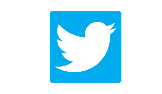
**Vaccination Week in the Americas**

**2024**

**A person tying a bracelet

Description automatically generated with medium confidence**

Planning workbook and annexes

**(Slogan to be communicated at a later time)**

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

PAHO/WHO

@pahowho

**22nd Vaccination Week in the Americas (VWA)**

**133h World Immunization Week (WIW)**

**Dates:** **20-27 April 2024**

From 20 to 27 April 2024, the Pan American Health Organization (PAHO), together with the countries and territories of the Region of the Americas and its partners, will celebrate the 22nd annual Vaccination Week in the Americas (VWA) and the 13th World Immunization Week (WIW) under the theme of “vaccine as part of an active life”. The exact slogan and call to action will be communicated at a later date.

This year's VWA campaign aims to emphasize the support that this event brings to the community by making vaccination services available to them in a convenient and all-encompassing format. Additionally, the campaign will aim to address the most frequent questions regarding vaccines and concerns regarding vaccine safety. The goal remains to close the most urgent immunity gaps and promote vaccination across all age groups.

**Theme and direction**

Successful immunization programs in our Region have eliminated six vaccine-preventable diseases. However, in the last decade, national immunization programs have suffered setbacks in several areas, including a) decreases in vaccine coverage, b) inadequate sustainable financing for immunization, and c) increasing vaccine hesitancy linked in part to misinformation. These setbacks contributed to emerging and imported outbreaks of vaccine-preventable diseases in the Region of the Americas.

The specific objectives of the 2024 campaign are to:

1. Use VWA as a platform to reinvigorate national immunization programs by giving them prominence in the political agenda.
2. Close the most urgent immunity gaps by prioritizing unvaccinated and under vaccinated persons.
3. Build trust and confidence in the safety and effectiveness of all vaccines.
4. Support increased vaccine acceptance and uptake across all ages and all antigens.
5. Regain and sustain regional control and elimination goals, supporting [PAHO’s Elimination Initiative](https://www.paho.org/en/elimination-initiative).

**Main messages**

Every year, PAHO and WHO use this week-long platform to promote equity in vaccine access and to provide reliable information on vaccines. PAHO will develop messages with the following audiences in mind:

Primary audience

* Young people from 20 to 45 years old who are planning to have children, who serve as caregivers for children and/or for older adults, and persons who may be missing vaccine doses and are interested in protecting their health as they grow older.

Secondary audience

* General population of all ages.
* Health care providers (ex., physicians, nurses, community health workers), as advocates for vaccines.
* Local leaders, as advocates for vaccines.

Additionally, PAHO will develop and support the development of messaging at two levels:

Regional level

As the spokesperson for the Organization, PAHO’s Director Dr. Jarbas Barbosa will participate in an event to launch VWA in (format, location, date, and time to be decided). This ceremony will be an opportunity to obtain high-level political commitments from countries and partners. The main **message** is to increase vaccination coverage by strengthening all aspects of the national immunization program, including human resource capacity and integration into the primary healthcare system.

Beyond strong support and visibility for national immunization programs, the VWA **aims** to:

* Recognize the outstanding public health achievements brought about by vaccines and the essential work required to sustain the elimination goals for the long term.
* Advocate for the continued support (financial and operational) of strong national Expanded Programs on Immunization (EPIs) to protect people of all ages, building upon the momentum generated by the pandemic response.
* Strengthen the performance of surveillance operations for all vaccine-preventable diseases.
* Promote vaccines as safe and effective and address the public’s concerns on the safety of vaccine products.
* Offer vaccination services at convenient times and locations.
* Recognize the achievements of healthcare workers and vaccinators who go to important lengths every day to vaccinate as many people as possible, including in hard-to-reach places and engage in a constant struggle against misinformation.

Country level

Each country will select the **combination** of target populations, vaccine-preventable diseases, and locations as the focus of its own VWA activities. The selection should be based on the epidemiological situation and gaps in vaccination coverage of each country.

