

Role of Marketing in Polio Eradication

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The Global Polio Eradication Initiative adopted by World Health Assembly in 1988 has achieved the status of largest international health effort, operating by now in every country of the world. At the start of eradication programme in 1988 more than 350 000 children were paralyzed by the disease each year, and polio was endemic in more than 125 countries. Since then, tremendous progress has been made and the disease burden has been reduced by more than 99%. With an estimation of saving 5 million people from the crippling disease.

Through polio eradication efforts, a significant investment has been made in strengthening health service delivery systems in many countries. An estimated 10 million health workers and volunteers have been engaged in implementing the necessary polio supplementary immunization activities (SIAs) on a recurring basis, and at least 35 000 well-trained workers have been conducting polio surveillance.

A wide range of workers and volunteers, from both inside and outside the health sector have been employed to deliver the polio vaccine during SIAs and to monitor progress in virtually every area of every country, regardless of the health infrastructure, conflict, geography and/or culture. This approach has required sustained political advocacy and mass community mobilization, together with strong management and supervisory processes.

The Global Polio Eradication Initiative is spearheaded by WHO, UNICEF, Rotary International, and the Centers for Disease Control and Prevention. The consolidated success was remarkable up to the year 2000, reducing the number of cases from hundreds of thousands to just a few hundred. However, for the past 5 years, the situation has not changed much. Number of cases has ranged from 483 to 1951 with no trend towards decline. In the first half of 2006, more cases were reported than in the same period the previous year. This year, nine countries have reported new cases, some of which have not had a case of polio since 2000. Most were imported.

"For polio campaigns to reach every child, state and district-level governments must be committed and engaged. Only then can poliovirus transmission be interrupted." Jong -wook Lee, WHO Director General said.

Lee also put the onus on rich countries to support the eradication drive. "If we don't have sufficient funds, we will have to cancel these critical immunization campaigns and cut back surveillance", he warned. WHO officials say India will be at the top of WHO's list for eradication drive.

This paper builds upon the concept of employing an integrated approach for polio eradication emphasizing the role of marketing by various stakeholders. The potential partners that need to be involved besides government public health infrastructure are employers and businessmen, the media, academia, private health care set up and nonetheless community. Each of them has a specific role to play and thus forms a complex network to coordinate efforts required to overcome both the logistical and cultural challenges in combating polio.

The support of these stakeholders need can be further extended in ensuring routine immunization and promoting other health interventions.

Acronyms used

AFP	Acute flaccid paralysis
DHMT	District Health Management Team
FGD	Focused group discussion
IEC	Information, education and communication
IPV	Inactivated polio vaccine
NID	National Immunization Days
NGO	Non-governmental organization

OPV	Oral poliomyelitis vaccine
SIA	Supplementary immunization activity
SNID	Sub-National Immunization Days
UNICEF	United Nations Children’s Fund
VAPP	Vaccine associated paralytic polio
WHA	World health assembly
WPV	Wild polio virus
WHO	World Health Organization

Introduction

Reducing the number of children affected by polio from 1000 per day to around 4 per day is not a small feat by any standard only if, we hadn’t decided to eradicate polio and, it wasn’t six year since the target for eradication was set. Since the WHA resolution of 1988, globally over USD 4 billion has been spent, more than 10 million volunteers has administered around 10 billion polio doses in hundreds of National and supplementary immunization days (NIDs and SNIDs) across the world. The initial few years in eradication were, undoubtedly, remarkable with countries and continents being freed from the infection and disease. Although, the eradication target of year 2000 could not be achieved, but it was never far from sight till, vaccination activities were stopped in Nigeria in 2003. Situation created by the resulting outbreaks there and, following importation of the wild polio virus (WPV) to other countries changed the eradication scenario, in spite of the many efforts; this spread of polio could still not be halted on time. Even in 2006, some pockets of WPV i.e. one in Moradabad, India and some other in Kano, Nigeria are cause of concern for eradication experts as it is clear now that polio will not be eradicated before year 2007. Back in 1988, no one had envisaged that polio eradication will be this difficult.

The explanation for current outbreak is being given by ‘four year cycle’ of return of polio as even earlier in 1998 and 2002, there were outbreaks. Situation in Nigeria and India are suggestive that it will take at least one year before Polio is eradicated. The hope goes down as the number of cases goes up in 2006 than last 3 year. India has reported the highest number of cases in last 4 years. Much of the debate is going on the strategy followed to eradicate polio out of world.

Methodology

The study was carried out through interviewing of key informants, reviewing of documents and observation. People interviewed included parents, teachers, religious leaders, members of the media, traditional healers and health staff and consultants. A list of questions prepared in English before the study helped guide these interviews. A community based intervention study was also conducted between two rounds of NID covering a population of 200 mothers, who were interviewed to elicit the reasons behind low coverage on NID at booths. A pre-tested, self designed and semi-structured interview schedule along with focused group discussion and health education were used as study tools. The location of the polio booths, local community leaders, school teachers, grocery shop owners and local doctors and Registered Medical Practitioners in the area were identified. The FGDs were conducted in four rounds with these people. The poor response of the households to the previous NIDs was the main concerns of the discussion. Their cooperation was sought for the mobilization of the people on NID.

