

# Media resource kit

## Preparing for IPV introduction

This version has been adapted by the Pan American Health Organization/World Health Organization (PAHO/WHO) for the Region of the Americas, from the original document prepared by the communications sub-group of the Immunization Systems Management Group (IMG)/Global Polio Eradication Initiative (GPEI). IMG is responsible for the overall management of the activities under Objective 2 of the Polio Eradication & Endgame Strategic Plan 2013-2018.

For more information on the introduction of IPV, OPV withdrawal and strengthening routine immunization, see: [www.paho.org/immunization/polio](http://www.paho.org/immunization/polio)



**Pan American  
Health  
Organization**



**World Health  
Organization**  
REGIONAL OFFICE FOR THE  
**Americas**

## Contents

|   |    |
|---|----|
| Acronyms.....   | 3  |
| Summary.....  | 4  |
| Introduction.....   | 5  |
| I. IPV introduction key messages.....   | 8  |
| II. IPV introduction: spokesperson questions and answers.....                 | 11 |
| III. Common errors in planning and implementing communication activities..... | 15 |
| IV. How to write a press release.....   | 17 |
| V. Quick checklist for editing press releases.....                            | 20 |
| VI. Sample national press release.....  | 22 |
| VII. How to organize a press conference.....                                  | 24 |
| Bibliography.....   | 27 |

## Acronyms

|              |  |
|--------------|--|
| <b>AFP</b>   | Acute flaccid paralysis  |
| <b>bOPV</b>  | Bivalent oral polio vaccine; containing serotypes 1 and 3  |
| <b>cVDPV</b> | Circulating vaccine-derived poliovirus   |
| <b>DPT</b>   | Diphtheria-pertussis-tetanus vaccine   |
| <b>ESAVI</b> | Event supposedly attributable to vaccination or immunization                                     |
| <b>IPV</b>   | Inactivated polio vaccine  |
| <b>mOPV</b>  | Monovalent oral polio vaccine  |
| <b>OPV</b>   | Oral polio vaccine   |
| <b>PAHO</b>  | Pan American Health Organization   |
| <b>SAGE</b>  | Strategic Advisory Group of Experts on Immunization of the World Health Organization             |
| <b>TAG</b>   | Technical Advisory Group on Vaccine-preventable Diseases of the Pan American Health Organization |
| <b>tOPV</b>  | Trivalent oral polio vaccine   |
| <b>VAPP</b>  | Vaccine-associated paralytic poliomyelitis   |
| <b>WHO</b>   | World Health Organization  |

## Summary

By the end of 2015, over 100 countries worldwide—currently using only the oral polio vaccine containing the live attenuated poliovirus—will have introduced the inactivated polio vaccine (IPV) into their routine vaccination programs.

As a part of the communication process for this ambitious goal, a media kit has been designed to serve as a resource for countries and regions. The kit may prove useful in drafting local messages and designing communication plans and strategies, as well as serving as a tool for liaising with the media and journalists.

### What does the media kit contain?

This document consists of four parts: introduction, IPV introduction messages, questions and answers for spokespersons, and communication resources for liaisons with the media and new technologies.

**The introduction** summarizes the general guidelines of the Pan American Health Organization/World Health Organization (PAHO/WHO) to encourage them to initiate and lead successful communication management systems.

This document deals essentially with **main messages**. Institutional spokespersons, trainers, and health promoters can use these messages to gain further knowledge about IPV, helping them communicate better with parents and caregivers of children of vaccination age, as well as with their own colleagues. It is, clearly, a useful tool to ensure that personnel are prepared and capable of recommending the vaccine to users, and to support the introduction of IPV. After being adapted to the local context, the messages will then be circulated massively and frequently through various media and communication channels: mass media, alternative media, and new technologies.

**Supporting messages** expand the content of the main messages and offer additional details. This supplementary information will be suitable for community health promoters, health agents, social workers, and others that have frequent contact with families.

We hope that this document will serve its purpose and prove useful as a communication tool to support the introduction of IPV.

## Introduction

On a global scale, immunization is recognized as one of the most effective and economic public health interventions. Since the Expanded Program on Immunization (EPI) began in 1974, millions of deaths and disabilities caused by vaccine-preventable diseases have been prevented around the world.

Over time and thanks to communication and social mobilization initiatives for vaccination, people everywhere are increasingly convinced of the benefits of vaccination in preventing diseases and deaths of children, adolescents, and adults. Furthermore, thanks to access to information, citizens are now more interested in this issue, leading to questions and the emergence of information needs that health-care providers have a duty to respond to.

Introducing any new vaccine, such as IPV, requires certain basic conditions, including: a thorough analysis of the situation and the context, a detailed introduction plan, and various activities in all components of the program, so that the vaccine is available to the public. One of the building blocks of any plan to introduce a new vaccine is communication and social mobilization.

To complete the communication component, preparation activities should start well in advance. Strategists and specialists should have adequate time to think through the plan, which should be creative and timely disseminated among all those involved so that targets can be met. This is how to create an active and informed demand for IPV.

The document emphasizes how important it is for the population to receive the necessary information on the nature and benefits of IPV introduction. It also recommends reaching a consensus on the type of communication strategy to be used and rapidly defining the materials and forms of dissemination (social networks, television announcements, posters, spokesperson's files, informative radio spots, or megaphone broadcasts) so that all levels of the health system are reached well in advance.

Communication strategies directed to health workers, professional associations, opinion leaders, and parents should contain materials and messages that clearly explain why IPV is being introduced and why the oral polio vaccine (OPV) will continue to be used in a sequential schedule until it is withdrawn from the global market.

