

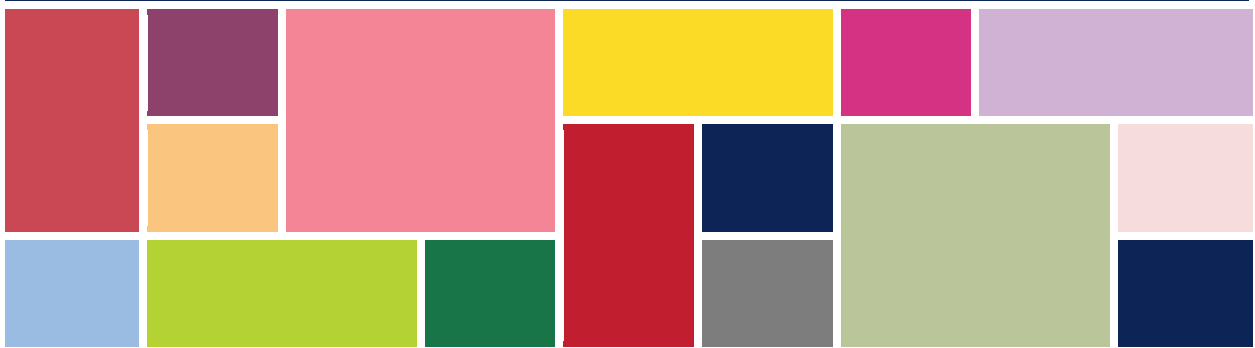


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Maternal and Child Survival Program Polio Communication Program Summary

July 1, 2014, to September 30, 2019



The Maternal and Child Survival Program (MCSP) is a global, \$560 million, 5-year cooperative agreement funded by the United States Agency for International Development (USAID) to introduce and support scale-up of high-impact health interventions among USAID's 25 maternal and child health priority countries,* as well as other countries. MCSP is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives. MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

* USAID's 25 high-priority countries are Afghanistan, Bangladesh, Burma, Democratic Republic of Congo, Ethiopia, Ghana, Haiti, India, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Senegal, South Sudan, Tanzania, Uganda, Yemen and Zambia.

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July 2019

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Abbreviations

GPEI	Global Polio Eradication Initiative
MCSP	Maternal and Child Survival Program
NPHCDA	National Primary Health Care Development Agency
OBRA	outbreak response assessment
RI	routine immunization
SBCC	social and behavior change communication
TAG	technical advisory group
The CI	The Communication Initiative
USAID	US Agency for International Development
WHO	World Health Organization

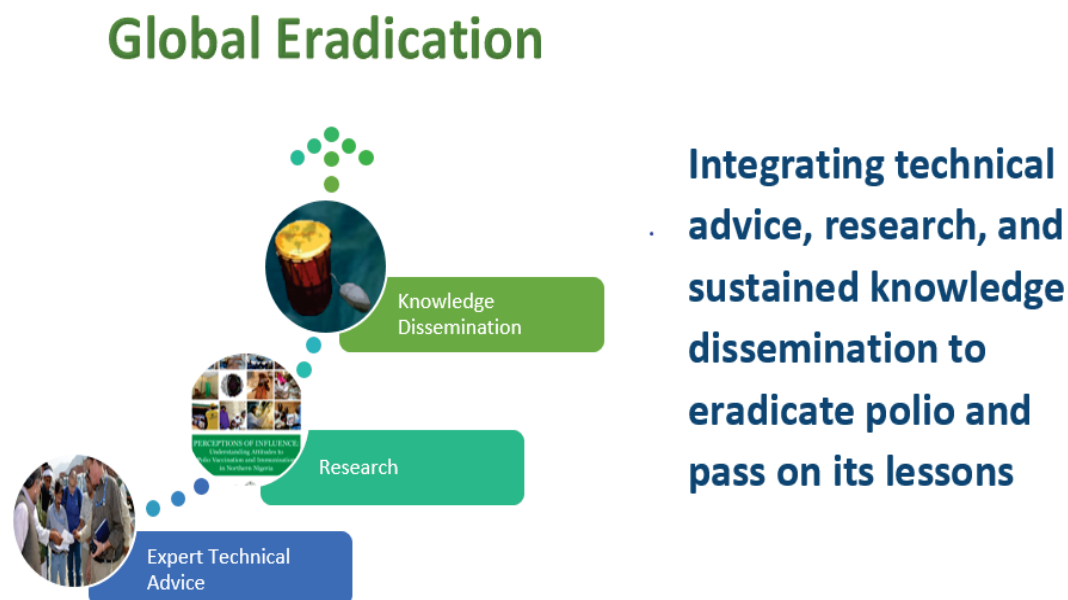
Overview

This award builds on prior polio-focused work through the [Maternal and Child Health Integrated Program](#) and [IMMUNIZATIONbasics](#), and on the communication technical expertise, knowledge management capacities, and reach of The Communication Initiative (The CI).

