



European Immunization Week - Guidelines for national planning

This document proposes a 3-step approach to planning a national Immunization Week (see Appendix 1 for an introduction to the European Immunization Week initiative). The document can be used by Immunization Week focal points for inspiration and a structure through which to develop a national plan of action. The 3 steps described below are (1) context analysis, (2) target group definition and (3) activity development. Member States are free to copy any text from this document for their own planning purposes.

Step 1: Analyze the national context

Start by defining the main challenges to increasing vaccination coverage in your country. Identify and further explore national and sub national barriers to improving immunization coverage. Defining the current immunization “climate” is essential for the identification of target groups, key messages and activities. In addition, further analysis of the barriers and challenges will provide a strong knowledge and evidence base, and will prepare the ground for any questions and criticisms that may be raised.

Gather facts and reliable data. Get an overview of the relevant policy and budget issues. Create graphs, charts and tables to illustrate the situation. Compare regions, sub regions or compare with the situation in neighbouring countries.

Use different media, including the Internet and qualitative information from people working with immunization, to understand more about immunization issues at a local level; how are immunization and infectious diseases perceived?

Some issues highlighted by EPI managers in a survey in 2004 are detailed below and may be relevant to include in the context analysis. Appendix 2 lists a series of questions which might assist in the analysis.

Vaccination Coverage and outbreaks

Analyze vaccination coverage: is it increasing, levelling off or even decreasing? Compare sub regions. Calculate the actual number of children who remain un-immunized; the small percentage that remain unimmunized might still represent a very large *number* of children. Countries in the WHO European Region are often affected by large outbreaks of vaccine-preventable diseases, particularly measles. Write about the number of recent or predicted outbreaks, comparing and contrasting with neighbouring or other countries.

Susceptible areas and population groups

Explore whether there are particular towns, cities or population groups in the country that have lower coverage levels and are more affected by disease outbreaks than others. Investigate disease incidence by sub national regions and, if feasible, by population group. Assessments and input from local health care workers will be vital in this process. Identify and define these hard-to-reach populations and areas.

Political commitment and cost-effectiveness

Immunization sometimes suffers low political commitment due to many competing health priorities. Define how immunization is prioritized at government and local authority level; what percentage of the health budget is identified for immunization; how much data exists about the cost benefits and effectiveness of immunization?

Explore the level of health care investment and child mortality and morbidity in your own and neighbouring countries. Investigate the costs associated with vaccination and compare those to the

costs associated with an outbreak (follow up, hospitalization, long-term care in case of side effects and indirect costs if possible).

Compare vaccination with the costs of other health interventions and, if possible, compare the extra healthy life-years gained due to immunization (“disability-adjusted life year”).

Explore and present the epidemiology of diseases in the country before immunization was introduced, compared to how it is now. Estimate costs saved due to immunization; the reduction in mortality and morbidity and its positive effect on the economy, for example.

Safety

Overall, vaccine-preventable disease incidence is declining and some people no longer fear infectious diseases. Instead, the necessity, benefit and safety of vaccines are now in question; in some countries, vocal anti-vaccine groups exist.

It might be relevant to explore the arguments and case stories of the anti-vaccination groups and to shape the initiative with a focus on safety issues. Find out the number of vaccinations given in your country every year. If relevant, compare this to the number of adverse events being reported. Explore and explain the reasons for adverse events that may have occurred. If appropriate, compare deaths averted from disease versus deaths from adverse events.

Step 2: Define the target groups and how to reach them

Based on the analysis of issues and challenges, further analysis of these findings will help to define the key groups to target with Immunization Week activities. This analysis can be done through desk research, use of local health staff experience and, based on that, focus group studies and interviews with representatives of the target groups. Refer to Appendix 3 for a quick overview of the analysis suggested below.

Having analyzed the national and sub national context, now take a closer look at the reasons why certain barriers exist. Explore the reasons why children do not receive (timely) vaccination: perhaps parents and carers do not have access to immunization services (financially, geographically, culturally); perhaps there are certain ethical, social or religious reasons preventing vaccination; perhaps there is a lack of knowledge and understanding; or perhaps confidence in vaccines has just been threatened and parents are unsure how to make a balanced decision.

You may deem that the issues are more related to political commitment. Are national and local politicians prioritizing immunization as a part of health, health care and health protection? Is assistance provided to certain population groups to help them access preventive health care? Do rules exist regarding vaccination status and school entry? Are decision makers aware of obstacles and low performing regions? Do you present solutions and do you inform them about the benefits of investing in immunization?

