



**United Nations Children's Fund**

**Mid-Year Consultative Meeting of Polio Partners  
on Communication for Polio Eradication**

UNICEF HQs  
New York, 5-7 July 2000

**REPORT**

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## ACRONYMS

<b>AFP:</b>	Acute Flaccid Paralysis
<b>ARCH:</b>	Applied Research on Child Health
<b>BASICS:</b>	Basic Support for Institutionalising Child Survival
<b>BBC:</b>	British Broadcasting Corporation
<b>CDC:</b>	Centres for Disease Control
<b>DRC:</b>	Democratic Republic of Congo
<b>EAPRO:</b>	UNICEF East Asia and Pacific Regional Office
<b>EPI:</b>	Expanded Program on Immunisation
<b>ESARO:</b>	UNICEF East and Southern African Regional Office
<b>IEC:</b>	Information, Education and Communication
<b>MOH:</b>	Ministry of Health
<b>NGO:</b>	Non Governmental Organisation
<b>NID:</b>	National Immunisation Day
<b>OPV:</b>	Oral Polio Vaccine
<b>PEI:</b>	Polio Eradication Initiative
<b>ROSA:</b>	UNICEF Regional Office for South Asia
<b>UNICEF:</b>	United Nations Children's Fund
<b>USAID:</b>	United States Agency for International Development
<b>SEAR:</b>	WHO South East Asian Region
<b>SOCMOB:</b>	Social Mobilisation
<b>TCG:</b>	Technical Consultative Group
<b>TFI:</b>	Task Force on Immunisation
<b>VOA:</b>	Voice of America
<b>WHO:</b>	World Health Organisation
<b>WHO Afro:</b>	WHO Regional Office for Africa

# **Mid-Year Consultative Meeting of Polio Partners on communication for Polio Eradication July 5-7, 2000**

## **1. Executive Summary**

The third Mid-Year Consultative Meeting of Polio Partners on Communication was held from July 5-7, 2000 at UNICEF HQs in New York.

During the three-day meeting, country, regional and global experiences and accomplishments were shared and group discussions (Africa and Asia) held to:

- Assess progress made from 1999 to 2000 on communication for polio eradication in endemic countries;
- Identify communication achievements and problems at country level;
- Identify the causes of those problems;
- Review communication plans and make practical recommendations to address the issues identified.

### **1.1 ACHIEVEMENTS IN COMMUNICATION FOR POLIO ERADICATION**

- Through collaborative global and regional advocacy activities and media relations, polio partners have succeeded in raising the political commitment in polio endemic countries;
- Technical assistance in communication for polio eradication has been increasingly provided to polio endemic countries, with a focus on strengthening the integration of communication activities across all strategies (NIDS, EPI, Surveillance).

### **1.2 COMMUNICATION PROBLEMS/ISSUES**

Four main problems were identified in the course of the meeting:

- Inadequate partners' co-ordination at country level;
- Low community participation in AFP surveillance;
- Inadequate quality of communication plans as well as inadequate implementation of those plans;
- Inadequate dissemination and utilisation of information tools and lessons learned.

### **1.3 RECOMMENDATIONS**

In order to address the above mentioned problems, the following recommendations were made by polio partners:

- 1) Ensure systematic inclusion of substantial communication components in all TCGs and other technical meetings. Communication needs to be presented in a scientific manner (for instance, using case studies, with an analysis leading to conclusions for action). Communication technical staff has to be invited to participate in all technical meetings.
- 2) Annual and mid-year communication meetings should be attended also by EPI/polio technical staff from WHO, UNICEF and CDC.