Based on the experiences and lessons learned during the past 35 years, The Pan American Health Organization and World Health Organization (PAHO / WHO) gives high priority to communication, advocacy and social mobilization. In the *Introduction and Implementation of New Vaccines Field Guide*, PAHO/WHO recommends:

*Since the Expanded Program on Immunization (EPI) began in 1974, millions of deaths and disabilities caused by vaccine-preventable diseases have been prevented around the world*

“When a vaccine is introduced, it is necessary to guarantee that the population receives the necessary information about its characteristics and benefits. This is accomplished by designing and putting together an information, education, and communication (IEC) plan. Strategies for promoting the new vaccine should be developed, ensuring clear and effective information for the general public, as well as the scientific community and health care workers from the private sector, to boost community confidence and generate demand. It is important to ensure that opinion-makers and social communicators be given appropriate information so that they can provide extensive coverage on the vaccine’s expected impact in terms of preventing or controlling the disease in question.

The media influence the public perception of vaccination. That influence may be either positive or negative. It is essential to forge partnerships with these actors from the outset in order to ensure their support in getting messages out.

Before preparing any informational material, the population’s knowledge and perception of the disease should be evaluated so that information and education needs can be determined and appropriate content prepared. The preparation of IEC materials is useful for vaccine promotion and the training of health workers. In addition to new material for the general public, materials for several different target populations, including physicians, vaccinators, and journalists, must be developed.”

Based on the assumptions outlined above, PAHO/WHO’s practical guide on *Inactivated Poliovirus Vaccine (IPV) Introduction* advises countries to take the necessary steps to develop a comprehensive communication strategy, to be implemented before, during and after the introduction of IPV, using different mediums and media channels to reach both internal and external audiences.

The general guidelines proposed by PAHO/WHO suggest that communication and advocacy strategies should aim at achieving the following objectives:

- raise awareness of all parties on the importance of IPV use in the first dose or first two doses, depending on the schedule
- promote confidence in the vaccination schedule, and the vaccine’s safety and effectiveness
- avoid rumors and misinformation
- improve vaccination coverage
- enhance detection and reporting of possible ESAVIs.

To achieve these goals, the top three recommended communication strategies are:

- **Advocacy:** raise awareness and commitment among decision-makers at all levels, so that they support and facilitate the introduction and implementation of IPV in the country

- Social mobilization: involve partners and civil society in awareness and resource mobilization activities
- Information on the change to the vaccination schedule: raise awareness, promote behavior changes, and call for the action of communities, parents, and caregivers.

The guide stresses that the population should receive the necessary information on the nature and benefits of introducing IPV, and further recommends that communication strategies be analyzed and agreed upon. Materials and dissemination methods (social networks, TV ads, posters, notes for spokespersons, informative spots for radio or broadcasting) should be determined at the different levels of the health system.

Communication strategies that target healthcare workers, professional associations, opinion leaders and parents should contain materials and messages that clearly explain why IPV is being introduced and why OPV is being kept in sequential schedules.

### **What are the messages in this guide?**

Evidence-based information on:

- Advances in polio eradication
- Combined IPV and OPV administration
- IPV introduction and progressive withdrawal of OPV
- Proposed schedule recommended by the Technical Advisory Group on Vaccine-preventable Diseases (TAG) for IPV introduction
- IPV safety and risk profile
- Basic information on poliomyelitis and its prevention
- IPV introduction into national vaccination programs
- Useful social communication resources to communicate with audiences
- Practical guidelines on how to optimize the management of communication related to the introduction of IPV.

## I. IPV introduction key messages

**Main Message: The introduction of inactivated polio vaccine (IPV) into routine immunization schedules is a critical step to achieve a lasting polio-free world**

### Supporting Messages:

- Thanks to the power of vaccines, a comprehensive approach is being adopted for completing polio eradication.
- Since the Global Polio Eradication Initiative was formed in 1988, the incidence of polio has been reduced by 99% worldwide, from more than 350,000 cases every year to 416 cases in 2013.
- This progress is thanks to the large-scale use of oral polio vaccine (OPV) and its unique ability to induce mucosal immunity, required to interrupt person-to-person spread of the virus.
- The optimal use of the different available vaccines to prevent paralytic polio and stop poliovirus transmission in different settings is constantly being assessed, and new evidence now demonstrates that adding a dose of IPV is even more effective at stopping the virus and protecting children, than using OPV alone.
- The use of routine immunization as the primary way to deliver IPV will be critical to secure a polio-free future and to help sustain the gains made by the eradication efforts.
- To capitalize on this progress, the global community has put together a plan to secure a lasting polio-free world – the [\*Polio Eradication and Endgame Strategic Plan 2013-2018\*](#)



**Main Message: The introduction of IPV and the eventual phased removal of OPV is necessary to secure a lasting polio-free world, free of all polio disease**

### Supporting Messages:

- OPV is extremely safe and effective at protecting children against lifelong polio paralysis.
- The impact of OPV has been dramatic - over the past 10 years, more than 10 billion doses of OPV have been given to nearly three billion children worldwide, preventing more than 10 million cases of polio and reducing disease incidence by more than 99.5%.
- Despite extensive benefits, OPV contains attenuated (weakened) polioviruses. On extremely rare occasions, the use of OPV can result in cases of polio due to vaccine-associated paralytic polio (VAPP) and circulating vaccine-derived polioviruses (cVDPVs).

