

**Recommendations from the IMB and IMB's External Review of Endemic Countries (as of September 2019)**

#	IMB Recommendation	Recommendation details	Assigned to (RO, TT, etc.)	Response to IMB
1	<b>Mobilise urgent help for multiply-deprived and polio-vulnerable populations</b>	The Polio Oversight Board members should use the stature of their offices urgently to convene key development partners and donors (perhaps as a multidisciplinary taskforce) to plan a rapid, locally-based assessment of the needs of multiply-deprived and polio-vulnerable communities in the three endemic countries; this group should follow through with an action plan to provide a sustainable level of infrastructure and basic services (including water, sanitation, hygiene, and refuse disposal); and urgent resource mobilisation should be part of this work. UNICEF has teams in the WASH programme that can play an important part. WHO has expertise in the Universal Health Coverage programme. The thinking should also encompass the need to engage institutions outside the core of the state where trust in government has been lost.	GPEI (PTT/ATT/ROs)	Please find concept notes on the integrated services package for Pakistan & Afghanistan hyperlinked below.  <b>Background:</b> At the September 2018 POB meeting the UNICEF ED suggested an initiative to support 50 underserved and polio high risk communities in the core reservoir areas of Pakistan and Afghanistan. GPEI network will assist in listing such communities and in their need assessments and then closely coordinate with other relevant units within the organizations like WASH and immunization teams who will develop plans through engagement of other developmental partners. The process has already started in Pakistan and Afghanistan. It is critical that these activities are not funded by GPEI FRR and that implementation is not lead or managed by the polio teams to avoid distraction at such a critical time. Additionally, the list of polio priority geographies should be shared with all development partners who are already GPEI donors/partners to help align and focus their support to these same critical geographies where multiply deprived and polio vulnerable populations reside. <b>Pakistan:</b> The communities have been identified and framework for support has been developed for fundraising. Provision of integrated services has started in targeted areas of Pakistan, specifically in Gadap UC4 in zones A, B, C in Karachi and Peshawar in Shaheen Muslim Towns 1-2. Services include WASH, basic health and nutrition. <b>Afghanistan</b> has developed a plan for working within the priority districts as part of the Framework of Change; UNICEF has initiated work in the areas of health, nutrition, WASH and community based education in the Southern Corridor. This will be further scaled up as additional funds become available.  There will be a further update at the IMB October 2019 meeting.  <b>Hyperlink to dropbox:</b> <a href="https://www.dropbox.com/sh/6571v7i6wezmtm/AAAg44XASdoriS25e-IVzwHia?dl=0">https://www.dropbox.com/sh/6571v7i6wezmtm/AAAg44XASdoriS25e-IVzwHia?dl=0</a>
2	<b>Place the best people in the most challenging areas for poliovirus transmission</b>	The GPEI global leadership, working with countries, should rapidly assess the effectiveness of all teams members, managers and leaders in key areas with emphasis on fatigue level, skills, experience and dysfunctional team working; where positions need to be strengthened, every effort should be made to bring in those with outstanding ability and records of achievement wherever they are currently stationed. Moving forward, a strengthened and refreshed leadership and management cohort should be provided with ongoing formal training, support and mentoring to enhance their effectiveness.	WHO and UNICEF HQs and ROs	WHO and UNICEF HQs in consultation with ROs reviewed staff status including duration of stay, fatigue factor, experience and skills of the staff stationed in the most challenging areas of the endemic countries, particular Pakistan and Afghanistan. This exercise is guiding appropriate changes towards "fit for purpose". WHO HQ HR unit visited Kabul in December to review nature of contracts of their international and national field staff to match and harmonize with entitlements of the UNICEF field staff. UNICEF is also reviewing staff deployment strategies to ensure senior C4D capacity is available for uninterrupted technical support to Afghanistan & Pakistan (revolving and long term staff deployments). Organizations will plan specific training courses on stress management, negotiation skills or other based on the need assessment.  Several leadership transitions have recently occurred demonstrating continued agency prioritization of finding excellent staff, including: New EMRO POL Director; New UNICEF Afghanistan Polio Lead; Long-term Acting WHO Afghanistan Polio Lead; Interim Hub Coordinator; Hub Analytics and Risk Assessment lead; and other key positions
3	<b>Reduce the reporting burden on country programmes and frontline staff and add more value to support their works</b>	The GPEI should seek to reduce non-essential burdens of reporting and information requests placed on the frontline by headquarters and regions; they should change the polio global superstructure to enhance the added value functions, remove wasteful structures and processes, whilst retaining essential accountability elements. Any large organisation failing to deliver its core mission would look at itself in this way. The capability and capacity of the polio frontline is vital.	EOMG	Over the year EOMG and Regional Offices have maintained an effective communication rhythm. The HUB will centralize communication for all functions within GPEI related to AFG/PAK. Data and other requests to countries have been limited to critical issues, such as outbreak response strategy, vaccine and budget and collaborations have resulted in a stronger, better aligned, program .