Since 2014, the Maternal and Child Survival Program (MCSP) has actively supported the global effort to eradicate poliomyelitis by providing state-of-the-art expertise, research, and knowledge dissemination in communication. MCSP's objectives have been structured around the following areas:

- Providing expert technical advice on polio communication to endemic countries
- Supporting peer-reviewed research to increase representation of practitioners in journal literature
- Conducting original research into under-researched areas
- Providing direct support to outbreak countries, such as Madagascar, Lao PDR, and Ukraine
- Creating spaces for US Agency for International Development (USAID)-funded and other agencies working on polio to capture lessons for dissemination
- Encouraging expert opinion dissemination and discussion through editorials and blogs
- Building a Web-based network of over 13,000 people engaged in communication for polio and immunization, supported by a knowledge management platform with over 2,000 polio and immunization knowledge summaries disseminated through newsletters with large subscriber bases

Figure I. Global eradication



Key Accomplishments in Brief

Expert Technical Advice

- Supported a communication expert to participate as a member of five Pakistan and six Afghanistan technical advisory groups (TAGs).
- Led or co-coordinated three Pakistan and two Afghanistan communication reviews.
- Sent communication consultants to join six outbreak response teams in the Horn of Africa, Madagascar, and Lao PDR.
- Assisted Ukraine in the development of a social media response to its outbreak.

Research

- Conducted two significant original research projects into [household health decision-making in Nigeria](#) and [analyzing online conversations on polio in Ukraine](#).
- Published 13 papers, capturing field experiences from the perspective of polio practitioners in Africa and Asia.

Knowledge Dissemination

- Published 43 editorials, sharing expert opinion from leaders in the field, such as [Roma Solomon](#), [Sue Goldstein](#), and [Nellie Bristol](#), with members of the polio and immunization network.
- Coordinated a process that brought USAID-funded polio partners together to share and consolidate [polio communication lessons](#) among themselves.
- Facilitated dissemination and discussion of those findings in public spaces, such as the International Social and Behavior Change Communication (SBCC) Summit held in Indonesia in 2018 with peers from other sectors and agencies—for example, a [keynote address](#) by Sen. Ayesha Raza Farooq, the Pakistan prime minister's focal point for polio eradication.
- Held training workshops on research methodology in Nigeria, the UK, and the US, and on social media analysis in Ukraine and the US.
- Developed and expanded [The Polio Network](#) website, a public, searchable platform receiving an average of 68 visitors per day with over 284,000 page views since July 2014.
- Created and posted over 700 summaries of polio knowledge to The Polio Network website.
- Further disseminated that knowledge through newsletters, with 25 *Immunisation, Vaccines and Polio: DB Clicks* being sent out to an average of 11,000 subscribers and 18 special polio editions of [The Drum Beat](#) going out to approximately 47,000 subscribers.

Expert Technical Advice

Technical Advisory Groups

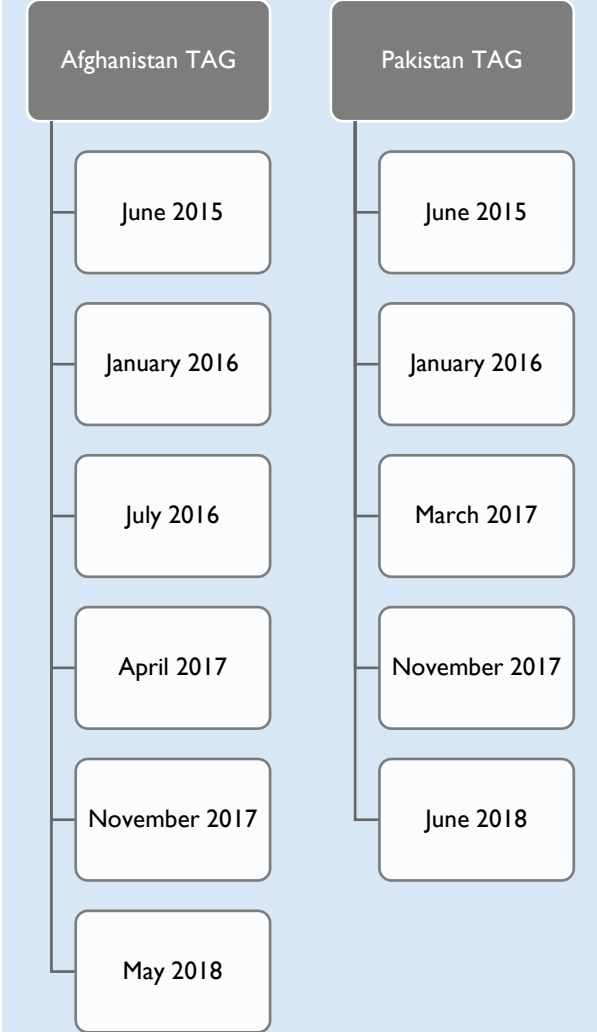
Since 2014, MCSP provided technical communication expertise on the Afghanistan and Pakistan TAGs. During this time, there were 11 TAGs, which looked at the overall polio programs in each country and made recommendations toward strengthening all aspects of polio work. Each TAG produces a report, all of which are summarized on the polio website as soon as they are made public by the World Health Organization (WHO) Eastern Mediterranean Regional Office. See, for example, [Report on the Meeting of the Technical Advisory Group for the Eradication of Poliomyelitis in Afghanistan \(November 2017\)](#) and [Report on the Meeting of the Technical Advisory Group for the Eradication of Poliomyelitis in Pakistan \(November–December 2017\)](#).

