World Health Organization
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A field guide to qualitative research for new vaccine introduction

Step-by-step instructions to help immunization programmes understand their target audiences before communicating about the introduction of a new vaccine

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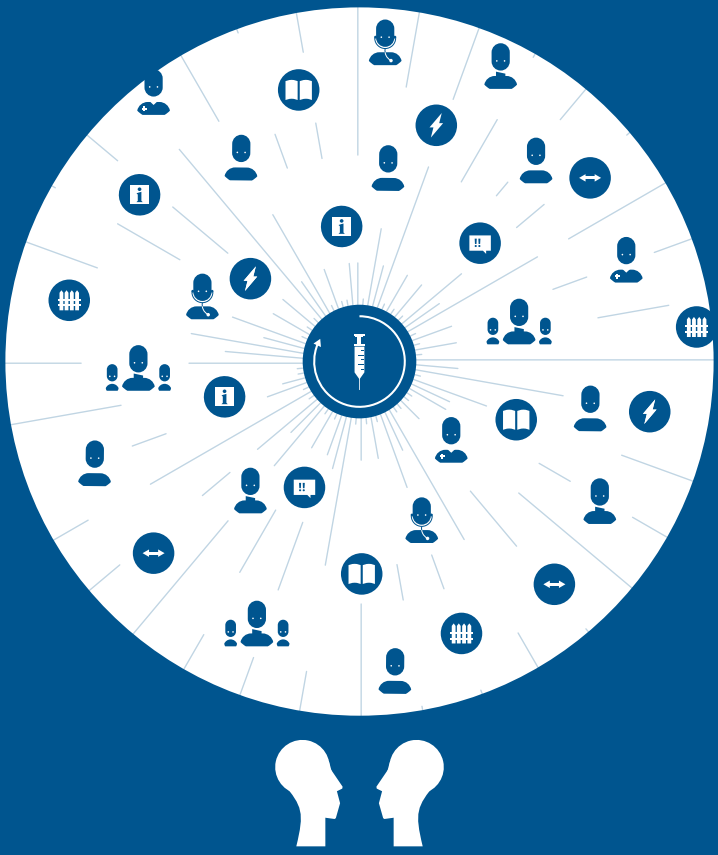

A field guide to qualitative research for new vaccine introduction

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Acknowledgements

This guide is the result of the collaboration and dedicated work of many people. It was developed based on field experience, lessons learned and literature on qualitative formative research and communication in the context of new vaccine introduction into routine national immunization programmes. It was pre-tested in the field with immunization programmes preparing to introduce the human papillomavirus (HPV) vaccine. However, the guidance provided is equally applicable to the introduction of any new vaccine.

Special thanks go to the national immunization programmes of Armenia, Georgia and the Republic of Moldova for their work in organizing and conducting the field tests. WHO also thanks the health care workers, teachers, school doctors, mothers, girls and religious leaders whose participation helped to shape this document.

The field guide was developed by the Vaccine-preventable Diseases and Immunization Programme of the WHO Regional Office for Europe.
Key authors were Siff Malue Nielsen and Barbara A.K. Franklin.
Technical input was provided by Catherine Jackson.

Introduction

Expanding a national routine immunization schedule to include a new vaccine is a positive step forward in reducing a country's burden of disease. This field guide is intended for staff of any national immunization programme planning to introduce a new vaccine. It guides the reader through a simple and step-wise process, building the skills needed to design and conduct qualitative formative research with key target groups, analyse the findings and utilize the outcomes by developing targeted communication activities. Some examples could be development of a dedicated website, including materials targeting the needs of health care workers and parents, training of health care workers on interpersonal communication, establishment of close collaboration with bloggers or parents groups active on social media, etc.

What is qualitative formative research?

Before planning a new vaccine introduction, it is important to learn from the experiences of other countries that have introduced the same vaccine. But it is even more important to understand your own population's thinking – their concerns, beliefs and needs for information about the new vaccine.

Such insights can be obtained fairly quickly and affordably through qualitative formative research. Formative research refers to investigations conducted before any communication activities or materials are planned, so that they can be developed to fit the audience's needs and will be as effective as possible.

There are two main types of formative research.

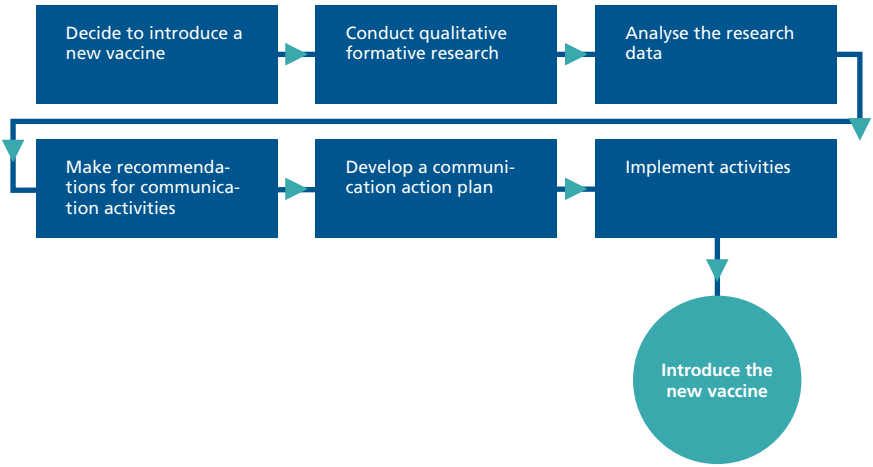
1. Qualitative research is insight research, based on understanding the audience's points of view. Qualitative research can give us insights into what the audience knows and doesn't know, their fears and

worries, hopes and desires, as well as more complex issues, for example those related to access to or accessibility of vaccination. Such insights are very useful for developing communication activities, messages and materials, and are therefore the focus of this field guide. Two common qualitative research methods are focus group discussions and individual in-depth interviews.

2. Quantitative research is statistical research, based on numbers. Quantitative research is useful for measuring a baseline or evaluating the effectiveness of a communication activity, for example, learning what percentage of parents accepts a new vaccine. However quantitative research is less useful than qualitative research in developing communication activities, messages and materials, and therefore it is not covered in this field guide.

↓ Process overview

Overview of the process of the new vaccine introduction



Why conduct qualitative formative research?

There are three good reasons for an immunization programme to conduct its own qualitative formative research before launching any new vaccine:

1. The research provides valuable insights into the target audience's points of view, concerns and needs, to ensure that the communication activities introducing the new vaccine are as effective as possible.

2. Listening to the audience's concerns benefits the overall immunization programme. For example, identifying the population's knowledge gaps and misinformation and highlighting programme shortcomings can help immunization staff adjust services accordingly.

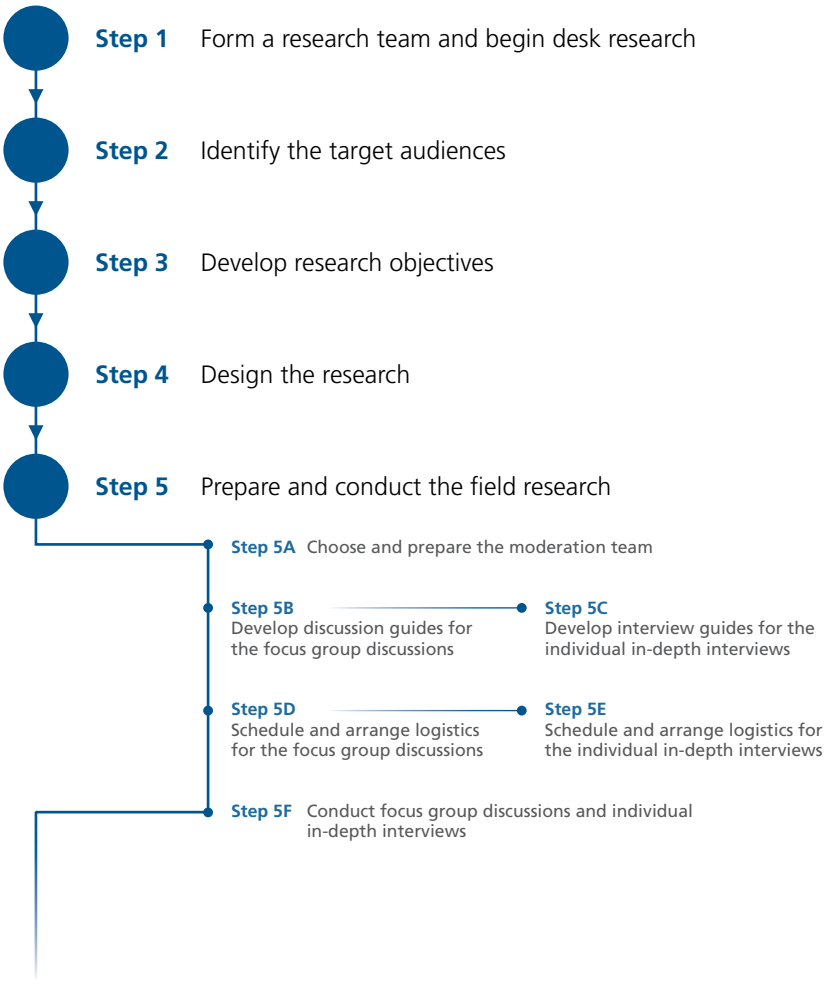
3. Involving key stakeholders and target group members in the research builds the community's sense of participation in the work of the programme. The community will have a greater sense of ownership of the vaccination programme when they feel they have been heard.

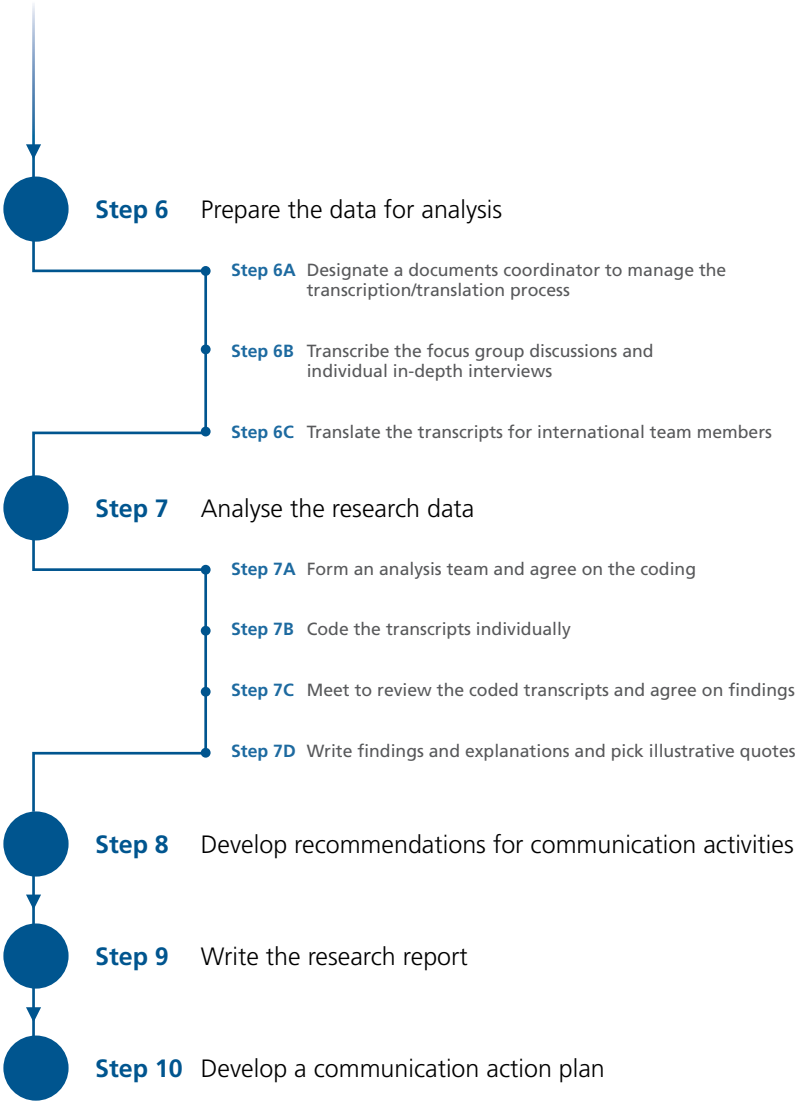
This field guide prepares you to conduct qualitative formative research using focus group discussions and individual in-depth interviews. The insights you gather about your audience will help you develop evidence-informed communication activities prior to introducing any new vaccine. The better you know your audience, the better you can prepare, and the more successful your vaccine introduction will be. Now let's get started.

Qualitative formative research is an important step in preparing to launch a new vaccine.

Don't skip it!

The steps of qualitative formative research



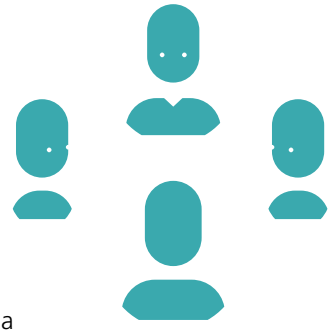

Step 6 Prepare the data for analysis
Step 6A Designate a documents coordinator to manage the transcription/translation process
Step 6B Transcribe the focus group discussions and individual in-depth interviews
Step 6C Translate the transcripts for international team members
Step 7 Analyse the research data
Step 7A Form an analysis team and agree on the coding
Step 7B Code the transcripts individually
Step 7C Meet to review the coded transcripts and agree on findings
Step 7D Write findings and explanations and pick illustrative quotes
Step 8 Develop recommendations for communication activities
Step 9 Write the research report
Step 10 Develop a communication action plan

Step 1

Form a research team and begin desk research

The first step is to set up the research team, conduct desk research, start media monitoring and seek necessary authorization to do field research.

Form the research team



You do not necessarily need an outside research agency to do the qualitative formative research. It can be done in-house by national immunization programme staff or others assigned to the task, such as communication staff or a consultant working with a team from the national immunization programme. Often one person is assigned as research team leader, and this person is supported by two to three research team members. The research team members should always include staff responsible for the planning of the new vaccine introduction, as they have crucial knowledge about the topic and will benefit directly from what they learn about the population's views on vaccines.

Required skills

Conducting qualitative research requires logical thinking, efficient organization and effective communication. These are skills that many already have. By following the steps in this field guide, your research team should be able to plan, conduct and analyse qualitative research and apply its findings in communication activities to introduce the new vaccine.

Confidentiality

A basic premise of qualitative research is confidentiality. All research team members must agree that everything they hear from the participants during this research is privileged information that must not be shared with anyone outside the team. Participants must be assured that their names and identities will not be cited or revealed in the research report or elsewhere.

Timing of the research

Formative research should be conducted before communication activities are planned, so that the activities, materials and messages reflect what you have learned from research about the audience.

Ideally, you should do the research 6 to 12 months before the vaccine is scheduled to be introduced, as this will give you sufficient time to prepare and implement the activities you define, based on your research.
No matter when it is done, formative qualitative research will help you to develop tailored activities and materials, choose the best channels and messages to have greater impact on the audience.

Conduct desk research

Once the research team has been formed, it is time to do some desk research. As a first step, consult your colleagues and other stakeholders working in immunization or other health areas. Relevant studies may already have been done, and these could give you a head start in understanding your target audience. Have a look at the resources that already exist. For

example, you should confer with colleagues working in immunization from whom you could learn. You could also look for:

- studies on access and attitudes to vaccination and health services in your country or neighbouring countries;
- national health statistics, including vaccine coverage date;
- studies on media habits.

