

MAY 2015 IMB RECOMMENDATIONS

[updated as of 1 Oct 2015]

#	RECOMMENDATION	STATUS/ UPDATES
AFGHANISTAN		
1	Afghanistan's Minister of Health appoints a very senior official with the skills and credibility to lead the programme day-to-day on the Minister's behalf.	Dr. Stanekzai has been appointed as the Senior Advisor to the Minister in regards to polio. One key challenge remains with providing Stanekzai with the necessary capacity and staff on his team to fulfil this role and ensuring his time for providing the leadership and support to the polio programme is secured.
2	Programme officials from the Southern and Eastern regions of Afghanistan visit the EOCs of Pakistan at once, and return with lessons that can be appropriately applied in Afghanistan with urgency.	Afghanistan delegations (Dr. Stanakzai, Director General, EPI Manager, Afghanistan WHO, UNICEF, CIDA, BMGF representatives visited) visited the Islamabad EOC during the June 2015 TAG and received a full briefing by the Pakistan EOC Coordinator, Dr. Rana. Recommendation completed during TAG meetings.
NIGERIA		
3	New President of Nigeria makes a clear public declaration that polio cannot yet be considered gone from Nigeria, and sets out and leads a plan to achieve polio-free certification in 2017.	Complete. President Buhari has made several public statements since July on the need to sustain the polio effort in Nigeria for at least another two years. He publically immunized his own grandchildren on two occasions, and convened a meeting of northern Governors in September to challenge them on maintaining their focus until polio is finally eradicated. The President also attended the AU Summit in June in which a resolution on polio eradication was adopted calling on all Africa countries to fully support the 2013-2018 GPEI strategic plan. But these engagements are ad hoc and without a clear follow-up mechanism. The President will need to formally re-activate the Presidential Task Force on Polio Eradication to maintain a high, regular level of overview on the program. Nigeria also needs to increase its domestic funding commitment. NPHCDA is proposing to request \$50 million in the 2016 budget, while the partnership is advocating that it allocate \$80 million, including for OPV procurement. Nigeria is apparently operating a zero-based budget in 2016. ?
PAKISTAN		

#	RECOMMENDATION	STATUS/ UPDATES
4	<p>Pakistan's National Task Force meets at least monthly until polio transmission is stopped, to oversee strict implementation of the National Emergency Action Plan. The National Task Force should particularly ensure that a monthly meeting of each Chief Secretary with their Deputy Commissioners goes ahead without exception, and with full attendance, to tightly oversee implementation of the National Emergency Action Plan in each province.</p>	<p>The NTF has not met on a monthly basis. The PM convened the first NTF on September 10, 2015 since November, 2014 after several postponements during to scheduling conflicts. The Prime Minister's Focus Group, a smaller, more effective forum than the NTF, meets regularly to review the situation and issue directives as required. The PM office has also decided to hold monthly review meetings jointly chaired by Federal Secretary Health and Secretary to the Prime Minister that will include provincial representatives.</p> <ol style="list-style-type: none"> 1. Baluchistan - Provincial Task Force (PTF) meeting chaired by CM and CS held on 12 August included national team headed by Minister State and PM Focal Person along with heads of partner agencies. 2. KP - Governor Khyber Pakhtunkhwa & FATA convened PTF on 18 August and attended by senior officials of FATA Secretariat, included national team headed by Minister State and PM Focal Person along with heads of partner agencies. PTF scheduled 30 Sept. 3. KP PTF meeting chaired by CS held on 18 August. Provincial Health Minister and senior Officials attended and national team headed by Minister State and PM Focal Person along with heads of partner agencies. 4. Sindh - PTF chaired by the CS on 10 June 2015 and attended by all commissioners and DCs of Sindh. Next PTF scheduled on 29 September 2015.
5	<p>Pakistan's National Task Force, within the next four weeks, resolves the issues that are resulting in front-line workers not being properly paid.</p>	<p>A Vaccinator Payment Task Team was formed in the NEOF with two objectives 1) clear outstanding payments to vaccinators by Ramadan and 2) assess payment mechanisms and make recommendations to resolve problems before Sept NID. This multi-agency group (EOC, WHO, UNICEF, GHQ) was supported by external financial consultants and 1) Documented and reviewed all existing payments systems and their performance over the last year. 2) Carried out a complete review of outstanding payments (including field visits to Provinces and Districts affected) in order to identify the specific reasons for non-payment. 3) Worked with WHO, GHQ and Provincial Governments to unlock blockages in the system and accelerate outstanding payments. 4) Reported to EOC Coordinator, PMs Focal Point, Ministry of Health and WHO Representative on the best options for moving forward for September NID and beyond.</p> <p>Progress and Outcomes: 1) All WHO DDM payments up to May are cleared. 2) All UAEPAP funds were released for 3 of 4 days' work up to May. 3) All Districts have now reconciled their accounts and final payment and operational costs were released to all districts by Sept 11. 4) In total over Rps 2 Billion (\$20 Million) delayed payments have now been paid to vaccinators. 5) Consensus of GoP and partners is that WHO DDM should be used by all districts going forward, including districts previously covered by UAE. 6) The Task Team worked with WHO to identify both short and medium term streamlining and improvement to the system as well as scaling up capacity to handle additional districts. In addition negotiations are underway with banks to reduce processing fees. 7) Punjab (\$4.5M) and Sindh (\$1.5M) identified supplementary Government funds to top-up vaccinator payments. The Punjab Gov't requested the use of WHO DDM system to disburse funds and funding was duely transferred and paid to FLWs in June. WHO has received a request from Sindh to use the same mechanism but have asked for PSC (7%) to be waived and transaction costs for banks to be reduced. WHO PAK has requested a reduction from WHO HQ and engaged the banks to request a reduction in transaction costs. This areas will need continued support and attention to ensure all front line workers receive their full payments in time every time.</p>

