

CONSULTATION ON COMMUNICATION FOR PNEUMONIA AND DIARRHOEA CONTROL AND NEW VACCINE INTRODUCTION

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FOREWORD

Despite global advances in wealth and technology, in many communities more than one in 10 children die before their fifth birthday due to entirely preventable diseases. Simple interventions such as clean water, hygiene, adequate nutrition, or a vaccine could shift the balance from death to life for millions of children.

The world is not on track to achieve its commitment to a 67% reduction in child mortality by 2015. But new vaccines offer new hope in the fight against the two leading child killers: pneumonia and diarrhoea. These vaccines, however, are only part of the solution: other programmes must extend their reach by capitalizing on gains achieved through immunization, while at the same time immunization programmes must improve their ability to reach the 23 million children that remain un-immunised each year. To achieve these related goals, a more effective communicating approach is urgently required.

This report provides the first step in UNICEF's efforts with partners to use the momentum of new vaccine introduction to support a *coordinated communication approach*. We hope that this approach will lead the charge toward better coordination across programmes, and that the new vaccine momentum can make a major contribution to reducing the 9 million child deaths per year.

Contents

GLOSSARY OF TERMS AND ACRONYMS	2
SUMMARY	3
BACKGROUND	4
CONSULTATION PROCEEDINGS	6
FRAMEWORK FOUNDATIONS	7
Goal	7
Objectives	7
Activities	8
FRAMEWORK ELEMENTS	8
Communication for diarrhoea and pneumonia control	9
Planning for various scenarios and phasing approaches	11
Role of health workers	12
Advocacy for pneumonia and diarrhoea control	12
RISKS AND OPPORTUNITIES	12
NEXT STEPS	13
ANNEX A: Draft framework outline	14
ANNEX B: Drawing on communication lessons learned	17
ANNEX C: Risks and opportunities – working group activity	18
ANNEX D: Agenda and participant list	19

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GLOSSARY OF TERMS AND ACRONYMS

The following glossary is offered to ensure a common understanding of the terms used in this document. Many of these terms have very context-specific definitions, and may require further development as the new approach evolves.

Advocacy	Actions to influence decision-makers at the national and sub-national levels to provide more funding, attention, and visible signs of commitment to a goal, programme or activity.
Communication	Communication is a broad term that encompasses many approaches. In this report the term communication is used to include behaviour change communication (BCC), Communication for Development (C4D), social change communication, programme communication and other approaches that are research-based strategic processes designed to address individual and group behaviours linked to programme goals.
Community	Community refers both to geographical and other shared attributes, such as cultural, religious or other social or demographic features, backgrounds and interests. Community implies a collective identity/shared goals. Therefore, individuals may belong to more than one community.
Coordinated communication strategy	A communication strategy that is coordinated across programmes to increase the healthy actions for multiple programme goals, rather than competing campaigns or initiatives supported by separate programmes.
EPI	Expanded Programme on Immunization; used to describe national immunization programmes.
Framework	The framework guides countries in the development of coordinated communication strategies for pneumonia and diarrhoea prevention and control.
GAPP	Global Action Plan for Prevention and Control of Pneumonia is a WHO-UNICEF initiative that aims to prevent pneumonia deaths through integrated interventions.
Healthy actions	Healthy actions refer to sustained individual and group behaviours that increase an individual and/or a child's chance for survival and development.
Household	A group of persons who live and eat together (MICS definition).
Millennium Development Goals (MDGs)	The MDGs are the world's time-bound, quantified targets for addressing extreme poverty in its many dimensions, including access to resources, hunger, disease, lack of adequate shelter, and exclusion, while promoting gender equality, education, and environmental sustainability. The fourth MDG aims to reduce the under-five mortality rate by two thirds by 2015.
Oral re-hydration salts (ORS)	ORS are a glucose-electrolyte solution used to treat dehydration from diarrhoea.
Oral re-hydration therapy (ORT)	ORT refers to the administration of fluid by mouth to prevent or correct dehydration, particularly when it is a consequence of diarrhoea.
PCV	Pneumococcal conjugate vaccine, the new vaccine against pneumococcus, the leading cause of pneumonia.
RV	Rotavirus vaccine is a new vaccine against the leading cause of severe diarrhoea in children under-five years old.
Social mobilisation	A process that engages and motivates communities to commit resources, such as time or commodities, and increase their participation in interventions that support programme objectives.

SUMMARY

Today, pneumonia and diarrhoea are still the leading child-killers, responsible for at least one third of the 9 million under-five deaths that occur each year. Nearly all of these deaths occur in developing countries, usually in the most disadvantaged communities. New vaccines against the leading causes of these two diseases – pneumococcus and rotavirus – offer new hope for saving an additional 1 million lives annually.

However, the new vaccines cannot prevent all disease caused by these two organisms, nor will they prevent other causes of pneumonia and diarrhoea. Other community-focused strategies, including intensified sanitation, nutrition, hygiene and improved care-seeking behaviour, are needed to complement the new vaccines to achieve maximum reduction in childhood mortality and morbidity. Improved communication strategies are required for all programmes that contribute to pneumonia and diarrhoea control.

The momentum generated around the introduction of these new vaccines has the potential to spark increased community demand for routine immunization and re-energize other aspects of pneumonia and diarrhoea control. Effective communication can empower communities to promote and facilitate the adoption of healthy practices, such as timely attendance at routine immunization sessions, early and exclusive breast-feeding, adequate nutrition for young children, hand-washing with soap, appropriate home-care, and prompt care-seeking in response to ‘danger-signs’. Together, these practices can supplement the impact of new vaccines to save even more lives.

On 8-9 December 2009, UNICEF hosted a consultation with the aim of developing a shared vision of how best to support countries in the development of coordinated communication strategies for new vaccine introduction, while simultaneously re-energising efforts to prevent and control pneumonia and diarrhoea. The meeting was attended by communication and programme experts representing leading NGOs, bilateral and multilateral institutions, public health partnerships and UNICEF.

Participants committed to strengthening communication for social and behaviour change at the household and community levels to engage these key actors in fighting the leading child-killers. They also expressed strong support for a *coordinated* approach, and agreed on the need for a new framework to guide countries in developing technically coherent communication strategies that enable caregivers, communities, and healthcare personnel to adopt appropriate healthy actions. The discussions stressed the need for effective advocacy with decision-makers at all levels to elevate the priority of, and resources for, reducing childhood morbidity and mortality due to pneumonia and diarrhoeal disease. Finally, the consultation yielded agreement that communication strategies must arise from, and be embedded in, broader programme goals and support for pneumonia and diarrhoea control.

