

Integrated communication strategy for distribution of H1N1 vaccine



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and Societal and Individual Measures Team
in consultation with Regions
and partners

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Introduction



This document proposes a communications plan that countries can use to inform the public and at-risk groups about the H1N1 vaccine.

In June 2009, WHO declared the first influenza pandemic in over 40 years. Since then, the H1N1 pandemic has spread to almost all countries, but has resulted in mild illness and moderate overall impact in most cases. Nevertheless, experience so far has shown that H1N1 can place a considerable strain on health services and can result in serious illness and death. Young people, pregnant women and those with chronic diseases seem to have the highest rate of complications. Developing countries are likely to be at most risk from the pandemic effects, as they face the dual problem of highly vulnerable populations and limited resources to respond H1N1. Public health experts agree that one of most effective ways to mitigate the negative effects of the pandemic is by providing the H1N1 vaccine to at-risk populations.

In late 2009, the estimated global manufacturing capacity for pandemic vaccines was at most 3 billion doses per year. It was expected that demand for these vaccines would initially outstrip supply and access to the vaccine would vary among countries. The countries least able to access vaccine would include the poorest countries but also some middle income countries.

The Secretary General of the United Nations (UN) and the Director-General of WHO called upon the international community for solidarity and assistance to ensure more equitable distribution of pandemic vaccine.

Several donor countries and manufacturers stepped forward to donate funds or product. WHO, working with other UN agencies, coordinated the distribution of these products. Initially, enough product was donated to cover 2% of the population in recipient countries, to be followed by a second deployment which will bring the coverage to 10% of the population.

With this limited supply and concern over H1N1 and the vaccine, it will be important for recipient countries to be able to communicate clearly about both the virus and the vaccine. This guide sets out some of the communications challenges faced by these countries, and a suggested strategy for approaching these challenges. It also includes templates that can be adapted for country use.

The guide is built upon a foundation of work done by WHO Regional and Country Offices, by risk communication and social mobilization colleagues, and by partners in other agencies.

An integrated approach to communication

A vaccination campaign involves a range of different actors and stakeholders, from those directly involved in the distribution to the priority groups for receiving the vaccine. Information and mass media campaigns play a crucial role in informing these different stakeholders about pandemic (H1N1) 2009 influenza and about the vaccine and its benefits. This will, however, not be sufficient to ensure the successful distribution and uptake of the vaccine among the priority groups. For people to make informed decisions about preventive and risk reduction practices, including taking the vaccine, a more integrated approach is needed – focusing on achieving behavioral results. This is why this proposed strategy includes elements of both risk communications (often done through

the media) and social mobilization¹ (using multiple communications means and methods to influence, persuade, convince individuals and groups to take action).

The different stakeholder groups cannot all be reached in one way. For example, a mass media campaign is an effective way to educate the whole population about H1N1 and its dangers, but it is not a good way to give technical information about how to administer the vaccine. The table below illustrates this challenge.

	H1N1 in general and protective measures	Who the target groups are and the benefits of vaccine for them	When and where vaccine available	Technical information
General public	X	X		
Opinion leaders	X	X		
Target groups	X	X	X	
Health-care workers	X	X	X	X

A communication strategy is an important planning and implementation tool, which describes how to reach a defined set of objectives. The goal of the communications efforts around distribution of vaccine is to *ensure the uptake of the vaccine by targeted groups* and to *have a general acceptance of the vaccination program by the wider population*. There are other important aspects of the campaign, but the central focus is on influencing human behaviour: so that people carry out appropriate actions to protect themselves from becoming infected and from infecting others.

This guidance explains step-by-step how to develop an integrated communication strategy, based on social mobilization methods and risk communication principles. The strategy will serve as a basis for communication and dialogue with priority groups and the population at large, making sure that communication activities are coordinated and that roles, responsibilities and priorities are clarified.

Adapting to the country context

The countries which are now preparing for deployment of the vaccine are located in different regions, each with its own specific social, economic and cultural context. Each country needs to develop a communication strategy which reflects the priorities of its government and the needs of its population. Different countries will encounter different challenges and, as a consequence, need to find their own solutions and responses. This guidance should therefore not be seen as a template, but as a tool for developing communication strategies that reflect the situation and respond to the needs in each country. Even within countries, different groups will have different concerns.

This adaptation is especially important with regard to the messages that are included at the end of this document. Messages should only be adopted and used by countries after being tested for relevance and effectiveness with the people they are aimed at. In the same way, the suggested approach must fit in with the resources available to the country, as well as the time available before delivery of the vaccine.

¹ WHO defines social mobilization as “the process of mobilizing all societal and personal influences with the aim of prompting individual and family action”. It is a process which strategically blends a variety of communications interventions intended to engage individuals and families in considering recommended behaviours and to encourage the adoption and maintenance of those behaviours.

Content of a communication strategy

Most communication strategies will include the following main sections:

1. Introduction

Background and context of the strategy, rationale for vaccine campaign, important principles etc.

2. Scope

Time frame and scope of the strategy.

3. Objectives

The behavioural and communication objectives of the strategy – and how these will contribute to achieve the overall goal of the vaccination programme.

4. Target groups

Stakeholder groups and target groups for different communication activities, including priority groups for vaccination, mass media, decision makers etc.

5. Main activities

Communication action areas and concrete activities, if possible in the form of an implementation plan.

6. Messages

Key messages for different target groups.

7. Monitoring and evaluation

How can we monitor if the interventions are working or if they need to be adapted? And, once the vaccination campaign is over, how can we evaluate if the objectives were reached and learn for the future?

Communications challenges



There are many advantages of having a planned framework for communication, integrating important elements of risk communication and social mobilization. The formulation of a strategy also helps to clarify critical communication challenges, from the perspective of the communities at risk. Responsive communication will increase the support for the vaccination strategy and make sure that resources are used effectively.

While some research (sometimes called a “rapid assessment”) is needed to determine the key issues in each country, it is possible to anticipate some of the major communication issues around the vaccine and its distribution. These challenges will be faced by governments, ministries of health, WHO Country Offices and others involved in the campaign. An effective response requires that all partners work together and have agreed on the communication approach.

Main communication may be among the following:

1. Explaining a new virus and its risks to a wide audience

Pandemic H1N1 is the source of a lot of confusion, starting with its name. Widely known as “swine flu”, it still has some people fearful of pigs and pork. Or, for those who do not eat pork for religious reasons, there is a shame associated with having a disease named after a “dirty” animal. More widely, people are still not sure what the disease is, how severe it is, how to treat it, whether it is necessary to be tested, whether or not to get the vaccine, and so on.

It is impossible to lead an immunization campaign without also addressing the disease overall, and informing the public about it.

2. Explaining the vaccine, assuring the public that it is safe

Vaccination, particularly in this case because some people perceive the vaccine as new, raises many questions from different sectors of the population. These questions must be answered clearly and transparently. Rapid response strategies are needed to combat negative rumors about the vaccine, as well as criticisms in mass media. In some countries, the immunization campaign will start in an environment that is already very negative towards the vaccine. Great efforts will be needed to explain the how vaccines work, and the steps that went into creating and testing these vaccines. One advantage of the countries receiving vaccine in late 2009 and early 2010 is that they can build on the experience of dozens of countries having administered millions of doses, with the knowledge that the safety profile of the vaccine has been shown to be very good. This knowledge can be used to counter possible accusation that the vaccine is being tested on developing world populations.

In some countries, there will be the additional challenge of explaining the difference between the seasonal flu vaccine and the pandemic flu vaccine. It is important for people to know about the existence of both vaccines, their respective risk groups, and the potential adverse events related to the new vaccine or to administering both.

3. Communicating when and where vaccine is available, and to whom

Based on advice from its group of vaccine experts, the WHO has recommended that health workers be given high priority for early vaccination. Countries may decide the next priority groups based on their particular situation and WHO guidelines (see http://www.who.int/csr/disease/swineflu/notes/h1n1_vaccine_20090713/en/index.html).

Not all of the vaccine may arrive in a given country in one shipment, health-care workers will receive it first, with other priority groups to follow. Because of this, the government will have to explain the staged reception of the vaccine, the fact that WHO is helping with a maximum of 10% of a country's needs, and that the country itself can attempt to secure additional vaccine later, if it feels the need to do so.

In most cases, the amount of donated vaccine to be received by each country will be insufficient to vaccinate all those who might want the vaccine. Even among the designated priority groups for vaccination, it is likely that only some health workers, particularly those located in more densely populated parts of the country, will be vaccinated. While strategic in epidemiologic terms, this decision could raise issues among the target groups, for example regarding equity (if the vaccine is in high demand) or distrust (if there are suspicions about the vaccine).

