

# Advocacy

## A Practical Guide

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with

# Polio

Eradication  
as a Case Study

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## Introduction

# Advocacy – a Practical Guide with Polio Eradication as a Case Study

The Global Polio Eradication Initiative was launched to eradicate polio by the end of the year 2000, and at the same time strengthen health infrastructure.

The initiative has achieved significant progress toward both these goals. Polio is now gone from the Americas and Western Pacific region and showing no trace in Europe. There has been a dramatic decline in cases everywhere in the ten years since the target was set in 1988. Millions of children who would have been paralyzed can still walk. Polio has gone from being a leading cause of disability to a disease that is on the verge of eradication.

At the same time, the polio eradication initiative has achieved lasting benefits that will have an impact on the control of other diseases. Immunization coverage has improved in countries where polio has been eradicated. Other health interventions such as delivery of vitamin A supplements are now included in polio immunization campaigns.

Millions of volunteers and health workers have been trained and mobilized. A global laboratory network has been created. There now exists a unique global partnership for health which includes millions of volunteers, and public and private partners such as Rotary International, UNICEF and other international agencies. The initiative has established access to children who have never been reached before and reached the conscience of political leaders and heads of state all over the world. It has mobilized funds for other activities and created a “culture of disease prevention”. In that sense, it is a platform for strengthening preventive health services and health sector development.

All this would not have been achieved without efficient advocacy. Since its launch in 1988, the Polio Eradication Initiative has grown into the largest ever health initiative. This is largely because of advocacy at the subnational, national and international levels to raise public awareness and participation, political commitment and public and private sector spending.

This guide outlines advocacy activities to build human, financial and political support for the Polio Eradication Initiative as a platform for strengthening preventive health services.

Advocacy is when the Director-General of WHO speaks at global events about health problems. Advocacy is when technical staff provide valuable information and evidence to institutions and organizations about a health challenge. Advocacy is when information is distributed through a variety of channels to target the general public. Advocacy is when lobbyists in the political arena raise awareness about a specific problem. Advocacy is when all members of Rotary International at all levels and on any occasion speak about polio eradication. Advocacy is the beginning and the end of any successful health initiative.

Successful advocates do their homework on an issue and build an interesting case. They organize networks and coalitions to create a groundswell of support that can influence key decision-makers. They work with the media to help communicate the message.

This practical guide outlines four basic steps that are essential for an effective advocacy initiative — documenting the situation, packaging the message, working with the media and mobilizing others. It contains specific examples and ideas, and leaves it up to the user to pick and choose. Obviously, the advocacy strategy varies from target group to target group and from country to country. What works for politicians in Oslo does not necessarily work with health experts in Delhi.

Users of this guide are encouraged to select the parts of this booklet that they find useful, borrow successful ideas from others, adapt these creatively to suit their own environment, be innovative, positive and active.

**Advocacy is about winning support of key constituencies in order to influence policies and spending, and bring about social change.**

## Basic Rules of an Advocate

- Start by assuming the best of others.
- Plan for small wins.
- Do your homework and document your findings.
- Take the high ground.
- Be passionate and persistent.
- Be willing to compromise.
- Be opportunistic and creative.
- Don't be intimidated.
- Keep a focus on the issues.
- Make it local and keep it relevant.

Taken from Public Health Advocacy: Creating Community Change to Improve Health, Stanford Center for Research in Disease Prevention

## The Global Polio Eradication Initiative

In 1988, the World Health Assembly — the governing body for the World Health Organization — set a target for WHO to eradicate polio from the world by the end of the year 2000. This followed the eradication of smallpox and successful eradication of polio in the Americas which showed that this was technically feasible.

Polio is one of the diseases that can be eradicated. Eradication is more than just bringing the number of cases to zero. Eradicating polio means that polioviruses will be wiped off the face of the earth and that vaccination will no longer be necessary. Smallpox is the only disease that has been eradicated to date.

WHO is leading the global polio eradication initiative. Based on the successful work in the Americas, the basic strategies are:

1. **Routine immunization programmes** to immunize a high percentage of infants against polio and other childhood killers. High levels of immunization reduce the incidence of disease and make eradication feasible.
2. **National Immunization Days (NIDs)** in every polio-endemic country. NIDs deliver two extra doses of oral polio vaccine (OPV) to all children less than 5 years of age (including those who have already been vaccinated) in as short a time as possible. NIDs boost the immunity of the population to extremely high levels, stopping spread of the poliovirus. NIDs are repeated until a country is free of polio. Vaccine Vial Monitors (VVM) ensure that the vaccine is kept potent even under the most difficult circumstances.
3. **Acute Flaccid Paralysis (AFP) surveillance** in all countries where polio is or has recently been endemic. AFP surveillance detects and investigates cases of paralysis in children less than 15 years of age. Specimens are tested in a network of accredited laboratories to determine if poliovirus is the cause of the paralysis. AFP surveillance data are used to monitor progress, to identify areas where the virus persists despite NIDs, and to carry out targeted activities.
4. **Mop-up immunization campaigns** in high-risk areas. During mopping-up, vaccine is delivered house to house to over 1 million children in very large areas to ensure that all children are vaccinated. Effective mopping-up campaigns interrupt the final chains of transmission of poliovirus.

To support the eradication activities of Ministries of Health, an extensive partner coalition has been established. In addition to WHO, the partners include UNICEF, Rotary International, the Centers for Disease Control and Prevention (USA), the United Nations Foundation, the Gates Foundation, and the governments of Denmark (Danida), Germany, Japan (JICA), the United Kingdom (DFID), and the United States of America (USAID). Among other countries, the

governments of Australia, Belgium, Canada, Finland, Italy and Norway have provided significant financial support.

Since 1988, NIDs have been conducted in 117 countries with as many as 470 million children immunized each year. This is more than three-quarters of the world's children under 5 years of age. As a result, the number of polio cases reported has declined by 85 percent. Polio is gone from the Americas, Europe, the former Soviet Union, China and the countries of the Western Pacific. Polio is now concentrated in South Asia (Afghanistan, Bangladesh, India, Nepal and Pakistan), West and Central Africa (especially Angola, the Democratic Republic of the Congo and Nigeria) and the Horn of Africa.

With the target date less than two years away, the eradication initiative is now in the "home stretch" with activities being accelerated.

The major challenges are to interrupt poliovirus transmission in reservoir and conflict countries. In reservoir countries, poliovirus transmission is particularly intense because of large populations, high birth rates, overcrowding, poor sanitation and poorly functioning immunization systems, in at least some areas of the country. The reservoir countries include Bangladesh, India, Pakistan, Nigeria, Ethiopia and DR Congo.

Immunizing children where there is armed conflict requires truces to be negotiated wherever possible. These include Afghanistan, Angola, DR Congo, Liberia, Sierra Leone, Somalia and Sudan.

Operational challenges can be overcome. The major challenge is to mobilize funds and political will to finish the job, particularly when the number of cases becomes so small as to seem insignificant. If the eradication initiative stops prematurely, the disease will return with a vengeance.

## Major Milestones in Polio Eradication

### 1999

- Secretary-General Kofi Anan actively participates in negotiating truces for polio immunization in DR Congo.
- World Health Assembly resolution to accelerate the global polio eradication initiative is unanimously endorsed.
- A large outbreak occurs in Angola with more than 1,000 cases and over 50 deaths. De Beers becomes a global partner in the initiative and offers US\$ 2.7 million to support the polio eradication initiative in Angola.
- Dr Gro Harlem Brundtland, Director-General of WHO, vaccinates children during a National Immunization Day in Côte d'Ivoire.
- 6.5 million children are vaccinated during house-to-house immunizations in Pakistan.

### 1998

- An estimated 470 million children under age 5 are immunized during National Immunization Days.
- 134 million children are immunized on one single day in India.
- National Immunization Days are conducted for the first time in Somalia and southern Sudan.

