

IMB recommendations and final GPEI response

The 14th report of the IMB was received in June, 2017, and the response and status by recommendation presented below were developed by the GPEI governance management groups and the Strategy Committee, in consultation with regional offices.

#	RECOMMENDATION	OWNER	RESPONSE/STATUS
1	There are concerns about the quality, reliability, capacity and authenticity of surveillance data in areas across the whole Polio Programme. THE IMB RECOMMENDS that the reviews of surveillance currently being conducted by the GPEI should be revisited to ensure that they address: action to identify and close surveillance gaps at the national and subnational levels; plans for special case detection initiatives in all areas of inaccessibility; prompt and precise identification of areas (both national and subnational) where data quality is weak; clear courses of action for identification and resolution of data manipulation. A single consolidated report reviewing surveillance should be published as a matter of urgency. This will make the issues much more transparent and mean that the GPEI can rapidly improve surveillance in blind spots, including through direct outreach to Heads of State. The IMB will ask for a special report on polio surveillance at its next meeting.	STT	<p>1. The Surveillance Task Team (STT) completed a 3-day consultative workshop in July to review lessons learned in conducting surveillance in hard to reach areas/populations. Guidance on supplementary surveillance activities that could be used in areas with specific surveillance challenges, e.g., access, conflict areas, or high-risk populations, will be included in a surveillance action plan which is expected to be finalized by January 2018. Monitoring and assessing performance of these strategies will involve both desk and field assessments with country and regional partners. Output: Document likely/tested solutions to known surveillance challenges/weaknesses; first draft to be shared with countries and partners by 15 November, 2017.</p> <p>2. To make best use of available data as part of a global desk review, the STT is actively developing a consolidated global surveillance assessment by country that will systematically examine surveillance performance and quality including in areas with small populations, with a</p>

		<p>specific focus on high-risk and access-limited populations. As noted by the IMB, quality, reliability, and authenticity of surveillance data used in such assessments is a concern. The assessment will incorporate recently-developed data quality flags that may identify systematic issues in the plausibility of surveillance data.</p> <p>Output: A summary of the global surveillance desk assessment has been included in the separate surveillance report to the IMB.</p> <p>3. This global assessment will serve as a means of prioritizing and guiding in-country desk and field evaluations. In geographic areas with identified issues, such as in Nigeria, specific in-country surveillance and data quality evaluations by data experts from GPEI were completed in September, 2017.</p> <p>Outputs:</p> <ul style="list-style-type: none"> • A summary of the surveillance desk assessment in endemics has been included in the separate surveillance report to the IMB. • An example of revised surveillance desk assessment has been included in the separate surveillance report to the IMB. <p>4. The STT is working with WHO regional and country offices to assess reasons for poliovirus surveillance (AFP, ES) weakness. The STT also plans to engage with countries to plan and monitor the progress of surveillance strengthening activities.</p> <p>Output: Important surveillance strengthening efforts</p>
--	--	--

			<p>have recently been implemented by GPEI with countries to improve surveillance in targeted areas. Field assessments began in August 2017 and are ongoing (see attached plan of support).</p> <p>The Pakistan program reports that risk-based review, verification, and support were established by the National EOC Surveillance for Eradication Task Team in June 2016, to include the following activities:</p> <ul style="list-style-type: none"> • Targeted external surveillance reviews conducted by the National EOC; 13 district-level reviews conducted to date for this NEAP period • Quarterly National and Provincial Joint Surveillance Reviews (most recent review conducted 12-13 October in Karachi) • Enhancement of AFP verification mechanisms • Full implementation of electronic reporting systems from active and zero-reporting sites, ensuring compliance, timeliness, and completion at the lowest level; system has been in place for the last 3 months for active and zero-reporting, and compliance is improving • Shift from the AFP surveillance data system to a new, integrated surveillance reporting system (system has been developed and piloted in two provinces and will be active nationwide in Nov) <p>Maintaining access to all children in fragile areas in the African region</p> <ul style="list-style-type: none"> • The Region along with the STT is reviewing
--	--	--	---