Perhaps the barriers are due, in part, to the people implementing the immunization services. Take a deeper look at the health care professionals and service providers and analyze how they perceive and value immunization. Are they promoting vaccination, or have their opinions and advice been affected by negative media coverage or safety scares?

Further explore national and sub national media, including the scientific press. Find out how they present immunization issues; is the reporting balanced or overly negative?

It might also be relevant to search the Internet and elsewhere to discover more about the communication strategies of the anti-vaccination lobby, if they exist in the country: How do they work; which communication channels do they use; who do they approach; what are their key messages?

Categorizing target groups

The analyses will identify a long list of persons or groups that are somehow linked to immunization. These may be further defined as *key target groups* (the focus for the immunization week activities) and *persons or groups of influence* (the stakeholders which may influence the key target groups and/or can be used as channels through which to reach the target groups).

Depending on the main challenges you have identified, the key target group may be parents, doctors, nurses, politicians, children themselves or others. Explore which challenges are relevant to each of the key target groups. This will enable you to later shape activities and messages. Understand not only the reasons why immunization is hindered, but also how attitudes and behaviour might be affected in order to create change.

The analysis of three target groups is summarized here:

Target group	Challenges	Reasons behind may include
Policy and decision makers	Low commitment and under-investment	<ul style="list-style-type: none"> • Lack of awareness of the beneficial effects of a sustainable routine immunization system, including averted deaths and disease • Lack of awareness of the cost-effectiveness of immunization • Decision makers taking the success of immunization for granted and not being aware of its weaknesses
	Scarce financial resources	<ul style="list-style-type: none"> • Lack of long-term institutional and financial support for national immunization programme
Parents and carers	Low immunization service uptake	<ul style="list-style-type: none"> • Clinic hours not convenient • Geographical access difficult • Difficulties with observance of timely immunization • Drop-out – parents not returning to health care facility
	Belief that infectious diseases are not a threat	<ul style="list-style-type: none"> • Low incidence of vaccine-preventable diseases, resulting in limited understanding of the benefits of immunization • Limited knowledge of diseases and their complications
	Influence from anti-vaccine groups	<ul style="list-style-type: none"> • Allegations against vaccine safety • Media questioning the necessity of immunization
	Specific population groups not being immunized	<ul style="list-style-type: none"> • Specific communities, cultural settings or socio-economic factors discouraging people from immunization
Health care professionals	Lack of awareness or gaps in immunization	<ul style="list-style-type: none"> • Limited surveillance data making it difficult for immunization related health care staff to define and target the marginalized and high-risk groups • Health care providers not being fully educated or lacking knowledge/experience • Unclear roles and responsibilities • Health care professionals being, themselves, influenced by anti-vaccine communication

List your relevant target groups and assess the effectiveness of targeting these groups through Immunization Week activities; then prioritize and select accordingly. One or two target groups can be enough.

Setting goals for key target groups

Based on the target group analysis, specific goals for each target group can be defined. Examples of goals are summarized here:

Policy and decision makers

Goal: to involve 2-3 appropriate senior decision makers in the analysis, development and implementation phase of the national Immunization Week, sensitizing them to the challenges and issues in relation to immunization.

Parents and carers

Goal: to increase the awareness of the benefits of fully immunizing children before 1 year, among a defined group of parents or carers.

Health care professionals

Goal: to introduce regular training, focusing on selected areas of the immunization programme, for a defined group of staff.

Developing messages for key target groups

Use the analysis of issues, challenges and target groups to define the *rationale* behind Immunization Week messages appropriate for the target group. Analyse what message will catch their attention and mean something to them - something they can relate to. Specific messages can be developed at a later stage, during the development of the activities. Some examples are:

Policy and decision makers

Message rationale: Effectiveness and cost-effectiveness (financial gains). Exporting cases to other regions or countries (political / economic drivers).

Parents and carers

Message rationale: Parental or community responsibilities. Protection and safety of the child.

Health care professionals

Message rationale: Professional responsibility to ensure child protection through disease prevention. Significance of reaching un-immunized population group.

Groups or persons of influence

Analyze also the “groups of influence” - the stakeholders which may affect the key target groups. Many of these have the potential to be of both positive and negative influence on the key target groups. Use positive stakeholders proactively - and be prepared for what might come from the negative stakeholders.