- Until now, the benefits of OPV use have far outweighed any small, associated risks. Now that polio eradication is in reach and fewer cases of polio are reported, a new plan has been devised to minimize the small risks of OPV while still achieving the global eradication goal.
- For this reason, the Polio Eradication and Endgame Strategic Plan 2013-2018 calls for the global cessation of all OPV in routine immunization programs as soon as possible after the eradication of wild poliovirus transmission. The Plan was endorsed by the World Health Assembly, and follows technical guidance of the Strategic Advisory Group of Experts on immunization (SAGE), the independent global panel of experts advising the World Health Organization on all matters relating to immunization.
- The cessation of OPV will be completed in a phased manner, beginning with a switch from trivalent OPV (containing type 1, 2 and 3 serotypes) to bivalent OPV (containing only type 1 and 3 serotypes). The advantage of this is that wild poliovirus type 2 (WPV2) has been eradicated since 1999, and the type 2 component in trivalent OPV is responsible for virtually all cVDPV cases. There is therefore a public health priority to remove this component as quickly as possible. Following the eradication of the remaining strains of wild poliovirus type 1 and 3, all OPV use will then be stopped.
- IPV is needed to enable countries to maintain immunity levels to all polioviruses, initially to enable sustained immunity to type 2, after the type 2 component in trivalent OPV has been removed with the switch to bivalent OPV. That is why there is a worldwide roll-out of the vaccine across 126 countries by the end of 2015 – the largest globally-coordinated vaccine introduction project in history.

*... numerous studies have shown adding IPV immunization does not result in higher incidence of significant adverse events.*

**Main Message: Adding at least one dose of IPV into routine immunization schedules will reduce any risks associated with the withdrawal of type 2-containing OPV, by boosting immunity to type 2 poliovirus**

**Supporting Message:**

- The last case of wild poliovirus type 2 was reported in 1999
- This means that the extremely small risk of paralytic polio disease due to the type 2 component of OPV now outweighs its benefits
- IPV protects against all three strains of virus, including type 2 poliovirus.

**Main Message: IPV is considered very safe, whether given alone or in combination with other vaccines. It protects children against all three strains of poliovirus, and when used together with OPV, can boost immunity. IPV can be administered to prematurely born infants (i.e., <37 weeks gestation) at the recommended age concurrent with other routine vaccinations.**

### Supporting Messages

- Children are given vaccines at a young age because this is when they are most vulnerable to life-threatening diseases.
- Routine immunization is often the first and only contact a child in developing countries has with primary healthcare, after birth.
- IPV is equally effective when given alone or with other vaccines.
- Multiple injections are an effective and efficient way to help protect the health of children.
- Multiple injections administered by well-trained health workers have a well-established record of safety and acceptance.
- Multiple injections do not increase ESAVIs.
- Multiple injections to protect children from life-threatening diseases would mean fewer visits to the health center for caregivers
- Administering vaccines during a single visit may help prevent missed opportunities to vaccinate due to parents unable to return

**Main Message: This will be a vaccine introduction on an entirely unprecedented scale**

### Supporting Messages

- 126 countries will be working to introduce IPV before the end of 2015, building on previous learning and expertise in introducing new vaccines
- Wild polio cases are at the lowest level in history. With the prospect of eradicating wild poliovirus transmission realistic and achievable in the near-term, aggressive timelines are required to avoid missing this window of opportunity
- Support from all levels of government and civil society will be needed to ensure this introduction is a success

**Main Message: Support is available to help countries introduce IPV**

### Supporting Messages

- PAHO/WHO will provide technical assistance to interested countries



## II. IPV introduction: spokesperson questions and answers

### WHO AND WHAT IS A SPOKESPERSON

The term “spokesperson” comes from the word *speak* and refers to the person who speaks on behalf of another, a group, an organization, etc.

In a broader sense, the spokesperson is someone who, because of his or her leadership, innate or learned skills, empathy, and oral and nonverbal communication, bears the great responsibility of transmitting messages, informing, persuading, motivating, clarifying, correcting, or retransmitting recommendations, guidelines, or instructions to specific groups or to large segments of the audience.

In search of excellence, spokespersons must internalize, practice, and automate a set of skills to communicate effectively with the recipients of the information. They must transmit previously defined key messages clearly and eloquently.

Spokespersons are the image and the public face that personalize and reflect the essence of the institution they represent. Their fundamental mission is to effectively communicate the message, capture public attention, gain acceptance and credibility, and inspire confidence among the selected audiences.

For the introduction of IPV, each country should define in advance a list of spokespersons who will follow through all stages: announcement, launch, support, and consolidation of vaccine introduction. The primary function of these spokespersons is to furnish the relevant information on IPV introduction to the selected audiences and to promote and disseminate the benefits and advantages of the new vaccine. They should present these messages in a friendly tone to promote confidence in the injection of multiple vaccines during a single visit to the health center.

For special situations, for example when an ESAVI occurs or to contain rumors or erroneous information, each Health Ministry or Secretariat should implement the established protocols and implement a previously prepared crisis plan. In these cases, ministerial cabinets will already have defined who their official spokespersons are and under what circumstances.

The following paragraphs list a set of questions and answers that will serve various purposes: when appearing before the media to promote IPV vaccination; organizing training and information sessions for journalists and communicators; holding meetings with organizations and institutions supporting vaccination; preparing the support material and circulating messages in social networks.

*In search of excellence, spokespersons must internalize, practice, and automate a set of skills to communicate effectively with the recipients of the information. They must transmit previously defined key messages clearly and eloquently.*

## BASIC INFORMATION

### What is polio?

Poliomyelitis (polio) is a highly infectious disease that is caused when the polio virus invades the nervous system of an infected person. Polio can cause paralysis and even death. There are three types of poliovirus – type 1, type 2, and type 3. There have been no cases of type 2 wild poliovirus reported since 1999.

### Who is most at risk of getting polio?

Poliovirus usually affects children under 5 years of age who are unvaccinated or under-vaccinated. Most children who are infected will show only minor symptoms but as many as one in 200 infected children will be paralyzed. The virus can also affect or be carried by adolescents and adults.