Possible **activities** include:

* Reach unvaccinated and under vaccinated persons, as well as areas with low vaccination coverage rates, to close the most urgent immunity gaps and reduce the pool of susceptible persons.
* Promote influenza vaccination for high-risk groups during the Southern Hemisphere season.
  + Place a special focus on vaccination against polio and measles, since many countries report low vaccination coverage rates against these diseases, and the risk of importation and reemergence in our Region is extremely high.
* Promote vaccination against diphtheria, tetanus, hepatitis B, pertussis, yellow fever and HPV, among others.
* Continue efforts to reach high-risk priority groups with COVID-19 vaccines, both primary series and boosters.

Beyond achieving high vaccination coverage rates, countries can use the events of the VWA to:

* Create expectation and demand for vaccination by encouraging people to get themselves and their loved ones vaccinated.
* Increase the amount of trustworthy information available to the public on the safety and effectiveness of vaccines, as well as the importance of vaccination to keep communities protected.
* Use a variety of communication channels (print media, social media networks, spokespersons, messages from government agencies and partners, paid advertisements) to reach young adults, members of the general public, health workers and community leaders with key VWA messages.
* Motivate people to show their support for vaccination by addressing their demands for easy access and information on vaccines.
* Adjust vaccination services (ex., increase vaccination locations, extend opening hours) to ensure more people can access them.

Planning

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

These templates are used to collect the minimum amount of information from all countries, so the PAHO Regional Office can compile the final report of the VWA 2024. However, if the country would like to provide additional information beyond what is requested in the template, we welcome this additional information in the form of annexes.

The plan and report are set up with similar formats to facilitate the reporting process. The information requested aligns with the goals of the Immunization Agenda 2030 and the PAHO Governing Bodies’ resolution “Reinvigorating Immunization Programs Reinvigorating Immunization as a Public Good for Universal Health”.

Countries are requested to submit VWA plans by **28** **February 2024** and VWA final reports by **30** **June 2024** to the PAHO Regional Office, so that this information can be consolidated and disseminated in a timely fashion. Additionally, this year, we request countries to submit release forms for all photography and video of country activities.

**Communication campaign**

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

Materials must be printed in-country. PAHO’s Regional office will transfer financial resources to support this activity. An electronic version 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 from our website.

Please ensure you have the written permission of all people who appear in photos or videos collected during the campaign to ensure availability for future use (see Annex 7).

Social Media

* A social media package with messages and graphics for Facebook, Twitter and Instagram will be developed and shared with countries.
* A public service announcement (PSA) from the PAHO Director 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.

Communication materials

* Website for VWA 2024
* Repository of the websites from previous campaigns.
* Regional poster
* Identity booklet: PPT template, identity for shirts, hats, bags, etc.
* Banners
* Campaign video
* Director public service announcements (PSAs)
* Social media package and activities
* Media Kit
* Vaccine schedule brochures

**Activities**

* Press conferences
* Press releases – Launch and campaign objectives
* Stories from the PAHO Country Offices: Compilation of innovative activities or strategies implemented between 2019 and 2023 to strengthen the national immunization program. Formats can include narratives, videos, photo stories or other publications.
* Influencer's strategy: If there is interest, Country Offices can collaborate with local influencers (on topics related to health, fitness, wellbeing, family, and religion) to promote vaccine-related messages on their platforms to their public and reach a wider range of audiences.

**World Immunization Week**

* PAHO will try to align as much as possible with the messaging and direction of World Immunization Week (WIW)
* 2024 marks the 50th anniversary of the creation of the Expanded Programme on Immunization (EPI). It is expected that the WIW commemorates this milestone. PAHO will mention the 50th anniversary of the global EPI as a framework for VWA 2024, but not include dates in any materials, since the EPI was established in 1977 in the Americas.

Evaluation activities

It is important to periodically assess and adapt VWA activities to make sure they are as effective as possible. This evaluation can help identify areas for improvement and help achieve goals more efficiently. PAHO highly encourages countries to undertake evaluation activities and report their results to the Regional Office. The evaluation methodology should be adapted to your specific set of activities. Some examples may be a short survey during the week of the 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.