- 3) Annual and mid-year communication meetings should be attended by regional partners' teams. Regional teams should prepare joint presentations in advance or during an initial ½ day preparatory working session.
- 4) WHO Geneva should issue guidelines on basic communication assessment questions to be used by country epidemiologists, communication and surveillance staff. (Reviews through grab sampling.)
- 5) Communication questions that will help improve communication interventions should be included in all reviews/assessments, supervisory visits/post-NIDs reviews and evaluations conducted for the overall polio eradication/EPI programs. Close working collaboration between medical and communication staff is necessary.
- 6) WHO and UNICEF should issue guidelines for systematic press briefings to field offices. Existing guides need to be simplified and sent out formally to both epidemiologist/medical and communication staff.
- 7) Follow-up should be undertaken by Ms. Carol Bellamy and Dr. Gro Brundtland to the joint WHO/UNICEF March 2000 meeting to strengthen partners' co-ordination at country level.
- 8) Countries should institutionalise communication micro-planning - go beyond the national and district levels.
- 9) Identify and develop more expertise in communication that can support countries at national and sub-national levels.
- 10) Create a comprehensive list serve of communication and health technical people. Explore the "Communication Initiative" list serve.
- 11) Create a list of available tools from all agencies to be updated on an ongoing basis.
- 12) Increase CD-ROM use for tool dissemination.
- 13) Conduct joint visits to priority countries, to encourage coordination among national partners and maintain the momentum.

## **2. Introduction**

This consultative meeting of polio partners was held from 5 -7 July 2000 at UNICEF' HQs. Participating agencies were WHO, CDC, UNICEF, GAVI/PATH, VOA, BBC, Boston Globe, USAID, CHANGE Project, BASICS Project.

### **2.1 MEETING OBJECTIVES**

- (1) To strengthen joint and co-ordinated approach to communication for polio eradication to interrupt polio virus transmission at country level;
- (2) To review progress made in 1999-2000;
- (3) To identify potential gaps and problems associated with the current work plan and propose solutions that are focused on country-level communication needs;
- (4) To make mid-course corrections to the 2000 Polio Partners joint work plan;
- (5) To facilitate experience and information exchange among polio partners, including updates on present efforts, resources available and opportunities
- (6) To strengthen the partnership to achieve the polio eradication goal.

### **2.2 EXPECTED OUTCOMES**

- (1) Recommendations for communication actions at global, regional and country levels, to contribute to the achievement of polio eradication;
- (2) Updated and revised polio partners joint work plans (Asia and Africa, period July 2000- Dec 2000) that reflect country communication needs;
- (3) Joint strategy to reinforce EPI and linkages with other vaccine initiatives.

## **3. Polio Eradication Initiative at Global Level**

### **3.1 EPIDEMIOLOGICAL UPDATE**

The global polio eradication initiative has made some impressive accomplishments. More than 180 countries are on track to be polio-free by the end of 2000. There has been a 95% decline in polio cases since 1988, and the number of polio-endemic countries has gone from 50 to 30 from 1998 to 1999. As of June 2000 - according to WHO's EPI data - 7,021 polio cases were reported for the current year 2000. In most of polio endemic countries, the quality of NIDs has been improving and a community-based AFP surveillance has been implemented in some countries.

However, despite the subsequent rounds of multiple NIDs and SNIDs, pockets of unreached children still exist, especially in conflict and geographically difficult-to-reach areas. With respect to AFP

surveillance, besides the non-polio AFP rate, most of the other performance indicators (especially two stool specimens collected within 14 days of the onset of the paralysis) are still below the WHO target. In the year 1999, there were 23 wild polio transmissions, 7 probable wild polio transmissions and 3 poliovirus importation (China, Iran and Myanmar).

By the end of the year 2000, there will be a risk of continuous transmission in some 20 polio endemic countries. This is due to the fact that some problems still remain unsolved:

- Limited access, especially in conflict areas;
- Inadequate surveillance and the absence of a cross-border surveillance system;
- Low routine immunisation coverage and poor-quality NIDs.

Some urgent issues need to be addressed: development and field testing of indicators to monitor communication for polio eradication; adaptation of communication strategies to the synchronisation of NIDs in West and Central Africa (door-to-door strategy); communication for surveillance; and the dissemination of lessons learned to / and their utilisation by partners and countries.

