Communication Strategy

2024 update

Together. In our lifetime.
We will eliminate yellow fever epidemics.
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Overview of the EYE Strategy

Background

The major yellow fever outbreaks in Angola and the Democratic Republic of Congo in 2016, and the resulting public health crises, created the need for a comprehensive, updated, and scaled-up strategy to eliminate yellow fever epidemics. The resurgence of the disease has been a result of several factors, including:

- Populations with low levels of immunity against yellow fever
- Urbanization
- Population mobility
- Climate change
- Resurgence of the Aedes aegypti mosquito globally.

For any control strategy to succeed, it needs to be supported by a practical and holistic communication strategy. This communication strategy addresses both the information and advocacy needs of the EYE partnership, and public-facing communications, as expected with major public health strategies.

When working with multiple organizations towards a common goal, it is imperative there is a clear and unified voice. This document aims to address that important need.

Additional information on yellow fever can be accessed here. To contact the EYE Secretariat, please email EYE.Strategy@who.int

The Global EYE Strategy 2017 – 2026

The EYE strategy has three strategic objectives:

- Protect at risk populations
- Contain outbreaks rapidly
- Prevent international spread
And five competencies of success:

- Affordable vaccines and sustained vaccine market
- Strong political commitment at global, regional and country levels
- High level governance with long-term partnerships
- Synergies with other health programmes and sectors
- Research and development for better tools and practices

The full EYE Strategy can be read here

The EYE partnership exists to provide global oversight, whilst effectively supporting and coordinating local efforts to detect and prevent yellow fever outbreaks.

To date, the partnership has developed and led the EYE Strategy by:

1. Establishing a governance structure for the participating organizations, regions, and countries (see Appendix A - Governance Structure).
2. Developing tools, protocols, and procedures for delivering the strategy, as well as for responding to emergencies.
3. Updating and communicating with all stakeholders about EYE’s work and results.

The EYE communication strategy is a guide for internal and external communication activities that support the EYE partnership’s vision of eliminating yellow fever epidemics by 2026.

It is the role of the EYE partnership to deliver both the EYE Strategy and the communication strategy. Some of the key organizations comprising the EYE partnership are the World Health Organization (WHO), Gavi, the Vaccine Alliance, UNICEF, US Centers for Disease Control (CDC) and the Bill and Melinda Gates Foundation.

**EYE Strategy mid-term evaluation**

In 2022, an independent mid-term evaluation of the EYE Strategy was undertaken to:

1. Document key achievements, best practices, challenges, gaps, and areas for improvement in the design and implementation of the Strategy;
2. Identify the key contextual factors and changes that are affecting yellow fever spread and transmission risk profile, and influencing programme implementation; and
3. Make recommendations, as appropriate, on the way forward to improve performance and implementation, and to ensure sustainability in the future beyond 2026.
The full mid-term evaluation can be accessed here. A two-page briefing document summarizing the report can be accessed here. A management response plan was developed in early 2023, which lists the recommendations and response by the EYE leadership. It can be accessed here.

Recommendations from the mid-term evaluation

**Recommendation 1**
Address critical capacity requirements for effective implementation of the EYE Strategy by reviewing resources available at all levels (global, regional and country) based on the experience of implementation up to the mid-term and engage in joint (WHO/PAHO, UNICEF, Gavi) resource mobilization efforts.

**Recommendation 2**
Relaunch the EYE Strategy for renewed political commitment and increased attention from all stakeholders to yellow fever and global health security by developing strong business cases, organizing high-level events and disseminating advocacy and communication materials more broadly.

**Recommendation 3**
Expand and diversify the EYE governance structure (coordination and decision-making bodies) and the EYE partnership for improved ownership, effectiveness and efficiency.

**Recommendation 4**
Scale up the use of sub-national risk assessments, conduct immunization gap analyses and implementation research of hard to-reach communities and develop tailored outreach strategies to improve targeting of underserved, high-risk and vulnerable populations.

