

IPA-GAVI-UNICEF National Pediatric Immunization and MDG Champions Workshop

Sandton Convention Centre
Johannesburg, South Africa

3-4 August 2010



Meeting Report

Prepared for:

IPA-GAVI-UNICEF and the Immunization and MDG Champions

Prepared by:

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Abbreviations

Abbreviation	Phrase in full
MDG	Millennium development goals
IPA	International Pediatric Association
VPD	Vaccine-preventable diseases
DTP	Diphtheria, tetanus, pertussis
WHO	World Health Organization
EPI	Expanded program on immunization
PCV	Pneumococcal-conjugate vaccine
GAVI	Global Alliance for Vaccines and Immunization
GAPP	Global Action Plan for Prevention and Control of Pneumonia
Hib	<i>Haemophilus influenzae</i> type b
CCM	Community case management
NITAG	National immunization technical advisory group
ICC	Immunization coordination committee
BCG	Bacillus Calmette-Guerin
HPV	Human papillomavirus
UNICEF	United Nations Children’s Fund

Executive summary

On 3–4 August 2010, the International Pediatric Association, the Global Alliance for Vaccination and Immunization (also represented by the Accelerated Vaccine Initiative, PATH, and faculty from the Johns Hopkins School of Public Health) and UNICEF convened a meeting of leading pediatricians nominated by the National Pediatric Societies of 25 countries with the most difficult Newborn and Child Health situations. The occasion was the first IPA National Pediatric Immunization and Millennium Development Goal Champions Workshop. This meeting focused on current knowledge of prevention and case management of the major preventable killer diseases of children; current status of MDG 4, 5, and 6 achievement; the key role of immunization in disease prevention; advocacy skills to address these issues at country level; and formulation of implementable plans in the 50 Champions' respective countries.

Objectives of the meeting were:

- To strengthen the voices of developing country pediatricians and pediatric societies in informing and influencing policy decisions.
- To educate participants on the status of immunization programs and vaccine introduction in low-income countries.
- To educate participants on the status of newborn, child and adolescent health, progress toward Millennium Development Goals 4-5-6 at country level, and prevention and case management of the major childhood killer diseases pneumonia and diarrhea.
- To empower and motivate participants to develop tailored strategies and specific plans for engaging their national pediatric societies in child health policy, advocacy and implementation at national and regional levels.

The discussion raised the following key points:

- A 60–70% reduction in mortality in children <5 years is projected if coverage against vaccine-preventable diseases reaches 90%.
- Advocacy can help accelerate decisions, increase funding, build support, improve program performance and address barriers.
- Effective advocacy involves delivering the *right* message, through the *right* channels, to the *right* people.
- A shared vision for change can be developed and achieved by following six simple steps: analysis, strategy, mobilization, action, evaluation and continuity.
- Pneumonia and diarrhea are two of the biggest single killers of young children, yet existing effective interventions are not used optimally. A multi-pronged approach to combating these illnesses is required, involving the development and delivery of flexible, synergistic actions within existing child survival programs.
- Vaccination is accepted as being a highly cost-effective health intervention, however an immunization gap exists. Globally in 2008, up to 71% of children were not immunized against *Haemophilus influenzae* type b, and over 90% were not immunized against pneumococcal disease and rotavirus.
- The GAVI Alliance exists to ensure access to life-saving vaccines in the poorest countries. By meeting its objectives, GAVI will make an important contribution to meeting MDG 4. GAVI accomplishes its mission by catalyzing accelerated uptake of vaccines; strengthening health systems; introducing innovative financing mechanisms; and shaping markets for vaccines.
- Policy makers must be clearly informed and helped to make evidence-based decisions about vaccines.
- National and local leadership is necessary to increase delivery of standard vaccines, and ensure access to new vaccines.
- Pediatricians have a good understanding of the problems faced and are a credible source of information. This position can and should be leveraged.
- Very few National Pediatric Associations/ Societies are currently represented on their respective national immunization technical advisory group or immunization coordination committee.

