

Strengthening Capacity in Public Health Communication for Diphtheria Control

A Case Study of the BASICS Program in Russia

Mark Rasmuson
Naheed Bashir
Robert Steinglass
Robert Porter
Alexandra Murdoch
Nancy Keith
Lyndon Brown
Raisa Scriabine
Paul Olkhovsky

 **BASICS**

BASICS

BASICS is a global child survival support project funded by the Office of Health and Nutrition of the Bureau for Global Programs Field Support and Research of the U S Agency for International Development (USAID) The agency s Child Survival Division provides technical guidance and assists in strategy development and program implementation in child survival including interventions aimed at child morbidity and infant and child nutrition

BASICS is conducted by the Partnership for Child Health Care Inc (contract no HRN-C 00 93 00031 00 formerly HRN-6006 C 00 3031 00) Partners are the Academy for Educational Development John Snow Inc and Management Sciences for Health Subcontractors are the Office of International Programs of Clark Atlanta University Emory University The Johns Hopkins University s School of Hygiene and Public Health Porter/Novelli and Program for Appropriate Technology in Health

This document does not necessarily represent the views or opinions of USAID It may be reproduced if credit is given to BASICS

Recommended Citation

Rasmuson Mark Naheed Bashir Robert Steinglass Robert Porter Alexandra Murdoch Nancy Keith Lyndon Brown Raisa Scriabine and Paul Olkhovsky 1998 *Strengthening capacity in public health communication for diphtheria control A case study of the BASICS program in Russia* Published for the U S Agency for International Development by the Basic Support for Institutionalizing Child Survival (BASICS) Project Arlington Va

Abstract

BASICS carried out an 18 month program in Russia in collaboration with the Ministry of Health U S Centers for Disease Control and Prevention and the World Health Organization with the primary objective of strengthening the Russian health sector s capacity in public health communications Focusing on Russia s ongoing diphtheria control and other immunization efforts BASICS introduced the Russians to consumer-oriented information education and communication (IEC) methodologies as a democratic alternative to the old command based health system Based on consensus at a joint conference BASICS arranged a U S based professional training and study tour for nine Russian senior health managers which focused on strategic planning and management of communication programs BASICS technical staff also collaborated with Russian specialists to provide practical training for health officials in designing implementing and evaluating audience centered formative research in three *oblasts* (regions) Data from the research were used to design and implement communication campaigns for diphtheria control and immunization in the oblasts BASICS also conducted an evaluation study to assess program impact Finally BASICS organized a seminar on Balancing Science and Practice to influence physician practice teaching and policy relating to immunization and also assisted the Ministry of Health in establishing a Web site

Credit

The cover illustration is from the childhood immunization schedule produced by the Voronezh Oblast Center for Preventive Medicine It reads I am vaccinated and healthy

BASICS

Basic Support for Institutionalizing Child Survival
1600 Wilson Blvd Suite 300
Arlington VA 22209 USA
Phone 703 312-6800
Fax 703 312 6900
E-mail infoctr@basics.org
Internet www.basics.org

Contents

Figures and Tables	v
Acronyms	vii
Introduction	1
Situation Analysis	1
Objectives	2
Chapter 1 Russia-U S Joint Conference on Public Health Communications	5
Background	5
Role of Health Communications	5
U S Overview	5
Russian Overview	6
Planning Health Communications	7
Mass Media	7
Immunization	8
Diphtheria Control in Russia	9
Oblast-Level Conferences	10
Chapter 2 U S -Based Training and Study Tours for Senior Russian Public Health Managers	11
Background	11
Training Objectives	12
Summary 1	13
Summary 2	14
Summary 3	15
Summary 4	16
Summary 5	17
Evaluation and Lessons Learned	18
Chapter 3 Qualitative Research in Novgorod and Voronezh Oblasts	19
Background	19
Project Activities	19
Findings	20
Diphtheria-Related Knowledge and Attitudes	20
Sense of Vulnerability	20
Attitude toward Immunization	21
Views of Medical Personnel	22
Case Studies Adults Who Had Close Contact with Someone Who Had Diphtheria	23
Case Studies Children Who Had Diphtheria	24
Effective Health Messages	24
Information Dissemination	25
Conclusions	25

Strengthening Capacity in Public Health Communication for Diphtheria Control

Recommendations	26
Workshop on Communication Strategy Development	26
Workshop on Contraindications for Medical Personnel	26
Chapter 4 Strategy Development in Health Communications	27
Background	27
Objectives of the Workshop	27
Strategy Development	27
Oblast Communication Plans	28
Audience Analysis	28
Message Concepts	29
Communication Channels	30
Feedback on the Polio NID Campaign	30
Chapter 5 Diphtheria Communication Campaigns in Novgorod, Voronezh, and Yekaterinburg	31
Background	31
Campaign Activities	31
Novgorod	31
Voronezh	32
Yekaterinburg	32
Conclusions	34
Chapter 6 Seminar on Balancing Science and Practice for Childhood Immunization in Russia and the United States	35
Background	35
Objectives of the Seminar	36
Desired Outcomes	36
Participants	36
Process	37
Proceedings	37
Evaluation of the Seminar	38
Media Coverage and Dissemination of Results	38
Conclusions	40
Chapter 7 Development of a Russian MOH Web Site	43
Background	43
Situation Overview	43
Need for Medical Information in Russia	43
Partnership for Establishing Electronic Communications Capacity	44
Development of MFY Web Site	46
Conclusions	47

Chapter 8 Role of Health Communications in Russia's Diphtheria Immunization Program	
An Evaluation Report	49
Background	49
Diphtheria Communications	50
Evaluation	50
Novgorod Tracking Study	50
Coverage in Novgorod and Voronezh	55
Diphtheria Communications and Immunization Behavior	57
Conclusions	58
Chapter 9 Summary	59
Capacity-Building Elements	59
Capacity-Building Results	60
Appendix A Principal Participants in the BASICS Program in Russia	A-1
Appendix B Materials Translated into Russian and Provided to Participants	B-1

Figures and Tables

Figure 8 1	Adult Coverage Novgorod City and Voronezh Oblast	56
Table 8 1	Td Coverage Rates in the Novgorod Tracking Study	51
Table 8 2	Reasons for Receiving Td2 and/or Td3, Novgorod Tracking Study	54
Table 8 3	Reasons for Not Receiving Td2 and Td3, Novgorod Tracking Study	55

Acronyms

AAP	American Academy of Pediatrics
BASICS	Basic Support for Institutionalizing Child Survival
CDC	U S Centers for Disease Control and Prevention
DPT	diphtheria, pertussis, and tetanus vaccine
DT	diphtheria and tetanus vaccine for young children
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
IEC	information, education, and communication
MFY	Medicine for You
MOH/MI	Russian Ministry of Health and Medical Industry
NET	New Independent States Exchanges and Training program
NHLBI	National Heart, Lung, and Blood Institute
NID	National Immunization Day
NIH	National Institutes of Health
PSA	public service announcement
SCSES	State Committee for Sanitary and Epidemiological Surveillance
Td	tetanus and diphtheria vaccine for adults and older children
USAID	U S Agency for International Development
WHO	World Health Organization

Introduction

This report presents the process and results of an 18-month public health communications program carried out in the Russian Federation by the Basic Support for Institutionalizing Child Survival (BASICS) Project—a global child survival project funded by the U.S. Agency for International Development (USAID) and implemented by the Partnership for Child Health Care, Inc. (a consortium of the Academy for Educational Development, Management Sciences for Health, and John Snow, Inc.)

In response to a request from the USAID Mission in Moscow for assistance in combating a virulent diphtheria epidemic in the Russian Federation, a team of technical experts from BASICS and USAID visited Russia in March 1995. The team conducted extensive interviews with officials in the Russian health system, reviewed pertinent printed materials, and held discussions with staff from the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC).

Situation Analysis

Since the collapse of the Soviet Union in 1991, the Russian Federation had shifted from a centrally planned economy to a more democratic, market-based one. This transition produced significant disruptions and declines in the delivery of social services, including health care. One indicator for the decline in health services was life expectancy. Since 1992, average life expectancy for men had fallen from 62 years to 59 years. A health system that once held infectious diseases in check now suffered from an inability to provide even basic health protection to children. From 1992 to 1993, pertussis (whooping cough) incidence increased by 396 percent, measles by 402 percent, and diphtheria by 396 percent. The 1994 diphtheria epidemic in Russia was the largest the world had seen since World War II and posed a grave threat to all industrialized countries, including the United States. The reemergence of diphtheria was a result of decreasing immunization coverage among infants and children and waning immunity to diphtheria among adults.

The Russian Ministry of Health (MOH) had initiated aggressive antiepidemic measures in 1993. Mobile immunization teams brought booster vaccinations to adults in their homes and at work sites. Coverage quotas were established for health workers and their supervisors along with fines for nonperformance. Without proof of vaccination, petty traders could not obtain licenses to operate stalls in local markets, university students were not allowed to take final examinations, and paychecks of workers in many enterprises were withheld.

By 1995, when BASICS first began to work in Russia, this aggressive program of outreach services, backed up by strong administrative sanctions, had achieved impressive coverage rates among adults for one dose of tetanus-diphtheria vaccine (Td) within the previous 10 years. However, by early 1996, public health authorities' programmatic focus on increasing coverage for second and third doses of the vaccine, particularly for adults aged 40 to 59 years—the group most at risk for diphtheria mortality—was less successful. Home visits to pensioners were beginning to falter, and chronic fiscal problems and a population increasingly skeptical of state-imposed policies and programs threatened further increases in immunization coverage generally. It was apparent that this kind of mass immunization (or any other

Strengthening Capacity in Public Health Communication for Diphtheria Control

public health efforts) would be difficult to sustain over the longer term the economy could not withstand the excessive per person cost of the command approach to public health Russian health managers came to realize that individuals and communities would have to take greater responsibility for their own health

Along with this realization, the managers also recognized the need to become more responsive to consumer needs and to adopt new methods of educating a public used to authoritarian rule The public health challenge lay in learning to educate and persuade consumers to adopt healthy behaviors and seek preventive care such as immunization The reemergence of previously controlled infectious diseases had brought this challenge to the fore Whereas the Russians used to be routinely vaccinated under the old compulsory system, they now had to be persuaded to comply with required immunization schedules In shifting from command to market-oriented programming for public health initiatives, the Russians needed to learn social marketing methodologies and tools

Some systemic issues of concern to the experts included such carryovers from the Soviet era as the labor-intensive and costly practice of using health workers (to the exclusion of all other means) as primary health educators Another was the inherited list of false medical contraindications to immunization—a legacy from early days of vaccine research when vaccines were less pure—that was lengthy and out of date The application of these out-of-date contraindications led to delayed immunization levels and missed opportunities for immunization resulting in reduced levels of coverage

What could the U S team offer? The history of mass immunization of adults in the United States has not been noted for its success, the swine flu “epidemic” of the early 1970s is a case in point But public health programs in the United States *have* made successful use of social marketing strategies and tools to influence health behaviors A series of early discussions with program counterparts in the Russian MOH had clearly indicated that the Russians were interested in using marketing strategies and communications tools to support their public health programs Recognizing the potential relevance of social marketing to other public health issues BASICS and its Russian partners decided to treat diphtheria as a test case

It was imperative that these systems inefficiencies be corrected and new and effective information, education, and communication (IEC) methodologies adopted to enhance the quality of preventive and curative health services Such changes were critical to strengthening the health system’s capacity to address any public health problem, whether poor diets, alcoholism smoking, or infectious diseases Recognizing the extent of reform that was needed, BASICS proposed a program of assistance that would provide state-of-the-art technical expertise in IEC methodologies, as well as in selected systems issues relating to the establishment of effective and efficient immunization services

Objectives

- Strengthen the Russian health authorities’ capacity in public health communications in tune with a market-oriented approach to health programming
- Support Russia’s ongoing diphtheria control and other immunization efforts at both the federal level and in selected *oblasts* (regions)

To achieve its objectives BASICS proposed a combination of formal training of selected Russian specialists on-the-job learning by planning and implementing actual health communications programs in selected project areas, and the dissemination of materials on communications methodology and the results of programs implemented during the joint project period Building partnerships among the public health sector, the media, and other organizations and networks that can support and bring additional resources to public health initiatives would need special emphasis This strategy was a deliberate effort to build *sustainable* public health communications capacity

BASICS also had realized early on that the communication challenges and opportunities facing health organizations in Russia differ significantly at the federal and oblast levels Federal health institutions have potential access to national media and are responsible for policy communications and professional education programs Oblast-level health agencies have more direct contact with health service providers and client populations and more direct access to local and regional media To be effective in Russia, IEC strategies had to address both levels of the health system

At the federal level BASICS needed to work with staff from the Russian Ministry of Health and Medical Industry (MOH/MI), the State Committee for Sanitary and Epidemiological Surveillance (SCSES), and other partner institutions (from both public health and media sectors) to increase their capacity to carry out strategic planning and implementation of public health policies and programs, develop strategies for accessing national news media, and conduct professional education programs for health care providers The federal-level component would also include efforts to modernize the content of medical education pertaining to immunization and vaccine-preventable disease control At the oblast level, in-country training (based in Moscow and selected oblasts) for teams of health officials would focus on IEC methodologies, including audience-centered formative research communication strategy design implementation of communication campaigns and evaluation of program impact in pilot oblasts

In effect the BASICS program was designed to introduce social marketing to Russian counterparts who would need to shift to a market orientation see the Russian population as clients and market to them accordingly Working with BASICS in diphtheria control and other immunizations efforts, they would learn some of the marketing skills needed to play this new role, particularly the skills needed to conduct an IEC campaign

The following chapters describe the program activities undertaken to implement the BASICS communication program in Russia—namely, the planning, implementation, and evaluation of actual social marketing campaigns in three Russian oblasts to support the immunization of high-risk groups with second and third doses of diphtheria vaccines and the *marketing* of social marketing itself within the Russian MOH Additional chapters are devoted to the complementary effort to revise medical education and develop a Web site in the ministry A list of program participants is given in Appendix A

Chapter 1

Russia–U.S. Joint Conference on Public Health Communications

Background

BASICS launched its Russia program with the Russia–U S Joint Conference on Public Health Communication, which took place 2–4 October 1995 in Moscow. The conference set the stage for collaboration between BASICS and its Russian counterparts to expand the practical application of modern communication methods in public health with an emphasis on behavior change, increase understanding of the target audiences through qualitative research, and extend the use of electronic media to widely disseminate health messages.

The conference was attended by more than 160 physicians from 64 oblasts of the Russian Federation, as well as a representative from Belarus. BASICS organized a poster display on the first day of the conference featuring selected samples from U S public health campaigns on issues such as drug abuse, breast cancer, AIDS prevention, and child immunization. Samples of public service announcements (PSAs) from U S health communication campaigns were dubbed into Russian and shown. A Russian/English–English/Russian glossary of public health communications terminology, developed by BASICS, was distributed to all conference participants.

The conference was co-chaired on the U S side by Alan Hinman, assistant surgeon general. Russian co-chairmen included N N Vaganov, deputy minister of the MOH/MI, G A Avvakumov of the MOH/MI, and N Shestapalov from the SCSES.

Role of Health Communications

U S Overview

Within the last two decades, communication has come to play an increasingly important role in promoting the health of the U S public. As the public health authorities have learned more about links between culturally influenced behavior and high levels of adult chronic disease, new emphasis has been given to developing systematic approaches to mass strategies of prevention. Public health programs in the United States are increasingly concerned with influencing risk behaviors of large populations. Leading causes of death today—cardiovascular and lung disease, cancer, diabetes, cirrhosis, and traffic accidents—are related to personal choices in everyday lives. Many of these major “lifestyle” diseases can be eliminated or greatly reduced, if people can learn to avoid specific risk behaviors related to smoking, alcohol, drugs, diet, and exercise. Personal choices and behaviors do not occur in a vacuum but in a social and cultural context and they are powerfully shaped by peers, families, social networks, popular culture, and even by explicitly formalized laws and regulations. Public health communications can then be defined as the systematic attempt to influence positively the health practices and behaviors of large populations through a wide array of communication media.

Strengthening Capacity in Public Health Communication for Diphtheria Control

Building on traditional methods of health education, which were mainly didactic, public health experts have developed many new techniques to make the methodology of health communications more effective in modifying behavior. The methodology is grounded in the belief that if we can first understand people's perceptions, values, and needs, we can then design better programs to inform and motivate them. This methodology is audience-centered and alternates periods of listening (research), action (program implementation), and reflection (monitoring and evaluation). It is a blend of science and art. Careful formative research identifies different target groups and analyzes their needs, beliefs, and practices. This information is used in developing creative, persuasive messages and materials, which are communicated back to the target groups.

Russian Overview

The Russian overview was presented by representatives from the Federal Research Institute for Health Education and Health Promotion, MOH/MI, and the Moscow Center for Health Education. They discussed selected campaigns focused on sexual education for schoolchildren and adolescents, the federal program on immunization, and smoking cessation health education for youth. A group of Russian medical students presented short skits, songs, and poems on a range of public health subjects, including AIDS and smoking cessation. Among the key points made on the first day of the conference were the following:

- Public health communication is an effective means of changing health behaviors of individuals and societies. It is capable of changing societal norms.
- Public health communication is just one component of an overall prevention program.
- It is important to identify target groups and desired outcomes and then develop appropriate approaches to reach them. Health care providers are an important target group. Mass media are not the only approach.

