

**Programme
Advocacy package
for cVDPV Outbreak
Response and nOPV2
Introduction**

Background

Advocacy is vital in supporting a robust response in countries with ongoing circulating Vaccine Derived Polio Virus type 2 (cVDPV2) outbreaks. GPEI Programme advocacy aims to raise awareness and encourage community influencers, opinion leaders and policy makers to support Routine Immunization (RI) and Supplemental Immunization Activities (SIAs). Advocacy is a critical part of gaining political, normative, social and financial support.

The communication strategy for the introduction of novel Oral Polio Vaccine type 2 (nOPV2) includes a proposed approach to advocacy that aims to build the support of all key stakeholders involved in responding to outbreaks of cVDPV2. This will be adapted by countries according to their local context and realities on the ground.

The document aims to provide guidance to the countries responding to a cVDPV outbreak and introducing nOPV on developing an advocacy strategy at National and Subnational level

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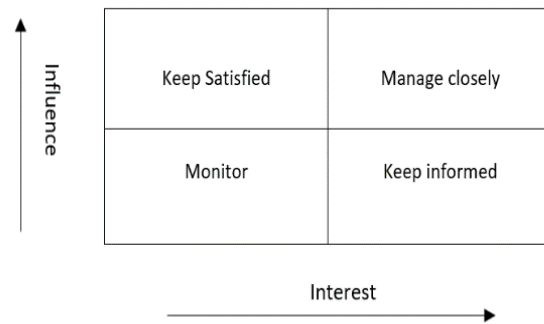
Objectives

The core objectives of the advocacy activities are to:

- Maintain national/provincial stakeholder confidence in the GPEI, its strategies and technical feasibility of eradication of all polioviruses; and build strong support for introduction of nOPV in SIAs.
- Maintain political, administrative and societal (including community level) support for polio eradication, creating an enabling environment for effective implementation of the new cVDPV2 response strategy including introduction of nOPV2.
- To mitigate against risks in case of a crisis and facilitate resolution

Advocacy Matrix (Stakeholder segmentation, prioritization, messages and tools)

Within each country, the decision makers and stakeholders roles are clustered into distinct segments as per the diagram below. Specific messages and tools can be developed for each stakeholder segment according to the local context. Stakeholders can be prioritized based on their relative influence and support/interest. Stakeholders with high influence and interest need to be managed closely and actively engaged.



The advocacy matrix below provides guidance on audience segmentation, formulation of messages and development of locally relevant tools to target desired outcomes for each segment. This can be adapted according to the local socio-political context by countries and provinces.

Programme Advocacy Matrix

► Primary Stakeholders

(The policy and administrative) decision makers

This group includes policy and administrative decision making and influencers as Government, media, politicians and lawmakers which is catered to in separate Political Advocacy resources ([insert the link](#))

► Secondary Stakeholders

(The individuals and institutions who enable decision making at community level)

Groups/Individuals	Level of Knowledge	Desired Behavior/Outcomes	Messages	Tools
<p>Medical Institutions, Academics, and Individuals.</p> <p>This may include: individuals, professional associations and networks of;</p> <ul style="list-style-type: none"> • Special & nonspecialized Medical practitioners • Paramedics, • Community health practitioners • Medical students 	<p>To be reached with high/mid-level technical messages on nOPV and cVDPV</p>	<ol style="list-style-type: none"> 1. Private/ Government medical practitioners/ institutions understand & recognize of risk of polio and importance of vaccination. 2. Continued support to the polio program by encouraging caregivers and parents to vaccinate their under 5 children against polio and complete the routine schedule. 3. Support in addressing rumors by answering concerns and redirecting to trusted sources 	<p>Factual technical messages on polio outbreaks and vaccinations available.</p>	<ul style="list-style-type: none"> • Letters at the personal, organizational or coalitional level • Fact sheets/FAQs • Pamphlets or brochures • Graphics or illustrations • Slide/ video presentations • Activities as : individual meetings, group meetings, seminars etc
<p>Non-medical Institutions and Individuals</p> <p>This may include: Individuals, professional associations and networks of:</p> <ul style="list-style-type: none"> • Traditional healers, • Educational institutes • Faith-based organizations • Local NGOs and Civil society 	<p>To be reached with low level information in plain non-technical language</p>	<ol style="list-style-type: none"> 1. Non-medical groups/ organizations understand & recognize risk of polio and importance of vaccination. 2. Continued support to the polio program by encouraging caregivers and parents to vaccinate their under 5 children against polio and complete the routine schedule. 3. Support in addressing rumors by addressing concerns and redirecting to trusted sources 	<p>Standard messages about polio disease (severity and susceptibility) and polio vaccine (efficacy and safety).</p> <p>Create a sense of urgency in COVID-19 context.</p> <p>Special messages for faith-based organizations</p>	<ul style="list-style-type: none"> • Letters at the personal, organisational or coalition level • Overhead or slide presentations • Fact sheets/FAQs • Pamphlets or brochures • (Targeting specific group) • Graphics or illustrations • Short simple video with a timeline of vaccine and polio • Guidelines /job-aid: what can you do to help. • Response information/ countries design their own approaches. • Activities as: individual meetings, group meetings, seminars etc