OUTBREAKS

#	RECOMMENDATION	STATUS/ UPDATES
6	POB explicitly re-affirm that the programme's planning – in and beyond the endemic countries – should be based on what is needed to achieve eradication, not limited by what funds are available, and that more funding should be sought in the event of a shortfall. The IMB further recommends that the Polio Partners Group formally endorse this approach, and actively seek to mobilize further funds that may be required. The work of the Financial Accountability Committee is critical in ensuring that finances are well-managed, and that donors have the appropriate information and assurances.	GPEI completed a midterm review and discussed the findings at the Polio Partners Group and the Financial Accountability meetings in June. The recommendations were endorsed by both groups. A two day retreat was held with the SC and management groups of GPEI to discuss how these 11 recommendations would be implemented. One key next step is to develop an operational plan for 2016-19 and detailed budget (with country level input) for each year. This plan will provide the SC with the necessary information to determine if there are adequate funds available for endemic and non-endemic countries as well as use it to manage a budget developed by the management groups with input from regions and countries. The management and reporting after the plan is complete will allow the SC to assess the shortfalls or overages in funds and make the necessary adjustments. The Financial Accountability Committee has been working closely with the donors to develop a set of reports that will allow for discussion on what funds are needed, how much has been raised, the donor pledges that have not been operationalized, and what additional funds are needed. On 25 September, the POB reviewed the epidemiology and financial situation of the program and decided on Financial Scenario #2 which has also been shared with the donor community.

THE NEED TO HARNESS THE POWER OF PEOPLE

7	GPEI partner agencies convene an urgent meeting to i) leave no stone unturned in urgently recruiting more top-notch staff into the polio-infected and highest-risk countries, cutting through red-tape as needed to achieve this, ii) explicitly analyse whether the best people are currently in the places where they are needed the most.	GPEI has been updating their global "EXPERT" roster with experienced individuals who can be contracted. Some progress has been made with deployment of short term support through STOP teams and consultancies including innovative contracting mechanisms that facilitate recruitment of senior and experienced experts in key areas. The challenge remains with identification and recruitment of suitable candidates for filling key management level positions in critical areas of the programme.
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SURVEILLANCE FOR THE PRESENT AND FUTURE

8	Program should expedite activity to improve surveillance, aiming to reach global-certification standard by the end of 2015. Any uncertainty about what global-certification standard now constitutes (particularly the role of environmental surveillance) should be clarified with input from	WHO, in consultation with the partnership, drafted a global concept note on surveillance improvement which was discussed with EMR and AFR (the two Regions with the most vulnerable, at-risk countries). A meeting organized by AFRO was held 18-19 August to help roll-out and plan for implementation. The focus was on addressing the key sub-national surveillance gaps. There is also ongoing discussions about how to increase the engagement of the Regional Certification Commission in tracking progress on surveillance.
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SIMPLE DROPS OF VACCINE

