**Vaccination Week in the Americas**

**2022**

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**Are you fully vaccinated?**

**#GetAllYourShots #VWA20**

 Planning workbook and annexes

[www.paho.org/vwa](http://www.paho.org/vwa)

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**20th Vaccination Week in the Americas (VWA)**

**11th World Immunization Week (WIW)**

**Dates:** **April 23-30, 2022**

Vaccination Week in the Americas: 2022 Campaign

From 23 to 30 April 2022, the Pan American Health Organization (PAHO), together with the countries and territories of the Region of the Americas and its partners, will celebrate the 20th annual Vaccination Week in the Americas (VWA) and the 11th World Immunization Week (WIW) under the slogan “**Are you fully vaccinated? #GetAllYourShots #VWA20**”.

Access to vaccines remains deeply inequitable within and between countries of the Americas. Successful vaccine programs have reduced the incidence of vaccine-preventable diseases (VPD), but this means that fewer people have experienced them (personally, via friends or family, among patients). The real harms of VPDs are minimized, with resulting decreases in funding for immunization programs. In the last decade, national immunization programs have suffered setbacks in several areas, including:

* Decrease in vaccination coverage rates;
* Weakening performance of epidemiological surveillance systems;
* Inadequate long-term sustainable financing for immunization; and
* Raises in vaccine hesitancy, fueled in part by “fake news” and anti-vaccine rhetoric.

We propose to employ the strategies, infrastructure and resources that were deployed during the COVID-19 vaccination efforts to strengthen and expand national immunization programs, thus offering all relevant antigens to all eligible persons. This year’s VWA campaign sets itself to close immunization gaps, wherever or whoever they may be. The goal is to reach those who have not yet received the full benefits of routine immunizations and/or the COVID-19 vaccination campaigns.

The specific objectives of this year’s campaign are to:

1. Build trust and confidence in the safety and effectiveness of all vaccines
2. Strengthen the scope and reach of the routine vaccination program during and after the COVID-19 pandemic
3. Accelerate COVID-19 vaccination operations in all countries and territories of the Americas to achieve high [[1]](#footnote-1)national vaccination coverage rate, with focus on all priority groups.

Country and territory participation in VWA is flexible. Its goals and activities should be chosen in accordance with national health objectives, and adapted to fit the local, national, and global epidemiological contexts to ensure vaccination during the COVID-19 pandemic and in accordance with local and national prevention measures and policies.

Objectives

The overarching objectives of the VWA initiative are:

* Maintain immunization on the political agenda
* Promote equity and access to immunization, including in remote areas (e.g., rural, border, hard-to-reach) and in populations in situation of vulnerability (e.g., indigenous groups, afro descendent populations, migrants, inhabitants of disadvantaged settlement)
* Increase vaccination coverage for all antigens across the life course, with special focus on high-risk groups (Special focus on health workers. Also include immunocompromised people, pregnant women, older adults)
* Serve as a platform for integrated activities in the primary healthcare system (e.g., deworming, vitamin A supplement)
* Promote the transition from an exclusive focus on childhood vaccines to improved and equitable access to immunization services throughout the life course.

Planning

To streamline both the planning and reporting of the VWA campaigns and activities across the Region, PAHO has a standardized **template for all country plans** and **final reports.**

These templates serve as the minimum amount of information collected at the regional level from all countries. However, if the country would like to provide additional information beyond what is requested in the template, we welcome countries to send this additional information as annexes to the plan/report.

The plan and report are set up with similar formats to facilitate this process, and the information being requested aligns with the goals of the program, as outlined in the Regional Immunization Action Plan (RIAP) approved by all Ministers of Health during PAHO’s Directing Council in 2015 as the guiding document for immunization programs in the Americas 2016-2020. The RIAP is available [here](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=31248&Itemid=270&lang=en).

Countries are kindly requested to submit VWA plans **by** **March 31st** and VWA final reports **by** **August 1st** to the regional PAHO office so that this information can be consolidated and disseminated at the regional level.

Campaign Materials

All the materials related to the campaign will be available on the [VWA website](http://www.paho.org/vwa).

Due to the COVID-19 Pandemic, printing of materials will have to be handled at the national level. PAHO’s Regional office will be able to transfer financial resources to support this activity, so please indicate the requested amount.

Please ensure you have the written permission of all people who appear in photos or videos (see Annex 7).

Electronic versions of these materials (in Spanish, English, Creole, French, Dutch and Portuguese), as well as many other technical and communication resources, will be available for download on our website also.

**Social Media**

* A social media package with messages and graphics for Facebook, Twitter and Instagram will be developed and shared with countries.
* A Director PSA will be filmed and distributed online and on social media networks.
* Countries are encouraged to share photos on social media with the regional slogan and hashtags of the campaign.

