POLIO ERADICATION PROGRAMME
CONTINUITY PLANNING

measures to ensure continuity of operations in the context of the COVID-19 pandemic
Background and introduction

The COVID-19 pandemic poses an unprecedented public health emergency of international concern. The global COVID-19 response being mounted by national governments will have serious implications for a range of public health interventions and essential health services, including Polio Eradication.

The polio eradication programme largely depends on field surveillance and house-to-house supplemental immunization activities (SIAs) along with large-scale community mobilization and engagement, is expected to be heavily affected, both because of the increased morbidity caused by COVID-19 and also as countries increasingly divert human, logistical and financial resources to respond to the pandemic.

The situation is further complicated with the suspension of flights and closure of borders by a number of countries. Some polio eradication activities will no longer be possible in countries that are restricting the movement of people, as well as in the context of physical distancing (formerly “social distancing”) that is necessary to protect communities and frontline workers.

Against this backdrop it becomes imperative for the polio eradication programme to strategically plan and repurpose GPEI assets to effectively contribute to the control of COVID-19, whilst also maintaining critical GPEI functions and enabling the full-scale resumption of its activities as soon as the COVID-19 situation abates.

The purpose of this document is to provide guidance to polio programme continuity planning in the context of the COVID-19 pandemic. Its intended users are the polio programme planners and managers in the GPEI target countries and regional offices. Considering the global nature of the polio eradication programme, it also provides recommendations for the areas of work relevant to the global level planning.

This document summarises guidance available as of the date of its development. It will be revisited and updated regularly as we learn more about the COVID-19 pandemic and polio eradication operations in the context of disruptions caused by it. Detailed technical guidance for the priority areas of the continuity planning are being developed and will be referenced in this guide.

Objectives and Principles

The polio eradication programme continuity plans should pursue the following four objectives:

1. Maximize the contribution of the polio eradication programme to the management of the COVID-19 pandemic and ensure GPEI visibility as a key responder to public health crises.
2. Protect implementation of the essential GPEI functions:
   a. Coordination and communication.
   b. AFP and environmental surveillance.
   c. Vaccine supply and management.
   d. Polio immunization.
   e. Novel OPV introduction.
3. Protect polio eradication programme personnel and the communities targeted by the programme from COVID-19 infection through full implementation of infection prevention and control measures, in keeping with the principles of “duty of care” and “do no harm”.
4. Plan for a fast and effective resumption of polio eradication activities including supplementary immunization activities as soon as the public health situation with COVID-19 allows.
The following principles should be applied throughout the process of planning and implementation of the programme continuity plans:

1. Tailor response to the specific policy, operational and epidemiological contexts at the regional, country and, if applicable, sub-national levels. The final decision on how to alter the implementation of the polio eradication in the interim period of COVID-19 pandemic is with the national authorities.

2. Conduct ongoing assessment of risk of expansion of poliovirus outbreaks and of COVID-19 associated with any planned vaccination response to control a polio outbreak.

3. Protect the gains of the polio eradication programme and minimize the risk of poor-quality activity implementation resulting in suboptimal use of resources.

4. Observe principles of “duty of care” and “do no harm” to frontline workers and target communities and ensure gender-responsive programming.

5. To address the uncertainty associated with potential poor detection and incomplete reporting of COVID-19 at the current state of pandemic, it is recommended that preparedness planning assume that all countries with ongoing polio eradication activities supported by GPEI are presently affected by clusters of cases or community transmission of COVID-19.


Planning timelines and scenarios

The COVID-19 Strategic Preparedness and Response Plan (SPRP) operational planning guidelines,1 state that the pandemic response plans should initially cover the period of up to 30 April 2020. To minimise the need for repeated revisions and to allow for enough time to prepare for resumption of the full-scale polio eradication activities GPEI recommends that the of the polio eradication programme continuity plans are planned initially for up to the end of June 2020. This planning horizon will be regularly assessed and adjusted to align with the global COVID-19 pandemic response.

