BASICS
TRIP REPORT

Proposed Plan of Action for IE&C and Systems Reform for Sustainable Immunization in the Russian Federation

BASICS is a USAID-Financed Project Administered by
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USAID

PROPOSED PLAN OF ACTION FOR IE&C AND SYSTEMS REFORM FOR SUSTAINABLE IMMUNIZATION IN THE RUSSIAN FEDERATION

27 May - 10 June, 1995

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TABLE OF CONTENTS

Acronyms

BASICS	Basic Support for Institutionalizing Child Survival
CDC	Centers for Disease Control and Prevention
EPI	Expanded Program on Immunization
IEC	Information, Education and Communication
MOH	Ministry of Health
NGO	Non-governmental Organization
NIS	Newly Independent States of the former Soviet Union
SES	State Committee for Sanitary and Epidemiological Surveillance
UNICEF	United Nations Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WHO-EURO	World Health Organization/Europe

I. EXECUTIVE SUMMARY

As a follow-up to the March 1995 visit to Moscow by the USAID Planning Team on IEC and Systems Reform for Sustainable Immunization, two BASICS technical specialists visited Moscow, Voronezh, and Novgorod, on May 27 to June 10, 1995, to review and further develop the design for an IEC and Systems Reform collaborative program with the Russian Ministry of Health and the State Committee for Sanitary and Epidemiological Surveillance. Program development efforts included the identification of two possible oblasts where IEC and systems reform activities would be implemented to achieve maximum impact.

The BASICS team included Dr. Jean Jacques Frère, technical officer and Ms. Raisa Scriabine, IEC technical expert. Also participating in this activity were Ms. Jane Stanley from USAID/Moscow, and Ms. Anya Retsker, interpreter. Mr. Robert Baldwin and Drs. Stephen Hadler and Charles Vitek from the Centers for Disease Control and Prevention (CDC) in Atlanta, joined the team during a site visit to Voronezh. Dr. Charles Vitek also visited Novgorod with the BASICS team.

The team met with numerous officials in the Russian health system including the: State Committee for Sanitary and Epidemiological Surveillance (SES); the Federal Research Institute for Health Education and Health Promotion (Ministry of Health and Medical Industry); as well as oblast and city health officials in Voronezh and Novgorod. (See Appendix A for a list of people contacted).

The close working relationship with CDC reinforced during the BASICS team visit to Russia included the joint identification of oblasts for expanded activities. This will serve to significantly maximize the impact of planned efforts.

II. BACKGROUND

The March USAID Planning Team proposed to improve the effectiveness, quality and efficiency of health care services in Russia by:

- **Developing a capability within the appropriate offices of the Russian health system to plan, conduct and evaluate effective information, education, and communications activities in response to priority health issues; and,**

- **Conducting appropriate activities to address priority systemic and local weaknesses with the Russian health system that inhibit the ability to deliver high quality and cost-efficient immunization services.**

Russia currently faces a serious diphtheria epidemic, with over 1,000 deaths from diphtheria in 1994, and continued growth in the number of diagnosed cases in the first quarter in 1995. The initiation of a collaborative program for IEC and systems reform as proposed by the March 1995

USAID Planning Team is aimed at having an impact on the diphtheria epidemic while permitting long-term strengthening of the capacity of the Russian health system.

Russian Federation public health authorities have developed a strategy and set goals to address this epidemic. By the end of 1995, the following goals have to be met: 95 percent of all children will have received a complete course of primary immunization and a first revaccination by age three; all schoolchildren will have received revaccinations at six, 11 and 16 years of age; and 80 percent of adults will have received a dose of diphtheria-toxoid vaccine since 1986.

The activities described below focus on diphtheria control, complementing CDC's efforts in laboratory and epidemiological training. The IEC program component is expected to strengthen the capacity of the Russian health system in conducting public health communication activities that are applicable to a broad range of health issues. In addition, the IEC component is expected to further define the scope of possible collaboration in systems reform, including such areas as contraindications and cold chain.

III. ACTIVITIES

A. Oblast Selection

The March USAID Planning team identified a number of criteria for oblast selection. These criteria included the:

- willingness of MOH and SES authorities to collaborate; receptivity to external technical assistance;
- political commitment at the highest levels of the oblast government to control the epidemic rapidly;
- complementary efforts of other partner agencies, such as CDC;
- flexibility of authorities to entertain innovative approaches to IEC, prevention and control, and case management;
- reported diphtheria, but an incidence rate not yet at uncontrollable epidemic levels;
- population size equal to, or greater than, the national average;
- immunization coverage against diphtheria among adolescents and adults lower than the national average; and,
- availability of vaccine supply, syringes, antitoxin, and antibiotics.