Five Basic Steps in Public Health Communications in the United States

1	Assessment	Review existing data and conduct research to understand the public health problem, the knowledge and behavior of people affected by the problem, and resources available for a behavior change program.
2	Planning	Develop a communication plan including people needed to be reached (target audience), behavior change objectives for each audience, and messages and channels to be used to reach them.
3	Pretesting	Develop and test materials (print, audio, video, counseling materials, etc.) with the intended audience to ensure they are culturally appropriate and understandable.
4	Implementation	Launch the program, making sure communication activities are coordinated with service delivery components.
5	Monitoring & Evaluation	Use survey and other research tools to determine how well the program is being implemented and reaching the target audience. Make changes in strategy or materials based on findings.

- Public health communication is a group effort. Medical scientists must work with communication specialists and members of the target population to develop effective messages and strategies.
- It is important to evaluate the effectiveness of public health communication.

Planning Health Communications

On the second day of the conference, U S experts discussed the planning process in public health communications, focusing on optimum ways to mobilize decisionmakers, community leaders, and opinion leaders as resources for public health communications. It is important to involve such prominent individuals in the process not only to win their influence and resources for communication programs, but also to forestall potential obstacles to success. Support from high quarters can make an immeasurable difference on the success of public health campaigns, as the nationwide effort to reduce hypertension in the United States illustrates so well. In the 1970s the Nixon administration and the Secretary of Health, Education and Welfare took the lead in drawing attention to hypertension as a most serious risk factor in heart disease. A legislative amendment to the Public Health Service Act soon followed, enlarging the authority of the National Heart, Lung, and Blood Institute to advance the nation's attack on heart, lung, and blood diseases. Subsequently, the National High Blood Pressure Education Program was launched, and it is now the longest-running public health communications program in the country. The program is a good example of how public and private resources can be combined to address major public health problems.

National High Blood Pressure Education Program	
Mission	Broad based public education through communications
Target	Health professionals, patients, and the public
Research Techniques	Focus groups, communication audits, and message testing
Focus	Males and females aged 25 years and older
Message Strategy	Raise awareness of the dangers of hypertension and demonstrate its control through drug therapy and lifestyle modification
Goal	Convince target audience to measure their blood pressure and understand the readings
Channels	Television and radio commercials, newspaper and magazine advertisements, posters in airports
Results	From 1972–1991, <i>Awareness</i> increased from 51% to 84%. <i>Treated</i> (percentage of those on medication) increased from 36% to 73%. <i>Controlled</i> (percentage of those whose blood pressure is lower than 160/95 and who are currently taking medications) increased from 16% to 55%.

Mass Media

The representatives from the United States emphasized the importance of mass media as a crucial resource for public health communications, because if used effectively, it can educate, shape societal norms, contribute to behavior change, and even influence policy. In the changing information marketplace, it is increasingly necessary to create appealing messages that are based on audience

Strengthening Capacity in Public Health Communication for Diphtheria Control

research and can hold their own against sophisticated commercial competition. By forging partnerships with the media for donated time, cultivating their interest and providing them stories they can easily use, the cost of media coverage for public health communications can be reduced. Case studies of campaigns on such topics as safety belts, child safety, and drunk driving were presented to illustrate the effective use of television, radio, and print media.

Immunization

Experts from Russia and the United States acknowledged that both countries face a common challenge in the field of immunization, namely, to protect individuals and society by providing routine services so that each child and adult is immunized completely, effectively, safely, and in a timely manner. Issues of resource allocation demand that the decisionmakers be continuously reminded that immunization is one of the most cost-effective health interventions available and the wisest choice a country can make in favor of reduced medical costs and greater productivity. Strategic planning is equally important—a road map indicating where the health authorities are coming from, where they are heading, and how they intend to get there can ensure that the immunization plan will be effectively implemented. There are many barriers that also must be overcome, unrelated to public health communications, to achieve a balanced and comprehensive solution to the falling rates of immunization coverage and rising disease incidence.

Among the key points made were the following:

- Planning public health communication is a continuous process—from assessment to the development of a plan, from pretesting the plan to its implementation, and finally evaluation to guide appropriate revisions.
- Many effective techniques are available for public health communications. However, the conference focused on the use of mass media, partly because of the specific problem of diphtheria in Russia which required mass action and thus was suited to mass media approaches. Other important channels of health communication were identified as (1) the physicians themselves (the incorporation of

Partnership for Drug-Free America A Case Study

- The United States has the highest rate of drug abuse of any industrialized country in the world.

Heavy drug use is a factor in more than half of family violence incidents.

Drug use speeds the spread of HIV.
- Workplace drug use costs American businesses billions of dollars.
- The communication campaign launched by a coalition of volunteers from the communications industry draws on the talents of 125 advertising agencies and aggressively seeks donated TV and radio time for anti drug messages targeted at children aged 9–12 years, teenagers, parents, and employers. Its approach is to encourage hostility to drugs and make drug users look pathetic and foolish—anything but glamorous or cool.

The strategy is to saturate the media so that every American will see an anti drug message every day. Messages for parents and children focus on the harmful effect of drug use on child development. Teenagers are warned that drug use, besides being unattractive, can lead to social isolation. Employers are urged to take action for a drug free workplace. Lessons learned show that media campaigns can have a significant impact on initial, trial, and recreational drug use, but the impact on hard core users is usually far less. Anti drug communications need to be continuous and sustained.

interpersonal skills training into standard medical curricula can make the physicians more effective communicators) and (2) school health education programs, which have been demonstrably effective in promoting healthy behaviors and helping to maintain them

- It is essential to involve decisionmakers, community leaders, opinion leaders, nongovernmental organizations, and the media in public health communications from the start because each of them can be—
 - Potential obstacles to achieving desired outcomes
 - Target audiences for approaches designed to change knowledge and behaviors,
 - Important partners in carrying out the communication and
 - Potential multipliers of resources, whether physical, financial, or human
- Many significant barriers to immunization can be overcome by public health communications. Other barriers may require other tactics such as incentives or administrative changes (for example, additional clinic hours or additional clinic sites)

The participants concluded that public health communications can play a significant role in overcoming barriers to immunization and increasing immunization coverage. It was also noted that public health communications do not replace or exclude other important forms of health education. Health education in schools continues to play a vital role in teaching lifelong healthy behaviors to youth. Physicians and other health workers are also an important source of health information, and significant progress can be made by strengthening their communication skills.

Diphtheria Control in Russia

The third day of the conference addressed the role of communications in diphtheria control in Russia. An epidemiological perspective of diphtheria in Russia and IEC experiences in its control were presented by representatives from the MOH and the Federal Institute for Health Education and Promotion, an epidemiological profile of diphtheria in Vladimir Oblast, and a program for its control, were presented by the representative from its Sanitary Epidemiological Station. The global perspective on diphtheria control was discussed by the representative from the World Health Organization (WHO).

Among the key points made were the following:

- The current epidemic of diphtheria in Russia requires concerted action by all components of the health sector
- The communication challenges facing the Russian health system are to increase—
 - Public awareness and knowledge about diphtheria,
 - Public demand for diphtheria immunization,

Strengthening Capacity in Public Health Communication for Diphtheria Control

- Health and provider awareness of diphtheria and the means to combat it, and
- Health care provider willingness to take appropriate action
- It is essential to evaluate the impact of the proposed diphtheria information campaigns for programmatic refinements in future efforts and to avoid repeating mistakes

Conference resolutions called for continuing collaboration between Russia and the United States in public health communications, including the joint publication and dissemination of the proceedings of the conference

The conference achieved its principal objective by introducing key Russian public health personnel to U S methodologies in public health communications. Russian participants expressed significant interest in U S methodological approaches, specific requests for training and collaboration were received from representatives from Rostov-on-Don, Yekaterinburg, Chelyabinsk, Novosibirsk, Smolensk, Volgograd and Ulan Ude.

The conference had attracted significant media attention and the proceedings were covered by prominent journalists from ECHO Moscow TV, the newspaper *Meditsinskaya Gazeta* and the news agency Interfax, as well as television and print reporters from Medicine for You (a health communications organization affiliated with the MOH).

Oblast-Level Conferences

Regional conferences in Voronezh and Novgorod followed the Moscow conference and provided an opportunity for local health professionals to meet and interact with U S public health communication specialists. The participants were able to review selected health communications products from the United States such as videos of successful campaigns. These local-level conferences were designed to promote broader consensus and cooperation in dealing with priority public health issues, particularly between the MOH/MI, the SCSES, associated federal institutions, and the federal and oblast systems. These high visibility events helped to raise public awareness of vital health issues and to stimulate interest in new communication methodologies.

Chapter 2

U.S.-Based Training and Study Tours for Senior Russian Public Health Managers

Background

Nine of the senior-level health managers, who had been introduced to market-based health communication approaches at the joint conference in Moscow, came to the United States to study social marketing programs in greater depth. The study program, funded by USAID's New Independent States Exchanges and Training Program (NET), was conducted by Porter/Novelli, one of BASICS's partners and a leading public relations company in Washington, D.C., whose founder, William Novelli, is considered one of the leading exponents of social marketing. The three-week intensive training program provided the Russian managers with a first-hand look at the design and implementation of successful communication campaigns in the United States. Special emphasis was placed on exploring ways in which communication strategies that have proven effective in changing health behaviors in the United States can be adapted for use in Russia.

A wide range of projects was examined in the three weeks, including the following: National Institutes of Health (NIH)-sponsored public education programs on cardiovascular disease, breast cancer, and mental health; the communication and social mobilization activities of such private voluntary organizations as the National Kidney Foundation, the American Cancer Association, the American Diabetes Association, and the Campaign for Tobacco Free Kids; and programs on immunization and HIV/AIDS prevention (CDC).

Primarily Washington-based course seminars focused on communications planning and program management methods, extensively illustrated with case studies of innovative and effective programs. Seminars were led by senior Porter/Novelli project directors. Program case studies were presented by managers at NIH, the National Clearinghouse on Drug Information, the Washington, D.C. Division of Immunization, and other agencies directly responsible for program implementation and evaluation. Participants also worked closely with Porter/Novelli's health communication managers in developing their own action plans.

In addition, participants spent two days in tailored internships that matched their professional interests and responsibilities with relevant health communication projects. Participants from federal institutions in Moscow were hosted by the National Heart, Lung, and Blood Institute (NHLBI) and the National Cancer Institute. Participants from oblast health agencies made extended visits to the county health departments in Rochester, N.Y., and Charlotte, N.C. (the sister cities of Novgorod and Voronezh, respectively). Program participants were also given numerous opportunities to meet and develop professional contacts with public health specialists working in federal agencies (Health and Human Services and the National Institute of Allergy and Infectious Diseases), local governmental agencies, and other professional peers in private sector medical organizations such as the Whitman Walker Clinic and Alexandria Hospital.

Training Objectives

The overall purpose of the training program was to further develop counterparts' market orientation and to provide them with an in-depth look at the elements necessary to effectively market appropriate health behaviors. Successful social marketing programs share several common features. They employ a range of media, are guided by audience-centered research and focused behavioral analysis, follow a systematic approach to program design and implementation, track program performance carefully, and are willing to invest in careful impact evaluation. Managing multifaceted programs of this kind requires a clear understanding of how diverse program components and activities fit together into an integrated whole. Consequently, the aim of the seminars and associated site visits was to enable participants to learn more effective management of collaborative communication programs and to transfer this capability to the agencies and institutions that they represent.

More specific objectives were to—

- *Introduce participants to the key principles and methods of program planning and management.* Seminars and panel discussions provided an in-depth look at formative research and behavioral analysis, the development of communication strategies, media planning, program implementation, tracking program performance, and evaluating behavioral and public health impact. More specialized topics included working with the news media, fundraising, and policy communications and advocacy.
- *Give participants an in-depth understanding of a range of model programs concerned with a variety of public health issues.* Program case studies were presented by managers who had a direct hand in program design, implementation, and evaluation and could thus address problems encountered and lessons learned more knowledgeably.
- *Assist participants in adapting promising communication programs and strategies for use in Russia* through the process of critical assessment and mutual learning.
- *Help participants develop their own action plans for (possible) implementation on their return to Russia.* Participants were encouraged to focus their plans on aspects of the training most relevant to their professional activities and responsibilities, reflecting their own sense of what could be most viably incorporated into their professional practice.
- *Provide participants with didactic materials and tools for effectively training their professional colleagues* in the design and management of health communications programs in Russia.

Selected Comments

What is it that we will be taking away with us with respect to the topics covered during this training program? Well, first and foremost it is the planning work involved in public outreach. I am talking about the way the program was designed on the basis of how the target audience is identified and profiled.

I also thought the presentations on evaluating the impact of various communications strategies were very valuable because that is one of the more difficult challenges. The next most interesting was social marketing. We like our American colleagues are working with different sectors of the population, and it is important to differentiate as we market.

A couple of words about our work here [classroom seminars] and how it relates to what we saw in Charlotte [N.C.]. It was a good example of how theory which we learned about here is used in practice in a particular area.

Georgi Khoryakov

As an important part of this course, the participants developed action plans for improving the marketing of their programs within their respective departments and to the population. Five of the nine action plans, along with comments, are presented here to indicate the appreciation for the practicality and effectiveness of the market-based health communications that the group gained during their study tour.

Summary 1

Boris Borisovich Fishman
First Deputy Chief Doctor
Center for Preventive Medicine and Rehabilitation,
Novgorod

Background

After the visit of the BASICS health communications team in the fall of 1995, we began a variety of communications activities to inform the population of declines in health status and specific risk factors. We produced a television program on health conditions in Novgorod with the collaboration of local media professionals and broadcast several of the most culturally appropriate of the public service advertisements left with us after the joint conference in Moscow.

But we realized that this was the wrong approach. We do not believe it is enough to provide information on the declining health status of the population and focus public attention on the risk factors associated with specific diseases. We must also address the social and systemic causes of disease, and understand that preventive medicine should be the basis, the foundation, for all health programs. But this will require new legislation.

Since our oblast introduced the law of regional self-government, the mechanisms through which we used to request whatever we needed from Moscow have ceased to exist. With our limited oblast budget it is impossible now to treat all the health problems confronting our population. People need to be more active in protecting their own health. But it will be extremely difficult to shift the focus of the health system in favor of preventive medicine without legislative and policy reform.

Goals

Public health measures aimed specifically at disease prevention should be the basis of our policy in the oblasts. Oblast-level health authorities should take the initiative to introduce and test new policies and approaches to disease prevention. We can do this by ourselves—exchanging information with other oblasts in the country and with our foreign partners.

Selected Comments

Within the program you have covered all of the interests of the participants. I would particularly like to thank you for the opportunity to work with my colleagues in the National Institute of Allergy and Infectious Diseases. We had productive sessions and meetings and we discussed various topics and issues for continued collaborative work in the area. I hope that our [newly established] personal contacts will help us find the appropriate specialists to involve in our joint research programs.

Inna Tymchakovskaya



Personally, I thought the program that was created for us by USAID together with Porter/Novelli will be of great assistance in my future activities. Over the course of the program we managed to address all the issues that were of interest to me as a media professional. All my visits to various medical facilities as well as to private [voluntary] organizations that work on medical public outreach were quite informative—they opened my eyes to new approaches. Once again, this three week seminar was extraordinarily useful [particularly because] I was able to pursue this program in a flexible manner.

Alexei Bondar

Strengthening Capacity in Public Health Communication for Diphtheria Control

Approach

- Promote further communication and exchanges between the Department of Health in Rochester and our Committee for the Protection of Public Health in Novgorod. Only two physicians, including myself, have had the opportunity to see the practical side of public health activities in their sister city—this despite a five-year relationship. The business people, enterprise directors, and public officials who have visited Rochester have missed the fact that 70 percent of the public health budget is in fact oriented toward preventive medicine and only 30 percent is used to finance the health care needs of the poor.
- Begin a process of policy advocacy in Novgorod to convince the governor and other key decisionmakers of the importance of prevention. Also develop a program of communication and exchange with other oblasts and regions in Russia to explore and share strategies for shifting oblast policies to allocate greater resources to preventive medicine.

Summary 2

Georgi Ivanovich Khoryakov
Head Doctor
Center for Preventive Medicine, Yekaterinburg

Background

The Center for Preventive Medicine in Yekaterinburg implements a number of varied health education programs, including training support in health education methods for medical professionals and schoolteachers, short, intensive programs on specific health topics for the general public, radio and television broadcasts, sports medicine programs, a publishing house, a video and computing center, and a new department in screening and diagnostics to monitor the health status of the regional population. These programs could all benefit from a more systematic approach to planning and evaluation.

Goals

- Introduce more of a marketing approach to the design and planning of the center's health communication programs, developing differentiated program strategies for different audience segments.
- Develop a more in-depth evaluation methodology, moving beyond simple indicators of a program's impact (morbidity and mortality) to examine the process of health behavior change.
- Begin to develop partnerships with the private sector. Foster the growth of nonprofits and professional associations in the Yekaterinburg region. Involve more nonmedical professionals in our health promotion programs: psychologists, journalists, trainers, teachers, marketing people, and others.

Approach

- Introduce social marketing to the work of the center and its specialized faculties.
- Emphasize the more applied uses of epidemiological information in segmenting populations and designing interventions.