TAGs are an important part of the official global oversight structure for the Global Polio Eradication Initiative (GPEI), providing independent review and assessment of national polio programs and recommendations to guide program strategy. The communication technical expertise MCSP provided to both these TAGs had a direct impact on the evolution of communication strategies and activities during a time of significant expansion of the scope and size of communication and social mobilization activities in both countries.

For instance, TAGs have made recommendations to:

- Improve the use of social data for planning communication activities at local levels, resulting in the development of new planning tools, such as challenge mapping in Pakistan and clustered missed children identification in Afghanistan.
- Develop and implement strategies for utilizing social media to respond to rumors, reduce the impact of false information and disseminate accurate immunization information, leading to the establishment of a social media cell in Pakistan and increased social media capacity in Afghanistan.
- Establish new communication approaches and materials for use in areas where security has compromised access, resulting in a range of new strategies and materials specifically designed for circumstances, such as those in which house-to-house campaigns are prohibited.

Figure 2. Afghanistan and Pakistan technical advisory group meeting dates

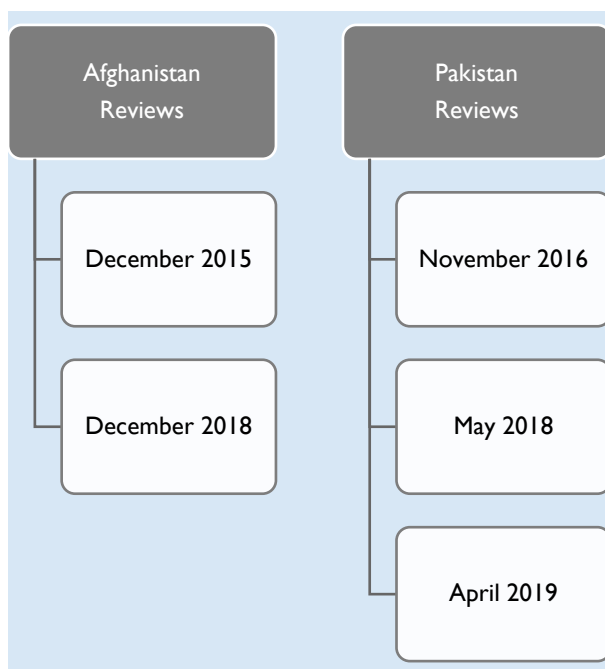


Communication Reviews

MCSP led or co-led polio communication reviews in Pakistan and Afghanistan. In Pakistan, this included (1) a special joint mission with the TAG chair, in which MCSP was asked to accompany the Mission to review the communication program in Punjab, Sindh, Baluchistan, and Khyber Pakhtunkhwa provinces in November 2016, and (2) two reviews organized with UNICEF Pakistan in May 2018 and April 2019 that focused on social mobilization, data use at local levels for planning, and improving communication interventions to reduce missed children. In Afghanistan, this included a special review in which MCSP was asked to identify gaps in district-level communication plans in east Afghanistan in December 2015 and a full review of polio communication strategies and activities in December 2018.

These reviews were part of program planning and evaluation processes, and the recommendations were incorporated into annual polio communication work plans for UNICEF and into national emergency action plans, which guide national program strategies and direction. As such, each review had a direct impact on polio communication priorities and activities providing critical insight and recommendations on problematic areas, such as the use of data for communication planning and strengthening community-level social mobilization.

Figure 3. Afghanistan and Pakistan communication review dates

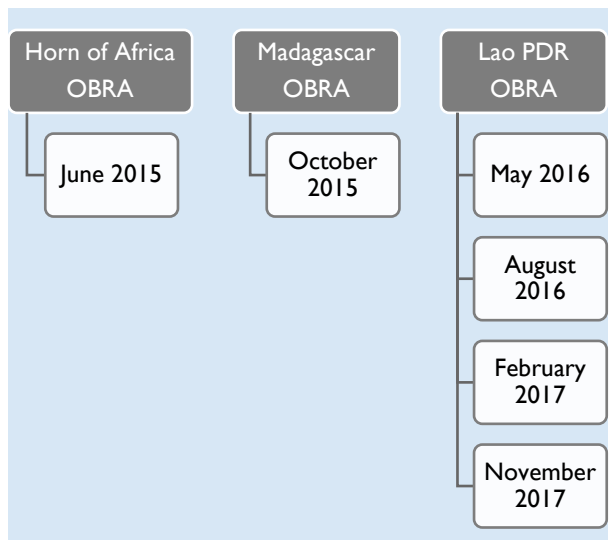


Outbreak Response Assessments

MCSP provided expert communication advice to six outbreak response assessments (OBRA). In June 2015, a communication expert joined the Horn of Africa OBRA to review Kenya's cross-border response and help make recommendations on progress in Somalia. In October 2015, an expert consultant was identified and sent to join an assessment team to review and make recommendations related to social mobilization and communication in the outbreak response in Madagascar. In 2016, MCSP sent an expert consultant to focus on similar issues with the Lao PDR OBRA team for assessments in May 2016, August 2016, February 2017, and November 2017.

