

Risks, risk mitigation and contingency planning

9.1 The *Polio Eradication & Endgame Strategic Plan 2013-2018* has been designed to achieve polio eradication taking into account the specific challenges of each of the four major objectives. Unexpected factors and external risks can delay or undermine the GPEI's ability to achieve the Plan's objectives. Recognizing risks, identifying mitigation options and articulating contingency plans enhance the GPEI's ability to rapidly react to problems.

9.2 Six major forward-looking risks have been identified under two headings:

Input risks

1. Insufficient funding
 2. Inability to recruit and retain the right people
 3. Insufficient supply of appropriate vaccines
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Implementation risks

4. Inability to operate in areas of insecurity
 5. Decline in political and/or social will
 6. Lack of accountability for quality activities
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9.1 INSUFFICIENT FUNDING

9.3 **Risk:** All activities in this Plan must be funded, sufficiently in advance to allow implementation as scheduled and at a high standard. As outlined in Section 10.3, the GPEI projects a financial requirement of US\$ 5.5 billion for the 2013-2018 period.²⁷ The larger the gap in financing, the more planned activities would need to be cut and the higher the risks of failure to complete eradication.

9.4 **Risk-mitigation activities:** To secure full funding, donors must have confidence that the GPEI will deliver and that the benefits of a polio-free world are worth the investment. Donor input has been incorporated into the GPEI strategy on an ongoing basis. In addition to traditional funders, innovative finance mechanisms and alternative sources of funding – including new donors – are being explored as part of the ongoing resource mobilization effort. Emphasis is being placed on upfront long-term commitments to provide greater certainty on the likelihood of full GPEI funding. Over time, if funding gaps appear, new opportunities for fundraising from traditional and non-traditional donors and other sources will be explored.

9.5 Multiple options are currently being developed to ensure a robust cross-agency resource mobilization effort following the Global Vaccine Summit²⁸ in Abu Dhabi in April 2013, to help operationalize funding commitments and fill any funding gaps. By mid-June, 2013, new resource mobilization structures are expected to be in place to guide and drive the post-Vaccine Summit fundraising effort.

²⁷ See section on financial resources and management.

²⁸ See <http://globalvaccinesummit.org/>.

9.6 Of equal importance is the careful stewardship of raised funds, active cost management and continued transparency with donors. Continuous improvement related to the GPEI's operations will be critical, particularly as vaccine and vaccination approaches evolve between 2013 and 2018. The GPEI will also maintain an increased level of transparency with key constituents – including donors – on the sources and uses of funds and how to manage deviations in either.

9.7 **Contingencies:** Without the necessary donor confidence and funding, the programme will not reach eradication in the planned timeframe and its focus and activities will necessarily be narrowed in relation to the size of the funding gap. If extreme, this restriction could occasion the paring back of activities, according to a predetermined GPEI priority scheme. This mandates the list of top five priorities that the GPEI strives most to protect: core staff, the Surveillance and Laboratory Network, endemic country SIAs, outbreak response and high-risk/other country SIAs. All other programme aspects would risk being cut.

9.2 INABILITY TO RECRUIT AND RETAIN THE RIGHT PEOPLE

9.8 **Risk:** Individuals with technical expertise, management skills and the ability to navigate the local, social and political dynamics are necessary for eradication completion. Quality will suffer without these individuals. Talent shortages have already been experienced. In addition, as the end-2014 projected date for WPV interruption approaches, the risk of turnover increases, as individuals seek alternative opportunities, assuming polio activities will be wound down, as does the risk of perverse incentives for the polio workforce not to complete eradication.

9.9 **Risk-mitigation activities:** First, the GPEI will systematically evaluate the consultants and the Stop Transmission Of Polio (STOP) team²⁹ resources and focus on retaining the highest performers. Second, the programme will recruit with a long-term mindset, reminding current and potential staff that they have an opportunity to secure longer-term employment, particularly under future legacy arrangements. Third, the GPEI will undertake a new recruitment drive to establish a global roster for key skill sets.

9.10 **Contingencies:** In very limited cases, the GPEI will consider more extreme measures to get the right people in the right places. These measures will include increased compensation and/or incentives to get the most talented staff to work in challenging geographies. Similarly, international staff could be reallocated to difficult areas. In addition, outsourcing will be considered.

9.3 INSUFFICIENT SUPPLY OF APPROPRIATE VACCINES

9.11 **Risk:** Owing to a variety of factors that include the need to respond rapidly to changing epidemiology, periodic vaccine supply shortages have been experienced, threatening and, in some cases, causing programmatic disruptions. In 2012, unanticipated cVDPV type 2 outbreaks in Somalia, Kenya and Chad required unexpected (and urgent) demand for tOPV.

