Media resource kit
Preparing for IPV introduction

October 2014

Before the end of 2015, over 100 countries worldwide currently using Oral Polio Vaccine (OPV) only will be introducing Inactivated Polio Vaccine (IPV) into their routine immunization programmes.

To support countries and regions in the various media activities related to the introduction of IPV, this core media kit has been developed as a reference resource.

We hope that this will be a useful complement to the range of other communication tools and templates available to support the introduction of IPV.

Your questions and feedback on this kit are welcome and can be sent to: polio2@who.int

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For further information on IPV introduction, the OPV switch and routine immunization strengthening: http://www.who.int/immunization/diseases/poliomyelitis/inactivated_polio_vaccine/en/

Please send any questions or feedback on the materials to: polio2@who.int

All materials available through this web site are the product of an extensive collaboration between WHO, UNICEF, the Task Force for Global Health, CDC, Gavi, Rotary, and the Bill and Melinda Gates Foundation, organized under the Immunization systems Management Group (IMG).
1. IPV introduction key messages

Main Message: The introduction of inactivated polio vaccine (IPV) into routine immunization schedules is a critical step to achieve a lasting polio-free world

Supporting Messages:
- Thanks to the power of vaccines, a comprehensive approach is being adopted for completing polio eradication and elimination of all polio disease.
- Since the Global Polio Eradication Initiative was formed in 1988, the incidence of polio has been reduced by 99% worldwide, from more than 350,000 cases every year to 416 cases in 2013.
- This progress is thanks to the large-scale use of oral polio vaccine (OPV) and its unique ability to induce mucosal immunity, required to interrupt person-to-person spread of the virus.
- The optimal use of the different available vaccines to prevent paralytic polio and stop poliovirus transmission in different settings is constantly being assessed, and new evidence now demonstrates that adding a dose of IPV is even more effective at stopping the virus and protecting children, than using OPV alone.
- The use of routine immunization as the primary way to deliver IPV will be critical to secure a polio-free future and to help sustain the gains made by the eradication efforts.
- To capitalize on this progress, the global community has put together a plan to secure a lasting polio-free world – the Polio Eradication and Endgame Strategic Plan 2013-2018

Main Message: IPV, when administered in conjunction with OPV, has been found to boost mucosal immunity better than administering OPV alone

Supporting Messages:
- Mucosal immunity is needed to interrupt person-to-person spread of poliovirus. OPV has a unique profile to induce mucosal immunity, and hence it has been the primary tool to eradicate polio.
- Although IPV has a limited capacity to induce mucosal immunity when used alone, new evidence shows that when used in conjunction with OPV, IPV can boost mucosal immunity even better than OPV alone.
- By introducing IPV into routine immunization, and using it alongside OPV:
  - Polio-free countries are better protected against polio re-infection or re-emergence
  - Children are better protected from all polio disease
  - Eradication of remaining strains of wild poliovirus transmission will be accelerated
- IPV is an extremely safe vaccine, whether used alone or in combination with other vaccines.
- When receiving IPV during routine immunization, children will also benefit by being immunised with other potentially life-saving vaccines.

Main Message: The introduction of IPV and the eventual phased removal of OPV is necessary to secure a lasting polio-free world, free of all polio disease

OPV is extremely safe and effective at protecting children against lifelong polio paralysis.

The impact of OPV has been dramatic - over the past 10 years, more than 10 billion doses of OPV have been given to nearly three billion children worldwide, preventing more than 10 million cases of polio and reducing disease incidence by more than 99%.
OPV contains attenuated (weakened) polioviruses. On extremely rare occasions, the use of OPV can result in cases of polio due to vaccine-associated paralytic polio (VAPP) and circulating vaccine-derived polioviruses (cVDPVs).

Until now, the benefits of OPV use have far outweighed any small, associated risks. Now that polio eradication is in reach and fewer cases of polio are reported, a new plan has been devised to minimise the small risks of OPV while still achieving the global eradication goal.

For this reason, the Polio Eradication and Endgame Strategic Plan 2013-2018 calls for the global cessation of all OPV in routine immunization programmes as soon as possible after the eradication of wild poliovirus transmission. The Plan was endorsed by the World Health Assembly, and follows technical guidance of the Strategic Advisory Group of Experts on immunization (SAGE), the independent global panel of experts advising the World Health Organization on all matters relating to immunization.

