan and Afghanistan, where 89 and 38 cases respectively were reported in 2009. To date in 2010, the number of cases are 78 and 18 for the two countries, respectively. The cases are mainly concentrated in areas with insecurity and access issues in the southern region of Afghanistan and tribal and border areas in Pakistan. An outbreak in south Sudan started in 2008 and was controlled with last case in June 2009.

Measles

The impact of vaccinations on the measles burden has proven immense, with countries drastically reducing the number of measles cases following successful vaccination campaigns. Countries have shown strong commitment to achieve measles elimination, and estimated measles mortality was reduced by 90% from 1999 to 2008. While some countries are approaching measles elimination status, others are facing serious difficulties, including low population immunity and inadequate measles surveillance. Despite high reported coverage with both measles catch-up campaigns and routine measles vaccination, outbreaks are still occurring in some countries in the Region.

² Black RE et al. Global, regional and national causes of child mortality in 2008: a systematic analysis. *The Lancet*, 2010, 375:1969–87.

Part 3 Vaccination Week in the Eastern Mediterranean

In response to both the remarkable opportunities and daunting challenges facing immunization services and systems in the Region, the Regional Office is launching the second *Vaccination Week in the Eastern Mediterranean* as an advocacy, education and communication initiative to sustain and strengthen national immunization programmes.

The initiative takes into account the UN General Assembly Special Session on Children resolution to create a world fit for children and the UN Millennium Development Goal to reduce child mortality. It also recognizes adoption of the Regional vision in 2005 that “*No child will die from vaccine-preventable disease*” followed by the *Global Immunization Vision and Strategy (GIVS) 2006–2015*, and the Bill and Melinda Gates Foundation *Decade of Vaccines*³ announcement which have set out a unifying response to the challenges of a rapidly changing and increasingly interdependent world. Specifically GIVS calls for countries to improve communication and dissemination of information; increase community demand for immunization; ensure adequate and sustainable financing of national immunization programmes; define and recognize the roles, responsibilities and accountability of partners; and use a combination of innovative approaches and solutions to protect all people at risk against vaccine-preventable diseases.

This initiative, therefore, is an opportunity to foster **partnerships**, raise awareness, advocate, educate, and strategically communicate with all stakeholders to ensure long-term commitment and behavioural change. Vaccination Week is a comprehensive initiative which also aims at maintaining immunization high on the political agenda of decision-makers.

Goal

- Protecting all people at risk from vaccine-preventable diseases.

Objectives

- Increasing stakeholder awareness of the value of immunization.
- Promoting and maintaining immunization as a priority for policy- and decision-makers.
- Advocating for and mobilizing human and financial resources.
- Improving access to immunization for high-risk populations and hard-to-reach areas in the Region.

Strategies

- Strategic advocacy and partnership.
- Targeted education, communication and media activities.
- Expansion of immunization services.

³ <http://www.gatesfoundation.org/press-releases/Pages/decade-of-vaccines-wec-announcement-100129.aspx>

Examples of vaccination week activities

National and local-level launching ceremonies: High level representation, dignitaries or celebrities to attract attention – press and media attention – involvement of policy- and decision-makers, giving their commitment to support.

Mass communication: Distribution of information materials (pamphlets, reports, books, or... baby blankets, calendars, mugs, t-shirts, key rings, bracelets) – billboards or paid advertisements, public service announcements – radio and television spots, CDs, audio tapes, or video spots – text messages on mobile phones, direct mailing, newsletters – telephone hotline or internet chat room - displays and exhibits – media activities.

Social mobilization: Awareness events, walks, concerts, public meetings, activities in schools, kindergartens, health centres, community centres and similar peer to peer programmes.

Training: Training, workshops, seminars or meetings for health personnel – training for other professionals in contact with young parents, e.g. school or kindergarten teachers – training for medical students, nursing students or others.

Meetings/policy work: Editorial roundtable meetings with national or subnational policy- and decision-makers – development of strategies, action plans, policy papers and advocacy papers, including surveys or analyses to support arguments. Signing of memorandum of understanding or equivalent.

Activities integrated with other services: Vaccination or information activities performed in collaboration with relevant other services: other health related programmes such as HIV/AIDS, family planning, nutrition, food safety, etc. – border/emigration services – airport services – educational facilities – workplaces – participation in already planned community activities.

Vaccination: Extending opening hours – outreach activities in high-risk communities/territories – mobile vaccination teams – vaccination in relevant locations (schools, community centres).

