

Communication for Development Guidance for cVDPV2 Outbreak Response including the use of Novel OPV2 (nOPV2)

What is cVDPV?

Circulating vaccine-derived polioviruses (cVDPVs) are rare and can occur if the weakened strain of the poliovirus contained in the oral polio vaccine (OPV) circulates in under-immunized populations for a long period of time. If not enough children are protected against polio, the weakened vaccine virus can pass between individuals and over time genetically revert into a form that can cause paralysis. If a population is optimally immunized with polio vaccines, it will be protected from both wild and vaccine derived polioviruses.

cVDPV outbreaks are stopped using the same strategies that have enabled progress against polio – ensuring every child is reached with OPV through high quality immunization campaigns.

Communicating about vaccine-derived poliovirus and cVDPV outbreaks with audiences may be challenging due to the complex name, nature and technicality of the concept. This guidance aims to help GPEI teams to communicate on cVDPV matters with technical confidence and simplicity.

Purpose

The purpose of this guidance is to assist GPEI field communication professionals in planning and execution of quality communication response to cVDPV2 outbreaks, including response with the Novel Oral Polio Vaccine type2 (nOPV2).

This document is part of the broader The GPEI 2020 – 2021 Strategy for the Response to circulating vaccine-derived poliovirus type 2 (cVDPV2) and Polio Endgame Strategy 2019 – 2023. With multiple campaign approaches, multiple vaccine options, including nOPV2, which will be introduced under a WHO Emergency Use Listing procedure, it can be challenging to ensure people have the confidence in polio vaccination needed to protect their children. More than ever, this requires a dedicated focus on communication and community engagement. Investing time now in strategies to ensure vaccine uptake, mitigation of potential reputational risks, and maintaining coherence of

communication within the programme is urgently required.

This document is divided in two parts. Part 1 provides an overview of new communication resources for cVDPV outbreaks in accordance with revised GPEI Standard Operating Procedures (SOPs) for outbreak response. Part 2 focuses on specific guidance for the use of nOPV2 vaccine in the response, including rationale, communications challenges, objectives, and tactics.

The recommendations for the introduction of nOPV2 are informed by recent formative research on perceptions of Novel OPV and analysis of independent monitoring data from countries currently responding to cVDPV2 outbreaks.

Part 1: C4D Resources for cVDPV Outbreak Response

The following resources aim to ensure rapid, high-quality C4D interventions for new and persistent cVDPV outbreaks. These resources were developed in collaboration with regional and country teams. They include a) the front-line workers (FLW) Training Module, b) standardized IEC package with key messages, c) Digital Engagement Strategy, and d) M&E minimum standard indicators for polio C4D activities.

To note, the resources described in Part 1 are also relevant for outbreak response with nOPV2, informing an overarching IPC approach to training or monitoring, for example. NOPV2-specific resources can be found in Part 2.

FLW Training

GPEI partners with the support of regional and country offices have developed a [global front-line workers \(FLW\) training kit](#) for outbreak preparedness and endemic contexts. The kit consists of a curriculum and tools for [Master Trainers, supervisors, and frontline workers](#). The product's focus is on training methodology and includes group work to promote engagement along with relevant exercises and activities for participants to acquire practical experience.

The Kit also includes IEC tools developed for low literacy audiences. The materials are available in English, French, and Arabic. All the materials can be further adapted locally (e.g. visuals, local language translation).

An [abridged version of training modules for outbreaks](#) has also been created to account for the limited time that communication teams may have to conduct a comprehensive training during

an outbreak. Several tools have been translated into French and Portuguese to provide support to Lusophone and Francophone Country Offices during their outbreak response.

Global Communication Package & Products

Country C4D and communication teams are encouraged to use the GPEI's adaptable Global Communication Package. This package was co-created and pre-tested with field teams in various contexts in Africa and Asia to minimize time and cost involved in rolling-out public communication campaigns in support of polio outbreak response. It consists of a set of key polio campaign messages and IEC print and digital materials, which can be easily localized based on different audience needs. In addition, this guidance provides options on how to adapt communication materials to make them relevant to a particular geographic location or outbreak context. <link to original folder with IEC package>

Digital Engagement Strategy

Social media is being increasingly used to share and receive health-related information, especially during epidemics and pandemics, as we have seen during the COVID-19 pandemic. This information, whether accurate or inaccurate, may influence attitudes and perceptions of individuals and communities on certain health issues.

Polio communication teams are urged to proactively use the existing social media spaces and platforms to a) proactively inform the public, b) participate in public discourse, c) address misinformation to ultimately mitigate a communication crisis. There are many players in this space. It is important to leverage existing assets and enhance their capacity to advocate for polio vaccination.