- Make greater investments in evaluation research to determine the knowledge and attitudes of diverse populations with respect to specific health issues and risk behaviors
- Develop stronger working relationships with nonmedical professionals in the Yekaterinburg community

Summary 3

Rimma Alexandrovna Potemkina
Laboratory Head, National Research
Institute for Preventive Medicine,
MOH/MI of the Russian Federation,
Moscow

Background

The National Research Institute for Preventive Medicine focuses primarily on the prevention and treatment of noncommunicable diseases. The work carried out in the seminar suggested that the institute's programs could be strengthened at three levels: policy development, the training of medical professionals, and public education programs.

Goals

- Generate greater policy support and additional funding for public health communications programs, particularly in the area of noncommunicable diseases
- Provide professional training for medical professionals (at the undergraduate and graduate levels) on public health communications
- Develop public education programs for specific audiences, employing an integrated mix of media

Program Highlights

Along with being introduced to the principles of social marketing and stages of program development and implementation in the classroom setting, the participants were taken on site visits to see how the elements of the marketing mix—product, promotion, price, and place—work together to shape target behaviors. The Russians thought the visits to the sister cities were particularly valuable.

- In Rochester, N.Y., Novgorod's sister city, the group met with the staff of the county health department, its communications and special events section, a health reporter from a major daily newspaper, and representatives from various private sector companies.
- The unit director of preventive services at the Medical Division of Eastman Kodak described the company's health education program in the workplace for some 100,000 workers, including smoking cessation, physical fitness, and maternal health.
- Activities of the American Cancer Society were described by the executive director, with special emphasis on fundraising and strategies for recruiting and motivating volunteers.
- Preferred Care and its advertising agency provided valuable information to the Russians about the operations of managed care organizations and their role as advocates for less costly approaches to delivering quality care.
- In Charlotte, N.C., Voronezh's sister city, the group was impressed with the public and private sector partnership (including public schools, Army and Air National Guards, and health insurance companies) that runs Good Health Preserve, a community-based weight management, exercise, and behavior change program for adults with hypertension. The program emphasizes outreach and group support to maintain behavior change.
- Project KinderGuard, which offers physical assessments and immunizations to kindergarten children and anticipatory guidance to parents, was seen as an especially valuable innovation.
- In a visit to Charlotte-Mecklenburg Neighborhood Clinic for family planning and health education services, its developmental program, Success by Six, was singled out by the Russians for favorable comment, as was Big Shot Saturdays, an immunization program that sets up stalls in public places such as shopping malls and department and grocery stores on the second Saturday of every month.

Strengthening Capacity in Public Health Communication for Diphtheria Control

Approach

Policy development Translate ongoing research on risk factors and associated mortality into policy recommendations to (1) allocate more funding to prevention activities and (2) enact legislative reforms to encourage more active involvement of the media in public health communications programs. Seventy-five percent of deaths in Russia are caused by noninfectious diseases—diseases that are largely preventable or at least made manageable, by changes in health behaviors. But the Russian health system continues to remain focused on curative care—not on disease prevention. A shift toward prevention can only come with more aggressive advocacy of policy and legislative reforms. Advocates need to be armed with up-to-date scientific information on noncommunicable diseases that are now the country's leading cause of death, as well as with a more sophisticated sense of how to evaluate the impact of prevention activities.

Professional training Develop a curriculum on health communications. Introduce health communications course work into the formal education of physicians and other health care professionals. Focus on bridging the gap between scientific research and practice. Concentrate on translating scientific information into communication products that can be used effectively with patients and other audiences.

Public education programs Identify specific target audiences and then select channels for reaching them. For example, children and adolescents can be reached through schools, kindergartens, and children's clinics. Adults can be reached through workplace programs and health care organizations.

Next Steps

The institute will begin with a program on bronchitis in collaboration with the NHLBI. This program is already being implemented on a demonstration basis in one city in Russia and now will be expanded to 10 regions. The institute will organize a conference and joint exhibition to inform participants about the program and its impact to date both in Russia and the United States.

Discussions on collaborative work with NHLBI on hypertension were also held during the course of the New Independent States Exchanges and Training program (NET) training. Most of the work we have done on hypertension has involved treatment in clinical settings. Now we need to focus on public education programs, modeled after the work in the United States, on high blood pressure and cholesterol education.

Summary 4

Nina Vasilievna Pizheva
Head of Department of Promotion of Scientific Cooperation
MOH/MI of the Russian Federation, Moscow

Background

The Department of Promotion of Scientific Cooperation is responsible for coordinating the development, dissemination, and adoption of new medical technologies throughout the Russian Federation. The department coordinates the annual evaluation of the research activities of approximately 100 institutes through a process of independent peer review. Research that is judged worthy is given the ministry's official approval and becomes eligible for continued financial support in future funding cycles. The office then disseminates, through official reports, research results for incorporation into the practice of individual physicians and the operating norms of health care organizations.

However, this approach to disseminating new medical practices and technologies is largely passive. There is very little motivation or incentive within the current system for adopting promising practices or improved technologies.

Goals

- Increase the flow of technical information from basic research institutes to the medical community and other professional publics
- Create stronger incentives within the Russian medical community for adopting promising new medical technologies

Approach

Work toward policy change in two areas: (1) require that individual research institutes become responsible for communicating new findings to professional audiences, and (2) provide funding resources to support this dissemination function in the research grants provided by the MOH to individual research institutes.

Summary 5

Alexei Vladimirovich Bondar

Journalist

Press Service, Medicine for You, Moscow

Background

Medicine for You (MFY) is a nonprofit state enterprise combining the press offices of MOH/MI and SCSES. It brings medical experts and communication professionals together to produce educational programs on medical and public health issues, employing broadcast and electronic media, commercial publications, exhibits, and media relations. It is the largest organization of its kind in the Russian Federation. I coordinate the broadcast media component of MFY's public education programs.

Goals

- Establish within MFY, more systematic approaches to fundraising and the partnerships with the private sector
- Introduce a more audience-centered, research-based process for developing MFY's health communications programs
- Develop within MFY an organization for disseminating health information modeled after that of the U S National Clearinghouse for Drug Information, though adapted to the needs and constraints of the Russian health system

Approach

On returning to Moscow, produce a report on the NET's seminar on public health communications for circulation within MFY and complete the television program on the role of health promotion in the U S health care system, using original footage filmed in the United States and other video materials provided during the course of the training.

Evaluation and Lessons Learned

The participants evaluated the training program very positively. They felt that it had met all of their expectations and addressed each of their various and distinctive interests. In retrospect, the program worked for two reasons. The first was its flexibility—the organizers were willing to address the expressed needs of participants, even when this meant arranging individual meetings with specialists at federal agencies or other departures from the original program agenda. Such a customized approach was required by the very heterogeneity of the group—five participants were from federal institutions in Moscow, three were from oblast health centers, and the ninth was a medical journalist who filmed a television program on the U.S. health system (in addition to actively participating in the training program).

The second key to the success of the training was the combination of more theoretical seminar work in classroom settings and a variety of on-site visits to health communications and public outreach programs. The emphasis on site visits and interactive case studies gave participants a real appreciation of how the theoretical and conceptual underpinnings of health communications are applied in professional practice.

In this respect, the more extended visits to county health departments in Rochester and Charlotte proved particularly rewarding. Consequently, a primary recommendation for follow-on activities was to build on these already established linkages and support continued professional exchanges and collaborative activities between these two health departments and their sister city counterparts in Russia.

NET staff carried out their own independent evaluations of the training program, employing structured questionnaires and interview schedules at the beginning, throughout, and at the conclusion of the program. Overall, findings from these evaluations were quite positive.

Porter/Novelli's evaluations of the training focused more on the process and the content of the program. With such a small group, it was possible to assess the proceeding through more open-ended and qualitative discussions and to make mid-course changes in schedule and program topics.

The group was heterogeneous, with each participant bringing a distinctive set of interests and expectations to the program. Many had specialized medical knowledge and professional interests in specific diseases and syndromes and wanted access to NIH experts or other sources of up-to-date information on topics such as cardiovascular complications of diabetes, occupational pulmonary disease (particularly disease associated with exposure to china clay), HIV vaccine research, sex education in the schools, and the diffusion of new medical technologies. Specially arranged meetings for individual participants with experts sharing their particular professional interests along with database searches of the specialized medical literature satisfied most of these information needs. In addition, a presentation on the CDC-sponsored HIV/AIDS Prevention Marketing Initiative addressed several participants' expressed interest in AIDS prevention.

Chapter 3

Qualitative Research in Novgorod and Voronezh Oblasts

Background

The use of qualitative research to better understand the current practices and attitudes of the population is a crucial first step in developing a modern health communication strategy. Russian public health authorities needed to learn qualitative research technology and find ways to modify it so that they could educate and motivate the population in a meaningful and sustainable way. The Russian health system's ongoing efforts to control diphtheria, which had reemerged at an alarming rate in the early 1990s, offered a unique opportunity to BASICS technical experts for a practical, hands-on program of training oblast-level health officials in qualitative research methodology.

Specialists from the United States and Russia undertook the research study in mid-May 1996. The project was designed to (1) transfer skills in designing, conducting, and analyzing qualitative research and applying them to various health problems and (2) assess knowledge, attitudes, and practice in the areas of diphtheria and immunization in general. Data from this research were later used to design appropriate communication strategies at a workshop held in Moscow from 1–5 July 1996, as well as to inform a workshop on medical contraindications to vaccination, which took place in September 1996 in Novgorod.

Project Activities

A five-day training in qualitative research methodology was conducted by BASICS, in collaboration with two sociologists from Moscow University's Center for Sociological Studies, from 22–27 May 1996. The training was held in Moscow for a combined group of federal, Novgorod, Voronezh, and Yekaterinburg managers and communication specialists.

The training consisted of an overview of the concepts of qualitative versus quantitative research and a review of some of the kinds of methods that are used in qualitative research. Participants then practiced various skills that are necessary to conduct qualitative studies, including focus groups and in-depth interviews. Some of these skills are active listening, asking open-ended questions, probing for more or related information, and making the person being interviewed feel at ease. Participants had the opportunity for live practice on real people and learned how to analyze their data and write reports.

The health centers went through their files to identify and randomly sample adults aged 30–49 years and mothers of children aged 12–23 months, both high-risk groups for diphtheria. The files were also searched for case contacts—people who had been close to a person who had contracted diphtheria—and children under 36 months of age who had not received a third dose of diphtheria vaccine and who had fallen ill with diphtheria. From these lists the team tried to interview as many people as possible.

Strengthening Capacity in Public Health Communication for Diphtheria Control

The research design included five main sources of data

- Focus group discussions with mothers of children aged 12–23 months
- Focus group discussions with adults aged 30–49 years
- In-depth interviews with “therapists” (doctors for adults), pediatricians, and nurses
- In-depth interviews with diphtheria case contacts
- In-depth interviews with mothers of children under age 36 months who had not received the third dose of diphtheria vaccine and who had fallen ill with diphtheria

Data collection and analysis took place in the two oblasts, Novgorod and Voronezh, between 27 and 31 May. The Russian sociologists supervised the collection, synthesis, and initial analysis of the data in the two oblasts.

Findings

Diphtheria-Related Knowledge and Attitudes

In order to design interventions, it is important to know what the population already knows about the illness and what kinds of beliefs and attitudes might become barriers to people changing their behavior that is, going to the health center to get their second and third doses of diphtheria vaccine.

- Mothers tended to know more than fathers about health in general because of their exposure to the health system once they had their first baby.
- Many respondents said that diphtheria was a dangerous illness because it can be fatal and can cause serious complications. Many expressed concern that diphtheria was difficult to diagnose because of its similarity to sore throat. Many specified that diphtheria is dangerous to “children and to all who are weak.”
- There was relatively little accurate knowledge among the respondents about the transmission of diphtheria. Some thought diphtheria was transmitted through water, lack of general hygiene, and pollution. Some people, particularly women, correctly thought that diphtheria was transmitted through the air and could be caught in public places such as schools, places of work, the street, or the market. Some people who at first said they were not afraid of diphtheria later stated that their lack of knowledge may have led to this claim. Few people knew the number of doses of the diphtheria vaccine needed for protection.
- Most people felt that vaccination was the only way to protect oneself against diphtheria.

Sense of Vulnerability

The research aimed to discover whether the Russians thought they were not vulnerable to diphtheria, or had incorrect views about who is vulnerable. Three main ideas emerged from the study: (1) the Russians' concept of how the body's immune system works is somewhat different from that of Americans,

(2) Russians feel that their immune systems have been weakened by nuclear accidents and pollution in their country, and (3) they believe that one can never really know whether one is protected even after being immunized

- In almost every group, someone spoke of the concept of *zakalivanie* or body tempering (as in tempering steel)—the idea that one can increase one’s “natural immunity” by pouring cold water on one’s head going barefoot, eating well, and other measures to stimulate the body to build its own immunity. Although some spoke about this “body tempering” as an alternative to immunization in protection against disease, only rarely was this used to replace immunization, as in the case of a child who was not vaccinated against diphtheria because he was asthmatic.
- Some people were viewed as being “weak” and therefore more vulnerable to disease. This weakness is brought about by several situations. Some respondents mentioned the low standard of living resulting in a lack of nutritious foods. Most believed that Russian children are weak, at least in part, because of “ecology” or the polluted environment. This seemed to refer to pollution in general and to the exposure of the Russian people to nuclear accidents in particular. Older people were also mentioned by some groups as being weaker than the general population.
- Another idea expressed often was the feeling that if they delay getting a vaccination, the illness may pass them by. Remarks included “I hope it will pass me by” and “Until the thunder sounds, the peasant will not cross himself.” This was congruent with another frequently stated idea, namely, that until the disease becomes visible or hits home, one tends not to worry about it. Others referred to this phenomenon as “Russian laziness” or “neglect of one’s own health.”
- Many respondents were pessimistic about any assurance of protection against diseases. They expressed doubts about the ability of medical professionals to diagnose correctly, as well as doubts about the vaccine’s effectiveness. Some mentioned cases of people who had been vaccinated but who contracted diphtheria anyway. Some used the Russian expression that “No one is insured,” while others mentioned Chernobyl and general environmental degradation as factors that were sure to offset protective measures.
- Those few who had received three doses were sure they would not get diphtheria. Those who had received only one dose were not sure whether the vaccine would work. Many felt that no one really knew how to protect oneself.

Attitude toward Immunization

The research team wanted to discover if the population had doubts about immunization in general that might cause them to resist getting vaccinated against diphtheria.

- Most respondents believed in immunization. Adults seemed to care deeply about their children’s health and would take measures to protect them, but they did not always take preventive health measures for themselves. Adults were inclined to wait until the situation was severe before seeking health care for themselves. Again, this was illustrated by the saying, “Until the thunder comes, the peasant doesn’t cross himself.”

Strengthening Capacity in Public Health Communication for Diphtheria Control

- A small minority were strongly against immunization on principle. One woman said she would “rather die of a natural disease than put unnatural vaccines into my body.” Most of the medical personnel interviewed mentioned the “negative media campaign against immunization” of several years ago, referring to the shocking article by virologist Galina Chervonskaya and the media blitz about the danger of vaccines that followed it.
- Focus group participants almost always referred to the above article or the ensuing public discussion as the moment when people began to fear vaccines and became more cautious about vaccinating children with any kind of “weakness” or illness. Among other things, this article apparently warned that mercury is used as a stabilizer in vaccines. The fear of poisoning the children by injecting mercury into them was mentioned several times in the focus groups.
- The fear of side effects and prevailing contraindications appeared to be related to the concept of body tempering or the idea that one can stimulate the body to build up its own immunity. Children, it is thought, must not be vaccinated when ill or in a “weakened” state, because this can exacerbate the illness. Rather, the children must be allowed to rebuild their own strength and immunity before being vaccinated. Hence, a sick child’s vaccination may be delayed by one to six months in the belief that it permits the child’s body to regain its own strength, which will better enable it to withstand dangerous vaccines, thus avoiding endangering the child unnecessarily.
- In some groups, mothers were fearful while describing their experiences with harmful side effects. In other groups, side effects were rarely mentioned or were seen as normal. The discussion of side effects and complications from the vaccinations tended to be brought up more often and more vehemently by more highly educated adults, especially those who worked in the health system or had spouses who did. This suggested that educated people knew more about the dangers of mercury in the environment and about the possible complications from vaccines.
- Some women in almost every group said that each child should be treated individually, and that only the physician could understand the individual patient and make the decision to vaccinate, based on assessment of the child’s immunity at the moment. Some women were angry that their children had been vaccinated at school without their knowledge, and apparently without a child’s immune status or health being taken into consideration. Many expressed an objection to the practice of mass vaccination, because it violated the principle of individual evaluation of a person’s health state before vaccinating.
- Some older women, in contrast to the preceding attitudes, seemed impatient with all the discussion about the danger of vaccines. One woman said emphatically, “Now we have all this nonsense with this democracy—before when everyone got vaccinated and there were no questions asked, we didn’t have these diseases!”

Views of Medical Personnel

Since the government policy until recently had been to follow a long list of contraindications, it was important to find out the level of knowledge among health professionals and their attitudes and personal belief system regarding immunization and diphtheria.

- Medical personnel felt responsible for the health of each individual within their geographical area of service, adhering strongly to the principle, “First do no harm.” This sense of responsibility

encompassed their concern about adverse reactions to or complications from vaccines. Consequently, they preferred delaying a shot and avoiding doing possible harm, rather than risking complications or adverse side effects.