The cessation of OPV will be completed in a phased manner, beginning with a switch from trivalent OPV (containing type 1, 2 and 3 serotypes) to bivalent OPV (containing only type 1 and 3 serotypes). The advantage of this is that wild poliovirus type 2 (WPV2) has been eradicated since 1999, and the type 2 component in trivalent OPV is responsible for virtually all cVDPV cases. There is therefore a public health priority to remove this component as quickly as possible. Following the eradication of the remaining strains of wild poliovirus type 1 and 3, all OPV use will then be stopped.

IPV is needed to enable countries to maintain immunity levels to all polioviruses, initially to enable sustained immunity to type 2, after the type 2 component in trivalent OPV has been removed with the switch to bivalent OPV. That is why there is a worldwide roll-out of the vaccine across 126 countries by the end of 2015 – the largest globally-coordinated vaccine introduction project in history.

Main Message: Adding at least one dose of IPV into routine immunization schedules will reduce any risks associated with the withdrawal of type 2-containing OPV, by boosting immunity to type 2 poliovirus

Supporting Message:
- The last case of wild poliovirus type 2 was reported in 1999
- This means that the extremely small risk of paralytic polio disease due to the type 2 component of OPV now outweighs its benefits
- IPV protects against all three strains of virus, including type 2 poliovirus.

Main Message: IPV is considered very safe, whether given alone or in combination with other vaccines. It protects children against all three strains of poliovirus, and when used together with OPV, can boost immunity. IPV can be administered to prematurely born infants (i.e., <37 weeks gestation) at the recommended age concurrent with other routine vaccinations.

Supporting Messages
- Children are given vaccines at a young age because this is when they are most vulnerable to life-threatening diseases
- Routine immunization is often the first and only contact a child in developing countries has with primary healthcare, after birth.
- IPV is equally effective when given alone or with other vaccines.
- Multiple injections are an effective and efficient way to help protect the health of children.
• Multiple injections administered by well-trained health workers have a well-established record of safety and acceptance.
• Multiple injections do not increase Adverse Events Following Immunization (AEFI).
• Multiple injections to protect children from life-threatening diseases would mean fewer visits to the health centre for caregivers.
• Administering vaccines during a single visit may help prevent missed opportunities to vaccinate due to parents unable to return.

Main Message: This will be a vaccine introduction on an entirely unprecedented scale

Supporting Messages
• 126 countries will be working to introduce IPV before the end of 2015, building on previous learning and expertise in introducing new vaccines.
• Wild polio cases are at the lowest level in history. With the prospect of eradicating wild poliovirus transmission realistic and achievable in the near-term, aggressive timelines are required to avoid missing this window of opportunity.
• Support from all levels of government and civil society will be needed to ensure this introduction is a success.

Main Message: Support is available to help countries introduce IPV

Supporting Messages
• Technical assistance is available to countries from WHO and UNICEF regional offices and other immunization partners.
• GAVI-eligible and GAVI-graduating countries are entitled to financial support from the GAVI Alliance.
• Other lower-middle and middle income countries may access low-cost IPV through UNICEF procurement processes.
2. IPV introduction: Spokesperson questions and answers

BASIC INFORMATION

What is polio?
Poliomyelitis (polio) is a highly infectious disease that is caused when the polio virus invades the nervous system of an infected person. Polio can cause paralysis and even death. There are three types of poliovirus – type 1, type 2, and type 3. There have been no cases of type 2 wild poliovirus reported since 1999.

Who is most at risk of getting polio?
Poliovirus usually affects children under 5 years of age who are unvaccinated or under-vaccinated. Most children who are infected will show only minor symptoms but as many as one in 200 infected children will be paralyzed. The virus can also affect or be carried by adolescents and adults.

How is polio transmitted?
The polio virus enters the body through the mouth, often with food or drinking water that is contaminated with faecal matter from a person who carries the polio virus. The virus multiplies in the intestines and is passed through faeces.

What are the symptoms of polio?
Polio symptoms include fever, fatigue, headache, vomiting, stiffness in the neck, pain and weakness in the limbs, followed by paralysis usually in the arms or legs. If a child, adolescent, or adult suddenly shows signs of a floppy or weak arm or leg, then health authorities or community leaders should be informed immediately.

