Workshop on Enhancing Communications around Influenza Vaccination

11-13 June, CDC Atlanta Georgia, USA

Output from AMRO-PAHO 2

Session 11: Implementation Plan for National Health Communication System
Key Steps of an Implementation Plan for Building an Effective National Health Communication System - 1

• **Development of an Advocacy Plan**
  – Evidence and Data to support prioritisation of issue
  – Establish key policy elements, funding, planning, etc recommendations

• **Establishment of coordination mechanism**
  through partnership between key stakeholders (high level decision makers)
Formulating & Finalising Policy that includes:

- Priority themes to be addressed (target groups, strategies including media and communication etc)
- Production capacity and delivery system
- Other partnerships, alliances and national/ regional collaborations to be considered*
- Resource priorities and considerations for implementation of policy
Key Steps of an Implementation Plan for Building an Effective National Health Communication System - 3

- **Communication (of both policy and messages) to internal and external audiences**
  - Need clear communication goals
  - Identify clear objectives/ approaches/ strategies: increase in coverage; increase in awareness; behaviour change; media monitoring
Key Steps of an Implementation Plan for Building an Effective National Health Communication System - 4

- **Partnership and Alliance building:** shared vision, shared understanding of risks/ importance; joint and/or coordinated activities; incentivised contributions
  - Politicians
  - Key Govt sectors/ line ministries
  - Manufacturers and distributors
  - Frontline healthcare workers
  - Public Health Professionals
  - Medical Associations
  - Media
  - Religious Leaders
  - Other Opinion Leaders
  - Trade and Industry Associations including large organisational employers
  - NGOs/CSOs

  Need to identify priority audiences who will be the recipients of the vaccines/ be involved in implementation
• **Media messaging for consumers/ general or specific population groups**
  – Directly
  – By 3rd party groups
  – By healthcare workers