**Recommendation 5**
Improve integration and synergies for maximum impact by ensuring EYE representation in Immunization Agenda 2030 (IA 2030) structures; capitalizing on broader vaccine-preventable disease surveillance and vaccination efforts and, at the same time, increasing linkages to vector control programmes and mapping other opportunities for multisectoral approaches.

**Recommendation 6**
Continue efforts to ensure robust supply chains, including clear mitigation plans to address risk of inadequate vaccine supply, and improve attention to surveillance and coordination for improved detection and faster response to outbreaks.

**Recommendation 7**
Revise the EYE monitoring and evaluation (M&E) framework and its monitoring approach before mid-2023 and address new research findings to guide and adapt implementation.

**Recommendation 8**
Develop a three-year “EYE transition and sustainability framework” for the period 2024-2026 to prepare for the end of the EYE Strategy by 2026.

We are now in the ‘acceleration phase’ of the EYE Strategy, meaning an amplification of activities to ensure the Strategy’s goals are met by 2026, whilst preparing for the transition out of the EYE Strategy post-2026.
Section 1: Overview & background to the EYE communication strategy

Purpose
The communication strategy is intended for use by all EYE partners and respective communication teams, as well as regional and country colleagues who will need to communicate about the work of EYE. As with previous iterations, it will also be publicly available for others, such as non-governmental organizations (NGOs), civil society organizations (CSOs), and private sector organizations, who may wish to read or share content published about EYE.

Previous updates to the communication strategy
The EYE communication strategy was first developed in 2020 by the EYE Communication Specialist in conjunction with partners from WHO, Gavi, the Vaccine Alliance, UNICEF, and the US CDC. It was updated in 2021 in conjunction with the same partners.

A communication workshop was held in a hybrid format in Geneva in June 2023 with communication professionals present representing EYE’s key partners and the regions. The outcomes of that workshop are proposed in this plan.

The recommendations from the mid-term evaluation (MTE) and outcomes of the Programme Management Group (PMG) retreat held in June 2023 have been used as the starting point for the workshop.

Recommendations from the mid-term evaluation (MTE)

- Increased social media resources are needed to boost dissemination of EYE content.
- The ‘EYE on Yellow Fever’ podcast is a high-quality product, covering a broad range of topics. Its dissemination needs to be broader, and for which a plan should be developed.
- The EYE Strategy and the communication strategy needs increase its focus on gender equality and human rights.
- There is a need for high-level events with the participation of key country government officials to reinvigorate engagement with EYE and on yellow fever.
Better engagement is needed with CSOs, especially for their expertise and experience in overcoming vaccine hesitancy and accessing hard-to-reach communities and vulnerable groups.

More focus is needed on vulnerable and high-risk groups including forestry, agricultural, mining and migrant workers, urban slum dwellers, mobile populations and residents of security-compromised communities.

Increased country participation with the EYE Strategy is needed at all levels, with an awareness-raising exercise with governments on what the EYE Strategy is and does.

Better engagement with the private sector is needed, for example, to target agricultural workers who can undermine vaccine strategies through not being automatically included in country immunization plans.

**Priority audiences for the communication strategy**

It was agreed in the communication workshop 2023 that communication to partners and other “internal” stakeholders is robust and should continue in its current form through the mediums of newsletters, monthly leadership reports, webinars, and Annual Partners’ Meetings.

The focus should shift more proactively to the following audiences, who have been prioritized by the communication community as most in need of increased communication efforts. These audiences have been initially prioritized to focus on where communications can have the greatest impact with the resources available. This means communication to private sector, for example, can be added once an EYE Secretariat plan is available to target this group, and a communication budget is approved.

**Political / governmental stakeholders in high-risk countries in Africa and the Americas**

**Healthcare workers in high-risk countries, including via CSOs and local organisations**

**The public in high-risk countries, including via CSOs and local organisations**
Below, we highlight how existing EYE communication products serve each community and which new interventions we believe are necessary to target each audience.

