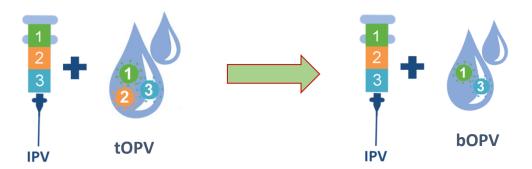
OPV Switch Communication Planning Guide



Why this document?

The Polio Endgame Plan requires the removal of all OPVs in the long term, beginning with a switch from trivalent OPV (tOPV) to bivalent OPV (bOPV), removing the type 2 component (OPV 2) from immunization programs. To meet the April 2016 timeline for the Switch, it is imperative that all OPV-using countries begin Switch planning during Q1, 2015 and finalize a budgeted National Switch Plan by September 1, 2015.

Given the technical nature of the OPV switch, this document emphasizes a risk-based communication planning approach – in that, audiences and communication approaches for OPV switch communications need to be strategically selected and engaged. Based on the risks involved, community and household level OPV switch communication is not recommended. If absolutely required, then it should be framed within the context of routine immunization and the Polio Endgame Plan in order to avoid confusion. However for crisis communication efforts, community leaders and influencers will need to be strategically involved to address rumors and misinformation.

Timely evidence based communication planning and implementation will be key to the success of the National Switch Plan. Effective planning and implementation will increase the probability of the successful and validated removal and disposal of tOPV, minimize tOPV wastage, and help ensure a world free of circulating vaccine-derived polioviruses type 2.

What is included in this document?

This document suggests risk-informed strategic communication processes and tools to use for developing **communication plans** as part of National Switch Plans. It is recognized that country needs will vary and **their plans should be adapted to meet local implementation needs**.

Who will benefit from this guide?

This guide is designed to help immunization practitioners, particularly communication specialists at national and subnational levels, develop and implement communication strategies, plans and activities for the OPV switch.

"Communication approaches for OPV switch communications need to be strategically selected and engaged."

"Community and household level OPV switch communication is not recommended."

Role of Communications in OPV Switch

Strategic communications and advocacy will play a key role in the implementation of the OPV switch. Given the complex nature of the exercise, the role of communications is likely to encompass information sharing among decision makers and managers, training of health staff, partners and crisis communications.

Given that the **OPV** switch is a key technical component of the larger Polio Endgame Plan, it is highly recommended that OPV switch communications targeted at administrators, local experts, medical associations, NGOs and health workers be framed within the broader context of the Polio Endgame Plan and strengthening routine immunization systems. Doing so will help **build a narrative of an ongoing globally coordinated process**, rather than a standalone activity. Furthermore it is recommended that OPV switch communications to the general public be avoided due to the high risk of confusing the general public. (See <u>Annex 1</u> for more information). However, crisis communication measures should involve key community influencers.

In the table below, key OPV switch processes that would require communication support are highlighted. These are explained in detail later in the document.

Phase 1 PLAN (by end Q2 2015)	Phase 2 PREPARE (Q2 2015-Q1 2016)	Phase 3 IMPLEMENT (2 wks before Switch to Switch Day)	NATIONAL SWITCH DAY	Phase 4 VALIDATE (during 2 wks post Switch)	NATIONAL VALIDATION DAY
-Switch commitment -Management committees (e.g., ICC) -Certification Committee -Situational analysis -National Plan with Budget (finalize by 1 September 2015)	-Funding secured -Hiring staff -tOPV inventories -bOPV orders -CCL -Communication preparation, including: Issues Management Plan and Media Guide Training preparation -Assessment of waste management capacity -Finalize monitoring plans -Update information systems	-Train Monitors -Train HCWs -Deliver bOPV to all service points	-tOPV removal -tOPV disposal begins -bOPV only use begins	-Collect validation data on tOPV disposal -Report to National or Subnational Certification Committee - Crisis Communicatio n	-Validate switch -Report to RCC

Key areas of OPV Switch Communications

I. Coordination

Switch communication coordination committee/subgroup at national and sub-national levels can play the following key roles:

- 1. Harnessing government ownership and commitment
- 2. Strong and effective planning, including developing communication themes, materials and messages.
- 3. Support information sharing and effective coordination

As in the case of the IPV introduction planning, the <u>communications committee should include</u> <u>multidisciplinary teams</u> of communication experts, clinicians, health workers, and community representatives, as well as representatives of the ministry of health, key partner agencies and community institutions considered important to the implementation of the communication component of the program.