#	RECOMMENDATION	STATUS/ UPDATES
9	Endemic and priority countries, vaccine wastage be urgently reduced to 15% as an absolute maximum in every subnational area, starting by full implementation of the programme's standard operating procedure for reporting on vaccine utilization and stock balance.	<p>Nigeria has been submitting regular monthly reports about vaccine utilization and stock balance at national level. Nigeria has 3 million doses of bOPV that will expire at different times between now and December. Plans are underway to see what can be absorbed as quickly as possible.</p> <p>Email was sent from EOMG Chair, Jalaal Abdelwahab on 23 July to Pakistan, Afghanistan, and Nigeria. VSTT followed up by email on 11 Aug to both the PPT and ATT for submitting vaccine utilization data.</p> <p>After discussion at the VSTT and EOMG, both Afghanistan TT and Pakistan TT are following up with the country teams to initiate reporting from these two countries (still pending). By mid of September 2015, the EOMG has requested the two endemic country programmes which have not started regular reporting (Afghanistan and Pakistan) to share their data on vaccine utilization directly at the next IMB during their relevant country/regional presentation to reflect the status of implementing the SOPs and highlighting the progress and challenges in achieving sub-national level targets for polio vaccine (OPV and IPV) wastage and regular reporting of stock balances. Note: most recently (week of September 21st - the first official report from Afghanistan was received. So far no report from Pakistan)</p>

VACCINE DERIVED POLIO VIRUS

10	Prime Minister of Pakistan and the President of Nigeria each receive a monthly briefing on stopping circulating vaccine-derived polio virus in their countries, to ensure that neither country stands in the way of the planned global withdrawal of trivalent oral polio vaccine.	Potential exists to do this; via the Pakistan PM's immunization working group, and NTFs but has not been regularized to date; and via the Nigerian MOH - but s/he has not yet been appointed. Pakistan has not reported a cVDPV case in 2015 and the last environmental isolate was in March 2015. The last cVDPV isolate in Nigeria was from a case with onset in May 2015.
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AFGHANISTAN

#	RECOMMENDATION	STATUS/ UPDATES
11	Urgent global polio summit is convened on the subject of the persistently missed child, charged with the task of producing a plan that will cut the number of such children by 50% within six months.	<p>The partnership agrees with the focus on and prioritization of addressing the issue of missed children. The approach decided on is one that focuses on country level rather than a global meeting. Within Nigeria and Pakistan there is a clear focus on missed children with specific plans and strategies developed and implemented through the respective EOCs to address missed children. These strategies include rolling out joint investigations to understand the reasons for missed children, developing SOPs to address chronically missed children, and implementing management systems to evaluate frontline worker performance. These initiatives have been commendable but still require more focus to ensure they are systematically implemented at the lowest levels of the programme.</p> <p>EOMG supported AFRO in holding a planning meeting (18-19-August) to roll-out an initiative for addressing SIA quality with focus on missed children and developing and implementing country tailored plans to address this. The Pakistan programme has developed a detailed strategy for reaching missed children before, during and after each round articulating the role of each part of the programme in this strategy. Afghanistan has revised their NEAP and is reviewing existing strategy.</p> <p>The remaining global and local challenges and focus on missed children include:</p> <ul style="list-style-type: none"> • A dedicated focus on reaching persistently missed children with innovative, proven strategies in accessible and inaccessible areas. • The systemic gaps in the quality and use of data across the programme. This includes quality data collection, sharing, systemically analysis, and action on SIA and other programme data to rapidly refocus strategies and priorities; This requires strong management and accountability structures and capacity to be in place similar to those set for EOCs. • Securing Regional Office's capacity to identify focused and strategic areas of support, and help drive the implementation of improvements (EMRO/AFRO)

PERFORMANCE: MOVING FROM ORDINARY TO EXTRAORDINARY

12	GPEI makes funds immediately available to appoint a company with an established track record in process redesign and quality improvement. This company should deploy staff to work in each of the EOCs and at global programme management level. The IMB asks that this recommendation is implemented urgently with the company selected by 1st July 2015, teams in place by 1st August 2015 and initial improvement results posted by the time of the IMB's next meeting, in October 2015.	<p>The Strategy Committee and the POB carefully considered this recommendation and decided to focus GPEI and national efforts and resources on facilitating the continued optimization of EOCs in endemic countries. At the global level a new GPEI coordination and management structure was set up at the end of 2014 in response to recommendations of an extensive GPEI management review in 2014. The midterm review and follow-up on its finding has refocused GPEI strategies, coordination and management processes for more efficient financial and programme planning and coordination. The Programme needs time to implement the recommendations from both efforts, monitor progress and make adjustments as necessary before more change can be absorbed by the Programme.</p>
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