The rationale for the above three audiences is based on feedback from partners and regions, particularly in Africa, where there is the greatest need for communication support.

1. Political / governmental stakeholders in high-risk countries in Africa and the Americas – although great strides have been made in EYE Strategy implementation in Africa, an accelerated effort is required at the highest levels in high-risk countries to ensure a sustained focus and that resources are committed to preventing yellow fever epidemics, particularly in some of the most densely-populated cities in the world.

Multi-country outbreaks in Western and Central Africa since 2020, in countries with a previous history of vaccination, are a warning to governments of the dangers of yellow fever, and the need to strengthen surveillance, diagnostic, and immunization strategies, especially the inclusion of yellow fever vaccine into routine immunization schedules. The threat of catastrophic urban outbreaks remains high in some countries, as does the risk of exportation to other countries.

2. Healthcare workers in high-risk countries – there remains a need to continue awareness-raising exercises targeting healthcare workers on what yellow fever is, to enable them to correctly identify yellow fever symptoms; equip them with information and materials that can be shared with patients, and to encourage healthcare providers to emphasize the importance of vaccination during routine consultations.

3. The public in high-risk countries – there remains a need to continue awareness-raising exercises on what yellow fever is, what preventive measures and behaviours can be adopted to reduce transmission, and when to seek help. This will also serve to improve acceptance rates for the vaccine in a global context of decreasing vaccination rates.

Communication products

A range of communication products and resources have been developed by the EYE Secretariat since 2020, which can still be used to engage our different audiences. Proposals for new products are in the section below with the rationale for creation.

‘EYE on Yellow Fever’ podcast

The podcast series has been popular with the EYE network and beyond, and aims not only to discuss the dangers of this disease, but also global factors impacting its evolution and spread. We interview guests from diverse fields, such as climate change and space technology, as well as global experts in the fields of medicine and science. It is aimed at all listeners; those who may be new to yellow fever or have little knowledge of public health, as well as those with more advanced knowledge. It can be accessed via your preferred podcast app here.

Or via the WHO website here.
EYE web pages

The copy on the yellow fever pages on the WHO website, including the yellow fever factsheet has recently been updated and content on the EYE Strategy pages are updated on a regular basis.

- More information on yellow fever can be found here.
- A yellow fever factsheet is available here.
- Information and news from the EYE Strategy can be found here.

EYE social media toolkit

A social media toolkit is developed every year ahead of the Annual Partners’ Meeting. It includes pre-written posts and other social media assets, i.e., graphics, to assist and encourage anyone working with EYE or on yellow fever activities to communicate effectively across social media. For the latest version, please contact the EYE Strategy on EYE.Strategy@who.int.

To follow our social media accounts, click on each link: Twitter, Facebook and LinkedIn.

EYE films

The EYE Strategy has produced a number of films to highlight the dangers of yellow fever and the importance of focusing attention and resources on mitigating yellow fever risk.

- Yellow fever: a community’s story (film on the impact of yellow fever on a family & the wider community) - click here.
- Available in French / Spanish / Arabic on the EYE YouTube channel – click here.
- Yellow fever preventive mass vaccination campaign, Democratic Republic of Congo, 2021 (French with English subtitles) - click here.
- Yellow fever vaccination campaign in Uganda, 2023: click here.
EYE Strategy story map
A graphic depiction of the EYE Strategy journey and history of yellow fever – click here.