It is recommended that the polio programme continuity planning takes the into account status of polio transmission (endemic countries, countries affected by polio outbreaks, countries at risk of polio transmission) as well as COVID-19 transmission scenarios (no cases, sporadic cases, clusters of cases, community transmission)2.

The planning and implementation of the polio eradication programme's continuity should employ a flexible approach whereby some activities are put on hold as the transmission of COVID-19 intensifies and then resumed as the COVID-19 transmission reverses back from community transmission, to clusters of cases to single cases, and on to the interruption of COVID-19 transmission.

The plans should be reviewed and adjusted as needed, in consultation with the Regional teams and HQ, at least fortnightly and whenever significant changes occur in the situation of COVID-19 or polio to align with the changing policy, epidemiological and operational contexts.

Key areas of the continuity planning
The polio programme continuity plans should address the below priority areas of work:

1. Programme management and coordination
   Under this heading, the plans should describe core management and coordination to be maintained to enable the effective implementation of essential polio eradication activities and earliest resumption of full-scale polio eradication programme operations as soon as the public health situation with COVID-19 allows.

Recommendation:
   • Ensure adequate residual capacity (part- or full-time, depending on context) to manage, implement and regularly\(^3\) review the polio eradication programme’s continuity plan. This should include the capacity to effectively coordinate and oversee polio eradication activities included in the continuity plan as well as the capacities temporarily allocated to respond to the COVID-19 pandemic.
   • Take the opportunity during the interim period to optimize and improve elements of the program such as strategic planning and performance management processes
   • Advocate with the national authorities and UN Country Team to include the key polio eradication activities as essential services to be maintained during the response to COVID-19 outbreak.
   • (Global) advocate to maintain the status of polio transmission as Public Health Emergency of International Concern (PHEIC)

2. Support to the COVID-19 response
   Describe the polio programme assets (technical expertise, surveillance and community networks, and logistics capacity) dedicated to COVID-19 response\(^4\) as well as the coordination with the national, regional and country COVID-19 response structures.

Recommendations:
   • Ensure full alignment of the polio eradication programme’s continuity plan with the national, regional and global COVID-19 preparedness and response plans and the relevant national policies on containment and quarantine.
   • Ensure integration of polio assets available to support COVID-19 response within relevant national and regional Incidence Management Systems (IMS).
   • GPEI is not expected to finance the response to COVID-19 directly, however the programme’s resources will be used synergistically to support components of the pandemic response including coordination, management, communication, and surveillance. All the polio field personnel should be provided with the necessary training, materials, protective equipment and logistics to ensure their safety (see the key area 8).

\(^3\) Fortnightly or at every significant change of context
\(^4\) HQ finance teams to circulate a template including a staff list that regions can use to document support to the COVID-19 response
3. Poliovirus surveillance and laboratory capacity

Describe the minimal polio surveillance activities to be supported for the various scenarios of the COVID-19 transmission and other contingency measures, such as stockpiling laboratory supplies. Describe the gradual scale-up of the polio surveillance to the target levels outlined in the Global Polio Surveillance Action Plan as soon as the public health situation with COVID-19 allows.

Recommendations:

- In order to minimize the exposure of personnel and communities to the coronavirus consider:
  - Prioritizing, cancelling and delaying in person training / meetings or conducting them remotely if possible.
  - Delay/stop community sampling.
- Maintain AFP detection, reporting, specimen collection. In case of flight cancellation or border closure, store specimens under appropriate condition and ship to laboratory as soon as situation allows.
- Prioritize sample processing focusing on areas affected by the polio outbreaks (to monitor outbreak evolution).
- Ensure continued functioning of environmental surveillance where feasible. Estimate and plan storage capacity for the specimens and isolates that need to be shipped overseas in case of disruption of international freighting.
- Map current levels of laboratory supplies (at laboratory, regional and global levels), and specimen storage capacity, and organize prioritization and distribution of supplies.
- As much as possible and where required, surveillance activities should be paired with COVID-19 surveillance and data systems upgraded to support this expanded portfolio of work.