### How is polio transmitted?

The polio virus enters the body through the mouth, often with food or drinking water that is contaminated with fecal matter from a person who carries the polio virus. The virus multiplies in the intestines and is passed through feces.

### What are the symptoms of paralytic poliomyelitis?

Partial or total loss of muscle strength with sudden onset, usually affecting one leg—both legs may be affected although not with same intensity—or the arms. If a child or adolescent under 15 years of age shows sudden signs of paralysis of arms or legs, the health authorities or community leaders should be informed immediately.

### Is there a cure for polio?

No, there is no cure for polio and the disease can severely paralyze or kill an infected child. Polio can only be prevented through full vaccination.

### Can polio be prevented?

Yes, polio can be prevented by immunizing a child with vaccines. Since 1988, when the Global Polio Eradication Initiative was formed, the global incidence of polio has been reduced by more than 99%, and the number of countries with endemic polio transmission has fallen from 125 to three: Pakistan, Afghanistan and Nigeria. Every polio-free country in the world eliminated polio through the use of OPV. However, all countries remain at risk of polio re-infection or re-emergence, until the disease has been eradicated everywhere.

### What is the difference between IPV and OPV?

Both vaccines protect children from lifelong polio paralysis. Oral polio vaccine (OPV) has a unique ability to build mucosal immunity, required to stop person-to-person

spread of the virus (necessary for eradication). IPV has limited capacity to induce mucosal immunity when used on its own, and so while it protects individuals, it does little in terms of stopping the spread of the virus in a community. However, new evidence shows that when used in conjunction with OPV, it is even better at building mucosal immunity, than when OPV is used alone, thereby both increasing protection to the individual and to the community. To maximize childhood immunity and accelerate eradication, both vaccines should be used together.

## IPV INTRODUCTION

### Why is IPV being introduced?

Thanks to the power of vaccines, a comprehensive approach is being adopted for completing polio eradication and elimination of all polio disease.

Since the Global Polio Eradication Initiative was formed in 1988, the incidence of polio has been reduced by 99% worldwide, from more than 350,000 cases every year to 416 cases in 2013. This progress is thanks to large-scale use of oral polio vaccine (OPV) and its unique ability to build mucosal immunity, required to interrupt person-to-person spread of the virus.

To capitalize on this progress, the global community has put together a plan to secure a lasting polio-free world – the [Polio Eradication and Endgame Strategic Plan 2013-2018](#).

Although IPV has a limited capacity to induce mucosal immunity when used alone, new evidence shows that when used in conjunction with OPV, IPV can boost mucosal immunity even more effectively than OPV alone.

By introducing IPV into routine immunization, and used alongside OPV:

- Polio-free countries are better protected against polio re-infection or re-emergence
- Children are better protected from all polio disease
- Eradication of remaining strains of wild poliovirus transmission will be accelerated

### Is IPV safe?

Yes, IPV is considered very safe, whether given alone or in combination with other vaccines. It protects children against all three strains of poliovirus, and when used together with OPV, can boost immunity. IPV can be administered to prematurely born infants (i.e., <37 weeks gestation) at the recommended age concurrent with other routine vaccinations.

### Are there any potential side effects?

No serious adverse events have ever been reported following vaccination with IPV, including when used alone or in combination with other vaccines. Minor local reactions, such as redness and tenderness, may occur following IPV administration.

### **Can IPV be given along with other injections in one visit?**

Many years of monitoring children in many countries that have received multiple injections in one visit have shown that it is safe to have multiple injections at the one time. Globally, most middle and high-income countries have been safely using multiple injections for more than a decade. The IPV vaccine is effective when taken alone or with other vaccinations. Plus, for the child, it is better to experience one, brief moment of discomfort than pain on two separate days/visits.

### **How many doses of IPV are needed?**

At least one dose of IPV should be given to children in addition to multiple doses of OPV, as part of routine immunization activities.

### **Should the child continue to receive OPV after receiving IPV, when offered in the future?**

Yes, until polio is eradicated globally, IPV should be used in conjunction with OPV, following the scheduled recommended by PAHO/WHO.

OPV is extremely safe and effective at protecting children against lifelong polio paralysis. Over the past 10 years, more than 10 billion doses of OPV have been given to nearly three billion children worldwide. More than 10 million cases of polio have been prevented, and the disease has been reduced by more than 99.5%. It is the appropriate vaccine through which to achieve global polio eradication.

OPV contains attenuated (weakened) polioviruses. On extremely rare occasions, use of OPV can result in cases of polio due to vaccine-associated paralytic polio (VAPP) and circulating vaccine-derived polioviruses (cVDPVs). For this reason, the global eradication of polio will require the cessation of all OPV in routine immunization, as soon as possible after the eradication of wild poliovirus (WPV) transmission.

### **Is IPV better than OPV?**

No. Each vaccine has its own strengths. Used in combination, it provides the best protection for populations and will accelerate the remaining strains of polio transmission globally.

### **Will we continue to use IPV after OPV is withdrawn?**

Yes. Following global polio eradication and the global withdrawal of OPV, IPV will be the only vaccine with which to maintain immunity levels, which will be necessary for several years after the last case of polio is reported.



### III. Common errors in planning and implementing communication activities

There are many lessons to be learned from previous experiences in introducing vaccines and promoting vaccination. This section describes some of the most *common vaccination-related communication errors*.

Obviously this list does not reflect all experiences. It may, however, prove useful as a point of reflection when planning the communication and social mobilization component.