Action items and next steps:

- Funding will be sought to host a second Immunization and MDG Champions meeting within 6–8 months.
- A newsletter was preferred as an early output from this series of meetings, providing further information and guidance for the Champions.
- Guidance will be provided for small advocacy grant applications.

National Pediatric Immunization and MDG Champions Workshop

3–4 August 2010

Sandton Convention Centre, Johannesburg, South Africa

Agenda

Tuesday 3 August 2010

Time	Topic	Speaker
20:30–20:45	Workshop introduction and acknowledgements	Jane Schaller Sverre Lie
20:45–21:15	Keynote lecture: Why do we want to immunize children anyway?	Ciro de Quadros
21:15–21:45	Keynote lecture: Fighting for the lives of children: Real-life advocacy for child survival and immunization	Fred Were

Wednesday 4 August 2010

Time	Topic	Speaker
08:30–09:00	Welcome and introduction	Jane Schaller Jullie Younkin
09:00–09:40	What is advocacy?	Julie Younkin
09:40–10:00	Child survival and vaccine preventable illness	Oliver Petrovic
10:00–10:20	<i>Break</i>	
10:20–11:00	Immunization overview, vaccine policy, financing and implementation	John Wecker
11:00–11:15	Group Discussion	John Wecker
11:15–12:15	Shared vision and key audiences	Lois Privor-Dumm
12:15–13:15	Lunch – small group discussions	All
13:15–14:45	Developing a shared vision, strategy development	Julie Younkin
14:45–15:00	<i>Break</i>	
15:00–16:30	Strategy and planning exercise	Julie Younkin and small groups
16:30–17:30	Conclusions and next steps	Farouk Jiwa Jane Schaller Sverre Lie Lois Privor-Dumm

Tuesday 3 August 2010

Day 1: Workshop introduction and acknowledgements

Jane Schaller (JS), Executive Director of the International Pediatric Association, and Sverre Lie (SL), Technical Advisor to the International Pediatric Association, opened the meeting by thanking the attendees. JS lead a round of introductions and highlighted the importance of this meeting and its potential to enable the Immunization and Millennium Development Goal (MDG) Champions to make an impact within their home countries and globally.

Keynote lecture: Why do we want to immunize children anyway?

Ciro de Quadros (CdQ), Executive Vice-President of the Sabin Vaccine Institute in Washington DC, US, provided the meeting attendees with a global immunization overview and outlined progress to-date.

- A huge (60–70%) reduction in mortality of children <5 years is projected if coverage against vaccine-preventable diseases (VPDs) reaches 90%.
- Global diphtheria, tetanus and pertussis (DTP) coverage was 82% in 2009.
- Challenges that need to be overcome in order to increase coverage include uninformed populations, program management, issues with data quality and vaccine supply.
- A review of the published literature showed:
 - 44% of under-vaccination cases were due to poor immunization systems
 - 55% of unvaccinated cases were due to parental knowledge or attitudes, and 27% due to family characteristics.
- The aim is to turn the 'vicious cycle' of uncertain demand, limited supply and higher prices into a 'virtuous cycle' of predictable demand, increased production capacity and lower prices.
- Opportunities for expanding coverage exist in:
 - A mandate from the WHO governing bodies
 - Visible impact of vaccination on mortality and morbidity
 - Strengthening of national policy and decision making processes
 - Partnerships to increase disease prevention through vaccination in this 'decade of vaccines'.

Keynote lecture: Fighting for the lives of children: Real-life advocacy for child survival and immunization

Fred Were (FW), National Chairman of the Kenya Paediatric Association, shared the importance of immunization advocacy from the perspective of a health worker.

