

Independent **Monitoring Board**

Please reply to:

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Chair: Sir Liam Donaldson



26 February 2014

Dr Margaret Chan
Director-General
World Health Organization
Avenue Appia 20
1211 Geneva 27
Switzerland

Dear Dr Chan

The IMB met with senior representatives of the GPEI's five core partner agencies on 18 February in Washington DC, to hear the program's response to our October 2013 report and to discuss the current global situation. The presentations and discussion were of very high quality. In the face of great challenge, the partnership leaders are clearly determined and seem more cohesive as a group than we have ever previously observed.

I write to summarise the IMB's main findings.

Polio virus circulation

The current situation in Pakistan is a powder keg that could ignite widespread polio transmission. The number of cases in this country is going in the wrong direction. The new government has been slow to grasp the fundamental seriousness of the situation. If the current trend continues, Pakistan will be the last place on earth in which polio exists. The most serious situation is in the north-west, where the virus is enjoying unencumbered circulation at great human cost. We welcome the firm and intelligently designed initiative underway in Peshawar, but such innovation must be sustained in this region and be promoted elsewhere in the country. The adequacy of the government's plans will be in full public view at our May meeting, and at the subsequent World Health Assembly.

We will also meet in May with the government of Nigeria. This is a crucial year for Nigeria. Many are hoping that polio transmission can be stopped in 2014. In our view, this is potentially feasible but far from certain. We welcome the country's determination to succeed this year but elections are looming, and the country has previously achieved periods of forward momentum that have not been sustained. Nigeria desperately needs continuity and unwavering commitment in the face of election-related distraction. When we meet, we will particularly examine the situation in Kano and Borno states, where performance is critical to wiping polio from Nigeria, and so from Africa and the world. The governors of Kano and Borno are vital figures in global polio eradication. They should be strongly supported and encouraged to apply their unique power and influence at this critical time.

At our suggestion, the program has identified a Red List of the countries most vulnerable to a polio outbreak. In the IMB's view, when a country is placed on the Red List, all possible means must be used to get it out of this precarious position as swiftly as possible. As the ongoing outbreak in the Horn of Africa demonstrates, the program softens its focus on such countries at its peril. Decisions about the required vaccination campaigns must be based on need. To be swayed by a shortage of funds is false economy. Campaign coverage is abysmal in many of these countries. Some would let this continue, and rely on being able to respond to the inevitable outbreak. There is no place for such a defeatist mentality. It is not worthy of this ambitious global program. The number of campaigns is important, but urgent attention must also be given to improving the quality of campaigns in outbreak-vulnerable countries, and to other measures that can increase immunity or decrease the risk of importation. We are deeply worried about the present situation in Ukraine, which was very vulnerable even before the recent civil conflict, and recommend that the country be included in the program's Red List.

Since our October 2013 meeting, a new outbreak has emerged in Syria. The program has done a commendable job of responding to this outbreak, within the constraints of major conflict. There can be no place for polio in the modern world, in peace or in conflict. Protecting children from this scourge should be part of a core humanitarian response. We suggest that when humanitarian emergencies occur in countries where the reintroduction (or export) of poliovirus is possible, the GPEI seek to work with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) as a key partner, and that OCHA be asked to include polio vaccination as a priority of the health clusters established under the Humanitarian Reform system.

Lastly, the circulation of virus in Israel and West Bank and the Gaza Strip continues to concern us. It is still entirely possible that Israel may become an epicentre for outbreaks started by travellers from its country to parts of the world currently free of polio. The risks of this disastrous situation would be greatly reduced if the Israeli government conducted further vaccination rounds, to finish off the job that they started. The WHO has rightly highlighted this problem through its Global Alert and Response system (we note the posting on 20 September 2013). We are concerned that this, and similar, information may not always reach doctors and travel clinics advising those intending to travel to the affected area of the importance of pre-travel vaccination. We would recommend that the polio team in Geneva strengthen these communication channels.

Other key program considerations

We particularly convened last week's meeting to hear the program's response to our most recent recommendations. These recommendations were based on the significant concerns presented in our October 2013 report. I must commend the program's response. The IMB's recommendations have always been taken seriously, but we were particularly impressed by the comprehensive response to this most recent report.

I know that you and your Polio Oversight Board colleagues are giving serious attention to our analysis of the program's management dysfunctions, and are considering how best to commission the comprehensive management review that we recommended. The rumour mill is alive with talk that this review may be conducted by people from within the partner agencies, or by people already close to the program. To succeed, it needs an objective, external perspective, with expertise in the management of complex organisations being more important than expertise in polio or even global health. The IMB asks to review details of who will conduct the review and their brief before these decisions are finalized.

The IMB greatly welcomes your decision to convene an Emergency Committee under the International Health Regulations. Given that the 2012 World Health Assembly declared polio eradication to be a programmatic emergency for global public health, it seems vital that all possible measures to impede the virus' international spread be given serious consideration. The introduction of the controls we recommended seems long overdue.

There is confusion about whether the program has set a deadline for interrupting transmission, and what it is. The 2013-18 Strategic Plan presents a goal of end-2014. Other statements have hinted at greater flexibility, focusing on 2018 as the ultimate deadline. Given the program's history of failing to meet deadlines, we think it is vital that a common and consistent line is taken on this. Whether this is setting the goal as a fixed point in time, or as a window, or on a country-by-country basis, the important thing is clarity.

Finally, the IMB is concerned by the persistent shortfall in funds available to the program, seemingly due to significant delays in some donors following through on their pledges. We will examine this issue more fully at our next meeting.

The next full meeting of the IMB is 6-7 May 2014. I will write again after this meeting, to send you our full report. In the meantime, please allow me to reiterate the crucial importance of your leadership and to thank you, on behalf of those spared from polio paralysis, for all that you are doing.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'L. Donaldson', written over a light blue grid background.

SIR LIAM DONALDSON
CHAIR