2011 Vaccination Week in the Eastern Mediterranean

Evaluation report
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Background
This report was prepared by the World Health Organization (WHO) Regional Office for the Eastern Mediterranean with participation from all countries of the Eastern Mediterranean Region. Following the completion of the second Vaccination Week in the Eastern Mediterranean Region (VWEM), most countries submitted a reporting form developed by the Regional Office. This report describes the planning and implementation of activities, as well as challenges and lessons learned in launching this Region-wide initiative.

Introduction
Since the adoption in 2005 of the regional vision that “No child should die from vaccine-preventable diseases”, the Eastern Mediterranean Region has made significant progress in reducing illness and deaths. For example, vaccination coverage with three doses of diphtheria–tetanus–pertussis (DTP3) reached 85% in 2009. In addition, 20 countries have maintained their polio-free status; the 90% measles mortality reduction goal was achieved three years ahead of schedule; and an increasing number of countries are introducing new and underused vaccines. Moreover, the benefits of immunization extend to adolescents and adults, providing protection against life-threatening diseases such as influenza, meningitis and cancers that occur in adulthood.

However, despite substantial progress in immunizing more people over the past two decades, the Region is facing unprecedented challenges. An estimated 1.3 million infants and young children worldwide die every year from pneumococcal disease and rotavirus diarrhoea. A large number of these deaths can be prevented through vaccination with newly available vaccines. But the increased cost of introducing new vaccines into national immunization programmes will require additional financial commitment from donors and partners. Therefore, innovative mechanisms to mobilize resources are urgently needed to support these countries.

Moreover, in 2009, an estimated 1.9 million or more than 5000 infants per day did not receive their third dose of DTP (DTP3) by their first birthday. Reaching these vulnerable populations, typically living in poorly served remote areas, deprived urban settings and in war-torn states, is one of our biggest challenges. The consequences of failing to immunize people at risk cannot be overstated: re-emergence of diseases that were formerly under control, spread of diseases to countries where they had been eliminated, and the continuing toll on millions of people in terms of illness, disability and death.

Recent studies have showed that the structural determinants and conditions of daily life responsible for 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, such as education level, family size, income and occupation.

Accordingly, in response to both the remarkable opportunities and daunting challenges, the WHO Regional Office for the Eastern Mediterranean is coordinating the Vaccination Week in the Eastern Mediterranean, an annual event to celebrate and promote the value of immunization. Vaccination Week provides a unique opportunity to revive the Region’s commitment towards immunization through advocacy, education and communication activities. This event is held during the last week of April with voluntary participation from all countries in the Region. In 2011, nearly 180 countries, areas and territories from five WHO regions participated in this week-long initiative.

Also in 2011, the Eastern Mediterranean Region adopted the theme of “partnership for immunization” which reflected the regional vision and strategy in addressing the immunization priorities and

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1 The WHO Eastern Mediterranean Region comprises Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, South Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.
opportunities. The initiative was leveraged to expand and formalize partnerships with communities, media and the 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. The target audiences for these activities included parents, caregivers, health workers, mass media, decision-makers and stakeholders.

Planning
The Regional Office developed a detailed action plan specifying the key activities relating to: assessment and standardization; information sharing and technical support; and advocacy and partnership². Timeline of the major activities are also included below. A regional task force collaborated regularly to monitor the implementation and quality of activities. In addition, a Cairo-based graphics company was hired to develop design solutions and produce advocacy materials for this event.