- Immunization advocacy is needed now, more than ever, as more costly innovations in vaccination require greater levels of persuasion for governments and fund providers.
- Kenya has seen great success in increasing immunization coverage and reducing child mortality since the introduction of the expanded program on immunization (EPI) in 1987, and the pentavalent vaccine in 2002.
- The Kenya Paediatric Association developed an advocacy program around the pneumococcal conjugate vaccine (PCV) consisting of several steps:
 - Sharing issues regarding PCV with the association members (dedicated session at the annual congress)
 - Establishing members' perception of PCV (surveying members)
 - Engaging the media to inform the public (developing a consensus statement on the disease and PCV, using both health-professional targeted and general media outlets)

- Directly engaging the general public (events around World Pneumonia Day)
- Persuading governmental decision makers.

Wednesday 4 August 2010

Day 2: Welcome and introduction

JS and Julie Younkin (JY) welcomed the participants to the second day of the Immunization and MDG Champions Workshop. JS outlined the goals of the workshop:

- To strengthen the voices of developing country pediatricians and pediatric societies in informing and influencing policy decisions, impacting
 1. achievement of MDGs 4, 5 and 6
 2. the introduction and sustainable implementation of lifesaving childhood immunizations.
- To educate participants on the status of immunization programs and new vaccine introduction in low-income countries.
- To educate participants on the status of newborn child and adolescent health and progress toward MDGs 4, 5 and-6 at country level.
- To educate participants on the prevention and case management of pneumonia and diarrhea, both major childhood diseases.
- To inform participants of the basics of Global Alliance for Vaccines and Immunization (GAVI) support, application process, implementation, and relevant national and international policies influencing vaccine uptake and coverage.
- To empower and motivate participants to develop tailored strategies and specific plans for engaging their national pediatric societies in child health policy, advocacy and implementation at national and regional levels.

JS outlined her hope that the workshop will provide the Immunization and MDG Champions with the information and skills required to become experienced advocates for immunization, and to inform and influence policy decisions in individual countries.

What is advocacy?

JY provided a background to the main ideas behind and challenges of advocacy. She defined advocacy as 'speaking out to create change', and policy advocacy as reaching out to influential groups or people who have the power to put the proposed solution into action.

- Advocacy can help accelerate decisions, increase funding, build support, improve program performance and address barriers.
- Many countries are adopting policies to improve maternal, neonatal and child health, but an equity gap in coverage of key interventions exists between the richest and poorest citizens. Advocacy for immunization and the MDGs has a potentially important role to play.
- Dialogue and team work between advocate and policy-makers is required to form an integrated program.
- A shared vision can be achieved through the A-frame for advocacy (Figure 1)

