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Editorial

Time for a Routine Immunization Communication Effort

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In the midst of the global public health discussion of avian flu and the 25th anniversary of the discovery of HIV, a relatively unnoticed reality continues: routine immunization coverage is only at about 78% worldwide. This added up to an estimated 2.1 million people around the world dying of vaccine preventable diseases in 2002. The toll included 1.4 million children under the age of five. Among these childhood deaths, over 500,000 were caused by measles; nearly 400,000 by Haemophilus influenzae type b (Hib); nearly 300,000 by pertussis; and 180,000 by neonatal tetanus.

In the past century, numerous success stories relate to scientific progress with immunization–smallpox has been eliminated from the planet and polio is nearly eradicated. Additionally, since 1985, the World Health Organization and UNICEF have successfully campaigned for routine immunization; more than 70% of children in developing nations were vaccinated against basic childhood diseases in the early 1990s. But the immunization success has been short-lived as children in developing countries struggle to get the basic routine immunizations against diphtheria, pertussis, tetanus, tuberculosis and measles. Even worse, in 14 of the world's poorest countries, immunization coverage is below 35%. Overall, this translates into one quarter of the world's children not being vaccinated by their first birthday, with approximately 1.4 million children (in 2002) dying from diseases preventable with widely available vaccines for diphtheria, pertussis, measles, tetanus, Hib, polio, and yellow fever.

Additionally, there are wide disparities of coverage such as the 27 million children worldwide who did not receive three doses of diphtheria-tetanus-pertussis (DTP3) vaccine in 2003, including 9.9 million in South Asia and 9.6 million in sub-Saharan Africa. In 2003, 72% of developing countries did not achieve over 80% coverage among infants with the basic DTP3. Routine immunization programs tend to miss people living in remote locations, urban slums and border areas. They also include indigenous groups, displaced populations, those lacking access to vaccination because of various social barriers, those lacking awareness or motivation to be vaccinated and those who refuse.

The WHO Expanded Programme on Immunization began in 1974, and WHO and UNICEF have recently instigated a global immunization vision and strategy

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for the years 2006–2015. Its goal is to protect more people against more diseases by expanding the reach of immunization to every eligible person, including those in age groups beyond infancy, within a context in which immunization is high on every health agenda. The global strategy highlights how the need for immunization can both benefit from—and contribute to—the development of the health sector and to overcoming system-wide barriers. It also links the contribution of immunization to global preparedness for epidemics and complex emergencies. This Global Immunization Vision and Strategy (GIVS) uses seven guiding principles within four strategic areas and with 24 strategic approaches. The guiding principles have inspired the formulation of the global strategy:

1. Equity and gender equality
2. Ownership, partnership and responsibility
3. Accountability
4. Assured quality and safe products and services
5. Strong district-based immunization systems
6. Sustainability through technical and financial capacity building
7. Policies and strategies based on evidence and best practices

The ideals of this approach address the underlying ethical issues and transference of knowledge and evidence to policies, strategies and practices. But, the sharing of lessons and experiences from similar circumstances is limited with only one of the strategic areas focused on communication.

Strategy 22: Improve communication and dissemination of information

In GIVS, the issue is addressed as follows:

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

This is key for success, yet the program may not have the wherewithal to develop their goal by limiting this critical area to three measures:

1. Develop new ways of using the globalized media, including the Internet, to build public awareness of the benefits of immunization.
2. Produce quality and timely information on the benefits of immunization and associated risks, and develop key messages to promote immunization according to national needs and priorities.
3. Through regional and global channels, document and systematically communicate the experience gained by countries that have added new vaccines and technologies.

The evidence in the published literature and analysis of lessons learned from other immunization efforts reinforces the need to utilize multiple channels and sources to be successful. Global proclamations, policies and top-down approaches have

limited effect. Evidence suggests that an ongoing, culturally sensitive communication effort with key audiences participating is the key to sustainable success. Hence, there is a need to adapt and brand materials, documents, and tools to reverse the immunization gap between children in the developing and developed world. A strategic and systematic approach should be central and be designed principally for the health worker(s) and consumer(s) in mind. These audiences will not only be recipients of the value of routine immunization, but in turn be equipped to advocate and articulate the need for vaccinations for the policymakers, community leaders and the public(s) for which they serve.

Today, immunization is a highly cost-effective and relatively inexpensive health intervention. However, as we develop new opportunities to prevent viral disease and their sequalae including cancers, the overall cost of immunization and the potential innovation with therapeutic vaccines and other such areas, including the procurement of new vaccines, new vaccine formulations and technologies, are expected to rise sharply in the future. Such spending in public health is well allocated if it concomitantly builds a health competence at all levels of society where people value health security as societal capital and wealth.

Those of us as health communicators must continue to articulate the central value of our efforts to advance public health with the capacity and focus that progress towards the global strategic goals in GIVS. Yet, the health communication capacity is an entry point for developing efforts involving partnerships at all levels to improve ethical approaches with advocacy, policy and social marketing strategies to advance public health, while employing continuous quality improvement while we monitor and evaluate results.