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Cost (US$)</th>
<th>Product/activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>July–September 2010</td>
<td>N/A</td>
<td>Developed concept note and background document</td>
</tr>
<tr>
<td>August–October 2010</td>
<td>N/A</td>
<td>Updated the regional action plan, framework and guide</td>
</tr>
<tr>
<td>August–December 2010</td>
<td>50 000</td>
<td>Organized the second VWEM briefing and orientation for managers and partners of national immunization programmes</td>
</tr>
<tr>
<td>December 2010</td>
<td>N/A</td>
<td>Issued letters from the Regional Director to all Ministers of Health</td>
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<tr>
<td>January–February 2011</td>
<td>10 000</td>
<td>Developed design solutions of advocacy materials</td>
</tr>
<tr>
<td>January–March 2011</td>
<td>N/A</td>
<td>Supported development of country action plans and day-to-day breakdown of activities</td>
</tr>
<tr>
<td>January–April 2011</td>
<td>N/A</td>
<td>Sent email updates to countries (100 days and counting)</td>
</tr>
<tr>
<td>January–April 2011</td>
<td>N/A</td>
<td>Developed the regional VWEM website (<a href="http://www.emro.who.int/vpi/vwem2011">www.emro.who.int/vpi/vwem2011</a>) Developed a promotional video Issued letters from the Regional Director to Ministers of Health Issued memo update to WHO Representatives Provided financial support to several countries Disseminated electronic design solutions in Arabic, English and French to all countries (i.e. visual identity, slogan and promotional material)</td>
</tr>
<tr>
<td>April–May 2011</td>
<td></td>
<td>Developed media products, i.e. background materials, support statements, media kit, curtain raiser, media advisory and press releases Monitored and compiled Vaccination Week press coverage</td>
</tr>
<tr>
<td>April 2011</td>
<td>2000</td>
<td>Organized the regional launching ceremony in Cairo</td>
</tr>
<tr>
<td>24–30 April 2011</td>
<td>N/A</td>
<td>Second Vaccination Week event launched</td>
</tr>
<tr>
<td>May–July 2011</td>
<td>N/A</td>
<td>Developed Vaccination Week reporting form/survey Prepared regional report Issued a memo update to Ministers of Health</td>
</tr>
<tr>
<td>July–September 2011</td>
<td>4000</td>
<td>Developed a regional promotional video showcasing the achievements of VWEM 2011 Developed flash presentation</td>
</tr>
<tr>
<td>October 2011</td>
<td>N/A</td>
<td>Presented the documentary video, flash presentation and regional report at the annual measles meeting</td>
</tr>
</tbody>
</table>

Implementation
Regional launch
As part of the Vaccination Week commemoration, a regional launching ceremony took place in Cairo, Egypt on 21 April. Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, addressed senior figures from ministries, local organizations and the media. The event was followed by

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² [http://www.emro.who.int/vpi/vwem/action_plan.htm](http://www.emro.who.int/vpi/vwem/action_plan.htm)
a technical discussion, questions and answers with members of academia, the media, nongovernment and government agencies.

**National launches**
Almost all participating countries organized launching events to commemorate the second Vaccination Week³. These national launches were attended by a wide variety of audiences, ranging from high level government officials, ambassadors, celebrities and media personalities, to donor agencies, nongovernmental organizations, civil society and private industry.

**Evaluation**
Based on the evaluation and feedback received from countries, the major findings are listed below:

- 20 countries⁴ in the Region participated in the 2011 Vaccination Week.
- All participating countries implemented advocacy, education and communication activities. Activities included public meetings, forums and interviews; training and workshops; seminars, lectures, scientific sessions and roundtable discussions; carnivals, exhibitions and awards; and public service announcements, multimedia, text messaging and social networks.
- All participating countries received national media coverage during the event.
- All participating countries developed plans of action⁵.
- 15 participating countries used or adapted the regional design solutions for national activities.
- 15 participating countries developed, produced and disseminated promotional materials such as posters, pamphlets, banners, leaflets, folders, invitation cards and other items such as t-shirts.
- 14 countries delivered vaccination services to the target population through outreach and mobile, supplementary immunization campaigns, extending operational hours and offering vaccination services at schools and along border areas. Data received from 7 countries where vaccination services were implemented showed that over **one million people** were vaccinated during the period 24 April to 7 May.
- Yemen signed a memorandum of understanding during Vaccination Week.
- 16 countries were in agreement with the statement that Vaccination Week added value to the immunization programme.⁶
- 18 participating countries completed the post-event survey.

In addition, national immunization programmes in all countries of the Region provided feedback on the relevance, acceptance and clarity of the Vaccination Week key messages developed by the Regional Office: “Join hands. Vaccinate. Protect.”; “Invest. Vaccinate. Protect.”; “Everyone has a role. Vaccinate. Protect.” The Regional Office developed design solutions in Arabic, English and French, and electronically disseminated them to all participating countries.