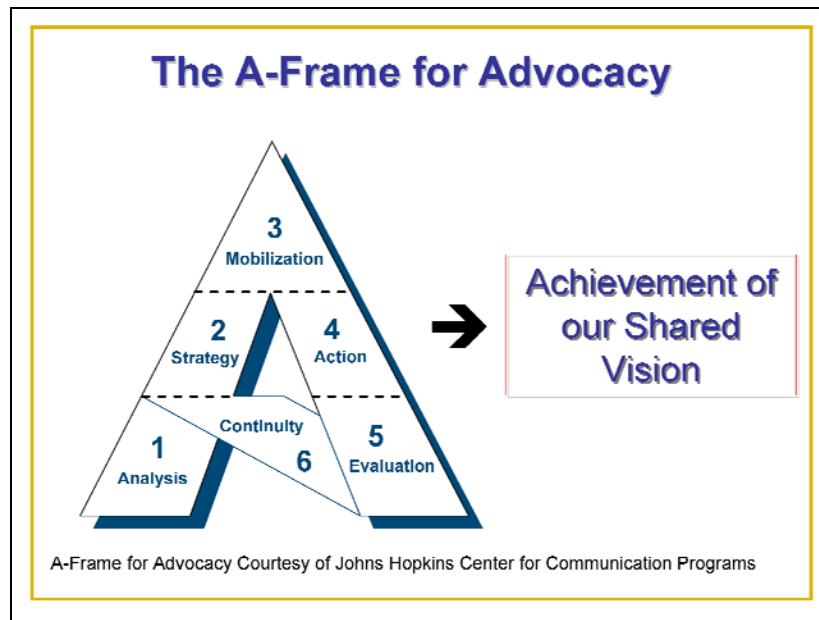


Figure 1. The A-frame for advocacy

- The 6 steps of the A-frame for advocacy are:
 1. Analysis
 - What is the policy problem?
 - Who are the key decision makers?
 - What are their priorities?
 - What are the best channels to reach them?
 2. Strategy
 - What are your objectives?
 - How will you build coalitions?
 - What activities/events/materials will you develop?
 - What are credible sources?
 - What are potential barriers?
 3. Mobilization
 - Delegate tasks
 - Develop messages
 - Schedule activities
 - Train those who will be advocates
 - Work with the media
 4. Action
 - Carry out activities
 - Monitor activities
 - Deal with controversy
 - Respond to crises
 - Give credit to others

5. Evaluation

- Establish indicators
- Assess process and progress
- Measure impact
- Disseminate results
- Share credit lavishly

6. Continuity

- Monitor implementation of policy change
- Reinforce changes
- Generate resources
- Strengthen coalitions
- Persevere as necessary

- Advocacy can help to achieve projects quicker, with a greater level of commitment
- Advocacy takes careful planning and thought about audiences and their needs and motivations
- Various levels of involvement are needed to for advocacy be most effective.

Child survival and vaccine preventable illnesses

Oliver Petrovic (OP) of UNICEF shared key elements from the Global Action Plan for Prevention and Control of Pneumonia (GAPP) and Diarrhea Report, outlining the global problem and vision for pneumonia and diarrhea.

- Pneumonia and diarrhea are two of the largest single killers of young children. Every year there are approximately 156 million cases of pneumonia and nearly 1.8 million deaths in children under five; there are approximately 2.5 billion cases of diarrhea, and 1.5 million child deaths.
- Effective interventions exist for the prevention and management of both illnesses, but are not used optimally.
- GAPP's vision is for every child to be protected against pneumonia through provision of healthy environment, access to preventative measures, and access to treatment.
- GAPP's goals for children under five for 2015 are to:
 - Reduce mortality from pneumonia by 65%
 - Reduce the incidence of severe pneumonia by 25%.
- GAPP's targets include:
 - 90% coverage of relevant vaccines
 - 90% coverage of exclusive breastfeeding for 6 months
 - 90% access to appropriate pneumonia treatment.
- Global initiatives for pneumonia and diarrhea include:
 - Accelerated vaccine introduction project – a partnership between WHO, UNICEF and the GAVI secretariat as well as consortium of PATH, Johns Hopkins, CDC etc. Supporting the accelerated introduction of *Haemophilus influenzae* type b (Hib), rotavirus and pneumococcal vaccines in the poorest countries.
 - Community Case Management (CCM) Implementation Task Force & Operational Research Group – conducts policy work to promote and advocate CCM. Members include UNICEF, Save the Children, BASICS, IRC, TDR, USAID, Karolinska Institutet, JHU and BU etc.
 - Zinc Task Force re-activated – an information sharing and advocacy group.

- A multi-pronged approach is required to combat these illnesses. There is a need to develop and deliver flexible, synergistic actions within existing child survival programs.

Immunization overview, vaccine policy, financing and implementation

John Wecker (JW), Director of Vaccine Access and Delivery for PATH provided an overview of immunization, vaccine policy and the requirements for funding and implementing vaccination programs.