4. Managing over-demand and under-demand for the vaccine

Even though vaccination campaigns typically seek to increase widespread demand among specific high-risk groups, in this case, the objective is more complex as there is the possibility of significant demand and the limited availability of vaccines. There is also the possibility of the more classic situation where people are uninterested in receiving the vaccine. Lastly, there is also the possibility of sudden shifts in demand. In some countries that had the vaccine available in early winter 2009, there was a pattern where first there was very low interest and uptake of the vaccine, which then turned to high demand when a few high profile H1N1 deaths occurred, particularly in young people. Health officials found themselves needing to change their messages almost overnight. Where initially they were explaining the importance and need for the vaccine, they had to change their message to asking the public to be patient in waiting for their turn to be vaccinated after at-risk groups.

5. Addressing health-care workers' concerns

Health-care workers are the first group targeted to receive the H1N1 vaccine, in order to protect them because of their high exposure, and also to ensure the health system can continue functioning if the disease becomes widespread. A body of evidence points to the fact that health-care workers are often more reluctant than the population at large to be vaccinated. There are a number of reasons for this, ranging from a sense of infallible good health to professional skepticism about the disease. It is key for countries to understand the concerns of health-care workers before building a campaign around the vaccine. Not only will health-care workers need to understand the vaccine in order to make the choice to be vaccinated themselves, but they are highly trusted by their patients, who will likely make their own choice regarding vaccination based on what their health-care worker tells them.

6. Addressing concerns from other target groups, particularly pregnant women

Other groups may also be difficult to convince. Pregnant women might for example be concerned about exposing their unborn baby to a vaccine.

In most countries, experience with immunizing pregnant women has been with tetanus toxoid, given during routine antenatal care visits and occasional large-scale campaigns to all women of child-bearing age. In some countries, rumors have arisen that tetanus toxoid is a contraceptive and

that the campaigns are a population-control conspiracy. For H1N1 vaccine, it can be expected that there will be concerns among pregnant women and their families about the effect of the vaccine on both the woman and the child she is carrying. Rapid research can help to illuminate the concerns of this population and inform the development of messages, products and activities.

7. Managing adverse events

WHO has done a great deal of work over the past 10 years to increase the active monitoring for and responses to adverse events following immunization (AEFI). These are medical events that happen after a person has received a vaccine, and may or may not be as a result of the vaccine. For example, a person might report that their arm is sore at the point the vaccine was administered, which is a known side effect of the vaccine; another person might report having a sore foot. This person might also think it is the result of the vaccine. These reports are investigated to determine if there is a medically plausible connection to the vaccine. When epidemiologic investigations have established a true link with a vaccination, experience has shown that it is almost always due to health worker error. For example, they might have used a vial of vaccine after it had been contaminated. Conducting a scientific investigation to establish the cause of an AEFI takes time, even when done as a matter of urgency. If the incident is high profile or extreme (for example, if a young person has died) then the public trust in the vaccine – and in the government that supported it – can be damaged and can affect all vaccination activities. These risks need to be considered in the communication strategy and carefully planned for in a crisis management plan, which is implemented in close coordination with the epidemiologic investigation.

8. Managing trust in institutions

Finally, trust in government, in donors and in other institutions might be an issue. Although the immunization campaign is conducted for the good of the target groups and the population as a whole, it can be a liability for high level political officials to be too closely associated with an immunization campaign – especially in countries with polarized political situations or a large base of opposition. Therefore, the support of other well-known and trusted individuals or organizations outside the government should be sought. WHO and regional offices can work with in-country counterparts and partners to support the work of the ministry of health and other government sectors. It is also wise to identify other influential people from outside the government and seek their support for H1N1 vaccination. Such influential persons can serve as highly credible messengers of support but only if time and effort is invested to engage and educate them about the importance of H1N1 immunization.

A suggested strategy



Taking into account the various challenges, WHO has developed a suggested approach that countries can take. This proposed communications strategy suggests ways to reach the general public and the target groups, and how to structure cooperation with the other partners involved. Mass media is used to reach the widest number of people with the most general messages. It is also suggested to seek the support of opinion leaders (civic, religious, entertainers) to help spread the information about the importance of vaccine for the target groups. To reach health-care workers, it is suggested that professional associations and direct meetings with health-care workers themselves be undertaken.

The strategy is divided into three main stages: before the arrival of the vaccine, during the campaign, and after the campaign.

- ▶ It is important to note that this is a suggested strategy, and needs to be adapted to country needs and situation. This is especially important with regard to the messages that are included towards the end of this document. These messages should not simply be adopted and used by countries, but need to be tested for relevance and effectiveness with the people they are aimed at. In the same way, the suggested approach must fit in with the resources available to the country, as well as the time available before delivery of the vaccine.

The government and ministry responsible for the campaign will find that sharing information early and often will help gain the support of the population. Rumours and misconceptions will still surface, making it doubly important that the correct information from the most credible source.

STAGE 1 ■ Before the arrival of the vaccines: planning

1. Developing plan and policy

The months and weeks before the planned arrival of vaccines are critical to a successful vaccination campaign. This period can be used to reinforce information efforts about the flu and about what individuals can do to protect themselves and others from infection. Main concerns should be identified and addressed.

The H1N1 vaccine policy, which defines the specific priority groups and explains why they were chosen, should be widely available and shared with anybody who is interested in seeing it.

Having clearly formulated objectives is the key to achieving any result in terms of impact on people's awareness, attitudes and, above all, behaviour. The objectives will help to determine which communication/social mobilization activities and approaches that are needed for an effective vaccination programme.

There are two different sets of objectives.

Behavioural objectives:

The initial statement of behavioural objectives will depend on the identified priority groups – and there will be several priority groups for the pandemic vaccine. For each of these groups you need

Outbreak communication principles

To address the strategic communications goals and concerns, public communication should be conducted according to the five principles of good outbreak communications.* These principles were developed by WHO in consultation with experts from Member States.

1. Trust

The overriding goal for outbreak communication is to communicate with the public in ways that build, maintain or restore trust. This is true across cultures, political systems and level of country development.

- ▶ The more people trust a source of information, they more likely they are to follow recommendations from that source.

2. Announcing early

The parameters of trust are established in the outbreak's first official announcement. This message's timing, candour and comprehensiveness may make it the most important of all outbreak communications.

- ▶ When you are the first to give information, people pay attention. The first information is seen as the most authoritative.

3. Transparency

Maintaining the public's trust throughout an outbreak requires transparency (i.e. communication that is candid, easily understood, complete and factually accurate). Transparency characterizes the relationship between the outbreak managers and the public. It allows the public to "view" the information-gathering, risk-assessing and decision-making processes associated with outbreak control.

- ▶ Be open with information: transparency builds trust.

4. The public

Understanding the public is critical to effective communication. It is usually difficult to change pre-existing beliefs unless those beliefs are explicitly addressed. And it is nearly impossible to design successful messages that bridge the gap between the expert and the public without knowing what the public thinks.

- ▶ Only by listening can you know the concerns to your audiences.

5. Planning

The decisions and actions of public health officials have more effect on trust and public risk perception than communication. There is risk communication impact in everything outbreak control managers do, not just in what is said. Therefore, risk communication is most effective when it is integrated with risk analysis and risk management. Risk communication should be incorporated into preparedness planning for major events and in all aspects of an outbreak response.

- ▶ Planning is described in more detail in the section below.

* For a fuller description of these five principles, see WHO's Outbreak Communications Planning Guide, <http://www.who.int/ihr/elibrary/WHOOutbreakCommsPlanngGuide.pdf>

to state the precise behavioural objective that you wish to achieve in relation to the vaccinations. Think in terms of the four basic questions: **Who needs to do What, When, Where** and **Why?** A clear statement of this is a reminder of the link between the behaviour and the health goal.

Important! The formulation of the behavioural objectives will be done in two steps. The first preliminary objectives will be based on the initial understanding of the context and need to be revised after the rapid assessment.

Communication objectives:

The objectives will be aimed at achieving specific behavioural outcomes. Communication objectives identify what needs to be communicated, to whom and under what circumstances in order to help meet the behavioural objectives. There may be several communication objectives directed at securing the intended behavioural result.

Example: Behavioural and communication objectives for pandemic (H1N1) 2009 vaccines for health workers

Behavioural objectives	Communication objectives
To ensure that 10,000 health workers in XX take one dose of the pandemic (H1N1) 2009 vaccine, administered by a colleague at their place of work during the 1st week of February.	<ul style="list-style-type: none"> • Ensure that all health workers in XX know when and where to access the vaccine. • Ensure that all health workers in XX understand that the importance of taking the pandemic (H1N1) 2009 vaccine when it is offered. • Ensure that all health workers in XX get clear, accurate information about the risks of complications for specific groups on pandemic (H1N1) 2009 and the vaccine being offered. • Appropriately address misinformation and rumours among health workers related to pandemic (H1N1) 2009 vaccines • Ensure that XX population understands the rationale and reasons for ensuring that health workers are protected and offered the pandemic (H1N1) 2009 vaccines first.