Other EYE Strategy outputs to be used in our communication include:

- The yellow fever outbreak toolbox: useful information and materials to support outbreak response: click here.
- The EYE-LABS website: A platform for activities and resources linked to WHO-coordinated yellow fever testing laboratory activities as part of the EYE Strategy: click here.
- Open WHO yellow fever training courses - please contact the EYE Strategy for more information.
- A one-page downloadable factsheet for the general public on yellow fever and how to protect oneself. Click here to download.
Past events

EYE webinar programme
We have produced and held three webinars for our network, which help to inform about new guidelines, tools and best practices. They can be viewed here:

- Webinar on International Yellow Fever Samples Transportation - EYE.Ops (EYE Operations) - [click here](#).
- Webinar on the Go.Data yellow fever outbreak response template – [click here](#).
- Webinar on the preparedness, readiness & response planning for yellow fever outbreaks in urban areas – [click here](#).

Annual Partners’ Meetings (APM)
Annual Partners’ Meetings are an essential forum for all EYE partners to come together to:

- generate a renewed and invigorated interest in focusing on yellow fever activities and the Strategy itself,
- for the community to ask questions and make useful connections with each other, and
- to provide strategic updates on the EYE Strategy from the key Secretariat groups:
  - EYE Secretariat (HQ)
  - Regional
  - Country
  - Working Groups
- to inform on response to the recommendations from the mid-term evaluation
- to focus on the areas of priority moving forward
- to increase media attention on EYE priorities and actions
Since 2020, the meeting has been held in an online or hybrid format, due to ongoing COVID-19 restrictions.

**Target countries and participants:**

- Ministry of Health (MoH) representatives of countries in Africa and Latin America and the Caribbean.
  - prevention / EPI (Expanded Programme on Immunization) programme
  - Emergency preparedness
  - Emergency / outbreak response
- Financial partners
- Technical experts
- EYE Strategy technical working group (WG) members and Programme Management Group (PMG) members
- WHO regional representatives from emergency preparedness & response, and immunization (African Regional Office (AFRO) and Pan American Health Organization (PAHO))
- WHO country focal points for emergency preparedness & response, and immunization
- UNICEF representatives for emergency, social and behaviour change (SBC) and immunization at a regional and country level
- Academic institutions and research partners
- Vaccine manufacturers
- Healthcare professionals
- Cross-disease partners or interested parties
- Media and general public

Links to view previous APMs:

4th EYE Annual Partners’ Meeting 2020

5th EYE Annual Partners’ Meeting 2021

6th EYE Annual Partners’ Meeting 2022
Section 2: Aims and objectives of the communication strategy

Single overarching communications outcome (SOCO)*

To persuade decision-makers and funding partners of the global EYE network to bolster resources and attention on yellow fever activities, as this will enable us to eliminate yellow fever epidemics in our lifetime.

*The SOCO, or single overarching communications outcome, is the change you want to see in your audience as a result of your communication. It is an outcome and must therefore be expressed from the perspective of the audience.

Aim 1: Increase awareness of the EYE Strategy 2017 – 2026

Objective(s):

- To produce an updated communication strategy in conjunction with communication peers from partners by the end of 2023
  - Include a content dissemination plan for existing EYE content.
  - Propose additional communication products or events in a content calendar (see page 20).
  - Include a campaign calendar for at least the 2024 period, to include key dates for public health days and awareness campaigns, in conjunction with partner communication teams (see communication calendar on page 20).
- Produce monthly newsletter to include updates on vaccination campaigns, outbreak information and response, international health regulations, public health advice, and other notable activities, such as press releases, research papers and publications, and events. To be circulated by the end of each month and shared on social media.
- Update and share the EYE social media toolkit on an annual basis ahead of the APM.
- Ensure all key EYE communication and products are posted on social media.
- Ensure EYE Strategy web pages are regularly updated with news and new content.
Aim 2: Track analytics

Objective(s):
Produce bi-monthly analytics for each communication platform that can be tracked: Twitter, LinkedIn, Facebook, Campaign Monitor, and website analytics.

- Identify social media and digital marketing specialist resources in Quarter 1 of 2024 to help increase number of postings, following, and reach, and to help define goals and metrics for the rest of the year.

