



European Centre for Disease Prevention and Control

Agony and ecstasy - Can social marketing contribute to reach the un/under-reached?

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ESMA, 27 November 2012

ECDC measles action plan

Understand the situation

Review of the determinants for vaccination uptake among Roma (I)

- Implemented by the Romanian NGO Romani CRISS in six countries: BG, CZ, HU, EL, RO, SL
- Methodology:
 - Literature review
 - Semi-structured interviews with Roma parents
 - Interviews with healthcare providers
 - Focus groups with Roma parents

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Understand the situation

Review of the determinants for vaccination uptake among Roma (II)

Factors influencing vaccination uptake

- Negative

- Limited knowledge of the benefits of immunisation
- Limited awareness on the timing of vaccination
- Negative attitudes towards vaccination
- Distrust in medical practitioners
- Direct and indirect costs associated with vaccination
- Geographical mobility

- Positive

- Knowledge of potential risks of not vaccinating
- Use of liaison between medical practitioners and Roma – health mediators, health visitors, social workers

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Better understand the situation and share experiences (I)

Vienna – November 2011 with
seven participating MS: BG, CZ,
ES, HU, EL, RO, SL (10 pers/
MS)

Objectives:

- share best practices and lessons learned
- identify ways of improving health-seeking behaviour and empowering Roma
- forum for discussion

Key points:

- Groundbreaking
- Dynamic and interactive meeting
- Need for action



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Better understand the situation and share experiences (II)



**Inform, protect, immunise:
engaging underserved populations**

Dublin, 4-6 September 2012



Dublin – September 2012 with 18 participating MS: AT, BE, BG, CZ, DE, EL, ES, FR, HU, IE, IT, NL, PL, PT, RO, SE, SK, UK

Objectives:

- innovative approaches, e.g. social marketing
- issues related vaccination uptake according to country specificities and involving the key target groups

Key points:

- involved Travellers, too
- highly interactive (posters session)
- 10 interventions list

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Better understand the situation – Dublin meeting

TOP TEN INTERVENTIONS

- ✓ Invest in education for physicians and nurses to communicate more efficiently and emphatically;
- ✓ Make remembering easier, e.g. efficient alert systems to remind people about vaccination;
- ✓ Include measles under broader concerns about children's health and support the role of mothers as key opinion leaders on health issues in their families;
- ✓ Address stigma and discrimination;
- ✓ Cooperate with field workers;

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Better understand the situation – Dublin meeting



TOP TEN INTERVENTIONS

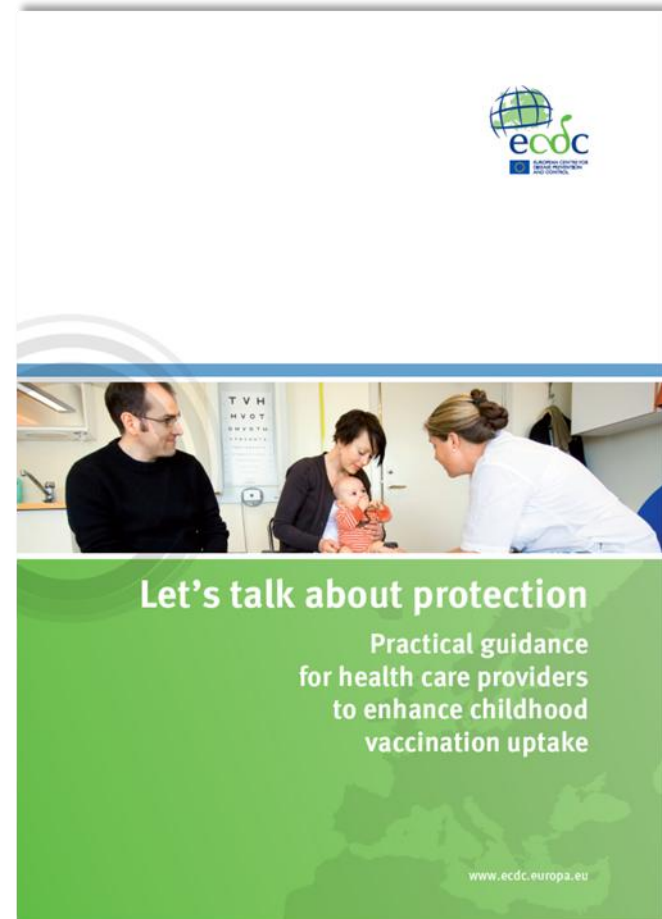
- ✓ Make vaccination more accessible, i.e. offer immunisation days/campaigns in various locations;
- ✓ Motivate local authorities and non-governmental organisations to cooperate on community-based interventions, particularly targeted to underserved groups;
- ✓ Conduct epidemiological analyses of the risk groups for lower vaccination uptake;
- ✓ Use mass media, e.g. insert measles-related messages in television soap operas, encourage wider collaboration between public health and the film and TV industry;
- ✓ Monitor the web to understand concerns on vaccination and provide answers based on trusted web sources.

ECDC measles action plan

Evidence based communication (I)

Cultural adaptation of the vaccine communication guide for healthcare practitioners in 4 pilot Member States: BG, CZ, HU, RO

- An English “source” document and PPT
- Adaptation to each country specificities
- Comprehensibility testing – focus groups



ECDC action plan

Evidence based communication (II)



Cultural adaptation of a vaccine communication guide for healthcare practitioners in 4 pilot Member States

Beneficiaries:

- Health professionals in primary health care sector
- Parents and grandparents
- Underserved population groups
- Media experts

Estimated results (end of March 2013):

- A set of materials for adapted and adopted, country-tailored materials for each of the four beneficiary groups
- A methodology on cultural adaptation

So that each and every MS can access!

Instead of conclusions

- There are groups of population that are un- or under-vaccinated – these can be underserved or not; we had several initiatives to understand them better – it is a highly heterogenic group
- Best to know = meet, talk and understand
- In order to reach these groups we have to design and implement tailored approaches while mainstreaming interventions
- Best to implement = “from within” = for and with them

So ... Can social marketing contribute to reach the un/under-reached?

WHAT DO YOU THINK?



Thank you!