



# Communication Strategy

## 2024 update

Together. In our lifetime.  
We will eliminate yellow fever epidemics.



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# Background on the Eliminate Yellow fever Epidemics (EYE) Strategy and communication rationale

## 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.

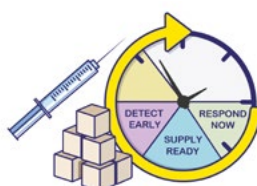
Additional information on yellow fever can be accessed [here](#). To contact the EYE Secretariat, please email [EYE.Strategy@who.int](mailto:EYE.Strategy@who.int)

## 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



Synergies with other health programmes and sectors



Strong political commitment at global, regional and country levels



Research and development for better tools and practices



High level governance with long-term partnerships

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 Strategy and the communication strategy needs increase its focus on gender equality and human rights.



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.



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.



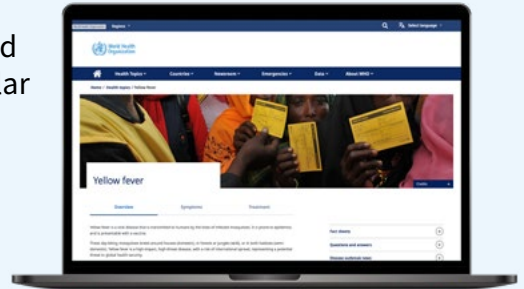
### ‘EYE on Yellow Fever’ podcast

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](mailto:EYE.Strategy@who.int).

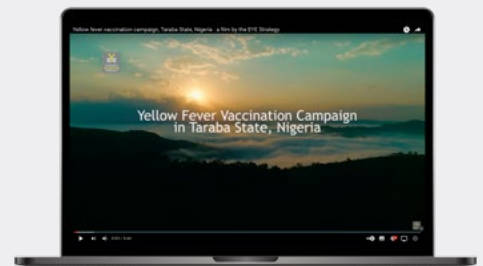


To follow our social media accounts, click on each link: [Twitter](#), [Facebook](#) and [LinkedIn](#).

## 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 vaccination campaign, Taraba State, Nigeria (2021) - [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:

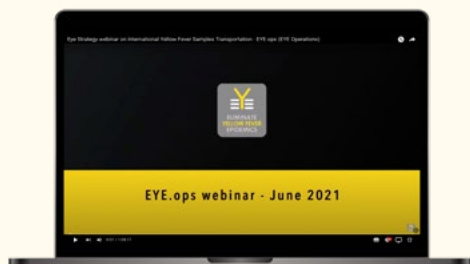
- The yellow fever outbreak toolbox: useful information and materials to support outbreak response: [click here](#).
- The EYE-LABS website: A platform for activities and resources linked to WHO-coordinated yellow fever testing laboratory activities as part of the EYE Strategy: [click here](#).
- Open 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 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.”

“We have protected around 248 million\* people from yellow fever since the inception of EYE in 2017.”

\*EYE Strategy data at the time of publication of the Communication Strategy. Please contact [EYE.Strategy@who.int](mailto:EYE.Strategy@who.int) for updated vaccination information.

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

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

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

“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.”

“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.”



## 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*



“The aim of mid-term evaluation was to learn from the findings of the first half of the Strategy, and to ensure accountability for implementing the recommendations in the second half.”

“...perhaps the strongest partnership in the immunization space.”

**Dr Ephrem Lemango, Associate Director and Chief of Immunization, UNICEF**

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

“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**

“Through work with countries, EYE comes into contact with 100s of millions of people in their communities. EYE’s role is to make this contact more productive and significant, for example, through the provision of bundled services.”

“The EYE Strategy is a global partnership that is grounded in the reality of the regions and countries in tackling yellow fever. It provides oversight, support, and targeted interventions when needed.”

“Yellow fever vaccinations doubled during the pandemic in Africa in via campaigns 2020 and 2021, due to the success of the partnership.”

“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.”

(Context: A solution to accessing hard-to-reach populations could be to integrate YF prevention, detection, and control together with the delivery of other priority vaccinations and health interventions, in the form of bundled services.)

\*EYE Strategy data at the time of publication of the Communication Strategy. Please contact [EYE.Strategy@who.int](mailto:EYE.Strategy@who.int) for updated vaccination information.

**“There is knowledge to be shared with other disease initiatives.”**

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

“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**

## “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.”

\*EYE Strategy data at the time of publication of the Communication Strategy. Please contact [EYE.Strategy@who.int](mailto:EYE.Strategy@who.int) for updated vaccination information.

“Investment in vaccine supply has more than doubled since EYE’s inception.