Begin media monitoring

Media monitoring is an excellent way to gain initial insights into what people are saying about vaccination. Start to collect articles, opinion pieces, comments and interviews from newspapers or magazines that mention or focus on vaccines. Note what you read about vaccines on the internet and social media, and keep a log of what you hear on television and radio. Media monitoring can give you an idea of some of the barriers, motivations and attitudes to vaccination in your country and may help you decide what you need to explore in your research.

Media monitoring should be an ongoing activity, continuing after the introduction of the new vaccine, because it will also give you information on how your communication activities are being received.

Think ahead about the vaccine introduction

Before starting the actual research, it is crucial to collect as much information as possible about the context for vaccination in your country and how the new vaccine will be introduced. Here are some questions to consider as you begin to shape your research, define your target audiences and develop

questions on issues you want to explore. See Annex I for a fuller list of examples.

- What will the vaccine delivery strategy be?
- Is overall vaccination coverage currently different in urban and rural areas?
- What do you think is the general perception of vaccines in your country?
- Do you know of any frequent misperceptions regarding vaccination?
- Do anti-vaccination groups or pro-vaccination groups exist in your country?

Seek necessary authorization

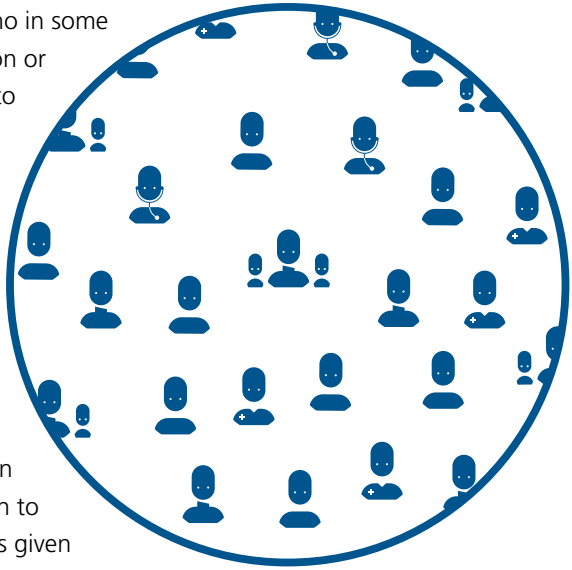
Check if you need any authorizations or consents before conducting field research. For example, in some countries, you may need to go through a research ethics review process to have your research approved, or you may need to contact local government officials before you can enter a community to do research.

Step 2

Identify the target audiences

Now that your research team is in place and you have done the initial desk research, the next step is to identify the target audiences you would like to hear from.

Identify potential target audiences



Target audiences are all those who in some way will be involved in vaccination or will influence people's decisions to vaccinate or not. The following three audience types should be considered.

Direct beneficiaries or their caretakers

An important target audience for any vaccination introduction is the people who will decide whether to accept the vaccination or not. If the vaccine will be given to adults, they will decide, but if it is given to children, it will probably be their parents or caretakers. If it is given to teenagers, it may be a combination of the teenagers and their caretakers. In any case, the direct beneficiaries of vaccination, or those who decide for them, are the primary target audience for pre- and post-introduction communication activities. It is

essential to know what they know, think and believe about vaccination, so they should be given priority in the research.

Implementers

Implementers are health care providers who will be directly involved in the vaccination process, giving the vaccine and answering questions about it. Their support for the vaccine introduction will be essential for the direct beneficiaries. It is important to know their knowledge, beliefs and concerns about the new vaccine so that communication activities can be developed to address their needs. Implementers include all those who give the vaccination such as:

- family doctors
- nurses in clinics or schools
- midwives (for newborn vaccinations).

Influencers

Influencers include all the people who give information and advice about vaccination and may either encourage or discourage those who are going to decide about vaccination. This group may include:

- other doctors/nurses
- specialist doctors
- teachers/school principals
- religious leaders
- journalists/bloggers
- parent groups or other interest groups on social media
- community leaders
- politicians.

Choose your target audiences

It might not be practical to do research on all those different groups, so you will need to choose the ones you think will be most important for your vaccine introduction. Include the direct beneficiaries or their caregivers and the implementers as a priority. Then ask yourself who is most likely to influence their decisions. Brainstorm and make a list. There are no right or wrong answers. It depends on your country's situation and the vaccine you are planning to introduce.

↓ Example box 1: Target audience selection

Example of target audiences chosen for research in a setting in which the HPV vaccine was being introduced for routine immunization of 9 year-old girls.

Mothers

In this country, 9-year-olds still rely on their parents or caregivers (in this case mainly mothers) to make health decisions for them. For this reason it was important to know the mothers' current knowledge, attitudes and opinions about the HPV vaccine. (Note that if the vaccine were to be administered to teenagers, the girls would also be a target audience.)

Health care workers

Health care workers, including family doctors, pediatricians, nurses and specialist doctors (such as gynecologists and oncologists) are sources of information and advice for the parents. It was important to know their knowledge and attitudes about the HPV vaccine so the program could address their concerns and information gaps and ensure they were effective partners in a successful new vaccine introduction.

Teachers / school nurses and school doctors

Teachers and health care workers in schools can also have an important influence on parents' decisions, since they are in direct contact with the children and parents and are often seen as trusted authorities. They are also likely to get questions from students, so their knowledge and attitudes were expected to influence vaccine acceptance.

Religious leaders and community leaders

Religious leaders and community leaders may, in some countries or subpopulations, have a significant influence on people's decisions about vaccinating, as they are highly trusted. It is important to include them in the research to understand their perceptions and beliefs about vaccines in general and the new vaccine in particular.

Step 3

Develop research objectives

Once you have chosen the target audiences for your research, it is time to identify the most important information that you want to gain through your research and, based on that, develop your research objectives.

Identify the focus of your research

The aim of your research is to better understand relevant characteristics of your target audiences, including barriers and drivers to immunization and information access, habits and preferences so that you can create effective communications. The following factors have been found to influence the effectiveness of vaccination communications.

Discuss these factors within your team and come up with questions you would like to explore through your research. Some inspiration is provided below.

Knowledge

What do people know about vaccines in general, the new vaccine and the disease (or diseases) it prevents? Are there gaps in their knowledge? Are their perceptions related to vaccines based on accurate information?

Sources of information

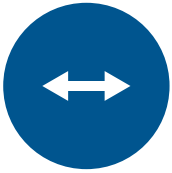
What sources do people go to for information about vaccination? Whom do they trust for advice?

Barriers

Which factors may prevent the target audience from accepting vaccination? Are there any negative attitudes or beliefs or previous negative experiences? Do cultural and community practices, traditions or norms impact negatively on vaccination uptake? What doubts, fears, concerns or cultural sensitivities do people have about vaccines in general and the new vaccine in particular? What reasons do they give for choosing not to vaccinate? Do they face any practical challenges, such as cost, access or inconvenience of services?

Enablers

What motivates people to vaccinate? What would be required for them to accept the new vaccine? Which beliefs, attitudes and perceptions, for example about disease and prevention, may have a positive influence on their motivation to vaccinate? Do cultural and community practices, traditions or norms support vaccination? How can vaccination services best enable, support and motivate vaccination?



Communication channels

What channels of communication do people prefer for health information including information about vaccination? What channel do they believe would be most effective in promoting a new vaccine?

Messages

What memorable words, phrases and style images do people use to talk about vaccination? What stories do they tell?

Write the research objectives

Now look at your list of questions. Write clear statements about what you want the research to achieve. Each statement should begin with this phrase:

"After the research, the immunization programme will know …"

These are your research objectives. They will be the foundation for the entire research process, including choosing research methods, developing interview and discussion guides and analysing the research data.

↓ Example box 2: Research objectives

Example of research objectives used in formative research for the introduction of the HPV vaccine

Knowledge

After this research, the immunization programme will know:

→ the target audience's general level of knowledge or lack of knowledge about vaccines, vaccine-preventable diseases and the vaccine to be introduced;

→ any widespread misconceptions among the target audience about vaccines, vaccine-preventable diseases and the vaccine to be introduced.

Sources of information

After this research, the immunization programme will know:

- → the sources the target audience uses when searching for information related to vaccines;
- → who the target audience trusts most to give them advice about vaccination.

Barriers

After this research, the immunization programme will know:

- → any fears or concerns among the target audience that could prevent them from deciding to vaccinate;
- → any practical considerations that could prevent the target audience from choosing or accessing vaccination (such as cost, language or cultural differences, clinic opening hours).

Enablers

After this research, the immunization programme will know:

- → what motivates target audience members to seek vaccination;
- → what members of the target audience say they need in order to accept the new vaccine.

Communication channels

After this research, the immunization programme will know:

→ which communication channels the target audience prefers to use to get health information;

→ what channels the target audience recommends for informing the public about the new vaccine.

Messages

After this research, the immunization programme will know:

→ what words, phrases, images and stories the target audience uses to talk about vaccines and thinks would be most effective in getting people to accept the new vaccine.

Step 4

Design the research

Now that you have chosen the target audiences and developed the research objectives, it is time to design the research. To do this, you will need to segment the target audiences and choose the appropriate qualitative research method.

Segmenting the target audiences

Segmenting a target audience means dividing it into groups based on shared characteristics to find out if these segments differ from each other with respect to knowledge, beliefs or behaviours that might call for different communication activities. A common way of segmenting is to divide a target audience into urban and rural, because in some countries, urban and rural people have different cultures and ways of thinking. It is also possible to segment a target audience by age, gender, socio-economic status, religion, or any other important difference.

If the new vaccine is going to be introduced in certain regions only, it is important to do research in those regions.

↓ Example box 3: Audience segmentation

Example of audience segmentation used in formative research prior to the introduction of the HPV vaccine.

In this country, the HPV vaccine was to be introduced in the capital city and two rural regions and delivered to girls starting at 9 years of age. The research team decided to conduct research in the capital and in the rural region where routine vaccination uptake was lowest.

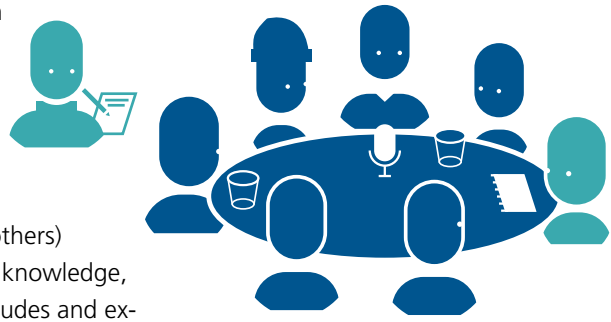
Target audiences	Segments	
	Rural	Urban
Mothers of girls aged 9	×	×
Family doctors / paediatricians	×	×
Nurses	×	×
Teachers	×	×
School doctors	×	×
Specialist doctors (oncologists and gynaecologists)	×	×
Religious leaders	×	×

Choosing the qualitative research method

Among the different qualitative research methods, this field guide recommends two:

1. focus group discussions
2. individual in-depth interviews.

Focus group discussions



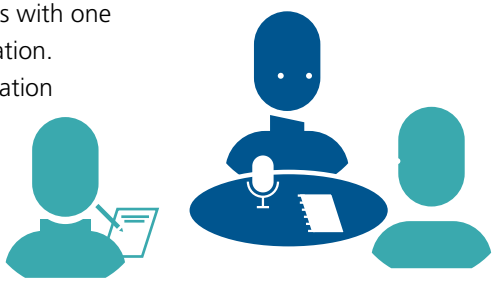
A focus group discussion is a moderated conversation with a group of people from the same target audience segment (for example, rural nurses or urban mothers) to gain insight into their knowledge, perceptions, beliefs, attitudes and experiences about a certain topic. Focus group discussions are especially useful for identifying social norms, and they can also reveal both agreement and differences of opinion about a relevant topic. If participants feel comfortable within the group, they may be stimulated to share their ideas and experiences more freely than they would in an individual interview.

A focus group discussion looks, sounds and feels like a lively and friendly natural conversation, with personal stories, laughter and sometimes disagreements. The moderator keeps the conversation going, guiding it gently in line with a discussion guide to ensure that all the research questions are covered. About 5 to 12 participants are usually involved.

Focus group discussions are audio recorded so that the discussion is accurately captured, with the permission of the participants. A note-taker may also be present.

Individual in-depth interviews

An individual in-depth interview is a research method where a moderator meets with one person for a one-on-one conversation. The moderator keeps the conversation flowing in line with an interview guide, focusing attention on the interviewee's responses. An individual in-depth interview is audio-recorded with the interviewee's permission.



Choosing the right method for your research

Focus group discussions and individual interviews both have advantages. For research before the introduction of a new vaccine, you may wish to use both methods.

Focus group discussions allow people to exchange opinions in a way that reflects natural conversations in the community. Participants in the focus group discussion may be stimulated by the presence of others to share and exchange opinions and concerns, including myths, rumours or stories that may be circulating, more than they would be in an individual in-depth interview. Focus group discussions also allow you to gather many opinions in a short time, compared to in-depth interviews.

Individual in-depth interviews are often used in situations where the participant has special knowledge or a unique point of view, where the topic is sensitive and the participant may not feel comfortable speaking openly in a group, or when it is difficult to bring a larger group together.

↓ Example box 4: Choice of research methods

Example of research methods chosen for qualitative formative research prior to the introduction of the HPV vaccine

The following methods were chosen for these target audiences based on the reasons given.

Target audiences	Research method	Reason
Mothers	Focus group discussion	Easy to gather a group, and important to gain a variety of experiences and opinions to show shared beliefs and group norms
Family doctors / paediatricians	Focus group discussion	
Nurses	Focus group discussion	
Teachers	Focus group discussion	
Gynaecologists	Focus group discussion	
Oncologist	In-depth interview	Only a few available in the country
Religious leader	In-depth interview	Can be a sensitive topic
School doctor / School nurse	In-depth interview	Difficult to bring together as a group
Ministry official	In-depth interview	Has a unique position

Defining the number of focus group discussions and individual in-depth interviews

The next step is to decide how many focus group discussions and/or individual in-depth interviews you will need for each audience segment.

Qualitative studies vary in size. For the context addressed by this guide, a small study, consisting of 10 to 15 focus groups and several in-depth interviews, is sufficient to gain the insights needed to develop targeted interventions for your vaccine introduction. It is recommended to conduct at least two focus group discussions per target audience segment, especially of the primary target audience (the direct beneficiaries, or those who decide for them) to ensure that the insights you gain are as reliable as possible.

The objective is to continue the research until all viewpoints have likely been expressed – in other words, until you have the feeling that the focus groups discussions and/or individual interviews are not revealing anything that has not already been mentioned. In research this is referred to as reaching "saturation."

Completing the research design

Now that you have been through the above steps you are ready to put the pieces together in a completed research design. A research design describes what target audiences and segments will be researched, where the research will be conducted, and what methods will be used. See example of complete research design in Example box 5.

↓ Example box 5: Research design

Example of a research design for formative research prior to the introduction of the HPV vaccine.

In this example, the research team felt that religious leaders mainly had an influence in the rural area, and that oncologists were only found in urban settings.

Target audiences	Urban site (name)	Rural site (name)
Mothers of 9-year-old girls	2 focus group discussions	2 focus group discussions
School doctors	1 in-depth Interview	1 in-depth Interview
Family doctors / paediatricians	2 focus group discussions	2 focus group discussions
Nurses	1 focus group discussion	1 focus group discussion
Teachers	1 focus group discussion	1 focus group discussion
Religious leaders	--	1 in-depth Interview
Oncologists	1 in-depth Interview	--

Step 5

Prepare and conduct the field research

Now that your research design is finished, it is time to prepare for the field research. This step includes a number of sub-steps, some of which are done at the same time.