### 1997

- Over 250 million children are vaccinated during National Immunization Days held simultaneously in China, India, Bhutan, Pakistan, Bangladesh, Thailand, Vietnam, Myanmar, Maldives and Nepal.
- The last case of polio in the Western Pacific Region is found on 19 March in Cambodia.

## 1996

- Nelson Mandela officially launches the Kick Polio out of Africa campaign.
- A large outbreak of polio occurs in Albania (which had been free of wild poliovirus for 18 years) and spreads to neighbouring countries.
- The last case of polio is found in China.

## 1995

- Ceasefires are negotiated in Afghanistan to allow children to be immunized during National Immunization Days.

## 1994

- The Americas are certified polio-free by the International Commission for the Certification of Polio Eradication.

## 1992-1993

- An outbreak in the Netherlands, among a group that refuses to be immunized for religious reasons, proves that imported poliovirus still constitutes a threat wherever immunity levels are low. The virus spreads to Canada.

## 1991

- The last case of polio occurs in the Americas in September.

## 1990

- WHO, UNICEF, partner organizations and Heads of State of many countries reaffirm their commitment to the eradication of polio at the World Summit for Children.
- The universal childhood immunization initiative achieves its goal of 80 percent childhood immunization coverage world-wide.

## 1988

- The World Health Assembly passes a resolution to eradicate polio by the year 2000.
- Rotary International announces that it has raised US\$ 247 million for polio eradication, exceeding its original goal.

## 1986

- Rotary International launches a campaign to raise US\$ 120 million to fight polio, which provides the necessary impetus to begin the polio eradication initiative.

## 1985

- The Pan American Health Organization makes a resolution to eradicate polio from the Americas.

## Chapter 1

# Documenting the Situation

Reliable information lays the foundation for successful advocacy. Without credible research documenting the severity of the problem and the effectiveness of the proposed solution, it is difficult to sustain an advocacy campaign.

The most persuasive facts are those that are relevant to your audience. For example, the public and politicians in India or Nigeria will care more about the progress made in eradicating polio in their own country than about the situation globally.

When planning any advocacy efforts, a first step is to assess how you will obtain the facts about the situation in your own country as well as its policies and priorities in terms of international development aid.

You might need to:

- Show the severity of the situation or worsening trend in your own country or in the country for which you want to raise awareness or funding.
- Show the achievements of the polio eradication initiative — globally, regionally and nationally.
- Make National Immunization Days and other immunization activities relevant to important constituencies.
- Document current spending on the disease.
- Identify a polio victim in your country.
- Show that polio eradication makes economic sense.
- Demonstrate that the polio eradication strategy is feasible to reach the goal.
- Note the benefits of polio eradication to health sector development and infrastructure building.
- Demonstrate the consequences of inaction.

The Internet is one of the quickest ways to locate information on the polio eradication situation and policies/priorities of your national government. The World Health Organization, UNICEF, the U.S. Centers for Disease Control and Prevention, and Rotary International are other good sources.

### Useful Web Sites

WHO Polio Eradication Initiative  
via <http://www.vaccines.who.int/>

United Nations Children's Emergency Fund  
<http://www.unicef.org/>

Rotary International  
<http://www.rotary.org/>

The US Centers for Disease Control and Prevention  
<http://www.cdc.gov/>

United Nations Foundation  
<http://www.unfoundation.org/>

#### WHO Regional Offices

African Region — <http://www.whoafr.org/>

American Region — <http://www.paho.org/>

European Region — <http://www.who.dk/>

Eastern Mediterranean Region — <http://www.who.sci.eg/>

South-East Asia Region — <http://www.whosea.org/>

Western Pacific Region — <http://www.who.org.ph/>

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### Facts About Immunization

- Immunization is the right of every child. Every child should be immunized at least against polio, whooping cough, tetanus, diphtheria, measles, hepatitis B and tuberculosis during their first year of life.
- Vaccination is the most cost-effective health intervention in the world. It prevents death and disability from infectious diseases at very low cost.
- Additional effective vaccines are available and used in some countries to protect children against meningitis, hepatitis A, German measles (rubella), rotavirus, yellow fever, and certain types of encephalitis.
- Polio eradication and immunization contributes to the alleviation of poverty.
- Pregnant women in developing countries should be immunized to protect their babies against neonatal tetanus. Each year, 600,000 new-born babies die of neonatal tetanus.
- Since 1990, eighty percent of babies born each year are vaccinated against polio, diphtheria, pertussis, measles and TB.
- More than 95 percent of babies born in China are vaccinated.
- Only 50 percent of babies born in Africa are vaccinated. In many countries, it is far less.
- Measles kills more than 1 million children each year, more than any other vaccine-preventable disease. Half of them are from Africa.
- The cost of fully vaccinating a child in a developing country is approximately US\$15.

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### Facts About Polio

- Polio is a highly infectious disease caused by three closely related viruses — types 1, 2, and 3. Poliovirus is excreted in stools and spreads rapidly from one person to another.
- Polio mainly affects children under three years of age.
- There is no cure for polio: its effects are irreversible.
- A few drops of oral polio vaccine can prevent polio. A minimum of four doses are needed; extra doses are necessary in tropical, developing countries.
- Polio can cause paralysis in a matter of hours. It enters the brain and spinal cord and destroys the cells that cause muscles to contract.
- Between 10 and 20 million people alive today are paralyzed as a result of polio.
- One in every 200 children infected with the virus becomes paralyzed; any infected child can infect other children.
- Five to ten percent of polio cases will die, usually from paralysis of the muscles used for breathing.
- The first polio vaccine was developed in 1955 as an injectable vaccine prepared from killed poliovirus (Salk's vaccine). The oral polio vaccine which is being used to eradicate polio was developed in the early 1960s (Sabin's vaccine).
- Some survivors of polio are now developing post-polio syndrome as their non-paralyzed muscles and nerves start to deteriorate from overuse. Post-polio syndrome is not caused by persistent infection with the poliovirus.

## Why Is OPV Used for Polio Eradication?

OPV is the only vaccine used for polio eradication because of its superior ability to stop the spread of poliovirus and protect populations against the disease. OPV has the additional advantages of being of low cost (US\$0.08 per dose) and permitting the use of volunteer vaccinators in immunization campaigns.

OPV — Oral Polio Vaccine — was developed by Dr Albert Sabin and came into general use in the early 1960s. OPV contains live, attenuated polioviruses, meaning that they have lost their ability to cause disease. OPV is given by mouth. Either medical personnel or volunteers with minimal training can easily and safely administer a dose of OPV — 2 drops. OPV produces antibodies both in the blood and in the intestines. The antibodies in the blood protect against disease while the antibodies in the intestine limit the multiplication of poliovirus. Because it prevents poliovirus from being excreted in the stools, OPV protects the population against polio by limiting the spread of polioviruses. OPV has one rare, but important, side effect. It can cause polio, the disease it was designed to prevent. One case of vaccine-associated paralytic polio occurs for every three million doses of vaccine distributed. Cases of vaccine-associated polio can occur in either the vaccinee or in persons in close contact with the vaccinee.

IPV is used in a number of industrialized countries where there has been no polio for many years and the perceived risk of polio being imported back into the country is smaller than the perceived risk of vaccine-associated polio. IPV was the first polio vaccine, developed by Dr Jonas Salk in 1954. IPV is an inactivated polio vaccine, prepared from polioviruses killed with formaldehyde. Because it is administered by injection with sterile needles and syringes, IPV must be given by trained medical personnel. IPV produces antibodies in the blood, which prevent the poliovirus from entering the nervous system and causing paralysis. IPV provides a high degree of protection to individuals. The only significant side effects of IPV are very rare reactions occurring in persons who are allergic to antibiotics used in the production of the vaccine.

