New Insights on the Road to Zero
The terrains are unique, but common hazards emerge.
The IMB pointed the way forward...

We recommend that the Programme urgently construct and implement a plan to correct its crippling under-emphasis on social mobilization and communications.

This should address:

The need to rehabilitate the reputation of the vaccine in places where it has fallen into disrepute;

To elevate the social mobilization networks to excellent performance;

And to bring substantially more communications expertise to the table in the Programme’s key strategic forums, including partnership, headquarters and TAGs/ERCs.
We responded by exploring trust between the polio programme and caregivers...
To reach the last remaining children, we have to consider the larger networks around them and recognize the need to consider the broader dynamics influencing vaccine uptake.
We’ve Expanded Our Expertise On All Levels
From 6,648 to 13,202 Social Mobilizers

Nigeria
2,153 to 8,602

Pakistan
1,059 to 1,638

Afghanistan
1,694 to 2,892
Scaled up UNICEF HQ

May 2013:
19 posts, 32% recruited

May 2014
24 posts, 92% recruited

Communications: From 3 to 8 staff + experts in storytelling, innovation and knowledge management
And scaled up external expertise

Over 30 Institutions brought on board with Long Term Partnership Agreements

Partnerships with Islamic Institutions and Leaders through the Islamic Advisory Group

Over 40 CDC-supported STOP volunteers
We've gotten far enough that refusals are no longer the biggest problem.
Refusals have been reduced by 60% in endemic high risk areas since January 2013…

Source: Independent Monitoring Data; Polio Control Room Data Pakistan
With a 48% reduction in Afghanistan. A 70% reduction in Nigeria and an 80% reduction in Pakistan.

Source: Independent Monitoring Data; Polio Control Room Data Pakistan
This reduction is real. Approval of OPV is high

Caregivers in high risk areas who believe giving polio drops to their children is a good idea:

- Nigeria: 96%
- Mogadishu: 96%
- Pakistan: 98%

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan; Mogadishu
Innovations are helping us communicate faster and better

Pakistan
Voice SMS using local religious leaders’ voices
Mapping health facilities and community networks in North and South Waziristan

Nigeria
Bluetooth video sharing at the doorstep
VCM’s participate in vaccinator selection and profile assessment

Kandahar City
Revision of entire frontline team composition to increase female workers and greater access to households

Lebanon
Digital mapping of all service delivery entry points that can offer OPV to Syrian and poor Lebanese population
Better data give us new insights and improved strategies

Community perceptions derived from >13,000 ‘eyes and ears at the most local levels

Local data collection systems to measure communication performance

3rd party monitoring

SMS rapid data collection

National Media Monitoring

Harvard Polling of community perceptions
- Somalia
- Pakistan
- Nigeria
- Afghanistan
- DRC
The biggest problem:
Getting to the remaining children
And it’s not simply a matter of getting to their doorstep

<table>
<thead>
<tr>
<th>Missed Children (total)</th>
<th>2014 Average</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Afghanistan</strong></td>
<td>7.1%</td>
</tr>
<tr>
<td><strong>Nigeria</strong></td>
<td>4.6%</td>
</tr>
<tr>
<td><strong>Pakistan</strong></td>
<td>2.8%</td>
</tr>
</tbody>
</table>

And it’s not simply a matter of getting to their doorstep.

Source: Independent Monitoring Data from Afghanistan and Nigeria; Control Room Data from Pakistan.
Note: 2013 average based on campaign data from April to December, aggregating high risk areas as follows:
- Afghanistan: 11 LPDs in the South
- Nigeria: 10 High Risk States
- Pakistan: High Risk Provinces (Balochistan, FATA, KP, Punjab and Sindh)
Reasons for Children Not Available

March 2014

Afghanistan: Reasons Not Available
- Other: 31%
- Market/Street: 29%
- Travel: 40%

Nigeria: Reasons Not Available
- Play/Social: 83%
- Other: 11%
- Market: 6%

Source: Independent Monitoring Data
Children may not be identified even when they are home

Missed Children due to child not available and no team in Pakistan – March 2014

(All Data From March 2014)

Source: COMNet logbook; reflects data in COMNet areas
To reach zero, we must be ready to take two paths.
The first path: Overcoming barriers to vaccinating children in accessible areas
We need to equip frontline workers to access households