The options for engaging digitally are many. Institutional (official) websites are a safe and easy way to share information about vaccines, dispel myths, and answer any questions; similarly, mass media is boosting its reach via digital platforms; call centres linked with social media can track rumours.

A two-way communication platform such as [U-Report](#), [RapidPro](#), etc. can facilitate a dialogue and engagement with key audiences.

[Minimum Standards for Monitoring, Evaluation, and Research for C4D in Polio Outbreaks](#)

Evidence-based communication is the key to ensure that outbreak response is grounded in reality, relevant and addresses social barriers for vaccine uptake as well as builds programme trust. The document "Minimum Standards for Monitoring, Evaluation and Research for C4D in polio outbreaks" describes standards for collecting and analysing data on vaccine acceptance, and a set of management indicators to monitor delivery in the context of outbreaks, where M&E resources may be scarce, and timeframes are pressing. The minimum standards for M&E and Research including the following components:

Process Indicators that cover management, planning and implementation indicators and measure C4D pre-campaign readiness.

Social mobilisation activities indicators provide clarity on field activities and system for understanding whether vaccine hesitancy is a major barrier to campaign coverage in a particular geographical area or with a particular population.

Analysis of Independent Monitoring and LQAS data provides essential information to planning social mobilization.

Social investigation provides insights into knowledge and practices as well as other important data useful for C4D planning.

Light Qualitative research gives guidance on qualitative research on clusters of missed children.

Part 2: C4D Resources for the Introduction of nOPV2

Background

Following the eradication of wild poliovirus type 2 (WPV2), all countries using oral polio vaccine (OPV) in immunization programmes switched from trivalent OPV to bivalent OPV (serotype 1 and 3). Today, four years after the switch, VDPV2 cases have soared in parts of Africa, Southeast Asia, and the Middle East. At the end of 2019, twenty countries reported VDPV2 outbreaks – a significant increase when compared to only seven countries in 2018 and only three in 2017.

Several factors are believed to contribute to VDPV2 outbreaks. These are: a) declining immunity levels to poliovirus type 2 among young children, who were born after the switch; b) insufficient routine immunization coverage; c) substandard polio vaccination campaigns and; d) increased population movements. In addition, the use of current Sabin monovalent OPV2 to control VDPV2 outbreaks inadvertently contributes to new outbreaks in places with low immunization coverage inside and outside response territories.

To address the ongoing escalation of cVDPV2, GPEI plans to deploy the Novel OPV2 (nOPV2). The nOPV2 – a modification of the current Sabin mOPV2 – is expected to provide the same intestinal immunity while being genetically more stable, i.e. less likely to revert into a form which can cause paralysis. The vaccine's increased genetic stability means there is a reduced risk of seeding new cVDPV2 outbreaks compared to mOPV2.

The nOPV2 vaccine will be deployed in September 2020 under a WHO's Emergency Use Listing procedure (EUL) recommendation for use. The EUL procedure involves careful and rigorous analysis of existing data to enable early,

targeted use of products that have not been licensed or pre-qualified for a Public Health Emergency of International Concern – a status polio has held since 2014.

Communication Risks and Opportunities

Because nOPV2 is being deployed under EUL procedure, and is a modified version of mOPV2, it may potentially be the subject of public discourse. If not addressed proactively, possible rumours and misinformation may put vaccine acceptance at risk and undermine trust to the polio eradication programme.

Furthermore, nOPV2 will be introduced in a post-COVID19 context, a context rife with rumours, misinformation and fears about disease and vaccination, including that Western countries use Africa for testing vaccines¹. This and other issues may make the introduction of nOPV2 more complex.

The following are communication risks identified by GPEI:

- ❖ Continued circulation and spread of VDPV2 may result in waning confidence in the GPEI and polio vaccine.
- ❖ The introduction of a new vaccine under Emergency Use Listing may trigger doubts about vaccine safety and efficacy, bioethical considerations of use and, in the event of adverse effects, cause fallout in vaccine confidence. This can be amplified by the rumors and trust around trials of COVID-19 vaccine.
- ❖ Skepticism within the programme, lack of stakeholder buy-in and ambiguity

¹ <https://www.euronews.com/2020/04/07/what-french-doctors-and-the-who-really-said-about-africa-and-vaccine-testing> accessed on 3 June 2020

may lead to challenges in nOPV2 strategy rollout, affecting public perception, vaccine acceptance, and credibility of the GPEI.

- ❖ Negative public perceptions around efficacy and safety of existing mOPV2 and bOPV in the countries where they will be continued to be used, before nOPV2 supply can fully meet outbreak dose requirements.