#### What *not* to do when planning or implementing a communication plan to support vaccination

- Designing a communication plan without appropriate research. Decisions should not be made based on improvisation, intuition, or systematic practices that no longer surprise or catch public attention.
- Waiting until the actual IPV introduction to begin dissemination of information. Pre-launch is the ideal time to inform, attract public attention about the importance of introducing the new vaccine, and start raising awareness about the benefits and advantages. Generating expectation and providing advance information will benefit the introduction of IPV.
- Using negative images of vaccination. Do not expect an immediate favorable public reaction if the communication material shows a child “suffering” while being immunized. As mentioned in the document *Multiple injections: Acceptability and Safety*, there is no denying the widespread fear of needles and injections—and that this is common in children and parents alike. So visual communications should not reinforce this fear or negative perceptions associated with vaccination.
- Misleading announcements. For example, announcing dates for introduction if the vaccines or syringes are not yet in the country or available to the vaccination services.
- Allowing rumors or false information to circulate. Ignoring or remaining indifferent to rumors or false information circulating among health personnel or the public could prove very costly for the introduction. An inopportune message can cause immediate mistrust among families.
- Appearing before the media with insufficient preparation. An inadequate spokesperson who does not follow specialists’ recommendations would pose a serious risk.
- Presenting inadequately prepared or discussed messages and materials to the public; or material that may prove unappealing or difficult to read or interpret.
- Waiting until the last minute to reproduce materials.
- Spending much of the budget on public events or material that have a limited impact.

*Decisions should not be made based on improvisation, intuition, or systematic practices that no longer surprise or catch public attention*

- Concentrating on urban areas and neglecting rural and scattered populations.
- Failing to reserve materials to be used exclusively by vaccination services.

### It is important to learn from past errors in these and other situations.

- **Lying:** When facing a crisis situation or an ESAVI, denying or lying about the event will generate a public backlash and mistrust regarding the safety of the vaccine.
- Introducing IPV without duly informed or trained personnel. If the core data are not properly understood and internalized, staff will be unable to communicate effectively with parents and caregivers, will not have the necessary arguments to recommend IPV and multiple injections, and will be unable to fully endorse IPV.
- Last minute communication plans. Generally, the management team turns its attention to communication matters once all other components are ready. Many fail to realize that the creative process, design, approval, reproduction, and distribution of communication and social mobilization material require a lot of time, resources, and technical and administrative procedures. Communication management should start and finish early and not be left as the last point on the agenda.
- Planning without resources. Proper financing from the outset is a priority. A common error is to fail to allocate sufficient resources to cover the plan. Communication often remains unconvincing due to lack of foresight and resources.
- Leaving everything to the last minute. Media or advertising campaigns for the introduction often start after the established dates or even after the launch.
- Designing and implementing a communication plan without bringing specialists on board. Often at the intermediate or subnational levels, EPI personnel work in an isolated fashion and assume management and control of communication activities. This means that we lose out on the knowledge and expertise of communication professionals. Despite the best of intentions, everyone should stick to their own specialties.
- The set of printed materials, audiovisuals, etc. are not uniform. The public does not readily recognize the campaign or remember the main vaccination messages because of the lack of standardized material and products across all levels and regions. Good materials are often prepared locally, but do not follow the nationally-established graphic or audiovisual styles, leading to public confusion.

*If the core data are not properly understood and internalized, staff will be unable to communicate effectively with parents and caregivers, will not have the necessary arguments to recommend IPV and multiple injections, and will be unable to fully endorse IPV.*

**Identify other common errors, write them down, and share them with your colleagues so that they are not repeated.**



## IV. How to write a press release

### What is a press release?

A press release<sup>1</sup> reports topical, newsworthy information. It has a strong lead in the first paragraph which quickly answers a journalist's immediate questions: **who, what, when, where, how** and **why**. The information should be current and designed to be reported by the journalist immediately. Preferably, the press release should be shared as early as possible in the daily news cycle, to allow it to be considered by news rooms before daily deadlines. The name of the person to be contacted for further information should be clearly stated at the end of the release (see sample press release).

### How are press releases prepared?

There are some clear rules when it comes to writing press releases. Before you write and issue a press release, ask “Is there news value in this story?” and, “Does it warrant a release?” Too often organizations feel obliged to write press releases using material that is not newsworthy. Fact: if the journalist does not consider it newsworthy, it won't get coverage. Your aim is to get coverage in a fast-paced media environment in which multiple issues/topics/stories are competing for attention, and to raise awareness among your target audiences.

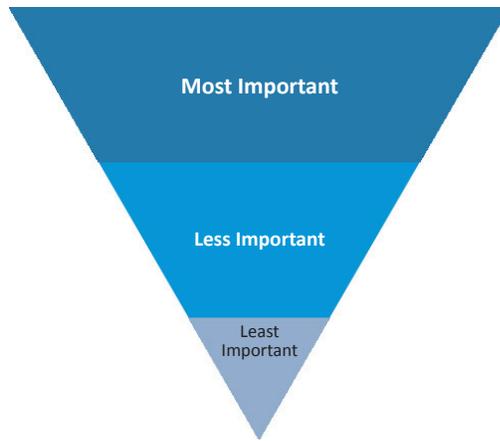
There are key elements that a journalist looks for in a story — a strong news angle and a **human interest angle**. Do you have a human interest angle, and can you show that your news has an impact on people? Impact can be in terms of numbers of persons reached by an intervention and/or by the qualitative change in their lives as a result of the intervention.

Introduction of IPV as part of a broader polio eradication effort certainly has impact on people's lives so now, what you need to do is to draft your release abiding by very clear rules. These rules are designed to make it as easy as possible for journalists to use your material.

Press releases generally follow a standard format designed to quickly give the reporter all the information he/she needs. The “inverted pyramid” style of writing should be followed in which the most important and essential information appears first (**who, what, when, where, how** and **why**) followed by supporting information. Sometimes this is referred to as “bottom line up front” (BLUF) because reporters are often extremely busy and may not have time to read the entire release.