The eradication strategy used so far and polio

A four pronged strategy of -

- Maintaining high coverage with at least 3 doses of OPV,
- Providing supplemental rounds,
- An effective AFB surveillance mechanism and,
- House to house OPV ‘mop up’ campaigns was envisaged for eradicating polio.

The strategy succeeded in majority of the countries and only a few countries remained endemic to polio by the end of the 2000.

The decision to use oral polio vaccine (OPV) as choice of vaccine for eradication was well debated as despite of the immunological benefits of the IPV, (Foege 2003) it was not operationally feasible or safe to administer Inactivated Polio vaccine (IPV) in resource poor areas where polio was most endemic.

The high level political advocacy and mass mobilization were utilized to the optimum benefit in this program. Simple management tools and strategies besides other management techniques like non monetary incentives were first used to a large extent.

The polio eradication has been a dynamic and lively program where strategies were adapted and modified to various extents, a number of times. Supplementary Immunization (SIA), House to house activities, enhanced surveillance, was included later. Monovalent vaccine, increased supplementary rounds and transit strategies became the part of the program as late as in 2005.

WHO resolution to eradicate the disease had a dramatic impact in the beginning. Starting from 125 countries in 1988, polio continued to disappear from different parts of the world. The Americas were declared polio free in 1994 followed by WHO western pacific region and Europe in 2000 and 2002 respectively. Currently, 4 countries (Nigeria, Afghanistan, Pakistan and India) in three WHO regions are endemic to the disease at present. Nine other countries reported virus in current year till August 2006. There is only one pocket, Moradabad district in UP, India, which is continuously exporting WPV to other countries. There is a funding gap of US\$ 400 million to meet for year 2007-08.

Barriers

Community participation, Advocacy and leadership

The political commitment and societal and financial support were identified as significant factors for the success of the program. Organizations like Rotary international and some developed countries committed the necessary funding. The advocacy, targeted to involve developing countries and societies in the program. Community participation and leadership were instrumental in sustaining the program, involving the volunteers and keeping the coverage high. In the history of public health, no health effort was organized at such a wide scale in so many countries. The importance of these activities was realized when governments of one country refused to conduct vaccination sessions. In Kano, Nigeria, state authorities suspended all SIAs from April 2003 to July 2004, which resulted in decrease in OPV acceptance in all northern Nigerian states. The subsequent importation and re-emergence is still haunting the world and this could not be contained even till now. The resumption of activities there could only be achieved by high level advocacy by federal authorities, external partners and public health officials from affected states. The meetings with religious, political and, traditional leaders were also conducted. Had it not been for advocacy world would have still struggled with polio. India could not mobilize people in some states to bring their children to the polio booth. The coverage of vaccine was low in many parts allowing the circulation of the WPV. The advocacy, community participation and community ownership of the program, where ever it succeeded, can be attributed as key factors for success.

De-motivated Volunteers

Hundreds of thousand people from different walks of the life, both young and old, enthusiastically participated as volunteers, to make mass OPV campaigns a reality. The number of these volunteers is thought to be around 10 million. Can any health program recruit this many extra personnel's to run the program? These volunteers knew the community, their practices and beliefs, the terrain and the language where they worked making work easier and possible.

The recent repeated outbreaks and frequent rounds are not anything favorable for the morale of the volunteers. Program related fatigue is a fact and forgone conclusion now. The decreased

motivation due to failure to eradicate polio may have its toll and If, no corrective measure taken immediately; this situation may adversely affect the quality of immunization and ultimately the eradication program.

Vaccine failure of failure to vaccinate

The failure to eradicate polio started another debate among experts that decision to select OPV as vaccine of choice for eradication was wrong. Reports of occurrence of a number of cases in children who had received more than 4 doses has questioned the efficacy of OPV, in UP and Bihar it has long been more than 90% and under close scrutiny (TJJ IJMR) International agencies i.e. UNICEF found coverage with OPV3 as low as 27% in Bihar, 38% western UP and 45% in eastern UP states of India which are most severely affected by Polio. Recent WHO reports found this coverage to be deteriorated, due to unidentified reasons. The coverage in NID is always reported more than 90% but in present scenario it needs further close monitoring as it is not logical that a vaccine which can be effective in one region can not achieve the same in another.

Questioning vaccine efficacy and herd immunity

Scientifically, an effective vaccine shift the age trends of polio upward and herd immunity ensures that more number of people are protected than actually immunized, which is not happening in India with OPV as two third of cases are continuously occurring in children aged less than 2 years as had always been in the past (TJJ 2006). This doubts the efficacy of the vaccine. The experts also claim that herd immunity is not occurring as continuous less number of being protected by vaccination. In the light of above two observations, there is a need for an immediate and independent survey to be carried out in these areas to ascertain whether it is vaccine failure or failure to vaccinate?