4. Supplementary Immunization Activities

Describe OPV campaigns and/or other immunization activities (for instance, permanent transit teams at border crossings and/or entry-exit points for access compromised areas) to be temporarily suspended and/or cancelled to enable the COVID-19 response and protect polio eradication programme personnel and communities. Describe immunization activities to be carried out (in accordance with the COVID-19 transmission scenarios).

Recommendations:

- All preventive polio campaigns should be suspended until the second half of 2020. Further postponement of SIAs may be needed if COVID-19 transmission risks are high.
- The countries affected by poliovirus outbreaks are advised to postpone all outbreak response rounds until 1 June 2020. Countries who still wish to proceed with polio vaccination should do so only after a careful assessment, under leadership of national authorities, of the risks of COVID-19 transmission among frontline workers and communities by strictly observing the principles of “duty of care” and “do no harm”.
- Pakistan and Afghanistan, the two remaining endemic countries, should also pause campaign activities until 1 June 2020. In areas of Pakistan and Afghanistan affected by outbreaks of paralytic polio, any immunization activities to control an expanding outbreak should only be implemented after a careful assessment, under leadership of national authorities, of the risks of COVID-19 transmission among frontline workers and communities in keeping with the principles of “duty of care” and “do no harm”.

In endemic and outbreak countries, the delay of polio immunization campaigns will likely result in an increased geographic spread of the virus and an increase in the number of children paralyzed by wild and circulating vaccine-derived polioviruses. These countries need to plan and be prepared for rapid and wider scale SIAs, once the COVID-19 situation has stabilized.

The above timelines can be adjusted, depending on the COVID-19 epidemiology.

5. Vaccine supply (global)
Identify the core polio vaccine supply and development activities essential for full implementation of the Global mOPV Stockpile plan and supply of vaccines for preventative SIAs. Develop contingency plans in case of major disruption of the international freight and/or vaccine production/storage capacity.

Recommendations:
- Continue implementation of the Global Stockpile plan and budget.
- Liaise with SIA Options Task Team (SIAOTT) to ascertain the impact of the COVID-19 pandemic on the vaccine supply.
- Conduct fortnightly reviews of the polio vaccine supply risks jointly with the Vaccine Supply Task Team (VSTT), Outbreak Response and Preparedness Task Team (OPRTT), SIAOTT and vaccine manufacturers.
- Continue coordination of the tOPV deployment preparedness with the GPEI stakeholders and WHO Pre-Qualification Team, alert potential delays to the GPEI early.

6. Novel mOPV2 introduction (global)
Describe the impact of COVID-19 on Novel mOPV2 roll out plans and potential further implications depending on length of COVID-19 related restrictions. Outline changes in approach to address known impacts and plans to mitigate potential future ones. Share proposed revised timeline for Novel mOPV2 roll out (current assumption is that earliest roll-out would be August/September).

Recommendations:
- Continue with preparatory work for nOPV2 roll out, including obtaining EUL, developing processes and tools to support smooth introduction, securing necessary policy decisions, developing advocacy and communication products, and planning for trainings
- Hold on country engagement and assessments for nOPV2 readiness, unless requested by national government
- Explore ways to conduct virtual trainings with regional staff. Adapt timeline for nOPV2 use, likely not to occur before August/September 2020 at the earliest

7. Risk communications, public and donor engagement
Describe activities to communicate with stakeholders on the polio programme’s plans to support the COVID-19 response and ensure long term commitment to polio eradication is maintained and increased once COVID-19 engagement is over.

Explain how the programme will continue to engage communities about the risks of polio transmission during COVID-19 response.

