



Strategic framework

Vaccination Week
in the Eastern Mediterranean Region



**World Health
Organization**

Regional Office for the Eastern Mediterranean

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Executive summary

The WHO Eastern Mediterranean Region has experienced remarkable success in reducing morbidity and mortality due to vaccine-preventable diseases. For example, annually 2.5 million child deaths are averted due to vaccination. Also, vaccination coverage with three doses of diphtheria–tetanus–pertussis (DTP3) has increased to 82%, up from 18% in 1980. Other regional achievements include eradication of small pox, reaching the 90% measles mortality reduction target three years ahead of schedule and maintaining 20 polio-free Member States. Despite substantial progress, the Region continues to face major challenges. An estimated 2.8 million children did not receive the DTP3 vaccine in 2008; maternal and neonatal tetanus are still in circulation; progress made in measles mortality reduction and elimination of measles has to be sustained; and 25% of under-five deaths are attributed to vaccine-preventable diseases each year.

Considering the Millennium Development Goals 4 – to reduce under-five mortality by two thirds between 1990 and 2015 – the Expanded Programme on Immunization (EPI) can make a major contribution by continuing to increase access, expand services and introduce new vaccines. At the same time, it should focus on neutralizing the myths, misinformation, misperceptions, apathy, refusals and political stagnation which exist in the Region regarding immunization and ensure a continuous increase in the demand and utilization of services and appropriate allocation of resources.

In response to both the opportunities and challenges, the WHO Regional Office for the Eastern Mediterranean, in partnership with the United Nations Children’s Fund (UNICEF), is launching the *Vaccination Week in the Eastern Mediterranean Region Region in April 2010*, which will coincide with the European Immunization Week and the Vaccination Week in the Americas. The Vaccination Week is an annual region-wide initiative celebrating and promoting immunization through advocacy, education and communication activities. The goals and objectives of the Vaccination Week in the Eastern Mediterranean Region are in line with those set out in the *Global Immunization Vision and Strategy (GIVS)* – developed jointly with UNICEF – which calls for Member States to improve communication and dissemination of information, increase community demand for immunization and use a combination of innovative approaches and solutions to protect all people at risk from vaccine-preventable diseases.

The WHO Regional Office will provide technical assistance to countries to plan and implement relevant health promotion activities according to national health goals and current epidemiologic evidence during **24-30 April 2010**.

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 for high-risk populations and hard-to-reach areas in the Region.

Strategies

- Targeted advocacy.
- Education, communication and media activities.
- Expansion of immunization services.

Taking into account the unique differences within the Region, the VWEM initiative offers a joint framework allowing countries to tailor their activities to their national health priorities and challenges.

The synergy of the initiative is strengthened through:

- A common strategic framework and visual identity
- Joint training to assist countries in starting their planning process (October 2009)
- A guide to assist countries in developing, implementing, and evaluating national activities
- Coordinated timing, encouraging joint planning and activities
- Shared monitoring and evaluation processes including sharing lessons learned across the Region.

Each country will allocate the necessary funds as well as develop, implement, and evaluate its national VWEM activities. Some technical support may be provided from WHO through the Regional Office and country offices. 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.

Introduction

This document provides regional and national stakeholders with a strategic framework for the Vaccination Week in the Eastern Mediterranean Region (VWEM). A guide has also been developed to assist Member States in developing, implementing and evaluating national activities.

The VWEM has been initiated based on encouraging experiences from the WHO Region of the Americas and European Region, which since 2002 and 2005, respectively, have coordinated region-wide vaccination weeks.

These experiences demonstrate that a regional vaccination week initiative provides an opportunity for countries to strengthen immunization services and systems through advocacy, education and communication tools and activities. A vaccination week initiative also provides an opportunity for countries to share experiences and lessons learned. Pooling resources and coordinating efforts creates synergy which benefits all stakeholders engaged in the region-wide initiative. **The VWEM will be launched during 24-30 April 2010.**

The regional strategic framework is presented in three parts:

- Part 1** **Commitment to immunization**
This section concerns the commitments from Member States to strengthen immunization services and systems and using 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 (VWEM)**
This section concerns the strategic goal, objectives, roles and responsibilities and the structure of the initiative.

Part 1 Commitment to immunization

Why is immunization important?

Immunization is one of the most successful and effective health interventions. This health intervention has effectively, safely and cost-effectively reduced morbidity and mortality across the world. 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 Member States 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

[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 27th special session of the Special Session of the UN General Assembly on Children)

[www.unicef.org/specialsession/docs_new/documents/A-RES-S27-2E.pdf]

Why are advocacy, education, and communication 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 and to **combine different approaches** in this effort, with an aim to reach more people, especially the hard to reach groups.