- Vaccination is a highly cost-effective and efficient health intervention. The benefits of vaccination are irrefutable, but increased efforts are needed to ensure new and existing vaccines have a greater reach.
- More than 30 common infectious diseases are preventable by vaccination. Global WHO recommendations include diphtheria, tetanus, pertussis, measles, polio, tuberculosis, hepatitis B, Hib, pneumococcal disease, rotavirus diarrhea and human papilloma virus (girls only).
- An immunization gap still exists, of the 129 million surviving newborns in 2008:
 - 18% were not vaccinated against DTP, BCG, polio and measles
 - 34% were not vaccinated against hepatitis B
 - 71% were not vaccinated against Hib
 - 93% were not vaccinated against pneumococcal
 - 92% were not vaccinated against rotavirus.
- Key messages for communicating the value of vaccines to policy makers include:
 - Vaccination reduces disease burden, saving lives, reducing human suffering and saving medical cost
 - Vaccines are a cost-effective investment of health resources
 - Childhood vaccination leads to healthier and therefore better educated children, adding potential for economic growth.
- The value of vaccination is not only a message for health officials, but economic and financial planners, parents and society. The benefits of successful vaccination programs outweigh the costs.
- Many easy-to-reach populations have been vaccinated – those not reached often live in rural or inaccessible areas not served by health services. Social barriers, lack of awareness about vaccine preventable disease and motivation can be obstacles to children being vaccinated.
- Infrastructure problems can impede vaccine delivery; these include:
 - Lack of good roads and reliable transport
 - Lack of access to clinics for those needing immunization
 - Lack of trained medical staff
 - Lack of sterile syringes
 - Functional cold chain.
- Governments have competing priorities for their limited budgets. Vaccines must compete with not only other important health considerations (HIV/malaria prevention, basic maternal and neonatal care), but non-health priorities including education and defense.
- Further problems slowing vaccination programs include political disruptions, donor fatigue (especially during economic downturns), public perceptions of vaccination (fear of vaccines outweighs fear of disease), and religious and philosophical objections.

- GAVI is an innovative partnership between WHO, UNICEF, the World Bank, governments of donor countries, research and technical health institutes, the Bill and Melinda Gates Foundation, civil society organizations, vaccine industry, developing, and independent individuals.
- GAVI aims to make a difference by: catalyzing accelerated uptake of vaccines; strengthening health systems; introducing innovative financing mechanisms; and shaping markets for vaccines.
- An estimated 5.4 million future deaths have been prevented through accelerated vaccine introduction in over 70 of the world's poorest countries with 257 million children immunized and vaccination safety improved.
- Areas where GAVI provides support for countries include: purchase of new and underused vaccines; health system strengthening; immunization services; and civil society organizations.
- Countries must have DTP3 coverage above 70% in order to receive new vaccine support from GAVI.
- An increasing number of GAVI vaccine suppliers are based in emerging markets, and increased competition reduces vaccine price.
- By 2015, it is GAVI's aim that:
 - All GAVI-eligible countries will be using pentavalent vaccines
 - 47 countries will be using pneumococcal vaccines
 - 41 countries will be using rotavirus vaccines
 - 18 countries will be using one or more of the new vaccines: HPV, Japanese encephalitis, meningitis A, rubella, and typhoid.
- Policy makers should be clearly informed of the technical dimensions of vaccination programs and should be helped to make evidence-based decisions about vaccines.
- National and local leadership is necessary to increase delivery of standard vaccines and to ensure infants have access to new vaccines in the countries where disease burden is greatest and vaccines are most needed.

What is shared vision?

Lois Privor-Dumm (LPD) highlighted the importance of developing a shared vision regarding childhood immunization and meeting the MDGs. She outlined how using knowledge of the situation can help to identify key audiences to target, to define why they are important and to define the information they require.

- A shared vision is a clear description or picture of the future that all stake holders want to create. It must be a future that people are willing to pay the price for. A good shared vision allows ownership by all stakeholders, inspires them, is concrete, engages everyone and suggests what the stakeholders need to do. A poor shared vision is owned only by 'leaders', does not inspire, is general or vague, engages only a few, and does not suggest clear action.
- In order to design an effective campaign, the following elements are required:
 - A clear shared vision
 - An understanding of the current situation with respect to the shared vision
 - Knowledge of why there is a difference between the two.
- Advocacy can help bridge the gap between the current situation and a shared vision for the future. For this, the *right* message must be delivered through the *right* channels to the *right* audience.
- Key advocacy audiences can include; other pediatricians, health professionals and advocates; policy makers; the media; and the community and general public.
- Different audiences have different information needs:
 - An international health donor may want to feel that he is making a real difference with his investment

- A policy maker wants evidence that an intervention works, is sustainable and is the right price
- A mother may want to know what interventions are important and what she can do for her child.