Step 5A
Choose and prepare the moderation team

Step 5B
Develop discussion guides for the focus group discussions

Step 5C
Develop interview guides for the individual in-depth interviews

Step 5D
Schedule and arrange logistics for the focus group discussions

Step 5E
Schedule and arrange logistics for the in-depth interviews

Step 5F
Conduct the focus group discussions and/or individual in-depth interviews

Step 5A
Choose and prepare the moderation team

The focus group discussions and individual in-depth interviews will be conducted by a team of two: a moderator and an assistant, with logistical support from one or more local contact people.

Choose a moderator

The ideal moderator is a friendly, relaxed person, someone who is easy to talk to and genuinely interested in others. The moderator may be a trained researcher or someone from within the national immunization programme, a public health school student or a health professional. He or she does not necessarily have to be an expert in immunization.

Research team members may decide to serve as the moderator and assistant themselves, rather than recruiting an outside team. This has advantages for the research team: hearing the target audience's ideas directly during the focus group discussions and individual in-depth interviews will give the research team many insights and a head start on analysing the data.

The skills of a good moderator are not hard to learn with a little practice.

The moderator's responsibility

The moderator's main job is to facilitate the focus group discussions and individual in-depth interviews in a manner that will get the best possi-

ble information from the participants. In practice, this means making the participants feel comfortable enough to talk frankly and share their opinions freely. The moderator gently guides the focus group discussion or interview using a pre-determined discussion guide or interview guide, avoiding a formal question/answer approach. The moderator should understand the research objectives and know the discussion guide or interview guide for each focus group or interview very well in order to make sure that all research objectives are covered.

Tips for choosing a moderator

In choosing a moderator, remember to consider the participants' comfort.

Gender: Some participants may not feel comfortable sharing their opinions with a moderator of the opposite sex.

Status: Participants may not speak freely if the moderator is a high-level person.

Expertise: Participants may not feel comfortable if the moderator is seen as an authority on the subject.

A good moderator should be able to:

- ask questions that encourage good discussion;
- ask probing questions to clarify or deepen the discussion;
- keep his/her own opinions out of the discussion;
- refrain from correcting facts and answering questions;
- create a friendly, non-judgmental environment where all ideas are welcome.

Choose a good assistant

The ideal assistant is attentive and helpful, someone who is observant and aware of the needs of others and efficient in meeting them.

The assistant's responsibility

The assistant is the support person for the focus group discussion and in some cases also the in-depth interviews. The assistant does everything possible to make sure the research is successful. In practice, this is a double role: looking after the comfort of the participants (for example adjusting the room temperature) while also paying attention to the discussion and making sure that the information is recorded, both electronically, and in notes. The assistant should take charge of audio recording: prepare the recorder, place it correctly to capture all voices, and turn it on and off. As back up, the assistant may also take written notes on the discussion.

A good assistant should be able to:

- keep track of the time;
- monitor the room to make sure everyone is comfortable;
- serve drinks and snacks to the group;
- deal with any outside disturbance;
- observe participants' body language and other non-verbal cues that may contribute to the findings;
- make sure the audio recording and written notes are labelled correctly with the date, location, audience segment, moderator and assistant's names and number of participants.

Find local contact people

The research team will need the help of some outside people in each of the research sites to help set up the research. These are called local contact people.

For each research site, one or more local contact people will be needed to help make the arrangements for the focus group discussions and in-depth interviews. A local contact person knows the target audience well and can help find suitable participants. For example, if research will be conducted with rural health care providers, an ideal local contact person might be someone who works in or closely with the rural health care services.

The local contact person's responsibility

The local contact person's main job is to organize the focus group discussion or interview.

The ideal local contact person will be able to:

- select and invite appropriate participants;
- arrange suitable times and places for focus group discussions and interviews;
- notify participants and follow up to make sure they come;
- get consent forms from parents of any participants who are minors;
- arrange for refreshments.

Normally the local contact person is on hand the day of the focus group to welcome the participants and introduce the moderator and assistant, but the local contact person should not stay to take part in or observe the group.

Step 5B
Develop discussion guides for the focus group discussions

Once the moderation team has been selected, the research team can turn its attention to how the moderator will guide the focus group discussions and individual in-depth interviews. This is achieved through two research tools: discussion guides for the focus group discussions, and interview guides for the in-depth interviews.

Let's look first at the focus group discussion guides. The development of interview guides will be explained in step 5C.

A discussion guide covers all the research objectives for a focus group discussion, with suggested questions for the moderator to ask. Think about your research objectives for that audience. What do you want to learn from them? In addition, the discussion guide includes questions to open and close the discussion and put the participants at ease. The discussion guide will differ slightly for each audience.

There are four types of questions to include in a discussion guide as explained in the following example boxes.

↓ Example box 6: Types of question for focus group discussions

Types of questions for a focus group discussion and sample questions developed for a focus group discussion with mothers prior to the HPV vaccine introduction.

1. Icebreaker questions

The moderator puts the participants at ease and uses this question to illustrate that there are no right or wrong answers.

A good icebreaker question may invite group members to use their imaginations or talk about their preferences.

→ *"Let's start by getting to know each other. Some people say that people are defined by their pets. So are you a cat person, a dog person, or a no pet person, and why?"*

→ *"Let's start with an imagination question, just for fun. If you could take an all-paid holiday anywhere in the world, where would you go, and why?"*

2. Engagement questions

The moderator opens the topic of the research, starting with an easy question that will engage the participants' interest and get them actively involved and the discussion flowing.

- → *"Let's talk about some experiences you have had with vaccines and vaccination. Who would like to share?"*
- → *"Do you know anyone who has had a vaccine-preventable disease? Can you share that person's story?"*

3. Exploration questions

This is the core part of the focus group discussion. The moderator explores all the research objectives for this group and comes up with questions which will ensure that they can be achieved. The order is not important, as long as all research objectives are covered.

Knowledge

- → *"What vaccines do people routinely receive here in (country)?"*
- → *"Can you explain how vaccination works?"*
- → *"Have you heard of any new vaccines and, if so, what have you heard?"*

Information sources

- → *"If you were looking for information related to vaccines, who would you turn to?"*
- → *"Where would you go to look it up?"*
- → *"What sources related to vaccines do you think are most trustworthy, and why?"*

Barriers

- *"What do you think about vaccination?"*
- *"What is your experience with vaccination?"*
- *"What have you heard about other people's experiences with vaccination?"*
- *"Some people do not want to vaccinate their children. Why do you think that is?"*

Enablers

- *"If a new vaccine were introduced into the country, what would you want to know about the vaccine?"*
- *"What do you think people need to know in order to trust vaccination?"*

Communication channels

- *"What would be the best way to inform people in this country about a new vaccine?"*
- *"What would be the best or easiest way for you to learn more about vaccination?"*

Messages

- → *"What would you say to a friend who asked you for advice about vaccination?"*
- → *"Can you think of a story, photo, news story or health promotion campaign that had a lasting effect on you? Please explain."*

4. Exit questions

The moderator checks to see if anything was missed in the discussion and invites participants to give any last ideas. It is important to include these questions, because sometimes people have a special concern or idea that they have not yet had a chance to bring up.

- → *"We still haven't heard very much about (topic). Does anyone have any thoughts about that?"*
- → *"This has been a very good discussion! Is there anything else anyone would like to say about vaccines and vaccination?"*

An example of a full focus group discussion guide can be found in Annex II.

Step 5C
Develop interview guides for the individual in-depth interviews

In individual in-depth interviews, the moderator follows an interview guide similar to the discussion guide for focus groups. Since only two people will be speaking, the moderator's questions may be more numerous and more detailed. In-depth interviews are especially good opportunities to pose more probing questions and try really to understand people's views.

The interview guide will be different for each individual being interviewed. It is important to cover all the research objectives, so begin by thinking about what it is you want to learn from that person. In addition to the research objectives, the interview guide will include some questions to open and close the interview and put the participant at ease.

As with the discussion guide for focus group discussions there are four different types of questions in an interview guide.

↓ Example box 7: Types of questions for individual in-depth interviews

Types of questions for an individual in-depth interview including sample questions developed for in-depth interview with a school doctor prior to the HPV vaccine introduction:

1. Icebreaker questions

The moderator should open the interview in a way that shows interest in the participant and sets the tone for a friendly and relaxed conversation. This question may have nothing to do with vaccination. For example, the moderator could ask about the participant's work in general, or, if appropriate, ask about his or her family.

→ *"How many children attend your school, and which age groups do you work with?"*

2. Engagement questions

Next, the moderator should open the topic of vaccination with a broad question that will get the participant talking.

→ *"Do you ever get questions about vaccination from students, parents or others in the school?"*

→ *"If so, what kind of questions do they ask?"*

3. Exploration questions

This is the core part of the individual in-depth interview. This part should be guided by your research objectives. Taking each research objective in turn, come up with questions you would like to ask to learn more about his or her attitudes towards that topic.

Knowledge

- → *"Do you ever talk with students about vaccination? Can you describe these situations? What do they ask and how do you respond?"*
- → *"Do you know about the new vaccine (name the vaccine) that will be introduced soon?"*

Information sources

- → *"If you were looking for information related to vaccines, who or what source would you turn to?"*
- → *"When a new vaccine is going to be introduced in your country from what source would you expect to receive information about it?"*
- → *"How would the information be distributed in schools?"*

Barriers

- *"If a parent came to you for advice concerning a new vaccine, how would you respond?"*
- *"Do you have any doubts or concerns about any vaccines? If so, what are they?"*

Enablers

- *"Do you feel that you know enough about vaccines?"*
- *"If parents or colleagues come to you for information about the new vaccine, do you feel that you have enough information to advise them? If not, what more would you need to know?"*
- *"If you are a parent, what information do you need to decide about vaccinating your own child with a new vaccine?"*

Communication channels

- *"In your opinion, what is the best way to communicate with parents and students about a new vaccine?"*
- *"How would you suggest that you and your school could be involved in the introduction of the new vaccine?"*

Messages

- *"What do you think parents find most important in deciding whether or not to vaccinate their children?"*
- *"Can you think of a story, photo, news story or health promotion campaign that had a lasting effect on you? Please explain. What did you like about it?"*

4. Exit questions

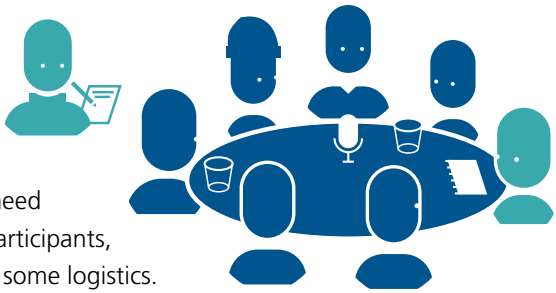
Invite the participant to give any last ideas. It is important to include these questions, because sometimes people have special concerns or ideas that they have not yet had a chance to bring up.

→ *"What advice do you have for your country's immunization programme about introducing the new vaccine?"*

→ *"Is there anything we haven't covered that you would like to add?"*

An example of a fully developed interview guide can be found in Annex III.

Step 5D
Schedule and arrange logistics for the focus group discussions



Once the discussion guides and interview guides have been developed, you are almost ready to conduct the focus group discussions and in-depth interviews. However, first you need to choose and invite the participants, find locations and arrange some logistics.

Let's start with focus group discussions. Arrangement of in-depth interviews is explained in step 5E.

Because focus group discussions bring a number of people together at one time in a designated place, they involve complex logistics. Below are some things to consider when arranging the focus group discussions.

Choosing participants

Focus groups are usually groups of 5 to 12 people with certain characteristics in common (they are in the same target audience and segment: for example, nurses in rural areas). The goal is to bring together a group of people who feel comfortable in sharing personal experiences and opinions and can talk easily together. To make sure the participants feel comfortable, remember to consider the following when creating a focus group.

- **Gender** – will men and women feel comfortable discussing this topic in a mixed-gender group?
- **Age** – what age range will work best for the discussion? Might age differences make people uncomfortable talking about this topic?
- **Power** – will differences in hierarchy make people uncomfortable sharing their opinions? (Usually a boss and employees do not talk easily together in a focus group discussion.)
- **Socio-economic level and education** – will differences in wealth or education inhibit discussion of this topic?
- **Culture and ethnicity** – are cultural and ethnic differences a barrier to discussion of this topic?

Location

The setting for the focus group discussion should be an easily accessible, neutral place where the participants will feel at home and comfortable, such as a quiet room in a community centre or local school, or a room in a health centre, depending on the participants. The room should preferably be insulated from outside noise and protected from curious on-lookers. Chairs should be placed in a circle around a central table, where drinks, snacks and the recorder can be placed.

Timing

Focus group discussions should be scheduled at a time that is convenient for the participants. They are usually planned to last 90 minutes, with no break. The reason for not having a break is that once the discussion has begun, the participants will continue to talk, and any opinions shared during the break

would not be captured in the recording and, thus, would not be part of the research.

If several focus group discussions are planned for the same day, at least 30 minutes should be scheduled between them, so participants have time to leave and arrive, and the moderator and assistant have a chance to debrief and rest a little before the next group starts.

Inviting participants

The local contact person should look for appropriate people and invite them to take part in a focus group discussion.

In contacting prospective participants, the local contact person should:

- ask for 90 minutes of dedicated time, with no phone calls or personal interruptions;
- explain that this is part of a larger research study about vaccination and that their opinions will be valuable;
- explain that the discussion will be recorded for research purposes only, so that it is accurately captured but that it will be transcribed without names;
- politely retract the invitation if the person does not agree to be recorded;
- inform the person of the time and place of the discussion if he or she agrees to participate.

To obtain useful information, you want to invite participants who are truly representative of the target audience. To do this, there are two important things to remember.

1. You can tell the participants this will be a discussion about vaccination, but do not mention that a new vaccine will be introduced. Experience has shown that when participants know in advance that a new vaccine will be discussed; they are likely to search for information about it and come to the group already well informed, even if you ask them not to. This means that the group will not be representative of the target audience.

2. Avoid inviting friends or relatives of the research or moderation teams or the immunization programme. Although friends and relatives are often the easiest people to reach and recruit as participants, they may know more or have different ideas about vaccination than the general population, so they will not be truly representative.

Consent forms

It is a good practice to ensure that your participants understand the purpose of the research and that they consent to take part. Consent should be obtained in writing. In some countries, an ethics committee may require that a specific text be included in the consent form, which will provide people with clear written information about the research. Check if this is the case in your setting. In most cases, children and teenagers will need to have permission forms signed in advance by parents or guardians.

Refreshments

It is usual in focus group discussions to offer participants a drink and a snack. This makes the participants feel more at home and rewards them in a small way for coming. Snacks should be simple and easy to eat quietly.

Equipment and supplies

The focus group moderation team will need the following equipment and supplies to conduct the focus group discussions:

- a reliable digital audio recorder, charged and working well;
- a notebook and pen for taking notes;
- a copy of the discussion guide (for the moderator);
- small name tags, so the moderator can address the participants by name;
- consent forms for all to sign;
- drinks, snacks and napkins for the participants.

The day before the focus group discussions

The moderator should look over the discussion guide for each focus group and familiarize him- or herself with it, so that there is little or no need to refer to it during the discussion.

The assistant should make sure the recorder is fully charged, working correctly and has enough storage space for the 90 minutes of the focus group.