Positive persons or groups of influence

Work with these people, inform and involve them in the Immunization Week initiative, if possible and relevant. Use them to channel relevant messages. Whenever possible and relevant, include positive influences as partners (e.g. local/international NGOs) or as donors (e.g. foundations or private companies). Explore whether potential partners are interested in donating products rather than money – such as toys, bed lights or baby blankets carrying the Immunization Week slogan (Prevent. Protect. Immunize.). Perhaps a local advertising bureau could sponsor a television spot or assist with information material. Explore also whether celebrities or opinion makers would be willing to act as goodwill ambassadors during the Immunization Week (nationally or sub nationally). Community leaders and other locally respected figures can also work closely with hard-to-reach communities.

Media

Local and national media are a powerful channel to carry messages forward. If possible, work closely with them to develop a good relationship by informing and “educating” them about vaccine-preventable disease and immunization issues. Keep the media well-informed and provide them with case stories for articles. Refer to Appendix 5 for detailed guidelines on working with the media which have been developed for the Immunization Week initiative.

Negative persons or groups of influence

Some groups or persons may pose a threat to the initiative and its messages. Identify who these negative stakeholders may be and prepare for their arguments. Contingency plans are vital to enable a quick response to any criticisms or allegations. Try to predict where criticism may arise and develop the appropriate response beforehand. Be prepared!

Use the analysis to define themes for the contingency plan. These might include:

- Safety of immunization
- Necessity of immunization (and in relation to other health priorities)
- Potential consequences of diseases
- Cost-effectiveness of immunization

Include in the contingency plan:

- Facts, data, evidence, easy-to-understand diagrams and tables
- Key points and case stories
- Questions and answers
- Plan of action for different scenarios, including a designated spokesperson

Step 3: Define and implement the activities

Use the analyses in steps 1 and 2 to define activities relevant to the key target group(s). Activities might include training workshops, advocacy activities or communication efforts, including awareness-raising. Targeted information campaigns, one-to-one dialogue or media based activities may also be relevant. Some suggestions are summarized here:

Policy and decision makers: Involve key policy and decision makers in the Immunization Week planning and implementation process to ensure their support and commitment and establish ownership; develop information material with relevant data and cost estimates to sensitize them to issues and challenges.

Parents and carers: Hold parent information events; e.g. “open house” at the local health care facility. Involve community groups in the planning process and work with the groups to identify and tailor specific activities (e.g. child theatre production or sports event). Organize outreach activities or immunization campaigns for hard-to-reach groups.

Health care professionals: Organize targeted training for relevant health care staff, locally or nationally. Revise and disseminate updated information products targeted at immunization related personnel, guiding them on how to provide advice to parents.

For prints, information materials and other campaign material, using the visual identity, logo and slogan developed for the initiative (Prevent. Protect. Immunize.) will enhance synergy and thereby create greater impact.



Planning the Immunization Week

Country experiences suggest that planning of European Immunization Week should start well in advance of the launch date. An 8-month timeline is proposed in Appendix 4. Draw up a comprehensive Immunization Week action plan giving detail on each proposed activity. Include time-lines for each element and involve the relevant stakeholders in each process.

Involve all relevant partners and stakeholders early in the planning process and consider how to best use their strengths. Define the roles and responsibilities of each stakeholder, internal and external, and use the activity plans to formalize this.

Draw up detailed budgets for each activity, providing an overview of total planned costs. Identify the resources (human, financial etc.) required to implement the initiative; define what resources are available and draw up a resource mobilization plan for resources needed, including potential donors or partners.

Consider your strategies for advocacy, media and communication about the activities and involve relevant partners in this activity.

Planning the evaluation of the initiative

To ensure that the initiative is well implemented it is important to define how to measure the success or identify where things went wrong. Defining relevant indicators is a very important step and should be done during the activity planning phase. Increased immunization coverage may be a long-term goal; but process as well as impact indicators can be very useful. Explore other parameters of success, depending on the goals, target groups and activities. Define indicators for each activity and carefully review exactly what you want to achieve to be “successful”. Ideally, all indicators need to be measurable. This may require pre- and post- activity questionnaires.

An evaluation framework and a large range of indicators have been developed and proposed for the initiative; they are available from the WHO Regional Office for Europe and can be downloaded on www.euro.who.int/vaccine.

Implementing the activities

The comprehensive analysis process and the definition of activities and development of action plans and contingency plans will prepare for the final implementation – taking place during the Immunization Week itself.

Follow the action plan and its definition of roles and responsibilities, including the designated spokespersons. Provide guidance and support to local levels, where relevant. Consider relevant actions in addition to the Immunization Week activities – such as a launch event, press releases and other media relations, in order to inform the target groups or the general public about the activities. Invite and include all relevant groups or persons of influence.

