



EUROPE



Setting the immunization agenda through advocacy and communication



16-17 January 2008

Royal College of Physicians, LONDON

Report of the meeting on setting the immunization agenda through advocacy and communication convened in London on 16-17 January 2008 and held jointly by the United Kingdom Department of Health and the WHO Regional Office for Europe.

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1. Summary

Chief medical officers, immunization managers, communications officers and representatives from 16 western European countries attended a high-level expert meeting on advocacy and communication for immunization in London on 16–17 January 2008. The meeting was held jointly by the United Kingdom Department of Health and the WHO European Regional Office.

Its objectives were to:

- discuss barriers to achieving immunization goals, including the general public's understanding and concerns regarding the risks of vaccination and benefits of immunization;
- discuss country and regional experience, achievements and challenges in communications and advocacy for immunization, including responding to anti-vaccination groups, immunization crises, new challenges, and routine communications planning to build public confidence;
- discuss the perspectives of journalists and the mass media in reporting immunization issues and ways of effectively establishing a more positive relationship with them;
- prepare a joint statement on strategies to improve advocacy and communications for immunization in the WHO European Region.

Concluding the meeting, participants agreed on a common statement endorsing continued actions to develop, improve and extend communication and advocacy activities for immunization.

2. Introduction

The meeting was opened by Professor David Salisbury on behalf of the United Kingdom Department of Health and by Dr Nedret Emiroglu on behalf of the WHO Regional Office for Europe. The opening address was given by Sir Liam Donaldson, United Kingdom Chief Medical Officer.

Immunization programmes have been enormously successful in controlling and eliminating vaccine-preventable diseases. This is especially true in Europe, where the long absence of vaccine-preventable childhood diseases is often taken for granted by the general public. Serious debilitating and sometimes fatal diseases, such as poliomyelitis, diphtheria, whooping cough, measles and meningitis, that were once the scourge of childhood, have either been eliminated or have all but disappeared due to immunization.

However, in many ways immunization services have become victims of their own success. In the absence of disease, and a general loss of appreciation for the seriousness of the diseases they protect against, the necessity for and safety of immunization programmes have repeatedly been brought into question.

Immunization in Europe has a long history. The first challenges were to establish sustainable national immunization programmes, to develop the vaccines and find effective and appropriate ways of delivering them to populations in need of protection. Once these challenges had been successfully met, developing vaccines to combat additional diseases and integrating these new vaccines into existing immunization schedules became priority. Most of these challenges have now largely been met, with almost all countries in Europe having established immunization services delivering a wide range of safe and effective vaccines. Currently a major challenge is to effectively tackle the recurring problem of threats to public acceptance of immunization services following the publication of scare stories and the promotion of misconceptions and misinformation regarding vaccines and immunization programmes.

The successes of immunization programmes in Europe have been accompanied by a reduction or removal of fear of the diseases they protect against. This loss of fear is not restricted to the general public but extends to many health care professionals, particularly young doctors and nurses who may never have seen cases of vaccine-preventable diseases. We live in an environment of changing, and sometimes conflicting, contexts. Loss of fear of diseases that have been controlled through immunization leads to questioning of the need for, and safety of, vaccines and immunization. There is potential for fear of the disease to be replaced by fear of the vaccine. Parents can come to the conclusion that the risks presented by the vaccine are greater than the risks presented by the disease. Conversely, the existence of 'new' diseases, new threats to public health, and the continued development of vaccines, leads to strong pressure on immunization services to introduce new vaccines and to include additional age and population groups in the immunization schedules.

The result is that immunization services in many European countries face potentially conflicting challenges: attempts to reduce immunization activities following claims that vaccines are unsafe or inappropriate, and pressures to expand immunization activities to deal with new diseases and threats to the public and to introduce newly available vaccines. It is becoming increasingly obvious that to cope successfully with these challenges, immunization programmes must develop and employ strategies for the establishment of proactive, evidence-based, professional communications and advocacy services.