On the day of the focus group discussion

The moderator, assistant and local contact person should meet early to:

- make sure the room is set up correctly, with chairs in a circle around a central table;
- place the recorder centrally and check that it picks up voices from all places in the room;
- set up refreshments: water, tea, coffee and snacks;
- decide where the moderator and assistant will sit and have the assistant's notebook and pen ready.

When participants arrive

The local contact person should:

- greet each participant individually;
- give participants name tags;
- give participants consent forms to sign and collect the signed forms;
- ask participants to keep their cell phones on silent or turned off during the discussion;
- introduce the moderator and the assistant.

The local contact person should then say goodbye to the group and leave the room.

The assistant should:

- make sure everyone is comfortably seated and has something to drink and snacks nearby;
- turn on the digital recorder.

After the focus group discussion

Immediately after the focus group discussion, the moderator and the assistant should sit together in a short debriefing session to discuss what happened and how they think the focus group discussion went. They can compare their reactions to the group, share what they noticed (such as the group members' body language) and discuss how to make any necessary adjustments in moderating the next focus group discussion.

The assistant should make notes from this discussion, including:

- date, time, place, audience segments, number of participants, and the names of the moderator, assistant and local contact person;
- comments on the focus group discussion: how it went, top findings and insights;
- questions for future reflection or further investigation.

Step 5E
Schedule and arrange logistics for the individual in-depth interviews

In-depth interviews are easier to arrange than focus group discussions, because they only involve one participant, but there are still some important logistical concerns.

Location

The interview should be conducted in a place that is convenient for the participant. That could be in a place he/she suggests, for example in the participant's office, as long as it is quiet and private, with no interruptions. The room should be insulated from outside noise for good recording.

Timing

Individual in-depth interviews work best when they are conducted face-to-face. This allows for a natural conversation with more authentic interaction. But if this is not possible, the moderator may conduct the interview by phone or internet. You should expect to spend 45 to 60 minutes or more on a face-to-face interview, and 30 to 45 minutes on a phone interview.

Inviting participants

The local contact person should look for appropriate participants and ask them for an interview.

The local contact person should:

- contact the person well in advance to explain the purpose of the interview;
- ask for an hour of dedicated time, with no phone calls or personal interruptions;
- avoid telling the participant when inviting him/her for the interview that the discussion is about a new vaccine to be introduced;
- explain that this is part of a larger research study and that their opinion will be valuable;
- let the participant choose the date, time and place for the interview;
- ask for permission to record the interview for research purposes only;
- politely retract the invitation if the person does not agree to be recorded.

Consent forms

As with focus group discussions, it is good practice for the participant to give written consent to participate in the research.

Equipment

The moderator should come equipped with:

- a reliable digital audio recorder that is charged and working well;
- a notebook and pen for taking notes;
- the interview guide to refer to, if necessary.

The day before the interview

The moderator should:

- look over the interview guide and get familiar with it;
- choose an icebreaker question and an engagement question for that interview.

The day of the interview

The moderator should:

- be sure to arrive on time or early;
- make sure the recorder is set up and working correctly;
- the assistant may come along to help set up the interview. If the participant does not object, the assistant may also attend the interview and take written notes.

Step 5F
Conduct focus group discussions and individual in-depth interviews

Once the participant(s) are seated and the digital recorder is on, the real work of the focus group discussion or the individual in-depth interview begins.

Welcome and thank the participant(s)

The focus group discussion or individual in-depth interview should begin with a short welcome speech by the moderator.

↓ Example box 8: Welcome speech focus group discussion
Example of a welcome speech for a focus group discussion

"*Hello everybody. My name is (name) and this is (name) who is assisting me.*

Thank you all for coming to this focus group discussion today. I work at (job) but my job today is to listen to you. We want to hear your point of view, opinions and experiences of vaccination so we can improve our programme.

We are recording this discussion as a way to take notes for our audience research, but when the discussion is over, we will transcribe the tape and delete it. We won't use any names

in the research report. So I would like to invite you to speak openly and honestly. There are no right or wrong answers, and I hope you will share your opinions and ideas frankly."

↓ Example box 9: Welcome speech individual in-depth interview

Example of a welcome speech for a individual in-depth interview

"Hello (name) I am (name) from (job) and this is (name) who is assisting me.

Thank you so much for giving up some of your time to talk with me today. As you know, the purpose of this interview is to learn about your opinion and experience of vaccination so that we can improve our program.

I am recording our talk, just as a way to take notes, but afterwards, the recording will be transcribed, and the tape will be deleted. No names will be used in the report. So please feel free to speak frankly.

Do you have any questions about the process of this interview? Would you prefer to speak alone, or can (assistant) remain to observe and make some written notes?"

It is better not to start the focus group discussion or interview with a long description of the national immunization programme or its plan to launch a new vaccine. Describing the programme tends to set a stiff and formal tone,

rather than a natural, conversational one. And bringing the new vaccine up at the start tends to takes the focus away from greater issues of vaccination in general which are important to explore.

A short and simple introduction, such as those above, will start the discussion or interview more easily and invite ready participation.

Start the focus group discussion or individual in-depth interview

The moderator begins, remembering the sequence:

1 Start with an icebreaker question to make the participant(s) feel comfortable and relaxed.

Ask a broad engagement question to start participant(s) thinking and talking about vaccination. **2**

3 Then ask exploration questions, in any order, as long as all the research objectives are covered.

Close with an exit question. **4**

Introduce the topic of the new vaccine

At some point during the discussion the topic of a new vaccine may come up naturally. If not, the moderator should introduce it briefly. However, it is important to remember that this is not an education session; it is an opportunity to find out what the audience knows and thinks. For this reason the moderator's description of the new vaccine and the plans for its introduction should be simple and brief.The objective is to provide just enough information to allow participants to start to discuss the new vaccine.

↓ Example box 10: Introducing information about the new vaccine

An example of introducing information about the HPV vaccine during a focus group discussion or individual in-depth interview

During the focus group discussion or interview, the moderator can bring up the topic of the new vaccine that will be introduced. This example comes from formative research for the introduction of the HPV vaccine.

Moderator asks:
"Have you heard about cervical cancer? What have you heard?"
(Participants answer and moderator listens).

Moderator explains:
"Cervical cancer is caused by a very common sexually transmitted virus, called human papilloma virus, or HPV. A vaccine against HPV is used in many countries to protect their populations."

Moderator asks:
"Have you heard about this vaccine. If so, what have you heard?"
(Participants answer and moderator listens).

Moderator explains:
"WHO recommends giving this vaccine to girls aged 9-14 to protect them against cervical cancer when they are adults. So (country) plans to begin introducing it to girls of (age) in (date)".

Moderator may ask:
"What do you think about this plan?"

Tips for focus group discussion moderators

Here are some tips for the moderator conducting the focus group discussions:

- Let the discussion flow naturally, guiding it gently.
- Avoid a question/answer interview style.
- Don't worry about the order in which topics come up, but do keep track in your mind of what research questions still need to be discussed.
- If topics come up sooner than you planned, don't stop them from being discussed. Let the discussion flow. You can always go back later if you need to ask more about a certain topic.
- Let the participants express their ideas fully.
- Stay neutral and don't interrupt or correct them.
- The moderator should speak very little, compared with the participants.
- Disagreements, jokes, short deviations from the topic – all these

features of natural conversation are normal and acceptable in focus group discussions.

- Try to gauge the time available in order to cover all topics, but don't go over the agreed time limit.

Remember

A good focus group discussion looks and sounds more like a natural conversation among friends than a formal interview.

Tips for individual in-depth interview moderators

Individual in-depth interviews should be led by the participant's interest in the topic, gently guided by questions from the moderator. Below are some tips for individual in-depth interviews:

- Ask open questions to keep the participant talking and avoid a formal question/answer approach.
- Make sure the discussion is relaxed, friendly and informal.
- Give the participant plenty of time to think and answer.
- Do not interrupt, don't rush the participant and don't be afraid of pauses.
- Don't be afraid to improvise and ask new questions as they occur to you.
- Stay neutral. Do not react or correct the participant, even if he or she says things you don't agree with.
- Try to gauge the time available in order to cover all topics, but don't go over the agreed time limit.

Common challenges that moderators face

Moderators typically face some challenges in leading focus group discussions and individual in-depth interviews, but if you are ready for them, you can handle them easily.

Here are some challenges moderators commonly face, along with recommended and not recommended ways to address them.

Challenge 1: Some participants in the focus group are silent, while others dominate

In a focus group discussion, sometimes a few active participants dominate the discussion, while others stay silent. You want to include everyone. What should you do?

Not recommended:
Don't put participants on the spot with direct questions!

"Maria, we haven't heard anything from you yet. What do you think about ..."

This will make Maria uncomfortable. Sometimes participants are silent because they do not agree with the group. If you force them to speak up before they are ready, they may simply say they agree with others rather than telling what they really think. A better way is to broaden the discussion gently, inviting different views. Sometimes you can do this simply through turning your head and making eye contact with the more silent participants. Or you can say something like this:

Recommended:

"I notice that we've heard a lot of ideas from this side of the circle, but not so much from the other side. How do you over there feel about this? Do you agree with what you've heard or do you have some different ideas?"

Sometimes you can ask a question to the group that might get a response from the silent participants.

For example:

"Has anyone here ever had a disagreement with a family member about vaccination?"

Once participants have nodded or raised their hands in response, you can follow up with a direct question to one of them.

"Can you share what happened in that case?"

A similar problem may occur in an in-depth interview, when a participant gives minimal answers and does not elaborate. The participant seems to be waiting for the next question.

The moderator needs to change the expectations so that the interview becomes more participant-centred, for example by asking a very open question:

"Can you share an experience of a patient who did not want their child to be vaccinated? What did they say and what did you do?"

Challenge 2: Participants ask the moderator direct questions

Sometimes participants will ask a direct, factual question to the moderator because they know she or he is an expert on vaccination.

For example:
How many countries already use the HPV vaccine?

Not recommended:
"Over 70 countries worldwide administer the HPV vaccine, including many in Europe and the Americas …"

The moderator should avoid answering questions during the focus group discussion or interview. Remember, the purpose of focus group is to learn about the audience, it is not to teach them. Once the moderator starts to answer questions, the discussion becomes an interview of the moderator, and the real purpose of the research is lost.

A better way: Acknowledge the questions but defer them until afterwards.

Recommended:
"I can give you information about that later, after our discussion/ interview ends, but I want to use our time together now to hear all your opinions."

If the participants are interested, the moderator can take some time after the focus group discussion to give them information and answer questions.

Challenge 3: Participants say things that are factually wrong

Sometimes participants say things about vaccination that are incorrect, and it can be hard for the moderator to resist the temptation to correct the mistakes.

For example:

"Scientific studies prove that the MMR vaccine causes at least 50% of children to become autistic! That is why I will never vaccinate my child!"

Not recommended:

"That is a myth! One fraudulent study was published in 1998, and it has since been disproven by many others. It has even been retracted by the journal that published it."

Don't correct participants' mistaken beliefs during the discussion or interview! If you do, you can be sure that participant will not share any more ideas, and you will have lost the opportunity to learn what the audience really believes.

A better way: Show empathy without agreeing or disagreeing, and use this as a chance to probe to learn more about the audience.

Recommended:

"Well, I can certainly see why hearing that would make you concerned about vaccinating your child. Do you remember where you heard or read that?"

Remember

The purpose of a focus group is to **learn** about the audience, not to **teach** them!

Challenge 4: Missing opportunities to probe

Probing is the art of asking more and deeper questions. A moderator should always be alert for statements that call for probing.

Here is an example of an opportunity to probe:
"I have had cervical cancer, and I don't want anyone to go through an experience like mine. It was a nightmare!"

Not recommended:
"OK, thanks. Now let's talk about any effective messages you all may have heard on TV about HPV."

Do not pass up this golden opportunity to probe! The moderator might have felt awkward about it, but the participant who bravely shared her experience of cervical cancer deserved more attention. It is also an opportunity to hear a first-hand experience of a vaccine-preventable disease which might be very useful in developing motivational messages for the vaccine introduction.

A better way: Think about what else you could learn from this participant, and probe in a gentle way.

Recommended:
"Thank you for sharing that with us. Would you be willing to tell the group more about the difficulties you faced?"

Probing questions may include *"why?" "how?"* or *"what happened next?"* These questions should always be asked in a neutral and friendly voice, without any hint of judgment.

Below are some examples of good probing:

"We all know French vaccines are better than Asian ones."

Moderator: "Why do you think they are better?"

"We've been told they are cleaner and filtered."

Moderator: "Can you remember where you got that information?"

"I think we were told that by an immunologist in the medical training last year … "

Moderator: "Have others heard that as well? Where did you hear it?"

Good moderation leads to good information

Moderating skills get better with practice. Moderators can view each focus group discussion or interview as a chance to improve their skills.
You can evaluate your moderating work by the quality of the information you get.

There are three criteria for good qualitative research data: The information must be **broad**, **deep** and **authentic**.

Qualitative data is **broad** when all the research objectives are covered by all the target audience groups. The moderator can make sure of this by knowing the discussion guide or interview guide well, and making sure all topics are discussed in each focus group discussion or interview.

Qualitative data is **deep** when the moderator has asked good follow up questions and probed well, exploring past experiences and reasons for the participants' views. The key to obtaining deep data is for the moderator to be curious, interested and engaged.

Qualitative data is **authentic** when participants have expressed their true experiences and beliefs. This type of data can be obtained when participants are made to feel truly comfortable, when they are sure that their views are welcome and their opinions matter, so they feel free to share them honestly.

Good moderation builds a bridge between the national immunization programme and the people who receive the vaccines. It is a service to both, so it is well worth the effort to learn to moderate and to improve your moderating skills.

Step 6

Prepare the data for analysis

Once focus group discussions or individual in-depth interviews have been completed and audio recorded, it is time to prepare the data for analysis. This means converting the recordings into transcripts the team can read.

There are several steps to take in preparing the data for analysis.

Step 6A
Designate a documents coordinator to manage the transcription and translation process

Step 6B
Transcribe the focus group discussions and individual in-depth interviews

Step 6C
Translate the transcripts for any international team members

Step 6A
Designate a documents coordinator to manage the transcription/ translation process

As soon as the focus group discussions and individual in-depth interviews are done and recorded, they need to be transcribed (written up) and sometimes translated into another language so they can be analysed.

Transcription and translation are big jobs; they take time and involve managing a lot of documents and coordinating a number of people, so it is a good idea to assign someone to be a documents coordinator in charge of this process. Having a coordinator will help ensure that the transcription/ translation process goes quickly and smoothly. If it begins while the research is still going on, the data will be ready for analysis sooner.

The documents coordinator may be a member of the research team, or a support person.

The documents coordinator should:

- identify appropriate transcribers;
- brief the transcribers;
- pass recordings to transcribers as soon as focus groups or interviews are done;
- spot check transcriptions to ensure they are accurate;
- check completed transcriptions to make sure they are correctly labeled and formatted;
- identify appropriate translators (if translation is needed);

- → pass completed transcripts to the translator;
- → check completed translations to make sure they are correctly labeled and formatted;
- → prepare copies of transcripts for the analysis team.

Step 6B

Transcribe the focus group discussions and individual in-depth interviews

Research teams sometimes underestimate the time and effort needed to transcribe focus group discussions and in-depth interviews. Focus group discussions, during which people often interrupt and speak over each other, are especially hard to transcribe. For example transcribing a 90-minute focus group discussion or interview correctly may take eight or more hours of labour. This means that if you have twelve 90-minute focus groups and interviews, 12 days of work will be needed to transcribe them.