Breakout group discussions

The Immunization and MDG Champions split into small groups to discuss:

- The specific audiences that are important to reach
- Identify why these audiences are important
- Identify what the audience should know and do.

The breakout groups were as follows

Group 1:	Democratic Republic of Congo, Cameroon, Haiti, Benin	Jean (facilitator)
Group 2:	Burkina Faso, Niger, Cote d'Ivoire, Senegal	Sylvie (facilitator)
Group 3:	Nigeria, South Africa, Ethiopia	Jane (facilitator)
Group 4:	Kenya, Tanzania, Uganda	Mato (facilitator)
Group 5:	Zambia, Malawi	Traci (facilitator)
Group 6:	Pakistan, Sudan, Afghanistan	John (facilitator)
Group 7:	India, Bangladesh	Sverre (facilitator)
Group 8:	Laos, Nepal	Leila (facilitator)

Developing a shared vision: strategy development

JY outlined strategies for effectively communicating to audiences using the appropriate messages through suitable channels. She also provided some basic tips for effectively dealing with the media.

- Effective communications clearly identify the specific audience segments they aim to reach, and seek to understand what their audiences know, feel and do. It is also important to define the perceived benefits that can move the audiences to act. It is useful to place yourself in the shoes of the audience before giving the audience specific actions to undertake.
- The *right* message contains a problem, a solution and a call to action. It must be credible, feasible, relevant, urgent and of high priority. It must also offer a promise or benefit to the audience who acts.
- Messages should be supported by facts or data, but also expert opinion, demonstration (side-by-side comparisons), testimonials, or guarantees/government approvals.
- When choosing the *right* channel, the following factors must be considered:
 - Where does the key audience get information from?
 - What makes sense locally?
 - In this case, is it better to reach many people with a few key messages, or one key person for an in-depth discussion?
- Opportunities must be created to communicate key messages. Some strategies include:
 - Giving presentations on disease prevention
 - Leveraging existing relationships to talk to decision-makers and their influencers

- Develop relationships with policy makers, their influencers, the media, community leaders and others
- Be proactive – recommend guest speakers and presentations
- Take advantage of any opportunities to discuss disease prevention and immunization
- Work with media and journalists – write editorials, letters to the editor etc.
- Put things in writing – prepare materials for opportunistic and planned distribution.
- Potential barriers should be identified and strategies planned for over coming them. Questions to consider include:
 - What are the barriers that may prevent a willing person from acting?
 - What are the barriers to reaching your audience?
 - What can prevent someone from making a decision?
- When dealing with a media interview, it is important to remember that your job is to communicate your message within the context of the interview. Some general rules for interviews include:
 - Take control – know your message and be steadfast about delivering it
 - Set the pace – don't allow the reported to set the tone of the interview. Set a comfortable pace for yourself by pausing and gathering your thoughts
 - Be candid – if you don't know the answer to something, say so, but tell the reporter you will get the information for them
 - You are always 'on' – every comment made to a reporter should be considered public.
- You should know exactly what you want to say and how to say it before an interview. Framing your messages around three questions will help to organize the message: What is the issue? Why should you care? What needs to be done? This may be utilized for the interview as follows:
 - Before – know what key points you want to make before the interview
 - During – keep key messages concise and clear. If time permits, use illustrative examples
 - As you conclude – reinforce main points.
- Several useful techniques for answering awkward questions exists. 'Blocking' and 'bridging' can both be effective.
 - Blocking halts the direction of the interview
 - Bridging helps you move from the reporters agenda to your agenda and messages
 - Blocking and bridging can help you seize control and play offense, not defense
 - It is important not to ignore the question, but address the topic of the question
 - If asked about problems, talk about solutions.

