



GPEI responses to IMB's 17th report (Nov 2019)

Recommendations

8 April 2020

1. The Pakistan Government should urgently achieve political neutrality and cross-party support for polio vaccination with a unified strategy and team across the country and better synergy between federal and provincial levels, politically and operationally.

Polio eradication is a national cause and the Pakistan government has taken measures to re-invigorate a unified cross-party support for polio eradication. All Chief Ministers (CMs) and Chief Secretaries (CSs) are actively participating in the programme activities including launching campaigns, providing program oversight and supporting community sensitization. Ahead of the February NID, all provinces conducted Provincial Task Force meetings to review preparations. The National Task Force of Pakistan (NTF) planned to meet in March during the POB mission to review programme progress but was postponed due to COVID-19. At the operational level, the programme is engaging local elected officials of all parties and affiliations across the country to mobilize support for polio.

While there has been progress, the buy-in and intensity of the government commitment into the transformation agenda and overall program appears inadequate, especially when contrasted to the aggressive response to the COVID-19 pandemic. The NTF, chaired by the honorable PM and Chief Ministers of all provinces and the Prime Minister, Azad Jammu and Kashmir and representative of Chief of Army Staff must send a strong message to all officers at all levels of governments.

2. The Government of Pakistan should conduct a nationally coordinated and managed listening exercise with polio affected communities in the country as well as engaging local expertise, community leaders, religious scholars, and the medical and health community to build community trust through innovative and more effective strategies.

The Pakistan programme has taken up different listening exercises including conducting Jirgas in Pashtun predominant communities and focus group discussions. For example, Rotary, together with the DC Bannu, hosted an Ulema workshop in March with over 70 religious leaders attending. The program has further put in place comprehensive social media listening activities and direct online engagement with communities. A polio hotline has been established for direct outreach with the community and to receive questions and complaints.

The Pakistan programme has brought on board a medical anthropologist who is coordinating the investigation of the reasons for refusals in polio-affected communities with a focus on specific Pashtun sub-tribes with a high case load. Investigations also include outreach and listening exercises with community leaders, religious leaders and other influencers, as well as the programme's own staff that directly face community resistance. This will add to the findings of the FGD (focus group discussion) held in 2019.

Following this work, the programme plans to incorporate findings and recommendations into community engagement strategies.

3. The Pakistan Polio Programme should design and implement a culturally sensitive initiative to gain the Pashtun population's support for polio vaccination given the IMB's analysis that 89% of all polio cases over the last eight years have occurred in this population.

Because most cases are from Pashtun-speaking communities the Pakistan program has focused eradication efforts on these affected and marginalized communities.

The NEAP 2020 prioritizes core reservoirs and other high-risk districts which are almost all populated by Pashtun communities. Increased focus is given to 40 super high-risk UCs (SHRUCs) in which almost all communities are Pashtun. The NEAP prioritizes interventions related to transformation, community engagement and ensure direct oversight from the province and national level. An integrated service delivery plan (EPI, WASH, nutrition, sanitation, health) has also been developed for the SHRUCs. In Karachi, communication interventions specifically targeting the Pashtun communities are being implemented.

The Pakistan program is focusing on hiring Pashto speaking frontline workers in Pashto speaking high risk areas. This will be tracked at the provincial and national level. Typically, one community health worker (CHW) is assigned to most UCs in Karachi, but in the UCs predominantly inhabited by a Pashtun community the program hires two CHWs, with one of the two speaking the Pashto language. In instances where the program could not find young literate female Pashtun workers, the program hired elderly women to act as a guide/ facilitator of the literate CHW.

Regarding ongoing work to address refusals in these communities, please see response to recommendation #2.

4. The Polio Programmes in Pakistan and Afghanistan should build a cadre of community, religious and tribal leaders to become champions of polio vaccination, building trust within communities. Nigeria's Polio Programme has successfully operated in this way.