---

<sup>1</sup> The term “press release” and “news release” are often used synonymously.

**Figure 1. Bottom Line Up Front or Inverted Pyramid<sup>2</sup>**

In addition to answering or addressing the basic questions, the release should also provide guidance, and give details about how to acquire further information. If possible, the release should include direct quotes from the lead spokesperson (e.g. Minister of Health or PAHO/WHO representatives). It is important to include factual information to greatly reduce the risk of misunderstandings and misreporting.

### Essential elements of a news release

The first paragraph is designed to capture the interest of the reporter and should contain the most important information of the release, remembering to:

- keep it short
- limit paragraphs to 1-3 sentences at most
- use plain language and stick to the facts
- avoid using acronyms and jargon

The entire press release should be no longer than 2 pages (preferably one page). Quotations can be used in the body of the release to add a “human side” to the story, and should:

- support statements made in the lead paragraph
- be from a significant person
- add information

### Coordinating news releases with internal and external partners

- Identify, and if appropriate, consult with partner organizations interested in the news release
- Ensure that all partners who are quoted have approved the release and receive a copy of the release before it is provided to media

<sup>2</sup> Internet Marketing Inc. (August 31, 2010), “The Inverted Pyramid Writing Style”, <http://www.internetmarketinginc.com/blog/the-inverted-pyramid-writing-style/> (accessed July 4, 2014)

- Determine how information will be released, who will do the releasing, and who has been identified to speak with media for follow-up questions
- Prepare and distribute joint news releases
- Assist partners in developing their own news releases



## V. Quick checklist for editing press releases

Before finalizing your press release, please check against some of the most common mistakes below.

| Issue           | Please DO write it like this ...   | Please DO NOT write it like this ...   |
|-----------------|--|--|
| Headline        | <ul style="list-style-type: none"> <li>15 or 16 point Verdana bold</li> </ul>  | <ul style="list-style-type: none"> <li>There are no other font options</li> </ul>  |
| Sub-Heads       | <ul style="list-style-type: none"> <li>12 or 14 point Verdana italicized</li> </ul>  | <ul style="list-style-type: none"> <li>There are no other font options</li> </ul>  |
| Text            | <ul style="list-style-type: none"> <li>10 point Verdana</li> </ul>   | <ul style="list-style-type: none"> <li>There are no other font options</li> </ul>  |
| Dateline        | <ul style="list-style-type: none"> <li>For capital cities: PARIS, 10 October 2012 -</li> <li>For joint capital datelines: PARIS/DAKAR, 1 May 2012 -</li> <li>For non-capital cities: MARSEILLE, France, 10 October 2012 -</li> <li>Exceptions: NEW YORK (or GENEVA), 10 October 2012 -</li> <li>Please double-check for the correct day/month/year</li> </ul>  | <ul style="list-style-type: none"> <li>Not: 'PARIS, FRANCE, 10 October 2012 -'</li> <li>Not: 'Paris / Dakar, 1 May 2012 -'</li> <li>Not: 'MARSEILLE, 10/10/12 -' or 'Marseille, 10/10/2012 -'</li> <li>Not: 'NEW YORK, USA (or Geneva, Switzerland), 10 October 2012 -'</li> </ul>   |
| Dates           | <ul style="list-style-type: none"> <li>10 October 2012</li> <li>1997-1998</li> <li>From 1995 to 2000</li> </ul>  | <ul style="list-style-type: none"> <li>Not: 'October 10, 2012' or '10/10/2012'</li> <li>Not: '1997-98' or '1997-8' or '1997/98'</li> <li>Not: 'from 1995-2000'</li> </ul>  |
| UNICEF          | <ul style="list-style-type: none"> <li>UNICEF</li> </ul>   | <ul style="list-style-type: none"> <li>Not: 'United Nations Children's Fund'</li> </ul>  |
| Numbers         | <ul style="list-style-type: none"> <li>Numbers under 10 are written as words:</li> <li>Three or five or seven</li> <li>Exceptions include:</li> <li>Percentages: only 4 per cent of the total</li> <li>Ratios: the staff-student ratio is 1 to 9</li> <li>Decimals/fractions: 3.5 per cent or 1 5/8 km</li> <li>Series of numbers use the 'rule of the highest number': 8 trucks and 12 planes</li> <li>Sentence beginning with a number: Eight staff ...</li> </ul> | <ul style="list-style-type: none"> <li>Numbers under 10 are not written as numbers:</li> <li>Not: '3' or '5' or '7'</li> <li>Not: 'four per cent' or 'four %'</li> <li>Not: 'one to nine' or '1 to nine'</li> <li>Not: 'three point five per cent'</li> <li>Not: 'eight trucks and twelve planes'</li> <li>Not: '8 staff ...'</li> </ul> |
| Age             | <ul style="list-style-type: none"> <li>Age is always expressed in figures: the child was 8</li> </ul>  | <ul style="list-style-type: none"> <li>Not: 'the child was eight'</li> </ul>   |
| Per cent        | <ul style="list-style-type: none"> <li>Six per cent</li> <li>15 per cent</li> </ul>  | <ul style="list-style-type: none"> <li>Not: 'six percent' or '6%'</li> <li>Not: '15 percent' or '15%'</li> </ul>   |
| Millions        | <ul style="list-style-type: none"> <li>2,632,597</li> </ul>  | <ul style="list-style-type: none"> <li>Not: '2.632.597' or '2 632 597'</li> </ul>  |
| Active voice    | <ul style="list-style-type: none"> <li>"... a survey reveals ..."</li> <li>"... despite insecurity affecting ..."</li> </ul>   | <ul style="list-style-type: none"> <li>Not: "... a survey that reveals ..."</li> <li>Not: "despite insecurity that is affecting"</li> </ul>  |
| Quotes, ' & !'  | <ul style="list-style-type: none"> <li>"... Haitian children," said Mr. Lake.</li> <li>"... have reached higher levels."</li> </ul>  | <ul style="list-style-type: none"> <li>Not: "... Haitian children", said Mr. Lake.</li> <li>Not: "... have reached higher levels".</li> </ul>  |
| Punctuation     | <ul style="list-style-type: none"> <li>A period, comma and colon are followed by one space.</li> </ul>   | <ul style="list-style-type: none"> <li>They are not followed by two spaces.</li> </ul>   |
| Dollars         | <ul style="list-style-type: none"> <li>US\$1.3 million or US\$1,322,000</li> </ul>   | <ul style="list-style-type: none"> <li>Not: 'US\$ 1.3 million' or 'US \$ 1,322,000'</li> </ul>   |
| Nutrition Terms | <ul style="list-style-type: none"> <li>Use the correct terms (e.g. malnutrition, GAM, SAM, etc.)</li> </ul>  | <ul style="list-style-type: none"> <li>'Malnutrition' is not 'GAM' is not 'SAM'</li> </ul>   |