Caregiver’s perceptions of vaccinators

<table>
<thead>
<tr>
<th>Perception</th>
<th>Nigeria</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trusted ‘a great deal’</td>
<td>72%</td>
<td>61%</td>
</tr>
<tr>
<td>Vaccinators are ‘very knowledgeable’</td>
<td>61%</td>
<td>52%</td>
</tr>
<tr>
<td>Care about children in their community</td>
<td>69%</td>
<td>53%</td>
</tr>
<tr>
<td>Are from outside the neighborhood</td>
<td>31%</td>
<td>24%</td>
</tr>
</tbody>
</table>

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan
We are doing relatively well hiring female vaccinators in most places

83% of caregivers who believe it is most acceptable to include at least one female vaccinator

77% of caregivers who reported seeing at least one female vaccinator come to their doorstep

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan; Mogadishu
<table>
<thead>
<tr>
<th>Country</th>
<th>Proportion of Female Social Mobilizers (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>100%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>21%</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>28%</td>
</tr>
</tbody>
</table>
We also find that the reachable can still be vulnerable

"It’s a western conspiracy against Muslims."

"Why Polio? Why not other health issues?"

"It’s being used for family planning."

"My child would get sick if vaccinated too many times."

Source: UNICEF-supported focus group discussions in Peshawar, Pakistan; April 2014
Approval is not a steady state. Hesitation can endanger success.

<table>
<thead>
<tr>
<th></th>
<th>Nigeria</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Think polio may be curable</td>
<td>29%</td>
<td>31%</td>
</tr>
<tr>
<td>Concerned their child will get polio</td>
<td>86%</td>
<td>31%</td>
</tr>
<tr>
<td>A child needs polio drops every time</td>
<td>69%</td>
<td>81%</td>
</tr>
<tr>
<td>Intend to give their child drops every time</td>
<td>68%</td>
<td>81%</td>
</tr>
</tbody>
</table>
The second path: Finding ways to reach children in insecure areas

We have a million reasons to solve this problem
1,000,000 Children are Chronically Missed Due To Inaccessibility

Source: Independent Monitoring (coverage) and Security Monitoring (inaccessibility)
How are so many children beyond our current reach?
Part of the explanation for not reaching children in these areas can be attributed to distrust...

In The Vaccine
In The Health System Itself
In The Frontline Workers
The reasons for distrust vary…

Distrust in the Vaccine

### Heard Rumors

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>32%</td>
</tr>
<tr>
<td>Borno</td>
<td>46%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>46%</td>
</tr>
<tr>
<td>FATA</td>
<td>48%</td>
</tr>
</tbody>
</table>

### Believe Rumors

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>9%</td>
</tr>
<tr>
<td>Borno</td>
<td>11%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>12%</td>
</tr>
<tr>
<td>FATA</td>
<td>33%</td>
</tr>
</tbody>
</table>

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan; Mogadishu
The reasons for distrust vary...  
Distrust in the Programme

Who is responsible for delivering polio drops?

<table>
<thead>
<tr>
<th>International Organizations</th>
<th>FATA</th>
<th>21%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>6%</td>
<td></td>
</tr>
</tbody>
</table>

Caregivers who did not trust this institution
(among those who mentioned it)

<table>
<thead>
<tr>
<th>FATA</th>
<th>30%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>13%</td>
</tr>
</tbody>
</table>

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan; Mogadishu
### The reasons for distrust vary...

**Distrust in vaccinators**

Caregiver perceptions of vaccinators who came to their door

<table>
<thead>
<tr>
<th>Perception</th>
<th>Borno</th>
<th>FATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are trusted ‘a great deal’</td>
<td>48%</td>
<td>26%</td>
</tr>
<tr>
<td>Very knowledgeable</td>
<td>43%</td>
<td>19%</td>
</tr>
<tr>
<td>Cared about children in the community ‘a great deal’</td>
<td>43%</td>
<td>27%</td>
</tr>
<tr>
<td>Are from outside the neighborhood</td>
<td>34%</td>
<td>16%</td>
</tr>
</tbody>
</table>

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan
Social barriers impacting support for OPV in FATA & Borno

1. Rumors about OPV
2. Distrust in the health system delivering OPV
3. Vaccinators are not
   • Trusted
   • Knowledgeable
   • Showing concern for children’s well-being
   • From the local community

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan
And even when parents have high support for OPV, we can see that that’s not enough in these areas

Social support for OPV in Borno
(% caregivers saying each influencer thinks giving OPV is a very good/somewhat good idea)

<table>
<thead>
<tr>
<th>Influencer</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>88%</td>
</tr>
<tr>
<td>Health Worker</td>
<td>76%</td>
</tr>
<tr>
<td>Community Leader</td>
<td>61%</td>
</tr>
<tr>
<td>Neighbors</td>
<td>49%</td>
</tr>
<tr>
<td>Grandparents</td>
<td>46%</td>
</tr>
</tbody>
</table>

Even when parents have high support for OPV, we can see that that’s not enough in these areas.

