



# New Insights on the Road to Zero



Why communications?

A  
**NO** can undo everything

# 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.*”

A composite image consisting of three vertical panels. The left panel shows a man from behind, riding a motorcycle on a sandy or dusty terrain. The middle panel shows a woman in a white headscarf and dress, holding a map and looking towards the camera, standing in a field of tall grass. The right panel shows two people in white clothing walking away on a path made of large, flat stones, with a utility pole visible in the background.

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...

Trust in the frontline worker



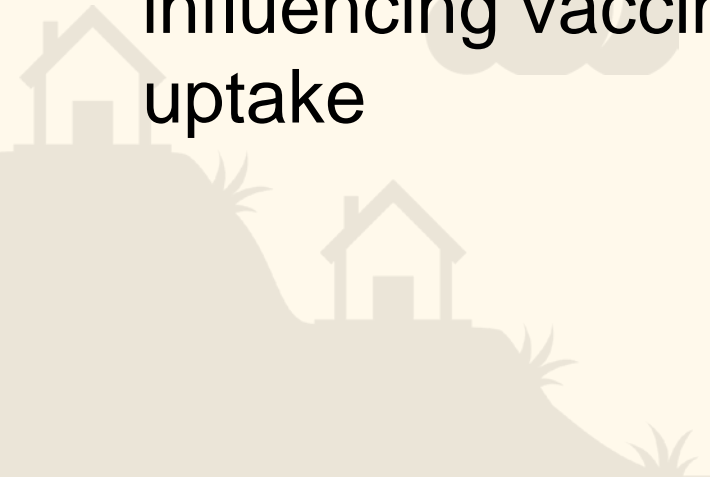
Trust in the OPV vaccine



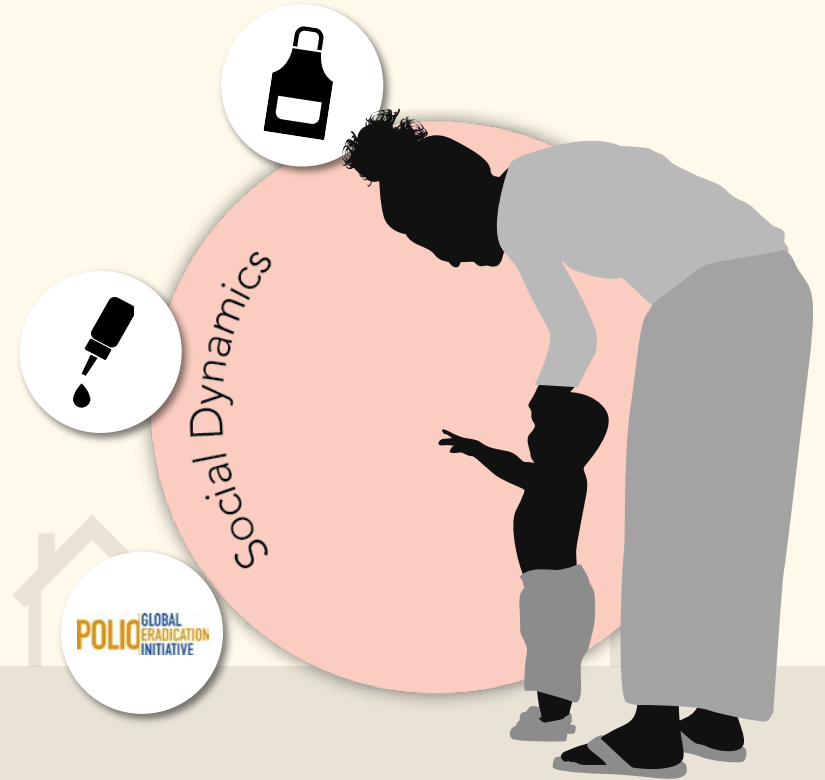
Trust in the GPEI programme



And recognizing  
the need to consider  
the broader dynamics  
influencing vaccine  
uptake



And recognizing  
the need to consider  
the broader dynamics  
influencing vaccine  
uptake

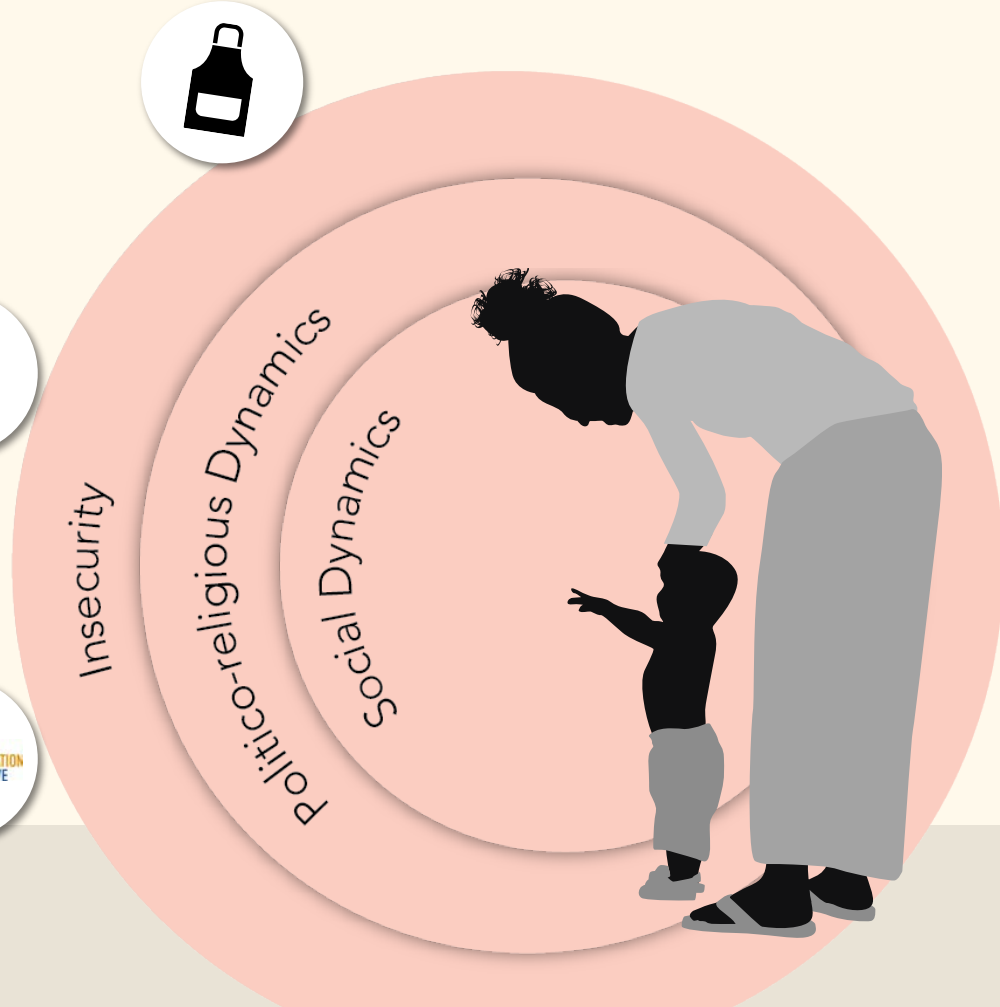


And recognizing  
the need to consider  
the broader dynamics  
influencing vaccine  
uptake