Once the priority groups have been identified and preliminary behavioural objectives have been articulated, the next step is to carry out a rapid assessment to understand the current knowledge and perceptions about the pandemic (H1N1) 2009 vaccine among the priority groups. This is a critical part of the planning process, which will help you to understand the factors which will inhibit or enable the vaccination campaign, from the perspective of those who will be offered the vaccine. It is only with this understanding that you can begin to develop social mobilization/communication activities that will lead to a more effective vaccination programme.

The Annex contains a checklist with questions that could be important during the assessment and a short description of common methods for information gathering.

2. The five communication action areas¹

(a) Mobilizing administrative structures/advocacy/mass media

Decision makers within the ministry of health and other government branches and agencies need to be mobilized to support the vaccination campaign and advocate the vaccine. Plans need to be put in place in case there is a sudden surge in activity or if a crisis situation occurs. Official spokespeople should be included in meetings and allowed access to top leaders.

¹ Source: WHO communication-for-Behavioural-Impact: 2010.

Support from outside the ministry of health needs to be identified, such as other government departments, regional and municipal government, professional associations (doctors, nurses, midwives), religious associations and religious leaders, UN partners, WHO, UNICEF, other NGOs, faith-based organizations, and so on.

Particularly important is to include health-care workers. They should be fully informed about all aspects of the vaccine, ideally before the information is made public via mass media. They need to be in a position where they can respond to questions with the latest information and address concerns from their patients.

Although mass media is not the best method for reaching the groups targeted to receive vaccine, media still plays an important role and can make information accessible to large population groups. Which media channels are the most effective depend on the country – in many cases radio is the only mass media to reach population outside urban areas. Good media relations include:

- ▶ Sharing information early and often: This will help gain the support of the population. Rumors and misconceptions will still surface, making it even more important that the correct information comes from the most credible source.
- ▶ Drafting core media material in advance: media releases, press information packages, briefing papers, web materials, talking points (see suggested materials developed by WHO).
- ▶ Ensure good availability of the Minister of Health and other key officials to respond to interview requests and speaking engagements around H1N1 and the vaccine. Ensure use of all channels: meetings, newspaper, radio, TV.

Official websites

Where this exists, the ministry of health's website is a good place to post information about the campaign. Where relevant, the ministry of health should coordinate its web postings with the WHO and include identical material. The website can act a public reference of record. The following materials could be posted:

- ▶ What is influenza and why and for whom can it be dangerous
- ▶ What are the differences between (the various types of) seasonal influenza and pandemic influenza
 - PI: no one has immunity, but this doesn't necessarily mean that one will die from it; in fact, even in the worst pandemic recorded (that of 1918–1920), 98% of those infected, survived
- ▶ What is a vaccine and how does it work
- ▶ Adverse events: what they are, how likely they are to happen, and note that the great majority of them are transitory
- ▶ Who should get vaccinated
- ▶ Why certain groups are getting vaccinated and others are not
 - High-risk groups need to be vaccinated
 - WHO has arranged for donations of enough vaccination to vaccinate the highest-risk groups; if a country wishes, it can buy/acquire additional vaccine to cover further segments of the population
 - Explanation of limited vaccine supply

- ▶ Train key staff who will be responding to media queries and hold workshops or meetings with media to explain H1N1 and the vaccine.

(b) Mobilizing communities

The support of community leaders (political, social and religious, influential individuals and organizations) and members will be important to the vaccination campaign. These local influencers must be people who are trusted and to whom the targeted vaccination groups would most likely turn to for information. The rapid assessment will help you to find out who they might be.

This is where communities are engaged in discussing the risk of the disease and the actions they can take to protect themselves – and is particularly important where communities have other priorities e.g. children and elderly.

Activities may include:

- ▶ Community group meetings
- ▶ Traditional media, music, song and dance
- ▶ Mobilizing school children as advocates

Some countries have established phone lines, which are staffed by trained operators. The public can call in with their questions and get basic answers. A record of the type of questions asked can later be used to feedback on the campaign and if needed to modify messages.

(c) Interpersonal communication/personal selling

Direct communication and personal counseling is a powerful means to engage individuals. It allows for careful listening to and addressing peoples' concerns about the vaccine. The personnel in charge of interpersonal communication need to be credible, trustworthy and empathetic. For example, to reach health-care workers this could be their peers (trained cadre of health staff conducting meetings and trainings) or spokespersons from professional institutions.

Activities may include:

- ▶ Door-to-door visits by community health workers or volunteers.

(d) Promotional material and advertising

Leaflets, pamphlets, radio and TV-spots should be used sensitively and strategically depending on the national vaccination priorities. For example, although a key factor is to remind eligible groups to get vaccinated, they may constitute only 2% of the population. Materials and spots should be disseminated in places where the priority groups are likely to be reached, for example in health care facilities. Ensure that messages and materials are focusing on the behaviour(s), and pre-tested with the intended audience before they are produced and disseminated. Also, make sure that it is clear who will approve the material and that it can be done quickly.

(e) Point-of-service promotion

The priority groups need to know where to actually get the vaccine. There should be visible signs and symbols at service points to indicate where and when the vaccine is available and to whom.

STAGE 2 ■ Distribution of the vaccine: implementing the plan

This step should be done with relevant stakeholders who need to contribute human and financial resources. The group may also need to bring in decision makers from departments and agencies that have an important dissemination role, such as heads of local education departments, churches and NGOs. The group must agree on which activities are feasible, what the priorities are and why, who should be responsible, what resources are required and who will finance them.

Why is a mix of interventions necessary?

Each event below is a communication moment that helps the health worker to reach a decision to take/not take the vaccine. The five communication action areas provide a framework for planning these moments. Ultimately, when the health worker walks past the location where the vaccine is available she will have already have taken a decision about the vaccine.

I'm exposed to infections every day. I need to protect myself and stay healthy so I can continue to care for my family. I also need to protect the patients in my care.

Hears about the vaccination programme through an internal memo.

Receives a letter from her professional association supporting the vaccination programme and urging all its members to take up the vaccine.

Attends a staff meeting where the issue was discussed and information was given on when and where she could get vaccinated.

Reads a professional journal about the vaccine the benefits and disadvantages and understands more about the vaccine.

Talks to her mother who has heard about the vaccination programme through a radio discussion programme and why health workers are a priority group. Her mother urges her to get vaccinated.

Talks about it with colleagues who have mixed feelings about the vaccine. Some have said they will take it, others said they would refuse. She hasn't yet made up her mind. Talks to a colleague who has been trained to give the vaccine.



Once these issues have been sorted out, the detailed implementation plan and the budget can be developed. Starting with the preparatory activities, the plan should describe each step in the implementation process, divided into the five communication action areas. Activities in the strategy should be designed to prepare the ground so that key stakeholders (decision makers, health-care workers, media representatives, priority groups and the population at large) are well informed once the vaccine arrives. Social mobilization activities will focus on getting the behavioural results, ie have the target groups take the vaccine.

Communication activities must ensure a continuous dialogue with health-care workers and other priority groups. Any concerns or misunderstandings must be detected as soon as possible. For the wider public, focus should be on promoting non-vaccine measures to prevent infection/spread of disease.

Launch of the campaign: Holding a press conference

With the arrival of the first vaccines, the Minister of Health should conduct a press conference to announce the arrival of the vaccines and the dates and modalities of the vaccination campaign. At this event, fact sheets on what is influenza and what is a vaccine (including its ingredients and how it works) should be distributed, along with as much information possible on where people in the target group can get vaccinated.

The Minister or spokesperson could use this opportunity to reinforce certain key messages:

- ▶ The vaccination campaign targets the groups most at risk.
- ▶ The WHO has arranged for vaccine donations vaccine for up to 10% of the population. With that, we have to ensure that the most vulnerable get vaccinated. If the pandemic is severe and if we deem it necessary to vaccinate more people, we will seek international support in order to acquire more vaccine.
- ▶ This virus so far seems to have had greater effects on those whose immune systems are weak. Remember that the vast majority of those infected with this virus survive, and most of those survive without ever having to seek out medical care.
- ▶ It is only a small minority of the population who are at risk, and it is this small minority that we are prioritizing with vaccination.
- ▶ There are other measures which you can take to protect yourself, such as
 - Washing your hands often
 - Avoiding crowded places if there is a lot of virus circulating
 - Designating one person in the household to care for a family member who has contracted the virus
- ▶ There will be Adverse Events, but these are normally mild and of short duration. We will investigate all potential events and keep you informed.
- ▶ We believe that the benefits of vaccination far outweigh the potential disadvantages: we have seen how H1N1 can kill, and we know that health-care workers (and pregnant women and people with underlying respiratory conditions) are particularly vulnerable. On the other hand, AEs, in the few instances they occur, are in the vast majority of cases mild and transitory.
- ▶ We do realize that there might be the occasional severe AE and we will keep you informed about these.