Following the consultation, a draft framework to support countries with communication strategy design, implementation, monitoring and evaluation was sketched out; once finalised, it will be pre-tested in a select number of countries. Additionally, consultation participants will continue to collaborate through an ongoing partnership, and seek to engage a broader coalition of agencies and institutions invested in child survival, including non-vaccine constituents. The consultation will reconvene in mid-2010 to review progress on the framework and involve other partners in support of pneumonia and diarrhoea prevention and control.

BACKGROUND

At the 2000 Millennium Summit, world leaders committed to reduce child mortality by two thirds by 2015. As the deadline approaches, action is urgent.

Today, pneumonia and diarrhoea remain the leading child-killers,¹ especially in disadvantaged communities with limited access to sanitation, clean water, good nutrition and health services, and where deaths often go unrecorded.

New vaccines against the leading causes of these two diseases - pneumococcus and rotavirus - offer new hope: pneumococcal conjugate vaccine (PCV) and rotavirus vaccine (RV) could save 1 million children's lives every year, sharply increasing the 2.5 million under-five deaths currently prevented through immunization annually. Even more lives could be saved by combining immunization with other community-focused strategies, such as improved sanitation, nutrition, hygiene and care-seeking behaviour.

The momentum generated by new vaccine introduction has the potential to catalyse increased community demand for routine immunization, and to re-energize other aspects of pneumonia and diarrhoea control. In promoting the new vaccines, however, it is vital that parents and communities understand that neither one can prevent every case of pneumococcus or rotavirus infection, nor can they prevent the many other causes of pneumonia and diarrhoea. Parents, communities and health service providers must understand the need for broader, complementary control strategies.

The global community has initiated numerous interventions to prevent major childhood diseases, and a concerted effort among institutions is beginning to emerge. One opportunity for improving the impact of these efforts is the creation of effective communication strategies. Communication for social and behaviour change is a critical, cross-cutting need for achieving and sustaining nearly all disease-control interventions. A communication package that promotes key healthy actions relevant to all communities should be in place globally, even in the absence of new vaccines. But the latter generate additional opportunities and resources that can be used to broadly address pneumonia and diarrhoea.

Families and communities hold the key to their own health and that of children. Their actions can increase a child's chance for healthy survival and development; effective communication can encourage these actions. This is the kind of communication that was discussed at the consultation and is the focus of this report, which aims to:

- Describe the context and objectives of the consultation
- Discuss the risks and opportunities of a communication strategy that addresses *all* aspects of pneumonia and diarrhoea control, including immunization
- Propose a collaborative vision, mission, objectives and approach
- Engage a broad coalition to develop and support the approach, including the provision of communication support to regions and countries.

¹ Together, pneumonia and diarrhoea cause at least one third of all deaths of children under five years of age, and about half of post-neonatal under-five deaths. In 2008 of the estimated 9 million under-five deaths, about 1.8 million resulted from pneumonia and 1.5 million from diarrhoea. Pneumococcus is estimated to be responsible for about 800,000 under-five deaths, and rotavirus about 500,000 deaths per year.

Context

WHO and UNICEF have identified the interventions proven to control pneumonia and diarrhoea,² which are listed in Table 1, and categorised by the required behavioural contribution for each intervention:

Table 1. Contribution of healthy actions for pneumonia and diarrhoea interventions*

Intervention	Disease	Behavioural contribution
Early and exclusive breast feeding	Both	Primary ^c
Hand washing with soap	Both	Primary
Improve care-seeking	Both	Primary
Oral rehydration therapy (ORT)	Diarrhoea	Primary
Immunization ^a	Both	Partnership ^d
Case management	Both	Partnership
Zinc treatment/supplementation ^b	Both	Partnership
Vitamin A supplementation	Diarrhoea	Partnership
Adequate nutrition (complementary feeding)	Both	Contributory ^e
Prevent low birth weight	Pneumonia	Contributory
Safe water and sanitation	Diarrhoea	Mixed ^f
Reduce indoor air pollution	Pneumonia	Mixed

* Not included are the HIV-relevant interventions: prevention of HIV transmission and cotrimoxazole prophylaxis for HIV-exposed infants.

^aMeasles vaccine prevents both pneumonia and diarrhoea; pertussis, PCV and Hib prevent pneumonia; RV prevents diarrhoea.

^bZinc treatment for 10-14 days for diarrhoea also provides the supplementation that reduces risk of subsequent pneumonia.

^cPrimary: interventions are primarily behavioural.

^dPartnership: joint actions are required from individual/community and health service delivery to achieve the behaviour.

^eContributory: Describes healthy behaviours that can contribute to the end goal, but which are not sufficient on their own.

^fMixed: Several different types of interventions are involved, and the role of behaviours varies.

Table 1 highlights the overlap between pneumonia and diarrhoea control interventions, and hence the potential for coordination across these two programmes. Six healthy actions are the same for pneumonia and diarrhoea control: early and exclusive breast-feeding, hand-washing with soap, timely immunization, adequate and safe complementary feeding, appropriate home-care; and prompt care-seeking in response to ‘danger-signs’. Four are primarily actions that can be achieved through influencing behaviours, though each requires some resources. The other two, timely immunization and care-seeking, require a corresponding action from, and partnership with, health services (effective service delivery). Zinc treatment/supplementation and vitamin A also require a partnership, and are covered under both appropriate home care and care-seeking. In addition to ensuring the availability of services before they can be promoted, healthy actions also require the availability of clean water, soap, adequate food, and medical supplies.³ The availability of other resources, such as time and money, also impacts on the extent of household and community willingness to adopt healthy actions.

² WHO/UNICEF. *Global Action Plan for Prevention and Control of Pneumonia (GAPP)*. Geneva: World Health Organization, 2009;

UNICEF/WHO. *Diarrhoea: Why children are still dying and what can be done*. New York, UNICEF, 2009.

³ Supply management is also vital, to ensure the availability of ORS, zinc, antibiotics, and vaccines protected against temperature damage.