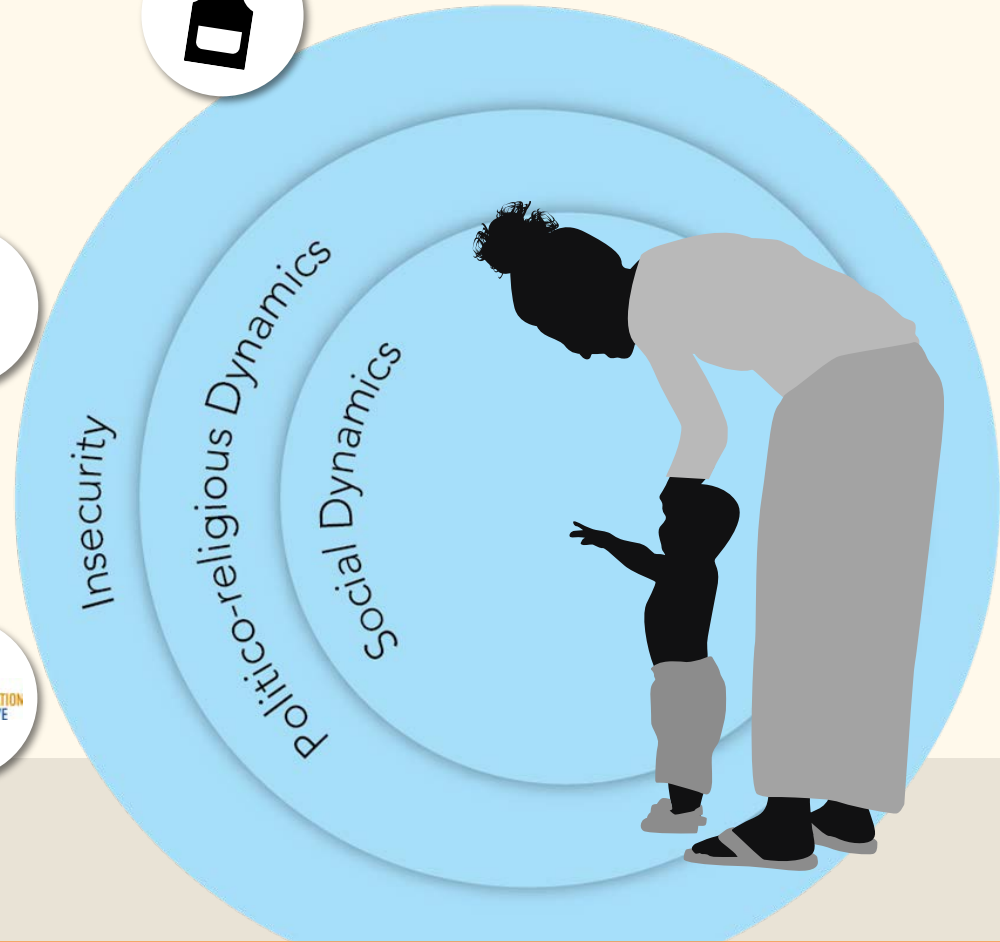




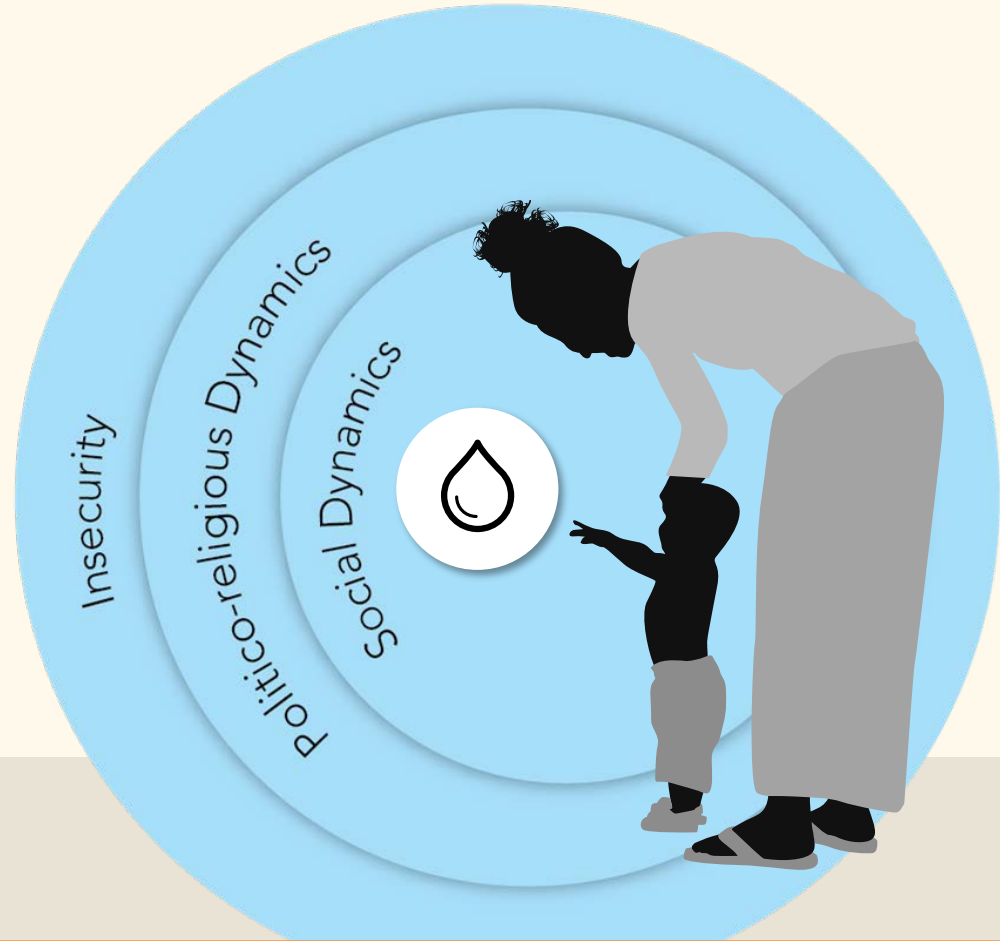
And recognizing  
the need to consider  
the broader dynamics  
influencing vaccine  
uptake