During the BASICS team follow-up visit, a number of oblasts were discussed with USAID, the State Committee, the MOH and CDC. Among these were: Tver; Vladimir; Ekaterinburg; Tomsk; Novosibirsk; Kemerovo; Altai Krai; as well as Voronezh and Novgorod. USAID/BASICS/ CDC combined teams visited Voronezh and Novgorod to assess:

- Local capacity to conduct quantitative analysis as well as qualitative research;

- Interest on the part of oblast health officials in collaborating with both CDC and BASICS;
- Characteristics of the diphtheria epidemic at the regional level; and,
- The ability for the local State Committee and MOH counterparts to work together in the development and implementation of IEC activities.

Both oblasts were found to generally meet selection criteria. In addition, the possible selection of an oblast in the North (Novgorod) and one in the South (Voronezh) provides effective geographical positioning, as it is envisioned that each oblast will serve as a base for training for the diffusion of IEC skills. Geographic distance and logistical considerations eliminated the selection of oblasts in or east of the Urals. Some oblasts where heavy military/industrial facilities exist were eliminated from consideration; such facilities provide their workers with health services and these workers are outside the sphere of influence that could be extended through the MOH or the State Committee.

Novgorod is an historic city located between Moscow and St. Petersburg (200 km from St. Petersburg and roughly 560 km from Moscow). It is an important manufacturing center for electronics and chemical industries. The remainder of the oblast is primarily agricultural, with the primary crops being vegetables, potatoes and flax. Novgorod can be reached by train from Moscow (9 hours) or by road (about 8 hours).

Voronezh is located approximately 600 km south of Moscow and can be reached by train (12 hours from Moscow) or by road (7 hours). It is an important manufacturing center for the electronics and aviation industries. The remainder of the oblast is largely agricultural with a wide range of crops due to its southern location and rich, fertile chernozem soil.

The health education professional staff of both the State Committee and the Ministry of Health in both oblasts, are highly motivated and enthusiastic despite the common constraint of limited financial resources. In both oblasts, health communications professionals are eager to learn about new more efficient approaches to health communication. MOH educational centers in both cities offer selective services for a fee such as cosmetology (Voronezh) and reflexology (Novgorod). Such services plus physical fitness centers on the premises provide an additional source of revenue for center maintenance and continued health education programming. Educational priorities in both oblasts are: smoking cessation; controlling alcohol abuse; stopping drug use; combating drug use and preventing the spread of AIDS. The Voronezh health education center group, in particular, has conducted community outreach programs to stop alcohol abuse. In Novgorod, the health education center works to promote health policy reform in the oblast administration. While MOH education centers are more directly involved in community outreach and media relations, State Committee facilities are oriented toward school curriculum development, and teacher and medical worker training. In both oblasts, the health education centers and the State Committee groups collaborate and appear to reinforce each others' efforts.

A schematic illustrating the epidemiological profile of diphtheria in both Voronezh and Novgorod is presented below:

	Russia	Novgorod	Voronezh
Vaccination coverage 0-11 month	36.2 percent	39 percent	35.8 percent
Vaccination coverage 12-23 month	88 percent	90 percent	87.6 percent
Incidence of diphtheria 11 first months of 1994	23.2/100,000	54.4/100,000	20.9/100,000

While the final choice of oblasts will be confirmed by mid-June, with the conclusion of a Memorandum of Understanding between USAID and the MOH and State Committee, consideration may also be given to the possibility of providing IEC training to MOH/State Committee representatives in Vladimir, given the strong epidemiological data collection and processing capacity in that oblast. Should Vladimir be integrated into the program, it is expected that Vladimir representatives will be trained either in Voronezh or Novgorod during the three week formative research workshops proposed to be held in those oblasts in October (see below).

B. Proposed Action Plan: IE&C and Systems Reform

1. Information, Education and Communication (IEC)

Meetings conducted at the Federal Research Institute for Health Education and Health Promotion (Ministry of Health) and the State Committee for Sanitary and Epidemiological Surveillance continue to demonstrate broad support for proposed IEC activities. This support was also voiced by health officials in both oblasts.