Evaluation Activities

It is important to periodically assess and adapt VWA activities to make sure they are as effective as they can be. This evaluation can help identify areas for improvement and help realize goals more efficiently. PAHO highly encourages countries to undertake evaluation activities and then report back their results. The evaluation technique should be adapted to your specific program. However, some examples of this could be a short survey during VWA to evaluate public confidence and satisfaction with vaccination or a survey to evaluate the effectiveness of the VWA social communication campaign. Models for these surveys are included in the Annex section of this document and are available online.

Beyond this, countries are encouraged to develop their own evaluation strategies, and if required, PAHO/WHO can provide technical assistance for the development of these strategies.

Annexes

* Annex 1: National Plan campaign template (separate document)
* Annex 2: Final report template (separate document)
* Annex 3: Reference list of VWA Indicators
* Annex 4: Model survey to evaluate public confidence and satisfaction with vaccination
* Annex 5: Model survey to evaluate VWA Social Media Campaign
* Annex 6: Planning of Border Activities Discussion Guide
* Annex 7: Image release form

Additional planning materials are available on [our website.](http://www.paho.org/vwa)

*Vaccination Week in the Americas Background*

Originally launched in 2003, VWA is an annual initiative endorsed by PAHO’s Directing Council. The idea for VWA was first proposed in 2002 by the Ministers of Health in the Andean Region to protect the Americas from the resurgence of measles. From 2003 to 2019, as a result of activities conducted under the framework of VWA, more than 908 million individuals have been vaccinated against a wide variety of diseases. VWA has also helped to highlight the essential work of national immunization programs and the importance of vaccination for the general public; the initiative is also increasingly being used by countries as an opportunity to integrate other preventative interventions with immunization activities.

Every year as part of VWA, more than 40 countries and territories in the Americas come together to raise awareness on the importance of immunization and vaccinate their populations, making a special effort to reach people who may not have regular access to health services, including indigenous peoples, migrants, border populations, and people living in urban fringes.

*World Immunization Week Background*

Other regions of the World Health Organization (WHO) have implemented similar Vaccination/Immunization Week initiatives, culminating in the creation of World Immunization Week (WIW) in 2012, the umbrella initiative that unites all global efforts.

More information on WIW is available [here.](https://www.who.int/news-room/events/detail/2021/04/24/default-calendar/world-immunization-week-2021)

# Annex 3

# **Reference list of VWA Indicators[[2]](#footnote-2)**

**Indicators for the intensification of vaccination in at-risk areas**

* Number and percentage of children 1-4 years of age that received their first, second, and third doses of DTP/ Pentavalent (to measure 0-doses, incomplete and complete schedules)
* Number and percentage of women of childbearing age (WCBA) who were vaccinated with the first dose of Td vaccine in at-risk municipalities
* Percentage of municipalities with plans for a second and third round of vaccination to complete schedules after VWA
* Number of health workers that participated in VWA outreach activities
* Number of indigenous and afro-descendant population vaccinated during VWA

**Indicators for vaccination in high-risk municipalities**

* Number of at-risk municipalities (or corresponding country nomenclature) where indigenous and afro-descendant populations live that vaccinate.
* Number of at-risk border municipalities participating in vaccination programs.

**Indicators for specific extramural campaigns**

* Percentage of Rapid Coverage Monitoring (RCM) in which vaccination coverage for (measles-rubella, polio or another vaccine) is less than 95%

**Indicators for surveillance**

* Number of suspected cases of measles/rubella and acute flaccid paralysis (AFP) that were identified by active community search and that were already known by the system.

**Political priority indicators**

* Number of authorities that participated in launching events (international, national, regional, or local)

**Training indicators**

* Number of forums, seminars or conferences held during VWA
* Number of health workers that received training during VWA

**Information dissemination and media indicators**

* Percentage of people interviewed in previously selected areas who are aware of VWA;
* Number of health workers trained on VWA targets and goals;
* Number of VWA television spots that were broadcast on national or local television stations
* Number of radio announcements that were played on national or local channels
* Quantity of national VWA promotional material created and disseminated
* Number of journalists informed about the objectives and benefits of VWA
* Number of VWA-related articles published in the national and local press
* Number of VWA-messages disseminated via the official channels of the Ministry (Ministry of Health website, EPI website, Twitter account of the Minister of Health, etc.)
* Number of people participating in conversations about VWA through social media or engaging in some way

**Intersectoral/Interinstitutional coordination indicators**

* Number of meetings carried out by the VWA organizational committees
* Number of agencies and/or organizations that participated in these meetings.

**Integrated intervention indicators**

* Number of integrated interventions carried out during VWA (vaccination plus deworming, vitamin A, screenings, etc.).

**Public satisfaction and confidence with vaccination**

* Number of people interviewed regarding their satisfaction and confidence regarding vaccines.