All key activities required for achieving the communication and behavioural results should be listed in a simple table so that the planning team is clear on who is doing what, when and how. It also helps to track progress.

Once the vaccines have arrived, the public needs to be informed about how the campaign is progressing and where target groups can access the vaccine. Again, the public will need to understand why there will not be doses available for them, and what they can do instead to protect themselves against the disease. One way to reach the wider public is through a press conference (see box, page 13).

It will be important to monitor for adverse events following immunization. Monitor for legitimate reports adverse events but also for rumors. Share the information with the relevant bodies within country, and with appropriate WHO focal point. Be prepared to be open about adverse events and investigate immediately. Inform the public as early as possible about suspected events, and what is being done to investigate.

Adverse events: Investigate and inform

When the public hears about someone getting ill after receiving the vaccine, they are likely to pay very close attention, even though it is very likely that the incident is related to the vaccine. In order to keep public confidence, it is important to be very transparent about the event. Keep the public informed about how you are investigating and what the conclusions are

- ▶ Mobilize communication team to follow the investigation
- ▶ Inform those close to the event what happened (within the hospital or community)
- ▶ Inform public about what happened through media and stakeholders/partners
- ▶ Establish regular briefings

STAGE 3 ■ After campaign: monitoring and evaluation

Close **monitoring** is needed to ensure that the interventions are working to support the vaccination programme. If not, activities and messages might have to be adapted. Monitoring questions include:

- ▶ What impact are the interventions having?
- ▶ Are messages reaching intended groups?
- ▶ Are they understood and having the desired effect?
- ▶ Have there been changes in what people/organizations are saying or doing as a result of our interventions?

The key to effective monitoring is clearly stated and quantified behavioural and communication objectives. Revisit the objectives and the implementation plan and identify how progress and results is going to be captured and measured. Public reaction can for example be monitored through media monitoring, consulting logs from phone lines (if these have been established) and by meeting with partners and professional associations.

Once the campaign has ended, an **evaluation** is needed to assess the relevance, performance and success of the social mobilization/communication interventions as part of the vaccination programme. Were the interventions timely? Were they appropriate and effective? Evaluation will be the basis for a review of what went well and what didn't, involving partners from all sectors in developing and sharing lessons learnt. The ministry of health should make an official announcement of the results of the vaccination campaign (how many vaccinated, adverse events, overall impact).

A suggested strategy: checklist



Below is a summary of the actions described above. This is not a comprehensive checklist, but may help countries get an overview of some of the actions they can take.

STAGE 1 ■ Before the arrival of the vaccines: planning

GOAL: Prepare the public with information before the vaccines are delivered. Ensure that concerns brought up by the target groups have been addressed, and that the public is not confused or hostile. Use the opportunity to remind the public about how they can protect themselves from the flu, and how to care for themselves if they are ill. Ensure that communications has a central role in the planning and decision-making process related to H1N1 vaccine.

- Create communications plan. You can use this document or sample documents from other countries to help speed up the process.
- Clearly define what you need the public and target groups to do. Decide how to communicate this information.
- Develop and define H1N1 vaccine policy that clearly explains the specific priority groups and explains why they were chosen. This policy should be widely shared and widely available if anybody who is interested in seeing it.
- Survey and assess the feeling of the public and target groups to vaccine and develop/adapt communication materials in response. WHO has included some suggested messages in this package, but countries will want to be sure these are clear and relevant in their context. This can be done by meeting with the representatives from the target groups and discussing materials that have been prepared. These messages should include the reason why people should follow the advice. This is one way to make sure they understand and make the decision to comply with the message.
- Draft core communications material, such as media releases, press information packages, briefing papers, web materials (where feasible), talking points, and so on. The section entitled Resource Materials suggests where some of this information is available. You may also contact your local WHO office as your liaison point to WHO. The section entitled Templates has some basic news releases that can be used.
- Perform rapid pre-tests on developed messages to ensure acceptability by targeted groups. This is done by meeting with small groups of the people you are trying to reach (such as pregnant women) and guiding them through a discussion of the topic, seeking their point of view and concerns. You can ask them directly if they understand the messages you have developed, or if they would change anything.
- Identify and meet with all important partners. These may include the following:
 - ▶ other government departments
 - ▶ regional and municipal government

- ▶ professional associations (doctors, nurses, midwives)
 - ▶ religious associations
 - ▶ religious leaders
 - ▶ UN partners, WHO, UNICEF, etc
 - ▶ other NGOS
- Seek “champions/advocates” from within the above groups to support your course. These people could be national celebrities, religious leaders, traditional leaders, political leaders, but must be people who are trusted and to whom the targeted vaccination groups would most likely turn for information. A rapid census of target groups could find out who the major influencers are on each group. Decide on how information will be shared with these partners in the coming months.
 - Establish a mechanism for responding and answering of queries about H1N1 and the vaccine. e.g. phone line.
 - Train the phone operators to answer the most common questions. Organise system for them to keep a list of the types of questions they are getting so this can be used to modify messages. Any concerns from the public can be filtered back to officials.
 - Ensure a system for monitoring for adverse events has been organised. (WHO has more specific guidance on this). In general, country can continue to use the monitoring system that is already in place for immunization campaigns, but make sure to add monitoring in adults as well (because usually systems are in place to monitor for adverse events in children only).
 - Designate spokespeople and appropriate staff who can develop communication materials. Decide who will approve these materials and make sure it can be done quickly. Include spokespeople in meetings and allow them access to top leaders.
 - Create plan for responding to a communications emergency or sudden upsurge in media queries. This can be a list of people who could be available if crisis situation occurs. Meet with them to give them background. Determine where the operations center will be. Ensure support staff will be available as well.
 - Where the web and internet connectivity allow, the ministry of health should coordinate its web posting with WHO: both the ministry of health and the WHO should have identical materials on their websites. WHO can also help to ensure that the entire UN system in the country carries additional information on its websites, and can also help organize communications support – working, for example, with UNICEF and with non-governmental organizations.
 - Ensure good availability of the Minister of Health and other key officials to respond to interview requests and speaking engagements around H1N1 and the vaccine. Ensure use of all channels: meetings, newspaper, radio, TV.
 - Launch a campaign targeting health-care workers to inform them about the vaccine, and that they are part of the target group and that they should encourage the other priority groups to get the vaccines. The mass media is not the right tool for this campaign. It is best run by directly targeting healthcare workers through their workplaces and specialized publications. This would include meeting with the heads of professional health associations such as those for medical practitioners, nurses, midwives. Explain the vaccine policy to them and ask for their support.
 - Share materials with local health care facilities that they can easily prepare and distribute at low cost. Encourage healthcare facilities to hold meetings with their staff to explain H1N1 and the vaccine.

- In order to be extra cautious, discuss with public security officials to decide if security will be needed at vaccine clinics in order to control crowds. If this is the case, you will also want to have civilian officials on-site to give information to the public, and explain why the vaccine is not available to all.
- Conduct a series of workshops or meetings with specific groups:
 - ▶ Do workshops or training sessions with media to explain H1N1 and the vaccine.
 - ▶ Do workshops and training sessions with key staff that will be responding to media queries.
 - ▶ Do workshops and training sessions with key stakeholders/partners
 - ▶ Do workshops training with healthcare workers to respond to questions about H1N1 and about the vaccine. Although the workshops may be focused on the vaccine, it is also an opportunity to share information about case management with healthcare workers, helping to improve their knowledge of H1N1 in general.

STAGE 2 ■ Distribution of the vaccine: implementing the plan

GOAL: Once the vaccine has arrived and begins to be distributed, the goal of communications is to keep the public informed about how the campaign is progressing, and ensure that target groups are fully informed about where to access vaccine. Again, the public will need to understand why there will not be available for them, and what they can do to protect themselves against the disease.

- When the campaign starts, Minister of Health or the responsible authority should hold a press conference to announce the beginning and explain the basics to the population (see details in box in main entitled “Launch of the campaign: Holding a press conference”).
- Through targeted messages in workplaces and meeting places, ensure that health staff and other priority groups know where and when the vaccines are available e.g., at healthcare centers and other sites where vaccine will be issued, inform staff through meetings, memos, phone calls, etc.
- Continue discussions with healthcare workers and priority groups. Check if they have any concerns, if the messages are clear, if any changes need to be made to the campaign. This is also a chance to address misunderstandings and rumours. As with the meetings before the campaign began, you may also use the opportunity to share information about case management with healthcare workers, helping to improve their knowledge of H1N1 in general.
- For the wider public, continue to promote non-vaccine measures to prevent infection/spread of disease. Publicize where the public can seek out further information.
- Monitor public reaction through media monitoring, consulting logs from phone lines (if these have been established), meeting with partners and professional associations.
- Monitor for adverse events, remembering to look for events in adults (since many mechanisms are initially established to look for adverse events in children only). Share the information with the relevant bodies within country, and with appropriate WHO focal point. Be prepared to be open about adverse events and investigate immediately. Inform the public as early as possible about suspected events, and what is being done to investigate. (See section below.)

