

Report on the

**Meeting on preparation for Vaccination Week  
in the Eastern Mediterranean 2011**

Sharm El-Sheikh, Egypt  
3 December 2010

© World Health Organization 2011

All rights reserved.

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

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

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Distribution and Sales, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: [PAM@emro.who.int](mailto:PAM@emro.who.int)). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: [WAP@emro.who.int](mailto:WAP@emro.who.int) .

## CONTENTS

1.	INTRODUCTION.....	1
2.	PRESENTATIONS.....	1
3.	DISCUSSIONS – OPPORTUNITIES FOR PARTNERSHIP 2011.....	3
4.	WORKSHOP ON COMMUNICATIONS WITH THE MEDIA.....	4
5.	CONCLUSIONS.....	5
6.	NEXT STEPS.....	6
	Annexes	
1.	AGENDA.. ..	8
2.	LIST OF PARTICIPANTS.....	9

## 1. INTRODUCTION

A meeting on preparation for Vaccination Week in the Eastern Mediterranean 2011 was organized by the WHO Regional Office for the Eastern Mediterranean (EMRO) in Sharm El Sheikh, Egypt, on 3 December 2010. The purpose of the meeting was to discuss the 2011 theme, share experiences and lessons learned from the 2010 campaign, and enhance the capacity of participants on communicating with the media. A total of 50 participants representing the Member States and key partners participated in the meeting (see Annexes 1 and 2 for the programme and list of participants, respectively).

Dr Ezzeddine Mohsni, Division of Communicable Diseases, WHO EMRO, opened the meeting and expressed his hope that Member States would embrace the Vaccination Week 2011 initiative as an integral part of their programmes. Dr Mohsni reminded the participants that stagnating coverage, decreasing political commitment and competing priorities as well as complacency among parents and health care providers were vital threats facing national immunization programmes. He then delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, highlighting the unnecessary deaths and disabilities due to vaccine-preventable diseases and the importance of strengthening and expanding partnerships to raise awareness, increase utilization, mobilize resources, introduce new vaccines, neutralize the myths and misinformation and ensure political prioritization of immunization.

The meeting was chaired by Dr Ezzeddine Mohsni and moderated by Dr Frank Mahoney (WHO Temporary Adviser). During the meeting, a recently developed multimedia CD for 2010 Vaccination Week resources, 2010 final report, 2010 documentary and advocacy videos, as well as 2011 Vaccination Week background paper, strategic framework and guide were introduced and discussed.

## 2. PRESENTATIONS

Mr Nahad Sadr-Azodi, WHO EMRO, informed the participants about the products (e.g. videos, report, multimedia CD) developed since the 2010 Vaccination Week and then gave an overview on the proposed 2011 Vaccination Week theme – *partnership for immunization*. The presentation covered the definition and potential types of partnerships. In particular the immunization programme should focus on building or expanding partnerships with the community, health care workers, private sector, academia and civil society, government and policy makers and the media. For each potential partner, Nahad asked the following questions: Who are they? Why are we talking about them? Would it make a difference to partner with or engage them? And if yes, how? Each question was supported by evidence-based or best practice responses. The presentation concluded with brief comments on the processes of exploration, building and maintaining partnership, which were adapted from the STOP TB Partnership programme.

Dr Ibrahim Mussa, Ministry of Health, Egypt, discussed the objectives of the 2010 Vaccination Week event, which included increasing community awareness and participation. The planning of the event was delegated to the provincial and district level authorities, who formed committees at the community level to prioritize their needs and implement relevant activities. Some of the activities at

the community level included organized walks, school celebration and competition such as football games, involvement of local businesses in developing promotional materials and civil society in distributing them, meetings with local health care workers, announcements and editorial roundtables on local media channels, and awards and recognition. Organizers believe that these activities at the community or grass root level increased participation, awareness and confidence, strengthened partnerships and engaged stakeholders. However, proper evaluation is necessary to document and demonstrate significant changes.