Threats of Importation and re-emergence

Whenever history of polio eradication will be written, ‘The Nigeria experience’ and importation and re-emergence in 21 countries which were earlier free from polio, will find a prominent place. Between September 2002 to July 2005 the type 1 WPV was detected from 21 countries, which were free from polio for long, traveling from one country to another. The number of cases ranged from 1 (Eritrea) to 478 in Yemen. These cases had originated from Nigeria and India. 13 out of 21 these countries, WPV caused repeated outbreaks. 8 of these 13 countries later stopped transmission with a median duration of transmission of 315 days (range 184-743 days). The countries which had succeeded in stoppage of transmission of WPV had median OPV3 coverage of 83% compared with a median coverage of 52% in other 13 countries ($p=0.001$). This experience itself shows that the discussion about ineffectiveness of vaccine is not valid and it is only failure to deliver the vaccine. The response immunization was not initiated within recommended period of 28 days in 6 of the 20 countries. Delay in response prolonged the duration of virus transmission. This should be taken as a lesson for future such event.

OPV versus IPV

Experience in eradication made it clear that use of OPV was associated with VAPP and since the benefit outweighed the risk it was decided to continue the use of OPV till last case of polio is reported from the world. It was thought that OPV use will eradicate polio soon but as the period between eradication has increased and there are estimates of around 200-500 VAPP cases occurring every year. This benefit of OPV appears to have disappeared. The debate is on whether we should let similar number of people be affected by VAPP which we are preventing by vaccinating them. Earlier decision of starting IPV only after stoppage of circulation of WPV needs a re-thinking.

The cost of eradication

Cost benefit analysis is always done before embarking on any health activity including eradication. The cost of polio eradication has reached to USD 4 billion against a USD 2 billion which was thought to be the eradication cost in the beginning. Besides, there is a need of additional USD 400 million in coming 2-3 years for the efforts. This investment would be pale when the world would save 1.5 billion USD annually in post eradication era. The lesson that eradication program should be started with backup from sufficient fund and donors as it might always not be possible to collect enough funds should be well learned. The chronic challenge of fundraising has almost undone the success achieved in Guinea worm eradication is a well known fact. The final push towards global eradication of polio is facing a financial crisis. According to WHO another \$1 billion would be required over the next two years to rid the world of crippling disease. However the Global health watchdog is presently facing shortfall of \$575 million for its polio efforts planned during 2007-2008.

Newer challenge and lessons to be learned

As the program is reaching to the end, the newer challenges are coming up. Namibia posed a threat to the eradication in the beginning of 2006, when 20 cases of polio were reported in Namibia. Unlike most other countries, these cases had occurred in people aged from 14 to 51 years. The challenge is what if by immunizing all the children we prevent childhood polio and cases start to report in adults? A mechanism need to be devised to stop circulation in adult population also.

Secondly, after almost 10 years of running the program in India, myths still continue to exist about the polio in general public. The successive cohorts, especially in endemic areas, do not have sufficient awareness on the polio which is essential for participation and cooperation of the people. The solution may lie in including such efforts in school textbooks and curriculum of all activities to generate awareness and let people be involved in the program.

Reasons for failure to reach Zero polio status in India

Detailed evaluation of surveillance, immunization coverage and sequencing data shows several factors contributed to this situation:

It is very high force of type 1 wild virus transmission amongst infants and toddlers, low vaccine efficacy, quality gaps in SIAs, and favorable environmental, geographical and demographical milieu in western UP. The main problem in Bihar is of poor accessibility due to natural calamity like frequent floods that hamper immunization activities in the state.

Poor Routine Immunization

Although the reported OPV3 coverage, as reported by the Government functionaries in most of the states of India have been better than 90 %, vaccination coverage data from AFP cases that were not caused by poliovirus suggest a deterioration in OPV coverage in the general population of the majority of states with increased polio incidence in 2002, particularly in UP. A coverage evaluation by UNICEF indicates that in UP OPV3 coverage in 1999-2000 was 35%, in 2000-2001, 50% and in 2001-2002 it was only 41%. In Bihar OPV3 coverage in last four years is only between 21-25%. There is also decline in OPV3 coverage from other states reporting polio like in Rajasthan OPV3 coverage in 2002 was only 35%. This is leaving a vast pool of susceptible children.

Poor vaccine acceptance by Muslim Community

Poor acceptance of OPV immunization by Muslim community has further compounded the problem. Although organized resistance seen in 2002 is not seen now, still there are pockets of resistance to OPV immunization in West UP. Recently there were few incidences of attacks on

vaccination teams (Personal communication, Atul Agarwal). Children in western UP from Muslim community have consistently been missed both during SIAs and for routine immunization. Significantly almost 79% of polio cases in 2004 in UP have occurred among Muslim children. In west UP high-risk districts, there is still an immunization gap between Muslim and non-Muslim children. But if we have the look on the statistics of Muslim countries like Pakistan it is not facing the same problem as in India, so the problem does not lie with community, but it may lie in the communication and advocacy.

Failure to Reach All Children

Analysis of immunization status of non-polio AFP cases suggest that virus survived in West UP and central Bihar through low season of 2004 due to gaps in SIA implementation. High-risk districts in transmission areas still have relatively lower immunization status than other areas (although improving). This suggests that hundreds of thousands of children were missed in areas where high population density, a very large birth cohort, and poor sanitation favor poliovirus transmission. One major factor contributing to poor SIA quality in UP was inadequate engagement and involvement of the general community, particularly members of Muslim groups.