Refer to your indicators for each activity and document all relevant aspects of events and activities through pictures, video, testimonials, attendance lists, questionnaires etc.

Enjoy!

Appendix 1 Introduction to European Immunization Week
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“Prevent. Protect. Immunize.”

What?

The European Immunization Week (EIW) is an initiative to raise awareness and increase knowledge about vaccine-preventable diseases and the benefits of immunization. The goal is to increase immunization coverage by raising awareness of the need and right of every child to be protected against vaccine-preventable diseases – placing a special focus on vulnerable groups.

When?

Immunization Week is an annual, region-wide initiative which started in 2005 with nine countries. It takes place at the end of April.

Why?

Vaccination coverage rates across the Region vary dramatically. In many countries un-vaccinated groups of children remain unprotected against preventable, infectious disease. Large outbreaks of highly contagious diseases, such as measles, continue to occur in the European Region, placing unvaccinated children at unnecessary risk, and placing a large economic burden on national health systems.

Immunization is a highly cost effective way of preventing death and disability at a fraction of the cost of treatment. Despite this fact, nearly a million people in the WHO European Region do not receive basic vaccination and vaccine-preventable diseases continue to cause illness, disability and even death.

There are a many and often complex reasons why children are not vaccinated: physical access to services is difficult; parents/carers are not aware of the importance of timely immunization; children belong to marginalized communities with limited contact with the health system; parents/carers do not understand how serious some of the diseases are and what side effects may result from catching them.

In many countries vaccine-preventable disease incidence is low, and some groups question the need for vaccination. Some groups even suggest that vaccination is not safe. The media sometimes exploit these concerns, creating suspicion, and ultimately parental confidence in vaccination is negatively affected in a number of countries in the Region.

Immunization is vital for every child – to give each child an equal opportunity to stay healthy and disease-free.

Who?

The World Health Organization Regional Office for Europe coordinates this region-wide event. All Member States of the WHO European Region are encouraged to participate. Greater participation will increase momentum and generate more interest and awareness to advocate immunization. Each participating Member State plans and implements a range of activities, depending on the specific needs of the country. Regional and national partners play an important role in supporting the planning and implementation of activities.

Appendix 2

Analyzing national context

Questions to assist the analysis of national issues and challenges in relation to immunization activities.

Vaccination coverage and disease outbreaks

- What is your national average immunization coverage (MCV1, MCV2, BCG, DTP3, Polio3)?
- Is immunization coverage declining, levelling off or increasing?
- What is the actual number of children unimmunized in your country (number of children born in one year vs. coverage rate)?
- What are the drop-out rates for immunization in your country (compare MC1><MC2; DTP1><DTP3)?
- Coverage analysis: Have the national, provincial and district levels analyzed coverage?
- What are the consequences if the coverage rates drop? Neighbouring country experiences?
- What are your national disease incidence rates for measles, rubella, mumps and other vaccine-preventable diseases?
- Have you experienced any national outbreaks (measles, rubella) during the last years?
- Has disease incidence been falling, rising or remained the same over the last years?
- Have vaccine-preventable disease complications caused any deaths during the last years?

Susceptible areas and population groups

- Which population groups have missed childhood immunization and mass campaigns – and where do they live (nomadic, religious, refugee, homeless or minority groups; or groups living in specific geographic areas? Other? If possible, use polio experience)?
- Do some national geographical areas experience more cases than others?
- Do any specific population groups experience more cases than other groups?
- What might be the cause for not reaching these groups?
- Have high-risk children been defined and incorporated into plans and activities?

Political commitment (strategies and planning)

- Do you have a strategic plan for your national immunization system, covering 3-5 years?
- Do you have an annual activity plan for your immunization services?
- If 'no' to above: what is the primary barrier to political support to immunization? (Funds? Other priorities (which)? Lack of evidence and data? Restructuring of the health care system? Decentralization or centralization of decisions having a detrimental effect? Other?)
- If 'yes' to the above: who is responsible for implementing your plans? Are the plans operational?
- Do you have sufficient evidence and data regarding immunization and/or disease burden? How reliable are your data? How are your data used?
- Are studies on disease burden and cost-effectiveness available to all?
- How many per cent of your gross domestic product (GDP) supports the health care system, child health prevention or immunization?
- What does your country do to ensure safety and quality in vaccines?
- Do health care professionals have the adequate tools and training/education to inform parents/carers about immunization safety and the importance of timely and repeated immunization?

Cost-effectiveness

- What is the cost to fully immunize a child in your country or sub-region?
- What is the price of other health related interventions – compared with immunization?
- What was the situation 10-20 years ago compared to now? Cases, complications, deaths? What are the costs saved when comparing the avoided cases/deaths with the cost of immunization during that period?

