February 28, 2015

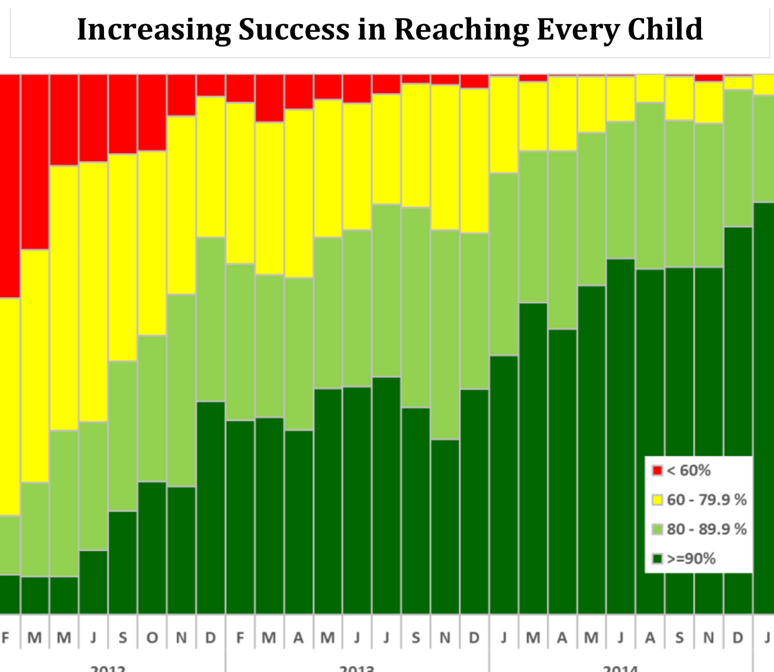
Dear Colleagues,

Last month, I wrote about the biggest challenge facing GPEI at the beginning of 2015: supporting Pakistan's efforts to stop polio. This month, I would like to focus on the program's most significant success since India became polio free: the turn-around in Nigeria. While we don't know yet whether the country is free of wild poliovirus, there has been tremendous progress. This progress can be attributed to many factors, including a scale-up in resources; strong leadership from the Nigerian federal government; greater involvement of state leaders, particularly in Kano and Sokoto, and of the private sector; and greater accountability at all levels.

The establishment of emergency operation centers (EOCs) in Abuja and several states, with financial support from the Bill and Melinda Gates Foundation, supported many of these advances. The national EOC, first operational in 2012, enabled four transformational changes:

1) Greater government control and engagement;
2) Greater partner coordination;
3) More effective use of data to improve performance; and
4) Continuous innovation.

The first two—greater government engagement and partner coordination—are related. When the EOC was established, the partners working on polio in the country agreed to meet regularly and use the EOC as the venue for all important decision-making. The government was firmly at the head of the EOC. For the first time, they had direct, unified supervision of the program, along with the support of partners. Important decisions were reviewed and debated, with the Nigerian government overseeing the deliberations and making the ultimate decision when consensus was elusive. This drove more effective partner coordination.



Results of "lot quality assurance sampling" ("LQAS"), 11 highest risk northern states, Nigeria, January 2012 to January 2015. The results are an indicator of the coverage achieved in each SIA.

The EOC's use of data for decision-making has risen to an impressive level. Their tracking of performance indicators around immunization campaigns is particularly instructive. In early 2012, the program had been attempting to collect a long list of indicator data, but those data arrived after considerable delay and were incomplete. In mid-2012, the program pared this list to a more

manageable number of indicators, insisting that they be reported without fail and at pre-specified time points before each campaign. For the first time, this provided national and state programs a real-time view of the degree of preparedness at the local government authority level before the campaign began. The data also gave public health workers a chance to intervene to fix problems or delay the campaign until the problems could be resolved, as well as to identify systemic problems requiring attention. Interestingly, this approach was inspired in part by a highly effective dashboard that led to improvements in program performance in Pakistan in 2011 and 2012. These data now allow the Nigerian program to better monitor performance and drive improvement.

The EOC has also become remarkably innovative—so much so that it would be difficult to list all innovations deployed. A few examples include:

- Identification and outreach to underserved populations;
- Prioritization of high-risk areas;
- Development and deployment of management support teams;
- Health camps; and
- Many innovations to address inaccessibility in insecure areas of the northeast, such as "directly observed polio vaccination" (a genuinely home-grown strategy) and transit-point vaccination (an outside strategy adapted to fit the unique Nigerian setting).

The national polio EOC was also crucial to Nigeria's successful response to the Ebola outbreak last year in Lagos and Port Harcourt. Shortly after the start of that outbreak, an EOC was established to direct the response in Lagos. The deputy incident manager from the Abuja EOC and several of the polio program's key staff were temporarily reassigned to run the EOC. Forty polio-trained Nigerian physicians helped lead and conduct the response effort, which identified 799 contacts, made 19,000 home visits, found 19 secondary Ebola cases—effectively stopping the outbreak. In the middle of this Ebola crisis, the remaining polio staff managed an extensive polio vaccination campaign with no decline in performance, which demonstrates the strength of the polio infrastructure in place at the time.

EOCs and emergency management concepts can play a valuable role in polio eradication, as well as in public health in general. The experience in Nigeria is a demonstration of how, with firm commitment from all partners, a government can lead a remarkable transformation. Furthermore, late last year in Pakistan, the Bill and Melinda Gates Foundation funded development of a national polio EOC in Islamabad and five provincial EOCs. The Government of Pakistan committed to providing leadership for these EOCs. This partnership will direct its efforts through the EOCs to help Pakistan achieve its goal of becoming polio-free.

As always, thank you for what you do to protect the world's children.

Thomas R. Frieden, MD, MPH
Director, U.S. Centers for Disease Control and Prevention
Chairman, Polio Oversight Board

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Angelique Kidjo