Recruiting and training the transcribers

Many researchers find that the best solution is to recruit several outside transcribers.

Transcribers need to be well-educated because they need to understand the discussion on vaccination, often including some technical words. They also need to be careful and patient. University students looking for part-time work often make good transcribers.

Some essential points for training and monitoring transcribers:

- Transcribers must know that they are members of the research team and so must follow the confidentiality rules. No information from the focus group discussions or individual in-depth interviews should be shared with anyone outside the team.

- Transcribers must write down everything exactly as said. Nothing should be summarized (even if comments are repeated) or left out, no matter how irrelevant the comments may seem.
- Transcribers should clearly identify the words of the moderator.
- Each time a different participant speaks, the transcriber should start a new line to show that it is a new speaker, but the transcriber should not try to identify the participants individually.
- Transcribers should make their best attempt to understand everything that is said. If it is not possible, they can write "inaudible."

Labelling and formatting the transcripts

Transcripts begin as computer files, but they will end up as print copies, so it is important to label and number each page so they do not get mixed up in case the printed pages become separated.

Here are some guidelines for the transcriber.

- → Put a title on the top of the first page of each transcript, as in the example below.
- → Number all the pages of each transcript.
- → Put a header with the group name on each page of the transcript.
- → Single space the transcript, but leave a blank line each time a different person speaks.
- → Leave wide margins on both right and left so the analysis team will have room to write comments.

↓ Example box 11: Transcript labelling

Example of a transcript title and how to label each page

Group name:	**Teachers, Urban # 2**
Focus group discussion at:	**St. Joseph's School**
Conducted on:	**20/09/2017**
By:	**Anne Mwangi and Peter Omondi**
Transcribed on:	**2/10/2017**
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Step 6C
Translate the transcripts for international team members

If anyone participating in the analysis does not speak the language in which the research was conducted, or if the results will be shared internationally, the transcripts will need to be translated.

The document coordinator should be responsible for finding and briefing translators and checking their work. Usually more than one translator will be needed to speed up the work.

Some essential points for translation:

- → Translators must also follow the confidentiality rules of the research team: no information from the focus groups or interviews should be shared with anyone outside the team.
- → Translations should be exact; nothing should be summarized or left out.
- → Translators should copy the format of the original exactly, including the title on the first page and headers on subsequent pages.
- → It is helpful if the page numbers on the translation are the same as in the original transcription. This makes it easier to find the equivalent quote in both languages during analysis.

Step 7

Analyse the research data

Once the transcripts and translations are done, the data are ready for analysis.

While there are computer software programmes available for analysing qualitative data, manual analysis has advantages in small studies such as these. By reading and coding the transcripts, research team members will come to know the research data well and will have insights along the way.

Analysing research data may sound like a daunting task at first, but it is quite interesting and easy to do if you take it step by step.

Step 7A
Form an analysis team and agree on the coding.

Step 7B
Code the transcripts individually.

Step 7C
Meet to view the coded transcripts and agree on conclusions.

Step 7D
Write findings and explanations and choose illustrative quotes.

Step 7A
Form an analysis team and agree on the coding

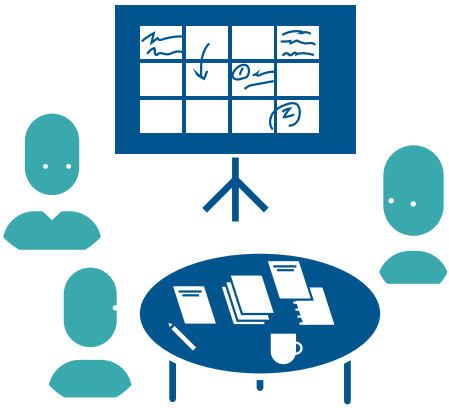
Once all the transcripts and translations are ready, the research team should call a meeting of all those who are interested in conducting the analysis. The purpose of this meeting is to form an analysis team and agree on the coding.

Those invited to the meeting could include:

- the research team members;
- representatives of the national immunization programme;
- communication specialists (for example the people who will be in charge of developing the communication action plan and implementing the communication activities based on the research findings);
- others who are interested in the research.

The documents coordinator should prepare the following for the meeting:

- copies of all the original transcripts for all participants;
- copies of all the translations for international participants;
- copies of the research objectives for all participants;
- a flip chart and markers so the team can plan the coding symbols together.



Form the analysis team and choose a leader

At the meeting you should form an analysis team, preferably a group of at least three people, and choose a leader. Analysis team members may not have a lot of time to contribute, but ideally each team member should read all the transcripts (to get an overview of the study) and code at least two. It is useful to have more than one person code each transcript, as readers may have different insights.

In order to code the transcripts accurately and consistently, member of the analysis team should be well informed about the facts related to immunization and the new vaccine to be able distinguish between correct and incorrect knowledge about vaccination.

Agree on coding categories and symbols

Coding is a way of meaningfully sorting qualitative data into categories that match the research objectives (see Step 3).

The analysis team leader should begin by reviewing the research objectives with the team. The team should then agree on a letter or symbol to represent each one so that they can all code consistently. Some research teams use pictorial symbols, while others prefer to use a letter, for example the first letter of the research topic, as in the examples below. It does not matter whether the group chooses symbols or letters as long as they agree, the codes are easy to remember and every coder uses the same coding system.

↓ Example box 12: Coding system

Example of a coding system developed for qualitative research conducted before introducing the HPV vaccine

	Objective	Letter code	Symbol code
Knowledge	Correct knowledge of vaccines and vaccination (including HPV).	K - 1	
Knowledge	Gaps in knowledge and incorrect knowledge of vaccines and vaccination (including the new vaccine (HPV vaccine)	K - 2	
Sources of information	Media sources the target audience goes to for information on vaccines in general	S - 1	
Sources of information	The people participants say they would most trust for advice about the new vaccine (HPV vaccine)	S - 2	
Barriers	**The fears, worries and rumours that could prevent the target audience from accepting vaccination**	**B - 1**	
Barriers	**Service-related barriers (such as cost or poor access)**	**B - 2**	
Enablers	**Positive reasons participants give for wanting the new vaccine (HPV vaccine)**	**E -1**	
Enablers	**What participants say they would need to be willing to accept or recommend the HPV vaccine**	**E - 2**	
Channels recommended	**Communication channels participants say they would recommend for disseminating information prior to introducing the new vaccine (HPV vaccine)**	**C**	
Messages	**Any powerful words, phrases or images that could be used to explain or motivate the target audience regarding the new vaccine (HPV vaccine)**	**M**	

Practice coding one transcript as a group

Once the team has agreed on the coding symbols, they should practice coding one transcript together. They should read the transcript aloud, discussing each quote and agreeing on how to code it. This will take about 2 to 3 hours. At first, the team will probably need to discuss quite a lot in order to agree on how to code each quote, but it will soon get much easier. The more you code, the faster the coding goes.

↓ Example box 13: Extract from a coded transcript

Example of an extract from a coded transcript, from qualitative formative research conducted prior to the introduction of the HPV vaccine.

Moderator: *"I want to inform you of a new vaccine, called the HPV vaccine that the country is going to introduce next year. It protects against cervical cancer and will be given to girls at age 9. Have you heard of it, and if so what do you think?"*

"I have heard of it, but I don't know very much about it. It protects against cervical cancer?"

K- 2 (Knowledge)

"Everybody would like to avoid cancer!"

E - 1 (Enabler)

"Yes, we want to avoid it and we want our children to avoid it. But I am afraid of all kinds of experiments. What if I have my children vaccinated and get a

B – 1 (Barrier)

negative result instead of positive one. What I need is a guarantee that even if it does not bring any positive results, it will bring no negative ones, I mean a guarantee that it will not have a counter effect in the future."

Moderator: *"What would you need to be able to accept this vaccine?"*

"I don't know much about it either and I'll make decision only after I have sufficient information."

E – 2 (Enabler)

"Yes, information, complete information. I would want to know everything about it; where it has been used, what the results are, what bad effects it might have. I would want to know the experience of girls who had the vaccine and have grown up. I want to be sure they have been able to bear children."

E – 2 (Enabler)

"Has it been tested? I mean, on humans? I don't want our children to be guinea pigs."

B – 1 (Barrier)

Moderator: *"Where would you look for the information you want?"*

"First I would consult a doctor; maybe the one who is competent in this sphere and depending on what I am told there, I might search for additional information on the Internet or in the social network and only afterwards decide what to do, whether to have my child vaccinated or not."

S – 1 (Sources of information)

Divide up the rest of the coding

After the group has successfully coded one transcript together, they should decide together who will code the rest of the transcripts. Each transcript should be coded individually by at least two people, ideally more.
Coding is time consuming; it takes 2 to 3 hours of focused attention to read and code a 20–25 page transcript (the average length of a transcript from a 90-minute focus group discussion). While all team members should try to read all the transcripts, the responsibility for coding them can be divided up. Each member should code as many transcripts as possible.

All team members should be encouraged to read as many transcripts as they can, even if they do not code them all.

Step 7B
Code the transcripts individually

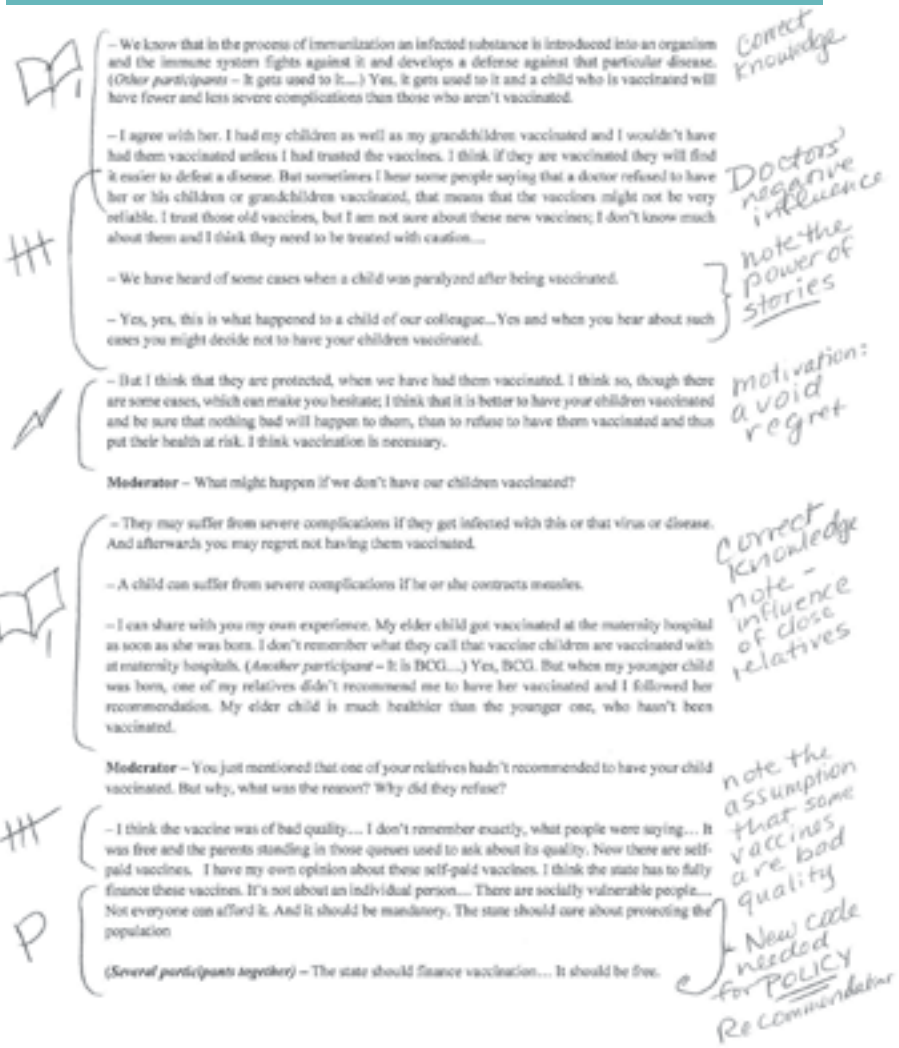
Individual work on coding

After the team meeting, individuals should take their assigned transcripts with them to read and code individually. Some tips to make coding easier:

- It is not necessary to code everything in the transcript; you should focus mainly on the quotes that seem important to the research objectives.
- As you code, think about what research objective the quote relates to, and code it that way.
- Some quotes may be coded with two or more different symbols, depending on how complex they are. That is okay, too. When you come to the analysis step, you can decide how best to include them in the findings.
- There is no need to code the moderators' words unless they are needed to clarify the participants' responses (for example, if the moderator asks a specific follow up question the participants answer.)
- As you code, you may make comments in the margin, for example noting any insights you have, quotes you may want to use in the research report, or ideas for findings that you would like the team to think about.

↓ Example box 14: Coded transcript

Example of a fully coded page of a transcript from research conducted before introducing the HPV vaccine. The coder has also noted some important points in the margins.



– We know that in the process of immunization an infected substance is introduced into an organism and the immune system fights against it and develops a defense against that particular disease. (*Other participants* – It gets used to it....) Yes, it gets used to it and a child who is vaccinated will have fewer and less severe complications than those who aren't vaccinated.

– I agree with her. I had my children as well as my grandchildren vaccinated and I wouldn't have had them vaccinated unless I had trusted the vaccines. I think if they are vaccinated they will find it easier to defend a disease. But sometimes I hear some people saying that a doctor refused to have her or his children or grandchildren vaccinated, that means that the vaccines might not be very reliable. I trust those old vaccines, but I am not sure about these new vaccines; I don't know much about them and I think they need to be treated with caution....

– We have heard of some cases when a child was paralyzed after being vaccinated.

– Yes, yes, this is what happened to a child of our colleague...Yes and when you hear about such cases you might decide not to have your children vaccinated.

– But I think that they are protected, when we have had them vaccinated. I think so, though there are some cases, which can make you hesitate; I think that it is better to have your children vaccinated and be sure that nothing bad will happen to them, than to refuse to have them vaccinated and thus put their health at risk. I think vaccination is necessary.

Moderator – What might happen if we don't have our children vaccinated?

– They may suffer from severe complications if they get infected with this or that virus or disease. And afterwards you may regret not having them vaccinated.

– A child can suffer from severe complications if he or she contracts measles.

– I can share with you my own experience. My elder child got vaccinated at the maternity hospital as soon as she was born. I don't remember what they call that vaccine children are vaccinated with at maternity hospitals. (*Another participant* – It is BCG....) Yes, BCG. But when my younger child was born, one of my relatives didn't recommend me to have her vaccinated and I followed her recommendation. My elder child is much healthier than the younger one, who hasn't been vaccinated.

Moderator – You just mentioned that one of your relatives hadn't recommended to have your child vaccinated. But why, what was the reason? Why did they refuse?

– I think the vaccine was of bad quality.... I don't remember exactly, what people were saying... It was free and the parents standing in those queues used to ask about its quality. Now there are self-paid vaccines. I have my own opinion about these self-paid vaccines. I think the state has to fully finance these vaccines. It's not about an individual person.... There are socially vulnerable people.... Not everyone can afford it. And it should be mandatory. The state should care about protecting the population

(*Several participants together*) – The state should finance vaccination.... It should be free.

correct knowledge

Doctors' negative influence

note the power of stories

motivation: avoid regret

correct knowledge

note – influence of close relatives

note the assumption that some vaccines are bad quality

New code needed for POLICY Recommendation

Add new codes if needed

Sometimes as you are reading, an idea will emerge from the audience that does not fit any existing category well. In that case, feel free to make up a new code for it. Be sure and let the other coders know, too, so that they can use it as well.

