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

1. 

**Make Gavi a polio spearheading partner**

The Polio Oversight Board members should use the influence of their offices urgently to encourage 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 package of infrastructure and basic services (including water, sanitation, hygiene, and refuse disposal) and urgent resource mobilization should be part of this work. UNICEF has teams in the WAH-PI 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 states where trust in government has been lost.

**Response to IMB**

GPEI (~17/18) should immediately change its SOPs to ensure detection of a poliovirus positive environmental sample is a priority. WHO and countries of Africa must ask and answer the hard question: where, in addition to the priority districts as part of the Framework of Change, UNICEF has embarked work in the area of nutrition, health, education, and community-based education in the Southern Corridor. This will further scaled up as additional funds become available.

There will be further update in the IMB October 2019 meeting.

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2. **Place the best people in the most challenging areas for polio transmission**

The UNICEF global leadership, working with countries, should rapidly assess the effectiveness of all teams members, managers and leaders in key areas with emphasis on polio-vulnerable areas, and experience and functional team working; where positions need to be strengthened, every effort should be made to bring in those with outstanding ability and records of achievement whenever they are currently stationed. Moving forward, a strengthened and reformed leadership and management board should be provided with ongoing formal training, support and mentoring to enhance their effectiveness.

**Response to IMB**

UNICEF and WHO (ROs) and UN and WHO and should update their staff status including duration of stay, fatigue factor, experience and skill of the staff stationed in the most challenging areas of the countries, particularly Pakistan and Afghanistan. This exercise is guiding appropriate changes towards ‘fit for purpose’. UNICEF Hub unit asked Kabul in December 2019 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 unanticipated technical support to Afghanistan and Pakistan (monitoring 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 agenda prioritization of finding excellent staff, including: New EMRO POL Director; New UNICEF Afghanistan Polio Lead; long term Acting WHO-Afghanistan Polio Lead; Interim Risk Coordinator; Interim Analysis and Risk Assessment lead; and other key positions.

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3. **Enable the reporting leaders on country programmes and frontline staff and add more value to support their work**

The UNICEF should work to reduce non-essential leaders of reporting and information requests placed on frontline by headquarters and region; they should change the polio global surveillance to enhance the oldest value functions, remove wasteful structures and processes, while retaining essential accountability elements. Any large organisation failing to deliver its core mission would look at itself in this way. The capacity and capacity of the polio frontline is vital.

**Response to IMB**

UNICEF, WHO and UNICEF have maintained an effective communication rhythm. The hubs will coordinate communications for all functions within GPEI related to Afghanistan. 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, genuine effort.

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4. **Provide a polio spearheading partner**

Credible routine immunization is becoming essential to prevent the talk of eliminating and polio transmission. First routine immunization levels are a cause of vaccine-derived polio outbreaks that are impacting the whole polio initiative. The Gavi Board has now invested $300 million in the Polio Programme. It makes little sense to reject the IMB’s 2018 recommendation that Gavi should become a core partner to spearhead the initiative. Making this recommendation, the IMB wonders to make clear that it is not the only action that needs to be taken on routine immunizations in the different countries and regions. It has been expressed the need to build a sustainable surveillance on the weak and ambiguous roles and responsibilities across the level of routine immunization. The need to target current and current situations is relatively contained within the UNICEF’s vision but this is to be dealt with. The Polio Transition planning process has an opportunity to do this, if it is able to do a quality effort and even the necessary authority.

**Response to IMB**

Afghanistan: Pakistan/India eradication is a big agenda to achieve every immunization activity and provide clear lines around fundraising and resource mobilization. On 30 September 2019, the Strategy Committee endorsed the Framework for Gavi-GPEI Collaboration, Principles of Logic, and key messages related to the collaborative effort.

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5. **Establish powerful and effective governance arrangements for the Pakistan and Afghanistan Polio Programmes**

The UNICEF should work with the Pakistan and Afghanistan governments of the highest level to ensure that their national polio leadership and governance arrangements are cohesive, effective, and staffed with individuals who will command respect at all levels of the Polio Programmes. The role of the Emergency Operations Centres should be carefully reviewed to ensure that they are not too technologically led but are well connected to the political machinery and decision-making.

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6. **Establish a pragmatic risk-adjusted positive environmental sample that would trigger the same response as polio cases**

The UNICEF should immediately change its SOPs to ensure detection of a positive polio environmental sample triggers the same action as the discovery of a polio case, this should be communicated to managers at all levels.

**Response to IMB**

Pakistan: 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 8, 2018, attended by Provincial Chief Ministers and Chief Secretaries asking them to redeploy efforts to stop polio circulation. Sub-national ECCRs, particular in Afghanistan will be reviewed by national team to ensure ECCRs’ 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.

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7. **Improve surveillance in Nigeria and other parts of Africa where the virus may still be lurking**

IMB and countries of Africa must act and answer the fund questions, 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. Surveillance in Nigeria and other polio-vulnerable states should be implemented at the highest priority.

**Response to IMB**

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, invisibility or where persistent gap in surveillance. Sub-national areas are being mapped out, particularly in Central and West Africa. In 2016, the partnership defined and began conducting remaining data analysis to assess the absence of WPV in Africa. Implementation of the Global Surveillance Action Plan is on track. The aim is achieving certification-attained SDP 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 is to reach areas and populations. Another emphasis is to be expediting implementation of the environment surveillance expansion for AFRO region. All these strategies will provide additional information and confidence to the Regional Certification Commission on existence or absence of poliovirus.

Nigeria 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 Sur VEIS (s), electronic Surveillance (iSan), Auto-Visa APF Detection and Registration (KADASI) and community mobilization for inaccessible areas.

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Bring about much more skilled use of data

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 should:

1. Review of data visualizations and methods for automation of data analysis.
2. Construction of data feeds required in a non-redundant data collection to remove the burden on the country team.
3. Workshop to review findings from the above and discuss best practices for operationalizing the data into improved action on the front lines.

UNICEF 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 use of SAF communication outcomes to be initiated to ensure data interpretation and tailoring of activities.

Bring new expertise and flexibility in gaining access to restricted areas

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 facilitate eradication and other health programmes from surrounding insecurity in the remaining poliovirus reservoirs. The programme should support the vaccine “reach centers” and the polio teams.

Eradication is the number one priority in the endemic countries. Transition planning is not distracting countries from this priority.

Starting at the top, the polio programme needs to be re-focused to support eradication as the number one priority. There is need to ensure that transition planning should not be allowed to distract countries from the primary task of eradication.

The programme needs should drive budget requests. Major efforts are currently ongoing to raise the required resources for 2019-2020. As part of fund raising for endgame strategic plan 2019-2023, key events are 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 negotiating with partners to ensure continuation of eradication activities.

Afghanistan:

Eradication: GPEI in consultation with partners has launched a “Framework of change” (FoC) different components of this new approach offer 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 waypoints. Stronger support and accountability is also part of this approach (Document attached).

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 programme 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).

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 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.

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