I’ve been vaccinated. How about you?
A report on the 2003 Measles and Rubella vaccination campaign in Iran
Introduction

“Big projects need a big heart.” These were the words of Dr. Mohammad Mehdi Gooya, head of the Centre for Disease Management at the Ministry of Health (MoH), as he opened a press conference in December 2003 detailing the success of Iran’s measles and rubella vaccination campaign.

Dr. Gooya was not exaggerating: the campaign was the world’s largest vaccination operation—covering more than 33 million people in less than one month.

Part of Iran’s efforts to reduce child mortality, as laid out in the Millennium Development Goals, the operation involved organizing a massive public mobilization aimed at vaccinating children and young adults between the ages of 5 and 25 within three weeks. The goal was to cover more than 95% of the target population, which called for a well coordinated public communication effort, community participation, and above all, cooperation between partners, including the media, government, NGOs and international organizations.

“At the beginning, we had many difficulties,” said Dr. Mohsen Zahraie, the Deputy Head of the Centre for Disease Control (CDC). “There was no proper information and a lack of faith amongst officials in the Ministry of Health that we could complete such a huge campaign in the given time. But with considerable effort and a good information programme, we developed strong cooperation between the MoH and other ministries and organizations.”

The campaign received support from the very highest levels, including Supreme Leader Ayatollah Khameini and President Khatemi, who emphasized the importance of health issues as a major factor for national development and urged the full cooperation of the Ministry of Health in encouraging some 16 million students to take part in the campaign.
Overview of Mass Media Campaign

One of main factors for success was the broad public information campaign, coordinated with the support of UNICEF. The innovative use of mass media was extremely effective; in addition to posters, brochures, bus shelter and newspaper ads and billboards in both urban and rural areas, the campaign also included the use of television and radio on a massive scale.

A popular television series called ‘Passenger from India’ reached a wide audience, particularly young people. The lead actress in the series appeared before, during and after the programme, reinforcing the importance of vaccination. Popular cartoon characters were also used to spread the message to children.

Subsequent studies showed that television had been the most effective way of reaching and encouraging people in both urban and rural areas.

The mother of an 8-year-old boy confirmed the effectiveness of the TV campaign. “Sasan was really frightened,” she said, “and for the first few days of the campaign he had nightmares about vaccination. But when he saw the children’s programmes and the cartoon characters who explained how easy and painless it was, he changed his mind.”

Newspapers, magazines and the internet were also utilized in the mobilization campaign, with the internet proving so popular that server problems arose immediately after the site’s launch when so many people attempted to log on at the same time.

Avicenna, a national NGO, set up the internet site for young people and registered 780,000 visitors to the site during the vaccination period. More than 10,000 special issues of a magazine on measles and rubella were also distributed by Avicenna to doctors in impoverished areas of the country to
increase their knowledge and understanding of the importance of measles and rubella vaccination.

Research on public awareness of the vaccination campaign showed that 96% of the targeted population in seven provinces had been reached with campaign messages.

**Research and Planning**

At the request of the Ministry of Health, UNICEF supported the Measles and Rubella (MR) communication campaign, drawing on its global experience in health communication.

Using a human rights-based approach, the communication campaign was designed to address two clearly defined target audiences: those who have the right to be vaccinated (claim holders) and those who would influence them (duty bearers).

Claim holders were further divided into two groups: 1) those in full time education and 2) those that had already completed education or were outside of the education system.

Vaccination stations were planned to be established nationwide, in all places of primary, secondary and tertiary education, in order to achieve 100% coverage of those in full-time education. Those outside the education system, it was determined, would have to be motivated to seek vaccination voluntarily. These were defined as young adults between the ages of 18 and 25, although it was recognized that in rural and socio-economically disadvantaged areas this group could be considerably younger.

Duty bearers were identified as those with significant influence over both claim holders and other groups of duty bearers, and who therefore needed to be addressed with focused messages to ensure their full support of the campaign. Main duty bearers were identified as:
• Family and peer groups;
• Medical professionals;
• Media, journalists, TV & radio announcers;
• Religious figureheads.