Strategy and planning exercise

In the breakout groups, the Champions were required to utilize the information presented to develop an implementable strategy for their regions. The requirements were to:

1. Analyze:
 - What is the specific issue to be addressed?
 - Who is the audience and why are they an important target?
2. Strategize:
 - Define objectives for outreach (what should the audience know)
 - Identify potential barriers and how they can be overcome.
3. Target:

- Define key messages for the audience.

4. Act:

- Outline activities that can achieve the shared vision for the target audience
- Decide who will do it, whether will others be involved, what type of support is needed and when it can be done.

Strategy sharing – selected examples:

CAMEROON

- Vision: Childhood mortality under 5 years of age is still high and needs to be reduced.
- Targeting pediatricians to address immunization problems, including improving skill levels and enable them to transfer this skill to others they work with.
- The national pediatric association, with support from the Ministry of Health, medical schools and international bodies, should be responsible for training pediatricians.
- Standardization of immunization books was suggested. This could be proposed to parents and used to check immunization status when children begin school.
- Potential barriers include parents and society's concerns about vaccination and reluctance of pediatricians to undergo training.

ETHIOPIA

- Vision: increasing immunization coverage and introduction of rotavirus and pneumococcal vaccines.
- Targeting health ministers to educate them of the importance of these new vaccines, utilizing pediatricians.
- Events planned using the media around World Pneumonia Day.
- Plan to implement pneumonia treatment at a community level from September 2010. Cascade effect by pediatricians training health workers.
- The Minister of Health was identified as a potentially important and approachable target who can then approach the Minister of Finance.

GHANA

- Activity: engaging Minister of Health and policy makers to ensure equity of access to interventions, in particular universal access to pneumococcal and diarrheal vaccines.
- Key messages are to educate policy makers on what is already known about pneumococcal and diarrheal diseases, and show the health-cost savings from vaccination.
- Plans to adapt the yearly public forum to focus on MDGs and interact with the public, media and put pressure on the Ministry of Health.
- A call to action at the end of the conference would be beneficial.

INDIA

- Two separate approaches were suggested for economically advantaged and disadvantaged communities. This included a wide utilization of different media outputs to create awareness.
- The importance of reaching out to marginalized communities was stated.

NIGERIA

- Events planned around World Pneumonia Day, using Pediatric Association members to help inform and educate civil society and government. Public awareness to be raised using the media, and an event such as a march on parliament during the National Pediatric Conference 2011.
- Exploration of utilization of home video and collaborations with musicians and artists to enhance awareness of preventable illness and means of prevention such as immunization.

PAKISTAN

- Vision: Utilizing and training female health workers to achieve 90% EPI coverage.
- Targeting the female health workers, their supervisors and trainers.
- Potential barrier: Requires funding from ministry of finance. There is a budget for the existing 100,000 workers, but not for any extra.
- NITAG could be utilized as a motivational force to achieve this.

SOUTH AFRICA

- In South Africa, anti-vaccination lobbies are becoming more powerful. Activities centered around ensuring the correct information is available were proposed. The most effective way to combat the anti-vaccination lobbies is to be as truthful as possible and address any criticisms in order to not lose credibility.
- Similar problems are faced in India, Pakistan and Sudan. Community and religious leaders can also be barriers to vaccination. It is important to be proactive and consistent with messages across the regions.

Key points from discussion:

- Only a small proportion (three, X%) of the Immunization and MDG Champions are members of their respective country's National Immunization Technical Advisory Group (NITAG) or Immunization Coordination Committee (ICC). Membership was cited as a good way to become a voice for change, and influence technical decisions.
- Few national pediatric associations were represented in ICCs; the consensus was ICCs are a good opportunity for the Champions get their voices heard. ICCs are where all immunization challenges are made, and involvement allows interaction between health ministers and EPI managers.
- Pediatricians have a good understanding of problems faced and are a credible source of information. This position can and should be leveraged.
- National pediatric associations can join GAVI individually and gain access to information important for advocacy.