↓ Example box 15: New category of codes

Example of a new category that arose during coding taken from research conducted prior to the introduction of the HPV vaccine.

In one country, many participants complained that they had to pay for certain vaccines, saying it caused distrust. Although immunization policy was not one of the topics in the original research questions, this dissatisfaction with existing policy was useful information for the national immunization programme, so the analysis team assigned a code for policy (P).

Here are some quotes that were coded as P:

"You know what? When you go to a child health center and you are offered some alternatives, such as: we have got this and we have got that, this one costs so much and that one costs so much and this one is free … It should not be this way. There should be only the best vaccines and no alternatives."

"When the state entrusts it entirely to you to have your child vaccinated, I think it shows that the state is indifferent, shunning responsibility."
(several participants speaking at once)

"Yes, yes, all vaccines should be free, and the state should finance them all."

Step 7C
Meet to review the coded transcripts and agree on findings

Hold a second analysis team meeting

When all transcripts have been read and coded by the analysis team members, it is time to call a second meeting of the analysis team. The purpose of this meeting is to view the coded transcripts together, pick typical quotes and agree on the findings. You may have to set aside two or more days for this work.

This is the heart of the analysis process and the culmination of all the work analysis team members have done in coding the individual transcripts, so all analysis team members should take part in this meeting.

Create a findings chart

To organize the findings and make discussion easier, you should make a findings chart. This can be done on big paper, so everyone can see it. Alternatively, it can be done on separate pieces of paper, one sheet for each target audience segment and each research objective. This can be done either by hand or on a computer, with inputs from the whole team. It is essential to make a chart that all can easily see and understand.

The process consists of the following steps:

Step 1 Take one target audience and one research objective at a time: for example: Mothers, Urban – Knowledge.

Step 2 All team members should have copies of the Mothers, Urban transcripts in front of them to look at.

Step 3 Team members quickly leaf through the Mothers, Urban transcripts and notice all the places that have been coded for Knowledge. (K-1 and K-2)

Step 4 Team members pick out some typical quotes to write in the Mothers, Urban – Knowledge box in the findings chart (or on the separate paper). Note that it is not necessary to write down every single quote. Instead, you can pick the quotes the group agrees are most typical, or especially interesting. Be sure to mark the source transcript and page number for each quote. It is very important to keep track of the source of each quote since you will need to attribute it correctly in the report, and it can be very difficult to locate quotes later.

Step 5 When that box in the findings chart has a number of quotes to represent the views of that audience, look at them as a whole. What does the audience seem to be saying? What conclusions can you draw? Discuss as a group.

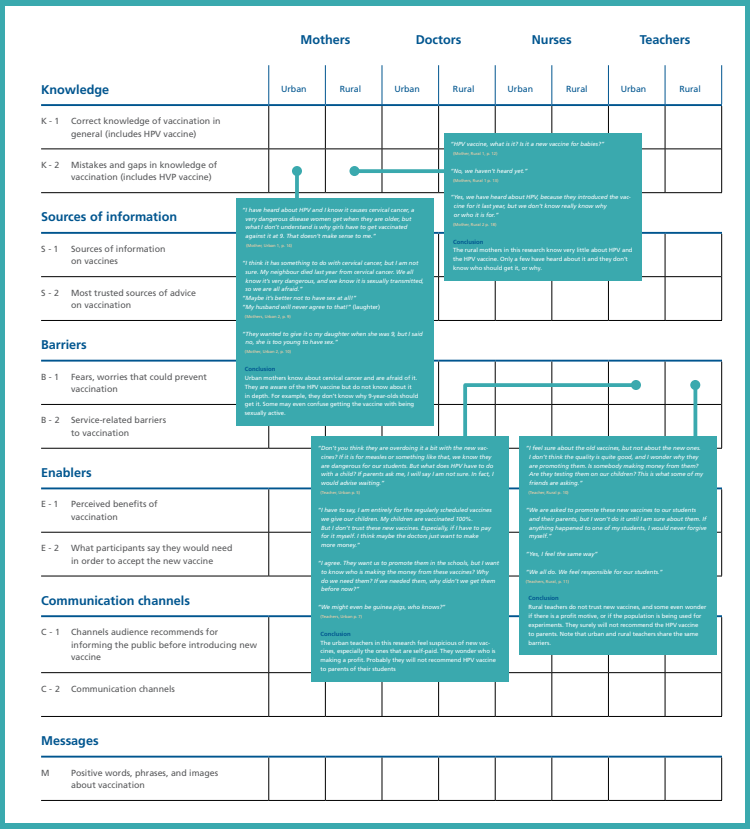
Step 6 Write the group's conclusions in the Mother, Urban – Knowledge box or on a separate sheet of paper.

Step 7 Continue until each target audience segment has been analysed for each research objective.

Please find a full-size copy of the below example of a findings chart inserted at the back of this field guide.

↓ Example box 16: Findings chart

An example of a partially completed findings chart used in qualitative research conducted prior to introduction of the HPV vaccine.



Look over your findings chart

When the findings chart is full, you have finished the most difficult part of the analysis process. You are nearly done, but before going on to the next step, take a few minutes to look over your completed analysis and talk about it together.

Here are some questions to ask as you look at your complete analysis . As the team reflects on these, welcome all insights. There are no "wrong answers" to these questions:

- What have you learned about the target audience as a whole?
- Is there anything that surprised you?
- Is the level of knowledge in the whole target audience higher or lower than you expected?
- What about the health care professionals – are they more or less well informed than you expected?
- What sources of information do most people say they use for information about vaccination? Did this surprise you?
- Whose advice do people trust? Are there any trusted figures that stand out?
- What mass media and social media sources are people turning to for information?
- What about the vaccine you are planning to introduce? If you introduced it right now, without any special communication activities, how do you think it would be received?
- What do you think should be done to improve the chance of success?
- What do you think the biggest barriers to uptake would be?
- What is needed to overcome those barriers?
- Who, among the target audience segments, are your biggest allies?

If the findings chart is on large-sized paper, it should be posted where team members can see it easily. If it is on individual pieces of paper, these should be photocopied so that each team member can have a full set. Team members should be encouraged to continue thinking and reflecting on the data and adding ideas to the findings chart if they have new insights.

Step 7D
Write findings and explanations and pick illustrative quotes

Now that the analysis is complete, you are ready to write down your findings. This step bridges the gap between the analysis and the research report. Since this is a writing job, it may be delegated to a small team or even an individual writer, perhaps the analysis team leader.

Since the analysis has already been done, the job is quite simple. It merely entails writing up what has been learned, in some detail, and choosing the best quotes to illustrate it.

Take each audience segment and research objective in turn, and follow these steps:

- **Step 1** Write a finding based on the group's conclusions.
- **Step 2** Write an explanation with additional detail, if needed.
- **Step 3** Pick the best quotes to illustrate the finding.

The language of qualitative research

As you are writing findings and explanations, it is a good time to take a look at the special language norms of qualitative research. Because qualitative research is about insights, not statistics, qualitative researchers cannot say, for example "75% of mothers think …" Instead, qualitative researchers use

phrases such as "many mothers say …" or "most of the mothers in this study say …"

Similarly, in qualitative research, we do not say "this study shows …", because the word "shows" implies proof. Qualitative research is rich in insights, but it cannot prove things. So instead we say "this study suggests …" or "this study indicates ...".

Other words used often in qualitative research reports are "may," "might," "are likely to …" All of these words reflect strong insights into the target audience and a sense of what may happen, but they do not pretend to be predictive.

Step 1 Write a finding based on the analysis team's conclusions

Findings are single sentences that summarize clearly and simply the conclusions of the analysis for that audience segment and research objective. They should be short and clear, without much detail. Findings are usually written in boldface type so they stand out for the reader.

↓ Example box 17: Findings

Examples of how to write findings based on the findings in example box 16.

Finding on knowledge, urban mothers

Urban mothers who participated in this study are aware of cervical cancer and many know that the HPV vaccine protects against it, but they lack in-depth knowledge of either.

If a finding shows little difference between two audience segments, you should combine them. For example, we saw that both urban and rural teachers are suspicious and untrusting of new vaccines, so the finding might read:

Finding on barriers, urban and rural teachers
Many urban and rural teachers share a common feeling of mistrust of new vaccines and say they are unwilling to recommend them to their students.

Step 2 Write an explanation with additional detail

A short explanatory paragraph usually follows each finding, giving additional detail. This paragraph allows you to capture some of the diversity in the participants' responses and acknowledge some of their special concerns and issues, while still keeping the finding short and simple.

↓ Example box 18: Explanatory paragraph
Example of explanatory paragraph for the finding on "Knowledge, urban mothers" as in example box 16 and 17.

Explanation
This research suggests that urban mothers need greater knowledge about the HPV vaccine. Mothers are keenly aware that HPV causes cervical cancer in adult women, and they know the

HPV vaccine can protect against it, but they do not understand why girls as young as 9 should be given the vaccine. Some urban mothers seem confused about why girls who are not yet sexually active should be vaccinated against a sexually transmitted disease.

Step 3 Pick quotes to illustrate your findings

The last step in writing up the findings is to choose quotes to illustrate each finding and explanation. Go back to the findings chart and look at the quotes on which the finding is based. See findings chart in the back pocket of the field guide. Which ones illustrate the finding best? You may use several quotes, but be judicious. If they are all saying more or less the same thing, pick the one that says it best. Sometimes you may choose two different quotes to show diversity of opinion.

If the finding combines two target group segments (as in the example of the teachers in the previous step), you should choose a quote from each segment.

A good way to write quotes is in italics and indented, to distinguish them clearly from the finding (in boldface) and the explanation (in normal type). You can also use quotation marks for extra clarity. If the moderator is speaking, be sure to indicate it. Otherwise, the reader understands that the words come from a participant. The source of the quote should be clearly marked, as in the example that follows.

"We are asked to promote these new vaccines to our students and their parents, but I won't do it until I am sure about them. If anything happened to one of my students, I would never forgive myself."

(Teacher, Rural)

↓ Example box 19: Completed finding

Example of a fully developed finding from a qualitative research report done prior to the introduction of the HPV vaccine.

Finding on enablers, urban and rural doctors

Many doctors say they need complete, scientific information about the HPV vaccine in order to recommend it to parents or girls.

The doctors who participated in this study want complete information about the HPV virus and the HPV vaccine, in order to satisfy their own doubts and concerns as well as to respond to parents' questions. They asked for scientific studies, the history of the HPV vaccine and its use, statistics on its effectiveness and side effects, and information on its composition and contraindications. They need this information in order to feel comfortable recommending HPV vaccination for their patients.

"*I am interested in the information about which country was the first to introduce the HPV vaccine…. ….I think the quality and the amount of information I possess at the moment is not sufficient to recommend that anyone have their children vac-*

cinated. So, I would probably not recommend it. I need much more information in order to make a decision, to recommend vaccination to my patients and to have my child vaccinated with the HPV vaccine."

(Gynaecologist, Urban)

"What is the result it brings? Has the vaccine been appropriately studied? Is it effective? And how effective is it? Does it have enough immunologic memory to stay effective from the moment of injecting into the organism, to the period when the vaccinated young woman has her first sexual contact? I need answers to these questions to be sure that I do the right thing by having my daughter or some other girls vaccinated."

(Family doctor, Rural)

Step 8

Develop recommendations for communication activities

Now that the analysis is done and the findings are written along with the explanations and illustrative quotes, you are ready to make recommendations for communication activities.

From findings to recommendations for communication

Translating your analysis into recommendation for effective communication activities is not difficult if you look closely at what you have learned about each target audience. The information is all there on your findings chart. It is just a matter of putting it all together in a meaningful way.

For example:

- Findings about **knowledge** show you what each target audience segment knows already, including what misinformation needs to be corrected and what knowledge gaps need to be filled.
- Findings about **sources of information** show you what media and interpersonal communication channels the target audiences are currently using to learn about vaccines and vaccination. These are very important for your recommendations for communication, since it is highly likely that the audience will continue to use them.
- Findings about **barriers** tell you the reasons the target audience may choose not to accept the new vaccine. These may relate to, for example, beliefs or attitudes, cultural norms or previous negative

experience with vaccination. It is tremendously useful to know the barriers in advance so that your communication activities and messages can address them from the beginning.

- → Findings about **enablers** tell you what could motivate the target audiences to accept the new vaccine. This may relate to, for example, information needs or a need to establish positive social norms or community engagement in support of vaccination.
- → Findings about **communication channels** provide you with the participants' recommendations for communication, based on their own media habits as well as what they have observed in others.
- → **Messages** that come directly from the participants are sometimes more persuasive and powerful than anything we can come up with ourselves. These words, phrases and images can be embedded in communication materials.

In short, you already have a deep understanding of the target audiences, based on your analysis of information from the participants during the research. You can now use your findings to arrive at recommendations for communication activities.


BREAKING NEWS
THE DAILY
HPV

↓ Example box 20: Link between findings and recommendations

Example of findings about family doctors and corresponding recommendation for communication activities for the introduction of HPV vaccine.

Findings about family doctors

Family doctors know a lot about routine vaccinations but lack in-depth knowledge of the new vaccine.

Their preferred sources of information about vaccines are training and specialist medical websites, but training events are infrequent and websites are not always up-to-date, especially for new vaccines. They are also exposed to rumours from social media.

Lack of information makes them feel incompetent to answer parents' questions about the new vaccine and doubtful, especially about safety and side effects. As a result, they do not recommend the new vaccine wholeheartedly.

To be able to recommend the new vaccine, they say they need complete information on its use in other countries and statistics on its success rate and side effects. They also need communication tools to help explain the complex information to parents.

They recommended training by an internationally recognized immunologist, which would include fact sheets written in layman's terms that health care professionals could give to parents.

One participant described the benefits of the vaccine in a clear way, which could be used in the materials for doctors and parents.

Recommendations for communication

Trainings by recognized immunologists to provide complete information about the new vaccine, including information about the disease against which the new vaccine protects, the history of the vaccine's development, its composition and manufacture, its use in other countries, statistics on its success and its contraindications and side effects. Trainings should specifically address any rumours parents might ask about as well as doctors' own doubts. Trainings should include ample opportunity to ask questions.

Webpage on the new vaccine, in the national language, on the website of the ministry of health, national immunization programme or public health institute. The webpage should be interactive, with an opportunity to ask questions, and it should contain clear and concise information material about the HPV vaccine, the virus and disease. All of the materials should be developed so it fits the health care professionals' needs and answers their question. The website should be monitored and updated regularly.

Questions and Answers. A list of questions commonly asked by parents with simple, direct answers doctors can give. Doctors can keep this at hand and use it to refer to whenever parents ask questions.

Format for writing recommendations for communication

It is most convenient for those who will develop the communication action plan if the recommendations for communication are organized by target audience. As with the findings, the recommendations should be written briefly in bold face type and should be followed by an explanatory paragraph, showing how the recommendation is linked to the findings. Below is an example of a fully developed recommendation for a communication activity for family doctors.

↓ Example box 21: Wording of recommendations

Example of a recommendation for communicating with family doctors prior to the introduction of HPV vaccine.

Recommendation for communicating with family doctors
(Also relevant for nurses, oncologists, paediatricians, and school doctors)

Create and maintain a dedicated webpage on the Ministry of Health website for the HPV vaccine, in local language, with links to training materials, WHO videos, and professional literature on the HPV vaccine.