- For the key message: “Join hands. Vaccinate. Protect.” 16 programmes said this message was relevant; 16 said it was accepted; and 16 said it was clear.

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³ According to the evaluation report, Egypt, Lebanon and Tunisia did not organize national launching ceremonies. At the time of this report, Morocco and South Sudan had not submitted reports.

⁴ In this report, South Sudan is counted separately. Libya, Oman and the Syrian Arab Republic did not participate.

⁵ Country action plans can be viewed on [http://www.emro.who.int/vpi/vwem2011/countries_participation.htm](http://www.emro.who.int/vpi/vwem2011/countries_participation.htm).

⁶ According to the evaluation report, Afghanistan did not respond and Yemen did not agree with the statement.
• For the key message: “Invest. Vaccinate. Protect.” 12 programmes said this message was relevant; 15 said it was accepted; and 14 said it was clear.

• For the key message: “Everyone has a role. Vaccinate. Protect.” 17 programmes said this message was relevant; 18 said it was accepted; and 18 said it was clear.

Over 800 000 promotional and advocacy materials, including posters, pamphlets and brochures; banners and roll-up signs; and other promotional items (hats, t-shirts, CDs, buttons and mugs) were produced and distributed by the participating countries.

National immunization programmes also provided feedback on the usefulness of the various promotional products and activities developed by the Regional Office to assist in planning.

• **Visual identity**: 16 programmes agreed that the 2011 visual identity was highly useful.

• **Posters**: 15 programmes agreed that the posters were highly useful.

• **Roll-up signs and banners**: 10 and 11 programmes\(^7\) agreed that the roll-up signs and banners were highly useful, respectively.

• **Pamphlet**: 10 programmes agreed that the pamphlet was highly useful.

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\(^7\) 5 programmes did not respond to this question.
• **Vaccination Week strategic framework (technical document):** 17 programmes agreed that the 2011 framework was highly useful.

• **Vaccination Week guide (technical document):** 18 programmes agreed that the 2011 guide was highly useful.

• **Vaccination Week briefing held in December 2010:** 14 programmes agreed that the briefing was highly useful.

• **Media communication training held in December 2010:** 11 programmes agreed that the briefing was highly useful.

• **Communication and emails:** 14 programmes agreed that regional communication was highly useful.

• **Regional website:** [www.emro.who.int/vpi/vwem2011](http://www.emro.who.int/vpi/vwem2011), 14 programmes agreed that the regional website was highly useful.

• **Media products:** 14 programmes agreed that the media products developed by the Regional Office, such as the press releases, media advisory and Regional Director’s messages, were highly useful.

• **Electronic dissemination of design solutions:** 12 programmes agreed that the electronic dissemination of design solutions was highly useful. These design materials are also available on the regional website.

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8 Technical documents can be viewed on [http://www.emro.who.int/vpi/vwem2011/documents.htm](http://www.emro.who.int/vpi/vwem2011/documents.htm)
9 Agenda and report of the briefing can be viewed on [http://www.emro.who.int/vpi/vwem2011/action_plan.htm](http://www.emro.who.int/vpi/vwem2011/action_plan.htm)
10 4 programmes did not respond to this question.
11 5 programmes did not respond to this question.
12 1 programme did not respond to this question.
13 Media products can be viewed on [http://www.emro.who.int/vpi/vwem2011/media.htm](http://www.emro.who.int/vpi/vwem2011/media.htm)
14 2 programmes did not respond to this question.
Moreover, national immunization programmes provided feedback on their satisfaction level towards the national media coverage they received during the 2011 event.

- 13 programmes were highly satisfied with their national media coverage on television and radio.
- 14 programmes were highly satisfied with their national print media coverage.
- 3 programmes were highly satisfied with their national electronic media coverage (e.g. social networks and blogs).

Challenges

Level of commitment. Six countries expressed difficulties in obtaining high-level commitment. Some attributed it to the ongoing security concerns and current political turmoil and tenuous circumstances in the Region.