OBRA recommendations are used for two purposes. The first is to provide independent oversight and guidance to the country in developing and implementing its response to the outbreak. The second is to set milestones to be used to determine whether the response is adequate and provide periodic assessments as to whether the outbreak has stopped. Using the Lao PDR OBRA, as an example, MCSP's involvement focused on developing the communication and social mobilization elements of the response plan, with special reference to communication with a marginalized group, the Hmong, among whom the outbreak was centered. A summary of the plan can be found at this [link](#).

Figure 4. Horn of Africa, Madagascar, and Lao PDR outbreak response assessment dates



Research

Peer-Reviewed Papers

In 2016, MCSP established an initiative calling on researchers, policymakers, and program managers to submit papers that address critical issues related to the communication lessons and legacy of the GPEI and the relationship between polio and routine immunization (RI) programs. The purposes were to increase the number of peer-reviewed papers on RI and polio communication, and to ensure that academics from a range of countries—those defined by the GPEI as polio infected, where MCSP was working, and/or that USAID had declared high priority—were supported in getting their research peer-reviewed, published, and widely disseminated through the polio website, its newsletters and partner networks, and the new open-access journal, [Global Health Communication](#). In the end, this initiative generated 11 papers. All of the papers were summarized and posted to The Polio Network website and disseminated to partner networks in a special edition of [The Drum Beat](#), which has a subscriber base of over 47,000. The papers are listed below:

- [Evidence-Based Engagement of the Somali Pastoralists of the Horn of Africa in Polio Immunization: Overview of Tracking, Cross-Border, Operations, and Communication Strategies](#)
- [Community Engagement, Routine Immunization, and the Polio Legacy in Northern Nigeria](#)
- [Polio Immunization Social Norms in Kano State, Nigeria: Implications for Designing Polio Immunization Information and Communication Programs for Routine Immunization Services](#)
- [Looking Back and Planning Ahead: Examining Global Best Practices in Communication for Inactivated Polio Vaccination Introduction in Rwanda](#)
- [Redefining Immunization: Not Just a Shot in the Arm](#)
- [Polio Eradication and Health Systems in Karachi: Vaccine Refusals in Context](#)
- [Association of Volunteer Communication Mobilizers' Polio-Related Knowledge and Job-Related Characteristics with Health Message Delivery Performance in Kano District of Nigeria](#)
- [Variations in the Uptake of Routine Immunization in Nigeria: Examining Determinants of Inequitable Access](#)
- [The Polio Communication Network Contribution to the Polio Outbreak Response in Ethiopia's Somali Region, 2013-2015](#)

Posted directly to The Polio Network website:

- [Dynamics and Motivation of Online Pro- and Anti-vaccination Lobbyists in Nigeria: A Qualitative Exploration](#)
- [Use of SMS-Based Platforms for Health Communication and Monitoring in the Context of Polio Outbreak Response](#)

There were also two papers written based on the Nigerian original research described below. The first was published in *Vaccine*, and the second is being revised for submission but should be submitted to a journal before July 2019:

- [Understanding vaccine hesitancy in polio eradication in northern Nigeria](#)
- How reliable is the asset score in measuring socioeconomic status? Comparing asset ownership reported by male and female heads of households

Original Research

MCSP conducted two major original research projects.

The first adapted a methodology from qualitative comparative analysis that involved using a mix of qualitative and quantitative approaches. It randomly sampled 30 households per settlement in 60 settlements within wards and local government areas in Sokoto, Kano, and Bauchi states of northern Nigeria. Researchers surveyed a total of 3,306 respondents (male and female) in 1,653 households using a questionnaire eliciting information on quantitative and qualitative dimensions of family life: general developmental conditions, household perceptions of (and trust in) external actors, health and health care experiences, and knowledge of/attitudes to RI and polio eradication. The findings were published in a report, [Perceptions of Influence: Understanding Attitudes to Polio Vaccination and Immunization in Northern Nigeria](#), and a paper was published in *Vaccine* which is mentioned in the Peer-Reviewed Papers section above.

This research was presented to the USAID Mission in Nigeria, the Nigerian government through the National Primary Health Care Development Agency (NPHCDA), WHO, and UNICEF where key findings were discussed in relation to existing research and methodology. The research provided new data on the complex processes of household decision-making related to health. It challenged long-standing polio program assumptions on the importance given to religious leaders' opinions on health and offered new insight into community reactions to polio campaigns in areas where government services were limited. As the executive director of the NPHCDA said at the time:

“The findings and recommendations in the report would be of extreme value in restructuring aspects of the Polio Eradication Initiative strategy at the micro level, particularly in the areas of behavioral change communication and shoring up demand for vaccination in communities with low uptake. In addition, the application of the pertinent recommendations in this report would contribute to further improving coverage, population immunity, and sustaining the more global gains in immunization across Nigeria.”

The second identified several important links between Ukraine's 2015 polio outbreak and how caregivers utilized social networks and social media for health decision-making. The study examined how different communities in Ukraine use social media to communicate and search for health information by applying a unique qualitative approach based on manual search and monitoring of popular and thematic social media spaces on Facebook and Vkontakte networks. Analysis of active discussions and information shared within pages revealed the level of communities' engagement with and intentions to initiate and respond to vaccination-related conversations.

The study, [Social Media Initiative in Ukraine: Analysis of Online Conversations on Polio, Vaccination, and Routine Immunization](#), was presented in Kyiv to government and polio partners, and its findings were incorporated into social media strategies for polio and RI.