As Sir Liam Donaldson stated in his opening address, effective immunization communications and advocacy strategies should:

- remind the public and health care professionals of the serious disease threat posed by vaccine-preventable diseases and of the need to maintain immunization against them;
- effectively communicate the benefits of immunization, not only in scientific terms, but also in terms that are relevant to the community and to individuals;
- understand how the mass media functions and work with it to effectively promote immunization services;
- promote the introduction of new vaccines on the basis of evidence of safety and appropriateness, maintaining public confidence and professional credibility in the scientific basis of immunization services;
- provide health care managers at all levels with information, guidelines and support for responding rapidly and appropriately to challenges to immunization.

3. Achievements and challenges in communication and advocacy for immunization

The WHO Regional Office for Europe has a well-established, highly effective immunization programme with priorities and strategies described within the framework of the WHO Global Immunization Vision and Strategy (2006–2015). Regional policy sets out a three-pronged approach: to improve access to routine immunization services; to control or eliminate vaccine-preventable diseases; and to provide evidence-based support and guidance to Member States for making decisions on new and under-used vaccines.

National coverage with the vaccines that were included in the former Expanded Programme on Immunization is now high in all Member States. But some countries continue to achieve less than optimal performance at subnational level, particularly with timely delivery of vaccines, district-level coverage and completeness of disease surveillance reporting. Immunization services in the Region as a whole continue to be challenged by populations that are difficult to reach. These groups may be socially, economically, physically or geographically isolated, or they may be isolated simply by lack of appropriate information. It is estimated that within the WHO European Region, more than 500 000 infants do not receive full immunization, and approximately 32 000 die each year from vaccine-preventable diseases.

Challenges to communications and advocacy include maintaining the public perception that routine immunization is both safe and effective, and that the diseases they protect against are still serious and can be life-threatening. Countering the decreasing political commitment and threatened reduction in funding and resources for immunization in several countries is also a considerable Regional challenge. Additional challenges have been presented by groups and individuals who, for diverse reasons, are opposed to immunization. These groups and individuals have often been extremely effective in accessing and using the mass media to promote their arguments against immunization, and have often presented inaccurate or misleading information. This has resulted in several instances of negative media coverage and a loss of public confidence in immunization, with a subsequent drop in vaccine uptake. Anti-immunization campaigns have caused serious, though temporary, disruption to immunization services in a number of countries in recent years.

For several of the vaccine-related scare stories that have emerged in recent years, strong scientific information already existed to counter the claims of the anti-vaccination lobbyists, but the information was not used effectively at the outset. In those instances where information was not already available, scientifically conclusive information could usually be obtained relatively quickly, but this did not prevent prolonged damage to the delivery of immunization services. The lessons from this are clear; it is crucial to make better use of the scientific information that is already available or can be quickly obtained; communications channels and strategies, which are so effectively used by the anti-immunization lobbyists, must be more

effectively utilized by the immunization services; and health authorities must have appropriate contingency plans for rapid implementation to prevent vaccine scares becoming vaccine crises.

4. Routine agenda setting – the long-term perspective

Member States of the WHO European Region have established a goal of eliminating measles and rubella by 2010. Any challenge to the use of measles and/or rubella vaccine presents a threat to achieving this goal. Although there has been good progress towards elimination, with a dramatic drop in the number of cases across the Region, there are concerns over vaccine coverage levels in some western European countries. In 2007 approximately 50% of all cases in the Region occurred in European Union (EU) Member States. These countries have well-established immunization services, and high vaccine coverage at national level. But there are susceptible groups that are not receiving vaccine, and strategies for more effective advocacy are needed to promote both the beneficial effects of immunization and the disease elimination goals.

Attempts by some individuals and groups in the United Kingdom to link measles, mumps and rubella (MMR) vaccine with autism, and the immunization services' responses to these claims, have provided some valuable lessons over the importance of effective communications and advocacy strategies. The, eventually, unsupported claims resulted in a public loss of confidence in the immunization services with regard to MMR vaccine, and a dramatic drop in MMR uptake. Interestingly, uptake of other childhood vaccines was not affected. Using a scientific publication from 1998, and misrepresenting the conclusions from that publication, a group of anti-vaccine lobbyists were very successful in manipulating the mass media and persuading some influential media sources, particularly some daily newspapers, to take an anti-vaccine stance. Although there was no undisputed scientific evidence available to support the MMR–autism link, once the issue had been linked by the media to celebrity involvement, politics and highly emotive stories of children with autism, rational scientific debate played no further part in the discussion.