- Some respondents said they agreed with the reduced list of contraindications. One physician remarked that, "It is easier for the young who have been working only a few years to adjust to the new policy. Those who have been working a long time are used to the old policy and it is difficult for them to change."
- Some, expressing the need to treat each person as an individual, had reservations about the new list of contraindications. One said, "I will consider the list, but I will follow my own judgment. Our children are weak, and I will do what I think is right in the individual circumstance."
- Medical personnel often expressed frustration at their heavy workload. They may have as many as 2,300 people for whom they are responsible. This means not only that they monitor their patients' needs for routine care, but that they have to make house calls in the event of illness.
- Some of them would be interested in having the people share some of the responsibility for their own health and would like to know how communications could help increase the public's motivation for maintaining good health.
- When asked how they convince people to get immunized, many repeated their exact words to people. Others referred to their use of persuasive speech. One person said, "We use 'red speech'" (meaning the speech of a skilled orator), and another said, "I become an actor when I talk to people about their health to convince them."

Case Studies: Adults Who Had Close Contact with Someone Who Had Diphtheria

Researchers felt that those who had been close to a case of diphtheria—that is, lived in the same house—might exhibit a change in knowledge about diphtheria and perhaps a change in attitudes about immunization in general and diphtheria specifically. Some of the insights provided by the respondents would be useful in planning effective communication interventions.

- The adult respondents who had been in close contact with someone who had diphtheria generally had an appreciation of the dangerous nature of the disease, although some still held to the belief that they themselves were invulnerable to it. Others felt that they were at high risk of contracting diphtheria. Most of them had subsequently been vaccinated, but some had not. Many of those who did get vaccinated mentioned "fear for my child" as the motivation, those who did not said they either did not have time or had just kept putting it off.
- Even after they had been through the experience of illness, most of these respondents had very little knowledge about the disease, only the occasional person who worked in a health clinic was aware of the concept of being a "carrier."
- Some respondents looked to social and economic conditions in the country to explain the diphtheria epidemic. Others explained that immunity was lower in weak and elderly people during certain unfavorable seasons. Spring was mentioned as the time of year when "the body is especially weakened."

Strengthening Capacity in Public Health Communication for Diphtheria Control

- Some thought that sharing utensils with someone who has diphtheria puts one at risk. Those who frequent public places, use public transport, and come in contact with many people on the job were thought to be at greatest risk. One person said that the risk is high now because people can choose whether or not to be vaccinated, so some do not vaccinate their children. Some were sure that those who became ill did so because they had not been vaccinated.

Case Studies: Children Who Had Diphtheria

The team wanted to talk to some mothers who had been through the terrible experience of their children falling ill with diphtheria. These mothers might have messages for other mothers to encourage them to vaccinate their children and pay more attention to their children's immunization schedule. These women were asked to give a kind of case history of what happened before, while, and after their child was sick and their feelings about the event.

- Children who had diphtheria had had repeated illness followed by delays in getting vaccinated—some for one month and others for up to six months.
- In all cases, the mothers believed in immunization and wanted their children protected through it. All were relieved each time their children were well long enough to receive an immunization.
- Some mothers were wary of the side effects of a vaccine or possible complications from it and were afraid that if their children already happened to feel ill, they would 'feel even worse' as a result of receiving that immunization.
- Some mothers were not afraid of immunization and did not think that their children were too sick to be vaccinated. One even begged the doctor to vaccinate.
- When their children had diphtheria, they were forced to spend time in the hospital ward where diphtheria cases were monitored. Every one of these mothers had a clear idea of the severity of the illness of her child as well as of other children in the ward. Many mothers commented that those children who had received vaccinations were not as sick as those who had not. Most of them would recommend vaccination to other mothers, however, most would trust the doctor's decision about timing.
- After having recovered from diphtheria, all of these children were vaccinated and none of them had any side effects.

Effective Health Messages

When asked what they thought would persuade people to seek immunization against diphtheria, the respondents mentioned two main approaches:

- People should be given straight information about diphtheria, including how it is transmitted and how it can be prevented. People should be reassured of the vaccine's safety and the unlikelihood of adverse side effects.
- People should be scared into seeking immunization by adding a strong emotional content to the health messages—for example, showing hospitalized children and emphasizing the possibility of death and serious complications, such as paralysis.

Some of the specific messages suggested by interviewees were—

- “One dose of diphtheria vaccine may keep you from dying, but you need three doses to avoid getting the illness ”
- “Tell mothers ‘You could lose your most precious asset—your children ’ ”
- “Protect your family and community—get vaccinated so you won’t bring it home to your family ”

Information Dissemination

The following is a list of some of the specific suggestions made by the people who participated in the study about disseminating diphtheria communications to the public

- Use testimony of people who had diphtheria as ads
- Bring experts on radio call-in shows to answer questions about diphtheria and preventive measures against it
- Design attractive television ads modeled on U S commercials for candy
- Run ads during television serials and soap operas to reach women
- Run ads during television news programs to reach men
- Run television ads after 8 00 P M to reach those who work

Conclusions

The public needs and wants correct information on diphtheria as well as about other health issues. Many people would like to assume some of the responsibility for their own health, and many medical personnel would like to share the burden of responsibility with them. However, the public will need to become more informed in order to keep track of their own immunizations. A great deal of faith in the infallibility of medical personnel has been lost through a lack of clear information about the diphtheria epidemic and the vaccine. The fact that the medical community initially recommended one shot of the vaccine for adults and now recommends three has resulted in a general distrust of its ability to safeguard people against disease. In addition, the fact that everyone all over the former Soviet Union remembers the Chervonskaya article attacking immunization published several years ago, suggests that little attempt was made by the medical community to counteract the negative “media campaign.” A positive media campaign could go far to restoring people’s faith in immunization and in the medical community. Health personnel may find it useful to learn how to design and implement their own media campaigns to educate and motivate the public to make healthful decisions for themselves and their families.

In countries such as Russia that formerly had high immunization coverage, the population, including the medical community, tends to forget what the disease looks like and how dangerous it is. Also, adverse reactions and complications become highly visible because of the relative infrequency of disease incidence. Similarly, if the public is highly educated, as is true in Russia and the United States, they are

Strengthening Capacity in Public Health Communication for Diphtheria Control

likely to know about the dangers of mercury to humans and about possible complications from vaccines, which leads to a general tendency to be more concerned about adverse side effects of vaccines than about the danger of the illness itself

Recommendations

Workshop on Communication Strategy Development

Examples of specific messages and strategies that need to be developed and implemented are as follows

- Encourage health workers (both at the national and oblast levels) to conduct their own campaign with correct information about the safety of vaccines. Frankly confronting the negative media campaign initiated by Chervonskaya's article might reassure the public that vaccines are safe, disposable syringes are used, and adverse reactions and complications from vaccines are rare
- Give the public correct information on illnesses and preventive measures, at both local and national levels
- Produce a media spot on diphtheria with correct information, add emotional content to motivate people to complete their second and third doses of diphtheria vaccine

Workshop on Contraindications for Medical Personnel

The data showed a significant level of apprehension about environmental factors, such as pollution—nuclear and other—and their effect on children, who are perceived as somehow inherently weak (along with older people), especially if they are ill. The workshop should utilize these data to emphasize the importance of immunization in disease prevention and offer medical evidence to support the safety of vaccinating sick children—for example, statistics on sick children's reactions to vaccination and on true "adverse reactions." It would also be helpful to review immunization policies in other developed countries. How do they decide whether to vaccinate? How do they deal with the occasional reaction? Other strategies might address setting realistic limits on medical personnel's responsibility (for example, distributing simple take-home immunization schedule cards for adults and children) and discussing the role of well-designed communications in changing health behaviors.

Chapter 4

Strategy Development in Health Communications

Background

Building on the findings and recommendations that came out of formative research conducted in Novgorod and Voronezh, BASICS staff and a sociologist from Moscow University conducted a workshop leading to the design of communication programs in support of the immunization initiatives in the oblasts of Novgorod, Voronezh, and Yekaterinburg. The five-day workshop, called Strategic Development in Health Communications, was held in Moscow 1–5 July 1996 for 18 participants from the three oblasts and from Moscow.

Objectives of the Workshop

- Introduce participants to strategy design principles, including identifying target audiences and behaviors, designing key messages, selecting appropriate communication channels, and identifying evaluation indicators
- Develop communication strategies and implementation plans for Voronezh, Novgorod, and Yekaterinburg oblasts, based on the qualitative data generated through the research workshop and fieldwork conducted in May
- Brief key counterparts and collaborators, including the MOH/MI, the SCSES, and USAID, on the results of the workshop and follow-on communication activities in the three pilot oblasts

Strategy Development

The workshop participants used qualitative data from Novgorod and Voronezh on knowledge, attitudes, and practices related to diphtheria and child immunization to develop specific communication strategies for immunization programs in the pilot oblasts. The analytic and planning activities during the workshop focused on audience segmentation, identification of immunization-related behaviors and attitudes that needed to be addressed through campaign communications, analysis of behavioral constraints and benefits, and the determination of key messages and communication channels. The workshop also provided training in media relations, the design and development of effective print materials, and program evaluation.

As a result of BASICS's meetings with the president of MFY, staff from MFY also participated actively in the workshop. MFY also managed the creative development and production of three television advertisements for the immunization initiatives. The producer of MFY's highly successful polio spot (featured during the national immunization day [NID] campaigns in March–April) presented several research-based advertising concepts for diphtheria and child immunization at the workshop; these were

Strengthening Capacity in Public Health Communication for Diphtheria Control

later revised in light of suggestions made by the workshop participants. The finished spots were approximately 16–20 seconds long.

During the first day of the workshop, one of the Russian sociologists, who had collaborated in the formative research study, presented the findings from Novgorod and Voronezh on knowledge, attitudes and behaviors relevant to diphtheria immunization of adults and children. The results had suggested that the general population in these oblasts had only a superficial knowledge of diphtheria. Respondents were generally favorably disposed toward immunization of children, but the attitudes of adults toward protecting their own health suggested that they were unlikely to take preventive action until directly confronted with the threat of serious illness. (High adult immunization rates in these oblasts were primarily the result of labor-intensive outreach programs, centering on workplaces and other institutional settings and involving elements of coercion, such as withholding the paychecks of workers who had not been vaccinated.)

Before beginning work on strategies and action plans, workshop participants were also briefed by the chief specialist from the MOH Division of Preventive Medicine and from one of BASICS's counterparts in Russia. The Russian specialist provided an update on the current course of the diphtheria epidemic in Russia and described the evolution of MOH policies on diphtheria control. Two points were particularly relevant to the planning activities carried out in the workshop. First, according to national diphtheria-control guidelines, individuals who have received one dose of diphtheria vaccine are to receive a second dose approximately six months later. Second, oblast health authorities are free to adapt and customize MOH recommendations on immunization to their local conditions.

In subsequent discussions with workshop participants, oblast teams made it clear that having achieved coverage rates for diphtheria vaccination of approximately 90 percent in Novgorod, Voronezh, and Yekaterinburg, they planned to focus on second and third doses for adults.

Oblast Communication Plans

During the course of the workshop, the three oblast planning teams developed communication strategies and implementation plans for regional programs promoting (1) a full cycle of diphtheria immunizations for adults (second and third doses) and (2) completion of the full course of childhood immunizations on schedule. The workshop facilitators introduced participants to the basic steps in developing research-based audience analyses, communication strategies, message concepts, and more detailed action plans. The planning groups then independently designed their own communication strategies and plans and presented them to the workshop as a whole for discussion and feedback.

Audience Analysis

Participants identified two primary audiences for their communication programs:

- The adult population, male and female, with special attention to the 30- to 49-year-old segment—primary targets for communications promoting diphtheria immunization
- Mothers of children under 3 years of age—primary targets for communications promoting timely childhood immunizations

Important secondary audiences, including health workers and community opinion leaders, were also identified

Participants reviewed the relevant formative research and identified specific barriers to be addressed through their communication programs. For the adult population, barriers to immunization centered on knowledge and attitudes toward diphtheria and its prevention, although barriers associated more directly with the quality of service delivery were also recognized. More specifically, barriers to adult immunization included the following:

- Misinformation concerning the potential seriousness of diphtheria, exaggerated concerns regarding vaccine safety and quality, and the (mistaken) belief that people in good health are immune from infection
- Poorly motivated service providers, long lines and waiting periods at polyclinics, difficulties with record keeping, and less accessible services in rural areas

The primary barriers to timely childhood immunizations were the following:

- Mothers' generalized belief that the bodies of children are inherently weak and are highly susceptible to negative side effects of immunization if they are ill or show any symptoms of illness
- Little information on vaccine schedules, concerns about the hygienic practices of health workers—particularly regarding contaminated needles—and reliance on traditional prophylactic regimens (“tempering” or strengthening children’s bodies through a variety of traditional practices)

Message Concepts

The planning teams then focused on the benefits of immunization (and the potential consequences of failing to be vaccinated) that could be incorporated into immunization messages. For adults, the primary audience for diphtheria communications, the formative research suggested three key benefits of vaccination (as perceived by this target audience):

- Avoidance of death (by taking the first dose of diphtheria vaccine) and prevention of serious illness and disability (by taking the second and third doses)
- Protecting children and loved ones
- The relative advantages of disease prevention (for example, immunization is easier and less costly than treatment)

The planning groups then developed these key benefits, along with supporting arguments, into a variety of creative message concepts. The intent of this exercise was not so much to develop the concepts that would actually be produced as finished executions, but to introduce participants to a systematic process for developing persuasive messages that directly address specific barriers to immunization and are consistent with broader communication strategies and objectives.

Communication Channels

MFY offered to produce short video spots to supplement the limited television production capacity at the oblast level. Oblast teams were to be responsible for distributing and placing the MFY television spots on local television. The communication teams were also interested in locally produced call-in talk show formats (television and radio), and in generally involving local print and broadcast media in their immunization programs.

In addition, the teams planned to explore the distribution of child immunization schedules and other vaccine information through manufacturers and retailers who market to mothers and families, including toy and baby food manufacturers and shops selling maternity and infant clothing. Printed materials—brochures and posters—were considered for distribution through polyclinics and other health service outlets, workplaces, schools, and other venues. Outdoor advertising, particularly transit cards for buses and trolleys, were also considered, especially if free placement could be obtained through the influence of local governments.

The planned launch date for television advertising and supporting communication elements was 1 September 1996, set to coincide with the end of summer vacation and the beginning of school, with some preparatory communication activities taking place in the latter part of August. BASICS was to help finalize action plans, settle on budgets, and review financial management procedures with oblast coordinators and counterparts in mid-August. (See Chapter 5 for details of the actual campaigns.)

Polio NIDs in Russia

BASICS was able to successfully use an opportunity to demonstrate the value of modern health communications when it helped develop the communications component of Russia's national immunization days (NIDs) against polio. In cooperation with the ministry's press service, Medicine for You, BASICS created a series of public service announcements promoting the NIDs. It also negotiated free air time on national television—the first time such collaboration between the ministry and the media had ever occurred. In addition, BASICS produced guides for regional health officials suggesting ways of working with the media and mobilizing other support for the NIDs. The television spots, seen throughout Russia and in neighboring countries of the former Soviet Union, were credited with helping to achieve coverage rates exceeding 90 percent of children under the age of 3 years during the campaign.

Feedback on the Polio NID Campaign

Workshop participants testified to the effectiveness of the polio media campaign, which had been conducted earlier in the year with BASICS technical assistance. They all had seen the video spots on television several times. Several noted that “whatever we produce, we want it to be like the polio campaign.” MOH's press service reported that the campaign brought the message to parents so frequently that people “were even getting tired of polio.” As a result of the PSAs, children reportedly insisted that their parents take them to get vaccinated.

The campaign, the first mass media public health campaign in Russia to have space donated by major television networks, is seen as a model for health communications. Its success has significantly elevated the prestige of MFY as a “can do” organization in the public health communications field. The success of the campaign has also contributed to the ministry's acknowledgment (as the MOH representative had observed at the workshop) that the IEC methodologies introduced by BASICS should be more widely integrated into the Russian public health system.

Chapter 5

Diphtheria Communication Campaigns in Novgorod, Voronezh, and Yekaterinburg

Background

The communication campaigns, begun at the strategy development workshop in July, were finalized by the regional teams, representatives from Moscow, and BASICS in time for implementation in September 1996 (See Chapter 4) The collaborative work on these diphtheria information campaigns was an important vehicle that allowed BASICS to demonstrate the whole process of strategic planning, formative research, design, and impact evaluation with a clear emphasis on learning by doing

The final plans had incorporated several key message points

- Diphtheria is dangerous, but it is preventable through vaccination
- The vaccine is safe and effective
- Individuals are responsible for being sufficiently vaccinated (second and third doses offer complete protection) and should consult their doctor about their vaccination status

These key points had been used by MFY to create four television PSAs in Moscow Three of the PSAs focused on adult immunization, emphasizing the diphtheria immunization messages noted above, the fourth PSA targeted mothers and focused on the timely completion of the full childhood immunization The PSAs were pretested and refinements were incorporated in the final versions, which were then handed over to the regional teams for local broadcasting The teams had also developed campaign printed materials and schedules for their release and distribution based on local resources, customs, and events All materials were pretested and refined

Campaign Activities

Novgorod

19 September A 40-minute roundtable discussion with the director of the Institute of Pediatrics Academy of Medical Sciences, and other specialists on childhood immunization was shown on the oblast television station Slaviya

23 September Forty thousand leaflets, encouraging compliance with the complete schedule of diphtheria vaccinations, were sent to all city polyclinics for distribution to the targeted population (adults 40–59 years) Additionally, 35,000 leaflets directed at mothers and encouraging childhood immunization were sent out the same day These leaflets were pretested, according to Boris Fishman, first deputy chief doctor at the Center for Preventive Medicine and Rehabilitation, Novgorod, design changes were then made to reflect the results of the pretest Fishman planned door-to-door distribution of leaflets in the western portion of Novgorod City because it had a large number of noncompliant adults

Strengthening Capacity in Public Health Communication for Diphtheria Control

7 October Posters encouraging adults to get vaccinated against diphtheria were hung inside all city buses, where they remained until 7 November

Voronezh

Adults aged 40–59 years were selected as the target population for the diphtheria information campaign in this oblast. The communication intervention began 16 August and ran until 10 October on electronic media.