1.1 National Conference on Approaches to Public Health Communication

The March 20-3, 1995 USAID Planning Team on IEC and Systems Reform for Sustainable Immunization recommended that, to maximize the impact of proposed activities and achieve measurable results with respect to the control of diphtheria, activities should be conducted on two levels -- the federal level and the oblast level. A series of three workshops had been proposed: Introduction to Communications for Public Health (in Moscow); Formative Research for Public Health Communications (Moscow and two oblasts); and Developing a Public Health Communications Plan and Designing Educational Materials (Moscow and two oblasts). Training emphasis was to be placed on diphtheria control with the workshops

providing an effective methodology in health communications that can be applied to a broad range of health issues.

The specific products of the workshops were to include a knowledge, attitude and practice survey of attitudes toward diphtheria control on the national and oblast levels; IEC strategies to control diphtheria on the national and oblast levels; a series of Russian language training manuals for public health communications; a set of designed and tested public health education materials to support the diphtheria control effort; and a set of indicators for routine monitoring of impact.

The workshop concepts were discussed with both the Federal Research Institute for Health Education and Health Promotion (Ministry of Health) and the State Committee for Sanitary and Epidemiological Surveillance. It was mutually considered to be more expedient to hold a national level conference (rather than workshop) in Moscow in October. The conference would focus on methodological and behavioural issues involved in public health campaign research, design, and delivery. The three-day conference would be followed by a three-week combined formative research-communications planning workshop in each of the two selected oblasts.

The program content for the national level conference was discussed with the Federal Research Institute for Health Education and Health Promotion and the State Committee for Sanitary and Epidemiological Surveillance. The program content was also discussed in Moscow with representatives of the Centers for Disease Control and Prevention. The proposed program, with slight modification, was endorsed by all parties. A copy of the revised program is attached to this report as Appendix B.

1.2 Oblast Level Activities

Following the national level conference, US conference participants will be split into two teams to travel to the two oblasts selected to conduct a two-day workshop on methodology. The workshop will repeat the materials presented at the national conference (including examples of and approaches to public health communications in the US) for oblast and raion participants. US conference participants will leave upon completion of the two-day session leaving behind a team of qualitative research trainers (one to two US trainers with Russian counterparts) who will remain in each oblast to conduct a three-week intensive training program in such techniques as focus group moderation, in-depth interviewing, and research data analysis. About 12-15 people will be trained in each oblast in basic research and analysis skills. As part of the training, extensive first-hand research (focus groups and in-depth interviews) will be conducted in various raions to determine the level of knowledge, attitudes and practices related to diphtheria control. Issues addressing the potential for systems reform for sustainable immunization (i.e., cold chain and contraindications) will be included in the research design. Analysis of the research will provide the foundation for the development of

an oblast level strategy that will be completed during the third week of the oblast training workshop.

Upon conclusion of the oblast workshops, research results and oblast strategies will be presented in Moscow to the MOH, State Committee officials, and USAID. Russian participants will then begin to design and pretest materials for the implementation of the oblast level strategies. This will take approximately six to eight weeks. One US trainer will return to each oblast before December 15, to review materials and provide any needed technical assistance prior to launching the oblast campaigns on or around January 8, 1996.

1.3 Training-of-Trainers Workshop

Prior to the national workshop, a two-week qualitative research training of trainers workshop will be held in Moscow by BASICS for MOH and State Committee public health personnel. Trainers trained here will further refine their skills as they serve as assistant trainers during the proposed oblast level training workshops. A framework for a proposed plan of action covering the period June, 1995 to April, 1996 is attached as Appendix C to this report.

2. Participant Training

A participant training component focused on public health communication was suggested by the USAID Planning Team. This would include US visits by six Russian health education professional from the MOH and the State Committee for Sanitary and Epidemiological Surveillance for up to three weeks, to observe how IEC campaigns are developed, managed, monitored, and evaluated on the federal and state levels. The participants would also observe the roles played by the private sector and advocacy groups. During the BASICS follow-up visit to Moscow, it was deemed appropriate to postpone this activity. The possibility of participant training may be explored at a later date as a follow up to the public health communication and formative research training workshops.