Aim 3: Increase commitment of time and resources from key stakeholders through communication and advocacy activities

Objective(s):
- Produce advocacy toolkit and dissemination plan (see Appendix B on page 26)
- Produce communication toolkit and dissemination plan (see Appendix C on page 27)

Aim 4: Enhance the EYE brand and design identity

- The EYE brand book completed. Click here to download.
Section 3: Key messaging

Key messages are a critical element of the communication strategy and have been updated in the 2023 workshop. This is a series of approved statements to ensure when communicating about the EYE that:

1. we explain what the EYE Strategy is and aims to achieve, and
2. key messages are conveyed in a uniform manner

General messaging

These are general statements to describe what the EYE Strategy is and does, and the dangers of yellow fever.

Audience: Political & government stakeholders; partners & funders; communication peers; press & media

“We aim to eliminate yellow fever epidemics by 2026. The yellow fever virus itself cannot be eradicated, but we can stop the epidemics.”

“We have protected around 248 million* people from yellow fever via vaccination campaigns, routine immunization and community immunity in Africa and the Americas by 2026.”

“We aim to protect almost 1 billion people from yellow fever via vaccination campaigns, routine immunization and community immunity in Africa and the Americas by 2026.”

“EYE offers a continuum from prevention and preparedness to outbreak response.”

“The EYE Strategy supports 40 countries and involves more than 50 partners.”

“Preventive mass campaigns, combined with routine immunizations and catch-up activities, are effective ways to prevent yellow fever outbreaks. Countries lead the efforts to prevent yellow fever outbreaks.”

“EYE has three strategic objectives: to protect at-risk populations from yellow fever; prevent international spread and contain outbreaks rapidly.”

“Without the work of EYE and its partners, yellow fever has the potential for international spread and be a threat to our global health security.”
“Local communities in high-risk countries play a critical role in helping to prevent yellow fever epidemics.”

“EYE supports countries by enhancing their surveillance, laboratory, and vector control capacity.”

“We aim to identify and protect at-risk workers from yellow fever, by engaging with the private sector to protect unimmunized employees with sylvatic exposure.”

“We aim to protect almost 1 billion people from yellow fever via vaccination campaigns, routine immunization and community immunity in Africa and the Americas by 2026.”

**Message blocks**

These are specific statements attributed to different areas of interest and themes.

“The EYE Strategy’s independent mid-term evaluation is a pivotal moment.”

*Audience: Political & government stakeholders; partners & funders; communication peers; press & media*

“2022 was the mid-point of the EYE Strategy. An independent mid-term evaluation (managed by the WHO Evaluation Office) was undertaken to assess EYE’s progress since its launch in 2017 and to provide recommendations for the way forward. It can be accessed here.”

“A two-page briefing document summarizing the report can be accessed here.”

“The mid-term evaluation report has made eight key recommendations. A management response that outlines key actions to be undertaken for each recommendation was published and can be accessed here.”

“We are entering the accelerated phase of the EYE Strategy. This means the second half of the Strategy meaning an amplification of activities to ensure the Strategy’s goals are met, whilst preparing for the transition out of the EYE Strategy post-2026.”

“At the outset of the EYE Strategy in 2017, the partners took the courageous step of planning a mid-term evaluation, which they committed to seeing through in 2022.”

“A management response plan was developed in early 2023, which lists the recommendations and response by the EYE leadership. It can be accessed here.”
"The EYE Strategy is a global coalition of partners, including World Health Organization, UNICEF, and Gavi, the Vaccine Alliance. It has more than 50 partners worldwide. It aims to eliminate yellow fever epidemics by 2026."

"The evaluation evidence shows that through collaboration and co-ordinated action, the EYE Strategy has yielded significant results."

Dr Kate O’Brien, Director of Immunization, Vaccines and Biologicals, WHO

"The previous Yellow Fever Initiative oversaw 105 million people protected in Africa via yellow fever vaccination campaigns over 8 years. Since 2017, 248* million people have been protected in Africa via campaigns under the stewardship of EYE."

