

SUMMARY OF POST-PRESENTATION DISCUSSIONS

Communication for Immunization and Polio Eradication Meeting

NEW DELHI, JUNE 7-9, 2004

NIGER PRESENTATION - Discussion

Mr. Paryss Kouta, Regional Program Communication Officer. UNICEF WACAR - presenter

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	QUESTION/RESPONSE
QUESTION ASKED BY:	
Panel	Would like you to fill in the blanks in this sentence - it's not clear to me what the communication strategy is?
	The principles for change we work to in our strategy are:
	We have chosen them for what reasons/data?
	We can demonstrate that our strategies flow from these principles & we measure success this way:
	Didn't get a sense of the time frame - Dec 2004, 3 years???
Presenter	The document he read - these are some issues to take into account. They cannot think in terms of interpersonal communication/social mobilisation involving some key actors . The way to work with Nomads for example is different than working with other people. The political situation is horrible(???) - we just have 1 political power - managed by the head of state. When he is committed - people at the regions can follow that guidance. Some additional ideas - please share
Presenter	Goal is the end of this year, but also taking into account the situation in Niger, my own feeling is that they may need more time than 6 months to stop transmission. They have planned for the next 6 months - but presume they will need to continue the same effort for a good part of next year
Participant	the 6 months is the global target
Panel	Would like a sense of the number of children which are being reached on NID's - what % is that of the children you need to reach??? Communication strategies will depend on that answer
Panel	Epi observations: objective of communications
	Niger/Nigeria are a classical cross border
	1. Shared reservoir of polio virus (same families)
	2. Some viruses are indigenous to Niger and some to Nigeria
	3. Occasionally virus goes from Nigeria to Niger, and some go the other way too.
	So - what are key communication targets - who is affected by this cross border transmission. They are being missed. If some are being missed in Niger - it's their responsibility.
	Bangladesh stayed polio free when India had polio problems
	NOMADS - important to vaccinate - don't focus excessively on nomads - not a large population - they are like vectors - from one reservoir community to another - they facilitate transmission, but

	they are not the reservoir - FOCUS ON THE RESERVOIR AREAS
	Need a communication plan which fits with that analysis - Is there a national plan of communication - include communication strategy in the cross border discussion
Presenter	Could not agree more - don't overemphasize the nomadic tribes. Most of the cases are in towns around the border. Keep saying - don't just point the finger at Nigeria - you have your own responsibility re this expansion. Niger is a neighboring country - need to boost your overall immunisation. Need to reshape the communication strategy accordingly
	Dec reached 2.8million, in March 3.2 million children - in a few months, could reach 400,000 children - means they were never reached before - all low doses.
	We have a consistent # of children we know we haven't ever reached - very low immune state. Need to improve quality of immunisation or transmission will continue.
Participant	Thank you for the presentations. For western/central Africa, obviously Nigeria & Niger are the priorities. That said, the other countries need to be covered to monitor their low coverage areas - to advocate and mobilise their local people. We have a micro problem (local/national commitment) and macro problem - we've eased up as a partnership on our support to that area. This is result of decreased intensity.
	What can we do to help (compare to Angola & DR Congo) - they are bigger, with good partnerships & they haven't let up - polio efforts are still part of their system - keep targeting low coverage areas.
Participant	should discuss West and Central Africa as a whole - need more time
Panel	Want to make sure that Theo's ??
	What % is the 2.8mill?? How many more 400,000 children will be added before we stop transmission - we don't know;
	Also, need support for a national communication plan to be developed
Participant	
	Feedback at recent WHA 3 weeks ago - with Min of Health. A lot of that meeting was about nomadic populations. Christianne said - more than 80% of our reservoirs are NOT with our nomadic people. We need to clearly give the message that the data should drive where we're going. If we don't do that, we're giving the wrong message to the government - re how to proceed.
	Have been discussing the problems - vaccinators etc, govt.
	Regarding the media - as a communication officer, media is also feeling the heat?? Arabian nights problem - need to invent new tales to keep the programme alive. Need to find more & new ways to work with the media & with people in positions of authority
	In Bihar - we are getting the editors to put tog their thoughts & are printing it. The most disturbing news is written by a stringer in the corner of the state
Participant	What really came out is that there is not enough resources to drive the communication strategy in Niger. What is the government & partners efforts to ensure there is someone to drive the communication strategy.
Participant	Just came out of UNICEF retreat - ??? Was how do we revamp our support to West & Central Africa. Know that NID's not well implemented... Won't reach enough children.