► Tertiary Stakeholders

(These are individuals and groups those who support and promote desired behaviors/outcomes as a community positive influence as early adopter, or help to address misinformation at community level)

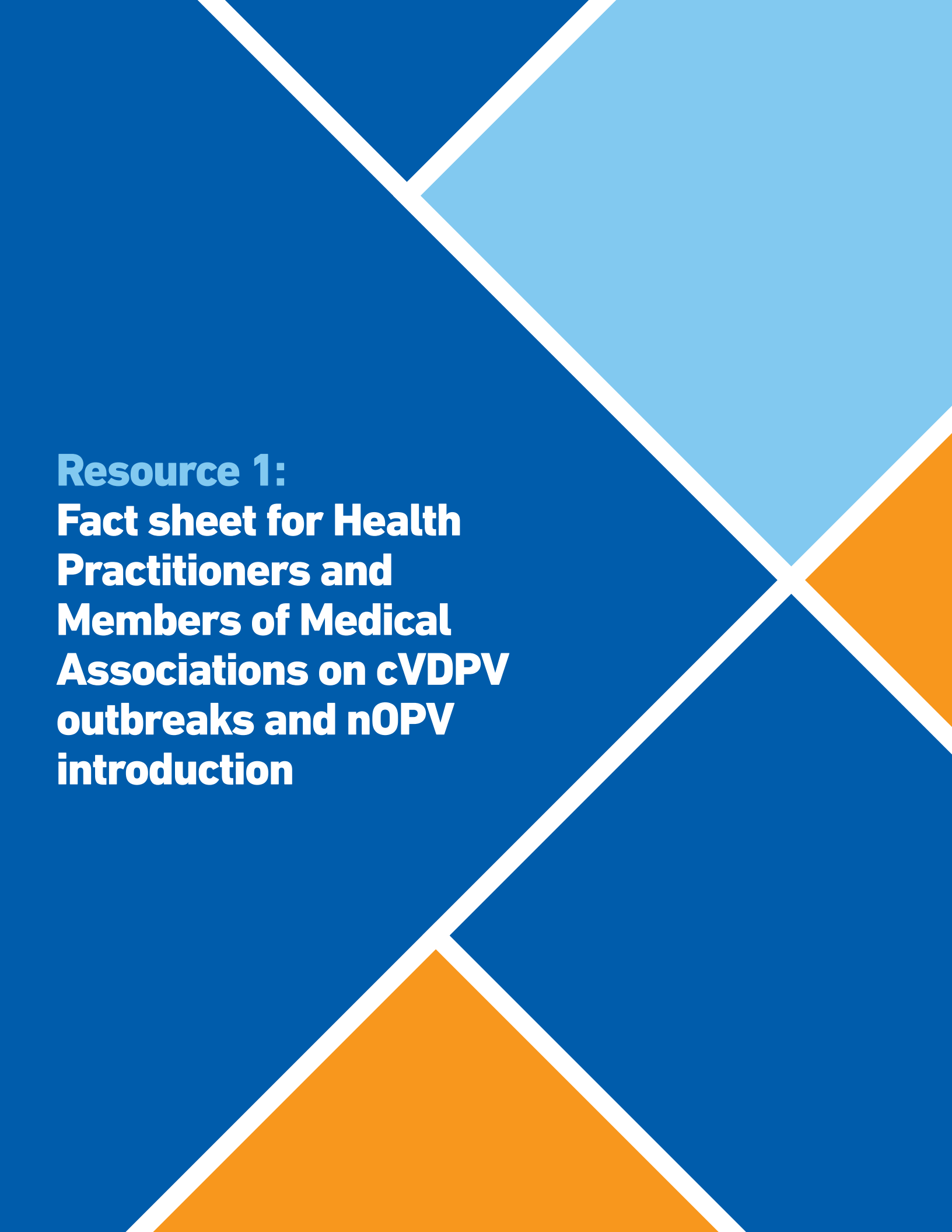
Groups/Individuals	Level of Knowledge	Desired Behavior/Outcomes	Messages	Tools
<p>Individual influencers at community level</p> <p>This may include:</p> <ul style="list-style-type: none"> • Individual practitioner's public/private • Religious/Faith Leaders • Community based health care providers • Traditional healers • Tribal and community influencers • Local celebrities / figures/influencers 	To be reached with low level information in plain non-technical language	<ol style="list-style-type: none"> 1. Influencers understand & recognize risk of polio and importance of vaccination. 2. Continued support to the polio program by encouraging caregivers and parents to vaccinate their under 5 children against polio and complete the routine schedule. 3. Dispelling rumors at individual level by answering concerns and redirecting to trusted sources. 	<p>Standard messages about polio disease (severity and Susceptibility) and polio vaccine (efficacy and safety)</p> <p>Create a sense of urgency in COVID context</p>	<ul style="list-style-type: none"> • Fact sheets/FAQs • Pamphlets or brochures (Targeting specific group) • Graphics or illustrations • Short simple video with a timeline of vaccine and polio