"I would say the world owes a debt to the people who have built these partnerships that have been practically focused on what we are focused on right now with COVAX. Producing and distributing vital vaccine to populations on the basis of their needs and the benefits derived, right? That’s exactly what EYE has been doing. The EYE Strategy, really it’s been one of the runways we’ve been able to use to have COVAX take off."

Dr Mike Ryan, Executive Director, WHO Health Emergencies Programme

*EYE Strategy data at the time of publication of the Communication Strategy. Please contact EYE.Strategy@who.int for updated vaccination information.
“Is yellow fever the next global health threat?”

Audience: Political & government stakeholders; partners & funders; public; healthcare workers; communication peers; press & media

“Urban outbreaks pose the greatest risk – the 27 high-risk countries in Africa have some of the most densely-populated cities in the world; international travel in and out of urban centres and population movement across borders increases the risk of multi-country epidemics. The geographic spread of mosquitoes that can transmit yellow fever is increasing, due to climate change and global warming.”

“Population mobility is increasing in and out of urban centres, and also as a result of climate change, natural disasters, and conflict. This increases the risk of the spread of yellow fever across borders and risks multi-country epidemics.”

“Deforestation is leading to increased interaction between humans and species transmitting yellow fever, such as howler monkeys and sylvatic (or jungle) vectors.”

“Investment in yellow fever works.”

Audience: Political & government stakeholders; partners & funders; healthcare workers; communication peers; press & media

“Investment in yellow fever has resulted in 248* million people being vaccinated via campaigns against the disease in Africa since 2017.”

“Investment in vaccines and increased funding for international samples transportation has resulted in:
• 4 times the number of laboratories being able to confirm yellow fever samples in Africa.
• A reduction of 70% in the amount of time needed to complete yellow fever testing in high-risk countries.
• Increased accuracy in determining when and where to use yellow fever vaccines.
• All of which has helped to minimise outbreak spread and reduce the cost of containment.”

“Investment in diagnostics and increased funding for international samples transportation has resulted in:
• 4 times the number of laboratories being able to confirm yellow fever samples in Africa.
• A reduction of 70% in the amount of time needed to complete yellow fever testing in high-risk countries.
• Increased accuracy in determining when and where to use yellow fever vaccines.
• All of which has helped to minimise outbreak spread and reduce the cost of containment.”

“Return on investment in vaccine programs is estimated to be US$54 per $1 spent when considering value individuals place on their health.”

“Investment will mean almost 1 billion people will be protected against yellow fever by 2026, and we can eliminate these epidemics in our lifetime.”

*EYE Strategy data at the time of publication of the Communication Strategy. Please contact EYE.Strategy@who.int for updated vaccination information.

(Ref: MTE evaluation report)

“The EYE Strategy aims to put in place measures to ensure case detection and intervention before it becomes an epidemic.”

(Ref: https://immunizationeconomics.org/recent-activity/2020/8/14/dove-return-on-investment-roi-publication-launch)
Section 4: Dissemination network for EYE communication products

At the communication workshop, a dissemination network for EYE Strategy communications was updated; the outputs of which can be seen below. See diagram for network below.

EYE dissemination network
## Section 5: Events calendar for 2024

Below is a list of proposed activities pending confirmation of resources and funds.