19 August A roundtable discussion on diphtheria and the need for adult vaccination was aired on radio.

20 August The chief epidemiologist of Voronezh Oblast aired a radio program on the dangers of diphtheria.

Late August An article appeared in the local newspaper *Maiyo* describing a diphtheria fatality and stressing the need for compliance with the complete schedule of vaccinations.

16 September–10 October MFY video spots promoting diphtheria vaccination among adults and timely immunization of infants were shown twice weekly on oblast television just before the popular television soap opera *Santa Barbara*.

20 September An article appeared in *Voronezhskii Kurier* (a local newspaper) about diphtheria and the cooperative efforts being undertaken by the Center for Preventive Medicine and BASICS.

7 October A program exclusively devoted to diphtheria was shown on oblast television. Segments included a report from an infectious disease hospital with diphtheria patients, an interview with a woman who had diphtheria, and a roundtable discussion with specialists.

23 October A central line trolleybus began carrying large transit cards with painted campaign messages.

In addition, 20,000 pretested leaflets encouraging diphtheria vaccinations and explaining the process were printed and distributed to polyclinics. Fifty thousand pretested childhood immunization calendars were printed and distributed to polyclinics. A local toy manufacturer agreed to include the leaflets in its packaging.

Yekaterinburg

The target population for adult diphtheria vaccination in this oblast consisted of individuals aged 30–59 years (in Voronezh and Novgorod, the target was 40–59 years). The communications intervention campaign began 12 September and continued until the end of December. The activities in Yekaterinburg also were extended to neighboring Sverdlovsk Oblast.

12 September A program called “What We Know about Diphtheria” was shown on a Yekaterinburg local television station, Channel 4, during the morning news show. The broadcast included on-the-street interviews, a short report on diphtheria, and a report on the diphtheria unit of Yekaterinburg Hospital Number 40.

Diphtheria Communication Campaigns

14 and 18 September A short program called “Mothers, Don’t Be Afraid of Diphtheria Vaccination” was shown on a local television station ASV. The broadcast included information on the diphtheria situation in the oblast, followed by the four MFY video spots.

19 September An informational segment on diphtheria was broadcast during a regular program called “Today and Now” on radio station SGTRK. Information from the 12 September television program also was included.

23 September A program on the dangers of diphtheria and the need for multiple doses of the vaccine was broadcast on Radio Yekaterinburg. It encouraged the population to verify their vaccination status and included an interview with oblast health staff.

9 October All four MFY video spots were broadcast on local television station STK-24.

10 October A health program about diphtheria called “More on Diphtheria” was shown on Channel 4. The broadcast included an interview with a diphtheria patient, information about the disease, and the importance of the required three doses for adults.

15 October The local television station in the oblast city of Rezh began running the MFY video spots several times a week, as well as showing an interview with the senior oblast physician on the need to be vaccinated against diphtheria.

16 October An interview with a woman who had diphtheria but misidentified it as a case of angina was aired on Radio Yekaterinburg to help alert the audience to the symptoms of diphtheria and the need for immunization.

18 October The local television station in the oblast city of Asbest began running the MFY video spots several times a week, as well as showing an interview with the senior oblast physician on the need to be vaccinated against diphtheria.

26 and 29 October ASV television broadcast a program on the current diphtheria situation, encouraging vaccinations and showing the MFY campaign spots.

28 October The 14 September program from Yekaterinburg was rebroadcast on other local oblast stations, both radio and television.

29 October BASICS staff was interviewed on radio STK-24 regarding the diphtheria information campaign and its work with the Center for Preventive Medicine for a future broadcast.

In addition, local television station ASV broadcast all four MFY video spots three times during the month, encouraging adult diphtheria vaccinations and timely childhood immunization. During November and December, the Center for Preventive Medicine produced leaflets, posters, and plastic shopping bags with diphtheria messages and distributed them throughout the oblast. A printed diphtheria vaccination reminder was handed to mothers at milk distribution points.

Conclusions

Although all three oblasts had ongoing diphtheria communication programs, the research-based modern communication methodology introduced by BASICS significantly strengthened the regional immunization efforts. Federal-level participation in these regional programs was an important step toward forging more permanent alliances at various levels of the Russian health system.

Chapter 6

Seminar on Balancing Science and Practice for Childhood Immunization in Russia and the United States

Background

Data from qualitative research had highlighted a number of obstacles to optimal immunization coverage in Russia. Several barriers on the demand side had been identified—specifically, misinformation among adults concerning the continued risk and potential seriousness of diphtheria, distrust of health professionals and of the safety and quality of vaccines, and myths about immunity itself. On the supply side, many Russian physicians failed to vaccinate the population by observing an outdated and long list of contraindications. This was an important issue that needed to be addressed if the diphtheria control efforts were to succeed. The strategy devised by BASICS and its Russian partners therefore included an attempt to influence physician practices by providing information to reform medical education pertaining to immunization.

A three-day seminar was organized by BASICS and the MOH/MI and co-sponsored by the Russian Academy of Medical Sciences, WHO, and the CDC. The American Academy of Pediatrics donated 100 copies of the *Red Book* (the Report of the Committee on Infectious Diseases, 1994) as its in-kind contribution. The seminar was conducted 17–19 September 1996 in Novgorod. The 40 participants at the seminar included medical faculty responsible for training pediatricians at medical colleges and postgraduate training institutes throughout Russia, operational staff responsible for immunization services from three target oblasts (Novgorod, Voronezh, and Vladimir), and senior staff from the MOH/MI in Moscow.

The seminar exposed medical faculty to recent developments in the safety and efficacy of immunization. The objective was to encourage practical operational solutions to problems shared by the United States and Russia by introducing practical tools and materials such as modern curricula, lists of true and false contraindications, recommendations from international bodies, and policies and standards in the United States. The seminar also provided the opportunity for reviewing options to ensure effective implementation of shortened lists of contraindications and forging links between domestic and external health bodies.

A variety of products and practical tools were developed and distributed to the participants and facilitators in Russian and English, as appropriate. After the seminar, these materials were widely distributed throughout Russia by the ministry.

The seminar, which attracted top international and Russian experts in the field of immunization, influenced future immunization policies, practices, and teaching in Russia and has become a model for similar seminars in the New Independent States, as well as in other more developed parts of the world.

Strengthening Capacity in Public Health Communication for Diphtheria Control

A one-day conference to introduce recent developments in immunization to operational staff from throughout Novgorod Oblast followed the event

Objectives of the Seminar

- Ensure that medical faculty responsible for preservice and in-service training of pediatricians are exposed to recent developments on the safety and efficacy of immunization
- Encourage an exchange of views—as well as of practical operational solutions—regarding problems shared by the United States and Russia
- Introduce practical tools and materials, including curricula, lists of true and false contraindications, recommendations from international bodies, and policies and standards in the United States
- Review options to ensure effective implementation of shortened lists of contraindications
- Forge links between domestic and external health bodies

Desired Outcomes

- Develop a series of products from the seminar for distribution to medical colleges, postgraduate medical training centers, and oblast health staff
- Identify approaches to increasing timely child immunization coverage

Participants

The mix of participants—academic faculty responsible for training medical students and pediatricians at medical colleges and postgraduate training institutes, operational staff responsible for implementing and administering immunization and disease control programs—resulted in a rich exchange of experience and diverse perspectives. The titles of the registered participants indicated that there were 14 pediatricians, 8 epidemiologists, and 8 infectious disease specialists or immunologists, the specialities of 2 others were not determined.

As recorded on the evaluation form at the end of the seminar, the self-described positions of these 32 respondents and of some additional participants from Novgorod Oblast were as follows: 14 administrators, 9 pediatric faculty, 5 communicable disease faculty, 2 operational pediatricians, 5 operational epidemiologists, and 6 classified as “other.” It was clear that many of the participants wore several hats, including academic affiliations, as well as appointments in the health services. Of the 32 registered participants, 15 listed academic affiliations. The operational staff typically included the chief pediatrician, the chief epidemiologist, and the director of maternal and child health at the oblast level.

The participants from the Russian Federation came from Moscow, St. Petersburg, Nizhny Novgorod, Yekaterinburg, Kazan, Saratov, Krasnodar, Kursk, Orenburg, Izhevsk, Vladivostok, Vladimir, Voronezh, and Novgorod. Despite invitations from the MOH/MI, no participants came from Rostov, Khabarovsk, Omsk, Perm, Novosibirsk, Irkutsk, Bashkiriya, or Krasnoyarsk. The participants from Moldova and from each of the five Central Asian Republics were pediatricians—four of them were the chief pediatricians of their republics. While the MOH/MI issued the invitations, travel costs for all participants from the Russian Federation were the responsibility of the individual institutions and oblast administrations. BASICS covered the travel costs for the participants from Moldova and the Central Asian Republics.

Because the seminar was held in Novgorod Oblast, the opportunity was taken to invite eight additional staff from Novgorod to be participants, as well as approximately 15 staff from Novgorod as observers. In total, there were 40 participants and 15 observers.

The seminar agenda concentrated on vaccine safety and efficacy, postvaccination complications, true and false medical contraindications to immunization, and overcoming negative attitudes toward immunization.

Process

The seminar was opened by the vice governor of Novgorod Oblast. Opening remarks were given by various sponsors of the seminar, including the MOH/MI, WHO/Europe, the Russian Academy of Medical Sciences, USAID/Moscow, and the CDC. The seminar was co-chaired by the deputy chairman of the health committee and the immunization specialist from BASICS. The co-chair from BASICS presented an overview of the seminar on the opening day.

The first day consisted of lectures in plenary session by international and Russian experts, each lecture was followed by ample time for questions and discussions. The second and third days consisted of a combination of lectures, case histories, videos, and practical exercises in working groups (which had a mix of academicians and operational staff), and reports from the working groups in plenary sessions.

As a rule, the working group discussions were conducted entirely in Russian so as not to slow down or interfere with the dynamic exchange of ideas. Non-Russian speakers followed the discussions with the help of interpreters sitting beside them. At least two facilitators were assigned to each of the working groups. The participants themselves chose one of the two working group topics in which to participate for each session.

Proceedings

A seminar folder containing written versions of all the presentations in each language as appropriate was handed out to each participant and facilitator. For the most part, these written presentations consisted of an abstract followed by a more complete narrative, including any tables and graphs, as well as paper copies of the slides used for the presentations. The folders also contained 30 key documents translated into Russian—guidelines and policies, practical tools, and supporting documents. These documents, primarily from the American Academy of Pediatrics (AAP), the CDC, WHO, academic journals, and various states and counties in the United States, were selected especially to satisfy the need for

Strengthening Capacity in Public Health Communication for Diphtheria Control

information in Russia on vaccine safety, postvaccination complications, contraindications, and screening tools (see Appendix B for a list of these documents)

Topic 1 of the first working group session on 18 September was a review of two case histories of children who contracted diphtheria in 1994 in Novgorod Oblast and who had not received the third dose of diphtheria, pertussis, and tetanus vaccine (DPT). A great deal of discussion was inspired by the many missed opportunities for immunization, including valid and invalid medical contraindications.

On the second day, a video produced by the Immunization Branch of the California Department of Health and Human Services, with technical input from the CDC, was shown and a translated script was narrated. The participants found it to be an excellent tool for training medical staff. Predictably, the consensus was that the video would not be appropriate in Russia without extensive adaptation because of differences in the immunization calendar and health services delivery. Sections of the video on missed opportunities and contraindications were deemed particularly relevant, with suitable modifications. The script for this video was included in the folder given to the participants.

Evaluation of the Seminar

An evaluation form in both English and Russian was handed out on the afternoon of the last day of the seminar. Overall, 57 percent rated the seminar “excellent” and another 33 percent rated it “very good.” Nearly all the respondents (over 90 percent) stated their intention to use the materials provided to them in their practical work and for training. Some specifically intended to disseminate them in their regions in an effort to reduce contraindications. They rated the materials as the most useful part of the seminar, followed by the plenary presentations, working groups, and plenary discussions. Fifty-five percent of the participants found the training methods conducive to learning. Eighty-two percent of the participants (including 89 percent of the pediatric faculty) *strongly* agreed with the statement, “Overall, the materials in the folders are appropriate,” and the remaining 18 percent agreed with it. Sixty-six percent of the participants (including 89 percent of the pediatric faculty) strongly agreed with the statement, “I think that these materials are relevant to the work that I do,” and the remaining 34 percent agreed with it. By far, the most frequent response to the question, “Do you intend to introduce any ideas, materials, or methods from the seminar into your work, and if so, what?” was “To change the list of contraindications.”

The answers to the open-ended questions yielded material that can be used to inform and tailor future seminars. The organizers were satisfied that the seminar met an evident need for current information.

Media Coverage and Dissemination of Results

The Russian organizer in Novgorod Oblast was extremely active in arranging media coverage before, during, and after the seminar. A press release in Russian was issued by the Novgorod health committee before the seminar began, and a press kit for journalists was assembled in Russian by BASICS staff. It included the following components:

- Press release
- Short description of the seminar
- Seminar agenda
- List of facilitators
- Biographical data on Russian and international facilitators
- BASICS Russia program profile
- USAID and the BASICS profiles
- BASICS approach to immunization
- Abstracts or complete narrative for each presentation
- List of materials in Russian distributed at the seminar

Mass media coverage during the seminar included the following

14 September A 15-minute live interview with Russian and U S specialists about the upcoming seminar was shown during the morning breakfast program on the Novgorod oblast television station Slaviya, which is said to be watched by 92 percent of the population in the oblast

17–26 September Interviews with most of the Russian and international facilitators were aired on a local radio station three times daily

19 September The program “Business Air” on Slaviya television broadcast a live 40-minute discussion at 6 15 p m with Russian and U S experts The script for the discussion was translated into Russian and was used to brief the program’s moderator, but it was not otherwise followed up

19 September A 10-minute live interview with a Russian and a U S specialist on the results of the seminar was shown during the morning breakfast program on the Novgorod television station Slaviya

In addition, the press release prepared by the health committee and issued by the press center of the oblast administration was carried on the Internet by the Moscow office of the Itar Tass television news service Dissemination of results continued after the seminar—

- Video tapes of the live 40-minute discussion were reproduced and provided to health officials in Moscow, Moldova, and the five Central Asian Republics
- *Meditsinskaya Gazeta*, a medical newsletter (number 96, 4 December 1996), printed a lengthy article by a professor from the Russian Academy of Medical Sciences on the results of the seminar This newsletter has a circulation of several tens of thousands throughout Russia and the Central

Strengthening Capacity in Public Health Communication for Diphtheria Control

Asian Republics BASICS distributed the article to health ministry colleagues in Moldova and the New Independent States

- A paper was presented by BASICS and the CDC in Detroit to the 1997 National Immunization Program Conference, sponsored by the CDC
- An information cable on the seminar was sent by USAID/Moscow to each embassy in the New Independent States and to Washington
- Conclusions of the seminar were shared with MOH/MI officials in Novgorod and Moscow
- MOH/MI distributed the seminar materials to each medical school and postgraduate training institute throughout Russia with a cover letter introducing the materials
- Moldova, Kazakhstan, Kyrgyzstan, and Uzbekistan also disseminated the seminar materials to their medical faculty to influence future teaching on immunization in these states

Conclusions

The three days of presentations and discussions led to a general consensus among the participants on some important issues. For instance, participants agreed that the United States and Russia share many of the same problems, including how to sustain high immunization coverage when the incidence of disease is low. Once doctors and the public become complacent, preventable serious diseases predictably return—as with measles in 1989–1991 in the United States and diphtheria since 1989 throughout Russia. While negative mass media about immunization has contributed to poor attitudes on the part of providers and the public, the diphtheria epidemic—100,000 cases in five years—has been a wake-up call for many providers. Participants also agreed that immunization is safe and that effective and serious reactions are extremely rare. Certainly, the risk of not immunizing children and thereby leaving them exposed to preventable diseases is thousands of times greater than the risk from vaccines.

Although the official list of contraindications in Russia was simplified, clarified, and shortened in 1993, it is more conservative than in the United States and compliance is not considered to be high. It was noted that Russian pediatricians see their role as protecting children from adverse effects of vaccinations according to the principle of “first do no harm.” In Russia, pediatric immunization coverage against diphtheria and tetanus is 15 percent less than against pertussis (and up to 30 percent less in some areas of the country), because DT is widely used in place of DPT for the primary series of vaccination. This disparity was seen as illustrative of continuing high levels of false contraindications and the threat of a pertussis epidemic. The participants generally agreed that the scientific basis upon which immunization policies and strategies are formulated in the United States and other developed countries (for example, rates of postvaccination complications, true and false medical contraindications, and methods for overcoming negative attitudes toward immunization) is sound.