**The key groups can be further unpacked and mapped based on their level of influence, interest and priority in the country*

Based on the level of knowledge and desired behavioral outcomes, key messages and tools can be developed for each target group. The document includes factsheets and FAQs for key stakeholders which can be adapted and contextualized by the countries.

The document includes following resources:

- Resource 1: Fact sheet for Health Practitioners and Members of Medical Associations.
- Resource 2: Fact sheet for Community and Religious Leaders.
- Resource 3: Fact sheet for non-medical influencers.



Resource 1:
**Fact sheet for Health
Practitioners and
Members of Medical
Associations on cVDPV
outbreaks and nOPV
introduction**

Novel oral polio vaccine introduction and cVDPV outbreaks

► Current Situation

In 1988, the Global Polio Eradication Initiative (GPEI) was launched with the goal of eradicating polio across the globe.

Since then, the number of new polio cases has declined by 99.9%, from more than 350,000 cases every year in over 125 countries, to only 156 cases in 2 remaining endemic countries in 2019.

Polio campaigns using Oral Polio Vaccine (OPV) have largely contributed in the decline of the number of polio cases.

► What YOU should know

- Oral polio vaccine is made of a live attenuated (weakened) virus. When polio mass campaigns are of low quality, not enough children are reached with the polio vaccine leaving many children unprotected against polio. The reasons for low quality include poor preparation and implementation, weak health system security challenges, natural disasters, other disease outbreaks etc.
- In areas where there is poor hygiene and sanitation, the weakened virus, once excreted by vaccinated children continues to circulate among non-immunized children. Over a period, this weakened virus mutates and regains its ability to cause paralysis. This strain of the virus is called vaccine-derived polio virus (VDPV) and when there is evidence of human to human transmission it is referred to as circulating vaccine derived polio virus (cVDPV). These cVDPVs can cause outbreaks particularly in communities with low levels of protection.
- **The issue is the low level of protection/ vaccine coverage in the community, not the vaccine effectiveness.**
- This is the case in countries experiencing an increased number of cases of paralysis caused by cVDPV. This is considered an emergency because of the risk associated with the resurgence and the spread of cVDPV both in country and to neighbouring countries. Travel and migration of people has made it easier for the virus to spread to new geographies.
- Once a cVDPV emerges, outbreak response is conducted, as would be for a Wild Polio Virus (WPV) outbreak, through large-scale administration of monovalent OPV2 (mOPV2) to rapidly boost population immunity.
- To address the current cVDPV emergency affecting a number of countries, including in country XXXX, the GPEI has developed a new outbreak control strategy with the following elements:
 - Optimizing outbreak response by improving campaign quality, timeliness, scale, and scope.
 - Focused effort on communication.
 - Use of the mOPV2. Another vaccine - novel oral polio vaccine (nOPV).
 - Strengthen routine immunization by increasing coverage with inactivated polio vaccine (IPV) in high-risk areas to protect children from paralysis.
 - The nOPV is an improved oral polio vaccine that is more stable and therefore less likely to mutate. It is also expected to be effective in preventing the paralytic disease and has substantially lower risk of seeding new outbreaks.
- In February 2020, the WHO endorsed the main elements of the strategy to respond to cVDPV2, including the need to accelerate the roll-out of nOPV in account of the current emergency situation created by the spread of cVDPV outbreaks in many countries.

The aim remains the same: to ensure that no child is paralysed by any poliovirus.