## What is Disease Surveillance and Why is it so Important?

Disease surveillance is the collection and analysis of reports on cases of disease of public health importance occurring within a country or specified geographic area. A specific system, called acute flaccid paralysis (AFP) surveillance, is used for polio eradication. Physicians and other health care professionals are required to report all cases of acute (new onset) flaccid (floppy) paralysis occurring in persons under 15 years of age.

For some diseases, surveillance systems require that only the number of cases be reported. However, individual reports are needed on each case of rare or important diseases. Because AFP is both rare and important, teams of specially trained investigators visit the paralyzed child to record a complete history of the illness, conduct a physical examination and to collect laboratory specimens. Two stool specimens are collected from each AFP case and are transported to a virology laboratory capable of determining if poliovirus is causing the paralysis. In order to keep the virus alive, specimens must be kept cold during transport to the laboratory, a process known as the reverse cold chain. WHO has created a network of 144 accredited laboratories around the world to process these specimens. Epidemiologists link field data with laboratory results to plot the location of polio cases on maps and analyse the age, ethnic group, vaccination status and other characteristics of cases. These analyses identify geographic areas and/or populations where poliovirus continues to circulate, which are then targeted for mopping-up immunization to break the final chains of poliovirus transmission.

A well functioning AFP surveillance system will detect at least one case of AFP each year for every 100,000 children less than 15 years of age. Although polio is the most common cause of acute flaccid paralysis, there are many other conditions that cause AFP. After polio, the most common are Guillian-Barre syndrome, transverse myelitis and traumatic neuritis.

Beyond its use for polio eradication, AFP surveillance is used to stimulate the improvement of routine disease surveillance — particularly useful for measles, tetanus and other diseases that can be prevented by immunization. The polio laboratory network is providing the foundation for laboratory networks for measles and yellow fever and serves as the first line of detection for emerging infections in developing countries.

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## Major Polio Outbreaks and Their Causes

- **Angola** (1999) — 1054 cases. Children from rural areas outside government control are not immunized. Fighting forced their families into crowded slums with poor sanitation and inadequate water supply.
- **India** (1997) — 800 cases. Religious minority not reached by public information campaign. Children remained unvaccinated because women from conservative religious groups were unable to leave their home without a male relative.
- **Albania** (1996) — 138 cases. Poor quality vaccine and inadequate refrigeration of vaccine in prior decades provided inadequate immunity for many teenagers and adults.
- **Zaire** (1995) — 448 cases. Collapse of the health system left 80 percent of children unvaccinated.
- **Pakistan** (1995) — 70 cases. Routine immunization programme deteriorated after international aid decreased, leaving many infants unvaccinated and unprotected.
- **Chechnya** (1995) — 146 cases. All immunization stopped because of a combination of distrust, civil war and political opposition.
- **Uzbekistan** (1993) — 74 cases. Country ran out of vaccine during a period of economic and political crisis.
- **The Netherlands** (1992) — 71 cases. Religious group refused immunization for its children despite a prior polio outbreak in 1978.
- **Bulgaria** (1991) — 43 cases. Fall of the government led gypsy families to believe that vaccination was no longer required or necessary.
- **China** (1989-1990) — 10,000+ cases. Many children born outside the family planning programme were not registered and remained unvaccinated.

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## Facts About the Cost of Polio Eradication

- A single dose of oral polio vaccine costs US\$ 0.08.
- The average cost of vaccinating a child with two doses of OPV during a National Immunization Day is US\$ 1.00. This includes the costs of social mobilization, training, and transportation, plus ice and equipment to keep the vaccine cold.
- The cost of vaccinating a child during National Immunization Days in countries affected by conflict is two to three times higher than in other countries.
- In the Americas, countries paid 80 percent of polio eradication costs.
- In China and Indonesia, 90-95 percent of polio eradication costs were covered by the countries.
- In countries affected by conflict, the international community covers the majority of costs of eradication activities. The country covers some of the in-kind costs of transport and personnel.
- The total cost of polio eradication from 1999 until the end of the year 2005 is estimated to be US\$ 1.25 billion.
- The total funding shortfall is US\$ 500 million.
- The annual direct savings of polio eradication once immunization stops will be US\$ 1.5 billion per year.
- Rotary International raised US\$ 247 million in private funds in 1988 to eradicate polio. By the end of the initiative, its contribution will be more than US\$ 500 million.

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## Western Countries and Their Direct Annual Savings After Polio Eradication

Country	Savings in US\$ Millions	Country	Savings in US\$ Millions
Austria	2.7	The Netherlands	12.7
Finland	2.6	Spain	13.9
France	59.3	Sweden	4.9
Germany	31.4	United Kingdom	22.8
Italy	20.2	United States	23.0

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## 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.

## Success Stories About Polio Eradication

- **Cambodia, Vietnam** — AFP surveillance identifies children living in houseboats on the Mekong River as the final reservoir of poliovirus in the Western Pacific. A boat-to-boat immunization campaign reaches 2 million children, effectively ending poliovirus transmission in the Western Pacific Region.
- **China** — Following the epidemics in 1989-1990 with more than 10,000 cases, China conducts its first National Immunization Day in 1994, reaching 82 million children over two days. Polio is gone from China by 1996.
- **India** — India conducts its first National Immunization day, reaching 85 million children under three years of age in a single day in January 1996. In 1998 and 1999, India immunizes 134 million children under 5 years of age in a single day, with a massive social mobilization campaign led by Rotary International.
- **Iran** — During its first NID in 1995, Iran mobilizes 500,000 youth volunteers to carry vaccine to every house in the country. Ten million children are vaccinated on a single day.
- **Kick Polio Out of Africa** — With the patronage of Nelson Mandela, 27 African countries coordinate their National Immunization Days to free Africa from the poliovirus. 74 million children are targeted and 60 million children reached in 1996.
- **MECACAR** — 18 countries from the Middle East, Caucasus and Central Asia, some at war, some old enemies, all now united with a single goal — conduct coordinated NIDs from 1995-1998, reaching 60 million children.
- **Pakistan** — Improving surveillance in Pakistan demonstrates concentrations of unvaccinated children in Sindh province. 6.5 million children are reached in a house-to-house immunization campaign.
- **Peru, Columbia** — Polio cases are identified in 1991 in the slums of Cartagena, Columbia and among migratory workers from Peru. House-to-house immunization campaigns vaccinate 4 million children. The final chain of poliovirus is interrupted leading to the certification of eradication in the Americas.
- **Somalia** — The people are so tired of fighting and so eager to have their children vaccinated that village leaders banned weapons from villages on the days of the NIDs and de-mined roads to give access to vaccination teams. 1.4 million children are immunized in 1998.
- **Sudan** — NIDs are organized in Southern Sudan by Operation Lifeline Sudan, UNICEF and WHO. Vaccine and ice are airlifted into areas too remote and dangerous to be reached overland. Health workers walk for up to five days to vaccinate children in villages that have not seen a health worker for 20 years. 800,000 children are immunized in 1998 and 1999. Vaccine Vial Monitors ensure that the vaccine remains potent even out of the cold chain.

## Chapter 2

# Packaging the Message

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.

**"No one ever bored somebody into taking up a cause."**

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.

In the box at the right are examples of different ways to communicate the same data. The "poor" example fails because it tries to communicate too much technical information. The "effective" example succeeds because it makes data relevant to policy makers.

#### Poor

Mass immunization campaigns, so-called National Immunization Days, are reaching 470 million children a year with oral polio vaccine. This is estimated to be around two-thirds of the world's population under 5 that have been reached resulting in a drop of reported cases from 35,000 to 5,108 in January 1999. It is the two drops of OPV that guarantee that the child is protected throughout his or her life.

#### Effective

As a result of mass immunization campaigns that reach hundreds of millions of children, the number of polio cases worldwide has fallen by almost 85 percent in 10 years — from 35,000 to 5,000 cases in 1999. Just a few vaccine drops protect a child for life from this paralyzing disease.