Other Reasons

Apart from high poverty and low levels of literacy, certain factors responsible for dissemination of other water born diseases such as, over crowding, poor sanitation and bad hygienic conditions and unavailability of safe drinking water are also operating in UP and Bihar. Additionally, waning media interest, fatigue owing to prolonged repetitive exercises, a dwindling public involvement, and lack of commitment of all sectors of local administration have hampered the progress of this mass-campaign in the most populous and political sensitive states of north India.

Benefits of Polio Eradication

- Millions of children have been protected from polio. When the global eradication goal was set in 1988, over 500,000 cases occurred each year.
- The annual financial savings from polio eradication will be US\$1.5 billion each year. The majority of these will come from stopping vaccination; in addition, spending on medical care and rehabilitation of polio victims will eventually fall to zero.
- Polio eradication revitalizes routine immunization systems. The visibility and popularity of polio immunization campaigns have led political leaders to increase budgets for routine immunization programmes in several countries. Additional training and new cold chain equipment permit health workers to do a better job of immunizing children, leading to improved immunization coverage.
- National Immunization Days are also used to deliver vitamin A supplements to children in 40 countries, primarily in Africa. Vitamin A strengthens a child's immune system, protecting them from infectious diseases, particularly measles. Vitamin A supplements cut deaths among children less than three years of age by one quarter.
- Surveillance systems developed for polio eradication are used to monitor other infectious diseases, particularly measles and neonatal tetanus. Good surveillance systems are the basis for good disease control programmes.
- Following the successful eradication of polio in the Americas, countries in the region began activities to eradicate measles — a major killer of young children in developing countries, killing more than one million children each year.
- The virology laboratory network developed for polio eradication is in the frontline for detecting other emerging infectious diseases such as yellow fever and measles.
- National Immunization Days for polio eradication stimulated Days of Tranquillity — formal truces for immunization — in Afghanistan, DR Congo, El Salvador, the Philippines, Sri

Lanka, Sudan and Tajikistan. Days of Tranquillity for polio eradication were an important step on the path to the peace agreements in El Salvador and the Philippines.

- Polio eradication has created a culture of disease prevention, prompting health workers and politicians to understand the benefits of preventing, rather than treating, disease. National Immunization Days have trained health staff working in the most difficult environments. Successful NIDs in Southern Sudan and Somalia reached villages that had not seen a health worker for 10-20 years, leading to a total rethinking of the outreach strategy for delivering basic health services by international aid organizations.

A Marketing Perspective on Prevention and Health Promotion in case of polio eradication - Marketing, occurs when an organization makes an “offer” to its potential consumers: “Buy and use my product because it will improve your ability to run a profitable business.” The offer is an attempt to induce prospective consumers, whether they are individuals, businesses, schools, nonprofit community-based organizations (NGOs), or government agencies, to purchase (or adopt if no purchase is required) and use (or implement) a product, service, or idea. When potential consumers consider the offer to be more attractive (i.e., to have more benefits, fewer costs, or both) than their other available options (i.e., the competing offers), they are likely to modify their behavior to purchase or adopt that option. Therefore, marketing organizations attempt to create an offer, whether it is a product, a service, or some other bundle of benefits that can successfully compete in at least one segment of the marketplace. If health of society is considered as a self interest subject, much of effort and cost is saved by countries on the whole. Self-interest is a pivotal marketing concept. More than 200 years ago, Adam Smith noted that self-interest is the invisible guiding hand that ensures the efficiency of the marketplace. Smith’s point was that individuals and organizations are usually willing to expend their resources — money, time, and effort — when they believe that doing so will advance their interests to an extent that is commensurate with the investment. Marketers use consumer research to identify the ways in which prospective consumers define their self-interest. Insight gained from consumer research is then used to develop products (possibly requiring an investment in product research and development) and determine how best to price, promote, and distribute the products to maximize the odds of their success in the marketplace. Role of marketing in health care should be to establish health as the first priority in society. Marketing or distribution channels, also referred to as *place* in the *4 P’s of marketing* (product, price, place, and promotion), are defined as “a set of interdependent organizations involved in the process of making a product or service available for use or consumption” and are generally considered by commercial marketers to be the most important element in the marketing mix. Marketing is a population-based behavior management strategy. Public health program managers can use consumer marketing to “manage” the health behaviors of people by providing them with healthier behavior options that are more attractive than other options in the marketplace. There is considerable precedent for the use of consumer marketing in the public health field, which is typically referred to as *social marketing*. If one looks realistically at the major strategy variables of the marketing mix — product, price, promotion, and distribution — the greatest potential for achieving a competitive advantage (in the commercial sector) now lies in distribution. Marketing of health as a product, though conceptual, is much related to the issue of behavioral change and developing need of staying healthy, cost involved in health issues shall be reduced to much extent if the society comes out their shell of ignorance and start taking active participation in vaccination, sanitation, hygiene concepts of their own taking them as their right and first priority to live happily. Success of good marketing is that the consumer himself/herself approaches to demand the product. Similarly applying marketing concepts in health sector shall be considered as successful when society itself comes out to avail and demand health services, when celebrities like Amitabh Bacchan do not have to beg on every NIDs. **David Heymann, the director of the World Health Organization’s Polio Eradication Initiative, highlighted this point: “Coca-Cola, usually cold, can be found in nearly every village**

in. every corner of the globe, no matter how remote". Considerable attention has been paid to marketing channel development for certain disease-prevention products in less-developed countries (e.g., condoms, mosquito netting, hand soap) , yet the current need for developing marketing channels for evidence-based prevention programs in the India is often overlooked. . Government health organizations, health care professional societies, health care quality improvement organizations, and around 10 million voluntary health associations. With a still limited success in eradicating polio and the number of people involved and the expenditure on this particular social marketing drive, we need to keep tracking ourselves on the following:

- Is it justified to continue pursuing the mass to come and get vaccinated?
- Is it economically good to hire celebrities to add up in the pursuing process?
- Is it having the desired effect or are their some negative effects being seen in this context?
- Are we utilizing these resources prudentially?