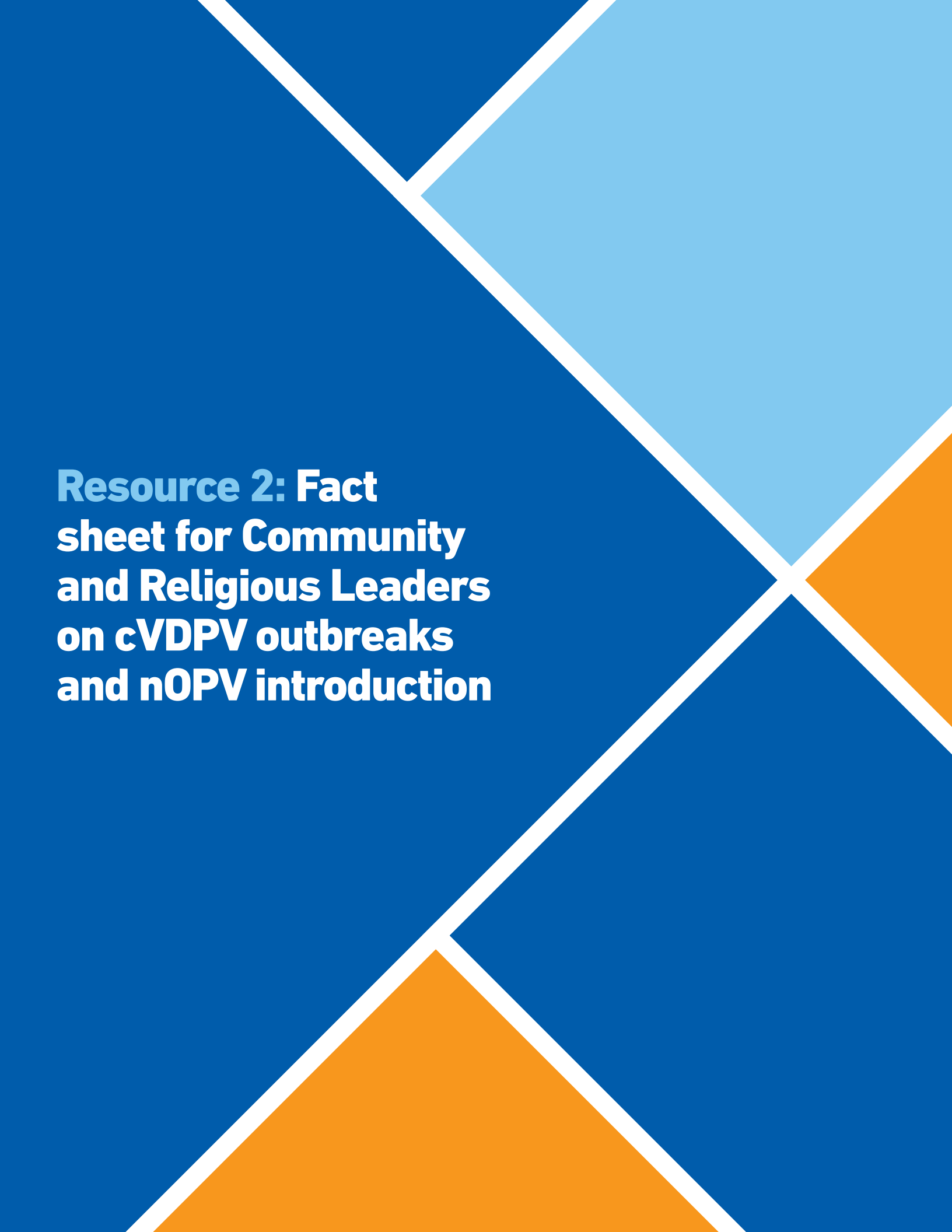
► How YOU can help

- Inform caregivers and families about vaccination campaigns and encourage them to vaccinate their child(ren) during each round.
- Do not contribute in spreading rumours and misinformation about vaccine and vaccination campaign and provide help to dispel rumours when/where needed.
- Encourage caregivers and families to vaccinate their child(ren) routinely in health facility to prevent polio and other vaccine-preventable diseases.
- You are a trusted source of information. You can play a critical role since you have a great responsibility in supporting the decision to vaccinate children in your community.
- Given your influence you can educate caregivers and others about vaccination, sanitation, tackling rumors.

REMEMBER:

- ✓ Caregivers listen to you! Please when the campaign starts, make sure to use every opportunity to talk about the importance of protecting children against polio.
- ✓ Encourage caregivers to vaccinate their children in every campaign.
- ✓ Encourage them to pay extra attention to children's health, if they notice any recent case of paralysis in their home, neighborhood or village, it needs to be reported to disease surveillance officer as soon as possible.
- ✓ The nOPV is a new vaccine. It is an improved oral polio vaccine expected to be effective in preventing the paralytic disease.
- ✓ Caregivers to vaccinate their children in every campaign!