Although this was not a policy-setting meeting and the seminar was not planned to produce recommendations, there were some important conclusions.

- Bringing together operational staff with professors from medical institutes was an excellent idea, since academic faculty are not familiar with public health approaches and strategies being pursued by public health bodies. A better partnership is needed between pediatricians and epidemiologists.
- Medical staff and academic faculty want to have greater access to the world's scientific literature concerning immunization.
- There is a profound need for more training materials, articles, and books for health workers on vaccine safety, side effects, and contraindications rather than relying exclusively on official decrees for this information. Health staff want official lists of contraindications and rules for simultaneous immunization to be widely disseminated, vaccine inserts are outdated and contradict new recommendations.
- There is a need to base immunization policies on scientific evidence and not on unfounded myths (In the United States, at-risk children are targeted for vaccination, while in Russia, only healthy children are targeted.)
- Professional medical associations (for example, pediatric societies) and expert councils need to participate with the MOH/MI in formulating immunization policies. Participants were intrigued by how pluralistic societies formulate policies through a continuous dialogue between medical disciplines and between the public and private sectors, with inputs from professional associations and other stakeholders.
- The Russian government needs to put a greater advocacy effort into publicizing the need for and importance of immunization, the public needs attractive advocacy materials.
- The media have an important role and social responsibility in presenting the true facts about immunization. The media also need to use more modern and persuasive methods to inform, educate, and communicate with the public and providers about the importance, safety, and effectiveness of immunization and the danger of reemerging infectious diseases.
- Providers need more incentives and fewer disincentives. People need to take greater responsibility for their own health. Some pediatricians want a vaccine injury compensation plan for their own protection.
- Better training on immunization is needed for nurses and "narrow" specialists (for example, neurologists, ear, nose, and throat specialists, and others who have an important role to play when vaccinating children with chronic conditions).
- A uniform curriculum for teaching immunization is needed at the undergraduate and postgraduate levels (at present, it is often taught differently by different departments within the same medical institute).
- Vaccinations need to be covered as a "prophylactic tariff" by the State Medical Insurance Organization to ensure proper financing of these activities.
- Vaccination cards need to be given to parents.

Strengthening Capacity in Public Health Communication for Diphtheria Control

- Surveillance of adverse effects of vaccinations is poorly conducted through fear of reporting, lack of clinical criteria, insufficient contacts between clinicians and epidemiologists, and lack of enforcement
- A management information system for immunization and modern methods of monitoring, recording, and feedback may in themselves constitute powerful interventions. In Kyrgyzstan, for example, the percentage of children contraindicated for DPT in a test district fell from 35 percent to 5 percent within six months after BASICS established a management information system. This intervention was similar in nature to the assessment, feedback, integration, and exchange process in use at U S public health clinics and some private practices.

Finally, it is important to note that the seminar was a modest investment with a potentially large impact on future immunization policies, teaching, and practice in Russia and the New Independent States.

Chapter 7

Development of a Russian MOH Web Site

Background

One of the objectives of the pilot oblast-based programs was to report program results to a wide audience of health professionals. However, there was no mechanism within the MOH to disseminate these results because of financial constraints and structural limitations. The MOH is highly decentralized, divided into discrete vertically organized departments that report directly to the minister. These departments communicate within themselves, but rarely with others. However, many public health issues cut across departmental lines and require collaboration, particularly during communication initiatives. During NIDs for polio and later for diphtheria (two high-profile disease control problems in 1995 and 1996), BASICS witnessed firsthand that when collaboration was required, extraordinary efforts were made to ensure the communication of high-priority public health messages or bulletins throughout the public health system, however, there simply was no system for disseminating routine public health communications.

Considering the rapid development of Internet technology in Russia and its use even in the remotest regions of the country, BASICS decided to explore the possibility of an Internet-based system for communicating medical information within the MOH.

Situation Overview

Need for Medical Information in Russia

As with other disciplines, medical advances in the Soviet Union developed in isolation from the West. However, even Russian medical advances are no longer being communicated to physicians and epidemiologists, let alone advances made in the rest of the world. Funding restrictions have severely curtailed the dissemination of medical information, while doctors are trained with old textbooks, operate with outdated techniques, and have yet to benefit from the wealth of medical advances made by other industrialized countries.

Previously, research institutes had large budgets for publishing and disseminating their research findings throughout the Russian health system. Administrators at federal and oblast levels would also widely and routinely disseminate advisory and information bulletins. Now, because of the scarcity of funds for both researchers and publications, such routine communications are constrained, with little information on preventive medicine being transmitted to the health community. Dissemination budgets are first spent on sending out official decrees with a mainly curative focus, while routine medical updates seldom reach the national audience.

New information plays an important role in forming policies and influencing practices in any system—changes in policy and practice rarely happen without it. One recent example in Kazakhstan illustrates this point. In 1995, BASICS sponsored a seminar in Almaty to present new information regarding vaccine safety and medical contraindications as supported by international experts (see Chapter 6). As a result, 20 medically unsupportable reasons for not immunizing a child were removed from the

Strengthening Capacity in Public Health Communication for Diphtheria Control

official list, greatly increasing the probability of timely childhood vaccinations. Further, the actual number of vaccinations needed to fully immunize a child without sacrificing protection was reduced from 14 to 9, again decreasing the cost of immunizing each child. Information alone cannot solve a country's problems, but it can go far in influencing the decisionmaking process regarding the health of its population.

The Russian government, recognizing the need for a consistent, enforceable health policy, formed a committee of ministers who identified the need for establishing a unified information dissemination system as one key factor that would greatly reinforce current health policies. Given the structure of the Russian public health system, it would be essential for such an information network to have the capacity to reach community-level health workers. Briefly, the health system is organized into polyclinics and feldsher obstetric posts, health facilities that serve a community within a defined geographic area. As such, the polyclinic or feldsher obstetric post serves the same community members from birth to death. Health workers develop a guardianlike relationship with the members of their community—they make routine house calls to provide health care and disseminate information on a current medical issue or concern relevant to the individuals. As end users of medical information, these practitioners are the ones who need routine access to updated medical information to serve their communities.

As matters stood, many departments of the MOH were using computers and e-mail, and some even had access to the Internet. In May 1996, BASICS began discussions with MFY, the press service of the MOH, regarding the establishment of a Web site that would serve as a hub for Russian-language medical information. The information would be accessible to all departments of the MOH, as well as to the public. At that time, it was determined that MFY had the requisite capacity, commitment, and political support to create, maintain, and, over time, improve such a system.

Partnership for Establishing Electronic Communications Capacity

MFY, a unique, quasi-private organization, not only serves the MOH as a press office and media production center, but it also operates a pharmaceutical database, providing information on the availability of a variety of products to a limited network of subscribers. Legally organized into 15 companies, which often interact as divisions of one company, the MFY companies of interest to BASICS were the press service for the minister of health and the nonprofit organization, "Medicine for You." These two company structures overlap in that they comprise many of the same individuals who one day do the direct publicity work of the ministry and the next day produce standard programming to provide medical news and information directed by the mandates of the nonprofit organization.

Press Service to the MOH

A governmental organization directed by the minister of health, the press service is essentially a board of representatives—six from the MOH and two from the SCSES—appointed by the minister, who also serves as its chair. The service directs the media coverage of current health-related events, particularly those favorably showcasing the minister's agenda and accomplishments. As needed, the service can also direct the services of any division of the nonprofit MFY.

Medicine for You

This nonprofit organization is part of the MOH and works directly for the minister. As such, all its programming must be consistent with Russia's health policies. MFY's mandate is to serve as an information service to promote both healthy lifestyles through various media—radio, television, print, and advertising—and other medical information services, such as listings of pharmacy shelf stock and

prices and a 24-hour telephone hot line for the general public and polyclinic doctors. The president and owner of MFY described the relationship in these words: “At Medicine for You, the minister is the chief and we are the owners.”

With a staff of approximately 250, MFY comprises six divisions: television production, radio production, print media production, advertising, information dissemination, and the 24-hour Moscow Hotline. The company is organized on cluster management principles. There are several interdivisional clusters that are responsible for different products in the division’s lineup. Two intradivision clusters—the United Creative Group, which directs the creative products of each medium, and the advisory cluster to the information dissemination department, which archives published stories and information on the database—essentially influence every MFY product. These two clusters must work closely with the minister’s office to ensure that their products are consistent with current health policies and are medically accurate.

Information Dissemination Division

This division archives the stories and programs released on MFY media channels—from family planning to dermatology to immunization to privatization of medicine—in a computer database. The information is then made available by e-mail to a subscriber base of 2,000. A creative group of 10 works closely with the editorial boards of the television, radio, and journal divisions and with the staff of the MOH press center to adapt reported medical information and health news stories to the standard archive format, making it available to the database subscribers. A staff of 30 technicians maintains this network, interfacing with users and researching queries as needed.

The information service was actually the first venture of MFY. Initially, when Western drugs were made available to the Russian public, the staff of MFY would monitor pharmacy stocks throughout Moscow and report by telephone to the public the location and prices of drugs available. They kept the information on a database, and after getting an e-mail connection, they were able to answer e-mail queries sent by doctors and the public about pharmacy stocks and pharmaceutical products, thereby providing information to other regions. To build their subscriber base, they offered initial free access to their e-mail carrier, continuing subscribers were later “graduated” to a pay schedule.

Quick to see the value of broader applications of electronic information dissemination to the ministry, MFY formed a partnership with BASICS to establish a site on the World Wide Web. At the time of BASICS’s collaboration with the Internet project, MFY’s priority was to increase both its information and its user bases. Barriers to the desired expansion were the limits of their servers (64 kilobytes, serving approximately 1,000 users simultaneously), the speed of their cable (currently four-wire telephone cable), their noncommercial software (UNIX-3BSD), which they were having to use because of phone wire restrictions, and the speed of their database management system, which limited their information management ability and therefore the volume of electronic information. From these priorities, it was clear to BASICS that upgrading to the World Wide Web and creating a network within the oblast-level public health administrations would be a natural extension of MFY’s current capacity.

In April 1996, MFY presented a proposal (to the ministerial subcommittee charged with improving health information dissemination) that MFY—given its current resources, media products, and relationship to the MOH—manage a unified national health communications program. The proposal did not include the provision of a Web page containing the latest medical information, however, after discussions with BASICS, and considering the possibilities that the Internet offers for reinforcing information

Strengthening Capacity in Public Health Communication for Diphtheria Control

dissemination, MFY recognized that its e-mail program, when upgraded to the Web was an important element in the plan for a united information system. A Web-based information dissemination system at MFY has the potential to become the official channel for the MOH—as well as for other health policy-related ministries—for dissemination of information to the oblasts.

Development of MFY Web Site

The Web site was developed over the course of three months and officially opened in December 1996. The MOH can now post information in many formats that the entire country can access through the Internet. Rather than print a 2- or 20-page document thousands of times and mail it to all 89 oblasts, a document can be posted on the site and read in every oblast. Documents are catalogued on one page and can be accessed like individual files according to the need of the user—a format called an on-line database. And, unlike with e-mail, documents can contain graphs and images that are particularly important in illustrating health data or treatment techniques.

The Web site provides information ranging from ministerial decrees to extensive professional articles to bulletins on recent medical developments in other parts of the world. Examples include the following:

- A database of recent scientific articles from medical newspapers and journal
- Information on new drugs and their registration status
- Serial numbers of drugs that have passed quality controls
- Official decrees of the MOH, the federal government, and the Mayor of Moscow
- Availability and prices of drugs in Moscow pharmacies
- International health documents
- Information on health communication strategies and materials
- Information on the MOH

A section on health communications highlights the results of the communication campaigns conducted under the BASICS program. The site also has connections to the Web sites of over 50 international health organizations. Presently, plans are under way to establish a system for routinely posting information from the MOH's departments of sanitation and epidemiology and health information and statistics.

BASICS and the deputy minister of health made a presentation about the Web site to senior health officials, the international community, and representatives from the private sector as well as from the MOH. It has generated interest in continuing to create a comprehensive Internet dissemination system within the ministry. The presentation brought together MOH departments whose collaboration is key to an Internet-based information dissemination system and who previously had reservations about collaborating with one another. Presentations by representatives of the ministry and MFY focused on the

need and value of a comprehensive information dissemination system for health professionals across Russia they showed the actual Web site on a large screen so the audience could see the breadth and depth of the information presented The audience was invited to continue the work that BASICS and MFY have begun namely to work together to enhance the information on the Web site and to take responsibility for the aspects of an Internet-based system for communicating medical information within the ministry however this remains to be realized Future needs of the information system call for connecting oblast health administrations to the Internet, increasing computer skills within the MOH and establishing sustainable sources of funding within the government to keep the system operational

Meetings and telephone conversations with the MOH, nongovernmental organizations, the U S Embassy, and international donors made clear that no existing USAID programs have the mandate or budget that would allow USAID to continue to work with the MOH to build this system Interest in collaboration, however was high, as was enthusiasm for the goals of the project BASICS advocacy efforts continued, with presentations made at donor agencies in Washington and to senior officials at USAID Given the strategic interest of the state Duma and the current minister of health it is clear that the development of the system will continue regardless of future donor funding however, the rate of development and the application of state-of-the-art technology will be much slower without donor assistance

Conclusions

Individual Russian health workers can be a powerful force for improving the nation's health status, but only if they have access to pertinent information Data from other countries with longer life expectancies or with disease control programs that have kept epidemics at bay can help Russian health workers with their own problem solving, just as importantly, Russian health workers can learn from the mistakes of others The introduction of open lines of worldwide communication to the health sector in Russia is essential for this effort Information sharing also serves to break down the wall of isolation originally created by a totalitarian regime and currently kept in place by infrastructure barriers While BASICS has been actively involved in initiating this project, its counterparts and donor organizations must continue the second stage of this activity ensuring comprehensive Internet connectivity and use in Russia's health sector

Chapter 8

Role of Health Communications in Russia's Diphtheria Immunization Program: An Evaluation Report

Background

Two months into the oblast communication program on diphtheria, a tracking study¹ was carried out in Novgorod as planned to assess the program's impact. BASICS's work with its partners in diphtheria information campaigns had been conducted primarily at the oblast level, where, in Russia's increasingly decentralized health system, diphtheria and other disease control programs are now managed and financed. From May to December 1996, joint teams in the three project oblasts had conducted formative audience research, designed message concepts, and developed communication strategies and media plans. With modest financial support from BASICS (under \$10,000 per oblast) and matching oblast funds, the teams then implemented their own communication programs.

The actual communication activities were implemented in Novgorod City, Voronezh Oblast, and the city of Yekaterinburg (see Chapter 5). Although some communication support was given to childhood immunization programs, city- and oblast-level activities concentrated on adult immunization. The emphasis was on using local media, especially radio and television, to inform adults of the need for second and third doses of tetanus-diphtheria (Td) vaccine and to positively influence their more general attitudes toward diphtheria vaccination.

As mentioned elsewhere in the document, Russia's public health authorities had achieved impressive increases in diphtheria vaccination coverage from 1993–96 through an aggressive program of mass immunization. However, the gains were beginning to falter by mid-1996 because of various unfavorable economic and social factors and general public skepticism toward state-imposed programs. Russian health-system managers needed to learn modern consumer-based social marketing approaches to motivate individuals and communities to take greater responsibility for their own health.

Although it is true that the United States has never successfully mounted the kind of mass adult immunization program that has characterized the Russian response to the diphtheria epidemic, public health programs in the United States *have* made successful use of marketing communications to promote protective health behaviors and influence service utilization. BASICS counterparts in the ministry and allied agencies in Moscow early on had expressed considerable interest in using these kinds of marketing strategies and communication tools to support diphtheria immunization programs in Russia.

¹ This chapter is based on an article describing the study which has been submitted for publication to the *Journal of Infectious Diseases* by Robert W. Porter, Robert Steinglass, Paul Olkhovsky, Mark Rasmuson, Fatima A. Djadoeva, Boris B. Fishman, and Vera Bragina.

Diphtheria Communications

Data from formative research conducted in three pilot oblasts by BASICS technical staff and regional public health teams in May and June 1996 were used to develop specific communication strategies for immunization campaigns. The campaign addressed key messages about the danger of diphtheria, the safety and effectiveness of the vaccine, and the need for individuals to take responsibility for being sufficiently vaccinated (second and third doses offer complete protection). These messages were incorporated into a variety of media products: television and radio PSAs, print ads, posters, leaflets, and transit cards.

Evaluation

Information to guide program design and assess performance had come from both oblast health information systems and rapid, inexpensive studies that could be implemented by staff from oblast health agencies. Exploratory focus group research had been carried out in Novgorod and Voronezh. A quantitative communications tracking study was now conducted in Novgorod, and rapid, semiquantitative consumer surveys, employing purposive samples, were implemented in Voronezh and Yekaterinburg. Vaccination coverage data generated through oblast health information systems were also available for Voronezh and Novgorod.

The preliminary focus group research had identified barriers to immunization that could be addressed through consumer-oriented communication strategies and messages. The Novgorod tracking study looked at the interplay between consumer attitudes, social norms, and immunization status, and also (through a systematic sampling of diphtheria immunization records) provided dose-specific coverage estimates for the period immediately before and after the core communication interventions. Health information system data also offered estimates of change (although they were somewhat less sensitive because of time-limited interventions) in vaccination coverage at six-month intervals. Finally, the rapid surveys, employing purposive samples of vaccinated consumers, profiled audience exposure to diphtheria communications.