To reach the last remaining children, we have to consider the larger networks around them



To reach the last remaining children, we have to consider the larger networks around them

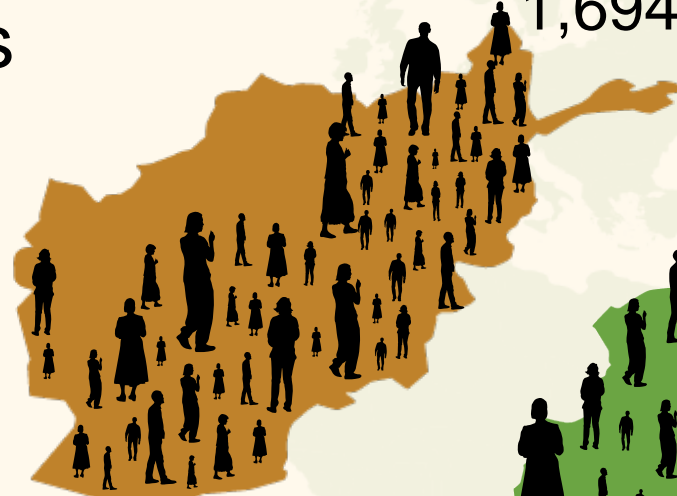


# We've Expanded Our Expertise On All Levels

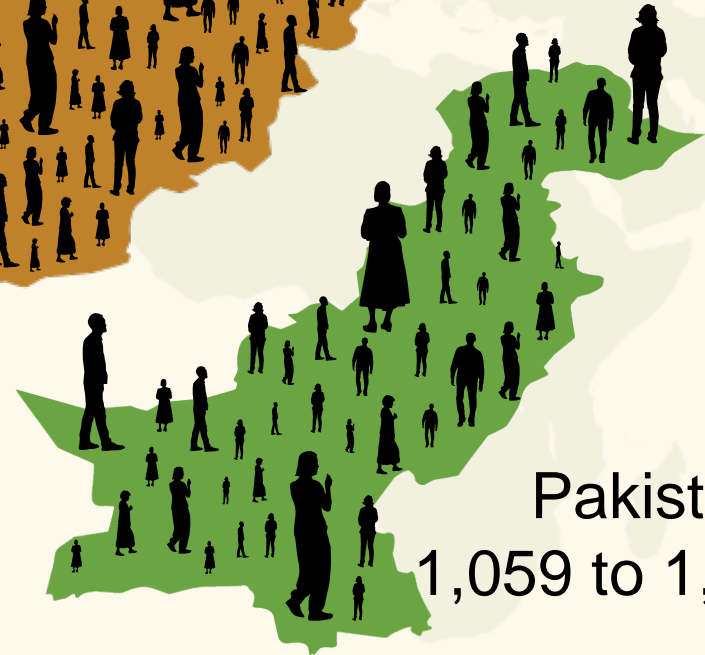
From 6,648 to 13,202 Social Mobilizers



Nigeria  
2,153 to 8,602



Afghanistan  
1,694 to 2,892



Pakistan  
1,059 to 1,638



# And scaled up external expertise

Ohio University  
Harvard University  
McCann Health  
Weber Shandwick  
TRF  
GWU  
JHU  
Drexel U

The Manoff Group  
ADCC  
Lapis  
Communit

PCI Media Impact  
Rainbarrel  
Thompson Nepal

Comm4Dev  
M&D  
WPP

Ipsos  
CSF  
Salvage

Thoughtworks  
PMC  
Intermedia

Johns Hopkins  
Anthrologica  
Orecomm  
Lapis

BBC Media Action  
Seed Scientific  
Equal Access

Over 30 Institutions brought on board with Long Term Partnership Agreements

Partnerships with Islamic Institutions and Leaders through the Islamic Advisory Group