In some local contexts, resources may be available but the behaviours may not be taking place. For example, studies show that although soap may be available in the home, use of the soap for handwashing is not always prioritised. Therefore, for two of the healthy actions listed in Table 1, a strategic mix of interventions is required, based on local contexts, to support a variety of country programme scenarios.

Another important factor affecting the relationship between interventions and behavioural contributions is the presence of an enabling environment that supports the successful implementation of programme elements. Communication strategies must be designed to support programme goals and objectives, and a careful matching of demand generation and service supply is needed. For example, it would be counter-productive for communication efforts to stimulate demand if there were no service delivery capacity to meet that demand.

In addition, national health communication capacity must exist to support communication for social and behaviour change and promote healthy actions. Yet communication capacity in the health sector is often limited, as is the allocation of resources for building that capacity. Advocacy is therefore vital – within agencies, with donors and with national governments – to facilitate building this capacity.

The development of a communication framework will support countries in the design, implementation and evaluation of coordinated communication strategies for pneumonia and diarrhoea prevention and control. The framework, once complete, will provide a platform for evidence-based interventions that draw on lessons learned from large-scale communication programmes, and present a clear conceptual approach to guide country-level programmes.

The communication framework should:

- Improve knowledge, attitudes, norms and practices to motivate individuals, households, and communities to adopt healthy actions, including demand for health services;
- Promote healthy actions by individuals, households, and communities in preventing pneumonia and diarrhoea, identifying danger signs and seeking treatment;
- Support health workers in service delivery and improve the quality of health workers' interpersonal communication;
- Engage communities with health system support in the fight against the leading child-killers;
- Encourage new and strengthened partnerships across various sectors and programs;
- Support or interlink with relevant child survival interventions and programmes;
- Strengthen health systems and national health communication capacity;
- Guide flexible communication planning.

CONSULTATION PROCEEDINGS

UNICEF hosted a consultation in New York on 8-9 December 2009, to develop a shared vision for national communication strategies for new vaccine introduction in the context of pneumonia and diarrhoea control. The meeting was attended by 23 communication and programme experts, 13 of whom were external partners; and the other 10 UNICEF staff from headquarter and regional offices. WHO was represented, as well as leading NGOs, bilateral and multilateral institutions, public health partnerships and others (Annex D).

The consultation began with a comprehensive introduction to programmatic and communication-specific aspects of pneumonia, diarrhoea and new vaccine introduction through brief presentations designed to provide context and raise key issues for discussion.

Consultation participants ‘brainstormed’ the risks and opportunities that need to be considered when planning a coordinated communication strategy and then worked in small groups to define the elements required to develop a framework covering each of four key planning stages: **analysis, design, implementation, and evaluation**, noting specific guidance that may be needed, potential pitfalls, and current tools available.

Inputs from the consultation were used to help define the outline for a framework of guidance for countries (Annex A); participants agreed on the next steps for developing the approach.

Consultation consensus

Following presentations and discussions, a number of consensus points emerged to guide the development of the strategy and framework. One key point was the need for communication to parents and communities about PCV and/or RV to increase healthy actions, including home-care and response to ‘danger-signs, particularly in light of the fact that many pneumonia and diarrhoea cases cannot be prevented by these vaccines alone. Participants strongly endorsed the proposed approach, noting the “seismic” shift from a vertical focus on communication in support of immunization to a more cross-cutting focus on pneumonia and diarrhoea control and child survival led by communication as the umbrella intervention.

It was also agreed that guidance for countries must advocate strategies that are evidence-based and have measurable communication objectives. It will be vital to demonstrate results, so research, monitoring and evaluation must be considered in the early planning stages, along with formative research to ensure that communication strategies are guided by local conditions and needs. Guidance must be structured to support a variety of needs and priorities to fit local contexts, providing planners with tools to aid assessment and identify a select number of achievable interventions to guide the communication strategy.

Mission and way forward

The mission of the consultation was to determine how best to support countries in the development of national communication strategies for prevention and control of pneumonia and diarrhoea. Achievement of global health priorities, especially MDG4, depends upon reducing child mortality. Drawing on the momentum afforded by the introduction of PCV and RV, the partnership will develop a framework to guide the development of national coordinated communication approaches to reduce the incidence and deadly impact of pneumonia and diarrhoea.

FRAMEWORK FOUNDATIONS

Participants in the consultation agreed that the foundation of the framework consists of the goal, objectives and activities that best support national communication planning for pneumonia and diarrhoea control, as listed below.

Goal

To protect children through a coordinated communication strategy that supports a range of interventions to contribute toward the achievement of MDG 4 by reducing morbidity and mortality from pneumonia and diarrhoea.

Objectives

Programme objectives that can be supported by communication include:

- Contributing to the reduction of morbidity and mortality due to diarrhoea and pneumonia
- Ensuring that every child is immunised on time and with the complete series recommended by global and national health authorities
- Improving equitable access to health support, services, and outcomes.

Communication objectives include:

- Strengthening national health communication capacity and ownership of communication strategies at the national, sub-national and community levels
- Increasing coordination of programmes among partners and strengthening collective commitment to the effective integration of communication strategies for routine immunization, pneumonia and diarrhoea control
- Increasing engagement in healthy behaviours for pneumonia and diarrhoea control in communities and households
- Increasing and sustaining demand for routine immunization and new vaccines
- Supporting the development, implementation, monitoring and evaluation of evidence-based communication strategies
- Improving health care worker and community health worker capacity, particularly in interpersonal communication with caretakers in relation to immunization, pneumonia and diarrhoea
- Supporting the strengthening of health systems to ensure long-term sustainability of immunization and proper care and treatment of pneumonia and diarrhoea.

Activities

- Design coordinated, technically coherent communication strategies with all relevant programmes
- Advocate with policy-makers and decision-makers to elevate the priority of, and resources for, reducing childhood morbidity and mortality due to pneumonia and diarrhoeal disease
- Articulate programme goals, activities and strategies for pneumonia and diarrhoeal disease control that take advantage of all available tools and means.

FRAMEWORK ELEMENTS

The framework should provide support to countries in the design, implementation and evaluation of strategic and coordinated communication strategies for pneumonia and diarrhoea prevention and control.