Marketing approaches and its tools have much to offer the public health community. While discussing on the barriers of eradicating polio, the major problems which can be solved by applying marketing tools are communication (campaigning and advocacy), and motivation of team force. Polio eradication follows two major strategies: routine immunization with oral polio vaccine and mass vaccination campaigns to top off that routine coverage. These strategies are underpinned by networks of medical personnel and laboratories: field medical officers to identify persons with polio through surveillance of acute flaccid paralysis and to support countries in planning and implementation of immunization activities; and laboratories to confirm and analyze the presence of poliovirus. Practices that have worked are: the integration of micro-planning (including community mapping) with the planning of vaccination campaigns; monitoring the performance of vaccination campaigns using pre-established performance indicators; and assessing their impact through surveillance. Effective planning should address advocacy, social mobilization and behavior change communication related to routine immunization, accelerated disease control (including surveillance) and innovations. *Advocacy* focuses on gaining and maintaining the support of decision-makers. Producing an information packet on progress in polio eradication in the country is an example of an advocacy activity. *Social mobilization* aims to gain and maintain the involvement of a broad range of groups and sectors in supporting polio eradication activities. These groups can include private companies and commercial enterprises, other (i.e. non-health) government sectors, nongovernmental organizations (NGOs), and civic groups. Social mobilization also involves informing and motivating the public to participate in immunization activities. Active participation of each unit of any community will help eradicating polio. Marketing health issues shall be more effective then the marketing of the harmful products, concepts. Ignorance shall be removed by awareness and motivation to participate in health campaigns so as to not just eradicating polio but also other diseases.

Some Suggestions to Aid Tracking:-

❖ MAKE ADVOCACY EFFECTIVE:-

.....said a tiger to a lion as they drank besides a pool “tell me why do you roar like a fool?”

“That’s not foolish; they call me KING of all the beasts because I advertise” said the Lion wickedly.

A rabbit heard them talking and ran home like a streak. He thought he would try the lion’s plan, but his roar was a squeak. A fox came to investigate--- and had his lunch in woods.

The moral: When you advertise, be sure you have got the goods!!.....

Advocacy is about winning support of key constituencies in order to influence policies and spending, and bring about social change. Each day we are all bombarded with information from the media, advertisements, meetings, personal conversations and mail. Hundreds of letters, newsletters, documents and briefing papers cross public officials’ desks. Only a fraction of these

will be remembered. You need to find ways to make the message stand out in this onslaught of information, and create a range of advocacy publications, videos and visuals. Information should be presented in accessible, memorable, exciting and eye-catching ways — both in terms of the language and the visual images.

Keep the Written Message Simple

One of the most common mistakes made by first-time advocates is to attempt to communicate too much detailed information. Presentations that may be appropriate for medical audiences are almost certain to put journalists, politicians and donors to sleep. Policy makers need simple messages that clearly and quickly get to the heart of an issue. For advocacy purposes, a few well-crafted facts can be worth hundreds of statistics.

Use Powerful Language

The challenge is to shape messages that use compelling rhetoric and create a sense of urgency. Often there is no need for false alarm or sensation to draw attention to the disease or disaster. The reality of communicable, sometimes incurable, diseases is usually frightening enough. Statistics should be personalized and the problem given a human face. The story of one person suffering from a disease can create a more lasting impact than the fact that there are millions of victims. Try to share real-life stories of mothers, fathers, sons and daughters, nurses, doctors and volunteers who live or work with diseases. This can help non-medical audiences relate to complex medical issues.

Share Something New

We need to find ways to tell our audience something they do not already know; something “new” or fresh. Many people think that polio no longer exists. When you assess your audience, consider what information will be new to them. Often, experts forget that information that is common knowledge among medical colleagues might be new and surprising to others. For example, polio, often forgotten in the developed world, is a killer. A recent outbreak in Angola in 1999 killed more than 50 children. The prevention is the two drops of oral polio vaccine that can be administered by a teacher, policeman or other non medical volunteers. Always be on the look-out for new developments such as new outbreaks, research, newly released data and successful initiatives to control the disease.