Adverse events: investigate and inform

- ▶ Send team to investigate
- ▶ Mobilize comms team
- ▶ Inform those close to the event what happened (within the hospital or community)
- ▶ Inform public about what happened through media and stakeholders/partners
- ▶ Establish regular briefings

Note: Please see further guidance being developed by WHO/IVB.

Stage 3 ■ After campaign: monitoring and evaluation

GOAL: Once the campaign has ended, ensure that what needs correcting is corrected, and that plans are in place for the next delivery of vaccine, or the next emergency.

- ▶ Announce results of vaccination campaign (numbers vaccinated, adverse events, overall impact)
- ▶ With partners from all sectors involved, review what went well and what didn't.
- ▶ With public, determine attitudes to what happened. Are there any misconceptions that need to be addressed?
- ▶ Evaluate what went well and what didn't. Were the right messages delivered to the right people? Did they change their behaviour accordingly?
- ▶ Develop lessons learned and share with partners.
- ▶ Modify procedures or regulations where necessary to better prepare for next time, or for the next delivery of the vaccine since some countries will receive the vaccine in two deliveries.
- ▶ Formalize the emergency plan for next time.

Annex



Templates, tools and resources

Template news releases

Template 1: Generic news release

Template 2: News release announcing country will be receiving vaccine

Template 3: News release once vaccines arrive

Template 4: News release after first adverse event

Tools for strategy development and planning of social mobilization

Tool 1(a): Priority groups and rationale

Tool 1(b): Behavioural and communication objectives for priority groups

Tool 2: Environmental scan

Tool 3: Checklist for rapid assessment

Tool 4: Summary of the social mobilization strategy

Tool 5: The communication process

Sample messages on Pandemic (H1N1) 2009 and the vaccine

General pandemic H1N1

General message on the vaccine

Messages for health-care workers

Messages for pregnant women

Messages for people with pre-existing health conditions

Messages for parents

Messages for the general public

Other sources of information

Template 1



Generic news release

This page is taken from "Effective Media Communication during Public Health Emergencies, WHO Field Guide".

[ORGANIZATION'S NAME ON LETTERHEAD]

NEWS RELEASE FOR IMMEDIATE RELEASE

For more information, contact:

[DATE]

[Name of internal media representative/contact person]

[Name of organization]

[Telephone number]

[Fax number]

[Email address]

[After-hours telephone number]

[Web site for more information]

[Headline goes here, initial cap, bold]

[CITY, state] – [date] – [text goes here, double-spaced, indented paragraphs]

[first paragraph: short (less than 30–35 words); contains the most important information]

[Second paragraph: contains the who, what, why, where, when of the story. try to include a quote from the lead spokesperson or agency leadership within the first few paragraphs]

If the news release is more than one page long, use:

– more –

Centre the word at the bottom of the page, then continue onto the next page with a brief description of the headline, and page number as follows:

[Shortened headline] – Page 2

[The last paragraph should be an organization boilerplate, which is a brief description of the organization, and any information considered useful for people to know, such as type of organization, its location and web site address]

At the end of the release put:

End or ###

centred at the bottom. This lets the reporter/reader know they have come to the end.

TEMPLATE 2



News release announcing country will be receiving vaccine

Note: This is a suggested format for the news release that the government could release when it receives information from WHO on the type of vaccine it will be receiving.

Health system continues to prepare for pandemic

.....[INSERT NAME OF CITY, DATE] – Healthcare workers will soon be able to receive the vaccine to protect themselves against the H1N1 pandemic flu.[NAME OF COUNTRY] will be receiving vaccines from [LIST DETAILS OF TYPE OF VACCINE, NUMBER OF DOSES, ETC].

The vaccines will arrive in the country on[DATE], and distribution will begin on[DATE].

Pandemic influenza H1N1 sometimes called “swine flu” is a new type of flu. It is a new virus that most people will not have immunity against. The virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces. . There are no known instances of people getting infected by exposure to pigs or other animals.

Most people who contract H1N1 will recover without needing any medical attention. Some will not even have symptoms. But in some cases, the disease can have a serious effect, even leading to death. It is important for people to take steps to avoid catching the flu.

To prevent spread, people who are ill should cover their mouth and nose when coughing or sneezing, stay home when they are unwell, clean their hands regularly, and keep some distance from healthy people, as much as possible

Another way to protect people from the flu is for them to be vaccinated. There is limited world supply of vaccine, but the government has secured supply to cover some sectors of the population.

The government is targeting healthcare workers as the first group to receive the vaccine. This is in order to protect these people from infection, and to ensure the healthcare system is able to continue to function and provide care during a pandemic.

The safety profile of the vaccine is, as far as is known today, similar to that for other vaccines. Whilst there may be occasional side effects from the vaccine, the great majority of these are mild and temporary in nature. On the other hand, once vaccinated, individuals will continue to be protected against this strain of influenza, which has already shown its ability to kill otherwise-healthy people around the world.

The World Health Organization has been coordinating the distribution of pandemic vaccine donated by several countries and vaccine manufacturers.

Although the vaccine is an excellent tool to protect against the pandemic, there will not be enough supply to cover the entire population. WHO is working to procure enough

vaccine so that all countries can vaccinate 10% of their population. This should be enough vaccine to cover the most vulnerable groups. Depending on how the pandemic develops, the government may attempt to procure additional vaccine for further groups in the populations.

The government encourages people to continue to stay informed about the illness and to prepare themselves. People can protect themselves and others from being infected by using cough etiquette (covering mouth when coughing, cough into sleeve when possible, wash hands if coughed/sneezed into them, and trying to avoid touching you eyes or nose when your hands are not clean). staying home from work or school if feeling ill.

More information on the pandemic flu and how to protect yourself is available here [LIST WEBSITES, PHONE NUMBERS, ORGANIZATIONS AND OTHER SOURCES OF INFORMATION].

TEMPLATE 3



News release when vaccine distribution begins

Note: This is the format of a news release that could be distributed once vaccines arrive in the country and are ready for distribution. It is important to explain again why healthcare workers are the target group, and other measures the public can take to protect themselves against the flu.

Vaccination campaign begins for healthcare workers

....., [INSERT NAME OF CITY, DATE] – Vaccines to protect against H1N1 have arrived in the country and distribution will begin [WHEN]. Healthcare workers will be the priority group to receive the vaccine to protect themselves against the H1N1 pandemic flu.

Pandemic influenza H1N1 sometimes called “swine flu” is a new type of flu. It is a new virus that most people will not have immunity against. The virus is spread from person-to-person. It is transmitted as easily as the normal seasonal flu and can be passed to other people by exposure to infected droplets expelled by coughing or sneezing that can be inhaled, or that can contaminate hands or surfaces. There are no known instances of people getting infected by exposure to pigs or other animals.

Most people who contract H1N1 will recover without needing any medical attention. Some will not even have symptoms. But in some cases, the disease can have a serious effect, even leading to death. It is important for people to take steps to avoid catching the flu.

To prevent spread, people who are ill should cover their mouth and nose when coughing or sneezing, stay home when they are unwell, clean their hands regularly, and keep some distance from healthy people, as much as possible

Another way to protect people from the flu is for them to be vaccinated. There is limited world supply of vaccine, but the government has secured supply to cover some sectors of the population.

Healthcare workers will be able to receive the vaccine at their workplaces [PROVIDE MORE DETAIL AS POSSIBLE ABOUT WHERE AND HOW VACCINES WILL BE DISTRIBUTED TO HEALTHCARE WORKERS].

The government is targeting healthcare workers as the first group to receive the vaccine. This is in order to protect these people from infection, and to ensure the healthcare system is able to continue to function and provide care during a pandemic.

The World Health Organization has been coordinating the distribution of pandemic vaccine donated by several countries and vaccine manufacturers.

Although the vaccine is an excellent tool to protect against the pandemic, there will not be enough supply to cover the entire population. The government encourages people to continue to stay informed about the illness and to prepare themselves. People can protect themselves and others from being infected by washing their hands regularly, covering coughs/sneezes with a tissue, and staying home from work or school if feeling ill.

More information on the pandemic flu and how to protect yourself is available here [LIST WEBSITES, PHONE NUMBERS, ORGANIZATIONS AND OTHER SOURCES OF INFORMATION].

TEMPLATE 4



News release after adverse event following vaccination

Note: Information that may be included in the news release distributed following adverse events.

Health effects being investigated

In recent weeks, deaths following administration of influenza A (H1N1) vaccine manufactured by have been reported to the

The [NUMBER] deaths occurred in between [DATE] in vaccinated persons ranging in age from years.