Other groups of duty bearers included:

• Educators (teachers, tutors, professors);
• Military leaders (for those claim holders in the armed forces);
• Celebrities (relevant to claim holders over 10 years old);
• Tribal leaders.

Assessing Attitudes

In order to bring focus and direction to the communication campaign, qualitative and quantitative research studies were commissioned by NAR Associates to generate an in-depth understanding of attitudes to issues surrounding the campaign. This ensured that messages would be developed to support existing attitudes or to reinforce attitude change where appropriate. Participants in the research included males and females of varying age groups and marital status, journalists, doctors and religious leaders.

Results showed that women saw themselves as responsible towards their families. The protection of children via immunization was seen as part of this responsibility, and women showed concern that vaccinations should be undertaken according to schedule. A prime barrier to immunization was concern that the vaccination would cause unnecessary pain to the child because of carelessness by the vaccinator. This concern was easily overcome by reassurance that the health care professionals were well trained and experienced.

Women were found to have a greater understanding of health issues than men, and continued to seek further information in order to perform their caring duties better. Information was more readily accepted and acted upon if it came from a medical professional, ideally the child’s own or a well respected paediatrician. The development of trusted spokespersons was therefore considered necessary for the success of the MR campaign.

Men were generally focused on financial well being, and health concerns were limited to those diseases which receive heavy media attention. Vaccination was accepted as a necessary evil if it was compulsory, (eg. on entering school, army, etc.) Men therefore tried to rationalize the need to endure the pain of vaccination, and were seen to be reluctant to seek out
vaccination centres. This was seen as a major barrier to the success of the campaign. There were indications that men were sensationalist in their rationalization, needing to be warned of ‘imminent death’ in order to ensure that they seek protection via immunization. Men also suggested that financial incentives could encourage them to be vaccinated.

Both men and women were concerned that they may already have been vaccinated. Women worried whether it was necessary to put the child or themselves through the painful procedure again. This was allayed by reassurance that an additional vaccination can only provide additional protection. For men, however, the disincentive of further pain outweighed the possible incentive of the need for re-vaccination. Men readily admitted that strong reassurance would be necessary in order to overcome this barrier.

The research further revealed that there was significant confusion over rubella. The similarity in Farsi in the words for “measles” and for “rubella” led participants of both genders to conclude that they had already been immunized against rubella, when in fact they had not. The conviction was further driven by the idea that rubella is simply a milder form of measles. Women did, however, show more awareness of the disease than men and realized the implications of the disease if contracted during pregnancy. No specific barriers to rubella immunization were identified.

Journalists were found to understand the issues, but felt inadequate if they did not have sufficient information or knowledge to write about the subject. All the journalists agreed with the need for planned immunization. The only barrier to positive participation within the campaign was a possible lack of knowledge. This was easily solved by establishing information sources and/or positive communication with journalists. Research indicated that the risk of journalists sensationalizing something going wrong in the campaign could be counterbalanced by providing well thought out, logically presented and factual information on the need and rationale behind the campaign.
The doctors interviewed were all employees of the Ministry of Health and might have been expected to take the official line on leading issues. However such an attitude was not observed, and indeed a series of linked concerns were expressed related to logistics rather than the possible side effects of the immunization injection or other health concerns. These issues were considered potential barriers which could lead to doctor apathy or late commitment to the campaign, both of which were seen as undesirable.

The issue most frequently raised by doctors was delay in the campaign. Previous delays had damaged MoH credibility, and there was uncertainty about whether the campaign would actually happen as planned. This was seen as a barrier to campaign preparation and required urgent action to ensure that all doctors were made aware of the pending campaign and were fully briefed.

The allocated budget was also an issue of some concern for doctors. The doctors interviewed had clear views on diseases and arenas deemed under-funded by MoH. A commonly held view was that the MR campaign was a ‘luxury’, and that there were more urgent priority issues. This was often raised in conjunction with low awareness of the nationwide incidence of measles. It was not therefore seen as a barrier to action and/or commitment to the campaign, but it was recommended that the issue be seriously addressed in order to ensure that all medical personnel were committed to the campaign and fully understood its rationale.