Safety

- What is the number of adverse events following immunization (AEFI) compared to the number of vaccinations given?
- What were the reasons behind (the vaccine itself, coincidental events, the administration)?
- What is the number of AEFIs compared to averted cases and deaths?
- Has your country experienced negative publicity concerning immunization?

- Does increasing negative communication correspond with decreasing coverage? (Illustrate)
- Who starts the negative communication (anti-vaccine groups, medical or general media, health workers, politicians, religious or cultural groups)?
- What types of rumours or misinformation are circulating? What is the motivation behind?

Partners

- Who possesses the knowledge to assist in answering the above questions?
- Which international, national or local units or organizations work with immunization, vaccine-preventable diseases or other child health related issues?
- Who are the national advocates promoting immunization in your country?
- Which organizations or community groups have local knowledge and access (to hard-to-reach groups)?
- Which stakeholders might have data, evidence or other knowledge or insight into communities with unimmunized children?

Appendix 3: Summary of planning framework

Examples of target groups	Examples of challenges	Examples of goals	Examples of message rationale	Examples of groups and persons of influence	Examples of activities
Policy and decision makers	<ul style="list-style-type: none"> • Low commitment and under-investment • Scarce financial resources 	To involve 2-3 appropriate senior decision makers in the analysis, development and implementation phase of the national Immunization Week, sensitizing them to the challenges and issues in relation to immunization.	Effectiveness and cost-effectiveness (financial gains). Exporting cases to other regions / countries (political / economic drivers).	<ul style="list-style-type: none"> • Experts / opinion makers • Politicians (also opposition) • NGOs, civil groups • Medical associations • Patient associations • Manufacturers • International community • Neighbouring countries • Media, incl. web 	Involve key policy and decision makers in the Immunization Week planning and implementation process. Ensure their support and commitment to establish ownership. Develop information material with relevant data and cost estimates to sensitize them to issues and challenges.
Parents and carers	<ul style="list-style-type: none"> • Low immunization service uptake • Belief that infectious diseases are not a threat • Influence from anti-vaccine groups • Specific population groups not being immunized 	To increase the awareness of the benefits of fully immunizing children before 1 year, among a defined group of parents or carers.	Parental or community responsibilities. Protection and safety of the child.	<ul style="list-style-type: none"> • Family/relatives/friends • Community leaders • Midwives/nurses, medical doctors and other health care providers • Mothers' groups • Religious leaders • Teachers • Politicians/policy makers • NGOs • Media, incl. web 	Hold parent information events; e.g. "open house" at the local health care facility. Involve community groups in the planning process. Work with the groups to identify and tailor specific activities (e.g. child theatre production). Organize outreach activities or immunization campaigns for hard-to-reach groups.
Health care professionals	<ul style="list-style-type: none"> • Lack of awareness or gaps in immunization 	To introduce regular training, focusing on selected areas of the immunization programme, for defined group(s) of staff.	Professional responsibility to ensure child protection through disease prevention. Significance of reaching un-immunized population group	<ul style="list-style-type: none"> • Experts/opinion makers • Other health staff • Scientists • Politicians/policy makers • Trade unions; health organizations; patient associations; medical associations • Pharmaceutical industry • NGOs • Media, incl. web and science journals 	Organize targeted training for relevant health care staff, locally or nationally. Revise and disseminate updated information products targeted at immunization related personnel, advising them on how to provide advice to parents.

Appendix 4
Suggested timeline for planning European Immunization Week (EIW)

4-8 months before EIW	Analysis and research: national issues and challenges and relevant target groups
	Development of detailed Action Plan for the planning phase, including roles and responsibilities
	<p>Liaising with relevant partners: National politicians, health professionals, NGOs, community groups, nationally based international organizations, national private foundations, private companies etc.:</p> <ul style="list-style-type: none"> • Resource mobilization • Partnership building • Planning activities • Support to immunization week activities
	Development of Action Plans for the Immunization Week activities
0-3 months before EIW	Supervision and support to district and community level, if activities are carried out here
	Production of dissemination/information materials and distribution of these (planning logistics)
	Survey on selected relevant issues (situation “before”)
	Testing information materials
	Development of evaluation tools
	Development of contingency plan – being ready for the unexpected
	Media nurturing
Implementation: Immunization Week	
The month following EIW	Survey on selected relevant issues (situation “after”)
	<p>Evaluation:</p> <ul style="list-style-type: none"> • Recommendations for next year’s Immunization Week • Evidence of activities carried out and outcome, to be shown to partners and donors (base for further resource mobilization)

Appendix 5

Guidelines: Public Relations and Working with the Media

I Background

The Media is highly influential to the success of any communications campaign and we see them as a key partner for European Immunization Week. However, we also recognise that working with the media is time consuming, competitive and often daunting.