Mrs Victoria Evans, Centers for Disease Control and Prevention (CDC Atlanta), discussed the National Infant Immunization Week (NIIW) which began in the United States of America in 1994 as a part of a national response to the 1989–1990 resurgence of measles. Children of preschool ages, especially those under two years of age, were most affected by this epidemic. NIIW continues to be an annual opportunity to remind parents, health care workers, and the community of the need for children to receive their primary immunization series by the age of two. Activities during the week link to the routine immunization programme and include education programmes for health care workers to update them on the most recent information on vaccines and parents' fears of vaccine which are founded on myths in the media and on the internet.

This week is also an opportunity to celebrate successes of the past year, which include recognition of health care workers and agencies with high immunization rates or high improvement rates. In 2003, CDC, WHO and the Pan American Health Organization partnered to host the first Vaccination Week in the Americas, which included the entire western hemisphere. The joint activities between the United States and Mexico were attended by national, state and local dignitaries from both countries and included bilingual activities including health care worker education programmes, child care activities to educate children and their parents along with a formal media roll out. Vaccination Week in the Americas has provided opportunities for both countries to work together and learn from each other.

Mr Omid Mohit, WHO EMRO, expanded on the overview presentation given earlier in the morning. Omid first defined the term media, which is an intervening agency, means, or instrument, by which something is communicated or expressed. Moreover, the media are everywhere and include broadcast, cable, and satellite television, radio, internet content and advertising, display advertising, electronic billboards, publishing, movies, videotapes, DVDs, video games, books, newspapers, magazines, outdoor advertising. More importantly, all of us are the media – by the virtue of wearing a t-shirt with a logo, sending an SMS, or interacting with social networks.

The media are important because they can disseminate information and reach out efficiently. They can also influence and build emotional connection with various target audiences, impacting their attitudes and behaviors. It is important to build relations and ensure transparent and open lines of communication between the national immunization programmes and the media given that they often reach out to the same audiences. Accordingly, it is essential that the national EPI teams involve the media and communication focal points early. EPI teams should also keep journalists informed and anticipate a journalist's need for statistics, personal stories, photos, spokespeople. They should always return the journalists' calls, and respect their deadlines. Finally, it is important to train EPI managers in communications with the media which is the topic of the afternoon workshop.

### 3. DISCUSSIONS – OPPORTUNITIES FOR PARTNERSHIP 2011

All countries expressed their support towards the 2011 initiative, highlighting the value of advocacy, education and communication in an interdependent world. Many participants agreed with the comments that Vaccination Week, an advocacy, education and communication initiative, is a year-long event and part of the core function of the immunization programme. Several participants also concurred that the 2010 event invoked a great deal of effort, especially in light of the H1N1 news. However, most were eager to learn whether their enormous efforts made any difference in improving the perception towards the value of immunization and increasing utilization of services.

All countries reinforced the relevance of “partnership for immunization” as the theme for 2011 Vaccination Week. Several participants reiterated the importance of strengthening partnerships with and educating the community, private sector, civil society, media, health care workers and policy makers, and ensuring that immunization remains a priority. In this regard, Dr Mohsni mentioned that the immunization community has become a victim of its success, and therefore, it is essential that we remind everyone not only on where we are and where we are heading, but also on where we started.

One group discussed in detail was the media. It was mentioned that as technicians we sometimes neglect to involve the media and leverage their capacity and strengths to disseminate information efficiently. It was mentioned that in some countries, it costs to broadcast promotional programmes; however, Dr Mohsni reiterated that this issue can be resolved with good relations and planning. Accordingly, immunization managers should involve communication and health education colleagues from the very beginning to ensure proper media relations. After all, media and immunization programmes can overlap in the audiences they serve.

Moreover, the Vaccination Week event can be most successful when the immunization messages are tailored and targeted to specific audiences, impacting their attitudes and behaviours. Accordingly, it is vital that all immunization programmes are fully cognizant of the factors which enable or hinder vaccination uptake, and hence undertake focus groups or surveys with particular groups to learn more about the drivers and barriers.