Global Immunization Vision and Strategy (GIVS)

Goals by 2010

- 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.

Relevant strategies

- Use a combination of approaches to reach everybody targeted for immunization (Strategy 1)
- Increase community demand for immunization (Strategy 2)
- Improve communication and dissemination of information (Strategy 22)

[www.who.int/immunization/givs/en/index.html]

Increasing awareness and knowledge can change the attitudes and practices of stakeholders in immunization, resulting in increased immunization coverage. Lack of information and understanding of the importance of immunization, as well as myths, misunderstandings and misconceptions, are often barriers to utilizing immunization services, resulting in low coverage and compliance or high drop-out rates.

Advocacy, education and communication can help immunization systems become fully effective since key stakeholders can become well-informed and knowledgeable, and develop positive attitudes towards immunization.

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: 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

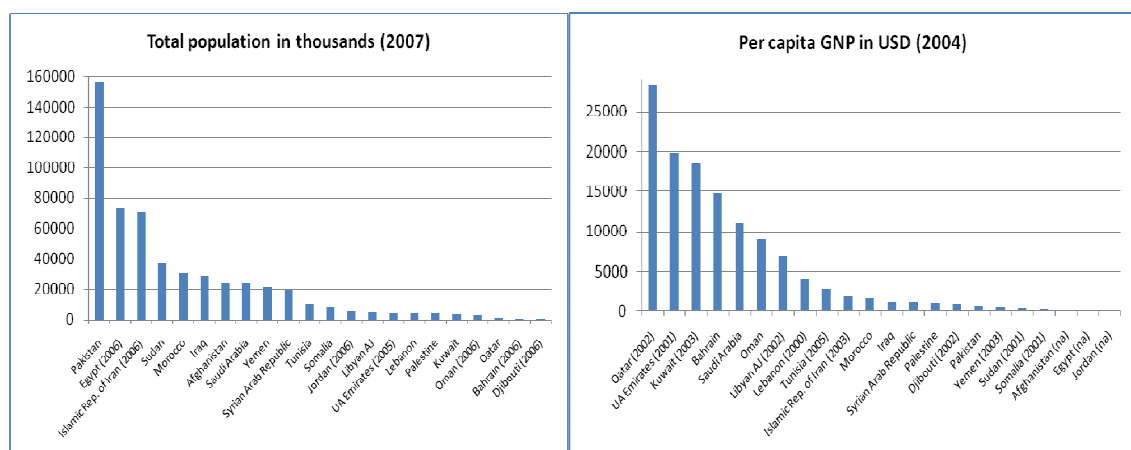
The WHO Eastern Mediterranean Region comprises 22 countries, including high-, middle- and low-income countries, and covers a vast area which ranges from Pakistan to the east and Morocco in the west. More than 535 million people live in this Region where profound differences exist in wealth, security, 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 include the following.

Demand and utilization: Some countries ensure high access to immunization services; however, 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: The performance of vaccination teams and the service provided may create a distrustful atmosphere where people do not feel safe, preventing people from being vaccinated or having their children vaccinated.

Safety and security: In a number of countries with war torn and unstable environments, access to immunization services, or outreach to 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.