4	<b>Make Gavi a polio spearheading partner</b>	Adequate routine immunisation is now becoming vital to finishing the job of eradicating wild poliovirus transmission. Poor routine immunisation levels are a cause of vaccine-derived polio outbreaks that are impeding the whole polio initiative. The Gavi Board has just invested \$200 million in the Polio Programme. It made little sense to reject the IMB's 2014 recommendation that Gavi should become a sixth polio spearheading partner. In making this recommendation, the IMB wishes to make clear that it is not the only action that needs to be taken on routine immunisation. In all the discussions leading up to this report, and on many other occasions, deep concern has been expressed by a wide range of stakeholders on the weak and ambiguous roles and relationships at global level necessary to drive forward improvements in routine immunisation coverage. The need to urgently address current dysfunctions is technically outside the IMB's remit but it has to be dealt with. The Polio Transition planning process has an opportunity to do this, if it is able to act quickly enough and exert the necessary authority.	SC	Gavi has become a core member in GPEI governance, with representatives serving on the Polio Oversight Board, Strategy Committee and other GPEI teams. These changes will synergize common immunisation objectives and provide clear lines around fundraising and resource mobilization. On 26 September 2019, the Strategy Committee endorsed the Framework for Gavi-GPEI Collaboration, Principles of Logo use, and Key messages related to the collaborative effort.
5	<b>Establish powerful and effective government leadership arrangements for the Pakistan and Afghanistan Polio Programmes</b>	The GPEI should work with the Pakistan and Afghanistan governments at the highest level urgently to ensure that their national polio leadership and governance arrangements are cohesive, effective, and staffed by individuals who will command respect at all levels of the Polio Programme. The role of the Emergency Operations Centres should be carefully reviewed to ensure that they are not too technocratically led but are well-connected to the political machinery and decision-making.	GPEI (POB/SC), EMRO/ROSA	Afghanistan-Pakistan: Polio Eradication is high on agenda of both Governments.  <b>Pakistan:</b> Newly elected Government of Pakistan has approved NEAP 2018-19 and appointed a Prime Minister's Focal Person on Polio Eradication. The Prime Minister of Pakistan chaired a meeting of the National Task Force on November 9, 2018, attended by Provincial Chief Ministers and Chief Secretaries asking them to redouble efforts to stop poliovirus circulation. Sub-national EOCs, particular in Afghanistan will be reviewed by national team to ensure EOC's capacity and leadership. In July/August Pakistan government re-articulated polio eradication as a key priority and efforts were taken toward a whole of government approach to eradication.
6	<b>Establish a programmatic rule that positive environmental samples should trigger the same response as polio cases</b>	GPEI should immediately change its SOPs to ensure detection of a poliovirus positive environmental sample triggers the same action as the discovery of a polio case; this should be communicated to managers at all levels	PTT and ATT	<b>Pakistan:</b> Following the IMB report, Pakistan's new Prime Minister Focal Person asked the program to treat each WPV positive environmental sample as a confirmed polio case. This would require rapid and thorough field investigation followed by immediate appropriate response. National EOC has communicated this policy to the provincial EOCs. Outcome of these investigations, challenges and responses will be discussed at the Jan 2019 TAG meeting.  <b>Afghanistan:</b> Response to any new polio event, including a positive ES, is part of the NEAP 2019. Actions include: Detailed investigation by the regional rapid response team, including a survey for any change in population profile, recent campaign quality, presence of high-risk populations and population movement patterns and active case search. Program ensures at least three SIAs in the catchment area after date of collection of a positive environmental sample.
7	<b>Improve surveillance in Nigeria and other parts of Africa where the virus may still be hiding</b>	WHO and countries of Africa must ask and answer the hard question: where, in addition to northern Nigeria, might polio be spreading. Surveillance must be Certification-quality, or no one will know if polio is continuing to spread	AFRO and Nigeria Liaison	In September 2018, all African member states endorsed a framework of certification of Polio Eradication. This largely emphasizes improving quality and sensitivity of surveillance, particularly in areas of insecurity, inaccessibility or with persistent gaps in surveillance. Sub-national areas are being mapped out, particularly in Central and West Africa. In 2019, the partnership defined and began conducting remaining data analyses to assess the absence of WPV in Africa. Implementation of the Global Surveillance Action Plan is underway. The plan aims at achieving certification-standard AFP surveillance across the African region with special focus on selected high-priority countries. In addition, countries have started using GPEI's guidelines from 2017 on implementing polio surveillance in hard to reach areas and populations. Another emphasis will be expediting implementation of the environment surveillance expansion plan for AFRO region. All these strategies will provide additional information and confidence to the Regional Certification Commission on absence or presence of poliovirus.  <b>Nigeria</b> is already implementing a number of innovative approaches to strengthen surveillance in the difficult to access areas in the North East. These include use of Integrated Supportive Supervision (ISS), electronic Surveillance (eSurv), Auto-Visual AFP Detection and Reporting (AVADAR) and community informant for inaccessible areas.