## **3.2 COMMUNICATION UPDATE**

### **3.1.1 Global advocacy**

- a) :
- In the global launch of the final push for polio in New Delhi, India on January 6, 2000, the WHO Director General and UNICEF Executive Director urged the heads of states of polio endemic countries to give their personal commitment to polio eradication. WHO Director-General used that event to personally deliver a letter to India's Prime Minister.
  - World Health Assembly in Geneva, on May 15: the technical review stated that there is a risk for a continued transmission in some countries by the end of 2000.
  - Joint WHO/UNICEF/ Rotary press release appealed for political commitment, funds and vaccine mobilisation.
  - Joint UNICEF/WHO millennium message to 30 heads of states of polio endemic countries urged their commitment to the Polio Eradication Initiative. The UNICEF Executive Director made reference to polio in her speech at the OAU Summit in early July 2000.
  - Draft of an advocacy plan by a joint WHO/UNICEF working group for heads of state of the concerned countries. Aim: get their agreement on the idea and the date for NIDs synchronisation in West and central Africa.
  - UNICEF issue of a monthly press release on polio eradication.
  - UNICEF provided journalists with information on Polio Eradication.
  - Development by UNICEF DOC of a calendar of global events that can be used for advocacy
- 
- Preparation for the launch of the plan of action 2000-2005 at the Polio Partners Summit in New York, scheduled for September 27, 2000.
  - Visit of UNICEF Executive Director to Sudan and DRC scheduled for October 2000.

### **3.2.2 Global communication support to countries and regions**

The following activities were carried out in 2000 at the global level:

- The Kathmandu Cross-border Meeting and a communication workshop for participants from different agencies (UNICEF, WHO, CDC, Governments) in March 2000.  
Out of the 30 recommendations from the meeting, 15 were related to communication issues.
  - In Sudan: Workshops on communication training and planning. The outcome was the elaboration on an integrated communication plan for polio eradication (April-June 2000).
  - In Pakistan: Communication training and planning workshop for the Afghan country team aimed at developing a communication plan for polio eradication (April 2000).
- :
- Elaboration of a draft community-based surveillance paper (June 2000).
  - Production of a synopsis of the case studies conducted in 5 sub-Saharan countries: Democratic Republic of Congo, Mali, Mozambique, Nigeria and Zambia (June 2000).
  - Production of a Communication Handbook for EPI/PEI.
- :
- Development of the polio web pages for programme communication and social mobilisation within UNICEF GPP web pages (May 2000).
  - UNICEF production, in collaboration with "Voices of Youth", of an educational polio quiz for youth, to be also used in schools, youth journals and by NGOs (June 2000).
  - Holding of a focus group discussion (FGD) on youth participation in the Polio Eradication Initiative - including those affected by polio. The FGD was conducted through an online "polio chat".
- Further dissemination of the English version of the communication handbook;
  - Finalisation and dissemination of the Portuguese and French versions of the handbook;
  - Strategic dissemination of the synopsis of lessons learned from case studies to partners and countries;
  - Development of communication indicators (quantitative and qualitative) for polio eradication;
  - Participation of technical communication staff in the Calcutta TCG/SEARO meeting and the organisation of a communication workshop for participants. (August 2000)
  - Follow-up and supervisory visits to selected countries in order to assess/promote inter-agency co-ordination, quality of plans and status of implementation, relevance and effectiveness of activities;
  - Technical communication support to selected countries and sub-regions (especially to strengthen communication strategies and messages focussed on the hard-to-reach and consistently missed children and adaptation of communication strategies for the door-to-door immunisation approach).

## **4. Polio Eradication Communication Activities at Regional Level**

### **4.1 REGIONAL ADVOCACY/MEDIA RELATIONS**

- During the African Cup of Nations Tournament in January-February 2000, the WHO/AFRO "Kick polio Out of Africa" campaign was publicised through TV broadcasts and billboards.
- The presidents of the African Football Confederation and the International Football Federation declared their commitment to PEI in January 2000 at a news conference. They also urged the presidents of African football associations to promote polio eradication.