Several good examples were shared regarding partnering with the community. A number of countries mentioned that the communities have contributed to vaccination campaigns by providing food, shelter and transport to the vaccinators. Others said that they recruited religious leaders into various immunization activities. One country mentioned that incentives were provided for village leaders to ensure their support.

In terms of partnering with the private sector, many countries discussed their 2010 experiences, ranging from engaging local businesses to hospital health care providers. In one country, the health authorities signed a memorandum of understanding with a multinational pharmaceutical company. In another, the private health care workers were sensitized and trained on reporting. Yet in another, the health care workers were educated and vaccinated against hepatitis. Most countries acknowledged that recognizing the health care workers was an important part of their planned activities.

As for partnering with civil society, one country highlighted the role of United Nations Missions (UNM). It was discussed that UNM's knowledge of the initiative and participation are essential because they are an integral part of the country's security and safety, facilitating movement and access to hard-to-reach areas. Other experiences with women's group, rotary and non-government organizations were also highlighted and discussed.

Finally, several countries discussed the role of various government agencies and policy makers. Educating the policy makers and keeping immunization high on their agenda are important year-long activities that immunization programmes should consider. As well, engaging various government agencies, such as Education, Labour, Police, Transport, etc, can help increase awareness and improve access to immunization services.

In general, the theme "partnership for immunization" resonated with all the participants. It is in line with the region's vision and strategy in addressing our ongoing and anticipated challenges, as well as seizing the imminent opportunities such as introduction of new life-saving vaccines. With proper planning, the Region can ensure a successful launch in April 2011.

#### **4. WORKSHOP ON COMMUNICATIONS WITH THE MEDIA**

Mrs Deborah Hall, WHO Temporary Adviser, built on the morning discussions about the advantages of partnering with the media. She focused on making the most of any opportunity that presents itself.

In a highly interactive workshop, the participants first learned about the 'secret of success.' It turned out to be 'prior knowledge' – in other words, *preparation*; specifically, thinking through information in advance that might make a difference to their success in an interview.

Deborah discussed the research which showed that the immediate impact on the audience (in the first few seconds) is determined by body language and tone of voice. So the participants discussed the image that should project, exuding a combination of authority and warmth. Countries then looked at how they can achieve authority and warmth through dress, gestures, voice and word choice.

Afterwards the participants concentrated on making their words really count. They discovered that the brain takes in information in the same way, regardless of culture or nationality. The presenter demonstrated a way to convey clear messages in a concise three-part structure which is extremely effective and memorable.

In conclusion it was an inspiring workshop interspersed with DVD clips and stories. In addition, everyone valued the opportunity to work so closely with colleagues from around the region and to hear their personal stories.

After the workshop, 25 participants responded to 3 evaluative questions:

*Did you learn anything new in the media training that will help you in your EPI activities? Please explain.*

All respondents agreed that they learned new media lessons that they can apply to their EPI activities. Repeated examples included body language, dressing, and developing overarching messages.

*The amount of time dedicated to the training was A) Sufficient, B) Too short, C) Too long?*

All except one respondent said that the amount of time dedicated to the training was either sufficient or too short. Several mentioned that 2 to 3 day special session would have been more useful.

*Do you recommend advanced media training in the future? Please explain.*

Almost all respondents recommended advanced media training which should include practical interviewing exercises. Furthermore, several mentioned that future media training should focus on health issues, tackle rumours and include social media.

## **5. CONCLUSIONS**

The success of 2010 Vaccination Week was largely due to its flexibility, as countries designated their own national objectives based on priorities and evidence, and decided on which key activities to implement. Each year, the Regional Office in consultation with countries will suggest overarching themes demonstrating the same level of flexibility which assured both regional relevance and national focus.

For 2011 Vaccination Week, it is suggested that the Region adopt the theme of “partnership for immunization” to reflect the regional vision and strategy in addressing the immunization priorities and opportunities.

Inspired by the specified strategies in the Global Immunization Vision and Strategy (2006–2015) framework, the Regional Office believes that there is enormous potential in building and expanding partnerships in the Region and within countries, which in turn can greatly enhance the immunization programmes and overall health systems.