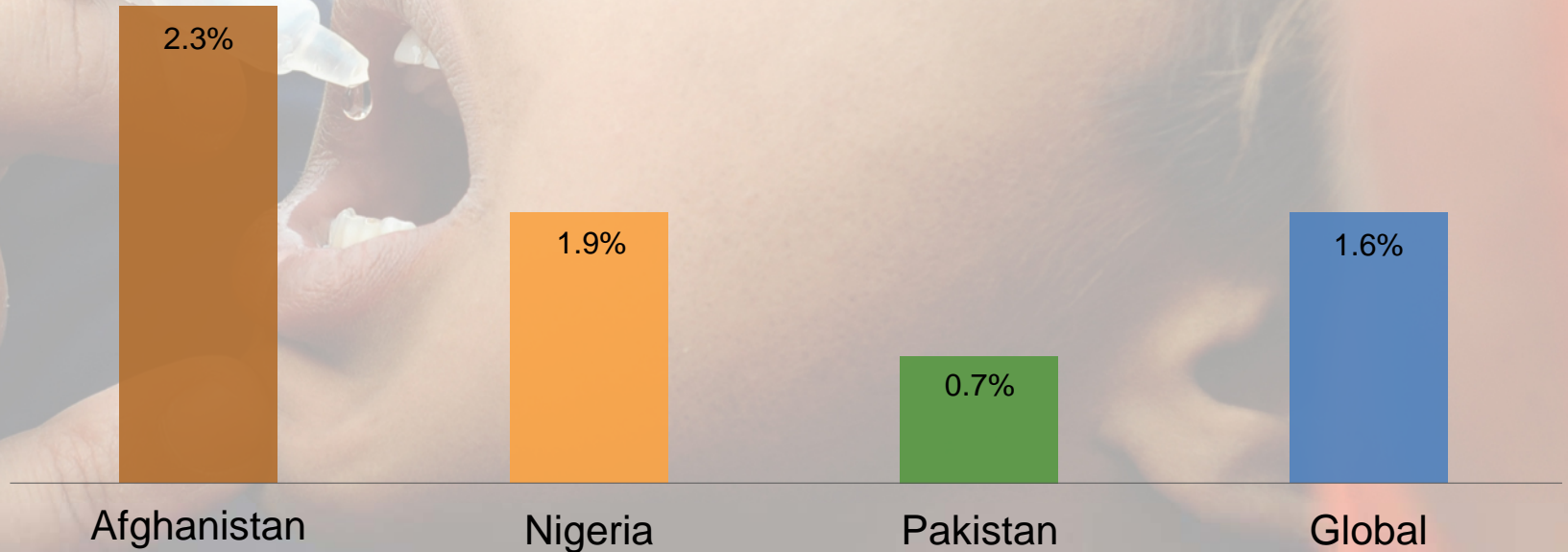
Over 40 CDC-supported STOP volunteers





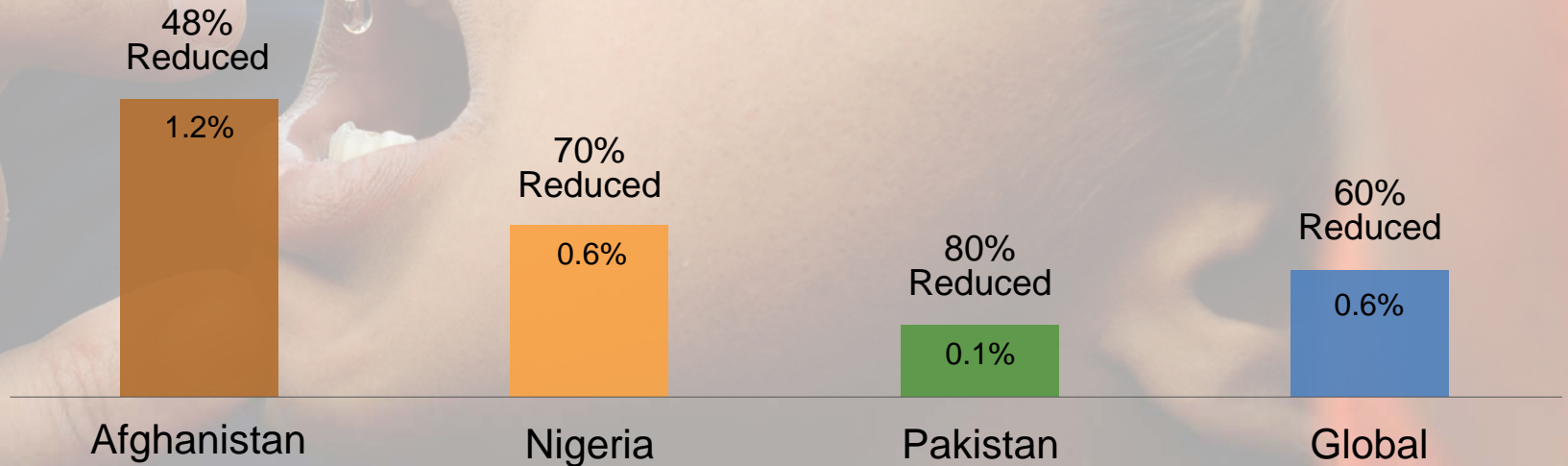
We've gotten far enough that refusals are no longer the biggest problem.

Refusals have been reduced by 60% in endemic high risk areas since January 2013...



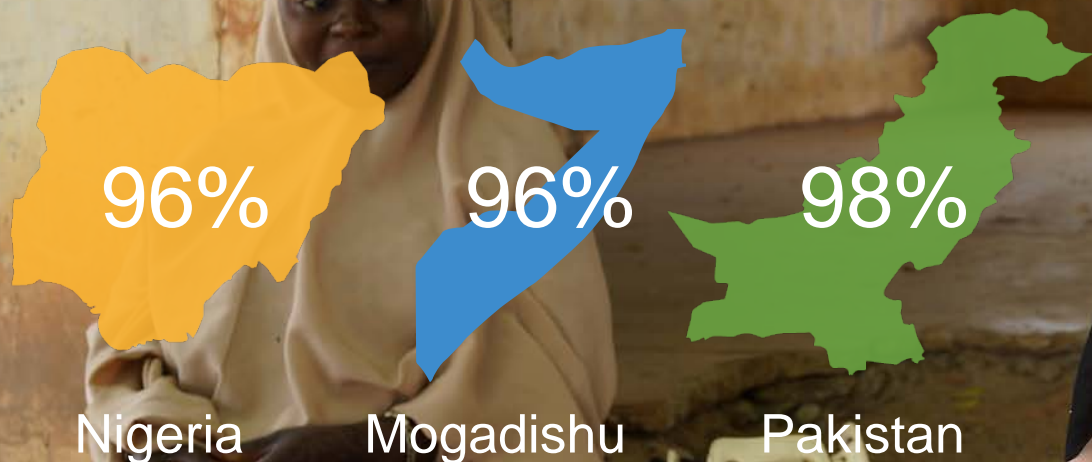


With a 48% reduction in Afghanistan. A 70% reduction in Nigeria and an 80% reduction in Pakistan.