| Issue       | Please DO write it like this ...   | Please DO NOT write it like this ...  |
|-------------|--|---|
| Embargo     | <ul style="list-style-type: none"> <li>■ Date and time of embargo are noted in EST and GMT</li> <li>■ Except in summer when they are noted in EDT and BST</li> </ul>                                     | <ul style="list-style-type: none"> <li>■ There are no other embargo time options</li> </ul> |
| Accents     | Accents, such as those in French and Spanish, can be found in Microsoft Word by: (1) Selecting 'Insert' (2) Selecting 'Symbol' (3) Clicking on and 'inserting' the appropriate symbol. <i>Abraço</i> .   |   |
| Spell-Check | Refer to the Concise Oxford English Dictionary (U.K. spelling). To activate 'English U.K.' Spell-Check: (1) Select 'Review' (2) Select 'Language' (3) Select 'Set Proofing Language' (4) Choose language |   |

## VI. Sample national press release

*Ministry of Health of COUNTRY*

*As appropriate: WHO COUNTRY OFFICE*

JOINT NEWS RELEASE

### **NEW POLIO VACCINE INTRODUCED AS PART OF LARGEST GLOBALLY-COORDINATED VACCINE INTRODUCTION PROJECT IN HISTORY**

New vaccine will help secure world free of all polio disease

**Location and date** – In a landmark step to accelerate the global eradication of polio and help prevent a resurgence of the disease, COUNTRY is today introducing the injectable Inactivated Polio Vaccine (IPV) into its routine immunization program.

Until now, oral polio vaccine (OPV) has been the primary tool in the global polio eradication effort, and has reduced the global incidence of the disease by more than 99 percent thanks to its unique ability to stop person-to-person spread of the virus. The poliovirus is now only endemic in three countries worldwide: Afghanistan, Nigeria and Pakistan.

New evidence now clearly demonstrates that adding one dose of IPV to multiple doses of OPV is the most effective method available to stop the virus and protect children. The introduction of IPV globally also paves the way for the eventual withdrawal of all OPV vaccines once poliovirus transmission is stopped in the few remaining polio-affected countries.

Today's introduction of IPV as part of the routine immunization schedule in COUNTRY is part of a worldwide roll-out of the vaccine across 126 countries by the end of 2015 – the largest and fastest globally-coordinated vaccine introduction project in history.

"The introduction of IPV is the result of significant progress for our country and the world against polio," said NAME, Minister of Health of COUNTRY. "It means we are another step closer to ridding the world of this terrible disease, and it means we are providing the best possible protection against this virus to all."

In 2013, 416 cases of polio were reported, down from more than 350,000 in 1988 when global polio eradication efforts began. Despite this progress, experts caution that polio-free countries still remain at risk of re-infection until the disease has been eradicated everywhere. Adding IPV to OPV in routine immunization schedules globally will help protect all populations most effectively against a possible polio re-emergence.

"The introduction of IPV is a vital step on the journey to securing a polio-free world for all future generations to come," said NAME, WHO Representative to COUNTRY. "Adding at least one dose of IPV to the routine immunization schedule is the best possible way to protect your children from life-long polio paralysis, while the disease is being eradicated from the remaining endemic hotspots."

UNICEF Representative to COUNTRY, NAME, said the introduction of IPV was a critical first step in the eventual withdrawal of OPV. "This introduction is a critical development for the healthy future of our children and the global fight to eradicate polio, and is the first step to a world free from polio, where one day no child will ever be paralysed by this terrible disease again."

The universal introduction of IPV is part of a global plan to eradicate polio and secure the gains made against the disease through stronger immunization systems, so that all children in all countries have access to vaccines. The plan also calls for the eventual removal of OPVs following the eradication of the remaining strains of poliovirus transmission, due to the very low risk of potential vaccine-associated cases.

-Ends-

**About the Global Polio Eradication Initiative:**

The Global Polio Eradication Initiative is a public-private partnership led by national governments and spearheaded by the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), and the United Nations Children's Fund (UNICEF), and supported by key partners such as the Bill & Melinda Gates Foundation and GAVI Alliance. Its goal is to eradicate polio worldwide. Read more here.

**For media enquiries:**

[Name and Surname]

[Email address]

[Telephone number]

[Website]

[Social media handles]

## VII. How to organize a press conference

The main objective of a press conference or media briefing is to provide the best possible platform for an important announcement. It is an excellent opportunity to convey a story or case in person, and to deliver high quality information (including a press release) and interviews to journalists.

Following is a brief guide to planning and holding a press conference.

