New Insights on the Road to Zero
A

NO

can undo everything

Why communications?
The IMB reiterated the way forward in 2013...

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.
Creating points of access

The terrains are unique, but common hazards emerge.
To understand underlying reasons for refusal and inaccessibility...

We began to explore trust between the polio programme and caregivers...
And recognizing the need to consider the broader dynamics influencing vaccine uptake
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To reach the last remaining children, we have to consider the larger networks around them.
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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 5 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan; Mogadishu. Data does not include FATA or Borno.
Better data give us new insights and improved strategies

Numerous data collection methods include polling community perceptions* in:

- Somalia
- Pakistan
- Nigeria
- Afghanistan
- DRC

* Polling is conducted in collaboration with Harvard University and local institutions
Innovations are helping us communicate faster and better

Pakistan
Voice SMS using local religious leaders’ voices

Nigeria
Bluetooth video sharing at the doorstep

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
The biggest problem: Getting to the remaining children
And it’s not simply a matter of getting to their doorstep

<table>
<thead>
<tr>
<th></th>
<th>Afghanistan</th>
<th>Nigeria</th>
<th>Pakistan</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014 Average</td>
<td>7.1%</td>
<td>4.6%</td>
<td>2.8%</td>
</tr>
<tr>
<td>Other Reasons</td>
<td>4.6%</td>
<td>1.9%</td>
<td>1.3%</td>
</tr>
<tr>
<td>Not Available</td>
<td>2.5%</td>
<td>2.8%</td>
<td>1.3%</td>
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</tbody>
</table>

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).
To reach zero, we must be ready to take two paths
The first path: Overcoming barriers to vaccinating remaining children in accessible areas
We need to equip frontline workers to access households

Caregiver’s perceptions of vaccinators

<table>
<thead>
<tr>
<th></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>
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Source: Harvard Polling Data, representative of 6 High Risk States in Nigeria, 14 high risk districts in Pashtun communities of Pakistan.
Approval is not a steady state. Hesitation can also endanger success.

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<thead>
<tr>
<th></th>
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<th>Pakistan</th>
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</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 Borno & FATA can be attributed to distrust…

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.

<table>
<thead>
<tr>
<th>Social support for OPV in Borno</th>
<th>(% caregivers saying each influencer thinks giving OPV is a very good/somewhat good idea)</th>
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<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>

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.
All partners are providing additional services to communities in Kano, Borno & Yobe to strengthen trust
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Shifting Gears in 2014: Enroute to Excellence
Shifting Gears In 2014

Accessible (and all) areas

From

Anticipate and address refusals

A concerted focus on social mobilizers

Promote confidence in OPV

Collect social data

To

Anticipate and address refusals and children unavailable, with revised operational strategies

A concerted focus on all frontline workers

Promote confidence in OPV and IPV

Systematically use social data in microplans and strategies

Bare Minimum

Excellence
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 Zero

“The success of a disease eradication initiative... is largely dependent on the level of societal and political commitment to it from the beginning to the end.” – Walt Dowdle, ‘97