- Media advocacy activities with the major mass media (Africa No 1, VOA, BBC, and RFI) for the upcoming synchronisation are underway.

The big event in West and Central Africa is the upcoming synchronisation of NIDs in October and November 2000 in 18 countries (Benin, Burkina Faso, CAR, Cameroon, Côte d'Ivoire, Chad, Gambia, Ghana, Guinea, G-Bissau, Mali, Mauritania, Nigeria, Niger, Liberia, Senegal, Sierra Leone and Togo). Some media and advocacy activities aiming at making the decision-makers, MOH and heads of states agree to the idea and the date of the synchronisation of NIDs are underway:

- Use of goodwill ambassadors for the campaign that will be co-ordinated by WHO/UNICEF country offices. Among other influential people, we have the former and the current presidents of South Africa, the presidents of Mali and Nigeria, FIFA president and some famous African football players (Georges Weah, Abedi Pele and Marcel Desailly);
- Messages and slogans development and dissemination during sporting events;
- High-level advocacy presence of WHO/UNICEF representatives and famous advocates at the OAU Summit, the Partnership Consensus Meeting;
- Meeting of the first ladies of the concerned countries.

## **4.2 CAPACITY BUILDING**

Several activities aiming at strengthening the communication component of polio eradication were undertaken at the sub-regional level as well as at country level:

- Two sub-regional workshops in interpersonal communication on EPI for health staffs (Francophone and Anglophone) were conducted in West and Central Africa;
- Elaboration of the French version of the communication handbook ;
- Elaboration of a draft training module for EPI managers.

Some additional activities (training/planning for focal points, integrated communication strategy development, review of communication activities and identification of solutions to problems, pilot course on risk communication) were carried out to support the following countries: DRC/East DRC, Chad, Senegal, Mali, Benin, Ghana, Ethiopia, Angola, Burkina Faso, Tanzania and South Africa.

## **4.3 UPDATE FROM NIGER: "CURE SALÉE"**

The overall objective of this project is to vaccinate all nomadic children and to mobilise their communities on health issues during "cure salée", a social, cultural and economic event that gathers nomad populations from all over Niger and some neighbouring countries (Algeria, Cameroon, Mali.)

- Production and dissemination of educational material,
- Capacity building (training of health and social workers),
- Provide support to traditional chiefs,
- Provision of logistics to radio station and mobile vaccination teams,
- Supply of sounds and production equipment to state and community radio stations in two departments (Agadez and Tahoua).

## **4.4 EAST AND SOUTHERN AFRICA REGION**

Some countries in the Eastern and Central African bloc will probably have continued virus transmission by the end of 2000 due to limited access, lab and surveillance difficulties and poor quality NIDs. Some

countries like Zambia, on the other hand, are doing well in improving routine immunisation and integrating communication in EPI activities.

***Activities to be improved:***

- AFP surveillance and laboratory services;
- Access to conflict and geographically difficult-to-access areas for both AFP surveillance and immunisation campaigns;
- NID planning, implementation and supervision: decentralise the planning process for EPI and communication to the district, and beyond and improve transport and cold chain logistics.

***Update from Ethiopia:***

- Undertaking of high-level advocacy activities;
- Improvement of the quality of NIDs (Cross-border activities, efforts to reaching special populations and refusers, regular multi-sectoral committee meeting);
- Promotion of the integration of EPI, NIDs and AFP surveillance (community participation, communication for surveillance);
- Existence of functioning committees.

Better use of traditional channels, targeted strategies for refusers and interpersonal communication.

:  
KAPB survey to be used to re-plan/improve strategies, IPC training for health staff, and follow-up training of communication focal points.

**4.5 MIDDLE EAST AND NORTHERN AFRICA REGION: UPDATE FROM SUDAN**

The 1999 mid-term review findings of the EPI/PEI in Sudan pointed out to some weaknesses: over-centralisation of programme and planning, weak monitoring and supervision, inadequate community participation, weak advocacy and social mobilisation.