### 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. A new disease such as Ebola — even though it affects a few hundred people — generates more media and political interest than diseases which affect millions but have been around for hundreds of years. 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.

**I hear, I forget**  
**I see, I remember**  
**I experience, I understand**

Chinese proverb

## 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 (see box next page).

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.

# Targeting Advocacy Messages to Different Audiences

Audience	Potential Concerns	Possible Messages
<b>Decision makers/politicians</b> <ul style="list-style-type: none"> <li>President/Prime Minister</li> <li>Minister of Health</li> <li>Minister of Planning</li> <li>Minister of Finance</li> <li>Local administration</li> <li>Parliament and Congress</li> </ul>	<ul style="list-style-type: none"> <li>Budgetary implications</li> <li>Public opinion</li> <li>Opportunity to show leadership and take credit for success</li> <li>The liabilities of inaction</li> </ul>	<ul style="list-style-type: none"> <li>Immunization is the most cost-effective health intervention.</li> <li>Polio eradication will save the world US\$1.5 billion annually.</li> <li>Immunization is the right of every child.</li> <li>Polio eradication is establishing access to children who have never been reached before.</li> <li>So long as polio exists, every child is at risk.</li> </ul>
<b>Donors</b> <ul style="list-style-type: none"> <li>Foundations</li> <li>Bilateral agencies (e.g. SIDA, USAID, DFID, JICA)</li> <li>Multilateral agencies (e.g. World Bank)</li> </ul>	<ul style="list-style-type: none"> <li>Ability to produce and document results</li> <li>Cost-effectiveness of an intervention</li> <li>Feasibility of integrating strategy with existing initiatives</li> <li>Sustainability of project</li> <li>Potential domestic benefits of foreign aid</li> </ul>	
<b>Journalists</b> <ul style="list-style-type: none"> <li>Health reporters</li> <li>Foreign correspondents</li> <li>Editors</li> <li>Feature writers</li> <li>Columnists</li> <li>Economics/labour reporters</li> <li>Women's issues reporters</li> </ul>	<ul style="list-style-type: none"> <li>News value and timing</li> <li>Potential "CBS" (Controversy, Big names or Sensation)</li> <li>Has the story been told before?</li> <li>Are there good visuals and spokespersons?</li> </ul>	<ul style="list-style-type: none"> <li>Key messages will depend on the outlet. For example, highlight the economic benefits for a financial publication.</li> <li>Feature stories on the success of the eradication initiative and the people who deliver and benefit from it.</li> <li>News stories on outbreaks, trends, National Immunization Days, cease-fires.</li> <li>Human interest stories about volunteers delivering vaccine.</li> </ul>
<b>NGOs</b> <ul style="list-style-type: none"> <li>Relief organizations</li> <li>Development organizations</li> <li>Human rights organizations</li> <li>Children's organizations</li> <li>Practitioner's organizations</li> </ul>	<ul style="list-style-type: none"> <li>Donor and membership support</li> <li>Impact on beneficiaries</li> <li>How message fits with mission statement</li> <li>Common agendas and shared visions</li> <li>Potential to play a unique role</li> </ul>	<ul style="list-style-type: none"> <li>Polio eradication depends on mobilizing communities.</li> <li>Your constituents can help</li> <li>Help build local infrastructure to improve the health of your constituents.</li> </ul>
<b>Health Practitioners</b> <ul style="list-style-type: none"> <li>Public and private sector health workers</li> <li>Medical associations</li> <li>Research, academic institutions</li> </ul>	<ul style="list-style-type: none"> <li>Feasibility of eradication</li> <li>Opportunities to use new research and innovations</li> <li>Financial and legal implications for one's work</li> </ul>	<ul style="list-style-type: none"> <li>The polio eradication strategy works.</li> <li>Polio eradication helps build health infrastructure, putting surveillance systems in place and training health staff.</li> <li>Polio eradication is strengthening immunization and other preventive health services.</li> </ul>
<b>Corporations and Industry</b> <ul style="list-style-type: none"> <li>Multinationals</li> <li>Local businesses</li> <li>Labor organizations</li> </ul>	<ul style="list-style-type: none"> <li>Impact on workforce</li> <li>Impact on markets</li> <li>Cause-related marketing potential</li> </ul>	<ul style="list-style-type: none"> <li>Polio eradication is a good and measurable social investment.</li> <li>There is no such thing as a local health problem.</li> <li>Your investment can help the local community.</li> <li>Investing in polio eradication offers good exposure in local markets.</li> <li>Helping tackle problems in poor countries can make good business sense.</li> <li>Polio eradication is a priority programme in countries where you work.</li> <li>Poliovirus can be imported into a country in a matter of hours.</li> <li>The savings from polio eradication can be used for other purposes.</li> </ul>
<b>General Public</b> Issues popular with the public find their way on to the political agenda and a groundswell of public opinion can have a strong influence on governments	<ul style="list-style-type: none"> <li>Personal level of risk</li> <li>Response of government/health authorities to protect the public</li> <li>A moral duty to help others</li> </ul>	

# 10

## Tips to Producing Effective Advocacy Publications

- Determine who you need to reach and why.
- Keep it simple. Don't let several messages compete for your audience's attention. Remember, you only have a few seconds to catch their attention.
- If you are asking someone to take action (donate money, write a letter, make a phone call), make it very clear how their action will have impact.
- Highlight the "human" aspect of the issue you're presenting. If an audience feels connected to or affected by the issue they will be more willing to take action.
- The design will speak louder than words. Use compelling photographs, an unusual size or format, or some other novel feature.
- If you need to present technical or scientific data, present it in laymen's terms.
- Don't assume that a publication needs to be glossy. Simple may be more effective.
- Too much information can overload the reader. A lengthy publication is not usually as effective as a concise, targeted one.
- If your publication is regular, brand it with a logo, stamp or regular features.
- If you invest a great deal of resources in researching and writing a publication, invest sufficient resources to ensure it is well-designed and extensively distributed.

# 10

## Qualities of Effective Advocacy Publications

### Effective

visual  
 innovative, creative  
 well-ordered  
 clean  
 simple  
 entertaining  
 surprising, unusual  
 focused  
 concise  
 presents a compelling story

### Ineffective

full of text  
 commonplace, boring  
 confusing, unclear  
 cluttered  
 technical  
 dull  
 predictable  
 too many messages  
 wordy  
 presents lots of information

## Useful Advocacy Sources on Polio Eradication and Immunization

### WWW

A lot of information on immunization and polio eradication can be downloaded from the homepages of the WHO Department for Vaccines and Biologicals.

A list of all documents available can be found at <http://www.who.int/gpv-documents/> and the polio web site can be found at <http://www.vaccines.who.int/>

### Documents

Information and communications materials can be requested by contacting: WHO/Vaccines and Biologicals Department, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland, telephone number 0041 22 791 4374 or fax number 0041 22 791 4192.

### Newsletter

Polio News — A newsletter published quarterly by WHO/EPI, Geneva. New readers can subscribe by contacting WHO/V&B, Documentation Center, 20 Avenue Appia, CH-1211 Geneva 27, Switzerland or by e-mail: [polioepi@who.ch](mailto:polioepi@who.ch)

### CD-rom

A CD-rom containing useful information about the Global Polio Eradication Initiative, including a photolibrary, can be obtained by contacting Polio Eradication, EPI/Vaccines and Biologicals, WHO, CH-1211 Geneva 27, Switzerland, telephone number 0041 22 791 21 11, fax number 0041 22 791 41 92 or e-mail [polioepi@who.ch](mailto:polioepi@who.ch).