			<p>indicators to identify areas where there may be signs of poor data quality (e.g., consistently reporting 100% stool adequacy, suggesting filtering of data). Other initiatives include:</p> <ul style="list-style-type: none"> ○ Auto-Visual AFP Detection and Reporting (AVADAR) by communities through use of smartphones, focusing on high risk areas ○ Expanding Geographical Information System (GIS) technologies for tracking and providing “real-time” evidence of passive and active surveillance activities conducted ○ Training for 20 countries in these technological innovations, and priority to be delivered to Lake Chad countries
2	<p>The number of children “not available” for vaccination in Pakistan whilst away from home elsewhere in the union council or district is far too high. THE IMB RECOMMENDS that the Polio Programme in Pakistan should urgently review and enhance local microplanning, as well as methods of harvesting highly granular local knowledge on individual children’s whereabouts. Experience of the best performing local teams should also be distilled. This should all be used to create a best practice template to match vaccinator visits with the timing of “return home” children who were away in the local or district environs.</p>	<p>PTT (in coordination with EMRO/MENA)</p>	<p>The Pakistan Task Team (PTT) supports this recommendation, and suggests expanding the focus to include the big picture, instead of focusing solely on data from administrative sources.</p> <p>The Pakistan country program will implement a focused approach to improving microplanning, especially in all mobile team areas. More specifically:</p> <ul style="list-style-type: none"> ● A revised training plan for Areas in Charge (AIC) is ongoing, with the goal of ensuring that all AICs have a good microplan at the end of their two-day training. There will be two days devoted to microplan development and validation in the countdown before every round.

			<ul style="list-style-type: none"> • All AICs will be expected to ensure that new settlements and high-risk mobile populations (HRMP) are included in updated microplans • All recording, compilation and reporting tools are being reviewed and revamped with a special focus on capturing HRMP populations, “zero-dose” or under-immunized children, and persistently missed children • An internal and external assessment and validation of quality of microplanning are being conducted • With the goal of reducing the true number of “unvaccinated” children at the end of each of campaign, increased focus will be given to the recording, tracing, and vaccinating of missed children in mobile team areas • The above activities were partially implemented in conjunction with the 18 September NIDs and are expected to be completed by the October SNID
3	<p>The number of so-called “Guest children” regularly moving with their families from place to place across Pakistan and Afghanistan is huge. The numbers amongst them who do not receive the polio vaccine even after catch-up immunisation activities is in the hundreds of thousands. THE IMB RECOMMENDS a paradigm shift in approach to this population that puts major emphasis on finding and vaccinating children in their residential bases, no matter how short their stay is. The Pakistan and Afghanistan programmes should</p>	<p>ATT, PTT (in coordination with EMRO/MENA)</p>	<p>The Afghanistan and Pakistan programmes have prioritized High-Risk Mobile Populations (HRMP), particularly following TAG recommendations and recent common reservoir meetings held in July and August.</p> <p>To coordinate these efforts a special task-team has been established within the Afghanistan EOC to coordinate with the HRMP team in Pakistan.</p> <p>Current status in Afghanistan:</p>

	<p>establish a new strategy to address this issue based on integrating mobile populations into the whole process of microplanning and local programme management, and enlisting community leadership in vaccination efforts.</p>		<ul style="list-style-type: none"> • Communication network survey data from March 2017 is available from all immunization communication network (ICN) districts • Data on guests and their area of origin are available • Vaccination strategies: covered during SIAs, Permanent Transit Teams (PTT), Cross Border Teams (CBTs), and Community Health Volunteers (CHVs) <p>Being initiated in Afghanistan:</p> <ul style="list-style-type: none"> • New household team tally sheet with data on guest children linked to the house-based microplans; the revised tally sheet has been piloted in the south as well as in 2 districts of Kunar province, and will be used country-wide starting with the November SNID • Quarterly ICN surveys; inclusion of guest children in new ICN register • Guests will be included in a mini knowledge, attitude and practices (KAP) survey; surveyors have been trained and data collection will begin at the end of October • Identification of areas with high guests after each campaign and focus on frontline worker (FLW) trainings in these particular areas; activity began in August, 2017 • Reinforcing PTTs and CBTs as per the guest data; activity began in September, 2017 and is ongoing • Alignment of all tools/variables with the Pakistan
--	--	--	--