The consultation generated a mapping of issues that will inform further planning and development of the framework. The final framework should: draw from a number of strategic communication planning methodologies, provide a platform for recommended, evidence-based interventions and present a clear conceptual approach to guide country level programmes.

As a first phase in developing the framework, it will be important to map out current policies and guidelines and establish appropriate partnerships. Following this initial stage, the next steps should be:

- **Analysis:** Assess and analyse the programme and communication situation to develop communication objectives and approaches. Four main topics in this planning phase are: situational analysis, stakeholder identification and behavioural analysis, opportunities for synergy/integration, and formative research.
- **Design:** Identification and design of the most cost-effective and high-impact communication interventions. Particular attention was given to the need to build alliances as part of the strategy design.
- **Implementation:** Detailing of the timeline and resources required to bring the strategy to life. Particular attention was given to policies and guidelines, community-focused strategies, budgeting, planning, training and capacity building.

- **Evaluation:** Measuring progress and gauging needs for strategy modification. Discussion focused on how to coordinate evaluation processes; what methodologies to use and how to use them; participatory approaches; quality assurance and sharing lessons learned.

A draft outline of the communication framework and a summary of working group activity in relation to risks and opportunities appear in annexes A and C of this report, respectively. Other areas of discussion regarding the framework are elaborated below.

Communication for diarrhoea and pneumonia control

Communication can support complementary disease prevention and control programmes. As a supportive planning tool, the framework must take into consideration a number of interventions and variables to offer the comprehensive support needed to achieve programme and communication objectives. The topics described below were discussed during the consultation and will help to inform development of the framework.

Routine immunization and new vaccine introduction

The evidence to date is that parents do not require detailed technical information about the vaccines and diseases prevented to generate demand for immunization services. However, although significant technical information does not necessarily need to be included in communication with communities about new vaccines, it should be available for interested parents, health workers, and decision-makers who ask for it. Parents do need: to be reassured that vaccination is good for their child's health and it is safe to receive an additional injection in a single visit, how to respond to common vaccine reactions and when to come for the next visit. One of the key potential opportunities we now face is that new vaccine introduction will boost routine immunization coverage, as caregivers seek additional protection against diseases widely perceived among communities as the leading child-killers.

Therefore, in relation to routine immunization two key issues to be addressed through communication for new vaccine introduction are: (1) timely attendance at the five scheduled immunization visits in the first year of life;⁴ and (2) using community demand for immunization to improve access to and quality of immunization services. Communication for routine immunization must build on basic acceptance that immunization is a public health good and that it is one of many expected caregiver roles, such as showing love and accepting responsibility for the health of your child.

Additionally, with new vaccine introduction there is a need to be ready to respond to rumours and allegations about vaccine safety and efficacy in a way that engenders trust. Although, this has not been a problem in many countries, it is important to have ready a crisis plan to respond to unsubstantiated allegations. It is also important to have the capacity to investigate and respond to any adverse events following immunization (AEFI) and to have specific measures, strategies, messages and advocates in place, to build and sustain public trust in national health systems.

Hygiene, sanitation and handwashing with soap - behaviour change approaches

Access to clean water and good hygiene practices have long been proven to be extremely effective interventions in preventing childhood diarrhoea, and are primary barriers against fecal-oral disease transmission. Evidence shows that hand washing with soap (HWWS) in particular, at critical times, is the most cost-effective way to reduce diarrhoeal disease and is also recommended as a high-impact intervention to prevent pneumonia. Behaviour-change communication for handwashing is a critical part of strategies to

⁴ The traditional schedule has visits at birth, 6,10,14 weeks and 9 months of age. The new vaccines are given at the same scheduled episodes at 6, 10, 14 weeks with the DTP (diphtheria, tetanus and pertussis combination vaccine)-containing vaccines.

support healthy actions for pneumonia and diarrhoea prevention. Access to water and sanitation services alone is not enough to sustain hygienic behaviours. It has been found that while knowledge of handwashing practice is high in many settings, engagement in the practice remains low. Strategic communication planning, formative research, building on global insights and knowledge, and focus on a few, high-impact messages targeting a single behaviour have been found to be successful strategies for individual and collective behaviour change in HWWS. Specific to HWWS, motivating factors such as affiliation (i.e., doing what everyone else is perceived to do) and disgust (i.e., being aware of contaminating matter on hands) are particularly effective in impacting individual behaviour, as well as in developing a healthy national ‘culture’ or ‘norm.’ In scaling up, it is essential to mainstream HWWS promotion and indicators into current health promotion, education and water and sanitation national programmes. Only when this happens will a ‘culture of HWWS’ develop and will HWWS behaviours be sustained.

Nutrition and exclusive breast feeding - behaviour change approaches

Evidence shows that breastfeeding (especially exclusive breastfeeding) during a child’s first six months has a major impact on child survival, especially in terms of reducing mortality from diarrhoea and pneumonia. Similar to HWWS, it has been found that while knowledge of the practice is high, practice is low. Continuous behaviour and social change communication is needed to generate and sustain optimal practices, complemented by counselling in the health system, and social and workplace support for breastfeeding. Action-oriented messages and strategies that focus on a single behaviour (e.g. not giving water) are more successful than multiple messages, and more general health-related messages (e.g. “breast is best for a healthy baby”) also have less impact. Area graphs that provide a visual snapshot of practices are useful tools for advocacy and communication. Formative research is also important to understand specific barriers and beliefs, and should be used to design messages tailored to different groups. In scaling up, effective communication strategies for breastfeeding need to be mainstreamed into nutrition and health programmes and implemented at scale using multiple channels, complemented by the other four pillars of a comprehensive infant and young child feeding (IYCF) strategy, which include: national level actions including policy, legislation, planning, budget, monitoring and evaluation; health service level actions; community level actions; and IYCF in especially difficult circumstances, including emergencies and HIV.

Community case management

Many governments and their partners have prioritised the “Community Case Management” (CCM) strategy to deliver life-saving curative interventions for common serious childhood infections to remote communities that would otherwise lack access. These interventions include: antibiotics for pneumonia, dysentery and newborn sepsis; antimalarials; and oral rehydration packets and zinc supplements for diarrhoea. CCM of sick children by community health workers (CHWs) provides a direct link with parents and caretakers; successful CCM programmes can make the difference between life and death. The framework will aim to facilitate coordination with CCM programmes and engagement with CHWs as a valuable participant group to support not only treatment, but also prevention of pneumonia and diarrhoea. Communication must support capacity-building for CHWs, and can also help increase families’ ability to: recognise and seek care for signs that indicate serious illness, improve adherence to treatment and speed up referral of severe cases to health facilities.