Despite six rounds of NIDs, there are still pockets of unreached infants in Sudan (25% in the north and over 90% in the south, according to the UNICEF 1999 mid-term review). 10 wild polio viruses were isolated in 1999.

The performance indicators for AFP surveillance are below the WHO certification standard: the non-polio AFP rate as of 1999 was 0.52 per 100, 000 children under 15 years of age.

Implementation of the recently developed integrated polio communication strategy:

- Advocacy: establishment of an ICC through a presidential decree, local resource mobilisation, private sector and community participation, peace initiative;
- Social mobilisation: through multisectoral coordination and motivation of health professionals;
- Programme communication: a mix of strategies will be used - research and message development, multi-media campaign, traditional channels of communication and social marketing strategies.

#### 4.6 UPDATE FROM SOUTH-EAST ASIA REGION

Some of the recently undertaken activities were:

- Communication workshop in concomitance with the Cross-border Polio Meeting held in March 2000;
- Communication training of the Afghan country team held in Pakistan in April 2000;
- Upcoming August 2000 SEARO TCG to be held in Calcutta will include a meeting of communication professionals.

***Constraints and issues:***

- Most of the emphasis is placed on service provision and none on the demand creation and sustainability;
- Non-existence of integrated communication plans in most countries;
- Lack of human resources and commitment make it quite a challenge to reach the difficult-to-reach children;
- Communication component of the PEI/EPI is either absent or inadequate;
- There is a need for staff with expertise in both communication and PEI/EPI.

## 5. Update From Partners

### 5.1 CHANGE PROJECT

CHANGE is a USAID global project for behaviour change in Maternal and Child Health and Nutrition. The project has produced a community-based disease surveillance Kit (to be adapted by countries) that includes not only negative events but also a reporting of positive health habits by the community. The six target diseases and syndromes are measles, neonatal tetanus, meningitis, cholera, yellow fever, and acute flaccid paralysis. The tool was pre-tested in Malawi and Zimbabwe and was then revised. Pilot tests are planned to begin in Malawi, Mali and Mozambique sometime this year, before final dissemination.

### 5.2 BASICS PROJECT

- :
- Technical assistance provided to ICC national and sub-national staff ;
  - Country/regional technical assistance;
  - Communication activities in EPI, and advocacy for the house-to-house immunisation;
  - Revision of technical aspects of proposals and other documents.

- :
- Improvement of communication micro-planning;
  - Identification of indicators for communication assessment;
  - Dissemination of existing materials.

BASICS undertook also some capacity building activities (revision of micro-planning, EPI review and communication lessons learned assessment, development of social mobilisation activities, training of

staff and ICC to improve micro-planning and advocacy for house-to-house activities) in the following countries: Cameroon, DRC, Egypt, Ghana, Guinea and Nigeria.

### **5.3 VOICE OF AMERICA (VOA) AND WORLD NET TELEVISION**

- Listeners contests;
  - Radio dramas (Pashto and Dari language);
  - Interactive “Africa Journal” programs;
  - A public internet server, which will offer up-to-date PE project updates;
  - A series of interactive CD-ROM-based training materials for health journalists.
- :
- Involvement of African soccer players in the English and French versions of the public service announcement (PSA). Cassettes and CD-ROM are available.
  - Sending staff reporters from Washington to cover NIDs in polio endemic countries;
  - More soap operas planned.

### **5.4 BBC WORLD SERVICE TRUST:**

Upon the request of the World Health Organisation, two media consultants were sent by the BBC World Service Trust to the Northern Indian states of Uttar Pradesh and Bihar.

co-ordination between different levels, the overemphasis on mass media and poorly designed print media, the very little funding of communication activities and late arrival of funds;

- Some of the reasons for the lack of community participation in AFP surveillance noted by the working groups are related to the community's lack of knowledge on how to report AFP cases, the absence of a clear guidance on community involvement in AFP surveillance, and the lack of incentives to the community in reporting AFP cases.

Following the analysis, the polio partners proposed practical solutions to address the above-mentioned communication issues at the global, regional and country level. Those recommendations were used to update the 2000 Communication Work-Plan.

