



# NATIONAL VACCINATION STAKEHOLDER ROUNDTABLES AND MEDIA TRAININGS

Milestone M6.2



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# 1 Introduction

The general objective of the IMMUNION ("Improving IMMunisation cooperation in the European UNION") Work Package (WP) 6 is to create awareness and empower target populations on the benefits of vaccine uptake for individual and public health.

After the elaboration of an *ad hoc* [Reference Grid](#) on the determinants of vaccine hesitancy and the gathering of [Vaccine Communication Tools](#) (available in a [searchable online database](#), on a dedicated page of the Coalition for Vaccination website), the third task in WP6 focused on starting a participatory dialogue and directly engaging with national stakeholders in the four project countries (Greece, Italy, Latvia, Romania), in the aim of exchanging on communication/community engagement tools for improving vaccine uptake in different population groups, in particular vulnerable and underserved populations.

The target stakeholders in each country were as follows: 1) national institutions, 2) representatives of different target communities, such as citizens or specific population subgroups with low vaccine uptake, 3) the media, and 4) associations of health professionals, as well as other relevant stakeholders.

In order to exchange with these stakeholders, IMMUNION partners in each of the four countries organised a roundtable discussion. A common standard procedure underlying the organisation of the roundtables was discussed and agreed amongst partners. Each meeting included a general presentation on IMMUNION, as well as an overview of promising vaccine communication tools (with a focus on vulnerable populations and COVID-19 tools), followed by an exchange amongst stakeholders. Each roundtable also included a *Media Training* organised by IMMUNION partner EURACTIV Poland.

The present report includes the methods and results of the four national vaccination stakeholder roundtables that took place during the month of June 2022.

On the basis of conclusions reached during the national roundtables, partners will move ahead to the final IMMUNION WP6 task (Task 6.4), which focuses on the co-creation of new tools or co-selection of existing tools on vaccine communication, and the piloting of these tools. This final task will contribute to the WP6 aim of improving communication/community engagement in target groups and increasing vaccine uptake.



## 2 Methods

To better structure a common approach to the stakeholder roundtables across the four countries, the country partners (ISS, INSP, CDPC and PROLEPSIS) adopted a participatory approach and co-produced and shared methods and support material. They focused on three documents in particular, outlined below.

### **Concept note**

At the beginning of the work on designing the roundtables, in strict collaboration with the involved project partners, ISS elaborated a *Concept Note*, in order to set out a common approach and schedule to follow across the four national stakeholder roundtables. This document included the main characteristics of the meeting: the rationale (with a clear indication of the objectives and the expected results), potential participants, the main discussion points, the overall length, and next steps.

### **Invitation letter**

In parallel, ISS circulated a draft *Invitation Letter* to share with identified stakeholders. The letter first introduces the IMMUNION project and its main objectives, and then explains the purpose of the invitation and aims of the engagement. Each partner was invited to adapt the invitation letter to their national context.

### **Tentative agenda**

Additionally, ISS also developed a *Tentative Agenda* of the meeting, which national partners adapted to suit their own needs and specificities. The draft agenda suggested to begin the meeting with a presentation of participants and a general introduction of the IMMUNION project and its main objectives, after which the floor could be opened for the specific discussion with stakeholders on matters of vaccine communication and community engagement tools.



## 3 Results

The four national vaccination stakeholders roundtables are here broadly described. Individual country-level reports are available upon request.

### 3.1 Overview of meetings: logistics and participants

#### When, how and where the four national stakeholders roundtables took place

The national vaccination stakeholder roundtables took place in the four participating countries during the month of June 2022, as detailed in Table 1.

**Table 1. Timing of the IMMUNION national vaccination stakeholder roundtables, 2022.**

	Greece	Italy	Latvia	Romania
<b>Date</b>	June 30 <sup>th</sup>	June 13 <sup>th</sup>	June 8 <sup>th</sup>	June 28 <sup>th</sup>
<b>Hour</b>	10.00 a.m. - 13.00	10.00 a.m. - 13.30	10.00 a.m. - 13.00	11.00 a.m. - 14.00
<b>Mode</b>	Virtual	In presence*	In presence	Virtual
<b>Venue</b>	-	ISS, Rome	Riga Motor Museum, Riga	-

*\* All participants were physically present at the meeting with the sole exception of one stakeholder who connected remotely because she was unable to come.*

Each meeting lasted about three hours. Two roundtables were conducted in person (at the ISS in Rome for Italy and at the Riga Motor Museum in Riga for Latvia), and the other two were delivered remotely.