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Event type</th>
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<tbody>
<tr>
<td>30th January 2024</td>
<td>World Neglected Tropical Diseases Day</td>
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<tr>
<td>20th to 22nd March 2024</td>
<td>PAHO 18th Session of the Subcommittee on Program, Budget, and Administration of the Executive Committee</td>
<td>Regional meeting</td>
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<td>8th March 2024</td>
<td>International Women’s Day</td>
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<td>25th March 2024</td>
<td>Vector Control Advisory Group</td>
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<tr>
<td>11th to 14th March</td>
<td>SAGE on Immunization</td>
<td>WHO event</td>
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<tr>
<td>19th to 21st March 2024</td>
<td>EYE 7th Annual Partners’ Meeting</td>
<td>EYE event</td>
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<tr>
<td>7th April 2024</td>
<td>World Health Day</td>
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<tr>
<td>25th April 2024</td>
<td>World Malaria Day</td>
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<tr>
<td>24th to 30th April 2024</td>
<td>World Immunization Week</td>
<td>WHO annual public health campaign</td>
</tr>
<tr>
<td>24th to 30th April 2024</td>
<td>Vaccination Week in the Americas</td>
<td>PAHO annual public health campaign</td>
</tr>
<tr>
<td>April / May 2024</td>
<td>PAHO Mosquito Awareness Week</td>
<td>PAHO annual public health campaign</td>
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<tr>
<td>27th May to 1st June 2024</td>
<td>World Health Assembly</td>
<td>WHO event</td>
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<tr>
<td>24th to 28th June 2024</td>
<td>PAHO 174th Session of the Executive Committee</td>
<td>PAHO event</td>
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<tr>
<td>20th August 2024</td>
<td>World Mosquito Day</td>
<td>International public health day</td>
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<td>28th August to 1st September</td>
<td>AFRO Regional Committee</td>
<td>WHO event</td>
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<td>23rd to 26th September</td>
<td>SAGE on Immunization</td>
<td>WHO event</td>
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<tr>
<td>30th September to 4th October 2024</td>
<td>PAHO 61st Directing Council, 76th Session</td>
<td>WHO event</td>
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<td>4th October 2024</td>
<td>PAHO 175th Session of the Executive Committee</td>
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<td>November 2024</td>
<td>COP 29</td>
<td>International event</td>
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## Section 6: Communication product matrix

Below is a matrix for each existing and proposed (new) communication products. It shows which product is relevant for the three priority audiences and which is the best channel for dissemination.

1. Political / governmental stakeholders in high-risk countries in Africa and the Americas
2. Healthcare workers in high-risk countries
3. The public in in high-risk countries

<table>
<thead>
<tr>
<th>Comms product</th>
<th>Audience</th>
<th>Channel</th>
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<tbody>
<tr>
<td></td>
<td>Pol / gov stakeholders</td>
<td>Health workers</td>
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<td>Podcast series</td>
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<td>X</td>
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<tr>
<td>Climate change podcast episodes</td>
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<td>X</td>
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<tr>
<td>Yellow fever preventive mass vaccination campaign, Democratic Republic of Congo (2021)</td>
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<td>Yellow fever: a community’s story – video on Nigeria vaccination campaigns</td>
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<td>Yellow fever vaccination campaign, Taraba State, Nigeria (2021)</td>
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<tr>
<td>EYE communication strategy</td>
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<tr>
<td>Social media toolkit</td>
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<tr>
<td>Webinar: International Yellow Fever Samples Transportation</td>
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</table>

Product too old for press interest
<table>
<thead>
<tr>
<th>Comms product</th>
<th>Audience</th>
<th>Channel</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Pol / gov stakeholders</td>
<td>Direct marketing / mail</td>
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<tr>
<td></td>
<td>Health workers</td>
<td>Press / media</td>
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<td>Communication peers</td>
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<td>Social media</td>
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<tr>
<td>Webinar: Go.Data YF outbreak response template</td>
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<td>Webinar on the preparedness, readiness &amp; response planning for YF outbreaks in urban areas</td>
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<td>EYE story map</td>
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<td>EYE web pages</td>
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<td>EYE brand book</td>
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## Section 7: Communication calendar

