Lowest cases ever: but urgent work needed to strengthen the polio eradication system

The GPEI missed its deadline to interrupt transmission by the end of 2012. This is no reason for pessimism. The Programme’s achievements over the last three years have been formidable. In 2012, there were 223 cases of polio, down from 3352 in 2010. The IMB has set out a consistent analysis of why the Programme is performing sub-optimally. Much progress has been made. Much remains to be done. For this report, the IMB created a “system map” (overleaf). The complexity of the system map is a stark reminder that each domain of activity (polio, technical operations, security, financial, strategic) has an important bearing on local communities where vaccination programmes succeed or fail. It is clear from the map that the Programme is only as strong as its weakest point.

The IMB has identified two areas in which the Programme is particularly weak: communications to engage communities, mobilising demand for the vaccine; and global programme governance, which currently does not provide optimal support to the front-line.

Afghanistan needs a final major push to resolve the basic errors still plaguing its vaccination campaigns. Its ability to access “inaccessible” areas is a strength, but sizeable communities still remain for it to reach. The need to stop transmission by the end of 2016 must be more clearly expressed, and acted on, by all.

Africin’s Programme has surged forward over the last year. Still though, progress in a number of Local Government Areas is stagnant – a thorn in the Programme’s side. Insecurity is a more significant issue than ever. Nigeria remains the country most in need of greater strategic focus on communications.

Pakistan transformed its Programme in 2012. Heightened political commitment driven through a raft of programmatic improvements. Strong leadership of the Programme from newly elected leaders will now be crucial.

Litton down but not out. Wild polio in the three endemic countries
Cases in each of the endemic countries, 2012/13. 1 January to 7 May period

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<th>Country</th>
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The GPEI’s own strategic plan articulates, “experience throughout the GPEI has shown that polio virus circulation stands little chance of surviving in fully mobilized communities, even in the most difficult contexts”. The IMB could not have put it better. The rhetoric must now be matched by the reality.

Responsive and coordinated global management

If a billion-dollar-a-year multi-partner emergency global health programme were established from scratch today, its management structure would look nothing like that of the GPEI. The Programme’s complex coordination and sub-optimal support mechanisms impede decision-making, particularly on controversial issues. For example, discussions over how best to deploy IPV have rumbled on for years. The trial in Pakistan this year must address all the issues (technical, financial, communications) and provide robust answers once and for all.

Global-level partners are not optimally providing the endemic countries with the support that they need. Focus is often inwards rather than outwards. Best practice is spread too slowly. Vital in-country posts are left vacant.

The IMB urges the Programme’s senior leaders to listen to the voices within the Programme that express a desire for short decision chains, clarity in who leads on what, rapid action in response to urgent challenges, and for each and every management group to add real value.

Conclusions

Those who work towards polio eradication should be proud of what they have achieved over the last two years. The prospects of interrupting polio transmission globally have been transformed by their work.

But much more work is needed. The polio eradication system is complex and only as strong as its weakest point. Our critique should not cause people to lose heart, but to recognize the need to continue the trajectory of programmatic improvement that has been achieved over the last two years.

If this is done, and full funding secured, the IMB judges that polio transmission can be interrupted globally by the end of 2016.

Engaged communities eradicate polio

It is regrettable but true: in many areas of the polio endemic countries the Polio Programme and its vaccine are viewed with increasing negativity. Parents see the vaccine as more grievance than gift, the Programme as unwelcome stranger not welcome protector. The IMB is deeply concerned by the Programme’s weak grip on communications and social mobilisation. If strong, these could not only neutralise the negativity but increase genuine demand for the vaccine.

Communications is a responsibility of all the GPEI’s partners – not just UNICEF. At GPEI meetings, the number of attendees whose mind focuses on supply of the vaccine far outnumber those who focus on demand. There is a poignant symmetry: missing communicators means missed children. It allows the Programme to remain weak as its weakest point.

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TECHNICAL OPERATIONS

strong government systems

national stigma of polio

national government priority

foreign government priority

presidential / pm commitment

influential donor priority

committed local government leaders

effective national government oversight

religious leader support

effective local government oversight

summits

clear accountability

respect for national government

polio vs EPI controversy

competing pressures

rhetoric does not match reality

influential presidential taskforce

government appointments on merit

polio a political football

elections

electoral disruption

POLITICAL

SECURITY

COMMUNITIES

population movement

strong health infrastructure

polio vaccine demand / acceptance

engagement with community groups

refusals

rumours about vaccine

spread of virus between areas or countries

effective communications staff

perceived threat of polio virus

rumours about programme

poor vaccinator-parent interactions

high population density

poor hygiene practices

dirrhoeal illness

low literacy

poverty

quality sanitation systems

children paralysed

high population immunity

polio virus transmission

FINANCIAL

corruption

poor vaccinator pay

opportunity cost

timely receipt of pledged funds

funding for other health priorities

donor fatigue

funds pledged for polio eradication

STRATEGIC

risk management in non-affected countries

strong strategic plan

international spread of best practise

effective TAGs

quality scientific advice

international health regulations

risk management effective partnership

working effective partnership structure

quick decision making

effective partnership

The Polio Eradication System:

This map is not definitive, but an attempt to capture a view of the system. Others may well be able to add to the map, and we would encourage discussion about it, which are valuable in themselves.

Positive influence

Negative influence

It is essential to strengthen the weakest parts and to make the interfaces and synergies work very well.

The Polio Eradication System