Conclusions and next steps

Network activities suggested include:

- Follow-up meeting in 6–8 months with opportunity for additional training
- Limited small advocacy grants available for national pediatric association activities (<5,000 USD)
- Connections to existing coalitions
 - World Pneumonia Day Coalition
 - Diarrheal Disease Coalition
 - GAVI CSO Constituency
- Regular news, information and tools disseminated by partners
- Regional mentors
- Establish network communication tools (email, future website)

- There was a strong preference for a newsletter as the first output for these meetings.

Action items

The meeting attendees agreed to the following action items:

Item	Responsible person
Organizers will secure funding for future meetings	JY, LPD, JS, JW
Guidance will be provided by email for applications for small grants	LPD, JY
Develop a regular news letter as the first output for this group	JS, LPD, JY, JW

Appendix A: Meeting details and attendees

Meeting Title: National Pediatric Immunization and MDG Champions Workshop

Date: 3–4 August 2010

Location: Sandton Convention Centre, Johannesburg, South Africa

Attendees:

Name	Affiliation and contact details
Immunization and MDG champions	
Dr Saleh Rahman Rahmani	Afghanistan
Dr Khaksar Yousufi	Afghanistan
Prof Mohammed Hanif	Bangladesh
Dr Mesbah Uddin Ahmed	Bangladesh
Prof Adeothy Koumapai Sikiratou	Benin
Dr Josiane Houansou	Benin
Prof Diarra Ye	Burkina Faso
Prof François Housséini Tall	Burkina Faso
Dr Issa Ngosso Tetanye	Cameroon
Dr Hubert Mbassi Awa	Cameroon
Dr Gisèle Kazadi	Democratic Republic of Congo
Prof Stanis Wembonyama	Democratic Republic of Congo
Dr Adane Bogale	Ethiopia
Prof Bogale Feye Worku	Ethiopia
Dr Lorna Awo Renner	Ghana
Dr Theresa Rettig	Ghana
Dr Jessy Colimon Adrien	Haiti
Dr Elsie Pothel Oville	Haiti
Dr Tanmay Amladi	India
Dr Deepak Ugra	India
Prof Madeleine Folquet Amorissani	Ivory Coast
Prof Yveline Houenou	Ivory Coast
Dr David Githanga	Kenya
Dr Alfred Shiroya	Kenya
Dr Queen Dube	Malawi
Dr Dhana R Aryal	Nepal
Dr Binod L Bajracharya	Nepal
Dr Amina Hamidou Abba	Niger

Dr RoubanatouMaiga Abdoulaye	Niger
Dr Ekanem Ekure	Nigeria
Dr Dorothy Esangbedo	Nigeria
Prof Tariq Bhutta	Pakistan
Prof Abdul Ghaffar Billoo	Pakistan
Dr Bounnack Saysansongkham	Lao PDR
Dr Sengchanh Sourideth	Lao, PDR
Dr T Lisine	Rwanda
Dr S Muslime	Rwanda
Dr Neil Mckerrow	South Africa
Dr Allan Puterman	South Africa
Dr Walyeldin Elfakey	Sudan
Prof Mabyou MustafaAbdelwahab	Sudan
Dr Namala Mkopi	Tanzania
Dr Juma H Mwinula	Tanzania
Dr JescaNsungwaSabit	Uganda
Dr Daniel Tumwine	Uganda
Dr Evans Mpabalwani	Zambia
Dr NanthalileMugala	Zambia
International Pediatrics Association	
Prof Jane Schaller	Executive Director
Prof Sverre Lie	Technical Advisor, IPA MDG Program
Dr Clarisse LoumouLoe	Pediatrician, Cameroon
Professor NajwaKhuri-Bulos	IPA Immunization Program Co-Chair
Professor Ciro de Quadros	Technical Advisor, IPA Immunization Program
Leila Srour	Pediatric Advisor, Lao PDR
UNICEF	
Dr Oliver Petrovic	UNICEF, New York
GAVI Alliance	
Farouk ShamasJiwa	Programme Officer
Jean Kaseya	Senior Programme Manager
Julie Buss Younkin	Advocacy and Communications Manager, International Vaccine Access Center
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