## 10 Differences Between Scientific and Advocacy Communication

### Science

- Detailed explanations are useful.
- Extensive qualifications can be necessary for scholarly credibility.
- Technical language can add greater clarity and precision.
- Several points can be made in a single research paper.
- Be objective and unbiased.
- Build your case gradually before presenting conclusions.
- Supporting evidence is vital.
- Hastily prepared research and presentations can be discredited.
- The fact that a famous celebrity supports your research may be irrelevant.
- Many in the field believe that scientific truth is objective.

### Advocacy

- Simplification is preferable.
- Extensive qualifications can blur your message.
- Technical jargon confuses people.
- Restricted number of messages is essential.
- Present a passionate compelling argument based on fact.
- State your conclusions first, then support them.
- Too many facts and figures can overwhelm the audience.
- Quick, but accurate, preparation and action are often necessary to take advantage of opportunities.
- The fact that a famous celebrity supports your cause may be of great benefit.
- Many in the field believe that political truth is subjective.

## Chapter 3

# Working with the Media

The media is probably the most influential advocacy vehicle that you have. It plays a key role in mobilizing public support and setting the political agenda.

Media vary considerably in different countries. In some countries, all outlets are government run. In others, international media are more politically influential than local media.

It helps to be familiar with the newspapers, magazines, television and radio outlets in your city or country before preparing a media strategy.

There are a number of practical steps in media relations that can dramatically increase your chances of gaining greater media coverage. Competition for media space is intense. Getting the basics right is essential.

**“If you don’t exist in the media, for all practical purposes, you don’t exist.”**

## Contacting the Media

Initially you need to develop good and frequent contacts to the media. If you never have been in touch with the media before, you could start with the local newspaper or radio station. All newspapers contain contact information. This information is usually found on the same page every day and usually gives names of editors and journalists, e-mail addresses and telephone and fax numbers of the news sections and of the switchboard. It is suggested that the first contact be a telephone call.

Small newspapers will usually not have more than a few journalists to cover multiple areas. Bigger newspapers will have journalists assigned for major areas which can make it a bit difficult to identify the right contact for your story. For pure health stories you can ask the switchboard for the science or health reporter. Also, think of other creative ways to present your story. A health story could have a business angle or a national policy twist, which could be of interest to the journalist covering these areas.

To facilitate your initial contact to the media it is worthwhile noting the name of journalists that are covering stories similar to or in the area of the ones you would like to tell. Start by collecting articles and clippings and you will soon discover that there is a pattern and that the same journalists always cover specific themes. You might also be able to map out the angles of interests of each journalist and learn their way of presenting the news. Upon your first contact to the journalist you can refer to other articles he or she has written and you might stand a better chance of catching their attention.

## Announcements or Advisories

Advisories are used — along with phone calls — to alert journalists to a media event or news conference. An advisory should give all of the basic information on the purpose, date, time, location, and speakers at an event. A good advisory should also build some anticipation concerning the news that will be announced. A strong headline helps. Write the advisory and fax or mail it to the news editor/health writer approximately ten days before your event.

## News Releases

Journalists receive hundreds of news releases each day. For your release to get noticed, the headline and first paragraph must catch their attention. You should spend as much time getting these just right as you would preparing the rest of the news release. (See page 23 for a checklist on preparing effective news releases.) You can either issue a release in advance of, and embargoed until, the date of your news story, or you can issue it on the day of a news event/conference. News releases should be faxed or mailed to news editors, health writers and other contacts you know are interested in covering your story.

## Sample News Releases



Press Release WHO/43  
20 August 1999

### POLIO VACCINATION CAMPAIGN REACHES OVER 80% OF CHILDREN UNDER FIVE IN WAR-TORN DR CONGO

Despite fighting and electricity cuts in a country the size of western Europe, the campaign to vaccinate children against polio in the Democratic Republic of Congo (DRC) successfully reached 8.2 million of the country's 10 million children under five.

Over 75,000 volunteer vaccinators delivered poliovaccine to children over a three-day period (13-15 August) in the first of three rounds of National Immunization Days in DRC. Fighting stopped in nine-tenths of the country to allow the campaign to go ahead following the intervention of the UN Secretary-General Mr Kofi Annan, urging all sides to comply with truces for polio immunization...



Press Release WHO/38  
7 July 1999

### NEW PARTNERS JOIN MAJOR OFFENSIVE TO RID THE WORLD OF POLIO IN 18 MONTHS

Faced with the massive polio outbreak in Angola, new partners have joined forces with United Nations agencies to ensure the success of the campaign to rid the world of the crippling disease by the end of the year 2000. Polio would be the second disease ever to be eradicated after smallpox.

At London's National Portrait Gallery (July 7), the world-renowned British photographer Lord Snowdon and the diamond mining and trading company De Beers joined WHO and UNICEF at a press conference to launch the final assault on polio and commit the disease for the history books forever...

## Check List for Preparing an Effective News Release

### Content

- Make sure the headline and first paragraph are powerful and newsworthy. The most important information should be in the first paragraph.
- Use the pyramid principle to order information, most important at the top, becoming more general for background.
- Aim to use a direct quote within the first three paragraphs of the news release.
- Use quotes to bring the issue to life and express strong opinions.
- Include the five Ws:
  - WHAT is happening?
  - WHEN is it happening?
  - WHERE is it happening?
  - WHO is saying it?
  - WHY is it important?
- Attach a fact sheet or background briefing material, rather than make the news release too long or cluttered.

### Style

- Use short sentences of 25 to 30 words.
- Use paragraphs containing only two or three sentences.
- Try to keep the release to one or two pages.
- Use a simple, punchy news style.
- Avoid jargon.
- Avoid lots of adjectives and adverbs.
- Use active rather than indirect verbs to tell the story with force and urgency (e.g., write: WHO's Director-General declared war on polio today. Don't write: Today, war was declared on polio by WHO's Director-General).
- Proof-read the release carefully!

## 10 Ideas for Photo Opportunities

- Take journalists to visit a health center or clinic.
- Have a celebrity, politician or sports star administer vaccine to children.
- Arrange for high-level political representatives to visit polio endemic countries.
- Have celebrities/politicians/partners kick a football with the slogan "Kick Polio Out of Africa".
- Show photographs of children living with polio.
- Publicize outbreaks.
- Have the mayor of your town sign a proclamation calling for increased support and public awareness.
- Use a large clock to show the countdown to global polio eradication or stage a photocall at well-known clocks in central locations.
- Launch fund-raising initiatives.
- Photograph the last polio cases from different regions.

## Layout

- ❑ Put the date and release details at the top of the page. State if it is EMBARGOED FOR RELEASE at a specific time and date, or is FOR IMMEDIATE RELEASE.
- ❑ At the end of the news release put END or — 30 — or \* \* \* to indicate the final page of the release. Follow this with contact names and numbers for more information.

## Calls to Journalists

Once you have sent an advisory or news release, it is imperative to call journalists to make sure that they have received it or that the right journalist has it. Often you will be asked to resend the release. Sometimes it will be to another journalist or bureau.

When you call a busy journalist in a large city, you may have only 30 seconds to gain his or her interest in a story. To be successful, you need to get quickly to the point of your story or event -- the headline and first paragraph of your news release. Keep the information simple and do not overwhelm them with too much information.

Try to avoid calling when journalists are facing deadlines. Make sure you know something about the publication or programme that you are calling and who reads or watches it. An editor can sense immediately if you have never read their publication or watched their programme and may not see you as a credible source of news.

## Feature Stories

Feature stories are usually longer than news stories. They go into greater depth on how an issue affects people — providing what is known as “human interest”. In magazines, they can span several pages and be accompanied by pictures. On television, they can be hour-long programmes.

For some publications you will need to write up your idea in a two-page story proposal which you send to the (features) editor who will ask a journalist to write it. Your proposal should provide an outline of the story and list interesting people who could be interviewed. The newer, more unusual, significant or dramatic the story, the better. For example, a journalist will be more interested in an unreported story about an outbreak in a school than just general data about a disease. You need to do some research yourself before handing the story over to a journalist to follow up.