Is there a cure for polio?
No, there is no cure for polio and the disease can severely paralyze or kill an infected child. Polio can only be prevented through full vaccination.

Can polio be prevented?
Yes, polio can be prevented by immunizing a child with vaccines. Since 1988, when the Global Polio Eradication Initiative was formed, the global incidence of polio has been reduced by more than 99%, and the number of countries with endemic polio transmission has fallen from 125 to three: Pakistan, Afghanistan and Nigeria. Every polio-free country in the world eliminated polio through the use of OPV. However, all countries remain at risk of polio re-infection or re-emergence, until the disease has been eradicated everywhere.

What is the difference between IPV and OPV?
Both vaccines protect children from lifelong polio paralysis. Oral polio vaccine (OPV) has a unique ability to build mucosal immunity, required to stop person-to-person spread of the virus (necessary for eradication). IPV has limited capacity to induce mucosal immunity when used on its own, and so while it protects individuals, it does little in terms of stopping the spread of the virus in a community. However, new evidence shows that when used in conjunction with OPV, it is even better at building mucosal immunity, than when OPV is used alone, thereby both increasing protection to the individual and to the community. To maximize childhood immunity and accelerate eradication, both vaccines should be used together.
IPV INTRODUCTION

Why is IPV being introduced?
Thanks to the power of vaccines, a comprehensive approach is being adopted for completing polio eradication and elimination of all polio disease.

Since the Global Polio Eradication Initiative was formed in 1988, the incidence of polio has been reduced by 99% worldwide, from more than 350,000 cases every year to 416 cases in 2013. This progress is thanks to large-scale use of oral polio vaccine (OPV) and its unique ability to build mucosal immunity, required to interrupt person-to-person spread of the virus.

To capitalize on this progress, the global community has put together a plan to secure a lasting polio-free world – the Polio Eradication and Endgame Strategic Plan 2013-2018.

Although IPV has a limited capacity to induce mucosal immunity when used alone, new evidence shows that when used in conjunction with OPV, IPV can boost mucosal immunity even more effectively than OPV alone.

By introducing IPV into routine immunization, and used alongside OPV:
- Polio-free countries are better protected against polio re-infection or re-emergence
- Children are better protected from all polio disease
- Eradication of remaining strains of wild poliovirus transmission will be accelerated

Is IPV safe?
Yes, IPV is considered very safe, whether given alone or in combination with other vaccines. It protects children against all three strains of poliovirus, and when used together with OPV, can boost immunity. IPV can be administered to prematurely born infants (i.e., <37 weeks gestation) at the recommended age concurrent with other routine vaccinations.

Are there any potential side effects?
No serious adverse events have ever been reported following vaccination with IPV, including when used alone or in combination with other vaccines. Minor local reactions, such as redness and tenderness, may occur following IPV administration.

Is it safe to receive both polio vaccines at the same time?
Both IPV and OPV can be administered to the child at the same time. It is in the best interests of the child to receive both vaccines at the same time to maximize protection against polio and minimise missed opportunities to fully immunise children.

Can IPV be given along with other injections in one visit?
Many years of monitoring children in many countries that have received multiple injections in one visit have shown that it is safe to have multiple injections at the one time. Globally, most middle and high-income countries have been safely using multiple injections for more than a decade. The IPV vaccine is effective when taken alone or with other vaccinations. Plus, for the child, it is better to experience one, brief moment of discomfort than pain on two separate days/visits.

How many doses of IPV are needed?
At least one dose of IPV should be given to children in addition to multiple doses of OPV, as part of routine immunization activities.
**Should the child continue to receive OPV after receiving IPV, when offered in the future?**
Yes, until polio is eradicated globally, IPV should be used in conjunction with OPV.

OPV is extremely safe and effective at protecting children against lifelong polio paralysis. Over the past 10 years, more than 10 billion doses of OPV have been given to nearly three billion children worldwide. More than 10 million cases of polio have been prevented, and the disease has been reduced by more than 99%. It is the appropriate vaccine through which to achieve global polio eradication.

OPV contains attenuated (weakened) polioviruses. On extremely rare occasions, use of OPV can result in cases of polio due to vaccine-associated paralytic polio (VAPP) and circulating vaccine-derived polioviruses (cVDPVs). For this reason, the global eradication of polio will require the cessation of all OPV in routine immunization, as soon as possible after the eradication of wild poliovirus (WPV) transmission.