The Pakistan programme is addressing this recommendation with an integrated communication strategy, which includes an alliance building and community engagement component that focuses on building this cadre of polio champions in a systematic way. The objective is to empower the identified champions (medical, religious, traditional), provide them with appropriate training and tools and integrate them into ongoing community engagement efforts and in social media as appropriate. This will allow them to become a sustainable community engagement resource interacting with communities to fully address their concerns and misconceptions that will help us create a community environment that is supportive of polio campaigns. This strategy is being finalized and its implementation will be monitored.

The Afghanistan programme has developed a new regional communication and community engagement plan for the South that will engage key influencers in a more systematic way and ensures that they receive appropriate training and tools to support their engagement. Wakil-e-Guzars, who are influential figures in urban communities, are being engaged to mobilize communities in their areas, and a meeting was conducted in Kandahar and follow up strategies are being developed. Some mullahs in South and East region are engaged in refusal conversion. Islamic Advisory Group (IAG) focal persons in high risk provinces are engaging with local religious influencers to obtain their support. IAG focal persons are engaging with madrassas for support.

5. All three countries, working with partners and donors, should initiate further intensive action to increase essential immunization coverage, currently at levels that threaten the entire eradication effort; this is particularly urgent in Nigeria (*see also recommendation 16*)

The Pakistan government has declared Expanded Programme on Immunization (EPI) a priority programme and intends to achieve universal immunization coverage by 2022. Provinces are gearing up to undertake necessary steps to reach the unreached, newborns and zero dose children. Under the urban immunization initiative, slum populations in 10 mega cities of the country have been identified using GIS mapping. Targeted interventions are underway in Karachi and Lahore. With reference to super high-risk UCs, investment in integrated service delivery package that includes essential immunization underway. Workshops have been conducted and EPI strengthening plans developed for the SHRUCs in Karachi, Quetta block and Peshawar.

To improve EPI program management and integration, the government has brought PEI and EPI under a single umbrella in Pakistan. Dr Rana Safdar, National Emergency Operations Centre Coordinator is now also the National Program Manager for EPI.

A five-year comprehensive multi-year plan (cMYP) is being finalized. To streamline budgetary support, the government plans to shift financing mechanism from development to recurrent side of the budget.

In Afghanistan, 4 rounds of multi-antigen campaigns are planned in high risk provinces (Kandahar, Helmand, Uruzgan and Farah). These campaigns will include expanded age group for OPV and IPV (<5Y). Two rounds completed in Kandahar, one in Uruzgan, preparations for next rounds underway.

EPI strengthening focus on 29 high risk districts for polio eradication. Extensive microplan revision exercise in Kandahar completed, will be replicated in other high-risk provinces. Health facilities being upgraded to take up EPI vaccination, particularly in Kandahar.

WHO PEI staff are being trained on EPI. The first training of 25 participants has been completed. A second round of training is planned. A comprehensive plan on integrated services including essential / routine immunization is being prepared by the EOC, targeting high risk areas of three provinces in the South region (Helmand, Kandahar, Uruzgan)

In addition to the Afghanistan and Pakistan internal initiatives, a key component of the recently developed Strategy for the Response to Type 2 Circulating Vaccine-Derived Poliovirus, 2020–2021 is to synergize efforts with EPI and Gavi to strengthen immunization systems in high-risk areas and in populations with low type 2 immunity. Although IPV use cannot stop cVDPV2 transmission, it can provide individuals with a high level of immunity and mitigate paralytic risk. There are complementary approaches for providing IPV to high-risk populations, which include catch-up campaigns, periodic intensifications of routine immunization (PIRIs), and fractional dose IPV (fIPV) vaccination in outbreak zones and as a contingency measure if OPV2 supplies are exhausted. (response conts below)

WHO and UNICEF RI and catch-up representatives, WHO and UNICEF polio ROs, and Gavi participated in a 26-27 February meeting that aligned workplans associated with the Strategy for the Response to Type 2 Circulating Vaccine-Derived Poliovirus. Additionally, multi-group RI consultations will go beyond the Type 2 virus but will also focus on assuring resources and aligning strategies to boost Type 1&3 immunity.