It is important to note that partnership is not an objective, rather a strategy or tool to achieve our vision or goals. Strengthening and expanding partnerships, however, may require all stakeholders to “see with new eyes”, and identify non-traditional partners and explore innovative means of engaging them. The 2011 event can be leveraged to further expand and formalize relations with communities, media, and private sector; explore possibilities for innovative financing; strengthen public support for vaccine use; work across national borders; expand services to high risk populations; and maintain immunization high on the agenda of politicians and decision-makers.

## 6. NEXT STEPS

The Regional Office will continue to advocate for the VWEM initiative with national authorities and key partners across the Region. The Regional Office is also committed to finalizing the relevant tools, documents and promotional materials, and providing technical support as needed. Moreover, within two weeks an invitation letter to the ministries of health will be drafted and proposed to the Regional Director for his consideration. In the letter, Member States will be requested to formally announce their intentions of participating in the 2011 initiative, and provide a summary plan of action. The briefing report and other relevant documents will also be sent to ministries, WHO country offices, and partners including UNICEF.

Suggested activities in preparation for and during Vaccination Week 24–30 April 2011 are as follows.

### *Strengthening cooperation and resource mobilization*

- Revitalizing the Vaccination Week Planning Committee. Negotiate and define the roles and responsibilities of key immunization partners throughout the planning and implementation of initiative.
- A call for action, joint statement or signing memorandum of understanding with media, private (e.g. telecom, vaccine manufactures) and public agencies (e.g. ministries of education, defense, information), nongovernmental organizations, associations (e.g. paediatric or medical), societies (e.g. women), religious groups.
- Identifying a patron (e.g. celebrity or dignitary) and site for national launching ceremony (consider provincial or district level launching ceremonies).
- Facilitating advocacy/resource mobilization meetings with the donor community and partners to discuss the vision and imminent financial challenges facing immunization.
- Facilitating roundtables or meetings with the scientific (medical, pediatrics, public health) societies, and health care workers to discuss the technical and research vision goals and gaps.
- Conducting meetings and events with charity, service, civic and religious groups to discuss the value of immunization.

### *Advocacy, education and communication*

- Conducting knowledge, attitude and practice (KAP) surveys (if recent data are not available).
- Using evidence-based information about vaccines and immunization to influence and enhance medical and public health decision makers and curricula.
- Identifying activities to which private sector or partners can contribute technically or financially (e.g. one country agreed with a telecom company to put the company logo on vaccination cards and print them for free).
- Producing songs, films and television spots featuring national celebrities.
- Providing media kits with curtain raisers, press releases, advisory, public service announcements and stock/video footage to local and national media. Preparing video footage and stories (perhaps from 2010 activities) of vaccine celebrity endorsements can be used by local stations to develop news stories of upcoming vaccination event.

- Planning local media roundtables to discuss the value of vaccination and why it's important to promote vaccination week (it should be conducted one to two weeks prior to the event to gain maximum exposure). A known media person as moderator is also very helpful. Inviting local physicians, Ministry of Health directors, appropriate celebrities, and country/region vaccine experts to attend and speak.
- Developing and distributing promotional materials (adapting regional design solutions).
- Developing text messages, Twitter, Facebook, MySpace, Wikipedia and other multimedia social network tools.
- Organizing concerts, carnivals, exhibitions, walks, and awards.
- Conducting seminars, trainings, workshops, scientific sessions, interviews.
- Partnering with and recruiting locally known physicians or experts to promote the event at community level and answer questions.
- Preparing post event documentary/advocacy videos and photo stories.

#### *Vaccination services*

- Organizing cross border or sub-regional (within the Region and with other regions) activities.
- Providing outreach and mobile, conducting supplementary immunization campaigns, extending operational hours and offering vaccination services at schools, military quarters, police stations.