**Is IPV better than OPV?**
No. Each vaccine has its own strengths. Used in combination, it provides the best protection for populations and will accelerate the remaining strains of polio transmission globally.

**Will we continue to use IPV after OPV is withdrawn?**
Yes. Following global polio eradication and the global withdrawal of OPV, IPV will be the only vaccine with which to maintain immunity levels, which will be necessary for several years after the last case of polio is reported. That is one of the reasons why a worldwide roll-out of IPV in 126 countries by 2015 – the largest, globally-coordinated vaccine introduction project in history – is underway.
3. How to write a press release

What is a press release?

A press release reports topical, newsworthy information. It has a strong lead in the first paragraph which quickly answers a journalist’s immediate questions: who, what, when, where, how and why. The information should be current and designed to be reported by the journalist immediately. Preferably, the press release should be shared as early as possible in the daily news cycle, to allow it to be considered by news rooms before daily deadlines. The name of the person to be contacted for further information should be clearly stated at the end of the release (see sample press release).

How are press releases prepared?

There are some clear rules when it comes to writing press releases. Before you write and issue a press release, ask “Is there news value in this story?” and, “Does it warrant a release?” Too often organisations feel obliged to write press releases using material that is not newsworthy. Fact: if the journalist does not consider it newsworthy, it won’t get coverage. Your aim is to get coverage in a fast-paced media environment in which multiple issues/topics/stories are competing for attention, and to raise awareness among your target audiences.

There are key elements that a journalist looks for in a story — a strong news angle and a human interest angle. Do you have a human interest angle, and can you show that your news has an impact on people? Impact can be in terms of numbers of persons reached by an intervention and/or by the qualitative change in their lives as a result of the intervention.

Introduction of IPV as part of a broader polio eradication effort certainly has impact on people’s lives so now, what you need to do is to draft your release abiding by very clear rules. These rules are designed to make it as easy as possible for journalists to use your material.

Press releases generally follow a standard format designed to quickly give the reporter all the information he/she needs. The “inverted pyramid” style of writing should be followed in which the most important and essential information appears first (who, what, when, where, how and why) followed by supporting information. Sometimes this is referred to as “bottom line up front” (BLUF) because reporters are often extremely busy and may not have time to read the entire release.

![Figure 1: Bottom Line Up Front or Inverted Pyramid](image)

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1 The term “press release” and “news release” are often used synonymously.

In addition to answering or addressing the basic questions, the release should also provide guidance, and give details about how to acquire further information. If possible, the release should include direct quotes from the lead spokesperson (e.g. Minister of Health, WHO and UNICEF country representatives). It is important to include factual information to greatly reduce the risk of misunderstandings and misreporting.

**Essential elements of a news release**

The first paragraph is designed to capture the interest of the reporter and should contain the most important information of the release, remembering to:
- keep it short
- limit paragraphs to 1-3 sentences at most
- use plain language and stick to the facts
- avoid using acronyms and jargon

The entire press release should be no longer than 2 pages (preferably one page). Quotations can be used in the body of the release to add a “human side” to the story, and should:
- support statements made in the lead paragraph
- be from a significant person
- add information

**Coordinating news releases with internal and external partners**

- Identify, and if appropriate, consult with partner organizations interested in the news release
- Ensure that all partners who are quoted have approved the release and receive a copy of the release before it is provided to media
- Determine how information will be released, who will do the releasing, and who has been identified to speak with media for follow-up questions
- Prepare and distribute joint news releases
- Assist partners in developing their own news releases

**Further reading**

- WHO on immunization: [http://www.who.int/topics/immunization/en/](http://www.who.int/topics/immunization/en/)
- GAVI Alliance: [http://www.gavi alliance.org/](http://www.gavi alliance.org/)
# 4. Quick checklist for editing press releases

Before finalizing your press release, please check against some of the most common mistakes below.