- 6. The GPEI should work with the Polio Programmes in Pakistan and Afghanistan urgently to produce a graphically appealing core set of indicators, less than 10 (including at least one each on support to frontline vaccinators, essential immunization, communication effectiveness, and provision of WASH and basic health interventions to individuals and communities) of accurate, timely, and catalytic indicators of programmatic performance. Staff at all levels should be trained to more accurately collect and more effectively respond to these data.**

The programme agrees with this recommendation. The GPEI Hub is working with the governments of Pakistan and Afghanistan to review NEAP indicators and extracting a set of indicators on support to frontline workers and where necessary develop additional non-polio indicators, e.g. WASH and basic health interventions. Development of a set of indicators is under way and is expected to be completed by mid-April.

A dashboard to monitor transformation interventions in Pakistan is being developed and will be ready by end-April.

As part of the support to Afghanistan, the HUB will help train data managers.

- 7. The Governments of Pakistan and Afghanistan should work with all partners (led by UNICEF) to progress new development initiatives to address lack of sanitary and basic health infrastructure and services in poor communities. A comprehensive programme should be formalised, expanded and speeded up taking account of the essential criteria for its design described in this IMB report. There should be public commitments to, and objective reporting of, progress against defined goals to achieve coverage of all communities which have remained endemic for polio.**

Working with the Pakistan Ministry of Health and other partners, the programme led by UNICEF is aligning with the Disease Control Priorities (DCP3) work and has developed a DCP3 sub-package for polio. The package is now being costed and an investment case will be developed, after which funding will be mobilized for implementation. In the meantime, the health camp approach during campaigns has started in core reservoirs.

The theme of Polio Plus is delivery of basic healthcare services as well as interventions to overcome malnutrition, safe water and sanitation challenges through an expanded partnership with relevant stakeholders' using the high-level ownership of the Polio eradication programme.

In Afghanistan, a plan on integrated services is being developed in coordination with the Hub. The plan targets the three high risk provinces in the South Region, Helmand, Kandahar, Uruzgan. The plan includes establishment of new HFs in these three provinces of the south region, establishment of MHTs in high-risk provinces in the south, improving utilization of basic health services/health weeks, strengthening the capacity of existing HFs, creating partnerships with for-profit private service providers, establishment & strengthening of EOCs in high risk provinces, delivery of integrated package of WASH services at community and facilities and delivery of nutritional interventions in the health facilities and in the community. This plan will be incorporated into the NEAP.

It is to be noted that given GPEI's 2020 budget constraints, GPEI must work with development agencies to resources the above initiatives.

8. Pending the measures in recommendation 7 arriving in communities, immediate action should be taken to make at least one public health intervention (e.g. soap, chlorine, vitamin A, deworming treatments) available with every polio vaccine campaign in areas with on-going transmission.

The Pakistan programme is adding Vitamin A in one of the NIDs. In selected SHRUCs, a package of WASH, including soap, is being provided.

In addition, the Pakistan programme is implementing Health Camps in SHRUCs of Karachi and Quetta block from the February NIDs. The health camp package includes:

- OPD for the common ailments with provision of basic medicine (women and children in specific)
- Provided ANC through female doctors/LHV/FMT
- Treatment of children with severe acute malnutrition, using RUTF
- RI for zero dose and due/defaulters
- Community sessions on Parenting package (key family care practices)
- Identification and health checkup and counselling
- TT vaccination as per status by referring to fixed and outreach sites
- Multi-micronutrient/IFA supplementation for pregnant and lactating women
- Counselling on key family care practices (KFCPs).

In Afghanistan, Vitamin A and deworming tablets are being provided during NIDs. Other interventions, including distribution of soap, is being planned as a part of integrated services plan.