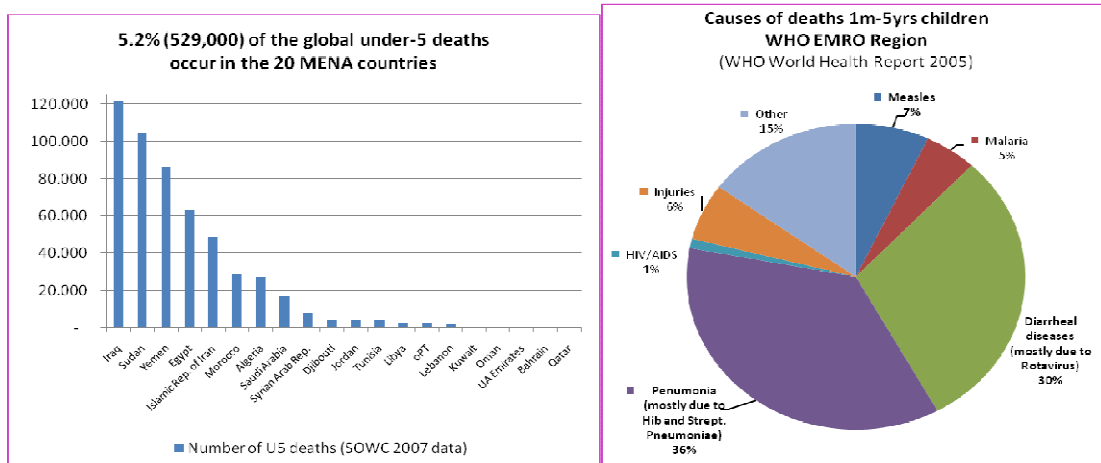


Vaccine-preventable diseases and immunization in the Region

The Eastern Mediterranean Region has experienced remarkable success in reducing morbidity and mortality due to vaccine-preventable diseases. Vaccination coverage of DTP3 has increased to about 82% in 2008, up from 18% in 1980. The measles mortality reduction target of 90% between 2000 and 2010 was reached three years ahead of schedule, and 20 countries remain polio-free. Yet, countries continue to face major challenges. An estimated 2.8 million children did not receive the DTP3 vaccine in 2008; maternal and neonatal tetanus are still major public health problems; progress made in measles mortality reduction and elimination of measles has to be sustained; and thousands of unvaccinated children under five years of age continue to die from vaccine-preventable diseases each year due to limited access to immunization services, low community awareness and utilization, increasing vaccine costs, and stagnating political commitment.

Child mortality in the Region

According to UNICEF, child mortality has decreased by nearly two thirds in the past decade in the Middle East and Northern African Region¹. Still, some 529 000 children under five continue to die every year in the Region. At least half of these deaths are easily preventable through improved nutrition and immunization.



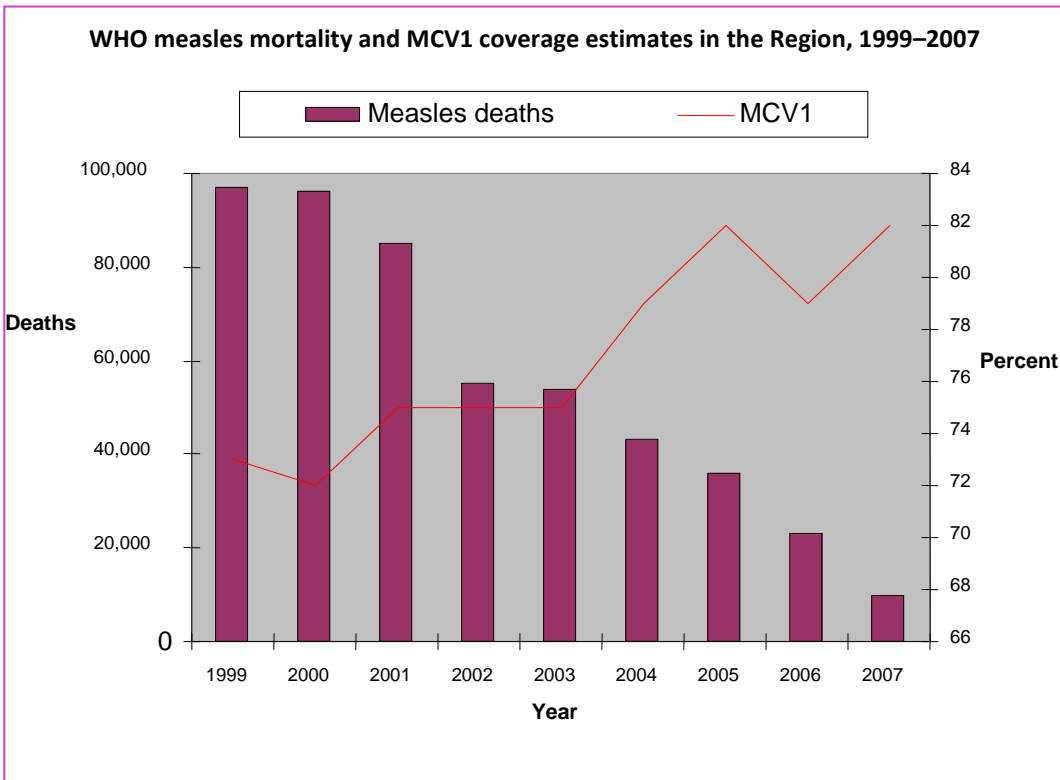
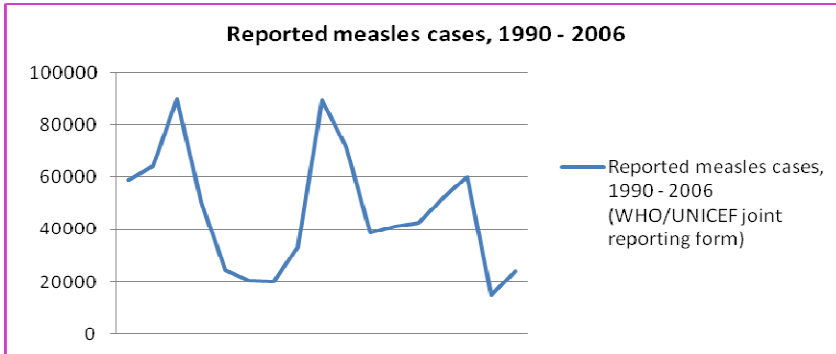
Polio