<table>
<thead>
<tr>
<th>Issue</th>
<th>Please <strong>DO</strong> write it like this ...</th>
<th>Please <strong>DO NOT</strong> write it like this ...</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Headline</strong></td>
<td>• 15 or 16 point Verdana bold</td>
<td>• There are no other font options</td>
</tr>
<tr>
<td><strong>Sub-Heads</strong></td>
<td>• 12 or 14 point Verdana italicized</td>
<td>• There are no other font options</td>
</tr>
<tr>
<td><strong>Text</strong></td>
<td>• 10 point Verdana</td>
<td>• There are no other font options</td>
</tr>
</tbody>
</table>
| **Dateline**     | • For capital cities: PARIS, 10 October 2012 -  
   • For joint capital datelines:  
     GENEVA/DAKAR, 1 May 2012 -  
   • For non-capital cities: MARSEILLE, France, 10 October 2012 -  
   • Exceptions: NEW YORK (or GENEVA), 10 October 2012 -  
   • *Please double-check for the correct day/month/year*  | • Not: ‘PARIS, FRANCE, 10 October 2012 –’  
   • Not: ‘Geneva / Dakar, 1 May 2012 –’  
   • Not: ‘MARSEILLE, 10/10/12 –’ or ‘Marseille, 10/10/2012 –’  
   • Not: ‘NEW YORK, USA (or Geneva, Switzerland), 10 October 2012 –’  |
| **Dates**        | • 10 October 2012  
   • 1997-1998  
   • From 1995 to 2000  | • Not: ‘October 10, 2012’ or ‘10/10/2012’  
   • Not: ‘1997-98’ or ‘1997-8’ or ‘1997/98’  
   • Not: ‘from 1995-2000’  |
| **UNICEF**       | • UNICEF  | • Not: ‘United Nations Children’s Fund’  |
| **Numbers**      | Numbers under 10 are written as words:  
   • Three or five or seven  
   Exceptions include:  
   • Percentages: only 4 per cent of the total  
   • Ratios: the staff-student ratio is 1 to 9  
   • Decimals/fractions: 3.5 per cent or 1 5/8 km  
   • Series of numbers use the ‘rule of the highest number’: 8 trucks and 12 planes  
   • Sentence beginning with a number:  
     Eight staff …  | Numbers under 10 are not written as numbers:  
   • Not: ‘3’ or ‘5’ or ‘7’  
   • Not: ‘four per cent’ or ‘four %’  
   • Not: ‘one to nine’ or ‘1 to nine’  
   • Not: ‘three point five per cent’  
   • Not: ‘eight trucks and twelve planes’  
   • Not: ‘8 staff …’  |
| **Age**          | • Age is always expressed in figures: the child was 8  | • Not: ‘the child was eight’  |
| **Per cent**     | • Six per cent  
   • 15 per cent  | • Not: ‘six percent’ or ‘6%'  
   • Not: ‘15 percent’ or ‘15%’  |
| **Millions**     | • 2,632,597  | • Not: ‘2,632.597’ or ‘2 632 597’  |
| **Active voice** | ‘... a survey reveals ...’  
   ‘... despite insecurity affecting ...’  | • Not: ‘... a survey that reveals ...’  
   • Not: ‘despite insecurity that is affecting’  |
| **Quotes, ‘,’ & ‘.’** | ‘... Haitian children,” said Mr. Lake.  
   ‘... have reached higher levels.”  | • Not: ‘... Haitian children”, said Mr. Lake.  
   • Not: ‘... have reached higher levels”  |
| **Punctuation** | ● A period, comma and colon are followed by one space. | ● They are not followed by two spaces. |
| **Dollars** | ● US$1.3 million or US$1,322,000 | ● Not: ‘US$ 1.3 million’ or ‘US $ 1,322,000’ |
| **Nutrition Terms** | ● Use the correct terms (e.g. malnutrition, GAM, SAM, etc.) | ● ‘Malnutrition’ is not ‘GAM’ is not ‘SAM’ |
| **Embargo** | ● Date and time of embargo are noted in EST and GMT | ● There are no other embargo time options |
| **Accents** | Accents, such as those in French and Spanish, can be found in Microsoft Word by: (1) Selecting ‘Insert’ (2) Selecting ‘Symbol’ (3) Clicking on and ‘inserting’ the appropriate symbol. *Abraço.* | |
| **Spell-Check** | Refer to the Concise Oxford English Dictionary (U.K. spelling). To activate ‘English U.K.’ Spell-Check: (1) Select ‘Review’ (2) Select ‘Language’ (3) Select ‘Set Proofing Language’ (4) Set as Default ‘English U.K.’ | |
| **The correct (U.K.) spelling of commonly misspelt words:** admitted; anaemia; bednet; benefited; breastfeeding; caregiver; care provider; centre; childbearing; crossfire; diarrhoea; endeavour; enrolled; enrolment; inpatient; interpersonal; landmines; occurred; ongoing; organization; outpatient; out-of-school children; per cent; percentage; postnatal; referred; schoolchildren; suffered; textbooks; underfunded; undernourished; undernutrition; under way; waterborne diseases. | |
| **Boilerplate:** Please use the current ‘About UNICEF’ boilerplate, Twitter & Facebook references as per this link: [http://tinyurl.com/cfkbfcw](http://tinyurl.com/cfkbfcw) | |
| **For more information:** (1) UNICEF Style Book: [http://tinyurl.com/c6gg4he](http://tinyurl.com/c6gg4he) (2) UN Editorial Manual: [http://dd.dgacm.org/editorialmanual/](http://dd.dgacm.org/editorialmanual/) | |
5. Sample national press release