There has also been an active anti-vaccine lobby in Germany. Studies there suggest that anti-vaccine groups and individuals fall into two main categories. One category may be described as vaccine ‘sceptics’. They do not reject immunization outright but are critical of one or more aspects of the immunization programme. They may be critical of the available data on the safety of one or more vaccines, the choice of vaccines, the use of combined vaccines, or the routine immunization schedule. It is believed that approximately 10% of the population in Germany falls into this category. The other category may be described as vaccine ‘opponents’. They are a heterogeneous group that outright rejects vaccines and immunization. It is believed they represent from 1% to 3% of the population in Germany.

Anti-vaccine groups often include health care providers. In Switzerland, a group of doctors formed a lobby group critical of the introduction of MMR vaccine. Although they voiced a number of concerns specifically over MMR, their major concern was very low confidence in the trustworthiness of the Federal Office of Public Health (FOPH). Participation of FOPH staff in media debate over immunization was found to be counter-productive. To avoid further antagonism between doctors and the health authorities, external experts were brought in to promote immunization services and to present a more personal and emotive approach to immunization. The Government also established an immunization consultative group at national level, to promote an exchange of views within the health care profession, and a national immunization information system, Infovac, to provide information specifically for physicians. These initiatives have been generally positive, resulting in better relations between the FOPH and doctors’ groups, and a more positive image of the FOPH in the mass media.

Since 2007 the Infovac system has been accessible by the public, and it now provides a highly interactive and responsive service on all aspects of immunization.

Extensive investigative work has been carried out in the United Kingdom to find out why unsupported claims against vaccines can be so effective, and how immunization services should counter these claims when they arise. Surveys have shown that the public, in general, tend not to trust politicians but do trust health care providers. Perceptions of risks associated with immunization activities are often widely inaccurate, and understanding of the serious nature of vaccine-preventable diseases is generally underestimated. Results also suggest that parents in particular, and the public in general, want information on immunizations that is clear, consistent, factual, provided in a range of widely accepted presentations, open and frank. Surveys of health care providers suggest they too are concerned over delivery of immunization services, with the main concern being the number of immunizations that infants are given. Immunization services need to know what their customers, and their staff, think of what they are doing, what the concerns are, and what improvements or changes are felt to be needed.

European Immunization Week was established in 2005. It has proven to be an effective mechanism for advocacy for immunization and for gaining and sharing experience in promoting immunization services. The 2005 pilot involved nine countries and received a positive evaluation from all participants. A greatly expanded exercise was conducted in April 2007, involving 25 countries. Although the countries involved used different approaches to focus on their own high-priority target groups, they used promotional and training materials prepared by WHO and timed their activities to coincide. The 2007 event achieved high-level political support in many countries, and received positive and balanced media coverage across the Region. Member States were very positive about their participation, with many confident that the focus on immunization helped boost coverage levels. Early concerns that promoting immunization activities in this way would stimulate interest in anti-vaccination lobbyists have, to date, not materialized. It is clear, however, that European Immunization Week is developing against a background of a changing public and professional perception of immunization in several western European countries. Participation would probably have been unwise for a number of countries in 2005, providing yet another platform for anti-vaccine lobbyists. But things are changing, and participation in 2008, or in subsequent years, may be advantageous to the immunization services. The third European Immunization Week took place from 21 to 27 April 2008, and training workshops have been arranged.