Strengthening health communication capacity

Capacity in national health communication, supported by strong government commitment, is crucial to the success of the coordinated communication approach. Due to low prioritization and limited budgets and technical capacity, national health communication programmes are often weak, lacking in strategic planning, implementation and impact evaluation. Communication and collaboration between departments and across

health sector also remains a weak point within many national programmes. One objective of the framework is to support national communication capacity and strengthen government commitment to health communication.

Government buy-in and ownership of the framework approach will be a crucial component in the achievement of related programme goals and objectives. Advocacy to gain support for strengthened communication to support the framework will constitute a crucial area of work for the new approach, and will draw on stakeholder analysis and formative research to support the capacity-building agenda.

Building and sustaining public trust in the national health system and increasing public demand for services or community based public health interventions, requires comprehensive, evidence-based communication strategies supported by the health sector. Depending on the degree of public trust in the health system, the introduction of a new vaccine could cause communication challenges that must be predicted and prepared for through key strategies and messages to respond to rumors, negative publicity around AEFI. In countries where a collapse or weakening of public trust in health systems has occurred (including trust in primary health care workers, services, and key health messages), the role of national health communication is especially critical to prepare for and respond to these challenges in light of the planned introduction of PCV and RV.

Community engagement and ownership for sustainability

Individual and community engagement in, and ownership of, health and other initiatives are key to the development of sustainable strategies, and should be a guiding principle of any communication planning framework. Community engagement allows members to increase control over issues affecting their lives – particularly to improve their health, social and economic status. Participatory approaches encourage dialogue, consultation and debate that can result in increased knowledge, positive attitudes and improved practices. Increased knowledge enables communities to develop a common understanding of the interplay of forces operating in their lives. Positive attitudes predispose them to respect the rights of others and to make informed decisions to engage in healthy practices. They can only do so if they are well-informed and convinced, and feel empowered to take action. Empowered communities and networks can, in turn, influence or reinforce positive social norms and cultural practices that create an enabling environment that supports sustainable social change – such as common acceptance of vaccinations for children and increased demand for health and other services.

Planning for various scenarios and phasing approaches

Communication needs and corresponding approaches vary depending on national and local contexts and priorities, and are influenced by a variety of factors. The framework should be designed to support these various needs and contexts so that country programmes can adopt appropriate strategies. Some key factors that will influence communication strategies for pneumonia and diarrhoea prevention and control may include: routine immunization update, including the emergence of anti-vaccine sentiment; analysis of the epidemiology/politics of the un-immunised; leading child-killers in each community; current uptake of ‘healthy actions’ and related barriers; and the level of trust in government and authority figures. It may be helpful if the framework includes a guide for strategy development based on classification of risk status, derived from factors related to risk such as excluded populations, minorities, language limitations, vulnerable and marginalised groups, and so forth, and support for identifying the appropriate (most high-impact) communication approaches.

Additionally, once communication strategies have been developed, they may be quite complex, with several communication objectives and corresponding messages. Strategies are likely to require implementation

through phased approaches and several channels, both to send and receive communication. Multiple methods need to be developed and tested to determine where and when certain messages can be most effectively delivered and to which audiences. With so many healthy actions to promote, there is also a need to prioritise based upon the country needs, as communication strategies are most effective when they focus on a few key outcomes. Too many messages can lead to failure, as has sometimes been the case when health workers try to deliver multiple health messages.

Role of health workers

Health care workers in institutions and communities are a key to quality service provision and generation and maintenance of caregiver demand. Front-line health workers are an important source of information for parents, and enjoy high credibility in their communities. They therefore require special attention and support to improve their capacity to communicate appropriate key information at the time of service delivery, especially for vaccines. Health worker knowledge and capacity to communicate must thus be linked with other aspects of training in any communication package for new vaccine introduction and routine immunization.

At the time of immunization it is important to inform parents about additional healthy actions they can take to improve their children's health, such as post-immunization care of the child and the date of the next series in the vaccination schedule. Additionally, other healthy actions (e.g., hand-washing, breastfeeding, ORS) should be promoted, as appropriate and within the limits of time available, their relative priority in that community and caregiver capacity to adopt the interventions.

WHO is currently developing a package of technical-based training materials to support programme staff working at various levels, with special focus on the training of vaccinators, for the introduction for new vaccines. The package will include guidance on interpersonal communication with parents and caretakers. These materials should be ready by May 2010.

Advocacy for pneumonia and diarrhoea control

Government and community involvement and engagement will be vital for the approach to succeed, as will effective advocacy to gain strong support at the global, regional, national and sub-national levels. A coordinated communication approach is a complex undertaking, and will require full understanding of and agreement on the approach. A major basis for advocacy will be evidence demonstrating that the framework works in countries. Agreement on details for the advocacy strategy must be further defined and discussed, alongside engagement with currently existing advocacy initiatives.

RISKS AND OPPORTUNITIES

The communication approach can create significant opportunity to influence and support health priorities, approaches, and policies to improve child survival and contribute to the achievement of MDG4. Additionally, this approach may improve national health communication capacity and strengthen health systems to support community engagement and service delivery. Participation by a wide range of stakeholders across a variety of programmes, networks and sectors may allow for mobilising human and financial resources and for increasing community and civil society ownership of child health within a broader health context.

Challenges to the approach may include lack of government commitment, which is probably the most significant challenge to implementation of the framework, since high-level support and ownership, along with dedicated financial and human resources, are essential elements of success. Programmatically, the complex nature of a coordinated communication strategy requires deliberate and locally relevant planning, so as to

incorporate only the most essential and high-impact elements and avoid developing unrealistic and complex strategies that are impossible to implement. Additionally, the framework may encounter resistance from some stakeholders in terms of coordination and shared ownership of the approach, due to fear of compromising the resources or success of their own initiatives.

NEXT STEPS

To further build and develop the approach and framework, the following steps were proposed at the consultation:

- Develop an ongoing partnership to support its development and implementation, building on the consultation participants but also engaging a broader coalition with interest in child survival, especially key non-vaccine constituents
- Develop the framework sufficiently to allow field-testing
- Field test the guidance in selected countries before finalisation
- Include advocacy communication, at all levels, to support the approach and mobilise needed resources
- Reconvene another meeting, including advocacy component, for the first half of 2010.