3. Systems Reform

3.1 The EPI program

No formative evaluation of the EPI program has ever been conducted in Russia. In the absence of sound data and evidence, it is difficult to imply that the MOH s current capacity to deliver high quality immunization services is far from optimal. Informal contacts, (anecdotal information) suggest, however, that serious deficiencies exist in essential areas such as cold chain maintenance, vaccine procurement and even safety of injection techniques. An expert from WHO/Geneva who recently visited Russia concluded that:

"extraordinary progress has been made in the development of appropriate standards and materials for the cold chain in Russia in the last two years....However these efforts are severely hampered by lack of funding, both centrally and at oblast level."

The same report also stresses that "the forthcoming campaign of diphtheria immunization for adults threatens to flood the public health system with used, contaminated syringes." These weaknesses have been evoked by State Committee officials at both the central and oblast levels. But, since the Ministry of Health is the sole institution in charge of program planning, operations, and service delivery, unless the MOH admits the existence of these serious problems, little opportunity will exist for USAID to propose that the BASICS project be involved. If the June-July WHO program review confirms the suspected flaws in the cold chain, and in planning and management of vaccine supplies and equipment, it will become legitimate to offer BASICS assistance in training and supervision, logistic and supply systems, and, perhaps, service delivery.

The CDC will participate in the review of the surveillance system proposed by WHO-EURO to be conducted by the end of June. The terms of reference for this review are not known. It may be assumed that these will be prepared by WHO and approved by the MOH. The State Committee officials implied that additional problems such as cold chain, vaccines supplies, and vaccination equipment needs would be assessed during that exercise. Other opportunities may be offered by the IEC activities conducted at the oblast level when problems, such as shortages of vaccines or, more likely, of injection equipment, may be discussed more openly and in a pragmatic manner, than they would be at the central level.

3.2. Health Sector Reforms

As the health sector evolves towards a greater market orientation, one of the challenges faced by the Government of the Russian Federation is to preserve the system's strength in delivering public health services, particularly services with large "externalities" such as vaccination. It will hopefully be possible for BASICS to collaborate with such USAID-funded projects such as the *Zdrav*Reform project, to define alternative approaches to the delivery of public health and child health services in the context of structural and economic reforms. In the short term, however, focusing on diphtheria appears as the most realistic approach to a practical and efficient collaboration with Russian counterparts.

3.3 Contraindications

The long list of contraindications responsible for delaying as much as 30 percent of all infant vaccinations has already been considerably shortened. Some practitioners, however, may have difficulties in accepting the new rules and in complying with a more "liberal" policy. In Novgorod, and possibly in other oblasts, the decision to defer vaccination is reviewed by a group of physicians which facilitates the reduction of the number of contraindications to a very small

percentage. Moreover, most physicians insist that contraindications are temporary and that under the existing registration system, it is impossible to lose track of a patient.

If the qualitative research to be conducted in Novgorod, and Voronezh, and further analytical work with existing data, confirm that the perception of contraindications among health workers is a significant factor in delaying immunization, then a specific group of follow-up measures could be defined to address changing practitioners' attitudes. Further discussions are needed with CDC and Russian epidemiologists to clearly assess the magnitude of the problem, and explore how contraindications may affect the acquisition of immunity at the earliest possible age.

The IEC approach may be the most practical instrument to induce the desired behavior changes pertaining to contraindications. Additional measures may be desirable, such as separate workshops conducted at the national level as well as in the two selected oblasts. These could involve the participation of Russian specialists from the Gabrichevsky Institute, or the Institute of Pediatrics, in addition to CDC and WHO experts. Supporting measures could include such efforts as the placement of articles in medical journals, collaboration with professional associations as an outreach network, and the revision of training curricula.

It is unlikely that "external" influences, such as WHO recommendations, will lead to the reduction of contraindications nor impact significantly on existing official policy.

IV. TIMING OF PROGRAM

The proposed program covers the period June 1995 through April 1996. The Program will be adjusted and expanded as needed to address issues and needs as they become apparent during the implementation process.