Novgorod Tracking Study

Objectives

The tracking study in Novgorod had three basic objectives. The first was to estimate diphtheria vaccination coverage rates immediately before and just after the two-month period of intensive communication activities. The second was to explore the relative importance of psychological and social factors (consumer beliefs, attitudes, and perceptions of prevailing social norms) that either facilitated or stood in the way of receiving second or third doses of diphtheria vaccine. The third objective was to assess the feasibility of a survey that could be implemented quickly and at minimal expense while still employing statistically rigorous sampling procedures.

Research Design

To address these multiple research objectives, the study followed a two-phased design, involving a review of Novgorod's immunization records (phase I), followed by a household survey (phase II). Intensified diphtheria communication activities lasted from September to mid-November 1996 (the "intervention period"). Phase I was carried out in the third week of November, and phase II was conducted in the first two weeks of December.

The household survey employed a probability sample composed of two groups matched by age (40 to 59 years old) The first group consisted of eligible adults who had received at least one dose of Td since 1986 and were therefore eligible for either Td2 or Td3, but did not receive either dose during the intervention period (“controls”) The second group consisted of eligible adults who were vaccinated with a second or third dose during the intervention period (“cases”)

Phase I Review of Immunization Records In the first phase of the study, a systematic review of diphtheria immunization records for adults 40 to 59 years of age in Novgorod was conducted by 10 epidemiologists from the city’s Sanitary Epidemiological Station This record system is maintained by the staff of the two adult polyclinics and the city hospital to track individuals in need of immunization against diphtheria Each immunization card lists the individual’s name, date of birth, home address, date(s) of vaccination, clinic catchment area, and, in some cases, telephone number and work address After a random start, the team of record reviewers examined every 25th card in the system If the date of birth recorded on the card fell within the specified range, the person’s name, address, and immunization status were entered on the record-review form If the date of birth did not fall within this range, each following card was examined until an eligible individual was found After recording the appropriate data from this card, the reviewers repeated the process (examining every 25th card) until the entire record system was covered The data collected through this systematic sampling of immunization cards were the basis for estimating coverage rates for the target population

Diphtheria vaccination coverage rates for individuals 40 to 59 years old at the beginning of the intervention were 74.1 percent for Td1, 21.3 percent for Td2, and 9.2 percent for Td3 (Table 8.1) Over the two-month intervention period, approximately 4.5 percent of this population received at least one dose of Td

Because of the lag time in transferring vaccination information to immunization cards, these figures probably underestimate coverage, particularly for Td2 and Td3, which were administered in the second month of the intervention period This potential bias probably has less of an effect on baseline estimates and a greater effect on estimates of coverage at mid-November 1996, when the intensified diphtheria communication activities had been completed Consequently, there may be a slightly greater increase in overall immunization coverage than these findings suggest

Table 8.1 Td Coverage Rates in the Novgorod Tracking Study

Immunization Period	Coverage Rate (%) for—		
	Td1	Td2	Td3
By 13 September 1996	74.1	21.3	9.2
By 17 November 1996	76.2	22.7	10.2
Increase	2.1	1.4	1.0

Note: Based on immunization records for individuals 40 to 59 years old

Strengthening Capacity in Public Health Communication for Diphtheria Control

Phase II Household Survey To draw the matched sample for the household survey, individuals were classified as either cases or controls or were screened out of the study if they did not meet our case or control definitions. A total of 3,319 individual immunization cards were selected and reviewed following these sampling procedures; the records review team found 87 individuals from this total who met the study's case definition. Additionally, 2,079 individuals were classified as controls. (The remainder either had not been immunized since 1986 or had already received three doses of Td before the intervention period.) A simple random sample of 87 individuals from this listing of controls was then selected. The resulting target sample for the household survey consisted of 174 respondents, and it included 87 who had been vaccinated (with either Td2 or Td3) during the intervention period and 87 who were eligible for a second or third dose but were not vaccinated during the period of intensified diphtheria immunization campaigns.

While the review of immunization records was under way, the survey team, consisting of six professional staff from Novgorod's Center for Preventive Medicine and their supervisor, developed a draft survey instrument. The questionnaire was designed to collect information on respondents' demographic characteristics, media habits, relevant beliefs, attitudes, and perceived norms, how respondents learned about the need for second and third doses, and reasons for receiving or failing to receive a second or third dose during the two-month intervention period. The questionnaire was then pretested in two focus groups whose participants were drawn from outpatient waiting rooms in the city's polyclinics.

Except for some recent door-to-door political polling, little or no survey research of the sort undertaken in the study had been carried out in Novgorod. For the vast majority of respondents, the interview would be a novel experience. The interview team, consisting of five physicians and one sociologist, was also new to these survey research methods. However, despite some initial misgivings, once the survey team began actual fieldwork, the interview process proceeded surprisingly well.

In sum, both the records review and the household survey design proved quite feasible to implement. The interview team completed the household survey over a period of two weeks, conducting interviews in addition to their regular duties. The completion rate for cases was very high: 86 of 87 case questionnaires were successfully completed. The completion rate for controls was not as high: interviews with 12 of the 87 controls in the original sample listing were not completed for a variety of reasons.

Survey Findings

Of the demographic characteristics measured in this survey, only gender was associated with a change of immunization status during the intervention period: women were twice as likely as men to receive a second or third dose of diphtheria vaccine. Although earlier formative research had suggested that more educated individuals were more likely to be aware of adverse effects and therefore avoid second or third doses, the study found no evidence of such an association.

Overall, two-thirds of the entire sample was employed, and, as with level of education, there was no significant association between employment status or place of employment and receiving a vaccination during the intervention period.

Beliefs and Attitudes As noted earlier, focus groups and in-depth interviews conducted several months before this study uncovered a variety of beliefs and attitudes regarding diphtheria, diphtheria

immunization, and alternative forms of prevention that were highly relevant to message development and planning. But these *qualitative* data could not offer much insight into the statistical distribution of specific attitudes and beliefs in the population, or the extent to which they were associated with immunization status. Consequently, a battery of questions on diphtheria-related beliefs and attitudes was developed to explore their relationship to respondents' immunization status.

When the mean response scores for cases and controls were compared, very little difference in the pattern of responses to these questions was found. Beliefs and attitudes did not appear to distinguish the group that received Td2 or Td3 during the intervention period from the group that did not.

Social Norms The concept of “social norms” has to do with what other people think or feel about a given issue or behavior. Broad social norms or expectations regarding appropriate or inappropriate behavior can be codified as formal policies or regulations, as in regulations regarding smoke-free buildings in the United States, or proof of diphtheria vaccination as a precondition for some categories of employment in Novgorod. Even when not formally codified, norms may exert a diffuse influence on individual behavior. Nevertheless, a person's individual beliefs, attitudes, and behaviors are not always consistent with prevailing norms. Although people may know what they ought to do, this does not mean that they usually do it.

To explore the role of norms as determinants of diphtheria immunization behavior, respondents were asked a series of questions about what most people they knew believed about diphtheria. Once again, there were very few differences in the distribution of mean scores when the responses of those who received a second or third dose of vaccine were compared with the responses of those who did not. Just as there was no difference between the individual beliefs and attitudes of those who were vaccinated during the intervention period and those who were not, differences in social norms did not explain differences in dose-specific immunization status.

Reasons for Getting Vaccinated Adults in Novgorod receive diphtheria vaccinations in three ways. First, health workers visit them at home, bringing immunization services directly to eligible clients. Individuals can refuse to be vaccinated or otherwise avoid health workers who show up on their doorstep, but clearly many respondents feel pressured to comply with the wishes of mobile vaccination teams. Health workers also visit work sites to provide vaccinations. Some of these workplace programs are obligatory, even coercive. Finally, adults are vaccinated in clinical settings. Health workers may advise them to visit a polyclinic to receive a vaccination, or local authorities may require it. It was difficult to precisely measure the extent to which respondents were pressured or required to receive an additional vaccination. It can be estimated, however, that nearly half of the respondents who were vaccinated during the intervention period felt that vaccinations were required (Table 8.2)—that is, 18 percent said that they were forced to get vaccinated by local authorities and 28 percent reported that they were vaccinated at work (where vaccinations have often been mandatory). Nineteen percent of recent vaccinations were given to respondents by medical workers who came to their home. These respondents may have been glad to comply with the recommendations of health workers, but they did not actively seek out immunization services. However, just over one-fifth (21 percent) of respondents did report that they voluntarily sought out vaccinations at a polyclinic during the intervention period.

Table 8 2 Reasons for Receiving Td2 and/or Td3, Novgorod Tracking Study

What made you get vaccinated?	Number	Percentage
1 I take care of my health and follow medical workers recommendations	31	36
2 Medical workers came to my workplace and vaccinated me	24	28
3 I don t want to be a source of infection for my children	22	26
4 I wanted to protect myself from the disease and went to the polyclinic	18	21
5 Afraid for my life	18	21
6 Medical workers came to my home and vaccinated me	16	19
7 Afraid for my family s life	16	19
8 I didn t want to get sick because it costs a lot	16	19
9 Forced to by local authorities	15	18
10 I didn t want to be a burden on my family	13	15
11 I didn t want to leave my family without income	12	14
12 Other	7	8

Note Percentages are based on total respondents who had received Td2 and/or Td3 in the previous two months (n=85 with 1 missing case)

In short, a large proportion of the Novgorod respondents who had been recently vaccinated were not offered much of a choice either vaccinations were explicitly required by some authority or respondents felt they had to be vaccinated. At the other extreme, about one-fifth of respondents said they actively sought an additional dose (“I wanted to protect myself from the disease and went to the polyclinic”). The remainder, somewhere between 30 and 40 percent, did not actively seek an additional vaccination but accepted it albeit reluctantly in some cases, when it was directly offered by a medical worker.

Reasons for Not Being Vaccinated with an Additional Dose Respondents who had not been vaccinated during the intervention period were asked why. Not knowing that they needed an additional dose was by far the leading reason for not receiving Td2 or Td3 during the intervention period, given by 42 percent of respondents (Table 8 3). Neither availability nor access to services was a significant barrier to vaccination. Similarly, neither concerns about negative side effects, the quality of the vaccine, or the trustworthiness of physicians (though there may well have been some interview bias here), nor fear of infection or of the injection itself appeared to be major barriers.

Table 8 3 Reasons for Not Receiving Td2 or Td3, Novgorod Tracking Study

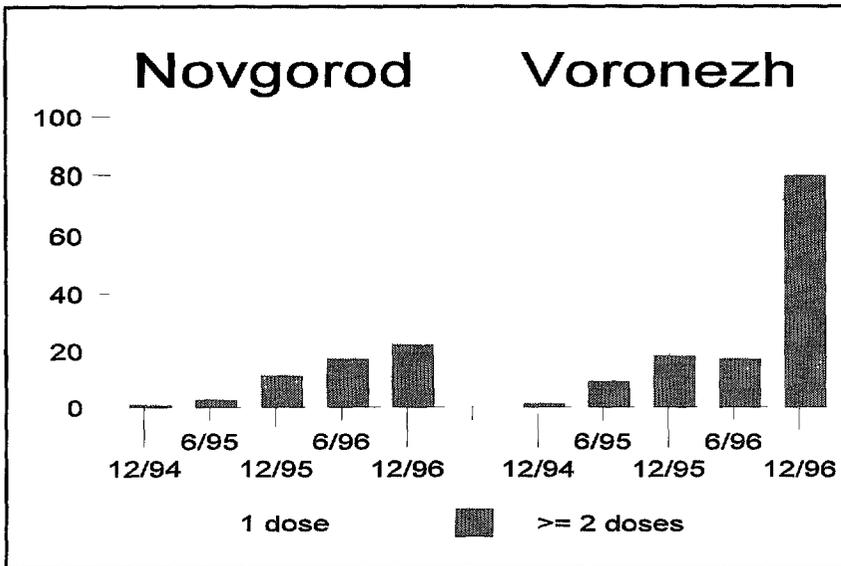
Why didn't you get vaccinated?	Number	Percentage
Service access/availability		
Didn't have time	12	18
Didn't have transportation	1	1
Long waiting lines at the clinic	2	3
Inconvenient clinic hours	0	0
Lack of information		
Didn't know that I needed one	28	42
Don't know where to go	2	3
Perceived risk/severity of disease		
Don't feel it is necessary	3	5
Don't care whether I get sick or not	2	3
If I get sick, doctors will cure me	3	5
Concerns about vaccination		
Afraid of complications/reactions	2	3
Don't trust quality of vaccine	0	0
Don't trust the doctor	1	2
Afraid of being infected	1	2
Afraid of the injection	2	3
Think I have a contraindication	4	6
Other		
Had diphtheria already	2	3
Health workers/workplace didn't offer	4	6
Just didn't want to	4	6

Note: n = 66 with 9 missing records

Coverage in Novgorod and Voronezh

Health information system data on adult coverage for second or third doses of diphtheria vaccine were also available for the middle and end of 1996 from two of the project oblasts (Figure 8 1). Voronezh recorded a dramatic increase in coverage for Td2 and/or Td3 in the last six months of 1996, up from just under 20 percent at the end of June to just under 80 percent at the end of December—a time frame that includes the period of intensified diphtheria communications. This steep increase during the last six months of 1996 followed a six-month period during which coverage had leveled off. Coverage data from Novgorod, in contrast, show a much more moderate, straight-line increase in coverage for Td2 and/or Td3.

Figure 8 1
Adult Coverage Novgorod City and Voronezh Oblast



Did diphtheria communications in Voronezh have a much more significant impact on coverage rates than communications in Novgorod? The reasons for the marked increase in coverage for second and third doses of vaccine in Voronezh are not fully understood. However, media activities in Voronezh differed from those in Novgorod in several crucial respects. Perhaps the most important difference is that oblast television in Voronezh is a more effective medium than it is in Novgorod. These are very different media markets. Local Voronezh television does not compete for audience share with television from any nearby, more cosmopolitan urban center. The Novgorod market, in contrast, is dominated by St Petersburg television and, partly as a result, Novgorod's local channel offers only somewhat limited hours of (less competitive) programming per day. In addition, the diphtheria communications team in Voronezh, with support from local government, was able to secure placements for diphtheria PSAs in time slots surrounding *Santa Barbara*, one of the most-watched soap operas in Voronezh (and in all of Russia). Local television in Novgorod simply does not have the revenues to purchase this kind of popular programming.

Data from a rapid consumer survey in Voronezh also suggested that exposure to diphtheria communications in Voronezh was greater than in Novgorod. Conducted by staff from the federal Research Institute on Health Education and Health Promotion, this survey followed a different sampling design and used a much more media-focused research instrument than the tracking study in Novgorod. Results from the two studies are not strictly comparable. Nevertheless, it should be noted that 72 percent of respondents in Voronezh cited the media as a source of diphtheria information (compared with only 33 percent in Novgorod) and that 60 percent of Voronezh respondents who had seen or heard diphtheria messages said that they had influenced their decision to get vaccinated.

Diphtheria Communications and Immunization Behavior

The evidence has suggested that communications can provide significant support to diphtheria immunization programs in Russia. After two months of campaign activity, the various media (television, radio, print) used for diphtheria communications were cited by a third of Novgorod's recently vaccinated population (aged 40 to 59 years) as one of their sources of information about the need for additional doses. In Voronezh, exposure to media-based diphtheria messages was considerably higher, as were coverage rates for Td2 and Td3 during the communication intervention period.

Have diphtheria communications created greater consumer demand for immunization? The answer is not so simple. Learning, attitudes, and behavior can all be influenced by health messages, but to understand how health communications work, we need to understand the order of events—how audiences move from stage to stage. Here there are a number of competing theories. One of the most influential, at least in the United States, argues for a hierarchy of communication effects. Health messages and social learning lead people to develop or change specific beliefs and attitudes, and these beliefs and attitudes lead, in turn, to specific behaviors, such as seeking out protective health services.

In the Novgorod tracking study, however, all survey respondents had already received Td1, and their attitudes toward immunization were conditioned, in part, by this prior immunization experience. It was consequently difficult to disentangle the effects of consumers' direct experience with immunization services from messages concerning the need for additional doses, the safety and efficacy of vaccines, and so forth. Still, it could be hypothesized that these attitudes (and related normative expectations) would influence consumers' subsequent immunization-seeking behavior and thus affect their immunization status. The Novgorod study found, however, that immunization status, during the intervention period, was *not* explained by attitudes, beliefs, or perceived norms. Why?

Although the diphtheria immunization program in Novgorod is not immune to the fiscal crises that are affecting the Russian public health system as a whole, it continues to provide vaccinations in the workplace and at people's homes. In Novgorod, at least, most people who have received a second or third dose of diphtheria vaccine have *not* done so because they voluntarily sought out vaccination services at polyclinics. Either vaccinations were required by local authorities or by the institutions and businesses where people are employed, or else vaccinations were provided by mobile vaccination workers to individuals at home. Positive attitudes and the active immunization-seeking behavior of adults do not explain their immunization status because sooner or later immunization services will come to them whether they seek immunization or not. And clearly many of the residents of Novgorod who received the full diphtheria vaccination series did not have much choice in the matter. This was probably the best explanation for the lack of any clear differences in the beliefs, attitudes, and perceived norms of people who were vaccinated during the intervention period and people who were not. Receiving two or three doses of vaccine in Novgorod is not (yet) associated primarily with active consumer choices.