Along with the risks of nOPV2 introduction, there are opportunities like reigniting donor confidence once nOPV2 is used widely and demonstrates impact at scale. Similarly, successful introduction of the new vaccine can boost polio vaccine confidence and positively affect the overall immunization programme.

Therefore, it is important that advocacy and communication are embedded into all nOPV2 rollout strategies and closely coordinated to minimize public and reputational risks, to reduce threats to an enabling social environment, and build trust and confidence among caregivers, partners and donors.

Formative Research on Perceptions of nOPV2

As part of the strategic support to nOPV2 introduction, UNICEF commissioned qualitative research in selected communities of Democratic Republic of Congo, Kenya and Nigeria on the perceptions and attitudes of caregivers, frontline workers health practitioners and social influencers on the potential use of nOPV2. The research provides important evidence of key social factors that may influence nOPV2 acceptance and identifies social barriers that must be addressed.

The study showed that the overall perception of nOPV2 was favorable, and that the new vaccine would be accepted eventually by caregivers. At the same time participants seemed concerned with the vaccine's novelty, reasons for change, efficacy and safety. Fears of a new vaccine seemed to cast doubts about the

effectiveness of the current vaccine. These issues seemed to include concerns of additional campaigns, campaign fatigue, and vaccine overdosing. Safety and efficacy of nOPV2 equally concerned front line workers, health practitioners and social influencers. Yet all participants unanimously realized the health-related benefits of OPV.

C4D Recommendations

Recommendation 1: Tailor nOPV2 messages to capacities and roles of various audiences

- ❖ For **caregivers**, nOPV2 should be positioned as the oral polio vaccine that they have always known and accepted. Concerns of vaccine safety, protective benefits, side effects, multiple campaigns and doses should be resolved without emphasis on nOPV2 technical properties such as novelty, testing and others. Caregivers should be assured that nOPV2 is as effective and safe as other polio vaccines.
- ❖ **FLWs** (vaccinators, social mobilisers, recorders) are recruited from local communities to implement polio vaccination. Their knowledge of polio and communication skills may vary. Yet they are the most cited source of information on polio and polio campaigns. It is important that FLWs understand why nOPV2 is needed and are convinced about its safety and efficacy. They need to have practical knowledge about nOPV2 and skills to manage vaccine hesitancy and rumours. Information and key messages on nOPV2 should explain the rationale and benefits of the new vaccine in simple and non-technical language that can easily be understood by FLWs. An ability of FLW to address questions on nOPV2/cVDPV2 as well as confidence will enhance the trust between FLWs and caregivers. FLWs will need to be reassured that in case of Adverse Effects Following Immunization

(AEFI) / Vaccine Related Event (VRE) they have continued support to hold difficult conversations. To this end, communication feedback-loops with supervisors and HPs should be established and maintained.

- ❖ **Health practitioners (HPs)** (pediatricians, nurses, physicians, health promotion staff) – all play a critical role in influencing caregivers' decision about vaccination. HPs are a point of reference for FLWs and caregivers. Their understanding and commitment to nOPV2 is critical. In addition to technical information about nOPV2 (clinical trials, compositions, modification, etc.), HPs should have information and key messages that would help them effectively converse with caregivers and social influencers and address rumours and misinformation with accurate information and empathy.

Equally important, HPs should help build community trust and support for FLWs and publicly speak in support of Polio campaigns.

To ensure common understanding and support for nOPV2 in the medical establishment, would require high-level advocacy with **medical scholars and academics, health administrators, EPI managers**, etc. It will be important that the voice of the medical establishment starting from the academic institutions to national regulatory authorities to general health practitioners is in sync with the narrative and actions of health workers at grassroots level.

- ❖ **Non-medical social influencers** (community and religious leaders, local public figures, celebrities, etc.) all represent the interests and views of their communities and have significant influence on members. Information for this group should aim to build practical knowledge of nOPV2 and appeal to their 'hearts' to ensure their support for polio vaccination and immunization in general. This group is not expected to

speaking about the technical aspects of nOPV2 but rather promote the social benefits of vaccination for each individual child and community. If technical issues are brought up during their engagement, for example anti-vaccination comments in social media, this group should be aware of how and where to receive professional support. They should have the opportunity to voice questions and concerns they may have about the new vaccine in order to address those with their communities. Social Influencers also play an important role in building trust for FLWs, and as mediators in managing community fall-out in case of AEFI and VREs. Therefore, communication activities and materials should prepare them for such cases. The communication should be as transparent as possible not to make it look like anything is being hidden from the people.