In addition, at the global level:

- Identify and map existing stakeholders and partners, global guidance, policies, resources and practices, as well as overall global health priorities in place
- Consider a WHO/UNICEF and partner statement on the need for coordinated communication for pneumonia and diarrhoea
- Develop an advocacy plan to mobilise resources and support for the approach.

At country/regional level:

- Solicit country feedback on (1) what is required for implementation and (2) the framework
- Identify resources and “champions” with technical and interpersonal communication skills to guide the process
- Identify countries to field-test the framework
- Analyse and develop potential synergies with efforts to revitalise primary health care.

ANNEX A: Draft framework outline

COMMUNICATION FRAMEWORK FOR PNEUMONIA & DIARRHOEA CONTROL

Guidance for National Communication Strategies

INTRODUCTION

Pneumonia and diarrhoea

- Describe global picture of pneumonia & diarrhoea - the two leading causes of under-five child mortality.
- Provide overview of recommended strategies for pneumonia and diarrhoeal disease reduction, including new vaccines available for pneumococcus and rotavirus.
- Place special focus on providing support to countries to increase attention to and achievement of MDG4.

Communication for behaviour change

- Make the case for scaling-up communication, as a cross-cutting approach to support strategies for pneumonia and diarrhoea prevention and treatment, with a focus on appropriate and logical communication activities at community and household level.
- Describe how new vaccine introduction and the strength of immunization programmes may help to improve demand and uptake of routine immunization as well as prioritized healthy actions such as early and exclusive breast-feeding, adequate nutrition for young children, hand-washing with soap, appropriate home-care, and prompt care-seeking in response to ‘danger-signs’.

COMMUNICATION FRAMEWORK

Framework to guide national communication strategies

- WHAT does this framework intend to do?
- WHY is guidance needed?
- WHO is this guidance intended for?
- WHERE should this guidance and the recommended strategies be used?
- HOW should strategies be developed?
- WHEN AND IN WHAT CIRCUMSTANCE will this guidance be relevant?

Opportunities and challenges

The opportunities and challenges for improving communication for pneumonia and diarrhoea control will influence the development of coordinated national communication strategies. These dynamics must be thoughtfully addressed by decision-makers, initiative leads and involved partners during the pre-planning and planning phases to capitalize on opportunities and anticipate and avoid potential pitfalls.

Planning for various scenarios and phasing approaches

The framework is designed to support various needs and contexts, including programmatic and communication considerations that should guide preparation, analysis and assessment planning phases. It may be helpful to create categories to assist strategy development based on risk status; factors that define the status; and needed communication approaches. Considerations that may be taken into account could include

the new vaccines and relevant communication concerns⁵; routine immunization coverage and the epidemiology of the unimmunised; leading child-killers in each community; under-five mortality rates; current uptake of 'healthy actions' and their barriers; the level of trust in government and other authority figures; etc.

Additionally, the complexity of strategies and potential multiple messages may require phased implementation; operationalisation will not simply consist of multiple health messages delivered via health workers – which has been found to be an ineffective approach. Sample scenarios and proposed strategies to fit varying needs and contexts may be useful annexes to include at the end of framework.

Preparation

An understanding of current policies, guidelines and partnerships will frame the context for developing the communication strategy and help demonstrate needed improvements for effective communication planning. Some initial questions to ask might be:

- What is the current communication strategy for promoting child survival?
- What personnel and funds are in place?
- What committees are formed; if none, how can partnerships be forged to ensure that successful behaviour change communication takes place?

Analysis and Research

- Analysis of the programme and communication situation to determine strategy elements including objectives, participants, and messages.
- Planning for monitoring and evaluation from the beginning will help to ensure that sufficient time and resources are allotted for efficient and effective programme evaluation and improvement. Key elements of this planning stage may include:
 1. Situation analysis covering main challenges, opportunities and constraints, including disease burden and high-risk groups
 2. Behavioural analysis, including formative and baseline research
 3. Setting key behavioural objectives
 4. Analysis of messages and communication channels.

Design

This requires determining the most cost-effective and high-impact communication interventions, based on situation analysis. The planning phase will address:

What: Articulation of communication goals, objectives, targets

When: Timeline

Who: Which stakeholders

How: Audiences, messages, methodology

How well?: Monitoring and evaluation, including pre-testing

Key principles to be integrated into this planning phase include:

- Building on existing programmes, partners, resources, systems and results of analysis and research
- Participatory and empowering approaches that engage communities and other stakeholders
- Communication strategies that include advocacy, communication and social mobilisation;
- Capacity building of health workers, civil society representatives and media professionals

⁵ Pneumococcus and rotavirus vaccines impact and special communication concerns include giving/receiving multiple vaccinations at the same time; the need for timely DPT visits so the full rota series can be finished by 12 or 15 months; the ability of health staff, community leaders and civil society organizations' staff to answer the public's questions clearly and accurately; scheduling for both vaccines; side effects or adverse events following immunization.

- Focus on equity and equitable access to health
- Coordination with supply and service delivery to support matching of demand with delivery of services.

Implementation

The operational plan for the developed strategy should outline the resources, roles and responsibilities and timeline that will guide not only the implementation of the strategy, but its management as well. Processes for decision-making, collaboration among partners, progress reports and information-sharing should be addressed in the implementation planning stage.

Additionally, the implementation plan should incorporate, from the beginning, mechanisms for monitoring impact and undertaking regular evaluations.

Key elements of this stage include:

1. Support of policies and guidelines
2. Training and capacity building
3. Community-focused integrated delivery, based on community ownership and accountability
4. Resources and budgeting
5. Coordination and leadership
6. Implementation through multiple channels
7. Monitoring and feedback

Evaluation

Evaluation of these coordinated communication approaches will provide essential information on strategy efficacy, results and needs for improvement. Planning for evaluation at the very beginning of the process is one of the most valuable and important steps that can be taken in strategy development. Research, monitoring and evaluation of programmes is often overlooked. Given the complex nature of the coordinated communication strategy for pneumonia and diarrhoea control, simple, effective guidance must be provided for this crucial step. Key elements discussed for this phase include:

1. Coordination at all levels
2. Methodology
 - a. What?
 - b. How?
3. Participation
4. Quality Assurance
5. Sharing lessons learned

Investment required – staff and resources

Annexes

ANNEX B: Drawing on communication lessons learned

The framework will benefit from the lessons learned from other communication initiatives. Below are initiatives that were discussed during the consultation. Additionally, there are lessons from the Accelerated Child Survival and Development (ACSD) initiative, involving delivery four high-impact behavioural interventions, three of which are pneumonia and diarrhoea control interventions (fourth is use of bednets).