HERE WOULD BE A GOOD PLACE FOR CONTACT DETAILS, WEBSITE, LINKS TO FURTHER INFORMATION, AND/OR CONTACT DETAILS



**Resource 2: Fact
sheet for Community
and Religious Leaders
on cVDPV outbreaks
and nOPV introduction**

Novel oral polio vaccine introduction and cVDPV outbreaks

► What is happening?

- **There is an outbreak of polio** in our country (province).
- **Polio** can **cause life-long paralysis** and even **death**.
- There is **no cure** for polio. Only polio vaccine given multiple times as requested by health authorities can protect a child from polio.
- Poliovirus is spreading fast and many young unimmunized children are at the highest risk of infection.
- Ministry of Health with support from UNICEF and WHO wish to vaccinate all children under XX years of age during several polio vaccination campaigns to protect children from polio infection.

► What is our role?

- You can help protect children in your community from diseases like polio.
- When the communities are at risk of being affected by an outbreak of a disease like Polio, faith-based organizations can become an important first responder in support of Government efforts to control the infection.
- Parents and caregivers, youth and children will listen to you. You are a trusted source of information. This critical role comes with a great responsibility.
- You can relate the values of health, hygiene with solidarity and compassion to your faith duties and practices. As a leader in your community you can to publicly support polio and routine immunization.
- Misinformation can be addressed quickly with your support, referring communities to trusted sources of information.

► How YOU can help protect children in your community from polio

- Inform yourself and the leaders of your community about the risk and the importance of preventing the spread of polio. All children under XX years of age will be the first to be vaccinated.
- Inform and help to remind caregivers and families about vaccination campaigns and ask them to vaccinate their child(ren) during each round.
- Ensure that no one child who should receive vaccine is missed. This is the responsibility of caregivers and their community.
- Encourage caregivers and families to vaccinate their child(ren) routinely in health facility to prevent polio and other vaccine-preventable diseases.
- Support social mobilizers and vaccination teams by helping them identify children under XX years of age in the community, especially children from vulnerable groups
- Support and engage hard-to-reach groups e.g. migrants or displaced people, undocumented people, people with disabilities, or people suffering discrimination (minorities) to make sure every child is served.
- Allow and negotiate access of vaccination teams to your community(ies) as requested by health authorities.
- If people refuse vaccination, support social mobilizers to help persuade refusing caregivers/families to vaccinate their child(ren).
- Identify and track rumours and misinformation about vaccines and vaccination and request community members meet with health workers to receive appropriate information.
- Promote participation of women and youth groups in the promotion activities at community level. Women, youth and children are key agents of change.
- Encourage community members including children to wash hands with soap and water before eating, before cooking, after visiting toilet or when handling child's diapers.

The aim remains the same: to ensure that no child is paralysed by any poliovirus.

► What YOU should know about polio vaccine

- Polio vaccine is the only way to prevent polio disease.
- Two drops of polio vaccine are given into a mouth of a child multiple times to ensure the child is protected against polio for life. That's why it is called Oral Polio Vaccine.
- Polio vaccine is safe and effective. It does not have side effects. Polio vaccine is given to millions of children around the world and saved millions of lives. Even developed countries used oral polio vaccine until they completely get rid of poliomyelitis.
- Polio vaccine is very effective in stopping polio outbreaks. To stop an outbreak, all eligible children should be vaccinated during each campaign. If many children are missed the poliovirus will continue spreading and infecting unimmunized children.
- Polio vaccine contains weakened poliovirus, which is not harmful. Once it enters the body, it activates the immune system, which detects the virus and develops protection (immunity) against it. It takes multiple doses of vaccine to develop full and life-long immunity against poliovirus. Therefore, it is very important that a child is vaccinated in each vaccination campaign and no one child is missed in each vaccination.
- New vaccines are developed to prevent diseases as they emerge (e.g. vaccine against Ebola). Also, the existing vaccines may be improved for better results. For example, the novel oral polio vaccine type 2 (nOPV2), that will be used in future is an improved vaccine that will prevent the weakened polio virus from becoming strong enough to cause paralysis in unimmunized children.

REMEMBER:

- ✓ Polio can affect children in any community where children are poorly immunized. Everyone in your community has a role to play. Encourage all adults to pay extra attention to children's health, if they notice any case of paralysis in their home, neighborhood or village that has occurred recently, it needs to be reported to the health worker as soon as possible!
- ✓ Caregivers listen to you! Please when the campaign starts, make sure to use every opportunity to talk on the importance of protecting children against polio and encourage
- ✓ Caregivers to vaccinate their children in every campaign!