#### Profile of stakeholders engaged in the country roundtables

According to IMMUNION project description, each country partner was expected to engage with stakeholders such as: 1) national institutions/health authorities, 2) representatives of different target communities, such as specific population subgroups, 3) media representatives, and 4) associations of health professionals, as well as representatives of other sectors and actors who can influence vaccine decision-making in the target communities.

In line with project targets, each country aimed to engage with at least five different stakeholder groups, in order to gather a broad variety of perspectives on the proposed communication/community engagement tools for improving vaccine uptake in different target groups.

Table 2 reports the distribution of the stakeholder engagement per participating country, in terms of both represented groups and numbers of participants.

**Table 2. National stakeholders engaged in the IMMUNION roundtables, 2022.**

	<b>Greece (n)</b>	<b>Italy (n)</b>	<b>Latvia (n)</b>	<b>Romania (n)</b>
<b>National institutions (health)</b>	→ Local health Authority (1)	→ Ministry of Health (1)	→ Ministry of Health (1) → CDPC Immunisation Division (1)	→ Ministry of Health (1) → Public Health Directorate (2)
<b>National institutions (other)</b>	→ Ministry of Labour and Social Affairs (2)	→ Ministry of Education (1)		
<b>Target Communities</b>	→ Roma Mediators (1) → Community Centre Roma Branch (4)	→ Active Citizenship (2) → School Principals (1)	→ Parents (1)	→ Parents (1)
<b>Media</b>	→ Journalists (1) → Prolepsis Press Office (1)	→ ISS Press Office (2)	→ Health Communication (1) → CDPC Unit of Communication (1)	→ Communication Professionals (1)
<b>Health Professionals</b>	→ Medical Doctors (1) → Nurses (1) → Pharmacists (1) → Health Operation Centres (1)	→ General Practitioners (1) → Nurses (2) → Pharmacists (1)	→ Medical Doctors (1) → Rural Family Doctors (1) → Family vaccination Centre (1)	→ Hospital Management (1) → Resident Doctors (4)
<b>Others (Academia)</b>	→ Academia (1)		→ Academia (2)	→ Academia (1)
<b>TOTAL categories</b>	<i>11</i>	<i>8</i>	<i>9</i>	<i>7</i>
<b>TOTAL participants</b>	<i>15</i>	<i>11</i>	<i>10</i>	<i>11</i>

Each country successfully managed to involve a broad variety of participants across different stakeholder groups. The total number of participants in the meetings was also similar in the four countries, ranging from 10 up to 15 people.

The stakeholder categories were:

- *National institutions (health)*. In three cases delegates from the Ministry of Health were present. Representatives from other health institutions were also involved, such as public health units, operation centres or research divisions.
- *National institutions (others)*. In two roundtables, other Ministries (Education or Labour and Social Affairs) took part in the discussions.
- *Representatives of different target communities*. The engagement with civil associations focused on representatives of citizen organisations (general), as well as representatives of specific population subgroups, such as parents, school principals or the Roma community.
- *Media*. In three cases, the project partners' press officers were engaged, and external communication experts or journalists were also engaged in three roundtables.
- *Associations of health professional categories*. The Coalition for Vaccination co-chairs facilitated in reaching out to their national-level member associations. Besides the engagement with the health professionals representing the co-chairs (doctors, nurses, pharmacists), other health professional organisations were also involved: rural doctors, family vaccine centres, hospitals.
- *Others (academia)*. Three partners invited representatives from the academic sector.

## 3.2 Key discussion points and meeting outcomes

### Developing an agenda and setting discussion points

All stakeholder roundtables followed a common approach, which included:

- 1) Opening and introduction of the IMMUNION project, the objectives of the National Roundtable, and introduction of participants.
- 2) Brief presentation of IMMUNION WP6 achievements to date, namely on the Reference Grid and the National Toolkit of vaccine communication tools.
- 3) Group discussion, to answer common questions about existing tools and their use at national level, communication skills and evaluation schemes, as well as financial and practical aspects of piloting the selected tool(s), thus identifying key next steps as well as which actors could be involved in future piloting activities.

Project partners developed some common questions, to be complemented by country-specific questions, based on the country's list of participating stakeholders:

- Are you familiar with existing communication tools or materials used to improve vaccination coverage in your country/local area?
- What are the implementation gaps and the missed opportunities to make better use of existing tools?
- Is there a need for new vaccine communication tools and/or for tailored tools in your country/local area, or to address specific subpopulations?
- How did the COVID-19 pandemic change the vaccine communication landscape in your country/practice/from the point of view of the health professionals you represent?