			<p>programme; activity began in July, 2017 following a joint meeting in Amman</p> <p>In Pakistan, an effort to understand the phenomenon of guest children, the national program management team has approved a revised tally sheet for mobile teams that captures guest children. This information will be utilized as a separate count from the target of indigenous children and results will be compiled as a separate entity. Close coordination with neighbouring Union Councils (UCs) and districts within the province and between provinces will be key.</p> <p>Specific activities in Pakistan include:</p> <ul style="list-style-type: none"> • Ensuring the understanding of the pattern of movement of true HRMP groups between transmission hotspots; activity began on 01 July 2017 • Establishing an inter-EOC National Working Group on HRMP with explicit responsibility for ensuring coordination of all aspects of HRMP operational planning and risk mitigation • Aligning tools with the Afghanistan team • Prioritizing districts and UCs with the highest concentration of HRMP groups
4	All available sources of data show that the levels of routine immunisation in the polio-vulnerable areas of Pakistan and Afghanistan are very poor, despite substantial investments by Gavi and other groups. THE IMB RECOMMENDS that a special taskforce be	SC/POB	<p>GPEI agrees that strengthening RI is a priority for PAK and AFG. In addition, a strong RI system is critical for sustaining a polio free world.</p> <ul style="list-style-type: none"> • GPEI commits to making its assets, both human and material, in PAK and AFG available to

	<p>assembled to bring about a major transformation in performance within the next six months.</p>		<p>strengthen RI while ensuring that key polio eradication activities are committed</p> <ul style="list-style-type: none"> • GPEI would participate in a special taskforce on how to urgently improve RI in these countries, however, GPEI believes that such a Task Force be convened and led under the auspices of the national governments, with links to ongoing GVAP activities, and the engagement and high level advocacy of the leadership of the agencies involved in the GVAP. • GPEI remains committed to supporting requests on concrete ways to collaborate to strengthen RI both in the near future and the longer term, particularly in high risk areas, as we move towards the post-certification era. EPI/PEI task teams are operational in both Pakistan and Afghanistan at Federal and Provincial levels; work plans have been developed and are being implemented.
5	<p>The NGOs should be more involved in the Polio Programme in Afghanistan. The WHO and UNICEF largely deliver this as a parallel vertical programme. The Afghanistan-based NGOs could be more engaged in microplanning and immunisation rounds. THE IMB RECOMMENDS that a post of NGO Polio Coordinator be created in Afghanistan.</p>	<p>ATT (in coordination with EMRO/MENA)</p>	<p>It is important to emphasize that the Government of Afghanistan is fully leading the polio programme with support from WHO, UNICEF and other partners. The Government leads all key platforms linked to the polio programme oversight at all levels, i.e., the EOCs, Polio High Council, Polio Steering Committee, etc. A mechanism exists for coordinating the work of the NGOs within the Ministry of Health. The NGOs are accountable to the Grant Contract Management Unit (GCMU) within the Ministry of Health. This is the existing system for coordinating the NGOs. There is no need for an</p>

			<p>additional coordinator or coordination platform to coordinate with the NGOs. The national and regional EOCs have a signed MOU with the BPHS NGOs (see attached). Further emphasis will be placed on strengthening the coordination with GCMU through the well-established task teams within the EOC, as well as improving the accountability of the NGOs to deliver on the activities outlined in the MOU. The EOC has established a task team which includes National EPI, WHO, UNICEF and GCMU to ensure strong links between the polio and EPI programme (see attached document defining the coordination mechanism and accountability of the task team).</p>
6	<p>Conflict in northern Nigeria is driving massive population displacement into temporary camps in Nigeria or over borders into Niger, Cameroon, or Chad. Remaining inaccessibility in Borno, and a serious lack of resilience to polio in the largely border-free areas and countries surrounding Nigeria, is creating a dangerous situation that could easily be concealing polioviruses of which the Polio Programme is unaware. THE IMB RECOMMENDS that the global leadership of the GPEI strongly engage with the Heads of State of these countries to agree a coordinated strategic action plan.</p>	SC/POB	<p>As the POB is aware, discussions on engagement at the Head of State level have been held. In follow-up to the April POB meeting in which the POB requested the Regional Directors (RDs) to lead on obtaining high level engagement from the Lake Chad countries to ensure prioritization of the activities and quality of their execution, a meeting was convened with the Ministers of Health of the Lake Chad countries as well as Nigeria during the World Health Assembly in May, and attended by all GPEI partners. The main take-away from this meeting was that surveillance systems in bordering areas of Lake Chad Basin are not strong enough to detect whether we are indeed free of transmission, particularly in the highest risk districts and vulnerable population (IDPs, Refugees). Ministers are aware of the complex situation in Lake Chad due to insecurity and will continue to extend all possible support to their respective country</p>