Cooperation with other sectors/agencies. Five countries raised concerns about cooperation with other sectors and agencies. Iraq, in particular, noted that although there was weak cooperation with some government agencies and private sectors, it received support from nongovernmental and international agencies. In Pakistan, UNICEF, which had planned Mother and Child Health week during earlier dates, decided to merge it with Vaccination Week.

Planning timetable. Four countries mentioned that the planning timetable was a challenge. Lebanon was concerned about the overload of activities, and Palestine mentioned that the health staff strike created some timetable challenges.

Allocation of resources and budget. Eight countries expressed dissatisfaction with the availability of resources and budget. UNICEF had an important role as a partner at the country level, providing funds for printing of promotional materials. In Tunisia, Project Optimize agreed to support a training session on the computerized management of vaccines.

Human resources. Afghanistan and Pakistan discussed shortage of human resources as a difficulty. Countries mentioned that the staff were overcommitted and fatigued, especially against the backdrop of ongoing polio campaigns.

Training. Afghanistan and Pakistan mentioned that some planned training and workshops could not be carried out due to budget constraints.

Logistics. Three countries said that due to logistical constraints some of the promotional materials could not be delivered on time. In Somalia, due to flight schedules, there was difficulty with timely distribution.

Media and communications. Four countries expressed dissatisfaction with media and communications. In Palestine, a limited number of media outlets attended the activities. In Somalia, translation of key message into local languages was a communication challenge. In Yemen, due to the ongoing security concerns and political turmoil, the media outlets were mostly unavailable.

Vaccine availability. Three countries faced problems with vaccine availability during the Week. Iraq and Lebanon faced shortages of BCG and pentavalent vaccines, respectively.

Success stories

Level of commitment. Many countries expressed their high satisfaction with the presence and involvement of high-level authorities and political commitment during the Week. In Sudan, the President inaugurated the 2011 event. In north-east Somalia, the President delivered the opening remarks.

Cooperation with other sectors/agencies. This year’s theme was “partnership for immunization.” In several countries, a plethora of partner agencies contributed to the planning and implementation of

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25 4 programmes did not respond to this question.
activities. Some countries, including Bahrain and Qatar, strengthened relations with the private sector by involving and recognizing it in the launching ceremonies. Others expanded partnerships with government agencies, such as ministries of education, interior, culture and information. In Pakistan, the ministry leveraged the presence and strength of the Lady Health Workers programme to expand services during the Week. In Sudan, the ministry combined celebrations of World Malaria Day and Vaccination Week.

Planning timetable. A few countries started early and implemented their activities according to their timetable. In Afghanistan, the authorities met at least once per week starting in January to plan activities. Also, in Sudan, an early meeting with partners permitted them to discuss roles and responsibilities.

Allocation of resources and budget. In some countries, UNICEF, WHO and several local partners had a major role in financing the Vaccination Week activities. Other countries, especially members of the Gulf Cooperation Council, expressed their high satisfaction with the allocation of resources. In Somalia, although lack of funds was a major concern, WHO Somalia managed to hold joint-planning and implementation with various complementary communication activities. For example, posters for Vaccination Week were produced together with the Somali posters for World Health Day. Also, the video recording of the launching ceremonies was combined with the concomitant production of media clips on polio elimination and on measles control.

Human resources. Several countries leveraged available human resources from various sister agencies to carry out Vaccination Week activities. In Qatar, staff from the Supreme Council of Health and Primary Health Care Department were designated on a full-time basis to implement the planned activities. In Sudan, the ministry partnered with the Scouts Association, Red Crescent, Students General Union, National Service Coordination Office and National Union of Youth to disseminate messages and distribute materials. In Saudi Arabia, health workers from various entities were involved in distributing posters and pamphlets.

Training. Several countries, including Bahrain, Djibouti, Jordan, Saudi Arabia and Sudan, used the Vaccination Week opportunity to train public and private health sector personnel.