## Writing for the Media

Most media are interested in the opinion of their readers – their target audience. They usually accept pieces of opinion on most topics. Some papers favour printing follow up letters and reader feedback on their own stories. Others favour feedback on actualities. Others again favour an exchange of readers' points of view on issues raised by other readers. Start by mapping the line used by the local/national newspaper you wish to target. This enables you to shape your message and input in a way that makes it more likely to be accepted.

## Features

Some publications may want you to write the story yourself as the ‘expert’. You can telephone/fax the editor and offer a piece on a particular subject. Make sure you agree on the number of words and who is the target audience (for example do they have a technical background or not). Always write with the audience in mind.

## Opinion Pieces

Most newspapers print opinion-editorials (op-eds) or guest columns. An op-ed is an expression of opinion rather than a statement of news/fact. Although style varies according to different countries, an op-ed tends to be lively, provocative and sometimes controversial. It is a very effective way

International Herald Tribune on 21 May 1999

**Surmount the Doubts and Rid the World of Polio**  
**By Gro Harlem Brundtland and Carol Bellamy**

The eradication of smallpox remains one of the most significant health achievements of the 20th century. A disease which had haunted mankind throughout history was put on the defensive and finally defeated. The international community effectively demonstrated that scientific progress, broad mobilization and strong partnerships could produce tangible results.

Twenty months from now we may be able to add another breakthrough to this record. The drive to eradicate polio from the world by the end of the year 2000 is one of the most phenomenal initiatives ever undertaken, delivering a powerful vaccine to three-quarters of the world's children each year, and forging unprecedented partnerships and international cooperation in the interests of our children.

In the 10 years since the World Health Organization's resolution to eradicate polio, the number of cases of this paralyzing disease has fallen by 90 percent to 5,000; the Americas have been declared polio-free, and polio is gone from Europe (except Turkey) and China. Last year, mass campaigns involving 10 million volunteers reached over 450 million children in almost 100 countries. Already through extraordinary displays of international cooperation and human fortitude, we have overcome some of the greatest hurdles. In 1995, 18 countries of the Middle East, Caucasus and the Central Asian Republics set aside their political and territorial struggles to come together and immunize 56 million children, repeated annually ever since.

In countries at war, immunization has stimulated truces, helping both peace process and eradication effort. Last month, following our request for assistance, the UN Secretary-General secured preliminary assurances from conflicting parties in DR Congo that they would observe "Days of Tranquillity" to immunize 10 million children.

Health workers on horseback, camel, motorcycle and foot carried vaccine to children in remote mountains, marshland and refugee camps. On a single day last year, 134 million children were immunized in India.

Behind this effort is a unique partnership which unites heads of state from polio-endemic countries, government agencies, private industry, foundations, celebrities, members of the UN family, most prominently UNICEF and the World Health Organization. A unique aspect of the partnership has been the role of Rotary International which has funded vast quantities of vaccine. Its volunteers throughout the world have helped organize national immunization days, staffed health stations and given drops to children.

The Global Polio Eradication Initiative is on the "home stretch". Now in its final stages, it will bring an end to this disease forever and in many ways it represents a new beginning.

The gift from the 20th to the 21st century extends far beyond a polio-free world. The economic, peace and health dividends are enormous. We gain access to vulnerable populations otherwise cut off from health services. We build a "culture of prevention" and strengthened health infrastructure necessary for tackling other epidemics — such as HIV/AIDS, malaria, tuberculosis, and tobacco addiction. We are building a partnership that can be mobilized for future health initiatives.

The biggest challenge of all is to reach children in war-torn countries like DR Congo, Angola and Sierra Leone and in the major "reservoirs" of poliovirus like India and Pakistan, Bangladesh and Ethiopia. Political commitment in polio-endemic countries, "Days of Tranquillity" for polio vaccination, and huge "mop-up" operations involving door-to-door delivery of vaccines, will be critical.

Investing in the "home stretch" could yield high returns. Eradication of smallpox saved the world US\$ 2 billion in annual immunization costs. If we do away with polio we can add another US\$ 1.5 billion to the list. We need an additional US\$ 370 million and we are working hard with our partners to raise this money. The pressure is on us. Wild poliovirus — fast, efficient and powerful — will be opportunistic about any slow-down in our efforts.

The first and last steps of this initiative are the hardest. During the final phase of smallpox eradication, there were those who said it would not happen. Faced with the possibility of not meeting the target, Indira Gandhi appealed to her country's sense of national pride. She said it could be done and it was. Within 12 months, smallpox was gone from India.

Today we stand at the same juncture. Let us set aside today's doubts and turn this dream into a reality so that our grandchildren can read in the history books of a disease that was eradicated in our lifetime.

**The writers are Director-General of the World Health Organization  
and Executive Director of the United Nations Children's Fund**

to register concern about a disease to policy makers and to inform communities about why they should care about controlling the disease.

Op-eds are usually around 1,000 words. It is best to call the newspaper first to request their guidelines for submitting an op-ed and to convince them of the importance of your issue. Speak to the editor of smaller local newspapers for this information; on larger international newspapers, there will be an editor responsible for op-eds to whom you should talk.

### Letters to the Editor

Newspapers and magazines have a “letters page” that gives readers the opportunity to express their view or correct previously published information they feel to be inaccurate or misleading. Letters are widely read and provide an excellent opportunity to promote a cause and/or organization.

Letters should be short and concise. Those over 500 words are unlikely to be published. Remember that editors can and will edit your letter. Short letters of no more than 100 words can be very effective. A letter should aim to make one main point and to end on a challenging note, with a call to action.

Make sure you refer to your organization. Letters can be signed by a number of signatories, representing various organizations or interests, which may increase their impact.

Write the letter and fax or deliver it to the newspaper with your details so that the editor can contact you for clarification if necessary. If a letter is responding to an article carried in a daily newspaper, it is important to fax or deliver it to the paper within a couple of days.

### Planning Media Events

Facing the journalists is often a very effective and efficient way to get your message across in multiple media. But be absolutely certain that you have a news item big enough to call upon the journalists’ personal attendance. It might take the participation of a celebrity, a minister or an artist to get the attention of the journalists.

If the event is big and you are trying to attract international media, you may wish to hire a public relations consultant. There are a number of well-known international agencies operational all over the world. To make your selection it is worth contacting colleagues in other organizations and private companies with communications expertise for their recommendations. It is important to define the terms of reference and be very clear what you wish the consultant to undertake. Then ask several consultants to prepare a proposal with an outline of how they will meet your objectives, at what cost and in what timeframe. Be clear who in the company will be your contact and who will be carrying out the work. It is sometimes advisable to agree that you will write press materials (as you know your subject) and the consultant will be responsible for printing, distribution and follow-up with journalists. You should aim to work closely with a consultant for the best results.

### News Conferences

A news conference can be a very effective way to announce a news story — a major new strategy or initiative in your organization — to journalists. Speakers take the platform in a venue and make presentations after which journalists can ask questions. This is a tried and tested formula which, if you follow the rules (see checklist on pages 27-28), can make life easy for journalists and for you.

Be sure that your story warrants holding a news conference as they can take a lot of time to organize and it can be disheartening if few people attend. In some cases, you may find you can achieve the same results by handling the story from your office. For this, you need to send journalists your news release and briefing materials which are embargoed until the date of publication. These should give information about who is available for interview and how to reach them.

## Check List for an Effective News Conference

### Reason

- A big, newsworthy story.
- New information relating to a big story being followed by the media.
- A statement on a controversial issue.
- Participation of high profile speakers or celebrities.
- Release of important new findings or research data.
- Launch of a major new initiative.
- Announcement of something of local importance.