## **7. Recommendations**

### **7.1 BY THE INFORMATION DISSEMINATION WORKING GROUP**

- 1) Create a comprehensive list serve of communications and health technical people (explore Communications Initiative List Serve).
- 2) Create a list of available tools from all agencies to be updated on an ongoing basis and shared with partners at global, regional and national levels.
- 3) Increase CD-ROM use for tool dissemination.

### **7.2 BY THE AFRICA GROUP**

#### **To improve the quality of communication plans and their implementation:**

- 1) Identify and develop more expertise in communication that can support countries at national and district levels.
- 2) Joint agencies communication technical teams and multi-disciplinary national communication teams to assist with integrated plans/micro-planning, district needs, hard to reach (ref. Field Guides, Handbook);
- 3) August West Africa communication meeting to address use of handbook, plan, country needs, synchronising NIDS;
- 4) Build a cadre of NGO, school of public health, and consultants for joint WHO/UNICEF recruitment.
- 5) Countries to institutionalise communications micro-planning and go beyond the national and district levels.

#### **To improve community participation in AFP surveillance**

- 6) Development of a “key messages sheet” on AFP surveillance (to be included in the NIDs Field Guide) for use by national officers, the community and the media;
- 7) Communication training for dedicated surveillance officers/key informants in priority countries.

#### **To strengthen partners co-ordination at countries level:**

- 8) Have joint agency assessments and technical assistance missions that include UNICEF and WHO representatives, to look at communication in micro planning.
- 9) Follow-up by Ms. Bellamy and Dr. Brundtland during field visits to strengthen partners' co-ordination at country level.

**To improve the dissemination and utilisation of information, tools and lessons learned:**

- 5) Share country strategies and plans (social mobilisation and advocacy group, study tours to show success).
- 6) Improve and share organisations' dissemination plans (Handbook, ARCH, message development, Work Plans, etc.).

**7.3 BY THE ASIA GROUP**

- 1) Ensure systematic inclusion of substantial communication component in all TCGs and other technical meetings. Communication needs to be presented in a scientific manner: case studies, analysis and conclusions for action. Communications staff should be invited to participate in technical meetings.
- 2) Communication annual and mid-year meetings should be attended throughout by EPI/polio technical staff from WHO, UNICEF and CDC.
- 3) Communication annual and mid-year meetings should be attended by regional partners teams. Regional teams should prepare joint presentations in advance, or during initial ½ day working sessions.
- 4) WHO/Geneva should issue guidelines on basic communication questions for assessment, targeted at country epidemiologists, communication and surveillance staff, for country reviews.
- 5) Communication assessment questions should be included in all reviews /assessments / post-NIDs reviews, evaluations, supervisory visits conducted for the overall polio eradication /EPI Programmes. A close working collaboration between medical and communication staff is necessary.
- 6) WHO and UNICEF should issue guidelines for systematic press briefings by their field offices. An advocacy guide produced by WHO already exists, but needs to be simplified and sent out formally to epidemiologists, medical and communication staff.
- 7) EPI managers should be oriented on basic communication processes and approaches.

## Annex 1: Meeting agenda

**Third Mid-Year Consultative Meeting of Polio Partners  
On Communication for Polio Eradication**  
July 5–7, 2000 UNICEF New York

Time	Presentation, presenter/facilitator	Objectives/content	Outcomes
<b><u>Wednesday July 5, 2000</u></b>			
9.00	Tea/Coffee		
9.30-9.45	<b>Opening:</b>	Welcome and introduction of participants	
9.45- 10.00	<b>Key issues to be discussed</b> <b>Meeting rules</b>	To identify and spotlight important issues not included in the current agenda	List of key issues to be discussed/endorsed by end of meeting and for which actions need to be taken
10.00-10.30	<b>Technical update on implementation of PEI</b>	Progress and constraints: issue of target date; outcome of March Geneva Meeting; priority country national plans and strategies; challenges	Participants briefed on big picture of technical PEI progresses and constraints.
10.30-10.40	Tea/coffee break		
10.40-11.30	<b>Review of Communication Activities for PEI - Global Experiences</b> Owens, Silvia Luciani,	Strategies followed and activities implemented at global level including communication strategy around the target date.	Progress highlighted. Major constraints identified. Current key issues in communication spotlighted. Solutions proposed .
11.30 - 12.30	<b>Regional experiences (45 mn)</b>	Strategies and activities implemented at regional level.	Progress highlighted. Constraints identified. Current key issues spotlighted. Solutions proposed .