(Ref: MTE evaluation report)

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

“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.”

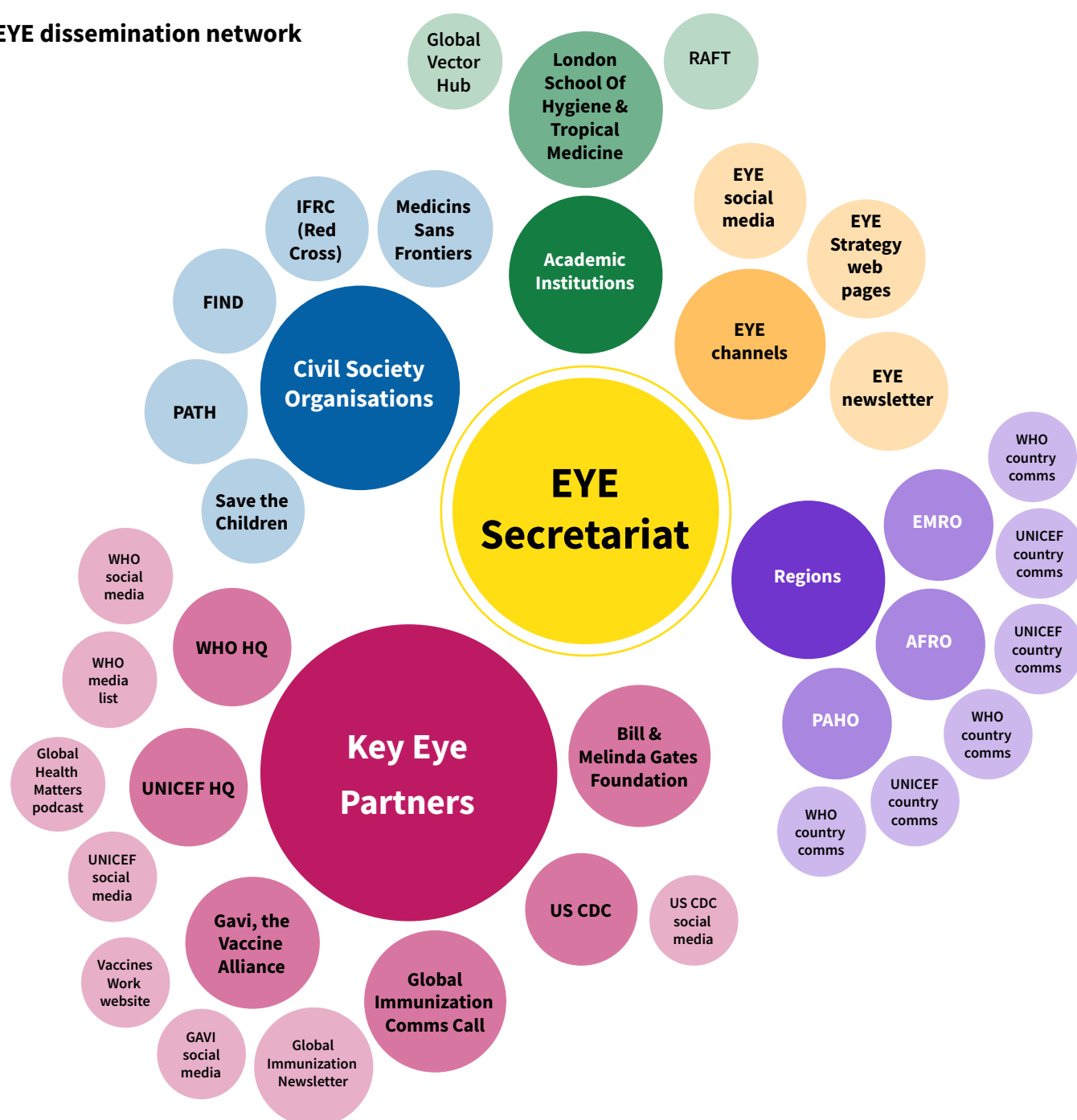
(Source: <https://immunizationeconomics.org/recent-activity/2020/8/14/dove-return-on-investment-roi-publication-launch>)

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

# 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.

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

## 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

Comms product	Audience				Channel		
	Pol / gov stakeholders	Health workers	Public	Communication peers	Social media	Direct marketing / mail	Press / media
Podcast series	X	X	X	X	X	X	X
Climate change podcast episodes	X			X	X	X	X
Yellow fever preventive mass vaccination campaign, Democratic Republic of Congo (2021)	X	X		X	X	X	Product too old for press interest
Yellow fever: a community's story – video on Nigeria vaccination campaigns	X	X	X	X	X	X	X
Yellow fever vaccination campaign, Taraba State, Nigeria (2021)	X	X		X	X	X	Product too old for press interest
EYE communication strategy				X			
Social media toolkit				X			
Webinar: International Yellow Fever Samples Transportation	X			X		X	