### Location and Set-up

- A central well-known location, convenient for journalists, and appropriate to the event.
- Avoid large rooms that give the appearance that few people attended.
- Make sure the noise level of the room is low.
- Reserve space at the back of the room for television cameras, possibly on a raised platform.
- Reserve a quiet room for radio interviews following the news conference.
- Ensure light and sound systems are in working order.
- If possible, have fax, phone and e-mail capability available.
- Make sure there is a podium and a table long enough for all spokespeople to sit behind.
- Consider displaying large visuals, such as graphs, logos or charts.
- Prepare a "sign-in" sheet for journalists.
- Determine if you wish to serve coffee and tea, or light snacks, following the event.

### Timing

- Hold event in the morning of a work day so that reporters can meet deadlines.
- Check that you are not competing with other important news events the same day.
- Start the event on time — avoid keeping journalists waiting.
- If you distribute material prior to a news event, use an embargo to prevent journalists from publishing before the event. Or wait until the event to release information to create an element of suspense.

### Possible Materials

- News release.
- List of news conference participants.
- Executive summary of report.
- Case studies and stories.
- Fact sheets and graphs.
- Biography and photos of speakers, and copies of speeches.
- Pictures (colour transparencies/black and white photographs).
- B-roll (broadcast quality video background footage).
- Consider putting all of the printed materials together into one "press kit".

### Inviting Journalists

- Keep an up-to-date mailing list or database of journalists.
- Make sure you know who the health and social affairs correspondents are.
- Monitor which journalists are reporting on health.
- Focus on getting the most influential media to attend.
- Remember to invite international and foreign media.
- Get your event in journalists' diaries seven to 10 days before the event.

- Always make a follow-up call to check that the right journalist has received the information.
- Build interest and anticipation for the event without giving out the story.
- Consider providing general, background briefings to important journalists prior to the event, without disclosing to them the details of your news story.
- Consider offering “exclusive” angles on the story to key media.

### Preparing Speakers

- Select appropriate speakers.
- Select strong speakers who are charismatic, articulate and authoritative.
- Brief speakers carefully on the main message of the event.
- Prepare speakers in advance on how to answer difficult questions.
- Try to hold a meeting to brief all speakers before the event.
- Ideally, each speaker should present for only three or four minutes.
- Have each speaker make different points, while still focusing on the main message.
- Make sure that each makes one or two important points.
- Keep speeches short and simple aimed at a general audience and avoid technical jargon.
- Select a moderator who will manage questions from the floor after the presentation.
- Encourage lots of questions. Keep answers short. Reiterate main messages and do not introduce new issues.

### Follow-up

- Within a few hours of the conclusion of the news conference, fax or deliver information to important journalists who were unable to attend.
- Make sure the switchboard of your organization is advised on where to direct follow-up calls from journalists.
- Gather news clippings of the coverage that results from the news conference and distribute this to important coalition partners and policy makers. A good source is the Internet.

## Press Briefings

If journalists — who cover hundreds of stories and may know next to nothing about the particular topic — are to produce informative accurate stories, they need to be properly briefed. Consider organizing an informal press briefing that also serves to build good relations with journalists. For example, invite half a dozen selected journalists to attend a briefing at your offices in advance of a particular public event or news release. Brief them on key developments and issues relating to the topic and your organization's relevant work and policy. You may want to conduct this as a breakfast meeting or provide refreshments. It is a good idea to have clear briefing material, such as advocacy publications or fact sheets, to distribute. If you attend an important national or international conference, you may wish to brief journalists in your community about important developments on your return.

## Editorial Meetings

In some countries, newspapers may invite you, as a policy expert, to give an “editorial briefing” at their offices. These provide an excellent opportunity to gain the editorial support of a newspaper which, in turn, can be very influential in shaping political decisions. Profile the kinds of editorials/columns/leader articles that appear in the paper and the position they tend to take, particularly in relation to health care issues. Arrive armed with facts and figures that are relevant to the newspaper's audience. Make a persuasive argument to the editor that his/her readers should be concerned about polio, for example. Be ready to answer any questions the editor might have. After the meeting, research and provide the information s/he requests. If you travel to a meeting, you may wish to contact specific newspapers to say you are in town, representing your organization on a particular issue, and suggest you come to their offices to give a briefing.

## Photo Opportunities

Television news and magazines need good pictures or visuals in order to report on a story. When you plan a media strategy, think about what images they need and how you will supply these. Look at the images in your local newspapers/publications for ideas. You may want to hire a photographer to take pictures and then distribute them to selected publications. You may also want to prepare a so-called video news release (VNR). This is basically a news report which broadcasters can use and contains footage of, e.g. polio victims, interviews with experts and pictures that illustrate your news story. Or, you can arrange a “photo opportunity” for photographers and television news people to take pictures themselves. To announce the photo opportunity, send an advisory to the (picture) editor that gives the “Who, What, When and Where” of the event.

## 10

### Important International Media

The following are 10 of the most important media that have global influence. Sometimes your story will have regional or national but not international significance. But other times, an outbreak, a National Immunization Day or break-through may be of international importance, and you should check to see if there are correspondents from these media located in your city who you can contact.

- AFP (Agence France Presse)
- AP (Associated Press)
- BBC (British Broadcasting System)
- CNN (Cable News Network)
- The Economist
- FT (Financial Times)
- International Herald Tribune
- New York Times
- Reuters
- The Washington Post

## Interviewing for the Media

When an organization publicizes a story, it needs to have a number of spokespeople available to interview who are familiar with both their material and the basic rules of interviewing. It is very important for them to be well-prepared. It is important for spokespeople to be familiar with the show, programme or publication they are to talk to.

Profile the audience and have in mind a typical viewer/listener/reader. In the case of TV or radio, find out who else is appearing, ask whether the show is live or pre-recorded, and if the audience will be calling in to ask questions. Anticipate the questions you may be asked ; prepare a Question and Answer sheet (Q&A) — and practice your answers.

### Phone-Ins/Discussion or Talk Shows

Radio or television phone-ins, discussion and talk shows are a good way to put a point across live and unedited. Talk show producers are always in search of new guests who can talk with authority on issues that concern their viewers and listeners. It is a good idea to research programmes and make contact suggesting yourself, your director or even a whole panel of speakers with different perspectives on the topic. Contact phone-in programmes to establish when health issues are scheduled. Make suggestions for topics and angles to discuss. Mobilize your supporters to phone in. When you call a phone-in, strict first-come, first-served rotation applies, so hang on and you will be answered. Never read your contribution, as it will sound stilted and people will stop listening. Aim to make two or three points succinctly and remember to mention your organization.

### Access Programmes

In some countries, broadcasters air what are known as access programmes. For example, in the UK, charities and NGOs can promote an issue or cause in a three-minute piece to camera known as a Public Service Announcement (PSA) or Community Service Announcement (CSA), broadcast in primetime on regional television after the regional news. Contact your local TV station to see if they broadcast access programmes.

## 10

## Television Interview Tips

- Focus on getting one main message across in the interview. Come back to your main message again and again.
- Don't be afraid to turn around irrelevant questions and come back to your main point. Don't allow the interviewer to side-track you from your main message.
- Don't use jargon or highly technical medical language. Don't try to make too many complex points. Keep your answers simple.
- Be yourself. Rely on the strong points of your own character.
- Be enthusiastic about the subject. People will often remember the level of your passion and authority more than what you specifically say.
- Look at the interviewer when talking to him or her. If there is an audience, look at them when appropriate.
- You don't have to know the answers to all questions.
- Don't allow yourself to become defensive or angry.
- Ask the producer what you should wear.
- Sit up straight and lean forward slightly.

## 10

## Soundbites

When you have only a few seconds in front of a microphone or in a meeting, you need to use memorable phrases — soundbites — that will stay with your audience long after you have left. The best soundbites get to the heart of the problem without lengthy qualified explanations. Broadcast producers can't resist them, and listeners and viewers remember them. The soundbite should capture and communicate the one key message you want to leave with the audience, if they remember nothing else. Try to repeat the soundbite at least once during an interview with the media.