- ❖ Among social influencers, **journalists** (traditional media and social media bloggers and vloggers) are critical in molding public opinion. The way nOPV2 and polio vaccination is framed on TV, in radio news and on the Internet will be critical for vaccine acceptance. Ill-informed journalists and incorrect stories are often a source of misinformation. Therefore, it is vital that local and regional media are closely monitored and provided with accurate and appropriate information about nOPV2 through technical briefings and a designated spokesperson utilizing pre-developed key messages that are aligned with GPEI global narrative and Q&As. They also should be able to fact check information if needed to ensure misinformation is not occurring. Should AEFI/VRE occurs, communication teams should proactively seek contacting journalists to provide necessary information to avoid information vacuums and opportunity for misinformation. For more detailed information on managing crisis communication refer to Crisis

Communication and Digital Engagement Strategy <hyperlink>

- ❖ Similarly, the engagement of **religious leaders** is vital. They are gatekeepers, opinion makers and points of reference for caregivers and communities. In some countries religious institutions also provide primary healthcare and hygiene promotion services. The study showed that religious considerations were cited as an important factor in acceptability and uptake of vaccines among some caregivers and were noted as considerations by other stakeholder groups as well. Key messages and information should avoid technical aspects of nOPV2, rather focusing on its safety, efficiency and health protective benefits and aligning vaccination messages to core beliefs such as looking after children and their health and wellbeing that are postulated in religious teachings. Their support to FLWs and engagement in dispelling rumours and misinformation should be key focus of the advocacy efforts with religious leaders in support of Polio and broader immunization.

Recommendation 2: nOPV2 novelty, genetic modification, and EUL deployment should be handled sensibly and selectively

- ❖ nOPV2 **novelty** should be regarded and communicated as a part of an evolutionary upgrade that many medicines and vaccines undergo, thanks to new scientific discoveries to make them more effective, safer and affordable. This approach would curtail immediate questions of the public about the need for Novel vaccine and perceived faults of the old one.
- ❖ The term **genetically modified** is not universally well-understood and associated with agricultural produce, according to the formative research. Therefore, it should be replaced with the term improved vaccine. However, if genetic modification origin of nOPV2 becomes a concern in public discourse,

modification should be positioned as a medical advancement that enabled the creation of nOPV2 to be a comparably effective and safe vaccine that is less likely for the vaccine virus to revert to a form, which can cause paralysis. In addition, examples of other vaccines that have been genetically modified could be given, as appropriate to local contexts (e.g. HPV).

- ❖ **Emergency Use Listing:** nOPV2 use under EUL will likely be acceptable among health workers and practitioners, if well justified, according to the formative study. However, if it becomes a concern in public discourse, communication should emphasize the emergency nature of polio outbreaks, its contagiousness and its devastating impact on the health and wellbeing of young children, which, in turn, necessitates urgent response and measures. The rigorous review of vaccine safety and efficacy, to enable early use through a WHO EUL recommendation, should also be emphasized. Furthermore, nOPV2's safety, stability and effectiveness will be carefully monitored and scrutinized post deployment.

Recommendation 3: Specific C4D Objectives

The following C4D objectives are specific to nOPV2 introduction at country level and should be added to other campaign objectives:

- ❖ Ensure that health professionals and social influencers at national and subnational levels understand the underlying causes of VDPV2 outbreaks and support the introduction of nOPV2 to control them.
- ❖ Ensure that FLWs and HPs have adequate knowledge and skills to converse with caregivers on nOPV2 and address vaccine hesitancy and Adverse Events Following Immunization (AEFI) / Vaccine Related Events (VRE)

- ❖ Ensure that communication and training materials are inclusive of key messages on nOPV2 in simple and non-technical language;
- ❖ Ensure that advocacy and communication materials are adapted based on specific roles and capacities of participant groups.

Recommendation 4: Train FLWs on nOPV2 using added module

A manual has been developed as part of the preparation process for the initial use of nOPV2 and is to be used as a supplemental package for the rollout of nOPV2. The manual will provide training support to polio endemic and outbreak countries for outbreak response, and outlines core elements for training frontline health workers (FLWs).

This manual takes into consideration house-to-house polio immunization campaigns in the context of the COVID-19 pandemic. This will ensure that community health workers are able to do their work and promote safe practices against COVID-19 under the *duty of care* and *do no harm* principles. The modules will include effective prevention methods such as physical distancing, wearing of masks, personal hygiene, routine cleaning and disinfection, and practicing healthy habits, e.g. respiratory etiquettes.