²⁹ STOP participants are skilled, short-term consultants who provide field support to polio immunization programmes.

Additionally, the delisting of WHO prequalified bOPV and tOPV products from two major OPV suppliers contributed to an overall global shortage of OPV in 2012.

9.12 Risk-mitigation activities: For the tOPV-bOPV switch, the GPEI will bring in new suppliers, continue to support the possible re-entry of delisted products and maintain production (avoiding shutdowns) to ensure sufficient supply. To incentivize reliable production and supply, the programme will offer longer-term production contracts through 2016 and prioritize support to national manufacturers to ensure all countries have access to bOPV in advance of OPV2 withdrawal.

9.13 For the introduction of IPV, in addition to volume purchasing of existing IPV products, the GPEI is pursuing the development of two low-cost IPV options: adjuvanted intramuscular IPV and intradermal fractional dose IPV. The GPEI will also work closely with manufacturers and regulatory authorities to establish the basis for regulatory approval and licensure. Similar to OPV supply, the GPEI will seek to incentivize production through longer-term contracts.

9.14 Contingencies: Without sufficient vaccine supply, eradication will likely not meet the planned timelines. Assuming insufficient supply, vaccine delivery priorities will be based on the prevailing epidemiology. In the near term, this would mean a focus on the endemic countries and interrupting transmission. An IPV supply shortage could be managed by subsidizing whole dose IPV until low dose becomes available.

9.4 INABILITY TO OPERATE IN AREAS OF INSECURITY

9.15 Risk: For many years, the polio eradication programme has operated successfully in countries with challenging security environments. However, threats to security increased significantly in 2012, as was forcibly demonstrated by the assassinations of polio eradication health workers in Pakistan in December. In 2013-2014 in all three remaining endemic countries, complex security issues that the programme cannot control may delay expected progress in the areas of persistent transmission. In northern Nigeria these include the killings of polio workers and the increased threat of kidnapping of international staff in addition to the ramifications of ongoing conflict (although the situation appears to be improving as the government has experienced success in dealing with militants, resulting in fewer and less damaging attacks). The security threats in Pakistan involve the killings of polio workers and the Pakistan Taliban's vaccination ban in North and South Waziristan. In Afghanistan, the potential for increased instability is due to the eventual withdrawal of coalition forces. Pending elections in Afghanistan and Pakistan as well as the potential for rising tensions may complicate already difficult situations.

9.16 Risk-mitigation activities: The GPEI is introducing multiple strategies at the international level to help ensure the safety of staff and the ability to access children. They include investing in political and security analysis to better understand evolving contexts; strengthening security coordination and communications across GPEI partners; reinforcing the capacity for political and conflict analyses; and continuing the study of best practice in the handling of security threats in a humanitarian context. Recognizing that each situation is unique, the GPEI has identified a range of tactics to improve execution quality. Of primary importance

is gaining community acceptance. Creating new alliances and partnerships with Muslim and Islamic financial, social and development-oriented institutions will promote greater public confidence in areas where polio is making its last stand. The GPEI is deepening its engagement with the Organisation of Islamic Cooperation and other Islamic institutions to increase public support, access and demand for polio vaccination.

9.17 For the three remaining endemic countries and Somalia, the GPEI has established a Strategic Framework for Polio Eradication under Complex Security Threats. It outlines the security threats in each country and identifies key strategies to mitigate them and maintain continuity of programme operations. The basic elements of the framework are:

- operational adjustments to polio campaigns
- programme safety and security
- community demand
- religious leaders' advocacy
- measures to prevent poliovirus spread.

9.18 Host government capacity and strength of response are the most important factors in risk mitigation, supported by local threat assessment, security planning, coordination and strategic deployment of security assets. Within the Strategic Framework, a key element is the development of security access operations plans with the overarching principle to “Stay and Deliver” – maintaining polio eradication programme criticality at a high level across the United Nations, ensuring safety and security mechanisms go beyond hardware and a bunker approach, and instituting strong local capacity for threat assessment, conflict analyses and negotiations with all parties. The framework will also seek to maximize the use of local versus international staff, who should have expertise in conflict, political mapping and associate skills. It will be complemented by structures and practices that promote transparency and accountability.

9.19 Strengthening security capacity – including an emphasis on training polio managers on security management, accountability and engagement strategies – will help prepare staff to handle issues as they arise. The engagement model going forward will focus on enhanced coordination and information sharing, including engagement with the UN Department of Safety and Security, UN security, resident coordinators, UN country teams and local government security forces.

9.20 Security analysis will also be disaggregated to a more local level to identify and engage non-traditional partners and decision-makers, and to allow for the effective identification of issues and the development of area-specific strategies. This approach has been used in limited ways in Afghanistan and has offered valuable insight into the nature, timing and duration of conflict and calm.