<table>
<thead>
<tr>
<th>Communication product</th>
<th>Proposed dates for development &amp; delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Podcast social media campaign development &amp; implementation</td>
<td>January to March 2024</td>
</tr>
<tr>
<td>Webinar programme</td>
<td>January to June 2024</td>
</tr>
<tr>
<td>7th EYE Annual Partners’ Meeting</td>
<td>March 2024</td>
</tr>
<tr>
<td>Podcast translation and new episodes</td>
<td>December 2023 for production planning to begin. Delivery from January to June 2024.</td>
</tr>
<tr>
<td>Advocacy toolkit</td>
<td>April 2024 for development to start</td>
</tr>
<tr>
<td>Communication toolkit</td>
<td>April 2024 for development to start</td>
</tr>
<tr>
<td>Risk communication and community engagement (RCCE) toolkit</td>
<td>Completed by January 2024</td>
</tr>
<tr>
<td>Communication workshops – regional and / or in-country</td>
<td>April 2024 onwards</td>
</tr>
</tbody>
</table>
Section 8: Communication action list

- Oversee development of AFRO-specific communication plan.
- Oversee development of PAHO-specific communication plan.
- Produce data and visual aids on key yellow fever statistics, for example:
  - % decrease / increase in yellow fever cases
  - Number of people currently at risk; number at increased risk due to climate change, for example, in Asia
  - The implication of this on each country / region
  - Visual representations of YF status quo before and since the start of the EYE Strategy
  - Historical trends
  - Outbreak response time
  - Vaccine stockpile
- Produce longer-term plan for which partner is doing what in relation to continuation of yellow fever communication activities from 2027 onwards after the official end of the EYE Strategy.
- Discuss potential thought leadership and / or research pieces with technical experts, for example, return on investment of yellow fever vaccine and cost of inaction (impact on population and economy).
- Develop communication plan for the marketing of the OpenWHO courses.
- Develop advocacy toolkit.
- Develop communication toolkit.
Appendices

Appendix A
Appendix B: Communication and advocacy toolkit for engagement with senior political and other stakeholders

Outcome of workshop

Key elements of toolkit

- High-level advocacy video with celebrity.
- MTE short videos with senior EYE stakeholders.
- ADG or DG-led political roundtable during WHA for arboviral diseases, hosted by the EYE Strategy.
- Key yellow fever messaging document and data sheet, updated monthly and disseminated to audience, for example, COVAX monthly data sheet.
- Image bank with professional pictures.
- Social media campaigns with messaging and videos to be shared via in-country / regional champions.
- In-country media engagement plan. To include:
  - High-level advocacy video.
  - Identify people to write op-eds.
  - Invite Reuters to a mass vaccination campaign.
- Identify partnerships with refugee organisations such as UNHCR the UN Refugee Agency, IOM (International Organization for Migration) and International Labour Organisation.
- OpenWHO training courses targeted at healthcare workers, or new courses / information videos in collaboration with a private sector partner (such as extractive industries) in key local languages.
- Training information video or courses on how to dispel myths around yellow fever – for example, Ghana podcast - in key local languages.
- Country profiles and risk assessments.
- Develop yellow fever community stories.
- Identify yellow fever champions / ambassadors – technical and / or communication champions
- Prioritise 3 countries for initial targeted communication campaigns to include:
  - Sit-rep for region / country including risk assessment and country profiles.
  - Tools to tackle vaccine hesitancy, such as the Risk Communication and Community Engagement (RCCE) toolkit.
  - Information on why to prioritise yellow fever.
  - Media engagement plan.
  - Communication workshop.
Appendix C: Communication toolkit for engagement with communication professionals and the media

Key elements of toolkit

- Communication planning workshops – one or two day in-person workshops to help communication professionals write their plans for 12 months. Support review and finalization of plans.
- Establish communication Sharepoint platform.
- Update social media and press toolkit annually.
- List of current communication products – page 8.
- Set up bi-monthly yellow fever communication call for all partners, especially in-country.
- EYE country profiles and risk assessments.
- Develop impact stories on someone who has had yellow fever or lost someone to yellow fever.
- Identify yellow fever communication champions / ambassadors.