II. Situation Analysis

In order to develop an effective Switch Communications Plan, understanding existing levels of knowledge, perceptions and concerns, barriers as well as facilitators among specific target audience is of utmost importance. Formative research helps identify:

- 1. **WHO** The key target audience, their respective roles and their existing levels of knowledge, perceptions and concerns about an issue (OPV switch in this case).
- 2. **HOW** The best and most strategic ways of reaching the target audience.
- 3. **RISKS** Potential risks and suggestions for risk mitigation communication measures.

Some <u>examples</u> of formative research findings related to the OPV switch are provided below. Country formative research planning might involve additional audience groups and provide a wide range of audience roles, barriers and facilitators.

Audience	Role	Risks/Barriers/Gaps	Opportunities / Facilitating Factors
Policy makers, Administrators	Influencers, Opinion leaders	Limited detailed knowledge about Switch timelines and milestones	 Some involvement in IPV introduction; participation in technical committee meetings Highly influential
Health care workers	Trusted source of information for health issues, well respected in communities	Unaware of Switch vaccine management protocols; do not feel confident about addressing caregiver questions related to the switch (should they arise); feel overwhelmed	 Highly influential First contact point for caregivers; have access to households Have received training on IPV introduction

		by work involved. > Overwhelmed with job responsibilities	
Media	Credible source of information, opinion shaper.	Lack in-depth knowledge about Switch processes; lack access to subject matter experts	 Influential for public opinion/wide reach Participated in orientations; involved in IPV introduction media coverage
Professional Medical Associations	➤ Highly influential and trusted.	 Unaware of Switch timeline, particularly synchronization across public and private sector 	 Highly respected influential in communities; key source of information for caregivers. Strong presence and involvement of professional association in IPV introduction; strong network around the country
NGOs	> Trusted source of information	Lack of in-depth knowledge about Switch processes, timelines and rationale	 Strong presence at the community level; access to caregivers and households Part of RI/IPV planning and coordination committees.
General Public	Community elders and teachers very influential	No knowledge about the OPV Switch	Supportive of immunization

In case countries are unable to conduct OPV switch focused formative research, they are highly encouraged to use Focus Group Discussions or Key Informant Interviews to inform the OPV Switch communication plan. Whether the collection and analysis of data is led by partners or a contracted consultant or agency will depend upon the scope of work, timeframe, and resources.

III. Communication Planning

Communication planning for OPV switch will be based on the results of the situation analysis and a clear understand of the risks involved in communicating with each of the target groups. Using a risk informed approach will assist practitioners to make strategic decisions regarding the level of engagement and communication content needed for each of the target audience.

Communication planning includes:

- 1. Identifying target audience groups for OPV switch communications.
- 2. Developing audience specific materials and communication activities
- 3. Developing contextually appropriate messages

See <u>Annex 1</u> for more details on the risk-informed communication planning. The prioritization of target audience for OPV communication will depend on country context. Given the technical nature of the OPV switch, widespread community and household communication activities are not recommended.

During the communication planning phase, countries should also develop an issues management/crisis communication plan. Some key aspects of an issues management plan are:

- 1. Timing of public announcements
- 2. Transparency
- 3. Knowing your target audience
- 4. Empathy and acknowledgement of the audience's concerns
- 5. Designating a spokesperson
- 6. Planning
- 7. Monitoring of evolving situation

In the development of a crisis communication plan, community influencers (elders, teachers etc.) should be brought on board and informed about the OPV switch to counter the spread of misinformation and rumors, then community and household level communications will be high priority. Therefore, while a country might not plan and implement OPV communication activities targeted at caregivers, some strategic engagement with community members might be crucial.

The communication plan template should guide the Switch Communication Committee to review progress against plans and take corrective actions where needed.

IV. Health Care Worker Training

High quality training of health care workers is a crucial component of the Switch implementation. While health care workers who had been previously trained about IPV introduction are likely to have knowledge about the Switch, specific training materials and tools will be needed to support and assist their work for Switch implementation.