APPENDICES

APPENDIX A

APPENDIX A

List of Contacts

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APPENDIX B

APPENDIX B

Russian-American Conference on Public Health Communication

October 2-4 1995, Moscow, Russia

Day One: Approaches to Public Health Communication

08:30 Coffee

09:00 - 09:45 Welcome: Ministry of Health - Deputy Minister Tsaregorodsev; State Committee for Sanitary and Epidemiological Surveillance;
USAID - Terry Tiffany; BASICS

09:45 - 10:45 Introduction to Public Health Communication in the U.S.
Introduction - Bob Porter, Porter Novelli
Methodological Approaches - Mark Rasmuson, BASICS

10:45 - 11:15 Case Study: A Twenty Year Retrospective (Hypertension)
Perspective from the Medical Community - John McGrath, Mass Media Team Leader, National Heart, Lung and Blood Institute

11:15 - 11:45 Coffee

11:45 - 12:15 Public Education Perspective - Don Cady, Executive Vice President, Porter Novelli

12:15 - 12:30 Summation & Key Points - Bob Porter, Porter Novelli

12:30 - 13:00 Russian Commentary

13:00 - 14:30 Lunch

14:30 - 15:15 Approaches to Public Health Communication in Russia - Dr. Vladimir Polessky, Federal Research Institute for Health Education and Health Promotion, Ministry of Health and Medical Industry

15:15 - 15:45 Coffee

15:45 - 17:00 Presentation of Selected Public Health Campaigns:
Sexual Education for Adolescents: Poliomyelitis, Smoking Cessation - Dr. Elena Dedukh, Chief Doctor, Moscow Center for Health Education, State Committee for Sanitary and Epidemiological Surveillance

17:00 - 17:30 US Commentary

18:30 Reception

Day Two: Planning Public Health Communication

08:30 Coffee

09:00 - 10:30 Planning Public Health Communication - Bob Porter, Porter Novelli; Mark Rasmuson, BASICS

10:30 - 11:00 Coffee

11:00 - 12:00 Mobilizing Resources for Campaign Implementation (Panel)

* News Media - Raisa Scriabine, BASICS
* NGO and Private Sector Partnerships - Don Cady, Porter Novelli, John McGrath, Mass Media Team Leader, National Heart, Lung and Blood Institute
* Implications for Service Delivery -
* Involving Decision Makers and Opinion Leaders

12:00 - 12:30 Russian Commentary

12:30 - 13:45 Lunch

14:00 - 14:20 Russian Experience with Mass Immunization: Sabin Trial - Dr. Drozolov

14:20 - 15:00 Elimination of Measles in the United Kingdom by a Mass Immunization and Communications Campaign in 1994 - David Salisbury, Principal Medical Officer, Department of Health, London, U.K.

15:00 - 16:00 Challenges in Mass Immunizations

* Social Mobilization - Raisa Scriabine, BASICS
* Immunizing Adults -
* Meeting the Needs of Hard-To-Reach Groups -

16:00 - 16:30 Coffee

16:30 - 17:45 Diphtheria in Russia: The Epidemiological Perspective: MOH/State Committee/ Gabrichevsky Institute

17:45 - 18:15 WHO/UNICEF: Global Perspective on Diphtheria - Dr. Sieghart Dittmann, Director, Programme on Immunization and Vaccines WHO/EURO

18:15 - 18:30 Summation: MOH/State Committee/Gabrichevsky Institute

19:00 Buffet

Day Three: The Role of Communication in Diphtheria Control in Russia

08:30 Coffee

09:00 - 10:00 Using IE&C to Impact on Diphtheria in Russia
National Level - MOH
State Committee - Dr. Elena Dedukh

10:00 - 11:15 Epidemiologic Profile and Control of Diphtheria in the Oblasts: Novgorod, Vladimir, Voronezh

11:15 - 11:45 Coffee

11:45 - 12:15 US Commentary

12:15 - 13:45 Lunch

13:45 - 14:45 Round Table: Optimizing Public Communication for Diphtheria Control in Russia

14:45 - 15:45 General Discussion

15:45 Joint Conclusion and Presentation of Conference Resolutions

APPENDIX C

APPENDIX C

ACTIVITIES	WHEN		$
DEVELOPMENT OF TRAINING MATERIALS	6/15-7/15	*Scriabine/Keith*	
FOLLOW-UP PLANNING VI	7/17-7/21		
TRAINING OF TRAINERS WORKSHOP	7/17-7/29	*Keith/Pervysheva*	
LOGISTICS COORDINATION	9/18-10/8	*Melendez-Stewart/Alferieff*	
NATIONAL CONFERENCE	10/2-4		
OBLAST WORKSHOPS	10/5-27		
MOSCOW PRESENTATION OF STRATEGY AND RESEARCH	10/30		
MATERIALS DEVELOPMENT/PRETEST	10/30-12/1		
FOLLOW-UP VISIT	11/27-12/2		
CAMPAIGN LAUNCH	1/8/96		
EVALUATION	4/15/96		