5. Safety and access – long-term perspectives

There have been many examples of vaccine safety scares in recent years. In most of these, factors other than the vaccine have been demonstrated to be the cause of severe illness or death. To provide evidence-based support for the detection, reporting and investigation of adverse events following immunization (AEFI), WHO has established several international forums, networks and review committees. The Global Advisory Committee on Vaccine Safety (GACVS) is an independent body established to provide scientific assessment of vaccines and vaccine safety. The Vaccine Safety Net was developed to provide an international seal of approval for internet web sites that provide information on vaccine safety, and currently lists sites from 26 organizations. The revised International Health Regulations (2005) could also be used to improve reporting and investigation of AEFI. All of these international innovations could be used to improve communications and advocacy for immunization, but more effective reporting and investigation of AEFI is needed to establish a more comprehensive scientific database on vaccine safety.

The speed with which scientific data can be provided following AEFI or safety scares is critical in countering adverse publicity and manipulation by anti-immunization lobbyists. To

provide information rapidly, an effective AEFI monitoring and reporting system must be in place. Many countries have established a passive reporting system, such as the United Kingdom “Yellow Card” system, and this is essential for the detection of rare AEFI. Several countries already have data on possible AEFI available for scientific analysis. Experience in the United Kingdom has demonstrated that well-designed epidemiological studies that control for confounding factors provide high-quality information on the rate and nature of AEFI. This information should be used as the basis for providing communications and advocacy on the safety of vaccines.

Assessing and improving access to vaccines in EU Member States is a complex issue, made more complicated by the different vaccines that are offered in different countries. Attempts have been made to link access to vaccines to national wealth or wealth inequality, but there are, as yet, no overall, easily understood conclusions. One important additional complication caused by the introduction of new vaccines is their cost. When these vaccines are not provided by national immunization services, but are provided on a commercial basis, it creates inequalities of access. Communications and advocacy policies must take account of vaccine access issues and be sensitive to cost-based availability restrictions.

In some respects, assessing and improving access to vaccines in the newly independent states is less complex, but of greater urgency. Here access has been limited by a loss of confidence in national authorities and immunization services, changes in public expectations, and a growing trend for challenging the quality of services provided. In these circumstances a strong communications and advocacy strategy is required to rebuild trust in health services and the products they offer and to recreate high public demand for immunization. The United Nations Children’s Fund (UNICEF) has established considerable expertise in social mobilization, communications and advocacy for immunization. It has developed numerous tools for conducting surveys, developing training materials, and assessing capacity and performance. The resource materials and manuals published by UNICEF are an invaluable source of information and guidance for health authorities establishing new communications and advocacy strategies and policies.

6. Introduction of new vaccines: the HPV experience

One of the vaccines currently being introduced into several western European countries is human papilloma virus (HPV) vaccine. This is not a typical childhood vaccine; the target group is adolescent girls before they become sexually active, and the goal is to prevent cervical cancer in adults. As such, introduction of this vaccine poses additional and novel problems for communications and advocacy. Italy will begin a mass vaccination campaign in March 2008. In preparation for this, the immunization services have been conducting a national communications campaign and have established a web site for the campaign. Despite these efforts, there is concern that confusion exists over the goals, target group and underlying reasons for the immunization, and this confusion may also exist among health care professionals.

In the United Kingdom, media coverage on the development of HPV vaccine began in 2005, much of it sensationalist and incorrect. Care was taken to avoid linking the immunization services with this media coverage. The United Kingdom plans to begin immunization with HPV vaccine later in 2008, and in preparation authorities have undertaken extensive research on appropriate communications and advocacy approaches. Early results of work with parent groups influenced the choice of vaccine recipient age group and the presentation of promotional materials. This detailed market research is essential if the introduction of a complicated vaccine like HPV is to be understood, trusted and accepted.

HPV vaccine was introduced in Belgium in November 2006, accompanied by extensive communications and advocacy activity. Meetings were held with health care professionals, often with the participation of the vaccine producers, and information was made available to the public through television and web sites. The vaccine producers were allowed to take a leading role in this, with very little action being taken by the Federal Government. The vaccine has been well accepted, and demand is high; but, possibly as a consequence of leaving the vaccine producers to promote the vaccine, there is little information on vaccine safety or on the background diseases of adolescence. As such, there may have been a missed opportunity to provide broader health care information and advice to adolescents. It is clear that background information on the morbidity and mortality of the target group is needed as a matter of urgency, before vaccine safety is questioned and immunization is challenged.