As Public Relations (PR) is an integral component of every country's activity plan for European Immunization Week, the following document has been compiled to provide basic, concise and practical guidelines in relation to PR, press launches and working with the media. It is primarily targeted at those having limited experience in this area or perhaps not having access to a media specialist within their team. The guidelines are non-country specific and should be tailored according to individual country circumstances and needs. Every country is encouraged to recruit a local Media or PR specialist. However, where this is not possible, it is hoped that these guidelines will make the topic more manageable.

Should you require more in-depth information and guidance, the following are good sources:

1. Working with the Media (WHCA Action Guide) – a practical, pocket guide available in English, French, German, Russian and Spanish. It can be downloaded at www.env-health.org/a/1720
2. Advocacy for Immunization. How to generate and maintain support for vaccination programmes. GAVI / The Global Fund. It can be downloaded at <http://www.path.org/vaccineresources/details.php?i=180>

II A strong, consistent Public Relations message

As with any activity in the communications / activity plan, key messages should be developed and closely adhered to. Of all communication activities, PR is the one that can potentially add huge value if done well. It is also the activity where your message is at most risk of getting lost and distorted if it is not communicated clearly and consistently. Before writing any PR

materials or conducting media interviews, it is recommended that you spend some time on message development

- Think tactically about the messages you use and how they might be interpreted by journalists and eventually the public.
- Work out your top 3-5 messages for PR. What do you want to read about in the morning news? If your story is strong you should not be surprised by what the media reports!
- Think about the overall tone – are you trying to convey a positive or negative message? Are you trying to shock or surprise people to prompt them into action?
- Who is your ultimate target audience? For example, public media can be used as an advocacy tool for pressurising policy makers, in which cases messages will be tailored accordingly. In this case the eventual newspaper headline might read; "Health Services seek additional funding to reach out to every child" – a very different message than one targeting the general public, such as "Sports Hero visits rural community to remind parents of the importance of immunization".
- Above all, remain focused and avoid the temptation to include too many messages. For all PR materials **ensure that headline and key messages relate back to your defined objectives for EIW** and are consistent with other communication activities.

III Press Releases

There are different types of press releases. Specifically, for European Immunization Week you might consider issuing the following:

- 1) **Press Advisory (also known as 'Note to the Press')** – gives advance warning to the media that an event will be happening (e.g. a launch / press conference). Use this to explain what the event is about and why it is important to attend. Make the event seem as newsworthy as possible without revealing the actual news. Craft the headline to this effect (e.g. *Minister inaugurates European*

Immunization Week with launch of 24 hour phone line to boost public confidence).

The Press Advisory should be issued approximately **a week to ten days before** the event and **followed up two days before** the event with a reminder.

2) News Release (also known as Press Release) – is essential and will tell the Media all they need to know about EIW. A simple, common format for the press release is ‘Who’, ‘What’, ‘Why’, ‘When’ & ‘Where’.

The Press Release is often accompanied by **fact sheets**. Consider preparing the following (they will save you a lot of time answering the same questions!):

- Basic information about the immunization schedule, the diseases which can be prevented, coverage levels and disease incidence in your country
- Additional information about the specific products or activities you are launching during EIW
- Contact and information numbers plus reliable sources of information on the Internet

There are many excellent fact sheets on the Internet. If you do not have time to create your own, these can usually be downloaded and distributed, provided the authors are credited.

Deadlines for Press Releases vary according to the media and vary from **five days (weekly magazines) to one day (newspapers)**.

3) Photo-Call Notice – announces that there will be an opportunity for Media to photograph a person or product and invites them to attend. It allows you to create photo opportunities that symbolically support your story. For example, if a celebrity is fronting your campaign, consider arranging a photo call at a local hospital or school or even at home with their children. These types of photos will generate better news coverage than podium-style photos taken during the press launch.

The photo-call notice should be issued **three or four days in advance of the event** and followed up with a reminder the day before the event.

4) Press Briefing Document (also known as ‘Press Backgrounder’) – is a more detailed document that provides background

information on an issue or an event in order to help the journalist to grasp the full story. If your campaign touches upon complex or sensitive subject areas (e.g. Immunization Safety or Adverse Events Following Immunization) this is often a good idea. This document might be more technical in nature.