► What else can you do?

Explain what polio is

Polio is a highly infectious disease caused by a virus which mostly affects young children. The virus can cause life-long paralysis or even death in a matter of hours.

Inform about how it is spread

Polio usually spreads silently in communities where children are under immunized. It enters the body through the mouth usually from hands contaminated with stool from an infected person. Usually this is due to poor hand washing or by eating/drinking contaminated food or water. Those infected with the virus can shed the virus in their stool for several weeks and are likely to infect others with the virus due to poor hygiene and sanitation. Polio is silent until the paralysis occurs, so infected people can spread the virus to others even if they do not show signs of infection.

Give information on who should be vaccinated?

All children aged XXX should be vaccinated, even if they are sick.

Every additional dose during the National or Subnational Immunization Days (NID/SNID) means the child gets additional protection protecting the child against polio.

Explain how will nOPV2 be administered

nOPV2 is an oral vaccine. It will be administered via two drops, given into the mouth of the child. This is the same as for other oral polio vaccines.

Emphasize how nOPV is safe

nOPV is safe. The vaccine has gone through regular and robust clinical trials, including being guided by clear and established ethical guidelines, that have shown it is safe.

Clarify why it is safe to administer so many doses of vaccine to children

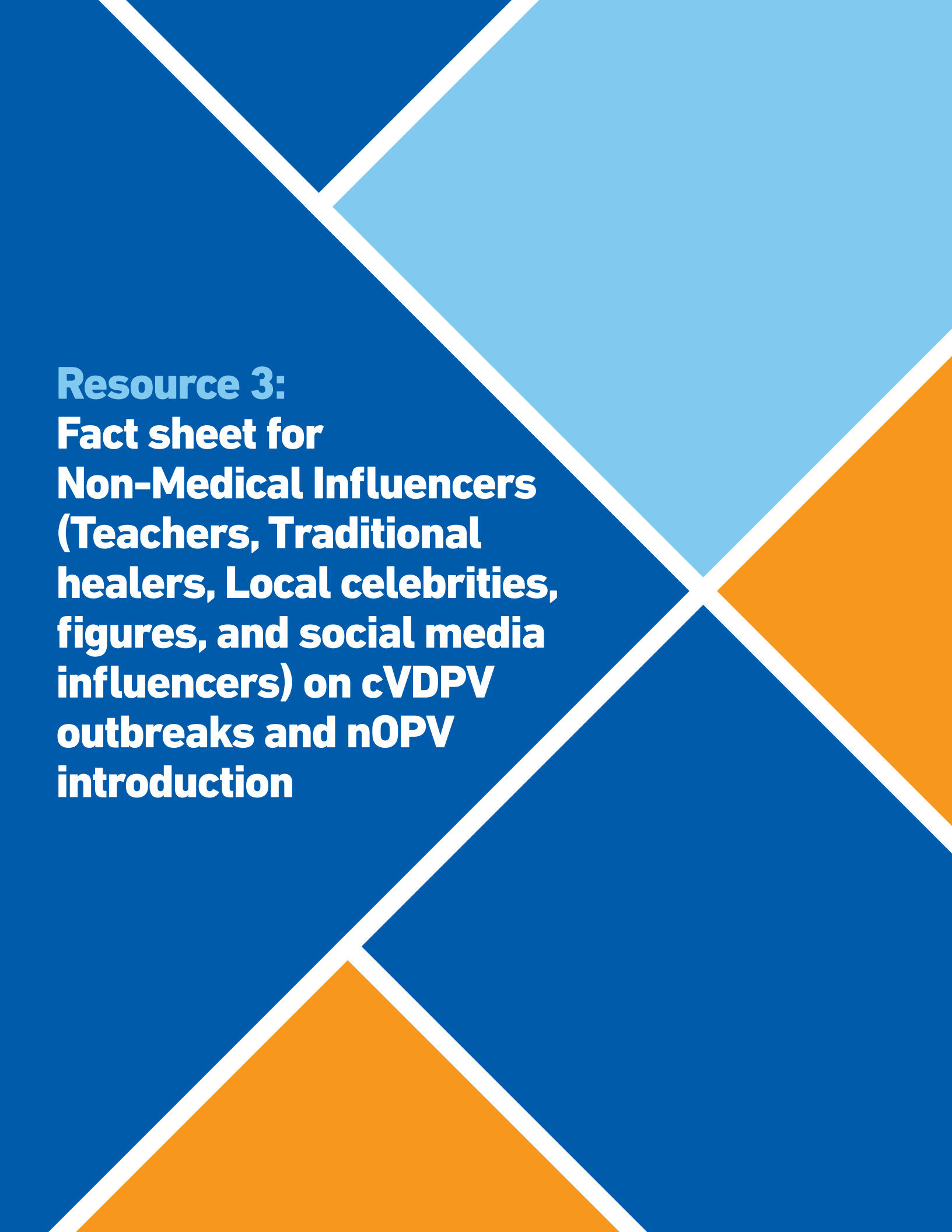
Yes, it is safe, and it is very important to administer multiple doses of polio vaccine to children. Every additional dose further strengthens a child's protection against polio and ensures that they are not a carrier of the virus.