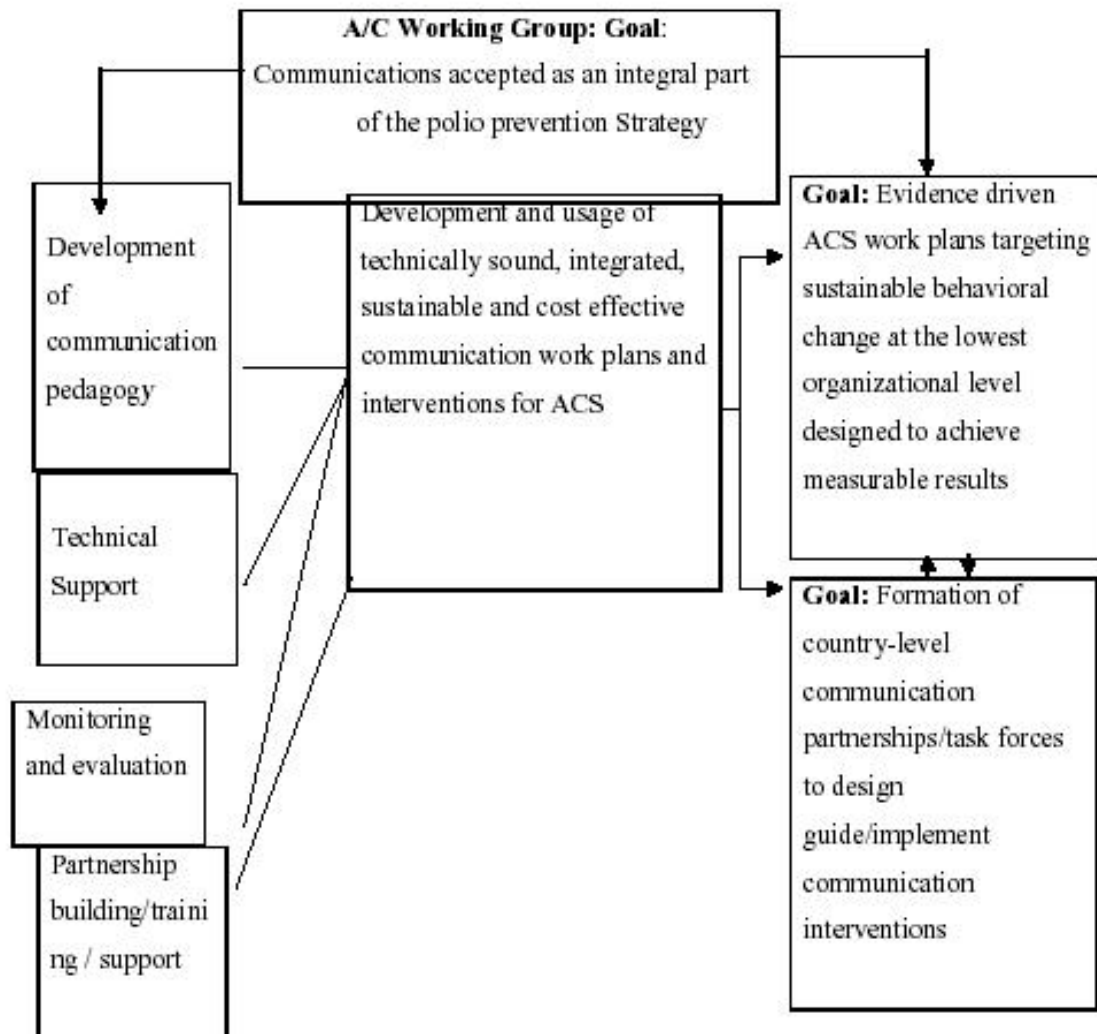
Keep the Visual Message Interesting

It is well-documented that the images people see have a more immediate impact than the words people read or hear. Yet, too often, little effort is made to prepare effective visual content for publications or presentations. When you work on a publication, select or prepare graphs, photographs and illustrations carefully. When you deliver a speech, use slides, posters and other visuals to illustrate — and not just tell — your message to the audience. Videos that feature action as well as interviews will usually be more effective.

Target Your Audience

Some language or rhetoric will be meaningful to one audience but not to another. It is vital to tailor our message so that it is appropriate for the target audience. Typically people listen to a message when it affects them or their concerns. We need to frame the information so that it appears relevant rather than remote. Profile your audience. Research information about their age, gender, specific interests and responsibilities, level of prior knowledge about your subject, and past support for the issue. Advocacy and Communications Teams have interrelated work streams, tools and processes Strategic Communication Initiative towards eradication of polio. A simple diagram here can explain the goals and strategy of the combine efforts of the team-

**Advocacy and Communications Team diagram of interrelated work streams, tools and processes
Strategic Communication Initiative**



❖ **Creata Demand—**

Not many of Indians know the fact that “Article 21 of the Constitution guarantees protection of life and personal liberty by providing that no person shall be deprived of his life or personal liberty except according to the procedure established by law”. Practice of hygiene and sanitation is always a subject of boredom and practiced only when forced upon. Health care is generally not relevant to the needs of every day life and is often neglected. Public health is a "public good", i.e. its benefits cannot be individually enjoyed or computed, but have to be seen in the context of benefits that are enjoyed by the public. In a small study where , 200 mothers were interviewed to elicit the reasons behind low coverage on NID at booths. The baseline information showed that 58.5% of interviewed mothers did not bring their children because they knew that a vaccination team would make house to house visit in the following week. 51.3% parents did not know the exact date of the NID and 47.0% were not aware about the location of the polio booth. This indicates a failure

- To promote participation and genuine involvement of communities in their own health development.
- To make health a priority in all sectors of society.