# 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:

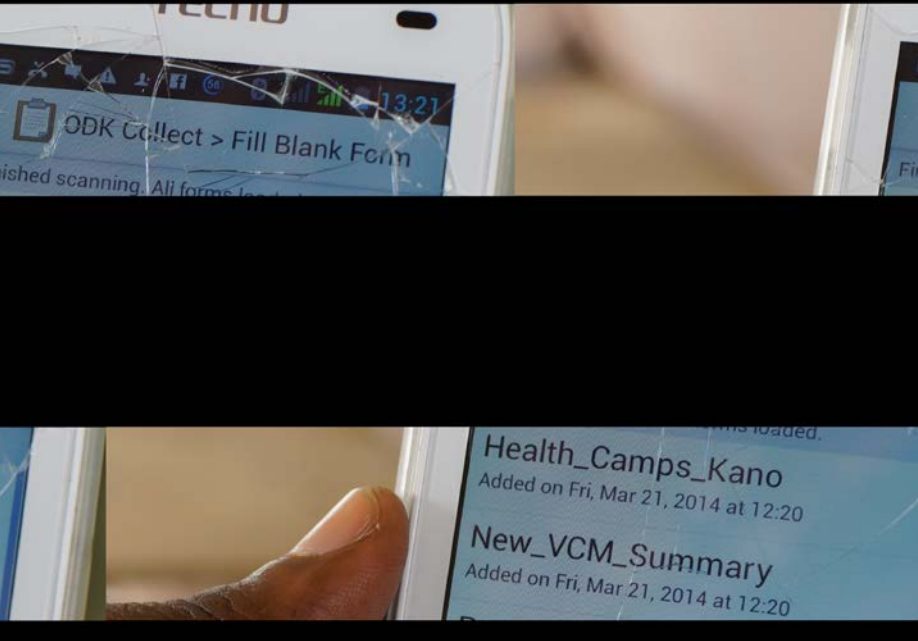


# Better data give us new insights and improved strategies

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



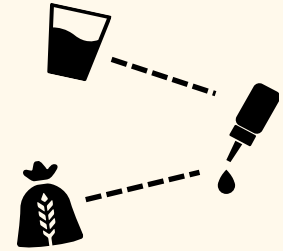
## Nigeria

Bluetooth video sharing  
at the doorstep



## Kandahar City

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



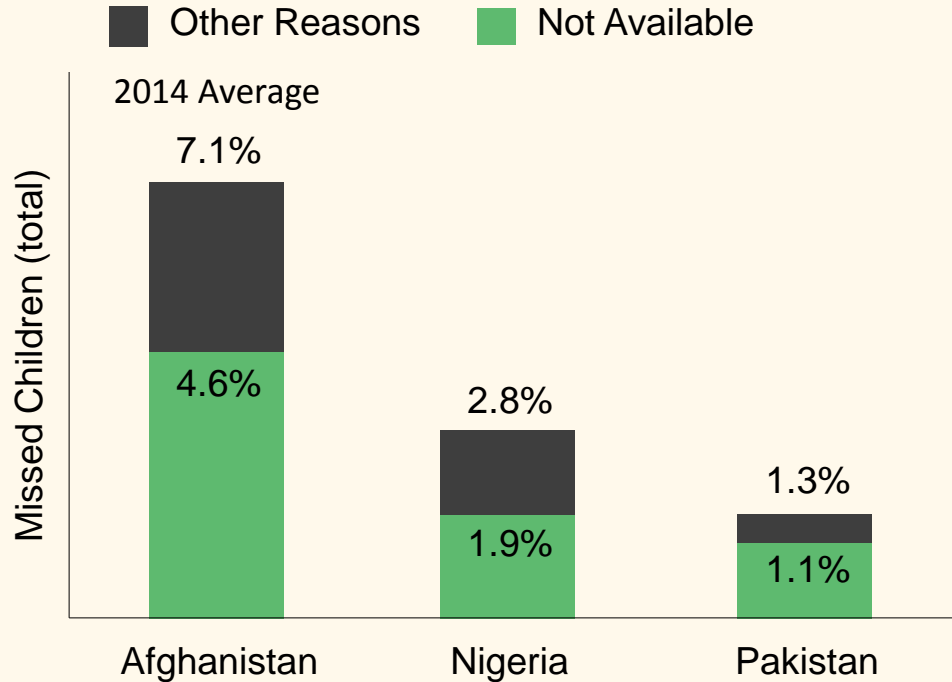
## Lebanon

Digital mapping of all  
service delivery entry points  
that can offer OPV to Syrian  
and poor Lebanese  
population

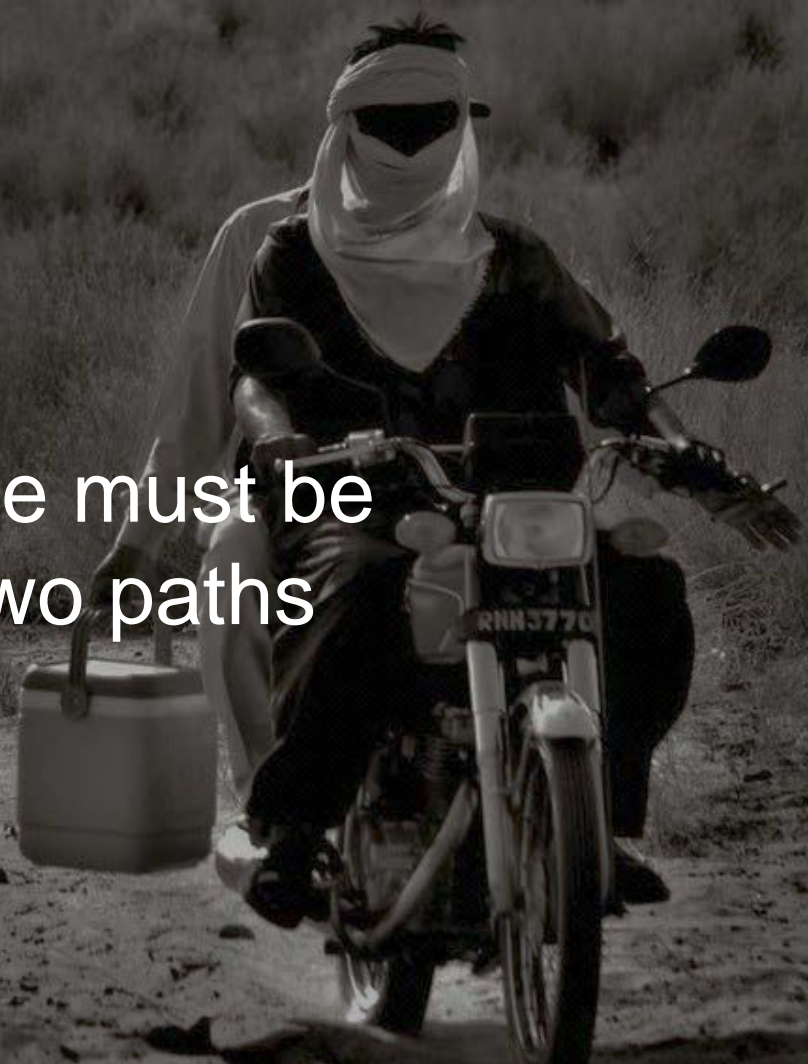


The biggest problem:  
Getting to the remaining children

# And it's not simply a matter of getting to their doorstep



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

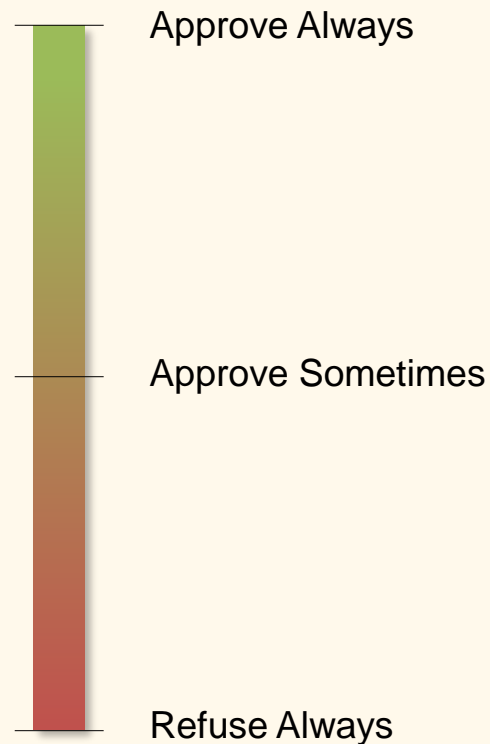
Caregiver's perceptions  
of vaccinators

	Nigeria	Pakistan
Trusted 'a great deal'	72%	61%
Vaccinators are 'very knowledgeable'	61%	52%
Care about children in their community	69%	53%
Are from outside the neighborhood	31%	24%



# Approval is not a steady state. Hesitation can also endanger success.

	Nigeria	Pakistan
Think polio may be curable	29%	31%
Concerned their child will get polio	86%	31%
A child needs polio drops every time	69%	81%
Intend to give their child drops every time	68%	81%