## Key meeting outcomes in each country

The outcomes of each meeting are summarised as follows:

**Greece.** The meeting in Greece focused on discussing vaccination amongst Roma communities. Greek stakeholders shared mostly three common positions concerning vaccine attitudes among Roma individuals. First, none of the tools mapped in the IMMUNION National Toolbox seem to be appropriate (as currently designed) for Roma communities, because of the language used to transfer the knowledge. Additionally, the sociocultural and educational background of the target population does not make written material attractive. Based on this fact, the second issue which arises is that a new tool/intervention should be developed that will be based on audio(-visual) materials (videos, internet based, etc.). To be as effective as possible, schools which Roma children attend should be involved in developing the videos as they can influence Roma families' health, and delivered material and outlets should be based on very simple Greek language (or other languages used by the Roma community in Greece). The involvement of key actors of the community is also necessary and they should play an active role in the development of the tool. Finally, the third issue is sensitizing and raising awareness of healthcare professionals about the existing tools in order to be able to actively involve them in future interventions that will focus on Roma communities.

**Italy.** The Italian roundtable focused on the role that schools can have in improving levels of awareness and compliance with vaccinations in the students' community as well as in their families, broadening to a large part of the whole population. Based on the ISS platform for professional training, the stakeholders agreed that it could be viable to build up a digital library/repository of validated materials on vaccinations that can be useful to teachers and students. Furthermore, training courses can address these issues, providing teachers with communication competences, which are fundamental in the promotion of vaccinations among school-aged children and their families.

**Latvia.** The Latvian meeting focused on vaccine communication towards adolescents, specifically around increasing uptake of human papillomavirus (HPV) vaccine. Stakeholders discussed that is also important to reach parents, family members, and others around adolescents, because they influence one another. The discussion also centred on how to improve such communication flows, based on the need to deliver different contents for different audiences and by using diverse channels in an integrated and coordinated way. Other key communication elements were also concerned, such as where to better place the informative materials (physically or online), and the relevance that professionals (e.g., communication nurses) can have in matter of increased vaccine uptake among young people and other population groups.

**Romania.** Based on the current regulations and routine health promotion activities in Romania, possible national scenarios envisaged by stakeholders were the following:

- 1) To make better use of existing tools, such as the national childhood vaccination schedule, which will be improved and updated by March 2023 (in the framework of the Health promotion and Evaluation National Program during National Vaccination Information Month, with a focus on European Immunization Week, April 2023).
- 2) To co-create new validated tools as a pilot initiative within the IMMUNION period, namely new tools on Hepatitis to be created by July 2022, in the framework of the Health Promotion and Evaluation National Program – World Hepatitis Day, 28th July 2022.



3) To deliver a campaign dedicated to mothers for cervical cancer, “Protect your child from HPV!” promoted by the Advocacy NGO for mothers’ rights and child safety.

4) To launch tools on Meningococcal meningitis to be created by November 2022, in the framework of the Health Promotion and Evaluation National Program - National Communicable Diseases Information Month, December 2022.

### Next steps

On the basis of conclusions reached during the national roundtables, IMMUNION partners will move towards co-creating new or co-selecting existing tools to pilot, in the aim of improving communication/community engagement in target communities and increasing vaccine uptake. Preliminary ideas for each of the four countries are detailed below.

**Greece.** PROLEPSIS is considering engaging stakeholders to jointly develop a new tool/intervention specifically targeting Roma communities, as well as promoting the IMMUNION online platform on vaccine communication tools to health professionals to increase their awareness and use of existing tools for Greece.

**Italy.** ISS is envisaging to produce a list of possible actions to be developed as a pilot within the IMMUNION project, targeting the *school setting* and basing on alliances with both Ministries and health authorities (centrally) and the third sector (locally). Where feasible, the Italian pilot will specifically try to focus on underserved target communities within schools, or including schools located in underserved areas.

**Latvia.** CDPC is considering developing a pilot for young people, and is still considering which specific target group/vaccinations to address. Some issues to bear in mind are that on the one hand, to reach *young people*, it is fundamental to think of slogans and ways to provide specific and concrete information. Another option would be addressing *professional targets* such as GPs. In this case, we should consider that they cannot follow everything. During the pandemic, CDPC gained many new followers on social networks, so it is easier to raise a topic with help of informative campaigns.