To bring the concept in the unconscious mind of an individual and motivate the active participation of community –

- Encourage people, to mail items representing polio eradication to government officials to urge them to support the initiative.
- Compile a list of people with polio and think of ways to use this list as a petition, advertisement or display.
- Organize “Did you know?” campaigns to educate the public that polio is still a major health problem, ready to be eradicated.
- Create a local Web site on polio eradication.
- Use the symbols and logos attached to the polio eradication initiative.
- Give public recognition to national spokespersons and ambassadors for the polio eradication initiative.
- Arrange for a celebrity to participate in a National Immunization Day.
- Present petitions to politicians.
- Have a celebrity polio victim spear-head a local attack on polio. S/he can be a Polio Ambassador.
- Arrange an exhibition with photos, maps and graphs in the city town hall or local library to raise awareness about the disease and the status of the eradication efforts.

Target audiences can be internal (employees, board members, committees, and volunteers) or external (population segments, decision-makers, policy-makers, partners, etc.). Target should be to educate the people about any program and improve their participation in the activities and keep them motivated. The IEC campaigns utilizing local resources may be more successful than high profile media campaigns in such underserved and migratory populations. At this stage, incentives like providing advices on family planning, immunization and on daily diet may be considered to bring people to the booths in certain areas where the community turn up to the NID is poor.

❖ **Strategic Role of Media in Pulse Polio Program Promotions**

The mass media is a powerful channel of information to the public. In the recent ‘concepts of need session, the ‘Breadline Britain’ (1993)’ statistics suggested that having audio-visual media/entertainment in the home was something that all families should have.

Large numbers of people have access to information on a whole range of topics, through a variety of mass media activities, which include television (including a cable and satellite channels), radio, computers (in the form of websites, CD-ROMS), local and national newspapers, magazines, books, exhibitions, leaflets and posters. Message of polio can be delivered in a variety of interesting ways with the help of media;

- Advertising by commercial interests of polio vaccination. Promotion of concept of health as a basic right, sometimes supported by leaflets providing more information or reinforcing the message.
- Books, documentaries, articles about health issues; and silently including the importance of being polio free healthy citizens there are magazines about food (what’s good or bad for one) in every newsagent and supermarket, and magazines about fitness for people of all shapes, sizes and sexes as well. Television informs us regularly about health issues such as AIDS/TB/Polio, food scares and pollution.
- Discussions of health issues as a by-product of news items or entertainment programmes. Various soaps have portrayed teenage pregnancy, suicide, road traffic accidents, mental health problems,
- Child abuse, etc. Health issues that are in the news are often developed into documentaries or investigative projects, such as genetic modification of animals, food crops, etc. The concept of vaccination for polio eradication also can be widely discussed so it starts getting socially acceptable issue.

- Covert or incidental messages which may be health or anti-health focused; so we more often now see someone refusing a cigarette; on the other hand, alcohol use and over-use is still portrayed as acceptable and even desirable for successful socializing or business dealing. A patient of polio can be taken as a case to narrate his/her unfortunate story.
- Planned promotion of anti-polio messages. Sometimes no attempt is made to suggest that something could be harmful, or the Advertiser rationalizes the risks in private.
- Sponsorship of vaccination-promoting activities by organizations or commercial companies.
- ❖ **Health promotion training and guidelines:** Training during NIDS, from the central level to the volunteers in the village, should be a necessary strategy in improving both management and service delivery. Workshops to be held for all Social Mobilization Committee member partners including DHMT(District Health Management Team), health workers and volunteer vaccinators on resource mobilization, message dissemination and vaccine handling. Training on communication and social mobilization should include key messages, activities, target groups and the channels and messages to use. The national level should issue additional guidelines on specific issues to support district social mobilization such as guidelines on dealing with rumors and dealing with the media.
- ❖ **Multiple channels of communication:** The promotion of NIDs can be accomplished through a thorough mix of mass media and interpersonal channels e.g. the slogan “Bye- Bye Polio” was chosen to express the need to get rid of the disease for good in Zambia. In terms of mass media, Central board of health/Ministry of health, with support of partners, produced radio and television spots, posters and stickers. In order to differentiate to the target audiences where the varied interventions (of OPV, vitamin A and measles) is to occur, many of the materials announcing specific vaccines can be produced in the vernacular language corresponding to the districts where those vaccines will be given. Radio announcements in local languages can also be used vigorously to target messages to specific groups. Interpersonal channels of NIDs promotion include local leaders, religious leaders, school pupils, drama groups, peer educators and market announcements.
- ❖ **Designing Health communication campaigns for purpose of eradicating polio:**
Framework-
 - **Media components**
 - radio and televisions
 - news programs
 - information programmes, talk shows, interview shows, documentaries
 - entertainment television programmes- radio, soap operas, TV movies
 - celebrity personal appearances
 - fund raising events
 - Print media-news papers, magazines, booklets.
 - Posters
 - feature films
 - radio- discussion, interviews
 - educational films/video
 - special events-contests, awards
 - **Structure of campaigns**
 - setting objectives
 - evaluation research
 - collaborating individuals/groups
 - designs
 - production
 - ongoing operation
 - formative evaluation