How YOU can help find and report AFP cases?

Any child under 15 years old who was crawling or walking and **who suddenly no longer crawls, or walks could** have been infected with polio, which need to be confirmed by doing additional tests and investigations.

Even though the child is taken to the native or traditional healer / religious places for treatments, they should also be reported and referred to the nearest health facility for further investigations.

Any case of paralysis should be reported as quickly as possible (ideally within 14 days but can be reported up to 6 months). The sooner the medical workers know about the case, the faster they can run tests and see if it is due to polio. If it is polio, one infected child can infect 200 other children in the community rapidly and each infected child in turn spreads the virus to other children.



Resource 3:
**Fact sheet for
Non-Medical Influencers
(Teachers, Traditional
healers, Local celebrities,
figures, and social media
influencers) on cVDPV
outbreaks and nOPV
introduction**

Novel oral polio vaccine introduction and cVDPV outbreaks

As an important influencer caregivers listen to you. You can help to protect children from polio and especially during outbreaks. Polio is a disease that can cripple children for the rest of their lives if they get it. **You are a trusted source of information; therefore, you play a critical role and have a great responsibility in supporting the decision to vaccinate children in your community.**

► What can you do?

Given your influence **you can educate caregivers** and others **about vaccination, sanitation, tackling rumors**. As a leader in your community you are expected to publicly support polio and routine immunization.

► What is happening?

- **Polio is back** and there is an outbreak in our community and country.
- Poliovirus is spreading because children are not immunized, which means they are not protected against poliovirus and it can easily attack them.
- **Polio** can **cause life-long paralysis** and even **death**.
- There is **no cure** for polio, it **can only be prevented through vaccination**.
- To address the current polio emergency that also affects several other countries, international health stakeholders led by the WHO, in coordination with your country's leaderships, are putting in place a new strategy to control polio, in the short- medium- and long-term.
- In February 2020, WHO Member States endorsed the strategy, including the need for the roll-out of the new and improved oral polio vaccine called "nOPV"
- At the same time, these stakeholders are working with government partners to address the root cause for this current polio emergency by strengthening routine immunization.

► You can support by explaining the following

What is polio?

- Polio is a highly infectious disease caused by a virus which mostly affects young children. The virus can cause life-long paralysis or even death in a matter of hours.

How is it spread?

- Polio usually spreads silently in communities where children are under immunized. It enters the body through the mouth usually from hands contaminated with stool of an infected person. Usually this is due to poor hand washing or by eating/drinking contaminated food or water and is aggravated by low immunization coverage in the area. Those infected with the virus can shed the virus in their stool for several weeks and are likely to infect others with the virus due to poor hygiene and sanitation. Poliovirus is silent, so infected people can spread the virus to others even if they don't show signs of infection.

How safe and effective is the vaccine?

- Vaccines have saved millions of children worldwide and are the best way to protect children from dangerous diseases. As a result, polio has dramatically decreased globally.
- Before being licensed, vaccines undergo extensive testing and reviews to check they are safe and work well.
- All vaccines provided at health facilities have been licensed and approved through the World Health Organization (WHO).

Who should be vaccinated?

- All children aged 0 to 5 should be vaccinated, even if they are sick. It is important that sick children are immunized, because their immunity levels are lower than other children and they need to be protected against the polio virus.
- To provide every child with a life-long protection from polio, every child should be vaccinated during every round of polio campaign.
- Every additional dose during the National or Subnational Immunization Days (NID/SNID) means the child gets additional protection against polio.

The aim remains the same: to ensure that no child is paralysed by any poliovirus.

- *How will nOPV2 be administered?*
- nOPV2 is an oral vaccine. It will be administered via two drops, given into the mouth of the child. This is the same as for other oral polio vaccines.

Is nOPV2 safe?