**Annex 1**

**AGENDA**

**Friday 3 December 2010**

08:30–08:50	Opening remarks and introductions Orientation to agenda	<i>Dr E Mohsni, WHO/EMRO</i>
08:50–09:20	2010 VWEM wrap up	<i>Mr N Sadr-Azodi, WHO/EMRO</i>
09:20–09:30	Discussions	<i>Moderator</i>
09:30–09:50	Partnering with the community and local authorities in Egypt	<i>Dr I Mussa, EPI Manager/Egypt</i>
09:50–10:10	Using Immunization Week activities to strengthen partnerships in the United States	<i>Ms V Evans, CDC- Atlanta</i>
10:10–10:30	Partnering with the media	<i>Mr O Mohit, WHO/EMRO</i>
10:30–11:30	Discussions on 2011 opportunities for partnerships and next steps	<i>Moderator</i>
13:30–15:30	How to communicate with the media workshop (part 1)	<i>Mrs D Hall, WHO Consultant</i>
16:00–18:00	How to communicate with the media workshop (part 2)	<i>Mrs D Hall, WHO Consultant</i>
18:00	Closing	

**Annex 2**

**LIST OF PARTICIPANTS**

**AFGHANISTAN**

Dr Agha Gul Dost  
National Manager  
Expanded Programme on Immunization  
Ministry of Public Health  
**Kabul**

**BAHRAIN**

Dr Jaleela S. Jawad  
Expanded Programme on Immunization Manager  
Public Health Directorate  
Ministry of Health  
**Manama**

**DJIBOUTI**

Mr Omar Youssouf Moutena  
Surveillance Officer  
Directorate of Health Epidemiology and Information  
Ministry of Health  
**Djibouti**

Mr Abdallah Ahmed Abdallah  
Surveillance Officer  
Directorate of Health Epidemiology and Information  
Ministry of Health  
**Djibouti**

**EGYPT**

Dr Ibrahim Fahmy Moussa  
Manager  
Expanded Programme on Immunization  
Ministry of Health  
**Cairo**

**ISLAMIC REPUBLIC OF IRAN**

Dr Sayed Mohsen Zahraei  
National Manager, Expanded Programme on Immunization  
Center for Communicable Disease Control  
Ministry of Health and Medical Education  
**Teheran**

**IRAQ**

Dr Nabil Ibrahim  
Medical officer  
Health care section  
Ministry of Health  
**Baghdad**

**JORDAN**

Dr Mohammad Ratib Surour  
Manager National Manager  
Vaccine Preventable Diseases Department  
Ministry of Health  
**Amman**

**KUWAIT**

Dr Najlaa Al Ayyadhi  
EPI Manager  
Ministry of Health  
**Kuwait**

**LEBANON**

Ms Rabha Charaf-Eddine  
Assistant of EPI Manager  
Ministry of Health  
**Beirut**

**LIBYAN ARAB JAMAHIRIYA**

Dr Mohamed Al Faqeh  
Pediatrician  
National Centre for Disease  
**Tripoli**

**OMAN**

Dr Salah Thabit Al Awaidy

Director, Department of Communicable Diseases Surveillance and Control

Ministry of Health

**Muscat**

Mr Salem Said Al-Mahrouqi

National EPI Supervisor

Department of Communicable Diseases Surveillance & Control

Ministry of Health

**Muscat**

**PAKISTAN**

Dr Agha Ashfaq Khan

Deputy National Programme

Ministry of Health

**Islamabad**

**PALESTINE**

Mr Jihad Awad Juda Ahmed

EPI Manager

Ministry of Health

**Gaza**

Dr Diah Hjaija

Expanded Programme on Immunization

Ministry of Health

Ramallah

**West Bank**

**QATAR**

Dr Asma Ali Al-Nuaimi

Head of the EPI

Supreme Council of Health

**Doha**

**SAUDI ARABIA**

Dr Ahmed Abdullah Kholedi

Director, Infectious Disease Directorate

Ministry of Health

**Riyadh**

**SOMALIA**

Dr Abdinasir Isse  
Ministry of Health

**Puntland**

Dr Mohamed Abdirahman Mohamed  
Ministry of Health

**Hargeisa**

Mr Mohamed Abdullahi Omar  
GAVI Sub-National Immunization Adviser  
WHO Somalia

**Mogadishu**

**SUDAN**

Dr Amani Abdel Moniem  
National Manager, Expanded Programme on Immunization  
Federal Ministry of Health