**Romania.** INSP will decide on possible actions to develop as a pilot, selecting from the topics indicated above (*childhood vaccinations, HPV, Hepatitis, Meningococcal meningitis*). Moreover, the piloting will be based on cooperation actions between central and local Romanian public entities: Ministry of Health, county public health authorities and National Institute of Public Health, academia, healthcare and communication professionals, as well as several representatives of the civil society.

The work on the pilots will be taken forward in late 2022/early 2023.

## 3.3 Highlights from the media sessions

The four national vaccination stakeholder roundtables also included media trainings delivered by colleagues from EURACTIV Poland (Karolina Zbytniewska & Michal Strzalkowski), which aimed to reinforce collaboration with the media on vaccine communication issues. Highlights from each of the sessions are included below.

**Greece.** (*Karolina Zbytniewska*) Karolina provided some key statistics concerning misconceptions, journalistic approaches to vaccine communication as well as tricks and tips to approach more effectively the media to communicate each organisation’s “news”. The training focused on how to reach the media and therefore how to reach citizens, also of Roma communities. Participants looked

into how to run expert communication campaigns, and how to effectively reach journalists and the media. An open discussion followed the training.

The training was well received by all participants and raised issues that were already known, but not easily solved. Karolina provided some guidance towards solving these issues, such as how to prepare messages so that they are almost impossible to distort.

**Italy.** (*Michal Strzalkowski*) During his presentation, Michal pointed out the main figures about misconceptions related to journalistic approaches to vaccine communication. The main focus of the training was on how to improve cooperation between experts and journalists, and how to effectively communicate through modern media reliable information on vaccination and health policies to protect the public from infectious diseases. Participants also discussed how to effectively create social campaigns and reach out to specific social groups. They also analysed the most common fake news about vaccination and together came up with methods to dispel harmful myths and lies about immunisation.

**Latvia.** (*Karolina Zbytniewska*) Karolina provided some key statistics concerning misconceptions, journalistic approaches to vaccine communication as well as tricks and tips to approach more effectively the media to communicate each organisation's "news". The media training was well received as it was organized for a group of health experts, who held already great experience in media appearances and were very open to new knowledge and to the training overall. All participants engaged in the open discussion that followed, recalling their own experience with the press, especially during COVID-19 pandemic times.

The major group of issues raised was related to "How to cope with attacks of anti-vaccine journalists, mostly in the Russian speaking media". Nowadays, Russian-language outlets have been mostly silenced, however, this kind of behaviour has been a part of bigger Russian geopolitical play. Medical experts have been attacked for promoting science and lockdowns, aimed at containing COVID-19.

The other type of questions focused on how to cope with journalists who are not competent on the specific field of vaccines and vaccinations. This is actually a common problem with journalists, who have little time and very long list of topics they have to cover in a short time. Therefore, experts should always have one, specific attractive/exciting media peek, expressed in as short a way as possible, so that any cuts in wording and sense are impossible.

**Romania.** (*Michal Strzalkowski*) During his presentation, Michal highlighted the main misconceptions about journalistic approaches to vaccine communication. He presented an analysis of the most common misinformation about vaccination and the health policies of the European Union and its individual Member States, with a particular focus on Central and Eastern Europe and Romania in particular. Additionally, the training covered methods for effectively refuting fake news on vaccination and principles for implementing successful social campaigns promoting vaccination and healthy lifestyles.

During the Media Training Q&A time, the project team and stakeholders engaged in lively discussions, recalling on the one hand methods for improving cooperation between institutions and experts and the media, and their own experience with the press and with people (or groups of people) reluctant to vaccinate on the other hand.



## 4 Final considerations

The IMMUNION stakeholder roundtables fully achieved the objective of engaging with national multistakeholder panels which brought together representatives from across different categories of interest, including national institutions, associations of health professionals and population groups, and the media.

In the four partner countries, the discussions focused both on particular vaccinations (e.g., influenza, childhood vaccinations, HPV, Hepatitis, Meningococcal meningitis) and specific population groups (such as young people, health professionals or Roma communities).

Furthermore, the additional media trainings for better cooperation between institutions, experts and media were very effective, as in each country the trainings addressed relevant vaccine-related issues.

The immediate outcome of the four national vaccination stakeholder roundtables is to facilitate moving towards co-creating new or co-selecting existing tools for piloting, in the aim of improving communication/community engagement in target communities and increasing vaccine uptake.

This milestone is a further step towards the completion of WP6 activities, and links up with activities across other IMMUNION WPs (in particular WP5, WP4 and WP2), helping to better understand national contexts, as well as create awareness and involvement of key stakeholders, and to recognise and combat vaccine hesitancy in the general population and specific subgroups.