Ministry of Health of COUNTRY
As appropriate: WHO COUNTRY OFFICE
UNICEF COUNTRY OFFICE

JOINT NEWS RELEASE

NEW POLIO VACCINE INTRODUCED AS PART OF LARGEST GLOBALLY-COORDINATED VACCINE INTRODUCTION PROJECT IN HISTORY
New vaccine will help secure world free of all polio disease

Location and date – In a landmark step to accelerate the global eradication of polio and help prevent a resurgence of the disease, COUNTRY is today introducing the injectable Inactivated Polio Vaccine (IPV) into its routine immunization programme.

Until now, oral polio vaccine (OPV) has been the primary tool in the global polio eradication effort, and has reduced the global incidence of the disease by more than 99 percent thanks to its unique ability to stop person-to-person spread of the virus. The poliovirus is now only endemic in three countries worldwide: Afghanistan, Nigeria and Pakistan.

New evidence now clearly demonstrates that adding one dose of IPV to multiple doses of OPV is the most effective method available to stop the virus and protect children. The introduction of IPV globally also paves the way for the eventual withdrawal of all OPV vaccines once poliovirus transmission is stopped in the few remaining polio-affected countries.

Today's introduction of IPV as part of the routine immunization schedule in COUNTRY is part of a worldwide roll-out of the vaccine across 126 countries by the end of 2015 – the largest and fastest globally-coordinated vaccine introduction project in history.

“The introduction of IPV is the result of significant progress for our country and the world against polio,” said NAME, Minister of Health of COUNTRY. “It means we are another step closer to ridding the world of this terrible disease, and it means we are providing the best possible protection against this virus to all.”

In 2013, 416 cases of polio were reported, down from more than 350,000 in 1988 when global polio eradication efforts began. Despite this progress, experts caution that polio-free countries still remain at risk of re-infection until the disease has been eradicated everywhere. Adding IPV to OPV in routine immunization schedules globally will help protect all populations most effectively against a possible polio re-emergence.

“The introduction of IPV is a vital step on the journey to securing a polio-free world for all future generations to come,” said NAME, WHO Representative to COUNTRY. “Adding at least one dose of IPV to the routine immunization schedule is the best possible way to protect your children from lifelong polio paralysis, while the disease is being eradicated from the remaining endemic hotspots.”

UNICEF Representative to COUNTRY, NAME, said the introduction of IPV was a critical first step in the eventual withdrawal of OPV. “This introduction is a critical development for the healthy future of
our children and the global fight to eradicate polio, and is the first step to a world free from polio, where one day no child will ever be paralysed by this terrible disease again."

The universal introduction of IPV is part of a global plan to eradicate polio and secure the gains made against the disease through stronger immunization systems, so that all children in all countries have access to vaccines. The plan also calls for the eventual removal of OPVs following the eradication of the remaining strains of poliovirus transmission, due to the very low risk of potential vaccine-associated cases.

-Ends-

About the Global Polio Eradication Initiative:
The Global Polio Eradication Initiative is a public-private partnership led by national governments and spearheaded by the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), and the United Nations Children’s Fund (UNICEF), and supported by key partners such as the Bill & Melinda Gates Foundation and GAVI Alliance. Its goal is to eradicate polio worldwide. Read more here.

Read more information on IPV introduction here.