8	<b>Bring about much more skilled use of data</b>	CDC should be asked to devise a dynamic methodology to directly support analytic needs during vaccination campaigns. CDC should also lead a series of data insight teach-ins for frontline polio teams to show the sorts of analyses that are most effective at driving improved performance.	CDC and UNICEF (Social data)	<p>CDC is engaging in a detailed three step review of Afghanistan polio country program data, which includes:</p> <ol style="list-style-type: none"> <li>(1) Review of data visualizations and methods for automation of data analysis</li> <li>(2) Categorization of data to recommend reductions in non-essential data collection to reduce the burden on the country team</li> <li>(3) Workshop post-TAG to review findings from the above and discuss best practices for operationalizing the data into improved action on the front lines.</li> </ol> <p>C4D team will critically review the universe of social data that is collected and used in Afghanistan and Pakistan to inform communication programmes and identify capacity gaps and other factors that constrain effective use and application of data. More regular (joint) analysis of SIA communication outcomes to be initiated to ensure data interpretation and deriving of corrective actions. UNICEF</p>
9	<b>Bring new expertise and flexibility in gaining access to restricted areas</b>	The GPEI, working with the United Nations Foundation, should engage an international team of experts in access negotiation to share good practice, innovate and support parts of the Polio Programme that are being denied access to vaccinate children. They should invite help from local religious or traditional leaders and re-engage with the Islamic Advisory Group of Religious Scholars. By every means possible, the GPEI should insulate polio eradication and other health programmes from surrounding insecurity in the remaining poliovirus reservoirs. A new communication and advocacy plan, based on the realities of the local areas is badly needed; UNICEF should address this.	Afghanistan TT, Nigeria Liaison and relevant ROs, UNICEF	<p>Afghanistan: Govt of Afghanistan in consultation with partners has launched a "framework of change (FoC)". Different components of this new approach offers flexibility in vaccinating children living in the inaccessible areas, taking into account local knowledge and context. Part of the FoC is a contingency plan for the inaccessible areas, including site-to-site vaccination approaches, IPV OPV vaccination, addition of OPV to measles campaign and strengthening of permanent transit teams from all exit/entry points. Stronger support and accountability is also part of this approach (Document attached).</p> <p>Nigeria: Innovative approaches, particularly Reach Every Settlement (RES) and Reaching Inaccessible children (RIC) supported by Military, Civil administration and use of latest technology, continues to help the Nigeria program expand access. The estimated number of inaccessible children has been reduced to 70,000 in October 2018, compared to 100,000 in September 2018 (Report attached). Use of technology is also helping in mapping inaccessible areas, Islands and highly mobile populations in other Lake Chad Basin countries. These interventions have helped reaching additional children for vaccination (Reports attached).</p> <p>A new communication and advocacy plan based on the local context is being developed by UNICEF to address mistrust in program, vaccine safety, program neutrality etc. Pakistan completed</p>
10	<b>Starting at the top, the polio programme should reflect all the relevant attributes of an emergency response and ensure a sense of urgency and flexibility at all levels</b>		GPEI (PTT/ATT/ROs)	<p>With the launch of Global New endgame strategic plan and revised NEAPS 2019-20 there is enhanced focus to instill spirit and attributes of emergency response. On outbreaks, temporary recommendations of the emergency committee on IHR are implemented and reports are monitored quarterly. In addition, the program has adapted WHE grading system that facilitate faster flow of funds and resources as well as regular reporting. A fully dedicated regional Rapid Response Team is established at Brazzaville to ensure immediate technical, coordination and outbreak management support. Additional type 2 vaccine bulk is being processed to have adequate vaccine for any worst case scenario. Clinical trial on safety and immunogenicity of genetically stable novel OPV2 is expedited. Afghanistan has launched new framework of change to vaccinate children in security compromised areas. High level negotiation has recently announced lifting ban on vaccination in Afghanistan. Program is planning to mount fixed site vaccination in next two weeks. Following recent TAG recommendations, Pakistan has clear plan to put the program back on track with huge focus on regaining community trust and support. Each environmental positive sample in Pakistan-Afghanistan already triggers response like for a confirm case. Communication for eradication strategy including crisis communication, Perception management initiatives is the primary focus for 2019-2020. Accelerated implementation of southern and Northern corridor actions plans are underway.</p>
11	<b>Programme needs should drive budget requests and every effort should be made to ensure the necessary human and financial resources</b>		GPEI	<p>The programme does and has always driven budget requests. Major efforts are being made to raise required resources. The NEAPS in the three endemic countries were fully funded in 2018 and efforts are currently ongoing to raise the required resources for 2019-2020. As part of fund raising for endgame strategic plan 2019-2023, pledging event is planned for November and hosted by the Crown Prince of Abu Dhabi. Program has also finalized contingency budget to ensure continuation of eradication activities in case of any shortfall. The 2020 Contingency budget that GPEI is currently operating under elevates programmatic risk and efforts to accelerate fundraising need to continue.</p>
12	<b>Transition planning should not be allowed to distract countries from the primary task of eradication</b>		GPEI	<p>Eradication is the number one priority in the endemic countries. Transition planning is not distracting countries from this priority.</p>