Comms product	Audience				Channel		
	Pol / gov stakeholders	Health workers	Public	Communication peers	Social media	Direct marketing / mail	Press / media
Webinar: Go.Data YF outbreak response template	X			X		X	
Webinar on the preparedness, readiness & response planning for YF outbreaks in urban areas	X			X		X	
EYE story map	X	X	X	X	X	X	
EYE web pages		X		X	X		
EYE brand book				X			

# Section 7:

## Communication calendar

Communication product	Proposed dates for development & delivery
Podcast social media campaign development & implementation	January to March 2024
Webinar programme	January to June 2024
7th EYE Annual Partners' Meeting	March 2024
Podcast translation and new episodes	December 2023 for production planning to begin. Delivery from January to June 2024.
Advocacy toolkit	April 2024 for development to start
Communication toolkit	April 2024 for development to start
Risk communication and community engagement (RCCE) toolkit	Completed by January 2024
Communication workshops – regional and / or in-country	April 2024 onwards

## Section 8:

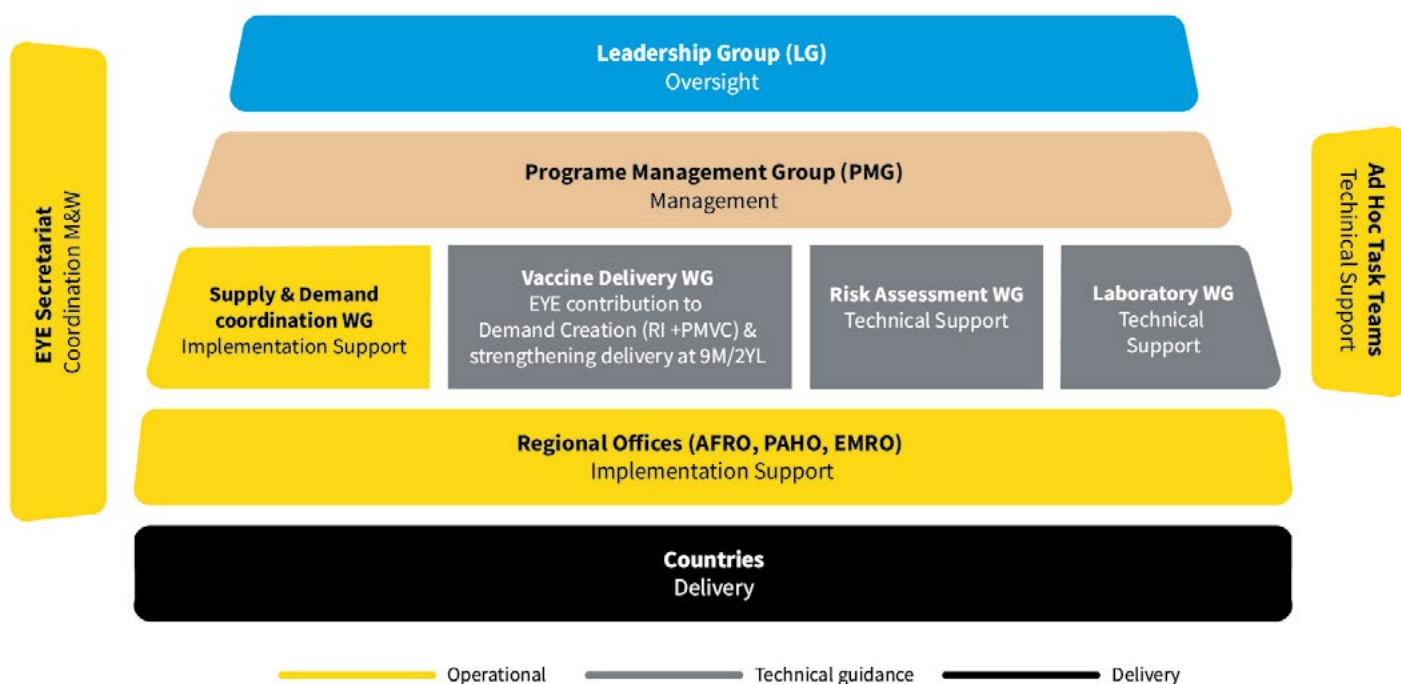
# Communication action list

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- 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.