<b>Time</b>	<b>Presentation, presenter/facilitator</b>	<b>Objectives/content</b>	<b>Outcomes</b>
<b>Lunch Break</b>			
1.30 - 3.30	<b>Country experiences - strengths and needs</b> <i>Sudan</i> <i>Ethiopia</i> <i>Niger</i> <i>India</i>	Country experiences - strengths and needs	Positive and negative experiences from key priority countries shared. Country communication needs identified.
3.30 - 4.30	<b>Current status of Partners' Activities</b> CHANGE, BASICS, VOA, CDC	Achievement, constraints. Specific collaborative efforts needed.	Partners updated on achievements/constraints. Partners to brainstorm suggestions for improvement.
4.30 - 5.30	<b>Specific Issues:</b> <i>Conflict countries</i> <i>Cross-border NIDs and surveillance</i>	Recommendations from studies/meetings; possible strategies for conflict countries/cross border EPI.	Strategies on how to support conflict countries and cross-border NIDs identified.
5.30 - 5.45	Wrap-up		
<b>Thursday July 6, 2000</b>			
	<b>How Are we going to interrupt transmission of polio at country level? Country needs in communication</b>	Situation assessment, problem analysis & brainstorming solutions for identified issues	Joint communication strategy to interrupt polio transmission at country level
10.30 - 10.45	Tea/coffee break		
10.45 - 12.00	(continued)	Consensus on proposed solutions	Specific next steps with responsibilities identified.
12.00-12.45	<b>Polio eradication "Fatigue": causes, strategies and recommendations</b>	Presentation of the results of the small-group discussions set by VOA. Brainstorming for possible solutions	2 to 3 recommendations for addressing polio eradication fatigue
<b>Lunch Break</b>			
14.00-15.15	<b>How to reinforce EPI and provide linkages with other vaccine related initiatives (GAVI)</b>	Updates on GAVI. Brainstorming on how to reinforce EPI and	2 to 3 main strategies on how to reinforce EPI.

<b>Time</b>	<b>Presentation, presenter/facilitator</b>	<b>Objectives/content</b>	<b>Outcomes</b>
		integrate new initiatives.	3 to 5 activities with specific accountable person/orgs. and clear time line to be included in work-plan.
15.15 –17.15	<i>The Feasibility of an Evaluation of Polio Communication Activities</i>	Presentation and discussions on the feasibility of an evaluation of polio communication activities	Next steps and concrete action plan from July to Dec. 2000
17.15 - 17.30	Wrap -up and next day preparations		
<b>Friday 7, 2000</b>			
9.00 – 12.45	<i>Review/Correct 2000 Communication Work-plan</i>	Review/critique/update each work plan strategies and activities. Insert newly identified strategies and activities including newly identified advocacy activities.	Strategies/activities shared. Constraints/solutions shared. Work-plan updated/corrected
<b>Lunch Break</b>			
13.45-15.00	<b>Share key points of the two work Plans</b>	Session for exchanging Asian and African key points of work plan. Make links as necessary.	Participants updated on key points/actions of work plans.
15.00 - 15.15	<i>Wrap-up</i>	Have we met the objectives of the meeting? Did we cover every areas identified at start of meeting?	Next steps
15.30 - 17.30	UNICEF Internal meeting		

## Annex 2: LIST OF PARTICIPANTS

### MID-YEAR CONSULTATIVE MEETING OF POLIO PARTNERS ON COMMUNICATION UNICEF New York, July 5-7, 2000

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