Direct Publications

MCSP also wrote a number of publications for direct publication to [The Polio Network](#) website. Some of these have been joint publications written with other organizations, and some have been written in-house. All attempt to capture polio lessons. They are:

- [Influencing Change: Documentation of CORE Group's Engagement in India's Polio Eradication Programme](#)

This publication captured lessons from CORE Group's experience with India's Social Mobilization Network from a practitioner's perspective. Divided into chapters on major program areas deemed essential to its success, such as [partnering with government](#), [empowering women](#), and [building trust](#), this book captured the essence of strong communication programing while also looking into what did not work and the trial-and-error nature of building a successful program.

- [Polio Primer](#)

This primer was written to help brief communication review consultants, some of whom were experienced communication experts but had a limited background in polio. It provided a basic understanding of the virus, vaccines, surveillance, monitoring, and mobilization.

- [Social Shakes: Rethinking the Core Principles for Principled and Effective Development Action](#)

This paper examined the role communication plays in major social change movements around issues such as rights, governance, health, and environment. It contains a [section on polio](#) that looked at how polio has adjusted from talking to people to engaging with them and the realities in which they live.

- [Word of Mouth: Learning from Polio Communication and Community Engagement Initiatives](#)

This document was written jointly with other agencies receiving USAID funding for polio projects. It captured lessons from this experience identified through a series of discussions, workshops, and teleconferences. The lessons are grouped into several categories: social mobilization, norms and culture, community-based surveillance, data-driven strategy, and operational oversight. This document has been distributed widely through partner networks involved in its writing and the thinking behind it.

Knowledge Dissemination

A major component of MCSP's polio communication knowledge dissemination work has focused on engaging networks of people and organizations with an interest in SBCC and, more narrowly, those working directly on polio and/or immunization communication. The wider network may not be working in polio or immunization communication but will have an interest in the knowledge in and experiences with one of the world's largest health programs with significant investments in communication.

For its wider network, MCSP used the network of The CI, which stands at 103,000 members who registered with [The CI website](#) and/or subscribed to one of its newsletters, in combination with events, such as the SBCC Summit in Nusa Dua, which brought together people working on communications across a range of development sectors. These networks provided MCSP with an audience of potentially interested people and organizations to disseminate polio communication lessons beyond the world of polio.

For the more focused network, MCSP built on previous work and capacities mentioned in the introduction. This network is made up of organizations receiving USAID funding for polio projects; partners within the GPEI, such as WHO and UNICEF; and, importantly, individuals who work on or have an interest in immunization and polio communication. The latter part of the network is made up of people who registered for [The Polio Network](#) website and subscribed to the *Immunisation, Vaccines and Polio* newsletter.

MCSP's knowledge dissemination strategies involve engaging these networks in a range of different ways:

- USAID and GPEI partner engagement to distill polio communication lessons
- Participation in major communication conferences to share lessons
- Workshops to share research methodologies and findings
- High-level roundtables to identify issues and feed research into policy discussions
- Sharing perspectives from polio thought leaders through interviews and editorials
- Maintaining a website with constantly updated content and platforms for discussion
- Promoting that content through newsletters with large subscriber bases

Partner Engagement to Distill Lessons

MCSP has been supporting the distillation of polio lessons from its own work and that of other USAID-funded polio projects for the past several years. This has been done through workshops that bring agencies together to discuss experiences and identify lessons that have been central to the successes of the polio program, and those that have relevance for other health and development sectors. This has been accomplished through facilitation of workshops, such as the one held by the Global CORE Group Polio Project in Ethiopia in April 2016, where each country described and identified what it felt were the most important lessons from its polio work. There were meetings organized in Washington, DC; New York City; and Baltimore in September 2017 to discuss polio lessons and share these with those working in other sectors. In February 2018, MCSP brought together a group of agencies with USAID-funded polio projects in Washington, DC, to identify priority lessons, capture them in a shared document, and develop and implement a joint dissemination plan. This meeting resulted in [Word of Mouth](#), described in the direct publication section above. This document has been widely disseminated through partner networks on its polio website, through MCSP's networks, and by other agencies, such as CORE Group. Other meetings have also been held, such as one in Washington, DC, in October 2018, which brought together the same group of USAID-funded agencies with UNICEF headquarters polio staff to discuss emerging issues within the polio program to better understand priorities and areas of mutual interest going forward.

Participation in Major Communication Events

MCSP provided support to the secretariat of the SBCC Summit held in Nusa Dua in April 2018. Being so closely involved in the summit's development allowed MCSP to establish a significant polio communication presence at the summit through a keynote speaker, panels, and several side sessions. This provided a platform to share polio communication experience and lessons with a wide audience of people and organizations committed to SBCC. See, for instance, this special edition of The Drum Beat: [Polio Perspectives from the SBCC Summit](#).

Sharing Research Findings and Methodologies

The research methodology used for [Perceptions of Influence: Understanding Attitudes to Polio Vaccination and Immunization in Northern Nigeria](#) was a variant of qualitative comparative analysis, which has the potential to be used more widely in health research. MCSP held a training session in Abuja to introduce this methodology to the research department of Nigeria's NPHCDA in November 2014, presented it during a workshop on communication research methodologies hosted by MCSP and BBC Media Action in London in March 2015, and again presented it in a workshop hosted by MCSP and USAID in Washington, DC, in May 2015.