Logistics. In Qatar, all advocacy and promotional materials were distributed one week prior to the launching ceremony to all designated schools and health facilities. In Sudan, the promotional t-shirts were sponsored by a pharmaceutical company. Other associations and societies provided television and other give away items.

Communications and media. Many countries were highly satisfied with the media coverage of the event. In Afghanistan, the launching ceremony was broadcasted nationally by public and private media. Messages and television spots on the value of immunization, interviews with field people, care-givers, and health care workers were disseminated by almost all public and some private television and radios. In Iraq, extensive outreach and communication activities were carried out to celebrate the Week. In Qatar, promotional short video and messages were presented all week on national television and radio outlets. In Tunisia, almost all radio stations and private and public television broadcast the event.

Lessons learnt
Starting early. The Regional Office should communicate with and provide the countries and areas with the key messages and related promotional materials at least 3 to 6 months in advance. Countries should establish a Vaccination Week planning committee at least 6 to 9 months before the event, and begin identifying roles and responsibilities and coordinating activities.

Regional launching ceremony. This event should be driven by and primarily organized by countries. This event is all about planning for and taking care of details! It is important to secure the commitment of high-level dignitaries and celebrities well in advance.
**Resources and partnerships.** Planning and implementation of this event requires sufficient financial resources, realistic staffing time and optimal coordination and partnership with various stakeholders. Strong involvement from partners (nongovernmental organizations, media, leaders, academic institutions etc.) is crucial to the success of Vaccination Week.

**Media.** The Regional Office should start media relations activities with prominent regional and global media outlets early.

**Documentation and evaluation.** Determining the full impact of Vaccination Week is a challenge due to the diverse campaigns and strategies used by countries in the Region. The Regional Office, countries and partners should jointly develop monitoring and evaluation tools, as well as specific reporting mechanism for Vaccination Week assessments. Additionally, for advocacy and evaluation purposes, it is important that all countries capture their experiences and activities through videos and photos.

**Regular communication.** The Regional Office, country offices, ministries of health and national and international partners should ensure frequent and transparent communication exchanges. All forms of communication or contact such as country visits, teleconferences, emails, internet, etc should be considered. As well, formal communication/letters between the Regional Director and ministers of health would increase commitment and allocation of resources for this important event.

**Briefing/training and technical documents.** Technical documents such as a guide are essential in providing direction and ensure consistency for all participating countries and partners. A briefing or training session to discuss the common objectives and planning stages/steps is also important in ensuring that all focal points are prepared and have a common understanding. Furthermore, several countries suggested that their communications focal people should participate in the briefing/training.

**Year-round campaign.** This event is a not just a week-long advocacy, education and communication campaign. To achieve the desired outcomes, the event should start early with planning and continue with implementation and with evaluation.

**2012.** Early coordination among countries and areas should take place for joint launching ceremonies and activities at border areas. In some countries, it may be relevant to combine activities with World Malaria Day or other national level events. Additionally, a regional theme should be developed to encourage uniform and focused Vaccination Week efforts.

**Conclusions**

Based on the feedback and evaluation from most participating countries, the Regional Office believes that the initiative continues as a positive force in increasing awareness on the importance and benefits of immunization in the Region. Moreover, the success of Vaccination Week is due to its flexibility as countries designate their objectives based on national priorities and epidemiological evidence.

This year, countries leveraged the regional theme of “partnership for immunization” to expand and formalize partnerships with communities, media, policy-makers and the private sector, as well as to explore possibilities for innovative financing, strengthen public support for vaccine use and maintain immunization high on the agenda of politicians and decision-makers. More than half the participating countries complemented their advocacy, education and communication activities with large-scale vaccination campaigns and delivery of an integrated package of life-saving health interventions. All countries worked in close collaboration with nongovernmental, governmental and private agencies to celebrate and promote the value of immunization.

Moving forward, it is important to ensure that the 2012 event remains nationally focused, yet regionally relevant. Despite the ongoing political turmoil and tenuous circumstances in the Region, countries should ensure that immunization remains a priority and high on the political agenda. In 2012, the Region and countries should explore possibilities to reach the most marginalized and hard-to-reach populations so that all people, young and old, are protected against vaccine-preventable diseases.