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

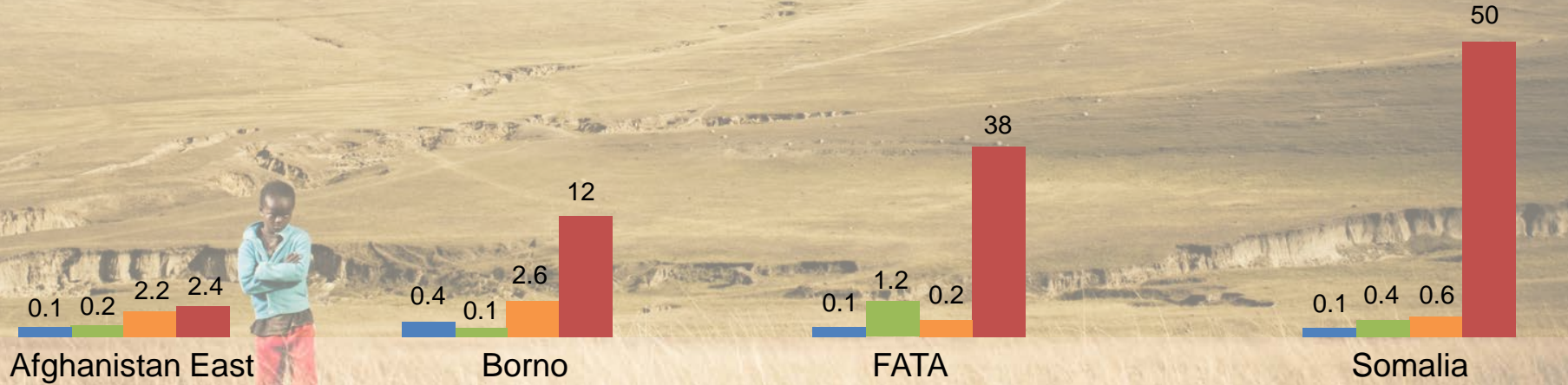
■ Refusal ■ HH Not Visited ■ Absence ■ Inaccessibility

20,000  
Inaccessible  
Children

197,000  
Inaccessible  
Children

278,000  
Inaccessible  
Children

500,000  
Inaccessible  
Children



Source: Independent Monitoring (coverage) and Security Monitoring (inaccessibility)

(Figures in Percentages)



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

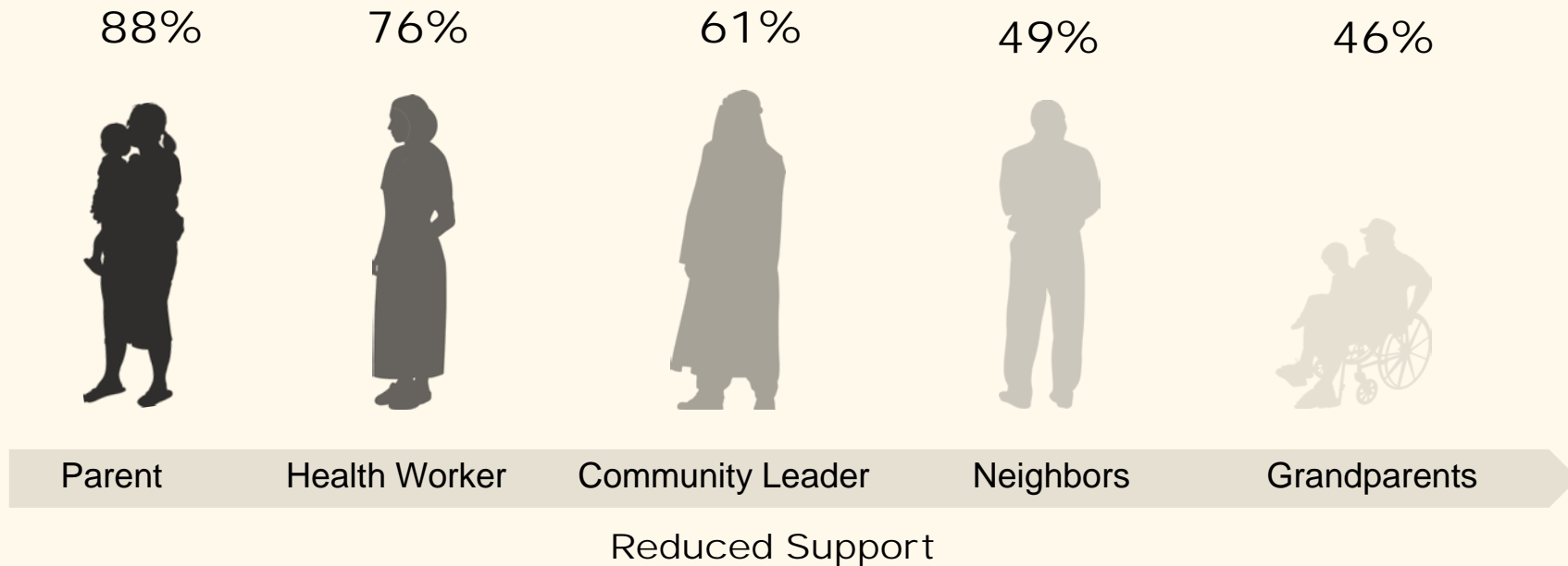
- Trusted
- Knowledgeable
- Showing concern for children's well-being
- From the local community



# 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)



A black and white photograph of two women walking on a dirt path in a rural, arid landscape. Both women are wearing headscarves and traditional clothing. The woman on the left is carrying a bag, and the woman on the right is holding a long object, possibly a staff or a tool. The background shows sparse, dry vegetation and a clear sky. The text is overlaid in white on the left side of the image.