The influenza A (H1N1) vaccination began on [DATE] and an estimated that [NUMBER] people were vaccinated with [NAME OF VACCINE].

..... [NUMBER] cases presented with fever, headache, malaise and diarrhea, progressing rapidly to Their onset of symptoms ranged from less than [NUMBER] hours to [NUMBER OF DAYS/WEEKS] after vaccination.

An investigation of the reported cases by the [RELEVANT NATIONAL AUTHORITIES] with the support of [WHO] and [PARTNER/S] is ongoing. While a connection with the vaccine cannot yet be excluded, preliminary investigation findings suggest that these cases could have resulted from Further analysis is required to clarify if the patients presented with known risk conditions to the use of this vaccine.

The [MOH] convened, as of [date], a panel of experts to review all the reported cases and evaluate the potential causal relationships with the vaccine.

The influenza A (H1N1) vaccine produced by was prequalified by WHO in [DATE] and has been supplied through

Action currently being include:

- ▶ Deployment of an international team of [NAME OF ORGANIZATION] staff to [NAME OF COUNTRY] to assist with the ongoing investigation.
- ▶ Continuing steps to identify additional data needed to classify the reported cases.
- ▶ Further laboratory testing of vaccine samples to help in determining the association of the reported events with the specific lots used.
- ▶ An independent review of the manufacturing and quality control process for the vaccine, as well as distribution and use of the vaccine.
- ▶ Enhanced surveillance for potential additional cases of and further epidemiological investigation.

The [MOH] will be issuing additional updates as critical information becomes available, as well as recommendations for further specific action.

For further information, contact:

..... [NAME]
..... [CONTACT DETAILS]

Tools for strategy development and planning of social mobilization



Tools 1–3 will help you to assess, collect, organize and use information when you do rapid assessment. Tools 4 and 5 will help you to organize and analyze the collected information so that it can feed into the development of the communication strategy.

TOOL 1(a): Priority groups and rationale

Priority Groups for PANDEMIC (H1N1) 2009 vaccinations		Rationale	Proposed vaccine delivery strategy
1	Health-care workers	Protect essential health infrastructure	
2			
3			

TOOL 1(b): Priority groups and behavioural and communication objectives

Priority Groups for PANDEMIC (H1N1) 2009 vaccinations	Behavioural objectives	Communication objectives
1		
2		
3		

TOOL 2: Environmental scan

This tool helps you to identify any issues related to the socio-cultural and economic context in which the vaccination programme will be implemented. The purpose is to better understand the context of the vaccination programme and the feasibility/practicality of the behavioural objective. This tool highlights any wider issues and external factors that may affect the uptake of the vaccine. By asking these questions you can develop a better understanding of the factors that may motivate or hinder risk groups to act on health advice (such as taking the vaccine). It also highlights the complexities of why it is difficult for people to act on what “experts” may think of as relatively simple health measures.

Social/cultural issues Religious and traditional beliefs and customs	Economic Issues	Political Issues Local politics/ ethnicity/community relations	Environmental Issues Geography/season/ climate(rainy season/ winter/topography)
How does religion and culture impact on how communities understand and manage disease, particularly pandemic influenza and vaccinations? Are there established beliefs and cultural practices related to vaccinations that could facilitate or hinder vaccination uptake?	Do the priority beneficiary groups have the means to take the vaccine? Will they be able to access vaccination services? How will they get to clinics and hospitals?	Are there any conflict or tensions that may affect how the vaccination programme is perceived by the priority beneficiary groups? Are there any organizational issues related to people’s perceptions and experiences of health services that may facilitate or hinder vaccination uptake?	Will seasonal, climate or geographic factors affect the vaccination programme and are special arrangements required? E.g. Will the priority beneficiary groups be easy or difficult to reach and will this have cost implications for the vaccination programme?
Further information from religious leaders, traditional healers, health workers, local communities.	Further information from local authorities, trade groups such as chamber of commerce, vendors and market owners, shop keepers, community members, Women’s groups	Further information from representatives of local institutions and organizations, traditional authorities, religious groups, NGOs, etc	Further information from local authorities, NGOs, UN agencies, local communities

TOOL 3: Checklist for rapid assessment

This checklist can be used as a guide when planning and conducting the rapid assessment.

At-risk groups/populations

- ▶ Are there particularly vulnerable/high risk groups that need to be reached? For influenza A (H1N1) vulnerable groups include: Health workers, pregnant women, those with immune-suppressant diseases such as HIV/AIDS and underlying chronic conditions such as diabetes, asthma, obesity.
- ▶ Are there disadvantaged groups within these high risk groups e.g. rural poor that may need more effort to reach them or a specific vaccine delivery mechanism.

Knowledge, awareness, perceptions

- ▶ What do these groups know and understand about Pandemic (H1N1) 2009 and how to protect themselves?
- ▶ What are their perceptions of risk for contracting Pandemic (H1N1) 2009 and the risks associated with the vaccine?
- ▶ Have they experienced previous side effects with other medication and how have they managed them?
- ▶ What are the current messages circulating within the group/community?

Information sources, channels and settings

- ▶ **Sources of information:** Where/who do people get information (health and other sources of advice) from and why? Who are 'trusted' and 'credible' information sources and what makes them so? E.g. local leaders/religious leaders/health care staff/influential individuals (formal and informal)
- ▶ **Channels:** What media or channels of communication are available to promote your messages. What channels are most popular and influential? What traditional media are used? What are the current patterns of social communication? What active professional/community networks and structures exist and how are they perceived? What other organizations are currently addressing the issue in the community?
- ▶ **Settings:** What kind of settings are relevant to deliver communication interventions? E.g. clinic, home, village etc.

Household and community practices

- ▶ What are the current health-seeking and health-care practices, for example with regard to taking vaccinations?
- ▶ Are there existing practices which amplify risk and what are the beliefs and values that underpin
- ▶ What are the decision-making processes within communities and the household related to seeking health-care?

Socio-cultural, economic and environmental context

- ▶ Are there any social and political tensions that may affect uptake of vaccines?
- ▶ Are health services available and accessible? Are there problems related to getting vulnerable groups to clinics/hospitals?
- ▶ Are there traditional beliefs and social norms that may inhibit take up of vaccinations?
- ▶ Are there existing traditional beliefs and social norms that may help the uptake of vaccinations?

TOOL 4: Summary of the social mobilization strategy

This form can be used to start planning a social mobilization activities under the five communication action areas.

1. Mobilizing administrative structures, advocacy, public relations via the mass media

2. Mobilizing communities

3. Interpersonal communication/personal selling

4. Promotional materials and advertising

5. Point-of-service promotion

TOOL 5: The communication process

This tool will help establish the most appropriate channels, voices and settings to deliver the key messages. This analysis allows one to establish the most appropriate channels, use existing structures, identify the most credible voices to carry messages and the most suitable settings to engage the different groups. It also allows the identification of problem areas and anticipate for specific communications interventions.

The following information is important:

MESSAGE: What are the current messages circulating about pandemic influenza and about the vaccine? What messages would people want? What language should be used for messages? What messages would best position the recommended behaviour in their minds? What messages would serve as triggers to action? Would different messages be necessary for different audiences? Are there particular messages (from the private or public sector) which seem to have high recall? Are there any persistent rumours? Can one anticipate any messages which may circulate and create an implementation crisis?

- ▶ It is essential to develop short and crisp messages for each target group that focus on what they can do, both individually and collectively. The language used to convey the message must be clear, easily understandable and not too technical. Giving too many messages confuses the audience. Be clear about what is the main central message. Simplicity is the key!

SOURCE: Who are currently credible, trustworthy sources of information in the community? What makes them so? Are there particular popular individuals (sports personalities, actors, politicians) who would be seen as credible, trustworthy sources of information? Are there particular characteristics of a credible, trustworthy source which the community holds dear? For the particular behaviour being urged, who might be credible, trustworthy sources of information about the particular behaviour in the community? To what extent is the health staff credible/ a trustworthy source of information? To what extent do their training and appearance (e.g. a uniform) enhance perceptions of credibility and expertise? To what extent are teachers and school children sources of information?

- ▶ The credibility of the person who delivers the message influences the degree to which it is accepted. For instance, people may pay more attention to a message if a well known doctor rather than a local shopkeeper delivers it. In other cases, a young person may be more likely to persuade other young people to take action rather than an older person who may be seen as authoritarian. Remember that appearance makes a difference in how source is perceived. Credibility, expertise, trustworthiness and empathy are critical.

CHANNEL: What are the existing channels of communication in the community? What communication channels have been used in past health communication campaigns? What channels have been used in political campaigns? Are there community meetings as part of the local governance structure? Is mass media readily available? What proportion of the community has and listens to radio/television? How many read newspapers? What are the popular radio and television channels or programmes? What are the most widely read newspapers? What traditional media are used for communication? Are there existing places where people congregate (formally or informally) and share information? Are there skilled advertising agencies in the community adept at using the available channels of communication?