	First slide - long list of problems - common to West Africa, long list of partners. Presume they are not new - clearly not addressing your problems. What are the specific critical issues in specific districts & how do these partnerships need to be changed to meet the objectives?
Participant	Just had an internal UNICEF meeting - how to strengthen the staffing issues we have - especially in West/central Africa. This is a single battlefield where we need to do very very good NID's. Chris yesterday said - we think some will make it, some won't (Nigeria/Niger). We still have to push as if we're going to make it by the end of this year. Plan B is a failure.
	Want polio eradication to succeed....need to lobby within our own agencies to get the human resources & \$\$ to ensure we don't fail.
Panel	Want to tease that out a bit - significantly affects the communication strategy
	It's not political - understand intense desire to get it done by the end of the year - but when have extrapolation to 1000 cases by the end of the year in Nigeria, 100??? In Niger. Push for 6 months really affects the communication strategy.
	Are we saying 6 months across the board, or are we saying 2005 for some?
Participant	Yes. The goal is to interrupt transmission by end 2004. Two possible/probable exceptions: Nigeria & Niger. Epi wise - it is possible to interrupt transmission in Niger by the end of 2004. Probably impossible to do in Nigeria. Clearly has implications.
Participant	Hesitant to ask this, but wondering - lots of EPI data - but where is the social data - need more social data on the missed children. Realise the time frame is tight - maybe data is avail??
Participant	Thanks Paryss - huge amt of work over next 6 mos.
	# of cases we are confronting - are a human tragedy - failure of mgmt, leadership, funding etc..... However, have seen examples from several countries - when you can do high quality rounds IMMEDIATE after an outbreak - it's your best chance. We are being offered quite an opportunity - to interrupt transmission now. What is a bit disturbing to me in some of the presentations (& they are open) - seems to me we still don't have a good management structure - ie. can't put it all on Christianne & Paryss.
	Would like to see a human resource map - how many people do you need to get to what India & Pakistan. Need the list & a price tag.
	We have laundry lists of activities - but no prioritisation, no systematic implementation. Where is the guidance & leadership - from UNICEF, etc. - come up with a plan - human resource map & budget that we can start advocating for.
	London/Paris/Tokyo - to advocate for funds - I can't say to any of these people that there is a good plan in place for a social mobilization infrastructure. \$100mill avail. Want to get a structure for long term social mobilization. Supposed to go to all the AECD countries - I can be your best advocate - need a plan, assurances of management, local plan, good data avail. Don't have that yet. Need it & some strong recommendations to go forward.
Participant	The plan today is conduct 22 synchronized NID's in 22 countries in West/Central Africa
	Can't start thinking about the communications part 2 weeks before the NID. 9 of these countries have had imports of virus in the last 12 months - paralysed their kids - they were polio free.
Presenter	Some of the issues - need additional reflection. Need to strategise. My own opinion, is that I'm really concerned about the silence between the conduction of NID's
	About partnership - at sub-regional level - talking about the rich experience we had in Abidjan??? Now -war there, people have moved - we have missed people. We had key people working for communication in WHO & we can't get them back. We may need more people & we need those

	people back - need to work together. Can't work a miracle if working alone.
	Timeline - need to be more realistic - continue to maintain the commitment of countries - ie. In Niger we need to bring them to do more & better - maybe by the end of the year - we might get appropriate result ...
	About the social data - yes, noted. There are some studies in Niger, but not sure if analysis is finalised. Not available in time for this presentation??
Presenter	Reinforce 2 points:
	1. What is true for Niger is true for several countries in Western Africa. What we need first, is to do a good analysis of this data - link the social & epi data
	2. In 2000 -2002 made some good progress. All free except Niger & Nigeria - so there is hope. As Ellen said, after a major outbreak, there are lots of opportunities.
	3. This year - we have a huge concern on the Ivory coast - last year 3 cases, this year already 8. Very unstable area - very serious situation - we need lots of support.
Participant	Last year we had to cut down Sea's in many West African countries - we had emphasized that you, as countries have to increase your routine surveillance - it didn't happen. Now we are all realising that the West Africa problem is a big one. I think it hasn't really sunk into the EPI and country managers - they need to act & do it fast. We have to remind them that they cannot relax.
Participant	personnel issues. WHO has lots of problems in West/Central Africa - up to 15 external consultants are going to Niger, other externals will also be going into the other countries in time for the NID's. But they will be technical consultants - mostly MD's. We need a clear plan from UNICEF - how many people are going to be put in & when. I don't see WHO fronting up to get communication people in the field in the next 6 mos.
Panel	A few observations:
	External help is important - but the real drive has to come from the people of Niger. There are a number of people you could link to, to look at the communication plan. Needs to happen in the next 3-4 weeks. Need some people who understand the social data, the interpersonal info, how the people communicate. Need a couple of epi people too - ie. to id that nomads not primary source. People who work in local indigenous NGO's - use their networks. People out of the media. And a couple of outsiders. OK here's what we need to achieve by the end of the year. You are in a process to figure out where are you going & how much is it going to cost.
	In a way, it doesn't cost that much - won't involve materials, Will involve local communications. Target - by the end of the meeting - here are the people I want to come in and help.