The Press Briefing Document can be issued alongside the Press Release or as part of a Press Kit (issued at the Press Launch).

- The media wants news-stories so work on presenting your information in a media-savvy way. Provide them with headlines so that they will not have to create their own! Strong stories sell and unless your item is newsworthy it will be relegated.
- Highlight the single most important piece of information.
- Use statistics to lend credibility but think carefully about how you present the data. For example, to an average person 87% coverage does not sound bad! Far better to say that coverage is the third lowest in Europe. Or talk about the number of unprotected children in the country. Highlight the human aspect of the story.
- Compare and contrast immunization data from within the WHO European Region (or include league tables) to demonstrate your message. E.g. X country has the third highest rate of measles..... Y country is the first country in the WHO European Region to reach targets on.....etc.
- Include quotes highlighting your key message, with the name and status of the speaker.
- Do not assume that the reader understands the subject matter. Keep it simple. Beware of technical jargon.
- Editors cut press releases from the bottom up so do not leave the punch-line to the last paragraph.
- Ask a colleague to proof-read / approve your press release. Watch out for factual errors as well as spelling mistakes and stylistic blunders (avoid exaggeration, irony, clichés etc.).

- Put your release on well-branded headed paper, including your logo and the EIW logo and slogan. Use one or maximum two single-sided sheets of white paper, typed in a plain font and appropriate size. Fancy fonts will annoy, rather than get you noticed!!
- Ensure relevant contact details (media and technical) are included and that the contact people are available and prepared to take calls.
- Create a targeted press list with contact information for all journalists.
- Never take it for granted that your Press Release has been received or read. Always follow up with a phone call to check if the journalist has seen it and to get their interest. As Press Releases often 'disappear', it sometimes helps to call in advance to explain and request the best mode of delivery. Do not be afraid to call again and check if it has arrived. Journalists are notoriously busy and can be brusque, but do not let this put you off. After all, you are helping them to do their job.
- Do not neglect local media. It is often very effective for health promotion / advocacy communications.
- Choose the venue carefully and ensure all logistical and equipment arrangements are in place.
- Prepare and distribute a press kit including the press release, fact sheets, copies of reports or speeches, photographs, speakers' biographies etc.
- Recruit a confident, competent moderator and consider seeking an appropriate celebrity to launch the campaign.
- Ensure speakers are well briefed ahead of the event and that the content of speeches does not overlap. If possible speakers should prepare a handout of their speech or slides, which can be given to the Press.
- Ensure that you have representatives from different specialisms on your panel and agree in advance who will answer questions on particular subject areas. If a question is directed at the wrong (i.e. inappropriate) person, the nominated person may intervene.
- Think about topical news stories which might be raised by journalists and prepare speakers to answer questions that might arise.
- Prepare for the event by asking yourself the most difficult and awkward questions you can think of and document / pre-prepare your answers. Provide a question sheet to the panel of speakers. Do not share this sheet with the Press.
- Focus on getting the most influential journalists to attend.
- Do not limit your invitations to journalists. Your press conference will be more interesting if you also invite partners, civil society organizations, beneficiaries, members of the local community etc.
- Prepare a 'sign-in' sheet for all attendees and assign someone to take charge of this.
- Ensure the venue is strongly branded using your logo and EIW / WHO logo and branding. Most importantly, ensure that the table, lectern and backdrops are branded.

IV Press Conferences

A Press Conference is an opportunity for Media to question key figures about Immunization Week or other aspects of the Immunization Programme. Only hold a Press Conference if you are providing journalists with information that could not have been simply sent through a Press Release.

- Ensure it is planned carefully and managed efficiently. Stick to the agenda. Plan for the presentations and question session to last no more than one hour. Limit presentation slots to five minutes.
- Check that the timing does not overlap with any other scheduled event that might overshadow your news. Also the time should allow journalists to reach copy deadlines.
- Ensure that key speakers are available for interviews with journalists after the event.

- Within a few hours of the event, deliver information to important journalists who were unable to attend.
- Follow up on the event by checking what has been published and collecting all published materials. Thank those who gave good coverage and correct those who got their facts wrong. Use the opportunity to sensitize the media and develop a long-term relationship. Aim to be the first person they turn to when they need information about immunization.

Should you decide that a formal press conference is inappropriate consider the value of holding a smaller, **informal press briefing**, such as a breakfast meeting.

V Media Interviews

Media interviews are a tremendous opportunity to raise awareness of your key message. Offer individual / 'exclusive' interviews to key media contacts and ensure that you allow sufficient time for this.