**Khartoum**

Dr Martin Mayen  
Director General  
Ministry of Health  
Government of Southern Sudan

**Juba**

Mr Taban Lordel  
Deputy Director of EPI  
Ministry of Health  
Government of Southern Sudan

**Juba**

Mr Luka Benson  
Central Focal Point for Measles Surveillance  
Ministry of Health  
Government of Southern Sudan

**Juba**

**SYRIAN ARAB REPUBLIC**

Dr Khaled Baradie  
Manager, Expanded Programme on Immunization  
Ministry of Health

**Damascus**

**TUNISIA**

Dr Mohamed Ben Ghorbal  
Manager, Expanded Programme on Immunization  
Primary Health Care Department  
Ministry of Public Health

**Tunis**

**YEMEN**

Dr Eissa Mohammed  
National Manager, Expanded Programme on Immunization  
Ministry of Public Health and Population

**Sana'a**

**OTHER ORGANIZATIONS**

**Centers for Disease Control and Prevention**

Dr Elias Durry  
Team Leader, Eastern Mediterranean Region  
VPD Eradication and Elimination Branch (DEEB)  
Global Immunization Division (GID)  
Atlanta

UNITED STATES OF AMERICA

Dr James P. Alexander  
Medical Officer  
Global Immunization Division  
National Center for Immunizations & Respiratory Diseases  
Atlanta

UNITED STATES OF AMERICA

Ms Victoria Evans  
Health Communication Specialist  
Atlanta

UNITED STATES OF AMERICA

**WHO TEMPORARY ADVISERS**

Ms Deborah Hall  
Presentation and Media Consultant  
Brentford

UNITED KINGDOM

Dr Francis Mahoney  
Member of the Regional Technical Advisory Group on Immunization (RTAG)  
Medical Epidemiologist  
Indonesian Ministry of Health  
Jakarta  
INDONESIA

### **MEETING SECRETARIAT**

#### **United Nations Children's Fund**

Dr Yin Yin Aung, Regional Immunization Specialist, UNICEF/ROSA

#### **World Health Organization**

Dr Ezzeddine Mohsni, Coordinator, Communicable Disease Control, WHO/EMRO

Dr Nadia Teleb, Regional Adviser, Vaccine-Preventable Diseases and Immunization, WHO/EMRO

Mrs Hayatee Hasan, Technical Officer, Immunization, Vaccines and Biologicals, WHO/HQ

Mr Omid Mohit, Technical Manager, Media and Communication, WHO/EMRO

Mr Nahad Sadr-Azodi, Technical Officer, Measles, Vaccine-Preventable Diseases and Immunization, WHO/EMRO

Mr Kareem El Hadary, Help Desk Assistant, WHO/EMRO

Mrs Weam Elmetenawy, Senior Secretary, Division of Communicable Disease Control, WHO/EMRO

Mrs Heidi Rizk, Secretary, Communicable Disease Control, WHO/EMRO

Ms Sara Warda, Secretary, Division of Communicable Diseases, WHO/EMRO

Dr Abdul Shakoor Waciqi, National EPI Officer and GAVI Adviser, WHO Afghanistan

Dr Omer Mekki Ahmed, medical Officer Polio, WHO Iraq

Dr Quamrul Hasan, Technical Officer EPI, WHO Pakistan

Dr Ahmed Darwish, Team Leader, Polio, Punjab, WHO Pakistan

Dr Assegid Kibede Tessema, EPI Measles Medical Officer, WHO Somalia

Dr Mulugeta Abraham Debesay, Medical Officer and Team leader/Polio, WHO Somalia

Dr Mohammed Osama Mere, WHO Yemen