For media enquiries:
[Name and Surname]
[Email address]
[Telephone number]
[Website]
[Social media handles]
6. How to organize a press conference

The main objective of a press conference or media briefing is to provide the best possible platform for an important announcement. It is an excellent opportunity to convey a story or case in person, and to deliver high quality information (including a press release) and interviews to journalists.

Following is a brief guide to planning and holding a press conference.

Hold the press conference when you have:
- A story that is newsworthy or of significance.
- New information relating to a big story being followed by the media.
- A statement on a controversial issue (choose this carefully).
- Participation of high profile speakers or celebrities.
- Release of important new findings or research data.

Location and Set-up
- A central well-known location convenient for journalists and appropriate to the event.
- Avoid a room which is too large, not well lit and has echo in sound – it gives the appearance that few people attended and does not allow quality recording.
- Reserve space at the back of the room for television cameras, possibly on a raised platform.
- Reserve an additional quiet room for radio interviews following the press conference.
- Ensure light and sound systems are in working order.
- If possible, have a fax, phone and internet connection available. If you are holding the conference at a district level, this will ensure that your journalist who may be low in resources will complete the story and send from the location of the conference itself.
- Make sure there is a podium and a table long enough for all spokespeople to sit behind. Names of all speakers should be legibly printed and displayed before each speaker.
- On the background banner, consider displaying large visuals such as an immunisation poster and if possible, duplicate the image on the press materials.
- Prepare a "sign-in" sheet for journalists so you know who came and where to find them. This should capture their mobiles and emails clearly.
- Decide if you wish to serve coffee and tea, or light snacks, following the event. It may serve as an informal means of getting to know your reporters.

Timing
- Work out a timetable to ensure that everything is ready when it is needed.
- Hold the event in the morning or early afternoon of a workday. An ideal timing would be eleven in the morning for instance.
- Check that you are not competing with other important news events on the same day.
- Start the event on time – avoid keeping journalists waiting.

Embargoes
- If distributing material prior to a news event, an embargo can be used to prevent journalists from publishing before the event.
- Embargoes are usually used for complex material, publications or data that may be helpful to issue in advance.
- The key consideration is to keep embargoes short – normally no more than 24-48 hours.
- The embargoed date should be added to the press release before its issue.
Possible Materials
- Media release and press kits.
- Include a list of news conference participants, including their titles, copies of speeches, and quotes from the main spokespersons to ensure correct messaging.
- Provide translated versions of materials into English and other languages as applicable.
- Video footage of immunization services may also be useful as b roll for TV journalists.

Inviting Journalists
- You can invite by phone or by fax or post, but a telephone call first is always a good idea for ensuring that important papers find the right journalist.
- Find out which journalists report on issues relating to your event or issue.
- Keep an up-to-date mailing list or database of journalists.
- Focus on getting the most influential media to attend.
- Get your event in the calendars of journalists 7 to 10 days before the event.
- Always make a follow-up call after the invitation has gone out to check that the right journalist has received the information.
- Consider providing general background briefings to important journalists prior to the event, without disclosing your main news story to them.
- Consider offering "exclusive" angles on the story to key media. These can be in form of field visits during the campaign for select media.
- If you already know some journalists well, involve them early and fully.

Preparing Speakers
- Select appropriate speakers. (This may seem obvious, but sometimes people are asked to speak because they have certain positions, not because they are good at speaking and know the issues). Select strong speakers who are articulate, authoritative, engaging, and clear.
- Brief speakers carefully on the main message of the event.
- Prepare all speakers in advance on how to answer difficult questions. If needed, hold a briefing before the press conference.
- Offer to provide speakers with materials including questions and answers.
- Ideally, each speaker should present for only 3 or 4 minutes, each covering different points. Make sure that each speaker makes one or two important points ONLY.
- Keep speeches short and simple, aimed at a general audience, avoiding technical jargon.
- Select a moderator who will manage questions from the floor after the presentation.
- Encourage lots of questions.
- Keep answers to questions short.

Follow-up
- Within a few hours of the conclusion of the press conference, fax or deliver information, photographs and video to important journalists who were unable to attend.
- Make sure any follow-up calls are held with journalists. Ideally the media officer should be easily accessible for all of the follow-up questions and clarifications on mobile.
- Gather press clippings of the coverage resulting from the press conference and press release (can also be summarized in a table by media type, date and publication). This is also to ensure that the story is accurately reported and any inaccuracy rebutted.
- Clippings can also be distributed to important partners and policy makers.