Family doctors in this study all asked for a reliable source of information on HPV and the HPV vaccine in the local language so they can feel confident about the HPV vaccine and competent to answer parents' questions. To meet this need, a webpage

dedicated to the HPV vaccine should be added to the Ministry of Health website. This webpage should contain links to training materials and professional research in the local language, whenever possible, and it should be updated regularly so that family doctors can refer to it for the latest information. The webpage should include interactive features so that famiy doctors and other health care professionals can address questions and receive timely answers.

The webpage should be put up at least a month prior to the introduction of the HPV vaccine. The web address of this website or webpage should be included in all trainings and mentioned on all communication materials for the HPV vaccine.

Step 9

Write the research report

Once you have done your analysis, you are very close to a completed research report. By writing down the findings and explanations, choosing the quotes and developing the recommendations, you have already done most of the writing required for the report.

A research report makes it easy for people who were not involved in the research to understand how it was conducted and what was learned from it.

Assembling the research report

A qualitative research report normally includes the following standard sections:

A title page
A foreword - 1 page
Acknowledgements – 1 page
An executive summary – 1-2 pages
Methodology and limitations of the study – 1 page
Findings – the longest section, already written
Recommendations for communication – already written

Title page

The report should be given a title, for example:
Findings of qualitative formative research prior to the introduction of the HPV vaccine in (country)

It may also be given a subtitle, such as:
Audience insights from research in (region) and (region)

The title page should also include the name of the author or authors (those who wrote the findings, explanations and recommendations for communication), the national immunization programme, or other sponsoring organization, and the date and the city where the report was released.

Foreword

The foreword is usually written by a high official, such as the Minister of Health. The foreword gives the study official appreciation, making it clear that it has value to the national immunization programme, particularly to the introduction of the new vaccine.

Acknowledgements

These are usually contained on a single page, thanking by name all the researchers and everyone who helped organize the research, including all collaborating institutions. Acknowledgements may be written by the research team leader or by someone in the sponsoring organization. Note that participants are thanked as a group, but not mentioned by name or institution, to respect the confidentiality guarantee given to them. Below is an example of the wording you can use to thank the participants.

↓ Example box 22: Acknowledgements

Example of how to acknowledge participants from a HPV qualitative research.

Finally, the biggest thanks go to the over 100 participants in the focus group discussions and in-depth individual interviews.

These individuals, including family doctors, nurses, obstetricians, gynaecologists, an oncologist, a priest, teachers and mothers, generously offered their time and opinions, sharing with us their doubts, fears, questions and suggestions, to give us a clear picture of what target audiences know and would like to know about HPV vaccination.

Methodology and limitations of the study

This section briefly describes the study goals, research objectives, target audiences and research design. It should include a standard statement of the limitations of qualitative research. Below is an example of a methodology page for research based on this Field Guide that you can easily adapt to your situation.

↓ Example box 23: Description of methodology

Example of methodology and limitations sections from a HPV qualitative formative study.

Methodology

This audience research was based on a document, a field guide for qualitative research for new vaccine communication – Step-by-step instructions to help immunization programmes under-

stand their target audience before introducing a new vaccine, developed by the WHO Regional Office for Europe.

The target audience for the research included parents and caregivers who will decide about HPV vaccination for girls, family doctors and nurses who administer vaccinations, and specialist doctors, school doctors, teachers and religious leaders who may influence the decision. An urban and a rural site were selected.

Two insight-based, qualitative research methods were used: focus group discussions and individual in-depth interviews.

The following research design was used for this study.

Target audiences	Segments	
	Rural	Urban
Family doctors	1 focus group discussion	2 focus group discussions
School doctors	1 in-depth interview	1 in-depth interview
Gynaecologist	1 in-depth interview	--
Nurses	1 focus group discussion	1 focus group discussion
Teachers	1 focus group discussion	1 focus group discussion
Parents	2 focus group discussions	2 focus group discussions
Priest	--	1 in-depth interview

The research explored the target audiences' knowledge, sources of information about vaccines and vaccination, barriers to vaccination, enablers, recommended channels for communication.

Focus group discussions and interviews were audio recorded with the participants' permission, and the data were then transcribed for coding and analysis, leading to the following findings and recommendations for communication.

Limitations of the study

Focus groups and individual in-depth interviews are a rich source of insights and understanding of the target audiences. However, caution should always be used in generalizing based on the findings. Note also that it is not possible to derive statistical data from qualitative research.

Findings

See Step 7D for detailed instructions on writing the findings, including the explanations and illustrative quotes. See example box 17 for an example. Organizing the findings by target audience makes it easier for those who are planning the communication activities.

For example:

Findings about parents:
Findings about family doctors:
Findings about nurses:

Sometimes, however, research teams prefer to organize findings by research topic, combining what was learned from all the target audiences, for example:

Findings about knowledge:
Findings about sources of information:

Recommendations for communication

See Step 8 for guidance in developing and writing the recommendations for communication.

Share the report with stakeholders and partners

Congratulations! You have now conducted, analysed and reported on a qualitative formative research study! Now share this research report with interested stakeholders and partners at a meeting or launch event where you can answer questions and enjoy some well-earned praise for your achievement.

Make sure to share widely including with:

- your senior management
- immunization programme communications, public relations, public information, health promotion staff
- sub-national public health and immunization authorities
- national emergency/crisis response team
- Ministry of Health
- Institute of Public Health
- Institute of Public Information
- Ministry of Education
- other ministries or institutions involved in (communication for) immunization and vaccination.

Step 10

Develop an action plan

Building on what you learned through the qualitative formative research, the last step in this process is the development of an action plan for communication activities.

Involve stakeholders

Although the ultimate responsibility for the development of the action plan will most likely fall on the national immunization programme, other stakeholders can and should be invited to contribute to the planning process. Involving stakeholders helps ensure that they will feel a sense of ownership in the introduction of the new vaccine. It also helps build capacity among your partners to propose evidence-informed communication activities, based on the research findings.

Key stakeholders who could be involved include:

- Ministry of Health
- public health institutes
- professional associations, health promotion, communication and PR staff, community leaders and representatives
- mothers' groups
- community health organizations and NGOs
- cancer association
- parents' organization
- scientific communities
- social media representatives.

Establish an accountable implementation team

A team responsible for planning and implementing the communications activities should be established. This group may include managers and staff, especially communications staff, from the immunization programme, but may also involve other stakeholders.

This broad-based and inclusive team will ensure effective coordination of communication activities by:

- working together to develop the communication action plan;
- sharing information and updating each other regularly via emails and face-to-face meetings;
- ensuring that all stakeholders are working with the same materials and messages;
- deciding who will coordinate communications in case of a crisis;
- agreeing on roles and responsibilities and how information will be shared.

Hold a planning workshop

Working with your implementation team in an initial planning workshop, follow the below step-by-step process to develop an action plan.

1. Together, recall what you learned about the target audience in the qualitative formative research phase

2. Divide into audience-specific planning teams

Begin by dividing the workshop participants into audience-specific teams. For example, one team should focus on planning the communication activities for parents, and another for family doctors etc.

3. List communication activities in chronological order

Working with the list of recommended communication activities from the research report, each audience-specific planning team should put their communication activities into a rough chronological order, depending on whether they should begin a) immediately, b) at the launch of the new vaccine, or c) after the vaccine has been introduced.

4. Look at all activities planned

It is useful to put the activities for all target audiences on large sheets of paper or post them directly on a big wall so that the planning team can see the whole range of proposed communication activities at once. Looking at this overall plan, the team may find that some communication activities overlap and can be shared, while others may need to be dropped. In this process you need to continously consider and assess the following factors:

- → Acceptability of the activity by the target group
- → Practicability and feasibility of the activity

- → Effectiveness of the activity
- → Cost of the activity
- → Cost-effectiveness of the activity

5. Spell out the tasks for each communication activity

Communication activities involve a number of components. Each audience-specific planning team should list in detail the components involved in each of their proposed communication activities. See example box 24 for an example.

Below are the tasks identified by one team in preparing trainings for health care professionals prior to a new vaccine introduction.

↓ Example box 24: Training steps

Example of steps involved in providing training for health care professionals prior to the introduction of HPV vaccine

Communication activity

Training for health care professionals regarding HPV vaccine

a) Develop training curriculum.
b) Translate WHO position paper on HPV vaccine.
c) Develop Question and Answers document to meet needs revealed in the qualitative formative research.
d) Develop power point with essential content regarding:
    - HPV infection and cervical cancer risk
    - contraindications and adverse effects of HPV vaccine
    - development and history of HPV vaccine
    - worldwide use of HPV vaccine

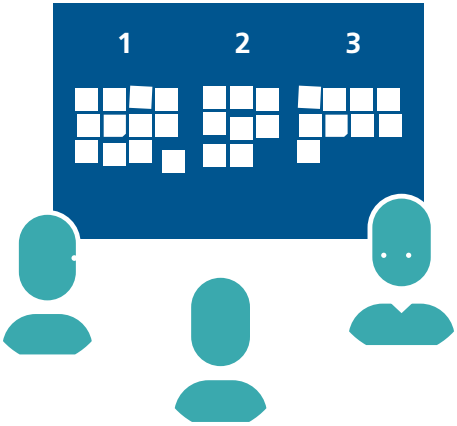
- concerns of public as shown in research
- messages to address concerns.

e) Training materials should be reviewed and approved by expert panel.

6. Make a detailed action plan for each activity

A fully developed action plan includes all the communication activities, the materials to develop, the channels for distribution of those materials, the cost, source of funding, responsible person and the due date.

Having a detailed action plan such as this is a good way to get an overview and helps ensure that all the activities are implemented as planned, in good time. See the example in example box 25.



↓ Example box 25: Country action plan

Example of an excerpt from one country's action plan showing the detailed planning for one communication activity (brochures for parents)

Target audience: Parents and guardians of girls aged 9

Activity	Distribution channel	Action steps
Develop brochures for parents	Webpage Facebook	Draft content based on findings
		Draft layout
		Pre-test with target audience
		Finalize brochure based on pre-test
	Health centres Parent meetings at schools Mothers' groups	Place electronic version on website/Facebook
		Print hard copies
		Distribute hard copies

(Continued)

Deadlines	Responsible	Cost	Source of funds
September 15	Natalia	--	
September 18	Natalia	--	
September 23	Maya	$200	Programme budget
September 30	Natalia	--	
October 2	Maya	--	
October 10	Natalia	$1500	Programme budget
October 15	Natalia, Maya, Shahin	--	

Pre-test communication materials with their target audience

Before they are finalized, all communication materials should be pre-tested with a sample of the target audience(s) for whom they were developed. Pre-testing materials with colleagues in your programme or with vaccine experts from outside may help to ensure that the facts are correct, but this is not a substitute for a pre-test with the target audience. The reason for pre-testing with the target audience is to make sure that the materials and messages:

- → are clear and understandable to the target audience;
- → contain the information people want;
- → answer the audience's questions and motivate them to action;
- → are not misleading.

For instance, a power point presentation to be used in meetings for parents at schools should be pre-tested with a group of parents to see if they understand the content, relate personally to it, and find it interesting and convincing, and if it fits their needs and answers their most important questions.

It may be decided to produce two alternative draft versions of any communication product for the audience to compare during the pre-test. For example, if a poster is being developed, having two draft posters for the same objective, with different pictures, messages and graphics will give the audience more options, and the final poster (which may end up being a combination of the two) will be better.

Print and graphic materials can be tested in nearly final form. Video spots should be pre-tested in script or storyboard form, since pretesting nearly final versions of a video would require expensive changes.

Working with creative agencies

You may want to consider working with a creative agency to design your materials and develop messages targeting each group. If so, you should begin by writing a creative brief to guide the agency. The creative brief should summarize the main findings about the target audience and the recommendations for communication, to guide the agency. Make sure the agency understands that the research findings must be the basis of their creative ideas.

To work effectively with the creative agency, you should make a contract with them that requires sign off at multiple points (for example, the concept, the rough draft and the final draft) where you can check to see that the messages and materials reflect the research findings and are true to the needs of the target audience.

Your team should take charge of pre-testing the materials designed by the agency, although it is useful to have agency people attend the pre-test to hear feedback from the target audience on their work.

Identify and collaborate with influencers of the target groups

When your communication action plan has been approved and you are ready to implement the activities, you should consider identifying and collaborating with influencers of the target group. These can help you gain access to your target audience, help disseminate materials and promote your messages and be advocates for the new vaccine.

Think of who may have an influence on how the new vaccine is received by media, public and health workers, at national and local levels.

Influencers may be:

- experts
- advisors
- National Immunization Technical Advisory Group (NITAG)
- government
- parliament
- national regulatory authority (NRA)
- regional/municipal government
- interest groups (religious, women, children etc.)
- religious leaders
- local traditional leaders
- political leaders
- professional associations (doctors, nurses, midwives)
- parents groups
- WHO
- UNICEF
- non-governmental organizations
- celebrities
- bloggers
- schools.

Be prepared for challenges

Even with good preparation, challenges may emerge during the initial period of the introduction of a new vaccine. Many events have the potential to erode confidence in vaccines and in the authorities delivering them.

Such events can be related to vaccine safety, side effects or other events following vaccination; changes in the vaccination programme; a negative focus in public debate or media coverage on vaccination; or even outbreak or pandemic situations.The Ministry of Health and the national immunization programme should be ready to deal with any crisis.

Having a crisis communication plan in place is the best way to ensure that you can deal with any situation. See Annex V for developing a crisis communication plan. Below are some basic steps to be prepared for a potential crisis.

- → Monitor the media and be ready to respond to the public's concerns as soon as they arise.
- → Identify and train spokespersons, providing them with clear and concise messages and holding statements to be used in case of any media crisis. The concerns raised by participants in the audience research should be taken into account when developing these messages.
- → Create a dedicated webpage for the new vaccine including all information about the new vaccine, country specific data, factsheets, Q&As, links to trustworthy websites. Provide a mechanism for feedback and a forum on the website to respond to queries from the public, media and health care workers. The webpage can be used for a rapid communication response in case of any crisis. The webpage should be available prior to the launch and as long as the vaccine is offered.

- → Compile information about the vaccine and the disease it prevents. Annex IV provides a list;
- → Make it clear that the government endorses the vaccine through public statements (launch, interviews and speeches) and through the text and logos on all communication materials.

Additional information and a template and process for making a crisis communication plan can be found in Annex V. Also, see, Annex VI, a checklist for preparedness.

Look how far you have come!

You have now arrived at the end of the formative qualitative research and communication planning process described in this Field Guide. Take a moment to pause and reflect on what you have achieved.

Working your way through the ten steps in this qualitative research and planning process, you have gone from questions to answers, from curiosity about the audience to an in-depth understanding of them. You have produced a fully-developed, evidence-informed communication action plan.

This communication action plan will help ensure a successful introduction of this new vaccine. But best of all, the understanding of the audience you have gained and the skills you have acquired will continue to serve you and your programme in the future, as you work together to improve the health of your country.

Annexes

I. Example of questions to consider before starting the research

II. Example of discussion guide for focus group discussion with mothers of girls in the target age group

III. Example of interview guide for an individual in-depth interview with a school doctor

IV. List of information that should be prepared prior to the introduction of the new vaccine

V. Example of a template and a process for developing a crisis communication plan

VI. Checklist for preparedness

Annex I
Example of questions to consider before starting the research

Vaccine delivery:

- → How is this vaccine going to be introduced?
  - School-based programme?
  - Might it be done differently in urban vs. rural areas?
- → What age group will be offered the vaccine?
- → Will the vaccine be offered free of charge?