### Hold the press conference when you have:

- A story that is newsworthy or of significance.
- New information relating to a big story being followed by the media.
- A statement on a controversial issue (choose this carefully).
- Participation of high profile speakers or celebrities.
- Release of important new findings or research data.

### Location and Set-Up

- A central well-known location convenient for journalists and appropriate to the event.
- Avoid a room which is too large, not well lit and has echo in sound – it gives the appearance that few people attended and does not allow quality recording.
- Reserve space at the back of the room for television cameras, possibly on a raised platform.
- Reserve an additional quiet room for radio interviews following the press conference.
- Ensure light and sound systems are in working order.
- If possible, have a fax, phone and internet connection available. If you are holding the conference at a district level, this will ensure that your journalist who may be low in resources will complete the story and send from the location of the conference itself.
- Make sure there is a podium and a table long enough for all spokespeople to sit behind. Names of all speakers should be legibly printed and displayed before each speaker.
- On the background banner, consider displaying large visuals such as an immunisation poster and if possible, duplicate the image on the press materials.
- Prepare a “sign-in” sheet for journalists so you know who came and where to find them. This should capture their mobiles and emails clearly.
- Decide if you wish to serve coffee and tea, or light snacks, following the event. It may serve as an informal means of getting to know your reporters.

## Timing

- Work out a timetable to ensure that everything is ready when it is needed.
- Hold the event in the morning or early afternoon of a workday. An ideal timing would be eleven in the morning for instance.
- Check that you are not competing with other important news events on the same day.
- Start the event on time – avoid keeping journalists waiting.

## Embargoes

- If distributing material prior to a news event, an embargo can be used to prevent journalists from publishing before the event.
- Embargoes are usually used for complex material, publications or data that may be helpful to issue in advance.
- The key consideration is to keep embargoes short – normally no more than 24-48 hours.
- The embargoed date should be added to the press release before its issue.

## Possible Materials

- Media release and press kits.
- Include a list of news conference participants, including their titles, copies of speeches, and quotes from the main spokespersons to ensure correct messaging.
- Provide translated versions of materials into English and other languages as applicable.
- Video footage of immunization services may also be useful as b roll for TV journalists.

## Inviting Journalists

- You can invite by phone or by fax or post, but a telephone call first is always a good idea for ensuring that important papers find the right journalist.
- Find out which journalists report on issues relating to your event or issue.
- Keep an up-to-date mailing list or database of journalists.
- Focus on getting the most influential media to attend.
- Get your event in the calendars of journalists 7 to 10 days before the event.
- Always make a follow-up call after the invitation has gone out to check that the right journalist has received the information.
- Consider providing general background briefings to important journalists prior to the event, without disclosing your main news story to them.
- Consider offering “exclusive” angles on the story to key media. These can be in form of field visits during the campaign for select media.
- If you already know some journalists well, involve them early and fully.

## Preparing Speakers

- Select appropriate speakers. (This may seem obvious, but sometimes people are asked to speak because they have certain positions, not because they are good at speaking and know the issues). Select strong speakers who are articulate, authoritative, engaging, and clear.
- Brief speakers carefully on the main message of the event.
- Prepare all speakers in advance on how to answer difficult questions. If needed, hold a briefing before the press conference.
- Offer to provide speakers with materials including questions and answers.
- Ideally, each speaker should present for only 3 or 4 minutes, each covering different points.
- Make sure that each speaker makes one or two important points ONLY.
- Keep speeches short and simple, aimed at a general audiences, avoiding technical jargon.
- Select a moderator who will manage questions from the floor after the presentation.
- Encourage lots of questions.
- Keep answers to questions short.

## Follow-up

- Within a few hours of the conclusion of the press conference, fax or deliver information, photographs and video to important journalists who were unable to attend.
- Make sure any follow-up calls are held with journalists. Ideally the media officer should be easily accessible for all of the follow-up questions and clarifications on mobile.
- Gather press clippings of the coverage resulting from the press conference and press release (can also be summarized in a table by media type, date and publication). This is also to ensure that the story is accurately reported and any inaccuracy rebutted.
- Clippings can also be distributed to important partners and policy makers.

## Bibliography

Pan American Health Organization. Practical Guide: Inactivated Poliovirus Vaccine (IPV) Introduction. Washington, D.C: PAHO; 2014. Available from: [http://www.paho.org/hq/index.php?option=com\\_docman&task=doc\\_download&Itemid=270&gid=27707&lang=en](http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&Itemid=270&gid=27707&lang=en).

Pan American Health Organization. Introduction and Implementation of New Vaccines Field Guide. Washington, D.C.: PAHO; 2009. (Scientific and Technical Publication No. 632). Available from: [http://www2.paho.org/hq/dmdocuments/2010/FieldGuide\\_NewVaccines\\_1stEd\\_e.pdf](http://www2.paho.org/hq/dmdocuments/2010/FieldGuide_NewVaccines_1stEd_e.pdf).

### Further Reading:

- [GPEI Polio Eradication and Endgame Strategic Plan 2013-2018](#)
- [PAHO/WHO Final report of the XXI Technical Advisory Group \(TAG\) Meeting on Vaccine-preventable Diseases](#)
- [PAHO/WHO Practical Guide: Inactivated Poliovirus Vaccine \(IPV\) Introduction](#)
- [PAHO/WHO Polio Field Guide, Third Edition, \(2006\)](#)
- [PAHO/WHO Immunization Polio Webpage](#)
  - [FAQs on the Introduction of Inactivated Poliovirus Vaccine \(IPV\)](#)
  - [Background and Technical Rationale for Introduction of one dose of Inactivated Polio Vaccine \(IPV\) in Routine Immunization Schedule](#)
  - [Brief on IPV Introduction, OPV Withdrawal, and Routine Immunization Strengthening](#)