SUMMARY OF POST-PRESENTATION DISCUSSIONS

Communication for Immunization and Polio Eradication Meeting

NEW DELHI, JUNE 7-9, 2004

EGYPT PRESENTATION - Discussion

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QUESTION ASKED BY:	QUESTION/RESPONSE
Panel	**Wow, as much as I'm independent - thank you very much Sahar for a very homogeneous presentation**
	>97% NID coverage, 95% routine coverage, 95% TV penetration; highest political commitment 1st lady, lots of vaccine, quite a rosy picture. But the reality is that the polio virus is still being transmitted in Egypt. Where do you think is the problem, Sahar??
	To what extent is the partnership of the cooperating agencies, or lack of, affecting the polio efforts in Egypt -From the polio organisational structure you suggested in the presentation, I could not see the cooperating agencies feeding in - at what level do they participate. Is this relationship productive in eradicating polio?
	The communication model you have developed - truly commendable, UNICEF involvement - Which model was adopted, was it based on data collected, past experience, surveys (who conducted them?)
	Do we still have a transparency problem???
Panel	**Obviously quite a complex situ. As Sahar has highlighted the 2 hi risk areas - greater Cairo & upper Egypt around the Nile.**
	1/3 of Egypt lives in Cairo & great mixing area - quality of SID's was poor. Upper Egypt came under the microscope sooner. The program was not quite able to pin down the stage Egypt was at…. Not as close as originally thought. Enough said.
	Your strategy generally relies on the mass media - but people in Egypt know that it has been declared polio free several times before - the government claimed it was polio free. What is the level of skepticism in the population.
	What do you know about Who is being missed, can you characterise those children? Can you tailor strategy to reach those children.
	How to manage communication around these final cases?
Panel	**Be interested in a much clearer understanding of the change principles driving the programme. Change happens due to 1,2,3, . So what's at the core of the change strategies??**
Presenter	**Warren's ? Concerns me personally - in order to claim that something has happened - need to be clear what we're doing. We have conducted in 2002 a comprehensive communication survey – baseline and evaluation that was a very elaborate survey - attitudes etc. of the population re immunisations in general, not just polio. Copy avail on disk. Conducted by an independent org (doing the DHS) - very objective**

	The outcome told us that caretakers care about the wellbeing of their children & do take their children whenever possible to routine immunisation opportunities. 90% said had received at least 1 dose via NID. Population comes from different groups, but realise that polio is a disease, know the symptoms, would report them to the health unit. How aware they were that Egypt is free of polio - not many thought Egypt is thought free. Only upper 17% - upper socioeconomic thought it was. Remainder thought there were still cases.
	Need people to keep doing the good things, if not NID's go and get immunised - for every campaign, make sure child is vaccinated. Required a bit of a shift - people are coming to your door - how to introduce those people, male or female, name tags etc. - how to get them accepted. Extra bit - message was to go and get the 2 drops - street, school, wherever
	The answer to the question on the missed children - where are they, how to reach??? It is not clear, but we have some consistent information - high vaccination coverage, might be variations from 1 campaign to another… Don't have answers to some of your questions
	Transparency - like to think the programme is more & more transparent – even if there are some shortcomings. I have seen the personal commitment of the minister, etc., level of commitment of the vaccinators etc. Just have to tell them "we are only 1 of 6 countries left in the world with polio". Challenge is the pockets - need more minds to give us insights. Positive environment - but need to finish the job quickly
Participant	I did not attend the last TAG. One title was performance quality - that is reason for virus circulation in every country in which it exists. The key issue is credibility - the reliance the government can have on reports. What is the level of credibility in the minds of Egyptians??
Participant	Congratulations for this very nice presentations - 2 questions
	Emergency communication plan - more info about it - seems that you are planning many communication plans - why not integrate the two high risk areas
	??
Participant	We need to be very careful with our way of interpreting data, e.g. when we ask the following question in a survey: "How did you hear about the campaign??" This doesn't measure effectiveness of the campaign if they say it was via media, this just reflects that you put more resources into the media during that particular campaign.
Participant	
	MOH works in partnership with UNICEF, WHO etc.
Presenters	Why first lady, not president? The first lady's focus is the children & the mother. The president looks after health. RE the media – During the exemplary 2002 NID all cooperating agencies worked in full harmony with MOH, Dr. Waguih worked with us - try to raise the public awareness of NID's to eradicate polio - we hope to be free from polio this year. In Egypt - have 2 satellite channels under supervision of ministry of health - lots of polio products. Create a core group of journalists - many TV spots... I know that the first thing I will do as soon as I go back to Egypt, is to sit down with all interested parties and get a common understanding of the problems, in order to have a unified communication strategy

Presenter	RE Dennis - what other unanswered questions? Can't afford to be too general now - we need to be very specific - exactly what problems, then solutions. Quality of performance - too generic - what do we mean, how to address & where. Also, resources - need to be realistic.
	Agree that the emergency communication plan s/b part of our overall plan - probably triggered by the latest case. We focused too much on Cairo – when we should not have missed other important areas like Minya and Assiute
	How to combine mass media & more community work - 2 things. When we started in 2002, our activities were very fragmented. We are towards the end of the behavioral continuum - in high risk areas we need more. I have to say I was jealous of the resources of India - ridiculously low budget we are working with - we would love 1/10 of the India budget!
	Our community awareness workers have to be very very specific - just certain streets in the slums for example
Participant	Need to get the epidemiological guys working hard for you to identify who the high risk kids are
Participant	Need to analyse and use your case data. The 2003 case was a 19 month old child, with the genotype from greater Cairo. Need to look at refinement of the slum-specific strategies to reach the younger children - under 6-12 months. Experience from past supervision was that some infants were not taken out of the home until 2-3 months. Suggest working more closely with mid-wives and contacts in the slums. Overlay your NIDs data with your routine OPV data, with zero dose data and data on missed children/communities to better target your activities at the lowest coverage areas. Follow-up in these areas in subsequent SNIDs and mop-ups.
Participant	Lots of activity - especially with mass media - could benefit with more local level analysis - better supervision. Ie. Only 1 of 3 megaphones operating, no supervision,
	Greater Cairo - plan to put the posters on the hi-rises - need to have a special doorman strategy -
	Lots of people didn't want to get vaccinated by the vaccinators - wanted to go to the private sector
Panel	I hope that the big objective of this meeting will be met when people around the world will realise that as much as epidemiology is the queen of medical science, communication is the queen of human behavior