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan
And even when parents have high support for OPV, we can see that that’s not enough in these areas.

Social support for OPV in FATA (% caregivers saying each influencer thinks giving OPV is a very good/somewhat good idea)

<table>
<thead>
<tr>
<th>Influencer</th>
<th>Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent</td>
<td>66%*</td>
</tr>
<tr>
<td>Health Worker</td>
<td>63%</td>
</tr>
<tr>
<td>Neighbors</td>
<td>41%</td>
</tr>
<tr>
<td>Grandparents</td>
<td>39%</td>
</tr>
<tr>
<td>Religious Leader</td>
<td>26%</td>
</tr>
</tbody>
</table>

Reduced Support

*This figure is only reflective of fathers commenting on their wives’ support for OPV, as mothers were not surveyed in FATA.

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan.
We're making progress down both paths: Delivering strategies that overcome barriers in accessible communities.
And finding new ways to enter inaccessible areas...and inaccessible ones.
COMNet are vaccinating more ‘unavailable’ children after campaigns.
All partners are providing additional services to communities in Kano, Borno & Yobe
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All partners are providing additional services to communities in Kano, Borno & Yobe
All partners are providing additional services to communities in Kano, Borno & Yobe
We need to be conscious of localized community demands

<table>
<thead>
<tr>
<th>Issue</th>
<th>Borno</th>
<th>Kano</th>
<th>FATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power Shutdowns</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Electricity/fuel</td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Clean Water</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Security</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare</td>
<td>5</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Education</td>
<td>7</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Inflation/Unemployment</td>
<td>7</td>
<td></td>
<td>5</td>
</tr>
</tbody>
</table>

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan
It will be important to introduce IPV in a way that does not undermine trust in OPV

Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan
And to be equipped to respond to outbreaks quickly and effectively

Missed children in recent rounds of campaign, selected countries in Middle East, January – April 2014

Syria, Jan ‘14
Syria, Feb ‘14
Syria, Mar ‘14

Proportion of missed children among target population (%)
Shifting Gears in 2014: Enroute to Excellence
<table>
<thead>
<tr>
<th><strong>From</strong></th>
<th><strong>To</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Anticipate and address refusals</td>
<td>Anticipate and address refusals and children unavailable, with revised operational strategies</td>
</tr>
<tr>
<td>Scale up the number of social mobilizers</td>
<td>Strengthen their capacity to deliver on additional areas of focus</td>
</tr>
<tr>
<td>A concerted focus on social mobilizers</td>
<td>A concerted focus on all frontline workers</td>
</tr>
<tr>
<td>Promote confidence in OPV</td>
<td>Promote confidence in OPV and IPV</td>
</tr>
<tr>
<td>GPEI communicates directly about polio</td>
<td>Local voices communicate about polio and RI</td>
</tr>
<tr>
<td>Collect social data</td>
<td>Systematically use social data in microplans and strategies</td>
</tr>
</tbody>
</table>

**Shifting Gears In 2014**

**Accessible (and all) areas**

**Bare Minimum**

**Excellence**
Focus on individual behavior change for OPV

Focus on broader social support for immunization

Provide some polio plus activities

A comprehensive, well-coordinated strategy to meet additional community demands

Vaccinate children in transit

Understand, vaccinate and monitor all children traveling in and out of inaccessible areas

Promote GPEI success

Promote confidence in local health services

---

**Shifting Gears In 2014**

**Inaccessible areas**

**From**

- Waiting for access to open up
- Focus on individual behavior change for OPV
- Provide some polio plus activities
- Vaccinate children in transit
- Promote GPEI success

**To**

- Planting seeds of demand for vaccine uptake when services are provided
- Focus on broader social support for immunization
- A comprehensive, well-coordinated strategy to meet additional community demands
- Understand, vaccinate and monitor all children traveling in and out of inaccessible areas
- Promote confidence in local health services

**Bare Minimum**

**Excellence**
Shifting Gears In 2014

Outbreak Contexts

From

Outbreak response

To

Emergency Preparedness in Red List countries and Outbreak Response based on SOPs

Bare Minimum

Excellence
We're on our way to reaching that historic destination: zero.
Additional GPEI Support to Communications and Social Mobilization
ROTARY/AFGHANISTAN