Rapid inquiry into attitudes about PCV introduction in Rwanda

The introduction of PCV in Rwanda in 2009 was preceded by a rapid inquiry into attitudes toward this new vaccine. Rwanda was the first country supported by the GAVI Alliance to introduce PCV. Rwandan circumstances are unique from a communication perspective, as public acceptance for, and utilization of, immunization is very high (WHO-UNICEF estimate of $\geq 95\%$ coverage for DTP3 since 2005).

A rapid inquiry was conducted by the MOH and IMMUNIZATIONbasics project among mothers and health workers about their perceptions, concerns, and reactions to pneumococcal vaccine introduction. Using focus groups discussions in rural and urban areas, the inquiry explored mothers' acceptance of their infants receiving a second injection during a visit when the infants already would receive pentavalent vaccine by injection and OPV by mouth.

Findings show that mothers are generally positive about immunization, are convinced of the advantages of immunization, including this new vaccine, and generally trust government decisions. It was also found that both pneumonia and meningitis elicited strong emotional responses from mothers. Their main concern with the new vaccine was about the side effects of the additional shot, including pain for the baby and inconvenience for the mother. While they desired further reassurance and information from health workers on this issue, none of them said they would refuse or delay having their infant receive PCV.

By contrast, interviews with health workers revealed the concern that mothers would indeed refuse to have their children receive PCV the same day that they receive other vaccines. Findings of the inquiry were incorporated into health worker training and job aids (on interpersonal communication with mothers) and further communication activities for PCV introduction. It was concluded that the findings in Rwanda represent a situation with a history of high and homogeneous rates of immunization coverage. In contexts where coverage is lower or more variable, data collection, analysis of findings, and development of recommended actions may be more complex; but this type of inquiry remains a useful and feasible preparatory step in planning for new vaccine introduction.

Enhanced Diarrhoeal Disease Control Initiative

The Enhanced Diarrhoeal Disease Control Initiative is a comprehensive approach to diarrhoeal disease control that offers many lessons learned and best practices relevant to the communication framework. The initiative, established by PATH, aims to reprioritise diarrhoeal disease control, build awareness, accelerate introduction of new interventions including new vaccines, and reinforce and expand the use of established interventions.

Lessons learned from on-going programmes in Kenya and Vietnam are demonstrating the strength of a “push” and “pull” approach. The former involves national-level advocacy to “push” the strategy, develop national diarrhoeal disease control policy and guidelines, and add zinc to the national essential drugs list; the latter calls for “pull” (stimulating demand) at the provincial level through community consultation and mobilisation.

ANNEX C: Risks and opportunities – working group activity

During the course of the consultation, participants outlined the main risks and opportunities that may influence the development of the framework and national strategies. Below are some of the key points identified by the group.

Opportunities

The attention and resources that this approach brings to countries can create major opportunities to influence and support health priorities, approaches, and policies with the aim of improving child survival and contributing to the achievement of MDG4. Additionally, this approach may offer an opportunity to improve national health communication capacity and strengthen health systems to support community engagement and service delivery. Participation of a wide range of stakeholders across a variety of programmes, networks and sectors may allow for mobilising human and financial resources, and for increasing community and civil society ownership of child health within a broader health context. Additional opportunities identified include:

- Revitalizing and strengthening diarrhoea and pneumonia control
- Revitalizing communication for routine immunization
- Contribution to MDG4 through community empowerment and increasing social ownership
- Engaging civil society and health workers to build health communication capacity
- Building and strengthening of networks and partnerships
- Facilitating programmatic/intersectoral coordination
- Strengthening strategic use of communication capacity and resources
- Creating advocacy and financing opportunities.

Risks

Weak government commitment and ownership could pose a serious challenge to implementation. Programmatically, the complex nature of a coordinated communication strategy requires deliberate and locally relevant planning to ensure incorporation of the essential and most high-impact elements into strategies, to avoid creating unrealistic expectations. Additional key constraints and risks include:

Single-focus programme agendas, and stakeholders with varying agendas

- Programme resistance towards taking the lead and/or collaboration with other programmes
- Resistance to coordination among agencies, organisations and programmes
- Complex ownership, due to diverse range of stakeholders with different agendas
- Programmatically and politically driven silo approaches
- Disruption of existing programmes.

Coordinated strategies create a challenging environment for coordination, planning and implementation:

- Complex approach with potential for confusing, conflicting and contradictory messaging
- Design of framework sufficiently flexible to reflect specific country needs and environments
- Varying levels of health communication capacity in-country
- Caregiver resistance and/or negative rumours regarding new vaccines.

Resource and capacity limitations:

- Wasting resources due to wrong direction
- Limited human and financial resources for the broader approach
- Lack of advocacy for many programmes and for the coordinated approach
- Lack of services available or weak service delivery to match increased demand.