Describe activities to ensure that funding flows for long term financial sustainability for GPEI FRRs continue, so that the programme can secure vaccines, finance ongoing costs, and be ready to swiftly scale-up activities once COVID-19 emergency over.
Recommendations:

- Maintain regular updates to stakeholders through GPEI channels and liaise with POB to ensure we optimize the DG’s and POB’s voices, as relevant.
- Ensure specific updates to donors through regular calls and technical level interactions at global and country levels.
- Incorporate emergency COVID-19 advocacy and communications plan for polio into overall GPEI advocacy and communications plan.
- Document and amplify work of polio assets contributing to the COVID-19, including through GPEI communications channels.
- Revise and implement community engagement and communications plans in country, including orienting polio assets to COVID-19 response in the short term (in collaboration with UNICEF).
- Ensure GPEI programme narrative contributes to strengthening public trust in vaccination.
- Clearly communicate which polio-related meetings will be postponed (e.g. PPG) or cancelled and identify virtual alternatives.

8. Protecting polio eradication programme personnel and communities:
Describe measures put in place that aim to protect the polio programme teams and GPEI target communities from COVID-19:

Recommendations:\5:\n
- Establish and disseminate Infection Prevention and Control (IPC) guidelines to mitigate the COVID-19 spread in the context of polio eradication activities. Ensure that managers crosscheck and verify awareness of polio eradication personnel on the COVID-19 infection prevention measures.
- Modify SIAs and surveillance operations to minimize exposure to COVID-19 through crowding. Ensure only the physical proximity that is essential/avoidable for delivering vaccine or specimen collection and handling.
- Face masks and gloves are NOT recommended in the context of the polio eradication operations, except in specific cases putting programme personnel at high risk of contracting COVID-19 (e.g. specimen collection and handling) for which provision of face mask, gloves or full personal protective equipment (PPE) gear should be ensured. Outside these scenarios, face masks and examination gloves may instil a false sense of security and facilitate the spread of infection. This will also inflate the GPEI programme costs and contribute to the global shortage of these supplies critical for the care of patients with COVID-19.
- If cost effective, consider distribution of hand sanitizers to the teams interacting with populations. Distribute handwashing supplies if access to water is guaranteed.

\5 General COVID-19 technical guidance on Infection prevention and control is available at the following link: https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control
9. Certification of the poliovirus eradication

Describe the impact of the COVID-19 pandemic on the work done by the national, regional (and global) certification committees and measures put in place to mitigate it.

Recommendations:

- In polio-free regions, face-to-face meetings of National Certification Committees and Regional Certification Commissions should be suspended until mid-2020.
- In the Eastern Mediterranean Region, where regional polio certification is years away, certification meetings can also be put on hold unless able to be carried out virtually.
- In the African Region, certification activities that can be done without travel should continue. Preparation for regional certification in 2020 must continue.
  - Timing of the RCC meeting and expected declaration of regional polio-free status will need to be in accordance with WHO and relevant national travel and meeting policies as determined by the actual COVID-19 epidemiology.

10. Poliovirus Containment

Global surveys and inventories for PV3, PV1 and potentially infectious materials (PIM) are anticipated to be suspended during this time. Most National Authorities for Containment are now fully engaged in the COVID-19 response activities within their countries to support quarantine and isolation oversight, and implementation of IPC activities. Global stockouts of PPE have the potential to impact vaccine manufacturers and labs working under Containment.

11. Resumption of full-scale polio eradication activities

Describe potential timelines and triggers for resuming full-scale polio eradication activities as soon as the public health situation with COVID-19 allows. List activities that will be resumed when the situation reverts from COVID transmission scenario 4 to 3 and from 3 to 2 to scenario 1.

Recommendations:

- Develop the plans for resumption of the full-scale polio eradication activities, including delivery of polio vaccines through the routine immunization, early well before the COVID-19 outbreak is over. Revisit the plans on fortnightly basis, to adjust if necessary.
  - GPEI and country programmes should develop a comprehensive set of context-specific gender-responsive strategies and a plan for when the programme is able to resume operations. Clear epidemiologic metrics must be identified that would help guide countries to “re-start” polio activities is imperative, once operationally feasible.
- Adjust the original polio eradication plans and budgets to factor in potential deterioration of poliovirus epidemiology due to suspension of eradication activities: e.g. outbreak response campaigns, etc.
- Review and adapt the plans for the resumption of full-scale polio eradication activities in the case of major change of context and in case of positive dynamic of the COVID-19 outbreak, e.g. move from scenario 4 to 3 to 2 and to 1.