		<p>teams to ensure achieving better coverage in the insecure areas and improve quality of surveillance.</p> <p>Subsequent, country-specific advocacy:</p> <ul style="list-style-type: none"> • RD AFRO visited CAR in July and conducted a meeting with the President and Minister of Health • On behalf of GPEI, a delegation of UNICEF, Rotary and UN Foundation met with the permanent mission of Niger at the UN, after which, the Niger Ambassador at the UN reached out to the President, requesting his political oversight of the outbreak response activities. The ambassador expressed his willingness to coordinate with GPEI and to act as channel to the President • The RDs of WHO/UNICEF have established a joint quarterly call with the WRs/UNICEF Reps of Lake Chad countries to monitor progress; the first call was held in May • The EOMG conducted advocacy-focused discussion with the Lake Chad Coordinator • RD AFRO met with Ministers of Health from all the Lake Chad countries during the Regional Committee meeting in August 2017 • During UNGA in September, BMGF had bilateral meetings with the delegations of Nigeria and Cameroon to highlight the importance of high level political oversight to outbreak response activities. • See attached summary of recent sub-national advocacy efforts in the Lake Chad region
--	--	---

			<p>Further advocacy needs as perceived/requested by Lake Chad Coordination team:</p> <ul style="list-style-type: none"> • Niger needs further high level advocacy including with the President. Due to close contact through Rotary, pending agreement of the RDs, GPEI recommends using the Rotary National PolioPlus Chair as a high-level advocacy channel. • The planned Q3 2017 GPEI high-level advocacy visit to Niger was cancelled due to scheduling, but the Lake Chad Task Team Coordinator will visit Niger in November and assess the need to reschedule the meeting later in the year • No additional advocacy in Cameroon is required at this time
7	<p>The Presidential Task Force on Polio in Nigeria has met infrequently over the last few years. It is vital that political leadership and coordination is strong if the country is going to regain its polio non-endemic status ahead of the other two endemic countries. THE IMB RECOMMENDS that the Presidential Taskforce meet on a regular basis, under the chairmanship of Nigeria’s Vice-President when the President is not available.</p>	<p>Nigeria focal point (in coordination with AFRO/WCARO)</p>	<p>The federal government has accepted the recommendation, and reports that the Acting President has already indicated his willingness to convene the Task Force quarterly. Convening the Task Force on this schedule, however is based on his availability. The key will be to mobilize people from the Acting President’s staff to ensure this remains on his calendar, which will be managed by the ED, NPHCDA and by requesting the support of influential Nigerians, e.g., Alhaji Aliko Dangote. In the meantime, there’s an effort to keep members of the Task Force engaged in between quarterly meetings, including participating in the most recent next meeting of the Northern Traditional Leaders Committee that oversees the work of traditional leaders in the polio program. This meeting was conducted in</p>