- Vaccinator Incentives for travelers
- Dry Storage Shelter – EPI
- Cross Border Vaccination/Coordination
Polio Ambassador Sir Emeka Offor
• opens polio office to support program with advocacy, fundraising and awareness-raising efforts

National level engagement
• PolioPlus Summit hosted by Ministry of Health and Rotary – 28 April 2014
• National Governor’s Forum engagement by Rotary Foundation Chair April 2014

National PolioPlus Committee
• Health Camp participation
• Provision of “plusses”
• Religious and Traditional Leader Engagement
• Local “polio” ambassadors
• Rotarian participation in NIDs/boreholes
• 12 Rotary Permanent Transit Posts
• 6 Polio Resource Centers – Gulshan Iqbal
• 14 Immunization Centers
• Speaking Books & Vaccine Carriers
• Cell Phone Monitoring Partnership
• Polio “Plus” – Mosquito Nets Projects
WHO Support for Communications

Lead on External Communications

• In close collaboration with technical staff
• Cross-GPEI coordination of messaging
• Collaboration with the new external polio communications capacity at UNICEF
WHO Support for Communications - 2

Set the technical and program strategy narrative

• In endemic countries and sanctuaries
• Outbreaks and response plans
• Early public messaging in outbreak countries
WHO Support for Communications -3

Evidence generation and support

• Program monitoring
• Data collection on reasons for missed children
• Assist with developing communications strategies and implementing cross cutting communication initiatives e.g. ensuring micro-plans include social data and influencer details
WHO Support for Communications -4

Dialogue for access

• Islamic Advisory Group
• Negotiations with religious, political and community leaders
• Support identification and collaboration with selected NGO, medical and diaspora organizations that can influence communities
• Support for organization of broader services (e.g. health camps)
CDC Support to Polio Communications
Nigeria

- CDC Communications staff member stationed in Abuja
- Hausa Language Broadcast Project in High Risk Northern States
  - VOA is #2 in Hausa listeners reaching 41.8% of audience
- Proposed Activities
  - Trained 40 journalists from high risk areas
  - Produced 36 weekly radio magazine programs with reach of 20 million people
  - Promoted SIAs through 1206 Hausa jingles
  - Target news programs to promote polio
  - Pilot tested high risk community listening clubs
- Participated in program reviews
- Coordinated Harvard Research Opinion Polling Project to improve program planning and evaluation

Roundtable in Kaduna
Women-only Roundtable in Bauchi
Weekly Radio Magazine Program

- Weekly listeners of *Tambarun Lafiya* are more informed about polio than non-listeners
  - 96% of weekly listeners state that polio can be prevented

- *Tambarun Lafiya* listeners appear to be more aware of polio cases than non-listeners:
  - 47% of listeners state that there had been a case of polio in their community in the past 12 months (among non-listeners just 20% said the same.)

These findings are based on preliminary data from the April 2014 BBG survey of Nigeria conducted by Gallup (n=5,000)
CDC Support to Polio Communications
Horn of Africa

• Developing Somali Language Broadcast Project
  • 51.1% of Somali’s listen to VOA on radio on domestic and international broadcasts
  • 55.3% of population in South-Central Somalia listens to VOA

• Proposed Activities
  • Use radio to reach into insecure areas
  • Enhanced broadcast communication target to areas unavailable to vaccinators and nomadic populations
  • Provide journalist training in high risk areas
  • Stronger emphasis on polio in news coverage
  • Promote the use of vaccination stations to residents of insecure areas

• Success of Nigeria program and upcoming Horn of Africa program led to demand for concept note for Pashtun Audiences in Afghanistan and Pakistan – ongoing
CDC Support to Polio Communications

STOP Communications Country Assignments

<table>
<thead>
<tr>
<th>Year</th>
<th>Assignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1999</td>
<td>0</td>
</tr>
<tr>
<td>2001</td>
<td>14</td>
</tr>
<tr>
<td>2003</td>
<td>5</td>
</tr>
<tr>
<td>2005</td>
<td>22</td>
</tr>
<tr>
<td>2007</td>
<td>0</td>
</tr>
<tr>
<td>2009</td>
<td>2</td>
</tr>
<tr>
<td>2011</td>
<td>5</td>
</tr>
<tr>
<td>2013</td>
<td>18</td>
</tr>
<tr>
<td>2015</td>
<td>26</td>
</tr>
<tr>
<td>2017</td>
<td>35</td>
</tr>
<tr>
<td>2019</td>
<td>65</td>
</tr>
</tbody>
</table>

Mid-year