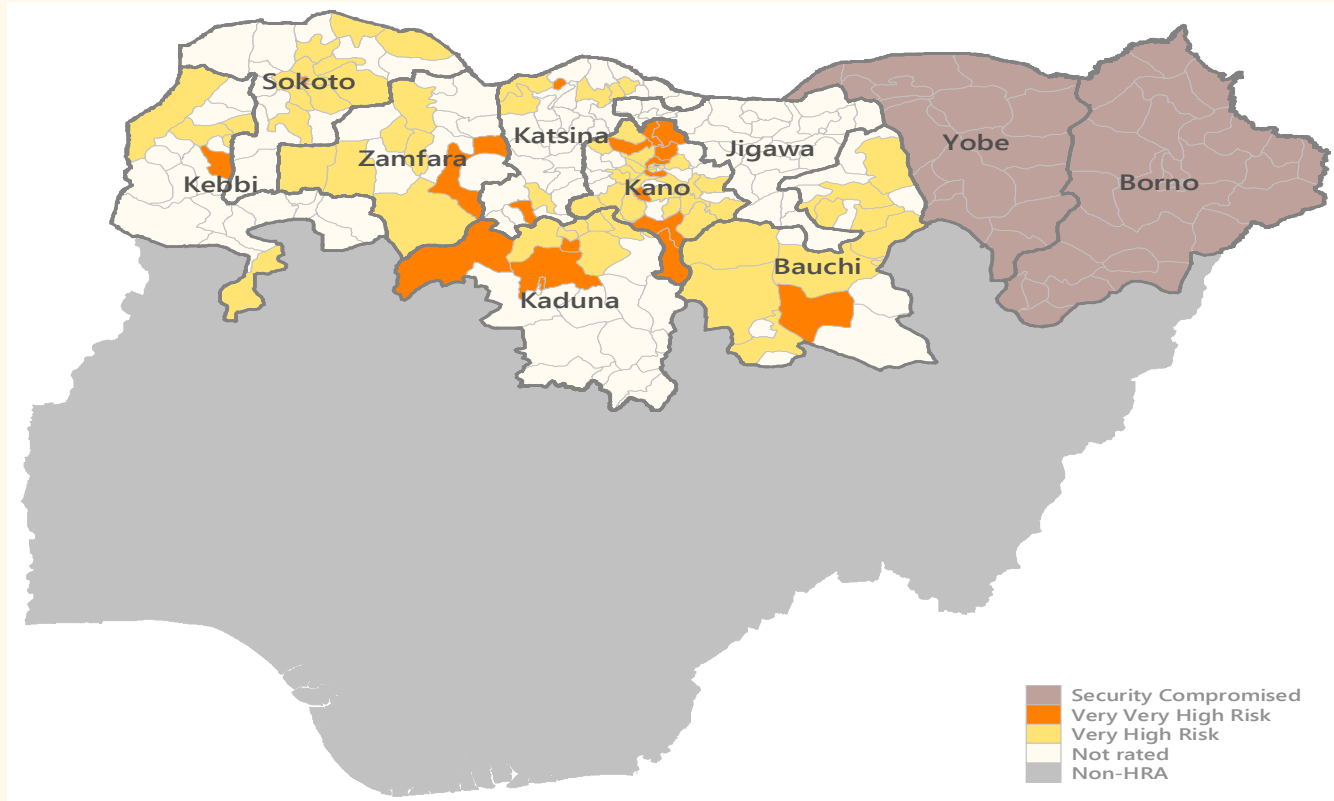
We're making progress down both paths:  
Delivering strategies that overcome barriers in  
accessible communities



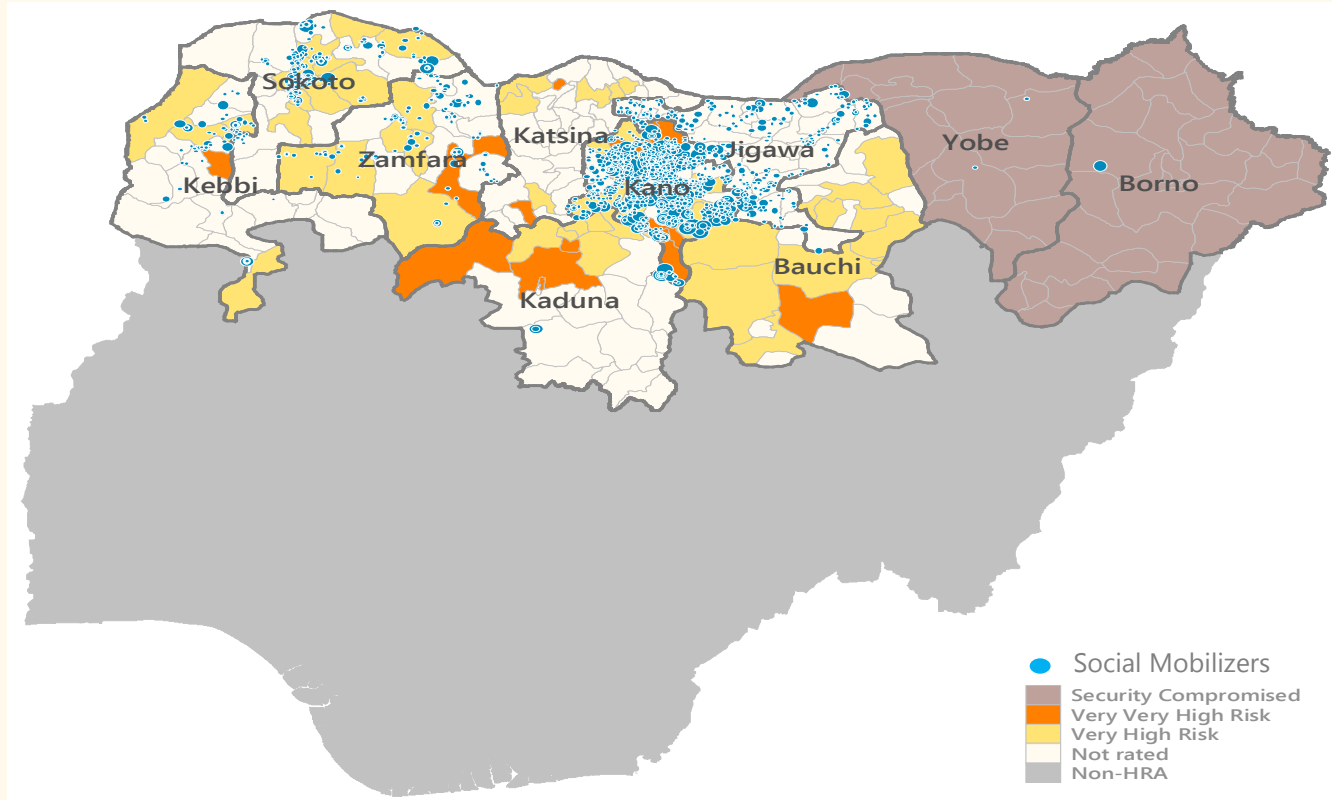


...and inaccessible ones.