9.21 Finally, the GPEI is exploring the viability and potential of packaged health services delivery or “pluses”. Fatigue associated with campaigns and distrust for the programme may be overcome if a larger set of health services are offered that deal with other acute needs (e.g. clean water).



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Political and social factors, which are often beyond the remit of public health, can create risks to polio eradication. These include insecurity or conflict, or local opposition to the programme. Careful planning and thoughtful, appropriate advocacy goes into meeting and mitigating these risks.

9.22 Contingencies: A series of contingencies may be utilized in regions where insecurity cannot be managed and access to children is restricted despite the best efforts of national governments and the international community. Following WHO Executive Board deliberations and guidance in January 2013, an International Health Regulations committee would be convened to advise the Director-General of WHO on additional measures that should be implemented to reduce the risk of international spread, which might include recommendations on the vaccination of travellers in and out of inaccessible areas and, if necessary, travel restriction into those areas. Eradication efforts would rely heavily on vaccination points in and out of inaccessible areas, with an effort to increase the vaccination coverage of surrounding areas. Civil-military structures would be revisited to see how they may be helpful and the GPEI would consider substantially increasing incentives for periods of calm and invest in advocacy and mediation for corridors of peace for vaccination. In addition, the polio infrastructure would be used to support the rapid extension of immunization services in specific areas with the addition of IPV and, during windows of opportunity, an expanded age range of children (up to 15 years of age) would be vaccinated.

9.5 DECLINE IN POLITICAL AND/OR SOCIAL WILL

9.23 Risk: Three different issues related to political and societal commitment may threaten the success of eradication efforts. The first is the loss of momentum often sustained during periods of political change, including elections and governmental transitions. The second is the risk that subnational-level political entities will resist national government commitment to eradication, complicating cooperation. The third is the risk of communities' reduced or limited interest in polio eradication activities. The reasons for this waning consideration vary according to the local context, but include fatigue, problems with polio staff or health staff, misunderstanding, lack of information, religious and or local practices, marginalized or vulnerable groups, and mobile and nomadic population groups.

9.24 Risk-mitigation activities: Structures and mechanisms have been, and will continue to be, established in each of the endemic countries to ensure that strong support for eradication efforts at a national level are continued and that a similar commitment exists at the state and district levels. Eradication efforts must imperatively be institutionalized and not intertwined with individual political actors. In certain circumstances it may also be necessary

for GPEI partners to consider assuming increased responsibility for national programmes and bringing in additional, experienced outside talent until federal-level transition is complete. Support from bilateral and multilateral organizations will be sought to help influence these types of situations. To counter community and health-worker disinterest, appropriate strategies will be developed to promote local ownership and advance leadership that helps communities embrace the goals of eradication, by addressing specific needs and requests.

9.25 Contingencies: If eradication efforts are impeded due to political resistance, and advocacy from the national, regional and international leadership does not translate into timely action, the GPEI may be left with little choice but to postpone activities and allow the situation to improve before resuming operations.

9.6 LACK OF ACCOUNTABILITY FOR QUALITY ACTIVITIES

9.26 Risk: Accountability against established programmatic targets and outcomes – at all levels (global, national, regional, district, organization, individual) – is critical to reaching key eradication milestones. While detailed plans on reaching these targets and outcomes exist at national levels, no legal framework holds the GPEI partners and countries accountable. The inability to impose meaningful consequences for missing or failing to achieve targets poses threats to the Plan's full execution.

The GPEI is continuing its efforts to enhance its governance structure, for example by raising issues to the United Nations General Assembly and consistently keeping polio on the World Health Assembly agenda.

9.27 Risk-mitigation activities: This strategic Plan details critical targets and indicators by objective, with specific ownership assigned against each, which will promote greater transparency and accountability, allowing the GPEI to clearly understand, at any point in time, whether and how much progress has been made and who is responsible. Furthermore, the GPEI is continuing its efforts to enhance its governance structure, for example by raising issues to the United Nations General Assembly and consistently keeping polio on the World Health Assembly agenda, and stressing global-level accountability and deliberating international health regulations for non-compliance. The World Health Assembly governs the scope and direction of the GPEI at the global level. At the management level, the GPEI has refined its structures to ensure greater accountability with management groups reporting to the Polio Oversight Board. At the national level, polio programme managers report directly to Presidential/Prime Ministerial Task Forces.³⁰ The IMB provides a vital independent oversight function and will be sustained and used as a mechanism to shine light on risk-bearing issues.

9.28 Contingencies: If plans are not followed and targets and outcomes are missed, it may be necessary to escalate issues to international bodies. In addition, although challenging to orchestrate in a manner that is not counter-productive, the GPEI may consider forms of punitive consequences as a last resort.