ANNEX D: Agenda and participant list

Communication Consultation for Pneumonia and Diarrhoea Control and New Vaccine Introduction

8 & 9 December 2009

UNICEF New York

633 Third Avenue (between 40th & 41st Streets, 22nd Floor)

No.	Time	Session	Method	Presenter
Day 1: 8 December				
A. Opening session				
<i>Objective: Introductions, review of agenda, programme content and meeting expectations</i>				
	8:00-8:30	Registration (coffee/tea & light refreshments will be served)		
1	8:30-9:00	Welcome, consultation programme & participant self-introductions and expectations	Introduction, Plenary session	Jeffrey Bates, UNICEF
B. Framing the issue: pneumonia, diarrhoea and new vaccines				
<i>Objective: Gained understanding of programmatic developments, challenges, and areas of need/opportunity for scaling-up communication interventions</i>				
2	9:00-9:15	Pneumonia, diarrhoea and the new vaccines: the promise and the challenges	Presentation, Plenary session	Oz Mansoor, UNICEF
3	9:15-9:30	New vaccines: programmatic review and updates	Presentation, Plenary session	Gill Mayers, WHO
4	9:30-9:45	<i>Q&A, discussion</i>		
5	9:45-10:00	Good practices and challenges: communication for introduction of new vaccines	Presentation, Plenary session	Mike Favin, Manoff Group
6	10:00-10:15	Q&A, discussion		
	10:15-10:30	Coffee/tea break		
7	10:30-10:45	Integration: Opportunities and challenges in linking and/or strengthen existing interventions - new vaccine introduction as 'tip of iceberg'	Presentation, Plenary session	Jeffrey Bates, Shalu Rozario, UNICEF
	10:45-12:15	(15 min presentation/talks followed by 15 min discussion) <ul style="list-style-type: none"> a. Interventions and opportunities b. Revitalizing routine immunization: old wine & new bottles c. More than Soap and Water: Behaviour Change Approaches in Sanitation and Hygiene Q&A, discussion <ul style="list-style-type: none"> d. Exclusive breast feeding – behaviour change approaches e. Introduction to the community case management of serious, common childhood infections f. Health Communications Among Caregivers and Providers Q&A, discussion (15 minutes)	Presentations, Plenary session	Susan Mackay, RECOFTC - The Center for People and Forests Ann Thomas, UNICEF Christiane Rudert, UNICEF Eric Swedberg, Save the Children Cecilia Kwak, PSI
	12:30	Lunch [provided]		

8	13:30-14:30	(15 min presentation/talks followed by 15 min discussion) a. Challenges and opportunities at national and community level - introduction b. Vaccines in a Middle Income Environment—the CEECIS Experience c. Applying the health promotion lens Q&A, discussion	Presentations, Plenary session	Susan Mackay, RECOFTC - The Center for People and Forests John Budd, UNICEF CEE/CIS Sharad Agarwal, WHO
9	14:30-15:30	Working session #1: Mapping opportunities and risks Discussion & VIPP: In addressing country needs for new vaccine introduction, what are the opportunities and risks in using vaccines as opportunity to link with/strengthen related initiatives for larger impact?	Working session, Plenary session	Susan Mackay, RECOFTC
C. Framework design <i>Objective: Presentation of main considerations for communication framework, working group sessions to outline key issues and recommendations</i>				
10	15:30-16:00	Framework design: Determining most cost-effective and impactful communication interventions. <i>Reviewing main elements and considerations to support country planning of communication strategies</i> <i>Focus: Analysis, research, participants/target audiences, M&E, strategies, implementation, evaluation</i>	Presentation, Plenary session*	Jeffrey Bates, S.Rozario, UNICEF
	16:00-17:00	Working session #2: VIPP mapping for issues within key 4 design areas	Working session, Plenary session	Susan Mackay, RECOFTC
	17:00	End day 1		
	17:00-17:30	Facilitators and rapporteurs meet		
Day 2: 9 December Framework design recommendations, defining actions required and ways forward <i>Day 2 objective: Continued discussion on framework design, developed recommendations and next steps to improve country support for new vaccine introduction</i>				
C. Framework design - continued				
	8:00-8:30	Coffee and light refreshments will be served		
11	8:30-8:45	Summary of day 1	Discussion, Plenary session	Susan Mackay, RECOFTC
12	8:45-9:15	Rapid assessment of attitudes about pneumococcal vaccine introduction in Rwanda (20 mins presentation, 10 mins discussion)	Presentation, Plenary session	Rebecca Fields, AED
13	9:15-9:45	Enhanced Diarrhoeal Disease Control Initiative	Presentation, Plenary session	Evan Simpson, PATH
14	9:45	Working session #3: Framework design In working groups, grouped by “area”, outlining of key topics, defining key issues to be addressed, and possible solutions. 4 groups – 1) formative research/analysis, 2) design & planning, 3) implementation, 4) evaluation & capturing lessons learned.	Working group activity	Susan Mackay, RECOFTC
	10:30-10:45	Coffee/tea break		

	10:45-12:30	Continued working group activities		
	12:30-13:30	Lunch [provided]		
D. Defining areas for support and ways forward				
15	13:30-14:00	Next steps: Communication support for new vaccine introduction: implementation of framework, strategy, defining collaboration and ways forward.	Plenary session	UNICEF
16	14:00-15:00	Working group activity #4: Working group discussions on key elements for future work	Working group activity	Working groups
	15:00-15:15	Coffee/tea break		
	15:15-16:00	Working groups present on key recommendations	Presentations, Plenary session	Working group presents
17	16:00-17:00	Summary of meeting and next steps	Discussion, Plenary session	UNICEF
	17:00	End day 2		
	17:00-17:30	Facilitators and rapporteurs meet		

Participant List	
Organization	Name
Academy for Educational Development	Rebecca Fields
GAVI Alliance	Diane Summers
Global Public-Private Partnership for Handwashing	Katie Caroll
Johns Hopkins Bloomberg School of Public Health Center for Communication Programs	Amrita Gill-Bailey
Manoff Group	Mike Favin
Maternal and Child Health Integrated Program (MCHIP)	Lora Shimp
PATH	Evan Simpson
Population Services International (PSI)	Cecilia Kwak
RECOFTC - The Center for People and Forests	Susan Mackay
Save the Children	Eric Swedberg
United States Agency for International Development (USAID)	Linda Banda
World Health Organization (WHO)	Sharad Agarwal
World Health Organization (WHO)	Hayatee Hasan
UNICEF	
UNICEF CEE/CIS Regional Office	John Budd
UNICEF WCARO Regional Office	Dominique Kondji-Kondji
UNICEF HQ, C4D	Paula Claycomb
UNICEF HQ, Health	Jeffrey Bates
UNICEF HQ, Health	Pop Dragoslav
UNICEF HQ, Health	Amy Lai
UNICEF HQ, Health	Oz Mansoor
UNICEF HQ, Health	Shalu Rozario
UNICEF HQ, Nutrition	Christiane Rudert
UNICEF HQ, WASH	Ann Thomas
Observers	
UNICEF HQ, WASH	Therese Dooley
UNICEF HQ, Health	Patience Kuruneri
UNICEF HQ, Health	Jos Vandelaer