7. The journalist's perspective

Vaccine scares tend to be country-specific and reflect local concerns. National mass media, particularly newspapers, reflect – and to some extent stimulate – these local concerns. They need stories with highly emotive content to attract readers and effectively sell them to advertisers, while medical research usually moves ahead in small incremental steps and rarely through dramatic, massive breakthroughs. As a result, mass media sources are drawn to covering sensational issues, including scare stories, and are not drawn to covering more sober, scientific issues.

Routine science and health stories are usually covered by specialist science and health correspondents, and, in general, the quality of this type of coverage is good. But when the story has a high public profile, such as a vaccine scare story, coverage is often provided by high-ranking journalists. Story coverage changes from a science or health issue to a generalist issue, and scientific accuracy and objectivity are given lower priority. This is often used very effectively by anti-vaccine lobbyists, who tend to avoid addressing scientific audiences but are proficient at addressing generalist audiences. Communications and advocacy strategies must take this into account.

Most mass media sources, particularly newspapers, operate under strict limitations. Stories must usually be short (300 to 400 words), contain relatively simple messages, and be presented in very clear arguments – often in black and white terms. The story must also often be provided at very short notice. In general, anti-vaccine lobbyists are good at providing this type of information, whereas health care professionals are less well prepared. Media sources tend to hear often from anti-vaccine lobbyists, but rarely from health care professionals. Therefore, if scientists and health care professionals want to improve the quality and quantity of media coverage their programmes receive, they must be more proactive in approaching mass media sources and providing appropriate information.

In the past, intransigence by health authorities to respond to scares and claims by lobbyists has provided time for anti-vaccine campaigns to gather momentum and acquire disproportionate importance. At the same time, ill-considered conciliatory messages coming from health authorities can be seen as patronizing, defensive and indicative of having something to hide. Immunization services need access to proactive, professional public relations experts, who know how the media works and are capable of presenting the case for immunization in an appropriate manner. Immunization services need to be able to promote consistent messages on the effectiveness and safety of vaccines based on good scientific evidence but presented in a clear and understandable manner.

Finally, it must also be borne in mind that members of the public sometimes have opinions that may not be scientifically justified. Even when presented with good information, they may not

interpret that information appropriately and may not make the desired decisions. In these cases, providing additional information may not necessarily help. It has to be accepted that there are some people who cannot be convinced.

8. Conclusions and recommendations

8.1 Conclusions

- There is greater public access to information on immunization and vaccines than ever before, and immunization services must recognize this and develop the capacity to deal with it.
- It has been relatively easy to generate vaccine scares and promote anti-vaccine agendas; if left unchallenged by health authorities, these scares and anti-vaccine claims can become hugely disruptive to immunization services.
- Most vaccine scares are specific to a particular vaccine in a specific location and reflect local (national) concerns within local (national) health contexts.
- Anti-vaccination lobbyists are proficient at gaining access to mass media sources and in promoting their claims; health care professionals tend to be far less proficient at this.
- Anti-vaccine arguments are often generalist and emotional in context and presentation, and highly selective of any scientific information they may include.
- It is very difficult, and often counter-productive, to respond to emotional arguments with academically presented scientific facts.
- Due to the success of immunization programmes, fear of the diseases that childhood vaccines protect against has greatly diminished in both the general public and in some sectors of the health care professions.
- Individuals and groups that reject vaccines can be divided into two broad groups: vaccine ‘sceptics’ who are prepared to accept vaccines but have specific objections against particular vaccines or the way they are used; and vaccine ‘opponents’ who, for a variety of reasons, reject all vaccines.
- Communications and advocacy have become a core component of immunization systems, as important as the cold chain and vaccine delivery systems.
- Communications and advocacy for immunization must now be handled by professionals who understand how to access the mass media and how to effectively present immunization messages.
- Considerable experience and expertise in communications and advocacy for immunization has been developed by international agencies, particularly UNICEF.
- Several countries in the Region have experienced serious vaccine scares and have developed strategies and actions to counter these scares and respond rapidly to any future scares. Information on these experiences would be of great benefit to other countries.
- Successful introduction of new vaccines, particularly complicated vaccines like HPV, requires extensive promotion, information provision, discussion and market research well in advance of the intended launch.
- As a tool for promoting immunization activities, and in some countries for obtaining a budget for communications and advocacy activities, European Immunization Week has been very successful. It is, however, a time-limited activity (one week per year) and does not negate the necessity for long-term, year-round communications and advocacy for immunization.