- ▶ Identifying the most appropriate channel is important, either using the mass media through radio, television and newspaper and/or interpersonal channels such as door-to-door visits, traditional theatre and community meetings. The right channel must be used for the right target audience and generally the most effective is a strategic, selective mix of channels. Note the importance of non-verbal communication, including the body language, facial expressions, and posture of the person delivering the message.

RECEIVER: Who are the various audiences/market segments to be engaged in communication about the vaccination? What do we know about them from a demographic or psychographic or ethnographic point of view? How ready are they to accept the vaccine?

- ▶ The receiver (or target audience) filters and interprets the world through the cultural lens with which they view the world. An understanding of this world is therefore crucial to help you to communicate effectively. A sound situation analysis is important to identify the most appropriate way, messages, timing, and location to engage different audiences in a serious reflection of what you are offering versus the “cost” of getting the vaccine.

EFFECT: What has been the impact/effect of other health communication efforts? What accounts for that impact/effect? What would be the intended effect of planned communication efforts with regard to the stated behavioural objective?

- ▶ The effect, or the end-result of communication, is the behavioural focus through improving knowledge, and convincing beneficiaries as well as providing prompts and triggers that could have an impact on ultimate behavioural outcomes. This is an important starting point for communication planning. One must be clear about the communication effect (s) you desire that will lead to behavioural results required by the programme.

FEEDBACK: What feedback mechanisms exist in the community which would enable one to check whether messages are being heard and understood as intended? What feasible feedback system may need to be put in place for such a check if no system now exists?

- ▶ It is important to ensure that communication interventions are appropriate, effective, and engage the receiver. Feedback allows for such assurance. With it, one can fine-tune communication actions.

SETTING: For the various possible communication interventions envisaged, in what settings will these take place? At people’s doorsteps? In their living rooms? In health centres? Under trees? In facilities with or without electricity? In the village chief’s yard? In a school hall? On the roadway? How would these settings affect the design of the communication intervention? Do particular settings suggest particular convenient time periods for communication action?

The setting can facilitate or hinder communication. If there is too much noise, the time is inappropriate, the setting is inappropriate to the subject being discussed, or there are too many distractions, or it is too hot or too cold, all these affect how messages are heard and interpreted. Locations such as religious venues, health centers, cafes, market places, schools, all provide their unique features which affect the dynamic of communication and must be considered in the planning of communication actions.

Use the following table to identify specific interventions as a result of analysing the communications process.

The communication process	Vulnerable/at-risk groups	
	Health workers	Pregnant women
Key message(s)	To be developed according to local context	To be developed according to local context
Sources of information that are trustworthy and credible	Examples: Peers, professional bodies and institutions, hierarchy.	Examples: Community health workers, birth attendants/midwives, traditional healers, religious leaders, village leaders
Channels of information dissemination	Examples: Word-of-mouth, memos/circulars, meetings, professional publications, mass media	Examples: Word-of-mouth, mass media, Information leaflets, group meetings, face-to-face, local radio, mobile phones
Effect being sought in the primary group	Examples: Reassurance, enhanced risk perception, protection of others from the possibilities of transmitting the virus from the health care setting, wanting to stay healthy, self-efficacy	Examples: Enhanced risk perception, reassurance of the protection offered by the vaccine, self-efficacy, not to take the chance of NOT getting pandemic H1N1 influenza
Feedback mechanisms	Examples: Interviews (key informants), focus group discussions, observation	Examples: Interviews, focus group discussions, polls, observation
Settings (locations)	Examples: ▶ Health clinics ▶ Hospitals ▶ Training venues ▶ Meetings	Examples: ▶ Health clinics (ante-natal classes) ▶ Homes ▶ Neighbourhoods/villages

Sample messages on Pandemic (H1N1) 2009 and the vaccine



How to use these messages

These are examples of messages for different groups. These messages were developed by WHO in consultation with our partners. They can be used for information products such as brochures or posters. Please note that there are several documents that have already been prepared that incorporate some of these messages. Refer to the Resource section at the end of the document.

WHO strongly urges countries to adapt these messages to their particular circumstances. It is important to test the messages with a selection of the intended public. Testing is a step which should not be skipped.

Information products should be very clear on the actions people are being asked to take. It should not just be information, but should have actions attached. It is also a good idea to tell people where they can find further information if they want to know more (such as with their health-care worker, web sites, telephone hotlines).

Messages on Pandemic (H1N1) 2009

OBJECTIVE: Explain to a general audience what Pandemic (H1N1) 2009 is and how it is spread. Explain how to reduce its spread.

- ▶ Pandemic (H1N1) 2009, which is sometimes called Swine Flu, is a flu virus. People who have the flu will feel unwell for several days, with symptoms such as coughing, sore throat, fever, head and muscle ache, and feeling generally tired or unwell. Pandemic (H1N1) 2009 affects people in all age groups.
- ▶ Pandemic (H1N1) 2009 is a new virus. Most people who have not yet had this flu or the pandemic vaccine will not be immune to it. Children and young adults are more susceptible to this flu than to normal seasonal flu.
- ▶ The vast majority of infected people will recover in about a week, and most of those will recover without medical attention. Only a very small proportion of those infected will develop complications and require hospitalization.
- ▶ In certain cases – particularly in young and middle-aged adults – the virus can descend into the lungs, causing viral pneumonia, a very severe form of the disease that can result in death. Older people are so far less affected, but once infected, more likely to have complications and severe outcomes including death.
- ▶ WHO and your government want you to be aware of this flu so you can protect yourself. We also need to prepare doctors, clinics and hospitals to treat this flu.
- ▶ There are some people that will be more vulnerable to this flu and more likely to suffer from complications– those include young children, and pregnant women. It also includes people – old and young – that already have chronic medical conditions such as heart or lung disease, and other conditions such as transplant surgery that weaken their immune systems and makes them more susceptible to the virus.

- ▶ There is a vaccine that has been developed to combat the pandemic H1N1 virus. The vaccine is available in limited supply for those people most at risk, but also for health-care workers such as doctors and nurses.
- ▶ Talk to your doctor or health-care provider if you have questions about the virus or this flu vaccine. (List any resources available, such as telephone hotlines, websites, local clinics, etc.)
- ▶ You can protect yourself and your family from pandemic flu by
 - Keeping your distance from someone who is coughing or sneezing.
 - Staying home if you feel ill.
 - Covering your coughs and sneezes.
 - Washing your hands with soap and water frequently.

Messages on the vaccine

OBJECTIVE: Inform the public and target groups about who is receiving the vaccine, when and where.

- ▶ A vaccine for the H1N1 virus has been produced and will be available in limited quantities for those people that are most at risk. These include health-care workers and (SPECIFY PRIORITY GROUPS IN YOUR COUNTRY).
- ▶ The vaccine will be available WHEN, WHERE, to WHOM...
- ▶ Vaccines can prevent you from getting ill.
- ▶ Even though H1N1 is most often mild, it is wise to prevent the disease by getting the vaccine.
- ▶ The priority groups were chosen based on recommendations made to WHO by a group of experts who analysed who is most at risk to catch the disease.
- ▶ Providing health-care workers with the vaccine will ensure the health system will be able to function even if there are large numbers of patients.
- ▶ Pregnant women – though not sick – are more at risk than most people and they will also be a priority group to receive the vaccine when available.
- ▶ The vaccine is as safe as seasonal flu vaccine, which has been used in many countries for many years.
- ▶ The vaccine is useful because people who receive the vaccine develop antibodies which fight the virus if they are exposed to it.
- ▶ Since the beginning of September 2009, pandemic vaccines have been used in over 40 countries and administered to over 200 million people. The countries using the vaccine have been monitoring the result and so far have concluded that the vaccine is as safe as other vaccines used to combat seasonal flu.
- ▶ The vast majority of people will experience no or only mild side effects from the vaccine. These could be pain in the arm where the injection was made, with some redness or swelling. They may feel tired for a day or two. On the other hand, the potential illness caused by this virus can be severe, and even deadly, and all age groups have been affected. Based on the information we have now, the advantages of getting vaccinated, if the vaccine is available to you, appear to far outweigh the risks.

Messages for health-care workers

OBJECTIVE: Inform health-care workers about why they are one of the target groups for the vaccine.

NOTE: Health-care workers are very knowledgeable and appreciate having detailed information about the safety profile of the vaccine and its effectiveness. It is strongly recommended that detailed information be shared with health-care workers to help them make the choice to be vaccinated and so they can give good information to their patients as well.