Building on experience

Currently several countries in the Region are implementing National Immunization Days, Child Health Days/Weeks, Accelerated Child Survival or similar activities. The Vaccination Week initiative should build on these experiences.

The Vaccination Week initiative will also continue to benefit from the encouraging experiences of the WHO Regions of the Americas and Europe which have coordinated vaccination weeks since 2002 and 2005, respectively. In 2007 the two regions decided to align the timing of their vaccination weeks during April of each year. The strengthened collaboration between the two regions, showcased in the development of joint promotional videos, has been followed by a call to other regions to join the effort. In 2011, the African Region will become the fourth region to join this initiative, bringing the immunization community one step closer to a Global Vaccination Week.

Current experiences from the three regions demonstrate that a regional vaccination week initiative provides a framework for countries to reinforce their success stories and capitalize on imminent opportunities. This framework also creates a platform for exchange of experiences and lessons learned, within regions as well as among regions.

In addition, the vaccination week initiative can facilitate strengthened cooperation between countries of different regions. For example, starting in 2008 as part of its Vaccination Week effort, France provides technical and financial support to the Vaccination Week in French Guyana.

National activities within a regional framework

The vaccination week framework offers a common vision and goal, while encouraging countries to develop and implement activities relevant to their national and subnational priorities. The commonality of the initiative is strengthened through joint timing, planning and activities (e.g. in border areas, media focus and attention) and sharing of lessons learned.

Coordination among countries is encouraged, especially for countries with common borders or those facing similar challenges. Countries may even decide to agree on common sub-regional objectives, themes, approaches or activities.

Partners

The Global Immunization Vision and Strategy (2006–2015) emphasizes stakeholder engagement and synergy from integrating interventions (Strategy 14). Therefore, involvement of key partners and fostering strong inter-agency cooperation are of high importance, especially in relation to integration with other health related activities and sharing of human and financial resources.

Participating countries should establish a national planning committee as a forum for planning, discussion, and resource mobilization. Ministries of Health are encouraged to work together with relevant national counterparts (such as other ministries, public institutes, health professionals, nongovernmental organizations and donors).

Timing and process

The launch of the second *Vaccination Week in the Eastern Mediterranean* is planned for the week of 24–30 April 2011, concurrent with similar events in at least three other WHO regions.

Evaluation

All countries are encouraged to define objectives for their vaccination week activities. A guide has been developed to assist countries in defining these objectives and in developing, implementing and evaluating national activities.

The initiative will be monitored and evaluated at regional level in order to document lessons learnt and generate key evidence-based recommendations. Some regional process measures may include:

- Percentage of countries participating in the vaccination week initiative.
- Percentage of countries meeting their specified objectives.
- Percentage of countries evaluating their advocacy and communication activities (i.e. pre and post conducting knowledge, attitudes and practices surveys, focus groups, etc).
- Percentage of countries with media coverage.
- Number of people vaccinated during the vaccination week.

Roles and responsibilities of stakeholders

Each country is expected to fund as well as implement and evaluate its national Vaccination Week activities. If requested, technical support may be provided by WHO through the Regional Office and country offices.

Roles and responsibilities of the Regional Office and Member States are outlined below.

WHO Regional Office for Eastern Mediterranean

- Raise awareness, inspire, and ensure commitment to participating in Regional Vaccination Week.
- Liaise with partners, including UNICEF, WHO headquarters and regions, Centers for Disease Control and Prevention (Atlanta), nongovernmental organizations, foundations, etc.
- Update regional documents for the vaccination week, including a strategic framework and a guide to assist countries in developing, implementing and evaluating national activities.
- Update/develop slogan and common visual identity for vaccination week.
- Facilitate briefing and orientation session for countries.
- Support countries in resource mobilization.
- Provide technical support to countries in planning for the vaccination week initiative.
- Participate in and monitor national vaccination week activities.
- Plan, coordinate, and celebrate a launching event, ensuring regional level media attention and involvement.
- Perform research, analysis, data gathering and assessments.
- Develop advocacy videos and documents, including a regional evaluation report and recommendations.

Countries

- Educate, motivate and advocate for initiating vaccination week initiative in their national setting.
- Plan, fund and develop national vaccination week activities.
- Conduct knowledge, attitude and practice (KAP) surveys if needed.
- Set up national vaccination week planning committees.
- Mobilize resources and collaborate with local partners and media.
- Implement and evaluate national vaccination week activities.