The interpersonal communication (IPC) component of the manual will emphasize the importance of campaigns with personal credibility of the messenger / source of information, understanding outbreaks, polio basics, and key messages on COVID-19. The 'how to vaccinate' component of the manual will address the difference in the size of the vial, VVM, and how to safely administer the vaccine in the context of COVID-19.

The modules include short training sessions where participants acquire skills to apply adult learning principles through a mix of methodologies and group exercises. The facilitator can adapt the training sessions based on the specific gaps that

need to be filled and areas that need to be strengthened.

In the context of COVID-19, the trainers should consider additional time for training sessions to address COVID related instructions and to ensure that the participants understand all preventive measures.

Recommendation 5: Prepare Crisis Communication Plan

The roll-out of nOPV2 can be quickly derailed by an issue or event related to the new vaccine, or the rapid spread of rumours and misinformation, either of which can become a crisis creating mass confusion and mistrust in vaccines in communities.

Swift and appropriate communication from a credible authority can effectively quell rumours and misinformation during a possible vaccine related crisis and prevent the event from impeding polio vaccination efforts.

Country teams will need to make sure that an effective mechanism is in place to respond to any AEFI/VRE crisis that may arise during the introduction of nOPV2. This includes:

- ❖ Contributing in the set up/reactivation of a crisis communication coordination unit at the country level that includes government authorities, trained spokespersons, nOPV2 experts, GPEI stakeholders and partners involved in the campaigns' implementation
- ❖ Strengthening public communication through training for selected health journalists / media professionals on how to report issues around public health emergencies with a focus on potential risk related to the introduction of nOPV2.
- ❖ Early identification of means/channels to rapidly engage with and get feedback from communities that may be affected by rumours/side effects (if any) during the use of this new vaccine. These channels could range from community-

based structures to digital-based infrastructure—or anything in between—and can contribute to rumours tracking and management as well.

Recommendation 6: nOPV2 M&E and Rumours Tracking

The objectives of the proposed M&E approach are to provide a system through which country communication teams can ascertain whether the introduction of nOPV2 creates issues of vaccine acceptance, and to provide formative data and insights with which communication professionals can design approaches to resolve these issues. Data, monitoring and evaluation can therefore play an important role in supporting decisions regarding the C4D aspects of nOPV2 rollout.

Countries introducing nOPV2 should, in addition to the Minimum Standards, implement three additional M&E activities, which specifically support the above objectives.

1. Independent Monitoring data should be analysed in order to provide a quantitative measurement of community acceptance of nOPV2, and in particular any changes in the frequency with which caregivers refuse to vaccinate their children due to their perceptions of the vaccine. This should ideally include the addition of specific questions in Independent Monitoring forms, which capture whether refusal is directly related to nOPV2². It would be ideal if Independent monitors are trained in key principles and approaches of C4D for polio outbreak response. Independent monitors should also be familiar with communication training modules so that they can monitoring collect reliable data on behaviors and attitudes related to

vaccine hesitancy and acceptability at parents and local community level.

2. Rapid polling of either FLWs or caregivers should be conducted using whichever platform (e.g. U-Report, RapidPro, Viamo, SMS surveys, and so forth) is most appropriate to the UNICEF office in question and its partners. These can provide an early indication from the frontline workforce as to whether nOPV2 is generating new vaccine acceptance issues at any significant scale.
3. Rapid and light qualitative research with caregivers should be conducted in areas where the Independent Monitoring or the rapid polling has indicated that vaccine acceptance is an issue, in order to better understand the concerns of caregivers. These insights can in turn inform C4D approaches to nOPV2 introduction in both the country in question and at a global level.

Staff are also highly encouraged to undertake further data, monitoring and evaluation activities which aim at the overall objective of developing an understanding of whether nOPV2 is producing vaccine hesitancy, depending on the country context.

² It is important that independent monitors are trained in key principles and approaches of C4D for polio outbreak response. Independent monitors should also be familiar with communication training modules to enhance their skills to collect reliable data on behaviours and attitudes related to vaccine hesitancy and acceptance at households and local community level.

References and other useful resources

1. [The 2020 – 2021 Strategy for the Response to circulating vaccine-derived poliovirus type 2 \(cVDPV2\)](#)
2. [Polio Endgame Strategy 2019 – 2023](#)
3. [Polio Communication Global Guide](#)
4. [Polio Training Guide for Master Trainers: Global Outbreak Training Kit](#)
5. [Polio Training Manual for Health Worker Supervisors](#)
6. [Training Guide for Outbreak Response](#)
7. [NEW Emergency Use Listing procedure \(EUL\)](#)
8. [GPEI nOPV2-cVDPV2 Fact Sheet](#)
9. [nOPV2 Frequently Asked Questions \(FAQs\)](#)