- redevelopments
- outcome evaluation
- **Evaluation**
- awareness
- factual information
- attitude
- intention
- behavior
- continued use
- maintenance
- **Collaboration**
- mass media
- government
- preventive health care professionals
- community/advocacy leaders
- media experts and expert organizations
- media trade/professional organizations
- **Context**
- health care system
- schools
- Family
- work place
- government
- community
- **Principles for what works**
- use multiple media
- combine media and interpersonal strategies
- segment audience
- use celebrities to get attention
- provide simple and clear message
- emphasize positive behaviors more than negative consequences
- emphasize current rewards, not distant negative consequences
- involve key power figures and organizations
- take advantage of timings
- use formative evaluation
- ❖ **Role of the school pupils:** School pupils are singled out as having played a major role in NIDs participation. They take messages home to their parents and can disseminate messages in the community through drama, and role plays. Primary-level pupils are more effective in mobilization, while the older high school students can serve as volunteers at immunization posts. Pupils' importance in NIDs is so instrumental to their success that they carry the message to every of their environment easily and they are easily acceptable.
- ❖ **Combating rumors:** Certain rumors that permeate the population hurt the NIDs/SNIDs campaigns and so it is required that additional efforts should be made to educate the population. The most common one is that the polio vaccine causes impotency among the children. Other rumors cited are that the vaccine contained family planning or the HIV virus. When these rumors are surfaced, they are mostly handled at the community level, through intensified health education by outreach workers and door-to-door immunization efforts where feasible. Written guidelines should be distributed to the districts on how to handle the rumors. The central health managers should designated one person to be the spokesperson for all information and make it clear to the provincial, district and health facility managers that all inquiries must be channeled directly to that person for any official comments. The districts

should be subsequently instructed to intensify their interpersonal communication, through door-to-door visits and the use of religious leaders, chiefs and other ‘influence brokers’.

- ❖ **Motivation of health workers (use of volunteers):** Certain districts felt that volunteers were more effective during NIDs than were regular health workers. Health workers often require additional motivation in terms of extra allowances or are reluctant to travel far distances to carry out house-to-house visits. However, volunteers tended to be more willing to work without pay or even to stay overnight at a mobile post when transportation was not available. Medical student volunteers are found to be particularly enthusiastic and reliable and should be continually utilized in subsequent campaigns, especially for such immunizations as measles, where non-trained volunteers are not suitable. Apart from the senior level it shall be recommended the team of volunteers should be routinely changed or rotated, so as to avoid regular lethargic human behavior. Those that opt as volunteers must be motivated in a non-monetary terms in form of certifications etc. Success of this health campaign is much depended on the performance of an aggressive and motivated workforce.

In order to keep motivation of volunteers high, it is important to understand the concept of volunteerism. Volunteers are individuals with unique feelings, motives, and ambitions. Managers need to respect volunteer individuality and keep volunteering rewarding and stimulating.

What inspires people to action? Some volunteers simply get pleasure from volunteering, while others want to work with peers. Some want to further knowledge. Often volunteers learn new job skills. Some volunteer to pass the time.

What motivates them?

Usually behind volunteering is one of the following motivating factors:

- Achievement
- Power
- Affiliation
- Recognition
- Altruism

Volunteer Expectations

A volunteer expects certain things from the organization with which they choose to participate. These include:

- Consideration, patience, courtesy, cooperation
- Clarity, tasks they are capable of performing, relevant information
- Professional treatment, private constructive criticism
- Appreciation, sincerity, recognition, positive work experience

Volunteers appreciate accomplishing tasks competently. This builds confidence. A wise health manager emphasizes tasks that build competency reinforcing learning with positive appraisal.

The Way Ahead

Marketing is considered by some in the public health community to be a major part of public health's problem rather than part of the solution. The concerns about marketing are entirely understandable, because commercial marketing has played a major role in the creation of unhealthy environments (e.g., environments that encourage the consumption of tobacco, alcohol, and excess calories as well as sedentary behaviors). The negative influence of marketing on public health is well documented for certain behaviors (e.g., tobacco, alcohol) and less well documented but widely held for other behaviors and conditions. In short, marketing has negatively influenced community environments. However, we interpret the literature on marketing's harmful contributions to public health as prima facie evidence of marketing's potential to manage behavior and shape community environments, for better or worse. Marketing can be used to enhance or detract from the public's well-being. We believe that the public health community has an obligation as well as a major opportunity to harness the value of marketing in polio eradication program. The eradication program has contributed greatly to a better

understanding of the biological, socio-political and economic complexities of eradication which will immensely benefit for any future eradication effort. The delay in the target has immense potential for the future of public health as once polio is eradicated we will have large number of trained people in public health and eradication matters, a functioning network of laboratories and surveillance system, convinced national governments, managers, improved and efficient health system and thousands of volunteers who would be proud in saying about their contribution to the polio eradication and will be ready to advocate such action and prepare another generation of volunteers, for similar future efforts. The financial benefits will definitely be there.

The traditional 4 stage strategy has done its work and polio is now restricted to a few pockets. It is time that we make necessary modification in the strategy and involve marketing strategies; meet the local needs to finish the job. The potential partners that need to be involved besides government public health infrastructure are employers and businessmen, the media, academia, private health care set up and nonetheless community. Each of them has a specific role to play and thus forms a complex network to coordinate efforts required to overcome both the logistical and cultural challenges in combating polio.

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