Health workers may likely be confronted with many questions regarding the Switch, they should also be prepared to offer answers to basic questions. Training activities should address both the **rationale and the practical implications** of the Switch, leveraging existing materials.

The content of the training and information materials developed for health workers should include the following technical issues:

- ✓ When to start using bOPV and stop using tOPV (National Switch Day)
- ✓ How to make best use of storage capacity in the weeks prior to the Switch when both tOPV and bOPV will be in the cold chain together
- ✓ Strategies to ensure bOPV is not used prior to The Switch and tOPV is not used after The Switch
- ✓ Procedure for handling tOPV after the National Switch Day
 - o remove from cold chain
 - o mark with sticker

o send to nearest disposal site according to procedure

A Switch information pack for health workers may include:

- ✓ PowerPoint overview with key messages
- ✓ FAQs
- ✓ Guidelines on collection and disposal of tOPV and data recording
- ✓ Pictorial job aid to support tOPV removal

<u>Annex 2</u> provides guidance for a MoH memo to public and private sector healthcare workers and service providers on the OPV switch.

V. National Switch Day

On the National Switch Day, **countries might consider disseminating key reminders related to the tOPV removal and disposal from all service facilities**. All communication activities are should be strategically targeted. **Wider public communication on OPV switch is not advised**, unless responding to Events supposedly attributable to vaccination or immunization (ESAVI).

If a country does decide, after **very careful consideration**, to organize a press conference or a public facing event to mark the National Switch Day, then the following materials would be needed.

- Press Kits including FAQs, Fact Sheet, Press Release
- Speech or Talking Points for representatives of Government and partner organizations
- Information Kit FAQs, Fact Sheet

VI. Validation

Through the planning and implementation of the OPV Switch, countries will need to ensure that their issues management plan and protocols are in place and working proactively to disseminate information to strategically targeted audience (some media but not all, for example) and address concerns and bottlenecks. Active monitoring of the OPV switch implementation will ensure that concerns and bottlenecks are addressed quickly and there is no scope for misinformation and rumours spreading.

ANNEXES

Annex 1: Communication Planning with a Risk-Informed Approach

Audience	Risks	Aim	How	What (supporting/reference	Message Themes (Need to know	Prioritization for OPV Switch
				documents)	information)	communications
Policy makers, Administrators	 Limited detailed knowledge about Switch timelines and milestones Very accessible to media 	 Manage national communications plan Manage potential risks and take lead on ESAVI communications 	 Planning & coordination meeting. Orientations and briefings 	 OPV Switch introductory materials Switch communications planning guide and template Issues management and media guide for OPV switch 	 OPV switch is part of the Polio Endgame Strategic Plan Timelines Information related to supply assessment, monitoring and logistics 	HIGH
Pediatricians, Physicians	Limited engagement from Government and partners leading to confusion about OPV switch timelines (synchronization), and compromising routine immunization and polio eradication efforts	Inform/equip national experts and influencers	 Planning & coordination meetings, orientations and briefings, Outreach to private sector and professional associations 	Stakeholder information pack: adaptable PowerPoint, fact sheet take-away	Role in successful implementation of OPV switch. Switch timelines	HIGH
Health workers	 Unaware of Switch vaccine management protocols 	 Frontline implementers informed and equipped for 	Training sessions	 Health worker training modules on OPV Switch Job Aid 	 Roles and responsibilities in Switch implementation 	HIGH

	 Do not feel confident about addressing caregiver questions related to the switch Feel overwhelmed by work involved in OPV Switch 	implementation of switch		• FAQs	 Benefits of switching from tOPV to bOPV Responding to parental concerns regarding vaccine safety and effectiveness. 	
Media	 Confusion about Switch rationale Misinformed media coverage about Polio Endgame Plan or ESAVI media coverage Sensationalist media, influenced by anti-vaccine lobby 	 Informed about Polio Endgame Plan Concerns and rumors addressed quickly and with transparency. 	Orientations and briefings	PowerPoint, fact sheet take-away	 Rationale and timelines for OPV switch Key step of Polio Endgame Plan. Poliovirus type 2 eradication! Contact details of subject matter experts 	MODERATE
NGOs	 Lack in-depth knowledge about Switch processes and timelines Easily accessible to media 	Informed about Polio Endgame Plan	 Orientations and briefings Coordination platforms 	PowerPoint, fact sheet take-away explaining rationale for OPV switch it being a key step of Polio Endgame Plan	Key step of Polio Endgame Plan.	HIGH
Beneficiaries/ Caregivers	Rumors about OPV Switch ESAVI(s) in community lead to backlash against routine immunization and polio eradication.	 Importance of IPV OPV being best for the children reinforced Concerns addressed regarding routine and polio vaccines 	Community meetings; interpersonal communication at household level or health facility	Routine immunization and polio eradication broadcast media	 Key step of Polio Endgame Plan Poliovirus type 2 eradication! 	towards LOW (HIGH only for crisis communications)