Vaccines:

- → What do you think is the population's general perception about vaccines?
- → Are there any active pro-vaccination or anti-vaccination groups in the country?
- → Have you ever experienced a crisis in relation to any vaccine?

Health sector:

- → Are doctors and nurses generally seen as trusted and/or influential sources for decision-making about vaccinations?
- → Are vaccines in general trusted by health care workers?
- → Which health care workers will administer the vaccines?

Communication campaigns:

- → Which media outlets are most often used to communicate about vaccine/health campaigns?
- → Have previous campaigns been successful?

Schools:

- → Is the principal/class teacher generally seen as a trusted source of information by parents?
- → In school-based settings, who would normally be dealing with issues concerning vaccines? School nurses, main teachers etc.?

Decision-makers in families:

- → Who would normally be the one deciding whether a child should be vaccinated or not?

Trusted sources:

- → Where do you think parents would normally seek information about health issues/concerns and/or vaccines?
- → Do you know if parents seek information from their family doctors?
- → Overall, do you expect to find any differences between urban areas vs. rural areas concerning trusted sources?

Religion:

- → Is the religious leader (pastor, priest, imam) an important figure in family decisions?

Annex II
Example of discussion guide for focus group discussion with mothers of girls in the target age group (for HPV vaccine introduction)

Welcome speech

Hello, everybody. My name is ... and this is (name) who is assisting me. Thank you for coming to this group discussion today.

We work at … But our job today is to listen to you. We want to hear mothers' points of view, opinions and experiences about vaccination so that we can improve the national immunization programme. We are recording this discussion as a way to take notes for our research.

When the discussion is over, we will transcribe the tape and then erase it. We won't use any of your names in the report. So I would like to invite you to speak openly and honestly. There is no right or wrong answers. I hope you will share your opinions and ideas frankly.

Icebreaker question

Let's start by getting to know each other. They say that you can judge a person's character based on their pets. So are you a cat person, a dog person, or a no-pet person, and why?

Engagement questions

→ Let's talk about some experiences you have had with vaccines and vaccination. Who would like to share?

Exploration questions

Knowledge

→ What vaccines do people regularly get here in (country), and have you heard of any new ones?
→ How does vaccination work, in simple terms? Do you think most people understand it?
→ If a friend asked for your advice about getting her children vaccinated, what would you tell her? Have you heard mostly good or bad things about vaccines?

Information sources

→ How do you decide whether or not to vaccinate your child or children?
→ Who do you go to to get information about vaccines? (If participants do not mention the following sources, ask them about:
- Internet; social media networks
- health care workers (who?)
- friends/family
- schools
- priests/other religious leaders.)

→ What sources of advice do you think are most trustworthy, and why?

Barriers

→ How did you feel the last time your child was vaccinated? Did you have any concerns about the vaccine or vaccination in general?
→ Do you have friends or family members who in the past have decided not to vaccinate? What did you think about that?
→ Some people do not want to vaccinate their children. Why do you think they feel that way, and do you agree?
→ Have you heard of anyone who has had a bad experience with vaccination, and what is your opinion about it?

HPV

→ Have you heard about cervical cancer? What have you heard?
→ Do you know anyone who has had cervical cancer? Can you share their story with us?
→ How serious do you think cervical cancer is?

Moderator explains:
Cervical cancer is caused by a very common sexually transmitted virus, called human papilloma virus, or HPV. A vaccine against HPV is used in many countries to protect their populations.

Moderator asks:
Have you heard about this vaccine, and if so, what have you heard? *(Participants answer and moderator listens)*
WHO recommends giving this vaccine to girls aged 9-14 to protect them against cervical cancer when they are adults. So (country) plans to begin introducing it to girls of (age) in (date).

Enablers

- → Are you concerned about your child contracting diseases? Which diseases in particular?
- → What would you need to know in order to feel comfortable having your daughter vaccinated with HPV vaccine?
- → What questions do you or your friends have about vaccination?
- → How do your friends and family feel about vaccination?

Communication channels

- → Where would you look for information about vaccines?
  (If participants do not mention the following, you can ask them about:
  - TV (specific channels, programmes)
  - radio (which programme, channels)
  - newspaper (which one?)
  - magazines (specify?)
  - Internet (specific websites?)
  - social media (which ones?)
  - Ministry of Health)
- → What do you think would be the best way to inform and educate people about a new vaccine?
- → What communication channels would be best for you, to learn more about vaccination?

Messages

- → Can you remember any previous communications about vaccination? What did you like or not like about them?
- → Do you have any ideas about powerful messages that could be used to communicate about vaccination?
- → What would you say to persuade a friend to vaccinate her daughter?

Exit questions

- → We still haven't heard very much about (topic). Does anyone have any thoughts about that?
- → This has been a very good discussion! Is there anything else anyone would like to say about vaccines and vaccination?

Annex III
Example of interview guide for an individual in-depth interview with a school doctor (for HPV vaccine introduction)

Welcome speech

Hello (name). I am (name) from (job) and this is (name) who is assisting me.

Thank you so much for taking some time away from your job to talk with me today. As you know, the purpose of this interview is to learn about your opinion and experience of vaccination so that we can improve our programme. I am recording our talk, just as a way to take notes.

Afterwards, the recording will be transcribed, and the tape will be deleted. No names will be used in the report. So please feel free to speak frankly.

Do you have any questions about the process of this interview? Would you prefer to have us talk alone, or can (name of assistant) listen in and make some written notes?

Icebreaker question

Tell me something about your school (if the interview is held in the school). It looks like a lively place. How long have you been working here?

Engagement questions

- What is your role in the school?
- Do students, parents or teachers come to you for information or advice about health matters?
- Are you sometimes called on to make presentations on health subjects?

Exploration questions

Knowledge

- If a student asked you to explain how vaccination works, what would you say?
- Do you ever get questions from students or parents about vaccination? If so, what do they ask and how do you respond?
- Have you noticed any gaps in students or parents' knowledge?

Information sources

- Where do you go when looking for information related to vaccines in general?
  (If the participant does not mention them, you may ask about:
  - Internet; social media networks
  - health care workers (who?)
  - friends/family
  - schools
  - religious leaders.)

- If a new vaccine were going to be introduced in your country where would you go to learn more about it?
- What sources of advice on vaccination do you think are most trustworthy, and why?
- Would you expect information about a new vaccine to be distributed in schools, and if so, to whom and how?

Barriers

- Do you personally have any doubts or concerns about vaccination in general? If so, what are they?
- Have you heard any stories or rumours about vaccines from your colleagues or friends?
- What may prevent you from recommending vaccination?

HPV

As a doctor, what do you know about cervical cancer and its causes, prevention and treatment?

Moderator explains:

You may have heard that a vaccine has been developed to protect girls against the human papilloma virus or HPV, a very common sexually transmitted virus which is responsible for cervical cancer. This country plans to introduce the HPV vaccine in (date.) WHO recommends giving this vaccine to girls aged 9 to 14. Here it will be given to girls of (age) in (locations.)

What do you think about this? Would you feel comfortable having your own daughter or other family members vaccinated against HPV?

Enablers

- What would you need in order to feel comfortable advising parents and colleagues to vaccinate their daughters against HPV?
- What further information do you need to answer parents' questions?
- What questions would you need to have answered to feel confident in giving an opinion?

Communication channels

- What would be the best way for you, as a school doctor, to learn more about vaccines in general, and this new vaccine in particular?
- Can you think of any previous communication on vaccines, or another health promotion topic, that you thought was effective? What did you like about it?
- In your opinion, what is the best way to communicate with parents and students about a new vaccine?
  (If the participant does not mention these, you can ask about them:
  - TV (specific channels, programmes)
  - radio (which programme, channels)
  - newspaper (which one?)
  - magazines (specify)
  - Internet (specific websites)
  - social media (which ones?)
  - Ministry of Health
  - presentations to students
  - parent meetings at schools
  - information distributed at school (what form and how?))

- How would you recommend that you and your school be involved in the introduction of the new vaccine?

Messages

- Can you remember any story, photo, news story or health promotion campaign that had a lasting effect on you? Please explain.
- Can you think of any powerful messages that could be used to communicate about vaccination?
- What would you say to persuade a friend to vaccinate his or her daughter?

Exit questions

- What advice do you have for your country's immunization programme about introducing the new vaccine?
- This has been a very good interview, very informative! Is there anything we haven't covered that you would like to add?
- Is there anything you would like to say in closing?

Annex IV
Information that should be compiled by a national immunization programme prior to the introduction of a new vaccine

The disease which the new vaccine prevents:

- how severe it is
- its indications
- age group it affects
- what it is caused by.

Rationale for introducing the new vaccine:

- studies conducted
- disease burden in your country
- hospitalizations per year caused by the targeted disease
- cost-effectiveness analysis
- evidence from other countries
- WHO recommendations.

The new vaccine:

- how it is administered;
- type of vaccine (live, live attenuated, inactivated, conjugate, subunit, toxoid);
- how the immune system responds to it;
- what the vaccine is composed of;
- contraindications and false contraindications.

Possible adverse events:

- → list of possible adverse events associated with the vaccine and how frequent they are;
- → detailed information about the signs and indications of adverse events, including possible time span following vaccination;
- → experience from other countries that introduced the vaccine, including possible rumours, misperceptions and media stories.

Background rates for possible Adverse Events Following Immunizations (AEFIs):

Frequency of these events in your country, among the target group and during the relevant time of year, so that any claim of an increase in these events can be disproved or confirmed.

The situation:

- → facts about the routine programme and, if relevant, about the supplementary immunization activities/campaign, targets set, sites of vaccination;
- → changes that will be needed to accommodate the new vaccine;
- → overview of AEFIs reported for other vaccines, recently or during the year;
- → any possible misperceptions or rumours circulating about the vaccine that is going to be introduced.

Target groups for the new vaccine:

- → gender
- → age
- → geographical areas targeted.

Preparations:

Record of how you prepare for the new vaccine introduction, including trainings conducted, information materials produced, stakeholders engaged etc.

Annex V
Developing a crisis communication plan

Crisis situations require extraordinary communications. Time is an issue, many stakeholders are involved, and an efficient communications response can make the difference between mitigation and escalation of a crisis. Building on the overall communications plan, a set of special considerations in relation to crisis communications needs to be prepared; either as part of the communications plan or as an annex. Below is information that can lead you through a process for developing a crisis communication plan that should be in place in case it is ever needed.

It is a good practice to assemble a group to go through this crisis communication planning process together. Begin by imagining worst-case scenarios in detail, then consider how each scenario could have been prevented, and how each one could be mitigated. Decide on concrete actions, responsible leads and times. Some actions can be taken now. For example, you can craft holding statements, agree on roles and responsibilities, decide on decision-making procedures and develop contact lists.

Once the plan has been completed, get approval from the relevant authorities. Your plan will then be ready to go into action in a crisis.

Areas and actions to be taken

Possible scenarios

Consider worst-case scenarios, including vaccine safety events, and develop strategies to respond to these. The plan must be flexible enough to accommodate different scenarios. For each scenario, define:

- **Preventive actions** to alleviate the impact of an event or prevent the scenario from ever taking place. As examples, this may include monitoring public opinion and responding to new misperceptions or events, establishing relations with the media and with key stakeholders and building their knowledge on immunization and diseases.
- **Mitigating activities**; i.e. first step actions to be taken if the scenario does occur, that can prevent the situation from escalating.

First step actions

Define communications actions that can be taken within a few hours of the event. Take into account national, regional and local levels. Preparations may include:

- holding statements and key messages;
- list of frequently asked questions with answers and key facts;
- list of third party experts who would be effective information sources for the media;
- media contact lists and call log,
- list of the key stakeholders you need to keep informed;
- list of immediate information channels to all stakeholders (e.g. web, social media, e-mails, press release).

Holding statements

Prepare a set of initial statements that can be used for the first media encounter in (almost) any type of vaccine crisis. For example, "We are allocating all available resources to the investigation of this unfortunate incident and are doing our utmost to identify the reasons behind it as soon as possible", "Our deepest sympathy goes to those affected", "We will keep you informed about all details and provide regular information via our website and daily press briefings at the Ministry of Health".

Decision-making and information release authority

Make sure that your plan has a signed endorsement from senior management, such as directors and senior managers. Define information approval mechanisms during crises (who releases what, when, how) and a procedure for information verification and expedited clearance.

Roles and responsibilities

Define clear roles and responsibilities during a crisis. Include guidance on coordination and collaboration between stakeholders representing different ministries and institutes and with different areas of expertise (e.g. paediatricians, epidemiologists and communicators). Include a designated spokesperson (to whom everybody else refers journalists), how activities are coordinated, and who liaises with key internal and external stakeholders.

Information sharing

Define how information will be shared during the crisis with key stakeholders and the media and public. Consider different routes of information dissemination to reach more audiences. Also define mechanisms to ensure that media inquiries are addressed as appropriate. With stakeholders agree on a time of day at which to announce updated statistics (e.g. cases) to avoid confusion. Consider the media's needs in terms of deadlines and ease of obtaining press brief information to ensure that all media outlets have

equal access to updated information as well as convenient methods to get answers to questions (e.g., post press conference transcripts online, provide toll-free call-in lines for press conferences, hold press conferences at the same time on regular intervals).

Monitoring public opinion

Include guidance on monitoring of public response (e.g. via social media and/or the establishment of a hotline) to make sure that any new developments, events or misperceptions are responded to immediately.

Contacts

Prepare and continuously update lists with

- media contact information (national and local), including after-hours news desks;
- members of crisis response teams after-hours contact numbers;
- other relevant stakeholders.

Annex VI
Checklist for preparedness

To assess if your country is prepared for an event that may erode public trust in immunization, go through the checklist in your vaccine communications working group.

The checklist can be used as inspiration and to guide discussions in the planning group.

Crisis communication planning	√
A crisis communication plan has been developed	
The crisis communication plan has been shared with all relevant stakeholders, including decision-makers, allies and influencers	
The crisis communication plan has been endorsed by senior management	
The crisis communication plan is flexible, so that it is applicable for different kinds of crises	
Coordination and collaboration	
A vaccine communication working group, or similar collaboration mechanism, has been established	

Coordination and collaboration (continued)	√
It is clear how stakeholders representing different ministries/ public institutions and different technical areas of expertise coordinate in a crisis	
The crisis communication plan defines rapid approval mechanisms during a crisis (e.g. for press releases)	
The crisis communication plan is reviewed once a year	
Crisis response mechanisms	
It is clear who is responsible for ensuring website information and a press release within a few hours in case of a crisis	
Clear guidelines on speedy dissemination of information to regional and local levels are in place	
Spokespersons have been trained	
Holding statements and messages have been developed	
A list of FAQs (frequently asked questions) on immunization has been prepared	
Background rates have been calculated	

Media	√
Ongoing efforts to strengthen relations with media editors and journalists	
Journalists and editors are trained to build their knowledge on vaccination	
Mechanisms are in place to ensure that media inquiries are answered during a crisis	
A media contacts list has been developed and is being maintained	
A list of external (third party) experts who would be effective information sources for the media has been developed (with experts and strong spokespersons)	
Decision-makers, allies and influencers	
There are ongoing efforts to build relations with people who influence opinions on vaccination	

Public	√
Strong routine communication efforts ensure public awareness of risks and benefits of immunization and diseases.	
Research has been conducted to understand the factors that drive vaccination acceptance and demand.	
Public opinion on vaccines is monitored so that new issues can be detected and responded to.	
Frontline health workers have been trained in vaccine safety and in communicating with parents and beneficiaries.	

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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