- ▶ WHO and the Ministry of Health have identified health-care workers, especially those who work on the front line, as the most important recipient of the Pandemic (H1N1) 2009 vaccine.
- ▶ Health-care workers can protect themselves through basic good practices like infection precaution and other control measures: But they also need the protection of the vaccine because of their contact with sick patients.
- ▶ The vaccine helps protect the health-care worker from getting the flu from a patient, or passing the flu to a patient.
- ▶ In addition to the vaccine the health-care worker should comply with standard and droplet precaution measures including respiratory (or cough) etiquette and wash their hands frequently with water and soap before and after seeing a patient.
- ▶ Protect yourself: choose to get vaccinated
- ▶ The vaccine will be available WHEN, WHERE, to WHOM...
- ▶ If you are vaccinated, after several weeks, the immunity will develop to protect you from getting the disease. There is a small chance that you catch the disease even after vaccination but you will be less likely to develop severe illness. Getting vaccinated can protect not only you but also reduces the risk and protects your family, those with whom you work, and patients in your care.
- ▶ The vaccine is voluntary.
- ▶ Inform your at-risk patients about the benefit of the vaccine.
- ▶ Inform your at-risk patients that they need to seek medical attention if they begin to feel unwell, as if they have the flu. Prompt administration of influenza antivirals can save lives.

Messages for pregnant women

- ▶ All pregnant women must be especially attentive to their health and that includes having the vaccine to protect them from the flu and serious complications.
- ▶ Any Influenza can be harmful to the mother and the baby.
- ▶ The vaccine is safe for pregnant women.
- ▶ Women can receive the vaccine at any stage of their pregnancy
- ▶ Talk to your doctor or health-care provider if you have questions about the virus or this flu vaccine.

Messages for people with pre-existing health conditions

- ▶ WHO and the Ministry of Health recommend that people with serious chronic health conditions such as heart, lung, kidney disease, diabetes, and severely immuno suppressed people (malignancy, chemotherapy, organ transplant, immunosuppressive therapy) be vaccinated as soon as the vaccine is available in their community.
- ▶ If you have a pre-existing condition and you begin to feel unwell – perhaps you are feeling fluish – consult your doctor immediately.

Messages for parents

- ▶ Children are particularly vulnerable to this flu. Vaccine is a safe way to protect them.
- ▶ All flu can be serious for children – and the H1N1 influenza sometimes called swine flu is a new and a different flu virus than the seasonal flu.
- ▶ Children are more likely to get sick and to come in contact with other children that are sick with the flu.
- ▶ If your child is sick please keep them home from school for 7 days after onset of illness or 24 hours after resolution of symptoms, whichever is longer.
- ▶ If your child has a high fever beyond three days without signs of resolution, difficulty in breathing, deteriorating consciousness level, prolonged convulsion, immediately seek medical assistance.
- ▶ Do not treat the sick child with aspirin. A very nasty, sometime fatal complication called Reye's syndrome can occur.
- ▶ Talk to your doctor or health-care workers about the flu and the vaccine, if you have questions.

Messages for general population about the targeting of vaccine

- ▶ We are targeting the groups most at risk
- ▶ WHO has arranged for donations of the Pandemic (H1N1) 2009 vaccine for those who are at most risk.
- ▶ We have to ensure that the health-care workers to ensure health system to maintain the function and most vulnerable get vaccinated
- ▶ The vast majority of those infected with this virus will have only mild illness, and will not need to seek medical care. It is only a small minority who are at higher risk, and it is this small minority that we are prioritizing with vaccination

Other sources of information



H1N1 in general

WHO website's section on Pandemic (H1N1) 2009 is a collection of information on various aspects of the pandemic. It tracks how severe the pandemic is, has guidelines for doctors treating patients, and questions and answers on vaccine safety. The following link is the main point through which to access the site, but there are many more pages with further information.
www.who.int/pandemicflu

For public health professionals

Poster on social measures to combat the pandemic flu (for public)
Hand-out on social measure to combat pandemic flu (for public)
Materials developed by WHO's office for the Eastern Mediterranean.
<http://www.emro.who.int/csr/h1n1/media.htm#posters>

AED, working for USAID, created materials on how to protect people from H1N1. The materials are for health-care workers and for the general public. The basic products are available in several different languages and with different visuals depending on the region they are meant to be used in. Each page contains a variety of communication, training, and advocacy tools that can be adapted to address their communities' needs.
<http://h1n1vax.aed.org/pharmaceutical/>
<http://h1n1vax.aed.org/nonpharmaceutical/>

For communications professionals

United Nations Avian and Pandemic Influenza Communication Resources Center
<http://www.influenzaresources.org/>

Planning and implementing social mobilization during outbreaks: applying the Communication-for-Impact framework is currently being developed. For further information contact socmob@who.int

Manual for Planning Communication-for-Behavioural-Impact (COMBI) Programmes for Health
<http://www.undg.org/docs/9555/COMBI-Manual-ENH-Jan-2006.pdf>

Vaccines

For public health professionals

Title: Healthcare Personnel Vaccination Recommendations

<http://www.immunize.org/catg.d/p2017.pdf>

Title: Immunization in practice. User's resource guide

Immunization in Practice is designed for health workers who give immunizations. There are seven modules: target diseases, vaccines, cold chain, ensuring safe injections, planning to reach every child, organizing immunization sessions and monitoring and evaluation. The material may be used in whole or in part, for preservice education in academic institutions, basic training for newly appointed health workers, refresher training, self-instruction and on-the-job reference.

<http://whqlibdoc.who.int/publications/2004/9241546514.pdf> (English)

http://whqlibdoc.who.int/publications/2004/9242546518_fre.pdf (French)

Title: Aide-Memoire (Fact sheet) Safety of mass immunization campaigns

Aide-memoire for the planning and management of safety during mass immunization campaigns with injectable vaccines.

http://whqlibdoc.who.int/hq/2002/WHO_V&B_02.10.pdf (English)

http://whqlibdoc.who.int/hq/2002/WHO_V&B_02.10_fre.pdf (French)

Title: Aide-memoire: Adverse events following immunization (AEFI): causality assessment

A two-page document intended as a guide to a systematic, standardized causality assessment process for serious adverse events following immunization (including clusters). It proposes a method for individual causality assessment of adverse events following immunization and will take the reader through the steps needed for its implementation. It follows the same format as that set for other aides-memoire done for safety related issues such as that for AEFI investigations. It is intended to be used by staff at national (or first sub-national level) level including staff from immunization programs, regulatory authorities and pharmacovigilance or surveillance departments.

http://whqlibdoc.who.int/aide-memoire/a87773_eng.pdf

Title: A course for health workers: Identifying and overcoming obstacles to increased coverage: Participants' modules 1 and 2

http://whqlibdoc.who.int/hq/1997/WHO_EPI_TRAM_97.06.pdf

Title: Communication for polio eradication and routine immunization – Checklists and easy reference guides

These checklists and guides cover communication and social mobilization aspects of supplementary immunization for polio eradication (national immunization days and mop-up campaigns), routine immunization and disease surveillance. Individual countries and programmes are strongly encouraged to adapt the checklists in order to bring them into line with their current strategies, plans and resources. The entries are grouped into three areas: planning and strategies, messages and media, and monitoring and supervision.

http://whqlibdoc.who.int/hq/2002/WHO_POLIO_02.06.pdf (English)

http://whqlibdoc.who.int/hq/2002/WHO_POLIO_02.06_fre.pdf (French)

For communications professionals

Title: Effective Media Communication during Public Health Emergencies (WHO)

Languages: English

The handbook describes a seven-step process to assist officials and others to communicate effectively through the media during emergencies.

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK.pdf>

The Field Guide is a shortened version of the Handbook. It highlights the practical aspects of the seven-step approach.

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20FIELD%20GUIDE.pdf>

The wall chart shows the seven-step approach and provides easily recalled key information and advice.

<http://www.who.int/csr/resources/publications/WHO%20MEDIA%20HANDBOOK%20WALL%20CHART.pdf>

Title: WHO outbreak communication guidelines

Languages online: English, Russian

Languages in hard copy: English, Russian, Spanish, French

Description: A short list of outbreak communication best practices.

http://www.who.int/csr/resources/publications/WHO_CDS_2005_28/en/index.html

Title: Building Trust and Responding to Adverse Events following Immunisation in South Asia using Strategic Communication

Languages: English

Description: This working paper synthesizes key learnings from a joint regional workshop organised by the UNICEF Regional Office for South Asia in New Delhi, 2004, to develop communication capacity specifically around adverse events following immunization (AEFI). The paper aims to promote better planned and implemented strategic communication around AEFI to maintain public trust in childhood immunization and help realize children's rights to life, survival and development.

[http://www.unicef.org/cbsc/files/Immunisation_report_17May_05\(final_editing_text\).pdf](http://www.unicef.org/cbsc/files/Immunisation_report_17May_05(final_editing_text).pdf)