For the ease of mapping critical programme continuity activities, the programme teams can use the “Programme continuity planning matrix” included in Annex 1.
Annex 1: Programme continuity planning matrix

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<thead>
<tr>
<th>COVID/Areas of work</th>
<th>Phase of COVID epidemic</th>
<th>Coordination</th>
<th>Surveillance</th>
<th>SIAs/Immunization</th>
<th>C4D / Risk communication</th>
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<td>No Cases</td>
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<td>Sporadic Cases</td>
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<td>Clusters of Cases</td>
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<td>Community transmission</td>
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Add more columns as needed
Annex 2: Decision making flowchart

COVID-19 Transmission Scenarios

- No Cases
  - Yes
    - Conduct the full scale polio eradication activities
      - Develop/update program continuity plans for possible (new) wave of COVID-19 outbreak
      - Train staff on IPC
      - Clarify roles and responsibilities for the period of COVID-19 outbreak
      - Stockpile program and IPC supplies
  - No
    - Sporadic Cases
      - Yes
        - Update and activate the polio eradication program continuity plans
          - Update and communicate management structures
          - Prepare for suspending non essential surveillance/LAB/SIA activities
          - Accelerate training of personnel
          - Verify stocks of supplies
        - Reassess polio transmission risks; if necessary revise/scale up
          the planned activities to meet increased risks
        - Resume the full scale implementation of polio eradication activities
      - No
        - Clusters of Cases / Community Transmission
          - Yes
            - Assess COVID-19 transmission risks
          - No
            - Assess COVID-19 transmission risks

1. Programme management and coordination
   Operationalize management and coordination structures for uninterrupted implementation of essential polio eradication activities.

2. Support to the COVID-19 response
   Deploy staff to support COVID-19 response according to the continuity plan, document polio assets provided to support response to COVID-19 outbreak.

3. Poliovirus surveillance and laboratory capacity
   Maintain essential polio surveillance and laboratory activities, ensure safety of personnel and communities.

4. Polio immunization / strengthening immunization systems
   Risk communications, public and donor engagement
   Maintain effective communication to mitigate the COVID-19 and poliovirus transmission risks, inform the donors and governments of the polio program contribution to COVID-19 pandemic response, enable earliest possible resumption of polio eradication activities.

5. Polio eradication teams and beneficiary communities
   Describe measures put in place that aim to protect the polio programme teams and GPEI target communities from COVID-19; e.g. adjustment of SIA campaigns, surveillance and capacity building activities, ensuring access to IPC guidelines and supply.

* To address the uncertainty associated with potential poor detection and incomplete reporting of COVID-19 at the current stage of pandemic, it is recommended that preparedness planning assume that all countries currently (as of mid March 2020) targeted by GPEI are presently affected by clusters of cases or community transmission of COVID-19.

Preventive polio campaigns: should be suspended until the second half of 2020. Further postponement of SIAAs beyond June 2020 may be needed if COVID-19 transmission risks are high.

Endemic countries: pause campaign activities until June 1, 2020. Any polio immunization activities should only be implemented after a careful assessment under leadership of national authorities of risks of COVID-19 transmission among frontline workers and communities. No campaign should go ahead unless the safety of the personnel and communities is assured.

Countries affected by poliovirus outbreaks: postpone all OBR rounds until June 1, 2020. Countries who still wish to proceed with polio vaccination should do so only after ensuring frontline worker and community safety can be assured in their specific context.

Note: if the delay of polio immunization campaigns is deemed to result in an increased geographic spread of the disease and an increase in the number of children paralyzed by wild and circulating vaccine-derived polioviruses, plan a scale up of polio eradication efforts once the COVID-19 situation has stabilized.