Annex 2: Key Messages for Health Staff

The success of The Switch will largely depend on the understanding health care workers have concerning the Switch and the crucial role they play in it.

It is therefore of the uttermost importance that the Ministry of Health issues a memo or brief guideline to all health professionals (including the private sector) in which the following key messages appear:

- Within the context of the Global Polio Eradication Initiative, the World Health Assembly has
 issued a resolution indicating that all tOPV (containing types 1, 2 and 3) used for routine
 immunization or immunization campaigns should be replaced by bOPV (types 1 and 3).
- This event is called *The Switch*.
- It is a global event, which in our country will take place {date to be entered}.
- This means that beginning that date **no more tOPV** will be used **anywhere** and for any program, private nor public, in the country.
- **Distribution of bOPV** will start **X weeks** {*number to be entered*} before The Switch. You will be informed on time when your health center will be supplied.
- On **switch** day you:
 - will stop using tOPV and only use bOPV instead;
 - will take all tOPV out of the cold chain;
 - o will mark all tOPV with the stickers you were supplied with for that purpose.
- All tOPV will be removed from the cold chain and safely disposed of in approved disposal sites. You will be informed to which disposal site your leftover tOPV should be brought.
- It is **strictly prohibited to immunize children with tOPV** on or after switch day in **any circumstance**, whether it is to finish remaining stocks or because you were not supplied with bOPV.
- Independent Switch Monitors will visit all health centers with potential stocks of tOPV for routine immunizations or campaigns to verify the absence of tOPV stocks. If 2 weeks after The Switch you still have tOPV and/or you were not visited by a Switch Monitor, you must inform your supervisor.

On {date} the national governments will make an official statement confirming that in compliance with the WHA resolution {name of the country} is free of stocks of tOPV. Your kind cooperation in the correct implementation of The Switch is therefore of critical importance and highly appreciated

Relevant Supporting Materials

IPV Introduction – Supporting Technical Documents

IPV Introduction Guide

IPV Training Modules:

- <u>Module 1</u> Introduction to the polio endgame rationale and IPV vaccine
- Module 2 Inactivated poliovirus vaccine (IPV) attributes and storage requirements
- <u>Module 3</u> IPV schedule, eligibility and contraindications
- Module 4 IPV vaccine administration
- Module 5 Recording and monitoring administration of the Inactivated Polio Vaccine (IPV)
- <u>Module 6</u> Monitoring Events Supposedly Attributable to Vaccination or Immunization (ESAVIs)
- Module 7 Communicating with parents, caregivers and health personnel about IPV and multiple injections

<u>Issues Management Guide: To support countries in preparing for unexpected situations with implications for public communications</u>

Media resource kit: Preparing for IPV introduction

Multiple Injections: Acceptability and Safety

Frequently Asked Questions on the Introduction of IPV

Brief on IPV Introduction, OPV Withdrawal, and Routine Immunization Strengthening

Background and Technical Rationale for Introduction of one dose of Inactivated Polio Vaccine (IPV) in Routine Immunization Schedule

<u>Switch from tOPV to bOPV – Supporting Technical Documents</u>

The switch from tOPV to bOPV - Implementation Guidelines

FAQs on preparing for the withdrawal of all OPVs: Replacing tOPV with bOPV

An introduction to the switch from trivalent to bivalent OPV

Preparing for the Switch: Presentation | Video

Protocol for notification, risk assessment, and response following detection of poliovirus type 2 following globally-coordinated cessation of serotype 2-containing oral polio vaccine (Draft version October 2014)

Switch Communication Reference Documents

Issues Management Guide – Switch Health Care Worker Job Aide – Switch Health Care Worker Training Module