In Voronezh, the situation was less clear. Consumer research conducted after the period of intensified diphtheria communications indicates that people knew the basic facts about diphtheria and saw immunization as an effective means of preventing it. But the tracking study did not explore consumer attitudes or reasons for vaccination, therefore, it is difficult to know what proportion of adults were required through administrative sanctions to receive a second or third dose of vaccine and what proportion voluntarily sought out immunization services.

Conclusions

Media-based diphtheria communications in the project oblasts supported immunization programs that have already proven quite successful in achieving high coverage rates for Td1. Access to immunization services does not appear to be a problem. Consumer attitudes toward diphtheria immunization in project oblasts were favorably influenced. Fear of side effects and concerns about vaccine safety or quality did not appear to be major barriers to immunization for Td2 or Td3. Most people will accept immunization *when it is directly provided*.

The reasons for the very rapid increase in second and third dose coverage in Voronezh are not entirely clear, however, diphtheria communications, leading presumably to greater consumer demand for immunizations, appear to be partly responsible. In Novgorod, where the increase in coverage was much smaller, exposure to media messages was also less, and most vaccinations were provided through aggressive outreach to households and work sites. Media-based, consumer-oriented health communications can help people assume greater responsibility for managing their own health, although typically only as part of broader processes of social and cultural transition. A behavioral transition of this sort does not occur evenly, at the same pace, everywhere. The study indicated that it may be happening more rapidly in Voronezh than in Novgorod.

Chapter 9

Summary

Forming partnerships is one of the key principles of effective public health communications. Linkages between doctors and social scientists, between national and local health officials, between health facilities and communities, and between health officials and the media are all essential in ensuring that important health messages are communicated throughout society accurately, intensively, and in culturally appropriate formats that will have a real and lasting impact on targeted audiences.

Strengthening partnerships in public health communications was also one of the main accomplishments of BASICS's work in Russia. BASICS was privileged to work with an outstanding group of partners: diphtheria experts from the MOH and the former SCSES, health promotion experts at the Federal Research Institute for Health Education and Promotion, and communication and information experts at MFY. In addition, BASICS's partnership with the CDC was an asset throughout the project.

In working with these partners, BASICS successfully met its primary objective of strengthening local capacity in public health communication. Russian health managers and decisionmakers were introduced to social marketing principles and tools and were able to have an in-depth experience of their applications and limitations. The project demonstrated to them the viability and utility of a communication approach that places a strong emphasis on changing behavior, not just disseminating information, is committed to understanding the target population through audience research, and uses mass media to expand the reach of health messages.

Capacity-Building Elements

BASICS considers the following to have been especially important elements contributing to capacity building:

- A high-level national conference that attracted considerable media attention and succeeded in persuading the Russian counterparts to “buy in”
- U.S.-based training for key counterparts (the three-week Porter/Novelli course)
- A learning-by-doing approach: training workshops followed by immediate field applications
- Experience of a full cycle of the health communication process: formative research, strategy and materials development, campaign implementation, and evaluation
- Key materials translated into Russian, including conference proceedings, U.S. television spots, key technical materials on immunization, and materials for the MOH Web site
- Introduction of practitioners and medical faculty to Western research and policies on vaccine safety and medical contraindications to immunization

Capacity-Building Results

In addition to the results of the diphtheria communication campaigns that were achieved and documented by a formal evaluation study (Chapter 8), strong evidence of capacity strengthening included the following

- Three pilot oblasts conducted diphtheria communication programs with minimal external funding and technical assistance
- Pilot oblasts have developed new partnerships with local media and the private sector
- Pilot oblasts are beginning to apply communication methodology to other health problems—for example, influenza in Novgorod
- Federal counterparts have initiated their own evaluation surveys of the diphtheria communication campaigns in two of the pilot oblasts
- At the close of the BASICS program in June 1997, the MOH Web site was receiving 1,000 hits per day, 52 percent of them from within Russia
- Preservice and in-service programs for medical students and physicians are incorporating BASICS-provided immunization materials into their curricula
- Two federal counterparts have begun planning for a joint training program in health communications
- Medicine for You is becoming a WHO collaborative center for health communication and a leader in the WHO/Europe regional health communication network

Comments from External USAID Evaluation

On Intervention

Organized a technical meeting (conference on public health communication) for 64 oblasts and 160 participants right thing to do at right time

Responded to opportunities (polio NIDs Web page)

Developed appropriate materials in Russian

On Technical Assistance

High-quality responsive well appreciated

Framed as U S Russia Exchange

Russian speaking project staff facilitated communication

A lot done in 18 months good bang for the buck

Creative collaboration may disagree but end up with something in common

Influenced communication strategies Shorter PSAs use of emotion presentation of real cases improved use of media by physicians

On Achievement

Revitalized performance of Russian counterparts

Transferred knowledge developed over 30 years of U S public health communications

Showed a lot can be done with limited resources (\$10 000 for polio NIDs) 94% coverage rate would be impossible without BASICS preparation work

Evidence of new skill being applied to new interventions

Succeeded in getting various levels of the health sector working together

With specific regard to immunization, BASICS believes that its support of Russia's effort to control diphtheria and polio and to increase coverage for other immunizations through public health communications will lead to greater efficiencies in service delivery for aggressive government programs that have already proven quite successful in achieving high coverage rates. As long as government health services are able to sustain the past labor-intensive strategies for delivering services, completion rates for the full series of diphtheria vaccinations and other immunizations will continue to rise. But if, over the longer term, the community-based delivery services are reduced, then individual choice and health-seeking behavior will become much more significant determinants of immunization coverage and, by extension, other health indicators.

A Note of Appreciation

Fatima Djadoeva embodies the intent and application of many of the principles of this program. A social scientist by professional training, she participated in BASICS's cycle of communication training activities in Russia. She attended the workshop on qualitative research and strategy design and then joined the BASICS monitoring team, traveling to the program sites and assisting local counterparts with message design, pretesting, and monitoring. She learned research and training skills quickly and went on to assist a BASICS technical officer in teaching and conducting qualitative research in Central Asia. She now regularly conducts qualitative research throughout the New Independent States, working for the Russian MOH's Institute for the Promotion and Support of Breastfeeding as well as for private clients. Her work has contributed to the BASICS immunization program in Central Asia and the Central Asia Infectious Disease Control Program, among many others. She has conducted qualitative research and helped ministry officials and health workers interpret their data and apply it to their programs in a warm and personable way, which has been very effective with both caretakers and health professionals. She has conducted breastfeeding counseling training with similar success.

It is in this context that BASICS's work can be said to have made the most important contribution to the Russian health system, by introducing it to more modern and market-based approaches for its public health initiatives.

Appendix A. Principal Participants in the BASICS Program in Russia

BASICS

Lyndon Brown
Ann Clepper, BASICS/Moscow
Nancy Keith
Alexandra Murdoch
Paul Olkhovsky
Max Ranft
Mark Rasmuson
Robert Steinglass

USAID

Jane Stanley, Moscow
Terrence Tiffany, Moscow
Murray Trostle, Washington, D C
Melody Trott, Washington, D C
Natasha Voznianova, Moscow

Russia

Natalia Konstantinova Barsukova, Federal Research Institute for Health Education and Health Promotion, MOH, Moscow
Olga Yurievna Batchurina, Voronezh Center for Prophylaxis
Alexei Bondar, Medicine for You, Moscow
Vera Bragina, Sanitation and Epidemiology Station, Novgorod
Marina Valentinovna Chirskaya, Physician, Novgorod
Vitali Mikhailovich Dalgov, Sverdlovsk Oblast Center for Prophylaxis, Yekaterinburg
Fatima Djadoeva, Federal Research Institute for Health Education and Health Promotion, MOH, Moscow
Boris Borisovich Fishman, Novgorod Center for Prophylaxis and Athletic Medicine
Yuri Mikhailovich Fyodorov, Department of New and Emergency Situations, MOH, Moscow
Nikolai Georgievich Ignatov, Medicine for You, Moscow
Sergei Ivanovich Ivanov, Sanitation and Epidemiology Station, MOH, Moscow
Georgi Ivanovich Khoryakov, Sverdlovsk Oblast Center for Prophylaxis, Yekaterinburg
Lidia Nikolaevna Kotorova, Center for Prophylaxis, Tula
Lyudmilla Nikolaovna Mogilanskaya, Voronezh Center for Prophylaxis
Vyacheslav Antonovich Nazarov, Center for Prophylaxis, Saratov
Elena Pervysheva, University of Moscow
Nina Vasilevna Pizheva, Department of Promotion of Scientific Cooperation, MOH/MI, Moscow
Vladimir Alexandrovich Polessky, Federal Research Institute for Health Education and Health Promotion, MOH, Moscow
Rimma Alexandrovna Potemkina, National Institute for Preventive Medicine, MOH/MI, Moscow

62

Strengthening Capacity in Public Health Communication for Diphtheria Control

Valery Alexandrovich Pyanikh, Sanitation and Epidemiology Station, Novgorod
Ludmilla Konstantinova Rosova, Sverdlovsk Oblast Center for Prophylaxis, Yekaterinburg
Natalia Ruchkina, Moscow Center for Health Education, Sanitation and Epidemiology Station
O C Stukalkin, Novgorod Health Committee
Inna Martinova Tymchakovskaya, Department for Medical Statistics and Information, MOH Moscow
Galina Dmitrievna Vedenina, Voronezh Center for Prophylaxis
Valeri Alexandrovich Zakatolov, Center for Prophylaxis, Volgograd
Alexander Zhilyakov, Sanitation and Epidemiology Station, Novgorod

Others

Donald Cady Porter/Novelli
Sieghart Dittmann, WHO
Artur Galazka, WHO
Alan Hinman, CDC, assistant surgeon general of the United States
John McGrath, U S National Heart, Lung, and Blood Institute
Scott Melendez-Stewart, BASICS/AED
Robert Porter, BASICS/AED
Keith Powell, University of Rochester
Lance Rodewald, CDC
David Salisbury, Department of Health, United Kingdom
Beverly Schwartz, BASICS/AED
Raisa Scriabine, BASICS/AED
Vladimir K Tatochenko, Institute of Pediatrics, Moscow

Appendix B. Materials Translated by BASICS into Russian and Provided to Program Participants, Novgorod, 17–19 September 1996

Policies and Guidelines

U S Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta
Standards for Pediatric Immunization Practices 4th printing, August 1993

WHO/EPI, Geneva WHO contraindications for vaccines used in EPI *WHO Weekly Epidemiological Record* no 37, pp 279–281, 1988

AAP Committee on Infectious Diseases Excerpts from *1994 Red Book Report of the Committee on Infectious Diseases* 23rd edition Elk Grove Village, Ill

- Simultaneous administration of multiple vaccines (pp 25–26)
- Lapsed immunizations (p 26)
- Vaccine dose (p 27)
- Risks and adverse events (pp 29–30)
- Precautions and contraindications (pp 35–36)
- Hypersensitivity reactions to vaccine constituents (pp 36–38)
- Misconceptions concerning vaccine contraindications (p 38–39)
- Immunization in special clinical circumstances (pp 51–63)
- Measles vaccine adverse reactions and precautions and contraindications (pp 317–321)
- Mumps vaccine adverse reactions and precautions and contraindications (pp 331–332)
- Polio vaccine adverse reactions and precautions and contraindications (pp 385–386)
- Tetanus vaccine adverse reactions and precautions and contraindications (p 463)
- Pertussis vaccine adverse reactions and precautions and contraindications (pp 361–367)
- Diphtheria vaccine adverse reactions and precautions and contraindications (p 181)
- BCG vaccine adverse reactions and precautions and contraindications (pp 499–500)

U S Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta
General recommendations on immunization, recommendations of the Advisory Committee on Immunization Practices [excerpts] *Morbidity and Mortality Weekly Report*, January 28, 1994

- Immune globulin with live and killed vaccines (pp 15–18)
- Breast-feeding and vaccination (p 20)
- Vaccination during pregnancy (pp 20–21)
- Vaccination of persons with hemophilia (p 23)
- Misconceptions concerning true contraindications and precautions to vaccination (pp 23–26)
- Febrile illness (p 26)

64

Strengthening Capacity in Public Health Communication for Diphtheria Control

U S Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta
Excerpts on adverse events and contraindications from *Epidemiology and Prevention of Vaccine-Preventable Diseases*, January 1996

- Diphtheria (p 44)
- Tetanus (pp 54–55)
- Pertussis (pp 65–72)
- Poliomyelitis (pp 81–82)
- Measles (pp 99–100)
- Mumps (pp 107–108)
- Rubella (pp 119–121)

XVII International Congress of Pediatrics WHO/IPA Pre-Congress Workshop on Immunization,
“Conclusions and recommendations” Manila, November 7, 1983

WHO/EPI, Geneva/Ministry of Health, Russia Vaccine safety *Field Guide for Supplementary Activities Aimed at Achieving Polio Eradication*, 1995

U S Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta
Recommended childhood immunization schedule *Epidemiology and Prevention of Vaccine-Preventable Diseases*, January 1996

U S Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta
Minimum age for initial vaccination and minimum interval between vaccine doses, by type of vaccine
Epidemiology and Prevention of Vaccine-Preventable Diseases, January, 1996

Practical Tools

U S Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta
Guide to contraindications to childhood vaccinations January 1996

California Department of Health Services, Immunization Branch Childhood immunization screening questions April 1993

Michigan Nurses Association Assessing the child who needs immunizations *Immunization Opportunities The Future is in Your Hands* a videotape and users guide on immunizations for registered nurses and physicians, pp 18–22 1994

U S Department of Health and Human Services Public Health Service, Centers for Disease Control and Prevention, Atlanta Six common misconceptions about vaccination and how to respond to them January 1996

Immunization Action Coalition Possible side effects from immunizations St Paul, Minn , March 1995

U S Department of Health and Human Services, Centers for Disease Control and Prevention, Atlanta,
Association of Teachers of Preventive Medicine, American Nurses Association Materials for enhancing immunization content in nursing education and practice

California Department of Health Services, Immunization Branch Case studies on medical contraindications to immunization Adapted from California Nurses Association training course 1993

California Department of Health Services, Immunization Branch When to immunize and when to wait A video guide for immunizing infants and toddlers

- Video presenter's notes
- The complete script
- Excerpts from video script
- When to immunize and when to wait—questions for discussion November 1995
- When to immunize and when to wait—discussion question-answer key November 1995
- When to immunize and when to wait—post-test November 1995

Supporting Documents

Galazka, A M , B A Lauer, R H Henderson, and J Keja 1984 Indications and contraindications for vaccines used in the Expanded Program on Immunization *Bull World Health Organ* 62(3) 357–366

Galazka, A M , B A Lauer, R H Henderson, and J Keja 1984 Should sick infants be vaccinated? *World Health Forum* 5 269–272

Dittmann, S Side effects following immunization and contraindications for vaccines used in Expanded Programme on Immunization October 14, 1993 WHO/UNICEF meeting for vaccine supply planning for Central Asian Republics, Bishkek, Kyrgyzstan, 2–4 November 1993 (ICP/EPI 030 (G))

Evans, G 1996 Vaccine liability and safety A progress report *J Pediatr Infect Dis* 15(6)477–478

U S Department of Health and Human Services, Centers for Disease Control and Prevention Vaccine safety surveillance The Vaccine Adverse Events Reporting System (VAERS) In *Manual for the Surveillance of Vaccine-Preventable Diseases* Draft Atlanta Center for Disease Control and Prevention, 1996

Tatochenko, V K , and N A Ozeretskovsky *Vaccine Prophylaxis A Reference for Doctors* Moscow, 1994

King, G E , and S C Hadler 1994 Simultaneous administration of childhood vaccines An important public health policy that is safe and efficacious *J Pediatr Infect Dis* 13(5)394–407

Begg, N , and A Nicoll Myths in medicine Immunization 1994 *Br Med J* 309 1073–1075

Immunization in Medical Education Advisory Committee Vaccine-preventable diseases core curriculum objectives In *Immunization in Medical Education* W H Barker, R A Strikas, and P D Brugliera, eds *American Journal of Preventive Medicine*, supplementary issue to vol 10, pp 18–21, 1994

Szilagyı, P G , L E Rodewald, S G Humiston, J Hager, K J Roghmann, C Doane, L Cove, G V Fleming, and C B Hall 1994 Immunization practices of pediatricians and family physicians in the United States *Pediatrics* 94(4)517–523

Strengthening Capacity in Public Health Communication for Diphtheria Control

Committee on Infectious Diseases of the American Academy of Pediatrics 1996 The relationship between pertussis vaccine and central nervous system sequelae Continuing assessment ” *Pediatrics* vol 97, no 2, February 1996

Ministry of Health, Kazakkstan 1995 Decree on new immunization schedule and its rationale and shortened list of medical contraindications

WHO/EPI, Geneva Immunological Basis for Immunization Series

- No 1 Galazka, A General immunology WHO/EPI/Gen/93 11 Geneva, 1993
- No 2 Galazka, A Diphtheria WHO/EPI/Gen/93 12 Geneva, 1993
- No 3 Galazka, A Tetanus WHO/EPI/Gen/93 13 Geneva, 1993
- No 4 Galazka, A Pertussis WHO/EPI/Gen/93 14 Geneva, 1993
- No 5 Milstein, J Tuberculosis WHO/EPI/Gen/9 15 Geneva, 1993
- No 6 Robertson, S Poliomyelitis WHO/EPI/Gen/93 16 Geneva, 1993
- No 7 Cutts, F Measles WHO/EPI/Gen/93 17 Geneva, 1993