**Campaign Content Design and Implementation**

The Centre for Disease Control published a collection of information for all partners. The sources used were foreign papers, as there was no previous experience of such a campaign in Iran. Most of the published matter was on medical and scientific points. One focus group discussion was held to establish the knowledge and opinions of communication staff on measles and rubella and their related health threats, and to discuss communication strategy.

A committee on health education was established, and different messages were considered. Views about the design of a logo, the message and a poster were collected. A focus group discussion was held with selected audiences to discuss the proposals. A simple logo consisting of a red circle with the message, ‘I’ve been vaccinated. How about you?’ was selected and agreed upon.
After the final selection of messages, production of materials began. Every item included the same logo and message, but there were also extra items according to each target group. In selecting pictures, a good relationship with the audiences was the most important factor (covering all ages and both genders). There was much consideration about the inclusion of different organizations in the logo, as all partners, such as the Ministry of Education, the armed forces and international organisations played a major role in the success of the campaign.

The following materials were produced: TV storyboard, radio narratives, newspaper advertisements, banners, posters, billboards, placards, bus advertisements, backdrops for the opening ceremony, leaflets for target groups, reporters and students, a press kit and a CD including all the above materials.

One week before the campaign was due to begin, a press conference took place with the Deputy Minister of Health, the Manager of CDC and the UNICEF Representative answering questions. The press kit was handed out on this occasion including information about measles and rubella, commonly asked questions and answers, posters and brochures. The backdrop was used for the first time at this press conference. Two days before the programme was due to begin, advertising was distributed nationwide.

The opening ceremony launch event took place in a high school. The President, the Minister of Education and the Minister of Health all spoke, and the children of this school were all vaccinated, officially opening the operation nationwide. News coverage was extensive. Simultaneously with the launch, *Novin Pezeshki* magazine published a special medical issue
covering the aims of the vaccination campaign. A website (www.salamatiran.com) was introduced as the official campaign information site and was advertised in all materials.

Business offices and the private sector cooperated in the communication effort: banks, manufacturers of health products and food producers all helped with advertising, thus making for effective community participation. Television played a major role, disseminating information during the course of programmes for children and adolescents, as well as during sports programmes. News coverage continued throughout the operation. A 20-part TV special, with the participation of artist and sports celebrities, was particularly influential with young people.

Monitoring and Evaluation

As this was the first time such a programme had been carried out in Iran, assessing the results was very important. Monitoring was ongoing throughout the campaign.

All press reports were monitored, and were gathered together in one package. This is a good way to review both the continuity and the changes
that took place in the vaccination campaign as it progressed. Television coverage was also monitored and collected onto a series of compact discs. Monitoring of individual public opinion was also undertaken by CDC.

The World Health Organization, UNICEF and CDC organized a team of independent observers to monitor the vaccination posts and assess the overall quality of the campaign. The team found that social mobilization was highly effective, as evidenced by the high demand for vaccine and high coverage that was achieved. Vaccine cold stores were found to be adequate and well managed and few problems were identified. Most posts reported no problems with receipt of supplies on time and external teams did not observe any reuse of syringes. Generally, vaccine handling was found to be good and most vaccinators were well trained in the administration of the vaccine.

Conclusions and Lessons Learned

Given that this was Iran’s first experience with such a large scale immunization campaign, some challenges were to be expected. For example, audience assessment was undertaken only in Tehran, rather than nationwide. The internet site had major difficulties in the first few hours due to high site traffic, a problem which could have been avoided had it been foreseen.

The Bam earthquake, which occurred at the beginning of the fourth week of the campaign, inevitably caused some disruption in Kerman Province. People volunteered to donate blood and health centres were diverted for other purposes. Thanks to the proactive media campaign, however, more than 93% of the target population had already been vaccinated at the time of the earthquake, thereby averting a major outbreak of the disease.

The experience showed the potential for achievements on a large scale when all sectors are properly mobilized. Iran’s extensive primary health care system, with its dedicated workers, was a major factor contributing to the success of the campaign in such a short period of time. The participation and cooperation of the state media, which supported the campaign by continuously broadcasting public health messages, and excellent management by the CDC, were other contributing factors.

Despite the constraints, the campaign is nevertheless regarded as one of the most successful in the world, and is already being used as a model for similar campaigns in other countries.