- **Yes.** OPV is extremely safe and effective at protecting children against lifelong polio paralysis. nOPV2 has gone through regular and robust clinical trials and were guided by clear and established ethical guidelines. These trials have shown the vaccine is safe and effective in providing immunity against polio and in controlling outbreaks as well as preventing infection.

How many doses of nOPV does a child need to be protected from polio?

- The number of doses a child needs to be fully protected against polio depends on the child's health and nutritional status. The more the child get Oral Polio Vaccine (OPV), the better he/she is protected. While there is still polio, every child will remain at risk and needs to receive the vaccine during each campaign, as well as during routine immunization at the health facility. No child is safe if there is one child who is under-immunized. Therefore, every child must be immunized during every polio campaign because every missed child is a place for polio to hide and spread.

Is it safe to administer so many doses of vaccine to children?

- Yes, it is safe, and it is very important that children receive multiple doses of polio vaccine. The vaccine is safe and every additional dose further strengthens a child's immunity against polio making sure they are not a carrier of the virus.

► Polio can affect children in any community. Everyone in your community has a role to play. Encourage all adults to pay extra attention to children's health, if they notice any case of paralysis in their home, neighbourhood or village that has occurred recently, it needs to be reported to the health worker as soon as possible!

► Here is what you need to know

- Any child under 15 years old who was crawling or walking and who suddenly no longer crawls or walks **could** have been infected with polio. This needs to be confirmed with additional tests because there are other conditions that present in a similar manner.
- Even though the child is taken to the native healer / religious place for treatment and care, they must also be reported to the nearest health facility for further investigations.

Why is it important to report it quickly?

Any case of paralysis should be reported quickly at the earliest (ideally within 14 days but can be reported up to 6 months). The sooner medical workers know about the case, the faster they can run tests and find out if it is polio virus. If it is polio, one infected child can infect 200 other children in the community very rapidly. Each infected child can then spread the virus to other children. In this way polio transmits fast and is not limited by any geographic boundary. Global travel puts everyone at risk. Early reporting can initiate effective response quickly and prevent other children from becoming infected and paralyze.

REMEMBER:

- ✓ Caregivers listen to you! Please when the campaign starts, make sure to use every opportunity to talk on the importance of protecting children against polio and encourage caregivers to vaccinate their children in every campaign!

HERE WOULD BE A GOOD PLACE FOR CONTACT DETAILS, WEBSITE, FURTHER INFORMATION, AND/OR CONTACT DETAILS

Q&A: Novel oral polio vaccine introduction and cVDPV outbreaks

How will nOPV2 be administered?

- nOPV2 is an oral vaccine. It will be administered via two drops, given into the mouth of the child. This is the same as for other oral polio vaccines.

Is it safe to administer so many doses of vaccine to children?

- Yes, it is safe, and it is very important to administer multiple doses of polio vaccine to children. The vaccine is safe, and every additional dose further strengthens a child's protection against polio and ensures that they are not a carrier of the virus.

How can cVDPV outbreaks be stopped?

- Experience shows that they have been easier to stop than outbreaks of wild poliovirus. They can be rapidly stopped, with 2-3 rounds of high-quality, large-scale Supplementary Immunisation Activities. If a cVDPV does occur, population immunity levels must be rapidly increased with mass immunization with OPV. The only way to prevent a cVDPV from occurring is to maintain high immunization coverage.

Why do we continue to use OPV, instead of IPV?

- Both OPV and IPV are safe and offer personal protection. However, only OPV has a unique ability to induce mucosal (gut) immunity, needed to interrupt person-to-person spread of poliovirus. Hence, OPV is needed to eradicate polio. However, once polio has been eradicated, OPV use will need to be withdrawn, to eliminate the long-term risk of cVDPVs.

Is nOPV2 safe? Will it be fully evaluated?

- Yes, nOPV2 is safe, and has undergone clinical trials to evaluate both the efficacy and safety, including being guided by clear and established ethical guidelines.

What role does IPV play in preventing or stopping cVDPVs?

- IPV has only a limited role in inducing mucosal immunity needed to interrupt person-to-person spread of a virus, and so has only a very limited role in preventing or stopping cVDPVs, unless it is used in combination with OPV.

What are the implications of cVDPVs on WPV certification?

- Certification refers to the independent confirmation that wild poliovirus strains have been eradicated (regionally or globally). As such, cVDPVs do not affect this process. However, a separate process will need to be implemented to also verify the absence of VDPVs.

HERE WOULD BE A GOOD PLACE FOR CONTACT DETAILS, WEBSITE, FURTHER INFORMATION, AND/OR CONTACT DETAILS