# Annex 2

# **MODEL SURVEY TO EVALUATE PUBLIC CONFIDENCE AND SATISFACTION WITH VACCINATION**

**Instructions for Interviewer:** Interview individuals in the community (during rapid coverage monitoring activities, in markets, main squares, bus stops, on the street, etc.) who have at least one child under 5 years of age.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*On a scale from 1 to 5 (1 being strongly disagree and 5 being strongly agree) how would you rank the following statements?*

**1. Getting my child immunized is the right thing to do.**

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Immunizations are important for keeping children healthy.**

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. It is important to vaccinate my child in order to prevent the spread of disease in my community**.

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. I am satisfied with the immunization services that my child has received at my local health center or clinic.**

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. As an adult, getting vaccinated is also important to maintain good health.**

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*

*On a scale from 1 to 5 (1 being not at all confident and 5 being very confident), how confident are you in each of the following?*

**6. The safety of routine childhood vaccinations.**

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. The effectiveness of routine childhood vaccinations.**

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. The benefits of routine childhood vaccinations.**

RANK: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Annex 3

# **MODEL SURVEY TO EVALUATE VWA SOCIAL COMMUNICATION CAMPAIGN**

***Instructions for Interviewer:*** *Interview at individuals outside of the health sector (in a market, main square, bus stop, street, etc.). It is recommended to avoid interviewing groups of people and to instead recruit one out of every 3 or 5 people found in each place.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ask the following questions and mark the answers in the space provided:

1. In what category do you belong?

 Woman of childbearing age (15-49) Young person (6-15)

 Adult man (16-59) Adult woman (50-59)

 Older adult - man (60 or more) Older adult - woman (60 or more)

**If person does not belong to any of these categories, stop the interview and exclude it from the analysis.**

1. Are you knowledgeable about the topic of vaccination?

Yes No

1. Have you heard about a special vaccination activity recently?

 Yes No

**If the answer is Negative, end the interview, if Affirmative, continue.**

1. Can you indicate what kind of vaccination activity you heard about? Mark all that apply

Vaccination Campaign Vaccination Week

 Campaign against rubella Campaign against influenza

Campaign against measles Campaign against polio

Vaccination Campaign against COVID-19

 Other Please specify \_\_\_\_\_\_\_\_\_­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How did you find out about this activity? (Mark all mentioned)
	1. Radio d. Health center
	2. Television e. Newspaper
	3. Loudspeaker f. Schools
	4. Others Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. When you found out about this vaccination activity, what did you do?

Reviewed my children’s vaccination card

Got vaccinated myself

 Took my child or other person to get vaccinated

Inquired for more information

 Other Which? \_\_\_\_\_\_\_\_\_\_\_

# Annex 4

# **Discussion Guide**

# **Planning of Border Activities (when applicable)**

1. Identification of border municipalities
	* What is the vaccination coverage of the regular program in these municipalities?
	* Objectives of VWA activities in border municipalities
		+ Start/Complete schedules
		+ Vaccination in specific groups
		+ Planning of three rounds of vaccination
		+ Training for health care workers
		+ Crossed monitoring
		+ Other. Specify:
2. Planning Meetings
	* Location and Date:
	* Individuals responsible in each country:
3. Social communication
	* Joint versus separate campaigns
	* Languages
	* Cultural considerations
	* Media outlets to employ
	* Use of surveys to assess information dissemination
	* Social listening activities
	* Community engagement
4. Resources
	* Estimated Costs
	* Plan for resource mobilization

5. Other activities that can be included under the framework of VWA

# Annex 5

# **Photography Release Form**

**Photographic Image, Audio & Video Release Form**

I hereby grant the rights to my image, likeness and/or sound of my voice as recorded on audio or videotape or photograph, to the Pan American Health Organization/World Health Organization.  I recognize that I am granting these rights without expectation of payment or any other consideration and for an unlimited duration.

I understand that my image may be edited, copied, exhibited, published, or distributed and I waive the right to inspect the finished product wherein my likeness or voice appears. Additionally, I waive any rights to royalties or other compensation arising or related to the use of my image or voice.  I also understand that this material may be used in diverse educational settings and throughout an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

\* Conference presentations

\* Educational presentations or courses

\* Informational presentations

\* On-line educational courses

\* Educational videos

\* Advisor arts and publications

By signing this release, I understand that photographic or video recordings of me may be electronically displayed via the Internet or in the public educational setting, including but not limited to international videos.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation as to where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby waive any and all claims against any person or organization utilizing this material for the purposes and in the manner described herein.

Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address/P.O. Box\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prov./Postal Code/Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this release is obtained from an individual under the age of 18, then the signature of a parent or legal guardian is also required.

Parent/Legal Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_

1. High vaccination coverage is considered over 70% [↑](#footnote-ref-1)
2. Countries should feel free to use additional indicators not included on this list, if they are more pertinent to national activities. [↑](#footnote-ref-2)