8.2 Recommendations

- Recognizing the growing importance of communications and advocacy for immunization, government health authorities should provide sufficient human and financial resources at national level (or at subnational level, if appropriate) specifically for this purpose, including provision of a dedicated budget line for immunization information services.
- National governments should develop national (or subnational, if appropriate) long-term strategies and action plans for immunization communication and advocacy activities targeted at all appropriate groups, including health care professionals.
- National governments should adopt a proactive position with regard to potential vaccine scares and develop national (or subnational, if appropriate) contingency planning for responding appropriately and rapidly to immunization crises.
- International agencies, including WHO, UNICEF and the European Centre for Disease Prevention and Control (ECDC), should help to create a platform (meetings, data exchange, web sites) for exchanging information on lessons learned, experiences gained and best practices.
- International agencies, including WHO, UNICEF and ECDC, should facilitate establishing active networks and partnerships for communication on immunization, evaluating actions taken in response to vaccine scares and prior to introducing new vaccines, and developing best practices.
- Recognizing the successes of European Immunization Week as an opportunity to continue efforts for effective communications and advocacy for immunization, national governments in countries that have already participated should consider ways of extending and amplifying their activities, and national governments that have not yet participated should consider doing so.

ANNEX 1: Programme of the meeting

<p>Wednesday 16 January 2008 Attended by immunization managers and communication officers</p>
<p>Opening address (Professor David Salisbury, United Kingdom, and Dr Nedret Emiroglu, WHO)</p>
<p>Address by Professor Sir Liam Donaldson, Chief Medical Officer, United Kingdom</p>
<p>Session 1a: Introduction</p> <ul style="list-style-type: none">• Achievements and challenges in communication and advocacy for immunization (Dr Andrei Lobanov, WHO)
<p>Session 2a: Routine agenda setting – the long-term perspective</p> <ul style="list-style-type: none">• WHO measles/rubella elimination target for 2010 (Dr John Spika/Dr Andrei Lobanov, WHO)• Maintaining public confidence – the MMR debate in the United Kingdom (Ms Joanne Yarwood)• Dealing with anti-vaccination groups in Germany (Dr Sabine Reiter)• Approaching sceptic health professionals in Switzerland (Dr Catherine Bourquin)• European Immunization Week – a regional framework for advocacy and communication for immunization (Ms Naroesha Jagessar, WHO)
<p>Panel discussion (Professor David Salisbury, United Kingdom)</p>
<p>Session 3a: Safety and access – other long-term perspectives</p> <ul style="list-style-type: none">• Overview of global immunization safety concerns and AEFI surveillance – the communication perspective (Dr Philippe Duclos, WHO)• Monitoring safety in the United Kingdom (Professor Liz Miller, HPA United Kingdom)• Handling access issues (Dr Pierluigi Lopalco, ECDC)• Reducing inequalities in immunization – re-building trust in immunization (Dr Dragoslav Popovic, UNICEF)
<p>Panel discussion (Dr Nedret Emiroglu and Professor Gudjon Magnusson, WHO)</p>
<p>Session 4a: Introduction of new vaccines: HPV experience</p> <ul style="list-style-type: none">• HPV – Italy experience (Dr Maria Grazia Pompa)• HPV – United Kingdom experience (Ms Joanne Yarwood)• HPV – Belgium experience (Professor Dr Patricia Claeys)• A new challenge: WHO position on Human Papilloma Virus (Dr Philippe Duclos)
<p>Panel discussion (Professor David Salisbury, United Kingdom)</p>
<p>Discussion and summary and conclusions of the day (Professor David Salisbury, United Kingdom, and Dr Nedret Emiroglu, WHO)</p>

