"You can’t eradicate polio without a polio vaccine, but once you have a vaccine and a cold chain to get it in the hands of vaccinators making visits to households, you still need to overcome the refusals, resistance and rumors that come with it," said Arvind Singhal, Ph.D., the Samuel Shirley and Edna Holt Marston endowed professor of communication at UTEP. “These are communicative issues. You may have a vaccine that works and competent vaccinators going door to door, but if the door is not opened, then little else matters.”

After decades of concerted global effort, polio is on the verge of being eradicated. And it is exactly during this final push that all efforts come down to the kind of trust that can only come about during a face-to-face conversation.
“The discipline of communication helps you create a demand for the vaccine,” Singhal said. “People are now saying ‘Yes, our children do need to be protected,’ and rumors are put to rest.”

In 2010, Singhal joined the Independent Monitoring Board (IMB) of the Global Polio Eradication Initiative, the public-private partnership led by national governments and spearheaded by the World Health Organization, Rotary International, the U.S. Centers for Disease Control and Prevention, the United Nations Children’s Fund (UNICEF) and the Gates Foundation. Being neither a medical doctor nor formally trained in public health, he was surprised when asked to join.

“I believe I was picked because there was a need for somebody who could bring in communication expertise,” he said.

When the IMB invitation came, Singhal had been working in the realm of communication and public health/infectious diseases for close to two decades. In 2003, he wrote a book called *Combating AIDS: Communication Strategies in Action*, which won a national award for distinguished applied scholarship. His argument in the book was that AIDS is not just a biomedical problem, but a socio-cultural one as well, and that communication is vital to addressing the issue. There are facts about transmission, prevention and treatment of the disease, but they must be translated into culturally resonant messages that bring about the lifestyle changes necessary to prevent the disease from spreading.

In 2007 – the year he arrived at UTEP – UNICEF asked Singhal to conduct a review of programmatic breakthroughs in communication over the past 60 years of the organization’s existence. He traveled to India to examine UNICEF’s polio program and the implementation of its social mobilization campaign, as well as monitoring work in countries in South Asia and Africa. This work put Singhal on the global polio radar.

Singhal’s most recently published article tells the story of India’s march to become polio-free. He is humbled by his involvement in this life-saving work.

“Writing this piece over the past six years has been one of the most meaningful writing and documentation projects for me,” he said. The article appears as the lead article in the launch issue of the *International Journal of Communication and Social Research*. In each of the IMB’s reports, Singhal’s participation has raised the profile of strategic communication in making the world polio-free. Based on these recommendations, the Global Polio Eradication Initiative has significantly ratcheted up its capacity in communication and social mobilization.

“To play a role in raising the visibility of the communication discipline in global health policy and program circles is tremendously gratifying,” Singhal said.

Singhal – who just published his 12th book on health communication – received his bachelor’s degree in engineering, giving him an appreciation for the scientific and analytical tradition. He then earned a master’s degree in radio, television and film production, which helped him focus on creating messages that go beyond the head to “include matters of the heart.” His doctoral work in communication theory and research brought the two together in a highly applied manner. Over the past two-and-a-half decades, he has undertaken research projects on agriculture, education, health, democracy and
governance, microenterprise and cooperatives in countries around Asia, Africa, Latin America and Europe.

And now, India has eradicated polio. No new cases have been recorded since January 2011. Expert and popular opinion was that India would be the last country to deal with the disease, but it managed to be rid of it only a year after the IMB was set up.

“It showed that if India could do it, then Pakistan, Afghanistan and Nigeria – the last three endemic countries – could also do it,” Singhal said. He has led independent monitoring missions to these countries to continually inform the work of the IMB.

In 1988, the World Health Assembly took on the charge of eliminating polio as the second disease that would be eliminated from the face of the earth after smallpox. In 25 years, the progress has been remarkable: from 125 countries and 400,000 new cases each year to three endemic countries and only a few hundred cases. The implications of eradication are huge – no child in the world would need a polio vaccine, just like generations who have not needed the smallpox vaccine. Countless numbers of lives and resources would be saved.

Whether the World Health Organization or UNICEF or the Gates Foundation are mobilizing these public health efforts, ultimately, Singhal says, “the rubber hits the road when a vaccinator knocks on a house’s door. Doors need to be opened. No child can be missed. There is no room for refusals.”