For detailed guidance on conducting media interviews, please consult the documents referenced above. Some key tips are:

- Learn more about the interview. Do not hesitate to ask what the reporter is looking for or planning to ask. What is the goal of the story? What is the audience profile? Is the interview live or pre-recorded? If it is a TV or radio interview, will listeners be calling in to ask questions or will there be other guests or panellists?
- Develop 3-5 messages or '**talking points**'. These are the main ideas you want to emphasize and repeat during your interview. Weave these points into all of your answers. Anticipate what questions may be asked and be prepared with answers.
- Keep control over the interview and steer the content. Keep a focus on the issues. Do not be intimidated.
- Wear the right clothing.
- Avoid jargon and keep your answers short.

- Maintain eye contact. This holds a reporter's attention and makes you look confident.
- If a reporter asks a question you cannot or will not answer, you might say, "I cannot address that issue, but I can tell you..." Ask for clarification of vague questions.
- Remember nothing is "off-the-record."
- Never say "No Comment". It makes you look guilty and untrustworthy. If you cannot comment on a point, emphasize what you can say and return to your core message points.
- Do not repeat negative words or inaccurate facts included in a reporter's question. Correct the inaccuracies and shift to an appropriate message point.
- Stay focused and positive.

VI Dealing with rumours and negative publicity

Rumours or negative publicity concerning immunization have been experienced at some point in time by every Member State. Whilst this issue is more pertinent in some countries than others, we encourage all countries to think about this subject and develop a contingency plan.

Rumours and negative publicity could occur during EIW for a variety of reasons; perhaps groups or individuals who are opposed to immunization will try to mar the campaign, or perhaps an adverse event will take place causing the media to create a political stir. Either way, there are some general guidelines that should be considered:

In advance of the Week

- Identify a senior individual who will be in charge of your response to ensure consistency.
- Prepare materials in advance, including (1) Fact Sheet on Adverse Events Following Immunization (2) Frequently Asked Questions on Immunization Safety (3) A table comparing the risks posed by vaccination to the risks posed by disease.
- Identify parents who are prepared to speak out (through personal experience)

in favour of immunization or the risks of not immunizing.

- Seek a trusted ambassador to front your initiative and champion the cause.
- Inform the media about Immunization Week objectives and activities.
- Brief health care professionals about Immunization Week. Try to ensure they have the information, skills and self-assurance to deal with worried or 'difficult' parents.

When the storm breaks

- Be prepared and ready to react quickly and consistently. Mishandling or poor handling through confusing statements will create a perception of having something to hide.
- Back your response up with iron-clad evidence - be assertive, not aggressive or defensive.
- Ensure that communication does not dictate to parents. Respect and address their questions and concerns and promote an open, balanced dialogue from credible sources.
- Do not get involved in personal attacks.
- Brief regional immunization teams on the response and request feedback from immunization teams on the ground.
- Health care workers are the single most trusted source of information for parents. Ensure they fully understand what has happened and how to deal with concerned parents.
- Monitor the impact of the negative event by recording changes in vaccination coverage in affected areas.

(i) Specifically, in the event of a rumour campaign or provocation by an anti-vaccination lobby (e.g. Parent appears in media during EIW saying 'Vaccine caused my child's learning disability')

- Clarify the extent of the rumour or misinformation and try to determine the motivation (e.g. ignorance, religious opposition etc.). Some rumour-mongers are malicious, but many are simply confused and desperate for an answer.

- Disseminate a response through the same channels used by the rumour-mongers. However, do not raise their profile by identifying and denouncing them. Inform the public about the true facts.
- If you are dealing with opposition from parents against immunization, include supportive parents in your response. If opponents present a very emotional argument, you need to be prepared to debate on a similar level.
- Meet with your opponents, although not publicly. Do not engage in a public debate or give a platform to the anti vaccination lobby or sources that are known to lack authenticity or credibility as this will only serve to raise their profile. As phoney as their arguments might sound, they can linger in the public consciousness for many years to come.
- Combat ignorance with knowledge, not coercion.

(ii) Specifically, in the event of AEFI (e.g. Media reports that a child has had a severe reaction to a vaccine during EIW)

- Start by verifying the facts.
- Clarify inaccuracies or factual mistakes.
- When genuine errors have occurred, acknowledge them. Outline what is being done to rectify mistakes. Respond to a negative event with positive actions.
- Issue a Press Statement explaining what has happened and why.
- Provide a mechanism for worried parents / professionals to address their concerns (e.g. a free Helpline).

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