Finally, countries are encouraged to develop their own evaluation strategies. If required, PAHO can provide technical assistance for the development and implementation of these methodologies.

Annexes

* Annex 1: National Plan campaign template (separate document)
* Annex 2: Final report template (separate document)
* Annex 3: Reference list of VWA Indicators
* Annex 4A and 4B: Model survey to evaluate public confidence and satisfaction with childhood vaccination (4A) and adult vaccination (4B)
* 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)

# Annex 3

# **Reference list of VWA Indicators[[1]](#footnote-2)**

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

* Number and percentage of children ages 1 to 4 years who received their first, second, and third doses of DTP/Pentavalent (to measure the number of 0-dose children who have been vaccinated during the VWA, as well as the number of children with incomplete and completed schedules).
* Number and percentage of children ages 1 to 4 years who received their first, second, and third doses of DTP/Pentavalent outside the recommended age range (to measure the number of catch-up doses administered during the VWA, as well as the number of children with incomplete and completed schedules).
* Number and percentage of women of childbearing age (WCBA) who were vaccinated with the first dose of Td vaccine in municipalities at high risk of tetanus or pertussis outbreaks.
* Percentage of municipalities with plans for a second and third round of vaccination to complete vaccination schedules after the conclusion of the VWA.
* Number of health workers who participated in VWA outreach activities.
* Number of indigenous and afro-descendant population groups who received vaccination services during the VWA.

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

* Number of municipalities with <50% coverage rate for DTP1 that received vaccination services during the VWA.
* Number of municipalities with <50% coverage rate for DTP3 that received vaccination services during the VWA.
* Number of indigenous and afro-descendant population groups who live in at-risk municipalities and received vaccination services during the VWA.
* Number of at-risk border municipalities that participated in vaccination activities.

**Indicators for specific extramural campaigns**

* Percentage of municipalities where Rapid Coverage Monitoring (RCM) was conducted and where vaccination coverage against measles/rubella, polio or diphtheria/tetanus/pertussis was found to be below 95%.

**Indicators for surveillance**

* Number of suspected cases of measles/rubella and of acute flaccid paralysis (AFP) who were identified through active community search activities and who had already been notified to the national surveillance system.
* Number of suspected cases of measles/rubella and of acute flaccid paralysis (AFP) who were identified through active community search activities and who had not been notified to the national surveillance system.

**Political priority indicators**

* Number of representatives from Government authorities (international, national, regional or local level) who participated in the launching events for the VWA.

**Training indicators**

* Number of forums, seminars or conferences on vaccine and immunization that were held during the VWA.
* Number of health workers who received training on vaccine and immunization during the VWA.

**Information dissemination and media indicators**

* Percentage of persons interviewed in selected areas who are aware of the events of the VWA.
* Number of health workers who have been trained on the VWA’s targets and goals.
* Number of VWA television spots that were broadcast on national or local television stations.
* Number of VWA radio announcements that were played on national or local channels.
* Number of VWA promotional materials created and disseminated.
* Number of journalists informed about the objectives and benefits of the 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 of Health (main website, EPI website, social media accounts, etc.)
* Number of people who engaged in conversations about VWA through social media.

**Intersectoral/interinstitutional coordination indicators**

* Number of interinstitutional meetings implemented by the VWA organizational committee.
* Number of agencies and/or organizations that participated in these meetings.

**Integrated intervention indicators**

* Number of integrated interventions carried out during the VWA (ex., deworming, vitamin A supplementation, blood pressure screenings, etc.).

**Public satisfaction and confidence with vaccination**

* Number of persons who have been interviewed on their degree of confidence regarding the safety and effectiveness of vaccines.

# Annex 4A

# **TEMPLATE:**

# **Survey to evaluate public confidence and satisfaction with childhood vaccination**

**Instructions for interviewer:** Interview persons in the community (during rapid coverage monitoring activities, in markets, main squares, bus stops, on the street, etc.) who are the main caregiver for at least one child younger than 5 years.

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

*On a scale from 1 to 5 (1 is “Strongly disagree” and 5 is “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 to prevent the spread of disease in my community**.