The number of polio cases decreased to the lowest level ever in 2007 with 58 cases, representing less than 5% of global cases. However, cases increased to 106 in 2008. Pakistan and Afghanistan continue to be polio endemic. Outbreaks in re-infected countries — Sudan, Yemen and Somalia — during 2004 to 2007 were controlled.

¹ The UNICEF Middle East and North Africa (MENA) region includes Algeria, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, occupied Palestinian territory, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen

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 (see figure below). 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.



Part 3 Vaccination Week in the Eastern Mediterranean Region

In order to respond to the important challenges facing immunization services and systems in the Region, the WHO Regional Office for Eastern Mediterranean is launching Vaccination Week in the Eastern Mediterranean Region (VWEM) as an advocacy, education and communication initiative to strengthen national immunization services and systems.

The initiative takes into account the UN General Assembly Special Session on Children resolution to create a world fit for children and the UN Millenium Development Goal to reduce child mortality. It also recognizes that the WHO/UNICEF Global Immunization Vision and Strategy (GIVS) calls for Member States to improve communication and dissemination of information; to increase community demand for immunization; and to use a combination of approaches to reach everybody targeted for immunization with the aim of increasing vaccination coverage and reducing mortality and morbidity.

The initiative is an opportunity to foster partnerships, raise awareness, advocate, educate, and communicate in order to ensure long-term behavioural change among stakeholders and key target groups. It is a comprehensive initiative which does not concern carrying out accelerated activities or campaigns only.

An important aim is to increase, expand and leverage advocacy, education and communication as means to maintain immunization 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 for high-risk populations and hard-to-reach areas in the Region

Strategies

- Targeted advocacy
- Education, communication and media activities
- Expansion of immunization services

Examples of vaccination week activities

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

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

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 in high-risk communities – public meetings – activities in schools, kindergartens, health centres, community centres and similar – peer to peer activities.

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.

Training: Training 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: 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.

Building on experience

A few countries within the Region have carried out Vaccination Weeks or Days or similar activities before, The VWEM should build on these experiences.

The VWEM will also benefit from the encouraging experiences of the Region of the Americas and European Region which have coordinated vaccination weeks since 2002 and 2005, respectively. In 2007 the two regions decided to align the timing of their vaccination weeks in April 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.

Experiences from the two regions show 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 VWEM framework offers a common vision and goal, while encouraging countries to develop and implement activities relevant to their individual 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 VWEM is planned for 24-30 April 2010, concurrent with 'Vaccination Week in the Americas' and 'European Immunization Week'.

Evaluation

All countries are encouraged to define objectives for their vaccination week activities. A VWEM 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 targeted countries participating in VWEM.
- Percentage of implementing 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).
- Number of people vaccinated during the Vaccination Week.

Roles and responsibilities of stakeholders

Each Member State is expected to *fund* as well as *develop, implement, and evaluate* its national VWEM activities. If requested, some technical support may be provided from 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 regional partners, including UNICEF, Pan American Health Organization, WHO Regional Office for Europe and Centers of Disease Control and Prevention (Atlanta), thereby also supporting countries in resource mobilization
- Develop and distribute regional documents, including a strategic framework and a VWEM guide to assist countries in developing, implementing and evaluating national activities
- Develop a slogan and a common visual identity for the VWEM
- Facilitate briefing and orientation session for countries (October 2009)
- Provide technical support to countries in planning for the VWEM initiative
- Participate in and monitor national VWEM activities
- Plan, coordinate, and celebrate a launching event, ensuring regional level media attention and involvement
- Perform research, analysis, data gathering and assessments
- Develop a regional evaluation report and recommendations for future VWEM activities

Member States

- Educate, motivate and advocate for initiating Vaccination Week in their national setting
- Plan, fund and develop national VWEM activities
- Set up national VWEM Planning Committees
- Mobilize resources and collaborate with local partners and media
- Implement and evaluate national VWEM activities

The VWEM guide to assist countries in developing, implementing and evaluating national activities describes and guides each step for national stakeholders.