			Sokoto in July, under the auspices of the Sultan of Sokoto, which reinforced the commitment of traditional leaders and state governments to implementing the Abuja Commitments.
8	The determination of when an outbreak of poliovirus is closed is currently made within the Polio Programme. As the prospect of interrupting global transmission grows closer, the validity of judgements about risks of ongoing poliovirus circulation become crucial. THE IMB RECOMMENDS that Regional Certification Committees should henceforth formally sign off action following an outbreak as satisfactorily completed.	OPRTT/EOMG	<p>The Outbreak Response Task Team (OPRTT) proposes that the OBRA team’s reports, including their findings and recommendation (to close the outbreak or not), should be submitted by the WHO Regional Office (RCC Secretariat) to RCC members for their review and confirmation that the outbreak had indeed been stopped and that evident programmatic weaknesses have been addressed.</p> <p>The RCC will be able to conclude if the previous Regional Certification status needs to be modified.</p> <p>The RCC/NCC can engage with countries, as needed, to monitor the implementation of the recommendations of the final OBRA.</p> <p>This process will bring an important perspective to the OBRA review and provide additional weight to the OBRA recommendations.</p>
9	In many of our previous reports, we have emphasised the importance of social data. Their use is essential to enabling the root causes of problems to be fully understood and in targeting effective action where the behaviour and attitudes of individuals and communities is at the heart of delivering a successful programme. There has been a noticeable fall off in the extent to	UNICEF/EOMG	<p>GPEI collects and uses a great deal of social data at country, regional and global level beyond missed children analysis that will be further represented at the next IMB meeting, given that time to present on the issues is allotted.</p> <p>In September 2017, the UNICEF Immunization and Polio</p>

	<p>which social data have been cited in discussions between the IMB and the GPEI. THE IMB RECOMMENDS that the use of social data within the Polio Programme is formally reviewed and new guidance is formulated and consistently used to maximise its value.</p>		<p>teams conducted a joint global workshop to review social data platforms for 19 Gavi priority and Polio high-risk countries. The workshop focused on country-specific immunization program priorities, including equity and reaching the underserved, urbanization, high-risk mobile populations, fragile states, insecurity and outbreak response. Country and regional teams developed operational plans and identified resources required to strengthen collection and use of social data.</p> <p>There is an on-going discussion on further strengthening of qualitative research approaches to provide insights into specific social barriers and communication challenges, linked to mobile population, high-risk groups, guest children, etc.</p>
<p>10</p>	<p>The Polio Programme has always lacked a way of fostering regular opportunities for groups of people to come up with innovations in process, in management, in communication, and in technology. THE IMB RECOMMENDS that a system of innovation hubs should be established in Pakistan and Afghanistan. They should seek the input of local people, individuals entirely outside the public health field, and young people who are not used to working in formal organisational structures. They should be directed initially to find innovative solutions to the problems described in this report.</p>	<p>ATT, PTT (in coordination with EMRO/MENA)</p>	<p>The EOC platform will be the “hub” to coordinate and initiate issue-based solutions to local problems in Afghanistan and Pakistan. Innovation particularly at the lowest level is important and valued within the Afghanistan programme. The country programme has initiated a number of innovations to address particular gaps within the programme, including in the area of remote monitoring (call centre), special approaches for operating in access compromised areas, ICN, and use of phone platforms for real-time monitoring. The EOCs at each level will continue to create an environment that encourages and fosters innovation to address local level challenges, rather than having innovation for innovation’s sake.</p>

		<p>The PTT agrees with and values the concept of using innovation to address the remaining gaps in the program. The Pakistan program has led the charge in introducing and expanding multiple innovations, including Community Based Vaccination (CBV), electronic monitoring of all phases of campaigns, communication (Sehat Muhafiz), and surveillance (AFP and environmental-Bag-Mediated Filtration System (BMFS, and stool surveys of healthy children). At this stage the program will focus on micro-innovations at local levels in the remaining active priority areas of Quetta Block and Karachi.</p> <p>Nigeria program continues to expand innovative strategies to access children living/trapped in security compromised areas. These strategies include Reach Every Settlement (RES) and Reach Inaccessible Children (RIC). Nigeria also implemented innovative strategies for early detection of polioviruses, to include, Environmental Sweep and Stool surveys for healthy children living in IDP camps or arriving at the camps from inaccessible areas.</p> <p>Summaries of the following examples of innovative Polio Programme initiatives are attached:</p> <ul style="list-style-type: none"> • Environmental surveillance sweep in Borno • Healthy children sampling in Borno • Healthy children sampling in Karachi • HRMP assessment survey from Khyber Pakhtunkhwa
--	--	---