The methodology developed for the social media work in Ukraine used an experimental but successful approach to social media mapping to discover platforms where communities of parents, health and education professionals, and other civil society actors naturally gather. This methodology also has the potential to be more widely used for social media research in other sectors. MCSP held two workshops in May 2017 describing these methods for social media analysis in Washington, DC (hosted by MCSP and USAID), and in New York City (hosted by UNICEF), and presented in a panel at the Global Vaccine and Immunization Research Forum in Bangkok in 2018. The presentation is available [here](#).

Ukraine Roundtables

When Ukraine had an outbreak in 2015 and 2016, MCSP supported the response in two ways. One was to review and make recommendations related to social media, which is discussed in the research section above. The other was to facilitate high-level meetings designed to inform policy and deepen support among influential expatriate Ukrainians and government officials. To this end, MCSP offered support to three high-level roundtables. The first was in Washington, DC, in May 2016. MCSP provided logistical support only, as this roundtable was convened by the U.S. Ukraine Foundation and hosted by US Rep. Mary Kaptur, co-chair of the Congressional Ukrainian Caucus. It was chaired by Boris Lushniak, retired US Public Health Service Commissioned Corps rear admiral, who also served as the acting US surgeon general. The meetings resulted in an [analysis of the situation](#) and a [statement](#) recommending ways forward. This was followed by another roundtable in Kyiv at the request of the Ukrainian government, which was held in October 2016 and organized by UNICEF together with the Ministry of Health of Ukraine. Participants included Vice Prime Minister Pavlo Rozenko and Minister of Health Ulana Suprun, along with international technical experts, such as David Salisbury, chair of the Global Commission for Certification of Poliomyelitis Eradication, former director of immunization at the UK Department of Health and Social Care, and former chair of WHO's Strategic Advisory Group of Experts on Immunization. This meeting built on the roundtable held in Washington, DC, and MCSP provided ongoing support to ensure linkages between the two meetings. MCSP also presented the research findings to a final roundtable in Kyiv in July 2017 to support the government and UNICEF to incorporate them into ongoing polio communication activities.



Statement on the Roundtable on
Immunization for Vaccine-Preventable Disease and Polio in Ukraine

Engaging the Network

The major focus of this element was to encourage an exchange of ideas and opinions among members of the network through editorials and blogs. Two examples of this are:

An editorial series titled Hopes and Fears, in which a number of polio thought leaders were asked to explain their hopes and fears for the polio program in 1,000 words or less. Seven editorials were contributed:

- [Polio: Highest Hopes and Deepest Fears for the GPEI Based on Where It Is Now](#) by Peter da Costa: Costa is a member of the Horn of Africa Polio TAG who has been a technical advisor on polio communication in Central Africa and Nigeria.
- [Polio Eradication Hopes and Fears: What Next?](#) by Heidi Larson and Will Schulz: Larson is an anthropologist and director of the Vaccine Confidence Project at the London School of Hygiene & Tropical Medicine; Will Schulz studies vaccine hesitancy and other issues of public engagement for public health as a researcher with the Vaccine Confidence Project.
- [Are There Lasting Lessons from Polio Eradication for Global Health?](#) by Sue Goldstein: Goldstein is a member of the Independent Monitoring Board of the GPEI and a past member of the Task Force on Immunization in the WHO Regional Office for Africa and the WHO Strategic Advisory Group of Experts Working Group on Vaccine Hesitancy.
- [From Polio's Small Victories to Development's Global Wins](#) by Claire Hajaj: Hajaj is a journalist specializing in conflict, policy, and advocacy whose experience spans strategic communication, international policy, national development, and humanitarian operations.
- [Putting America First Means Eradicating Polio](#) by Nellie Bristol: Bristol is a senior fellow with the Center for Strategic and International Studies' Global Health Policy Center.
- [Seeing What We Don't See: An Experience of Supportive Supervision](#) by Ellen Coates: Coates is a public health professional who is former director of the CORE Group Polio Project and member of several recent outbreak response assessment teams in Lao PDR and Madagascar
- [Hope and Momentum in Ukraine](#) by Judy Twigg: Twigg is a professor of political science at Virginia Commonwealth University, where she teaches courses on global health, international political economy, international relations, and Russian politics.

Another example is a series of interviews done following the roundtables on Ukraine held in Washington, DC, and Kyiv, with several of the participants to capture different perspectives on the issues behind Ukraine's poor immunization coverage:

- [Judyth Twigg Interview: Technical Roundtable on Immunization and Polio Eradication in Ukraine](#)
Twigg is a professor of political science at Virginia Commonwealth University and a senior associate at the Center for Strategic and International Studies.
- [Boris Lushniak Interview: Technical Roundtable on Immunization and Polio Eradication in Ukraine](#)
Lushniak is a retired US Public Health Service Commissioned Corps rear admiral who also served as the acting US surgeon general.
- [Patrick M. O'Connor Interview: Technical Roundtable on Immunization and Polio Eradication in Ukraine](#)
O'Connor is the team lead (accelerated disease control, vaccine preventable diseases, and immunization) at WHO.
- [David Salisbury Interview: Technical Roundtable on Immunization and Polio Eradication in Ukraine](#)
Salisbury is the chair of the Global Commission for Certification of Poliomyelitis Eradication, former director of immunization at the UK Department of Health and Social Care, and former chair of WHO's Strategic Advisory Group of Experts on Immunization.