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

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

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

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

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

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

*On a scale from 1 to 5 (1 is “Not at all confident” and 5 is “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 4B

# **TEMPLATE:**

# **Survey to evaluate public confidence and satisfaction with adult vaccination[[2]](#footnote-3)**

**Instructions for interviewer:** Interview ADULTS the community (during rapid coverage monitoring activities, in markets, main squares, bus stops, on the street, etc.) who are between the ages of 18 and 90 years old.

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

*On a scale from 1 to 5 (1 is “Strongly disagree” and 5 is “Strongly agree”), how would you rank the following statements?*

**1. I know what vaccines I need to receive now that I am an adult.**

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

**2. Vaccines are important for keeping myself healthy.**

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

**3. It is important to get vaccinated to prevent the spread of disease in my community**.

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

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

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

**5. As an adult, getting vaccinated is the right thing to do.**

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

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

*On a scale from 1 to 5 (1 is “Not at all confident” and 5 is “Very confident”), how confident are you in each of the following?*

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

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

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

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

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

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

# Annex 5

# **TEMPLATE:**

# **Survey to evaluate the VWA’s social communication campaign**

***Instructions for Interviewer:*** *Interview 1 out of every 3-5 persons found in markets, main square, bus stop, street, etc. Ensure they are not health workers. It is recommended to avoid interviewing groups of people.*

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

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

1. In what category do you belong?

|  |  |
| --- | --- |
| **Category** | **Yes/No** |
| Woman of childbearing age (15-49) |  |
| Adult man (16-59) |  |
| Adult woman (50-59) |  |
| Older adult - man (aged 60 years or older) |  |
| Older adult - woman (aged 60 years or older) |  |

*If the 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 “No”, end the interview. If the answer is “Yes”, continue.*

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

|  |  |
| --- | --- |
| **Vaccination Activity** | **Yes/No** |
| Vaccination campaign |  |
| Vaccination campaign against measles |  |
| Vaccination campaign against rubella |  |
| Vaccination campaign against influenza |  |
| Vaccination campaign against polio |  |
| Vaccination campaign against COVID-19 |  |
| Vaccination Week in the Americas |  |
| Other (specify) |  |

1. How did you find out about this activity? Mark all that apply.

|  |  |
| --- | --- |
| **Source** | **Yes/No** |
| Radio |  |
| Television |  |
| Loudspeaker |  |
| Newspaper |  |
| School |  |
| Health center |  |
| Other (specify) |  |

1. When you found out about this vaccination activity, what did you do?

|  |  |
| --- | --- |
| **Action** | **Yes/No** |
| Reviewed my children’s vaccination card |  |
| Got vaccinated myself |  |
| Took my child or other person to get vaccinated |  |
| Inquired for more information |  |
| Other (specify) |  |

# Annex 6

# **DISCUSSION GUIDE**

# **Planning of cross-border vaccination activities (if applicable)**

1. Identification of municipalities along both sides of the border.
   * What is the vaccination coverage for the key antigens of the national immunization program in these municipalities?
   * Objectives of VWA activities in border municipalities. Select all that apply.
     + Vaccination services for unvaccinated / under-vaccinated persons
     + Vaccination services for specific groups
     + Planning of three rounds of vaccination activities
     + Training for health workers on vaccines and immunization
     + Cross-border supervision and monitoring
     + Other, specify:
2. Planning meetings
   * Location and date:
   * Individuals responsible in each country:
3. Social communication
   * Coordinated vs. separate campaigns
   * Languages
   * Cultural considerations
   * Media outlets to be engaged
   * Use of surveys to assess the dissemination of information
   * Social listening activities
   * Community engagement activities
4. Resources
   * Estimated budget and costs
   * Plan for resource mobilization

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

# Annex 7

# **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. Countries should feel free to use additional indicators not included on this list, if they are more pertinent to national activities. [↑](#footnote-ref-2)
2. Adult vaccination includes vaccines against diseases such as COVID-19, Influenza, Diphtheria, Tetanus, Hepatitis B, Bacterial Pneumococcus, and Yellow Fever. [↑](#footnote-ref-3)