Thursday 17 January 2008 Attended by chief medical officers, immunization managers and communication officers
Opening and summary of day 1 (Professor David Salisbury, United Kingdom)
Session 1b: From the other side – the journalist's perspective <ul style="list-style-type: none">• Unravelling the MMR story (Dr Ben Goldacre)• What a journalist needs (Ms Vivienne Parry)• A doctor, a journalist and a parent (Dr Mike Fitzpatrick)
Panel discussion (Professor David Salisbury, United Kingdom)
Session 2b: Future directions – conclusions and recommendations of the meeting <ul style="list-style-type: none">• Adoption of joint statement on strategies to improve advocacy and communication for immunization in the WHO European Region <p>(Professor David Salisbury, United Kingdom, and Dr Nedret Emiroglu, WHO)</p>
Close of meeting

ANNEX 2. Common statement

Meeting on setting the immunization agenda through advocacy and communication London, 16–17 January 2008

Background

This meeting was convened to review national immunization advocacy and communications strategies; review responses to recent media-driven challenges experienced in some countries; and to share lessons for communication and advocacy practices. Chief medical officers, immunization managers and communication officers from 16 western European countries participated in the meeting.

Immunization is a key component of a strong health care system and can be a driving force for health systems strengthening. It is one of the most cost-effective health achievements of modern times, but it is still not accessible to all. Coverage rates, particularly within some countries, vary widely. There has been a spectacular decline in illness, long-term disability and death associated with vaccine-preventable diseases. However, it is estimated that these diseases continue to kill over 30 000 children in the WHO European Region every year, and outbreaks continue to pose a serious threat.

Formidable challenges to the establishment, maintenance and expansion of immunization services have already been overcome. Despite the overwhelming success of childhood immunization programmes, some parents, health workers and political decision-makers question the safety or necessity of immunization. The challenge is now to communicate clear, evidence-based information providing reassurance of vaccine safety and effectiveness, and thus increase acceptance of immunization services. A further challenge is to defend immunization services from people, groups and media sources that for a variety of reasons are pursuing an anti-immunization agenda.

Common statement

We, participants of the London meeting on setting the immunization agenda through advocacy and communication, recognize the critical role of advocacy and communication for immunization, as stated in the Global Immunization Vision and Strategy (2006–2015), which sets the framework, vision and guiding principles on communication and advocacy¹.

We agree that reliable and evidence-based information on immunization is an essential resource that must be made available in the most appropriate formats to health professionals and the public.

We endorse continued actions, appropriate to national contexts and concerns, to develop, improve and extend immunization communication and advocacy activities, including:

- Providing sufficient human and financial resources for this purpose, including provision of a dedicated budget line for immunization communication services;

¹ “Communication must be improved in order to ensure that the public, policy-makers, and health workers understand the vital importance of immunization for the health of both children and adults. This is essential both in ensuring support for the current immunization programme and in providing information about the introduction of new vaccines or technologies to a national schedule. As delivery systems become more complex and the diversity of available products increases, the demand for clear guidance on programme preferences will also intensify. In view of the globalization of the media, including widespread access to Internet-based information, it is of critical importance to make use of the available media both to provide evidence-based information about the value of immunization and to counter false information about vaccine safety issues” (Strategy 22).

- Developing national long-term strategies and action plans for immunization communication and advocacy activities targeted at all appropriate groups, including health care professionals;
- Developing national level contingency planning for responding appropriately and rapidly to crises related to immunization;
- Creating a platform for exchanging information on lessons learned, experiences and best practices through regional framework initiatives;
- Developing mechanisms, with the support of international organizations (e.g. WHO, UNICEF and ECDC), for the development of networks and partnerships for communication, evaluating actions taken and developing best practices;
- Using the European Immunization Week as an opportunity to continue efforts for effective communications and advocacy for immunization.
- Recognizing that good collaboration with the mass media can be useful and effective in communicating the importance of immunization and avoiding unbalanced reporting about immunization.