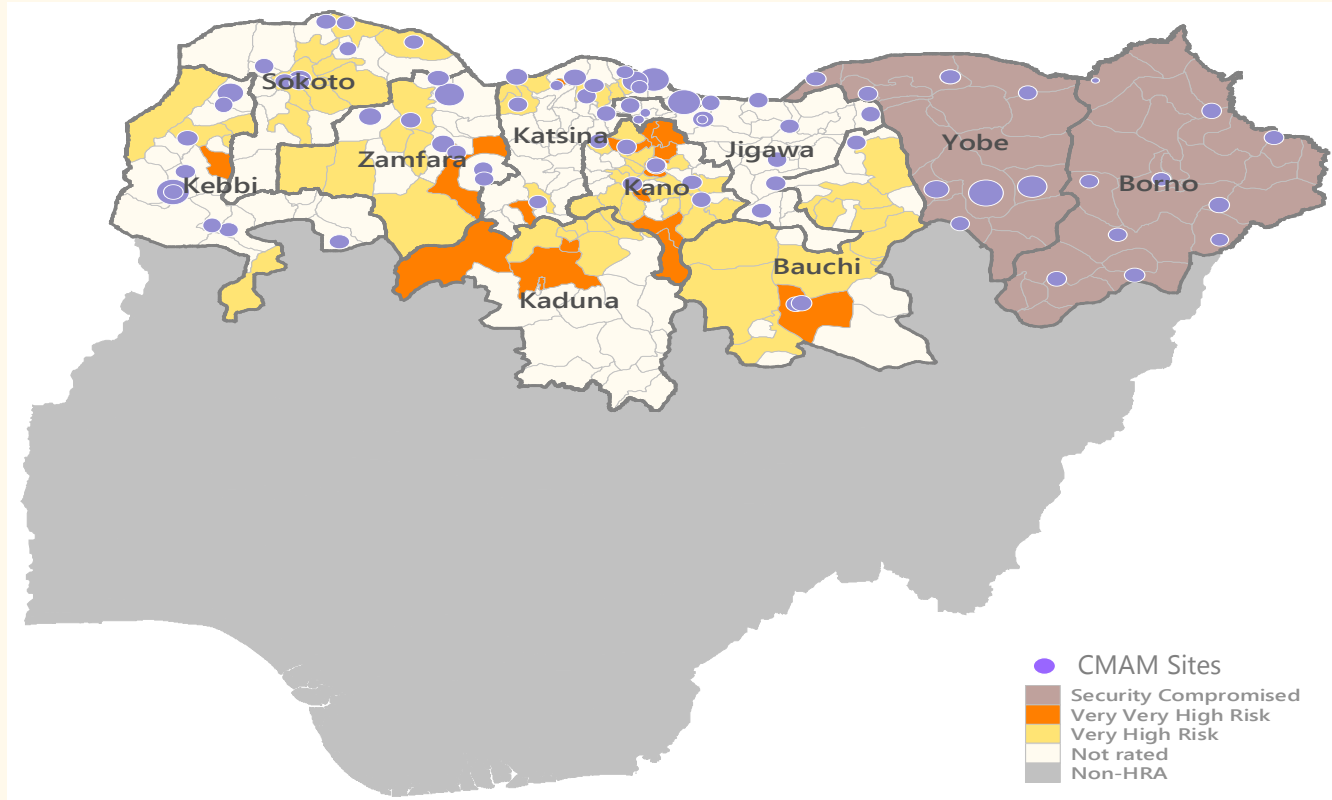
All partners are providing additional services to communities in Kano, Borno & Yobe to strengthen trust



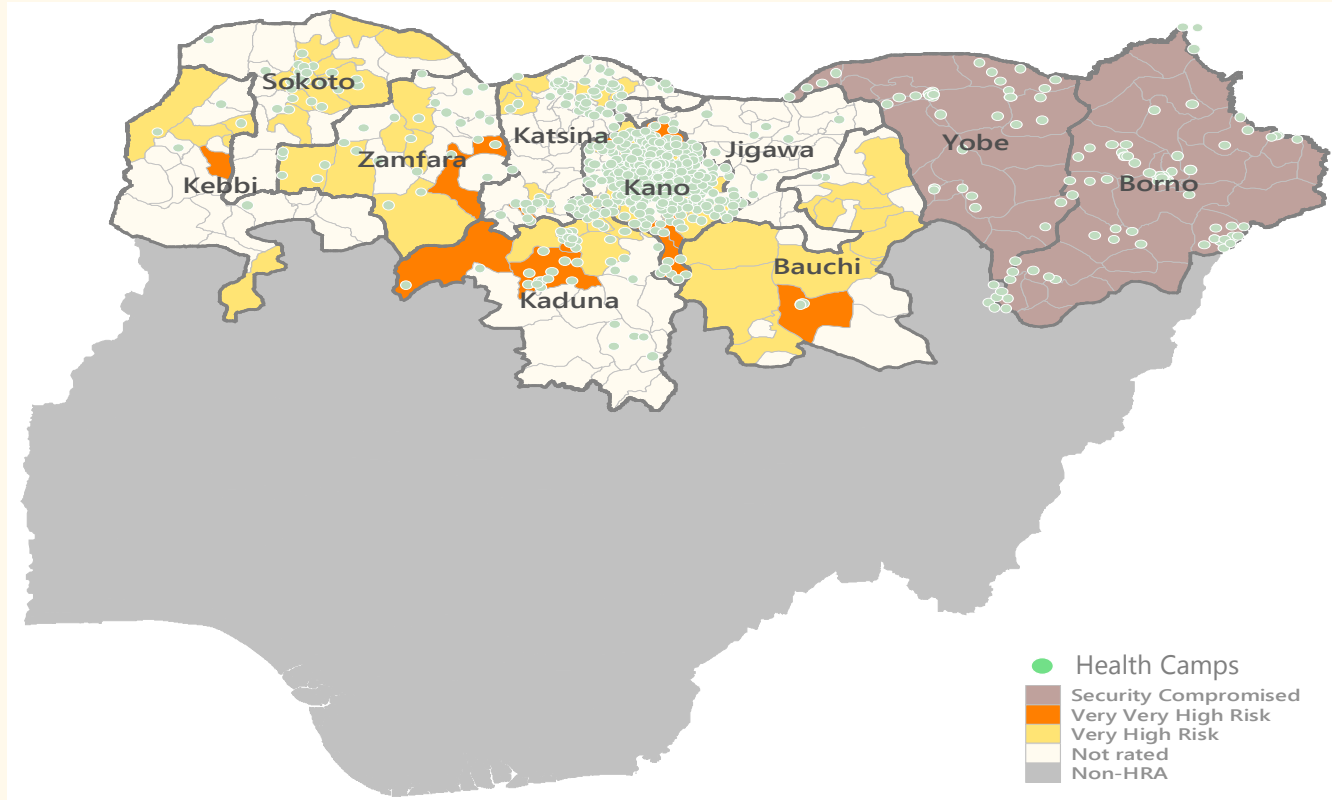
All partners are providing additional services to communities in Kano, Borno & Yobe to strengthen trust



All partners are providing additional services to communities in Kano, Borno & Yobe to strengthen trust



All partners are providing additional services to communities in Kano, Borno & Yobe to strengthen trust





# Shifting Gears in 2014: Enroute to Excellence

# Shifting Gears In 2014

*Accessible (and all) areas*

From

To

Anticipate and address refusals

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

A concerted focus on  
social mobilizers

A concerted focus on all  
frontline workers

Promote confidence in OPV

Promote confidence in  
OPV and IPV

Collect social  
data

Systematically use social data  
in microplans and strategies

Bare Minimum



Excellence

# Shifting Gears In 2014

*Inaccessible areas*

From

To

Waiting for access to open up

Planting seeds of demand for vaccine uptake  
when services are provided

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

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



“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

We're on our way to reaching Zero