There are many other examples of engaging the network, including 36 other editorials, which can be viewed at this [link](#), identifying and recruiting consultants with a wide range of specialized backgrounds, sourcing reviewers for papers, and bringing together groups to analyze specific problems, such as the development of global communication indicators for polio.

Polio Network Website

[The Polio Network](#) website is a platform to store summarized knowledge¹ so that it can be sourced and shared in real time. It also has a range of interactive features that allow users to join discussion groups, subscribe to newsletters, and contact each other directly. The polio work done before MCSP meant that the website already had over 1,300 knowledge summaries on a robust content management platform with good usage figures for a specialized website. MCSP has expanded that knowledge, updated the content management software, and continued to increase website use. Nearly 700 knowledge summaries have been added since July 2014. The platform has been regularly updated to keep up with requirements for a user-friendly online experience as speeds, capabilities, and user expectations evolve. The website itself has been reorganized more than once to continue to be easily searchable and to reflect changing priority areas for polio eradication. It has been accessed by an average of 68 users per day and has hosted more than 268,000 page views over the duration of MCSP. Many of those accessing the platform are from polio-endemic countries (for example, 8,766 user sessions from Nigeria) and from cities where the headquarters of spearheading polio partners are located (for example, 3,361 user sessions from New York). This collection of polio communication knowledge summaries is now one of the largest in the world and will continue to be a source of polio knowledge for researchers and practitioners into the future.

Newsletters

As knowledge summaries are posted to the website, they are disseminated through two newsletters—one to The Polio Network, and the other to the wider communication network. *Immunisation, Vaccines and Polio: DB Click* is published once every 2 months; it began with a subscriber base of 11,548 in July 2014 and grew to 13,354 by May 2019. It highlights a range of knowledge recently posted on The Polio Network website and serves as a prompt to attract network members to explore other knowledge on the website. MCSP has published 25 of these since July 2014. The more widely distributed newsletter is The Drum Beat. This has a subscriber base of over 47,000 who work on communication across many development sectors. Eighteen special polio-focused editions of The Drum Beat have been published on topics ranging from [vaccine hesitancy](#) and [USAID-funded polio lessons](#) to [editorials and opinion](#) and [community engagement](#).

¹ MCSP editorial staff members identify relevant knowledge in the form of reports, research papers, program descriptions, opinion, technical documents, monitoring and evaluation reports, and reports from oversight bodies, such as the polio Independent Monitoring Board and TAGs. These documents are summarized to make them easier to review quickly—called knowledge summaries—with links to the full document and author.

Summary

MCSP's polio communication work leaves a legacy of stronger polio communication programming in endemic and outbreak countries through:

- Expert technical advice
- Peer-reviewed research that is mostly from the underrepresented perspective of those working directly in the field
- Collaboration between agencies doing polio work
- A large body of publicly accessible and widely disseminated knowledge on polio communication
- Polio lessons shared with others working in health and other development sectors through papers, editorials, and blogs
- An easy-to-navigate, up-to-date website
- Two widely read newsletters with large subscriber bases
- A network of people working on polio communication who regularly access this knowledge and use it to improve their work

This work has been integrated so that each component reinforces the other—expert advice is supported by ongoing research and an evolving and widely disseminated knowledge base. This combination has become an important resource for the polio program and will leave a legacy of policy advice, research, and disseminated knowledge.

Recommendations

The eradication of polio is still far from being a reality or even a sure thing. Pakistan and Afghanistan represent a single epidemiological block, and both have experienced setbacks over the past 2 years. Afghanistan has about the same number of cases this year as it did at this time last year, and Pakistan is facing a major resurgence, with nearly twice the number of cases reported so far in 2019 as it had in the whole of 2018. Nigeria may be on the cusp of being declared free of wild poliovirus, but it continues to struggle with outbreaks from vaccine-derived poliovirus, and the security situation in the north and adjacent areas around the Lake Chad Basin are cause for concern. Achieving the world's newest deadline for polio eradication by 2023 is possible, but it will not be an easy task.

Looking to the next 5 years, the GPEI strategy underlines the importance of improved community engagement and communication for successful eradication. Improvements will have to deal with emerging issues, such as the increasing influence of social media in the spread of misinformation and rumors that undermine vaccine acceptance, as well as with long-standing issues, such as vaccine hesitancy/refusal, reaching and engaging the most marginalized, population movement, and insecurity. Importantly, the GPEI will need to find new ways to respond to growing frustration, especially within underserved communities, at the heavy emphasis on polio vaccination when so many other, and often higher-priority community needs, go unmet.