- Immunization is the most cost-effective health intervention.
- Immunization is the right of every child.
- Immunization alleviates poverty.
- Polio eradication is the platform for better health services.
- Polio eradication is a historical event — eradication has only been achieved once before with smallpox.
- The Polio Eradication Initiative will save US\$ 1.5 billion annually once polio is eradicated.
- So long as a child infected with polio exists, children everywhere are at risk.
- Polio eradication is getting access to children who have never received any other health care.
- Polio eradication promotes peace.
- We can deliver the gift of a polio-free world to the children of the 21st century.

## Chapter 4

# Mobilizing Others

Successful advocates recognize the importance of forming alliances and coalitions with other organizations and individuals to amplify their message. The more people who deliver the same message, the more difficult it will be for policy makers to ignore. For example, a Minister of Health can easily dismiss a specific funding request when it is only being made by a National Programme. However, it is much more difficult to dismiss the same request when community organizations, religious leaders and other government officials are also making it.

There is strength in diversity, as well as strength in numbers. The most powerful coalitions often contain members who do not appear to have a personal vested interest in the issue.

In most countries, there should be two objectives for mobilizing new partners. First, to help advocate for the project — raise awareness. The second objective of “social mobilization” is to increase funding. The budgets of government agencies rarely change unless external political conditions require them to do so. Health budgets and development assistance budgets are no exception. Until an array of vocal NGOs, associations, unions and religious organizations emerges demanding action and support, the health problem will continue to be a “low priority” for most of the world’s governments.

Advocates employ several ways to attempt to increase their capacity to address such neglect. Sometimes they use “insider” strategies that discreetly approach people and build relationships behind-the-scenes. At other times, it is more effective to use “outsider” strategies — the media, public meetings — to encourage community leaders to take the necessary action.

### Building Coalitions

NGOs representing high-risk groups such as children, refugees, women, and population in war torn countries are natural partners in a lot of situations. They must be convinced that supporting the efforts will directly benefit their own constituencies.

Coalitions are not built overnight. The best strategy is to identify a few key partners who can help provide a nucleus, and then gradually find ways to involve new partners. National Immunization Days and the activities surrounding these national events provides one of the best opportunities for conducting workshops and activities designed to bring new advocates on board.

### Advocacy Campaigns

People tend to become involved in causes that they see making a real difference, and that offer easy — yet fulfilling — ways to participate. A good immunization campaign should excite, impassion and energize others to feel that progress can be made in the eradication of polio and the control other vaccine preventable diseases. And it should give people something practical to do.

### Raising Funds

Implementation of an effective strategy, vaccines, social mobilization activities, surveillance, advocacy and research all require adequate financial resources. More than anything else, advocacy efforts determine whether those devoted to a particular cause can attract the necessary resources to achieve their goals.

Where there is political will to address an issue, flow of resources is rarely a problem.

In 1984, Robert McNamara suggested that the agreements on immunization should lead us to seek US\$ 100 million in external funds each year for the global programme. Most people argued that such funds were unrealistic...McNamara was correct and within three years no one would have settled any longer with US\$ 100 million per year.

## Steps to Involve a New Partner

- Prioritize your target list. Who can help you the most? Whom do you have the best access to? Who is most likely to support your cause given their involvement in other issues?
- Research your top targets. What role have they played in other issues? Who influences them? Do you have any mutual acquaintances? What are their personal interests?
- Determine what you want. Even before making contact, have a clear idea of what you would like your “partner” to do. However, be prepared to completely revise your request should they show interest in another area.
- Develop your presentation. Gather the relevant facts and information to make your case. Determine the most persuasive way to present this information.
- Make contact. Introduce yourself and your organization by phone or letter, or preferably both. Don’t try to gain support at this stage. The primary objective should be only to arrange a personal meeting.
- Make your visit. Keep the meeting up-beat and friendly, but get to the point. Listen carefully to the partner’s interests. Explore those issues that seem to interest and excite. Ask for his or her support in a specific area. At the end of the meeting, make clear what next steps you will take to follow up on any concerns, ideas or areas of interest.
- Make follow-up visits. Find legitimate ways to follow up on your original conversation and keep informing your partner about the issue. Start to build a relationship.
- Use other ways to reinforce your visit. Find other opportunities to ensure your potential supporter is being asked to consider the specific issue. For example, letters from other organizations or questions from journalists might encourage them to take a stand.
- Identify a “first step” activity. In most cases, your first request should be an activity that is easy to undertake.
- Be generous in your thanks, and ask for further involvement.

## 10

## Ideas for Polio Eradication Support Campaigns

- Encourage thousands of 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.

## 10

## Tips for Effective Presentations

- Keep to your time limit and allow time for questions. This is a critical opportunity to keep your audience engaged and excited about the topic.
- Check out the physical set-up of the room before speaking. Note the room size, acoustics, microphone and audio-visual set-up.
- Focus your presentation on one or two main messages. Repeat these main messages in different ways again and again.
- Don't turn your presentation into a recitation of facts and data. Your main message could be lost if you bombard your audience with too much information.
- Practice! The more comfortable you are with the presentation, the more dynamic you will be. Practice giving your presentation before a colleague who can offer comments on how to improve your delivery.
- Make a good first impression. Memorize the first part of your presentation, and be confident.
- Make eye contact with your audience. Change your pace, tone, and hand gestures at key points to make an impact.
- Use powerful visual aids to emphasize main points. One well-planned photograph or chart can be worth a thousand words.
- Make sure overheads or slides can be quickly understood. Avoid complex graphs, small type and lots of words. As a rule of thumb, print no more than 50 words on any visual. Be sure everything can be clearly read from the back of the room.
- Your enthusiasm and concern about the issue will often be remembered more than the words you say.

## Steps to Building Support from Policy Makers

- Examine the policy maker's history of involvement in other health issues. Note individuals and institutions that seem to have some influence, and the type of initiatives they have previously supported.
- Use a number of different communications channels to reach important policy makers. "Insiders," such as the policy maker's staff, friends and associates can help, as can "outsiders" such as the media and influential organizations.
- Make sure the social and political relevance of your message is clear. Demonstrate that there is public interest in eradicating polio.
- Clearly articulate the urgency of accelerating the initiative.
- Clearly articulate the effectiveness of the eradication strategy. Provide economic data supporting the cost-effectiveness of the intervention.
- Allude to the potential political benefits of showing leadership on an issue and the potential political consequences of failing to take action.
- Recognize the bureaucratic, budgetary and administrative constraints that exist in governments.
- Beware of the influence conflicting special interests may have on the issue.
- Suggest specific, practical action that a policy maker should take.
- Once communication channels are opened, remain proactive. Maintain regular communication.

## 10

## Principles for Successful Coalitions

- Choose unifying issues.
- Understand and respect institutional self-interest.
- Agree to disagree.
- Play to the center with tactics.
- Recognize that contributions from member organizations will vary.
- Structure decision-making carefully based on level of contribution.
- Clarify decision-making procedures.
- Help organizations to achieve their self-interest.
- Achieve significant victories.
- Distribute credit fairly.

Taken from *Organizing for Social Change* (Washington, DC: Seven Locks Press) 1991.

## 10

## Tips for Writing Letters to Government Officials

- A letter to a government official is often read and is a good way to raise an issue.
- Keep it concise and focus on a single issue.
- Make your argument in a well-reasoned way and support it with relevant data, statistics and powerful real-life stories.
- Be clear about what you want.
- Ask for a specific action — a visit to an National Immunization Day; a presentation or a hearing; an allocation of funds.
- Be positive and conciliatory in your first communication and avoid harsh criticism.
- Request information about the official's ability to respond; it may be that you need to be referred to somebody else.
- Request a direct response and follow up the letter with a telephone call.
- Encourage others to join you in a letter-writing campaign.
- Share any responses you receive with others.

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