The next 5 years will require significant changes to already complex and sophisticated communication programs as they create:

- Robust social media strategies based on proven approaches for social and behavior change
- Improved plans of action for engaging mobile and displaced populations
- Streamlined data tools that can be used to identify and develop responses to localized pockets of refusal and/or emerging hesitancy
- New approaches to working in areas where insecurity reduces access and creates suspicion
- Strategic alliances with groups and organizations to demonstrate deep social acceptance of polio eradication
- More coordination with other partners as GPEI staff begin working more closely with other agencies to deliver a range of services, from RI to nutrition and sanitation

Responding to these and other needs will require ongoing expert technical advice, research, and knowledge sharing. Additional strategic- and process-related recommendations are included below.

Strategic

1. Strategic alliances and partnerships with national organizations should be an essential element of the program going forward to strengthen its capacities for delivering polio vaccine (for instance, through nongovernmental organizations delivering basic health care), coordinate the delivery of other services that meet local priorities, and build broad-based social support for polio immunization.
2. Social mobilization and community engagement require time and resources to develop. The program needs to focus more attention on ongoing and consistent engagement with communities if it is to build and maintain local commitment to polio immunization.
3. Frustration with the singular focus on polio has led to a softening of support for polio vaccination. Going forward, the GPEI will need to improve its responsiveness to other development issues and problems identified by communities and countries in addition to polio eradication.

4. As seen dramatically in Pakistan in April 2019, social media rumors and false information can quickly spread and cause panic and significant spikes in refusals. Sophisticated and responsive social media capacities utilizing “natural” or pre-existing networks (rather than creating polio-specific networks) and based on proven approaches to social and behavior change for health need to be urgently established or expanded.
5. The GPEI generates enormous amounts of communication data, which it uses to plan community engagement activities. However, these data are not presently filtered in ways that make it useful for planning and monitoring, especially at the local level. It is imperative that these data be reviewed and rationalized so that the right data get to the right people at the right time and that staff are trained in its use.

Process

1. Complex communication programs demand ongoing oversight and regular external review. This will be even more important as these programs adapt to changing priorities and needs. TAGs and communication reviews remain vitally important, but they require expertise from outside the GPEI to function independently. It is important that non-GPEI partners continue to play a role in ensuring strong expert technical advice to these bodies.
2. Support for the exchange of lessons and experiences among those working directly on polio eradication will be increasingly important as eradication gets closer. Eradicating polio over the next 5 years will require:
 - Ongoing and efficient knowledge sharing among those working on the polio program to ensure communication of lessons between national and subnational parts of the global program (for instance, between Pakistan and Afghanistan, and India’s Social Mobilization Network)
 - Processes and tools that enable discussion and sharing of knowledge across development sectors, especially as convergence and coordination between the polio program and other development services becomes a more important part of the program’s day-to-day work
 - Maintenance and expansion of a comprehensive repository of easily accessible polio communication knowledge to inform and guide responses across a range of emerging issues
3. The polio program faces many gaps in research on issues such as social media, working in conflict-affected areas, better understanding the decision-making processes of marginalized groups, and developing methodologies for quickly assessing emerging issues at local levels. There is also a need for research that places polio within a wider social context in order to better understand overall social dynamics without assuming that polio is, or should be, a major priority for caregivers. A research agenda should be developed that is flexible enough to respond to emerging issues and focused on areas of priority to the program.

Appendix I. Statistics and targets² table

Outcome	Targets	Completed
Technical advisory group meetings	As planned by the World Health Organization Eastern Mediterranean Regional Office	Pakistan (5), Afghanistan (6)
Communication reviews	As requested by country programs	Pakistan (3), Afghanistan (2), including one special TAG review in Pakistan and one review of east Afghanistan social mobilization work
Outbreak response	As requested by the Global Polio Eradication Initiative	Horn of Africa (1), Madagascar (1), Lao PDR (4)
Peer-reviewed papers	An average of two per year	13 published in <i>Global Health Communication, Vaccine, and Journal of Health Communication: International Perspectives</i>
Original research	One utilizing qualitative comparative analysis	Nigeria “Perceptions of Influence” and Ukraine social media
Workshops	Approximately one per year based on need and emerging program priorities	Research methodology (3), social media (3), polio transition (1), and polio lessons (1)
High-level roundtables	No target. This emerged from program needs following Ukraine outbreak.	Ukraine outbreak in Washington, DC (1), and in Kyiv (2)
Major communication events	No target. Based on emerging opportunities.	Social and Behavior Change Communication Summit 2018 polio events
US Agency for International Development polio partner learning events	Approximately one every 18 months	Washington, DC (3)
Editorials	12	43
Knowledge summaries	450	636 (total polio knowledge base: 2,039)
<i>Immunisation, Vaccines and Polio DB Clicks</i>	25	25 (subscriber base: 13,354)
Polio editions of The Drum Beat	18	18 (subscriber base: 47,000)
Website use	No target, but use tracked on a quarterly basis as a proxy indicator of content quality and usefulness to network.	An average of 164 pages views from 68 users per day, for a total of 284,049 page views to March 31, 2019
Size of network working on polio- or immunization-related communication as measured by subscriptions to the <i>Immunisation, Vaccines and Polio</i> newsletter	No target set, but growth is understood as an indicator of the value of the network and the content disseminated.	11,548 in July 2014, increasing to 13,354 by May 2019—a 15.5% increase

² The project was designed to have flexibility to be able to respond quickly to evolving needs and priorities within the polio program. As such, targets for specific activities were not always feasible.