9. At every opportunity, the Polio Programme should design local programmes that embed and integrate oral polio vaccine within wider packages of services so as to promote its “normalisation” and reduce its isolated profile; this should be a delivery philosophy, not an occasional action.

In Afghanistan in areas with a ban on polio vaccination, health facilities are being upgraded to provide EPI services. mobile health teams under a humanitarian response plan are providing integrated services such as reproductive health, curative services including trauma care, MCH/nutrition screening, CD and NCD surveillance and management and health promotion are being topped up with EPI and polio vaccination. Opportunities such as multi-antigen campaigns and measles campaigns are being utilized for IPV/OPV vaccination.

As in response to #8, Vit A and deworming tablets are given along with OPV in NIDs.

10. The GPEI should create a new and comprehensive communication strategy to address the criticisms, and grasp the opportunities, spelled out in this IMB report.

Pakistan and Afghanistan specific communication strategies are described in the above responses, particularly in response to recommendation #4.

Globally, GPEI recently formed a Strategic Communication Working Group (SCWG) to integrate the communication workstreams described in the recently developed Strategy for the Response to Type 2 Circulating Vaccine-Derived Poliovirus, 2020–2021,. The SCWG's ToRs are attached to the IMB response package.

SCWGs objectives include:

- Establish common understanding of communication risks and challenges associated with the implementation of the new cVDPV2c strategy, advising GPEI on significant social barriers, risk and implications of technical decisions;
- Collectively identify strategic communications interventions and solutions to help ensure the successful implementation of the new cVDPV2 strategy and maintained confidence in the programme;
- Maintain high levels of community trust in, and acceptance of polio vaccines (including mOPV2, tOPV and nOPV2) by safeguarding against misinformation and/or backlash regarding vaccine safety and efficacy
- Shape an effective and consistent global narrative that positively impacts public discourse and supports Strategy roll-out in the field.

11. The GPEI should convene a high-level meeting involving experts and key committee chairs to review policy and strategy to eradicate vaccine-derived polio, taking account of concerns identified in this IMB report.

November 2019–February 2020, GPEI expedited the development of the Strategy for the Response to Type 2 Circulating Vaccine-Derived Poliovirus, 2020–2021, an addendum to the Polio Endgame Strategy 2019–2023. The Strategy and an accompany slide set are attached to the IMB response package.

The development process was led by GPEI, but key polio and immunization technical advisory bodies, including the SAGE working group, Advisory Group to DG on mOPV2, and Polio Partners Group, were consulted throughout the process and their input helped shape the Strategy.

The 18-month strategy (January 2020–June 2021) presents a series of risk mitigation measures to stop cVDPV2 spread. It prioritizes the use of programme assets and utilizes a new vaccine to improve outbreak response outcomes. This new vaccine, called novel OPV2, is anticipated to provide similar intestinal immunity to Sabin OPV2 while being substantially more genetically stable and thus resistant to reversion, lowering the risks associated with cVDPV2 response. Novel OPV2 is expected to be available in mid-2020 via WHO Emergency Use Listing (EUL).

The Strategy's main objectives are:

- Rapidly detect and control cVDPV2 outbreaks using Sabin OPV2 while minimizing the risk of further spread.
- Ensure an adequate supply of Sabin OPV2 is available until it is no longer required.
- Utilize IPV to boost immunity, mitigate paralytic risk and improve population immunity.
- Continue to accelerate IPV catch-up campaigns in countries with delayed introduction.
- Synergize efforts with the Expanded Programme on Immunization (EPI) and Gavi to strengthen immunization systems in high-risk areas and in populations with low type 2 immunity.
- Support novel OPV2 licensure, production and distribution processes through the GPEI novel OPV2 working group.
- Articulate a contingency plan in the event that cVDPV2 epidemiology outstrips the current supply of vaccine and human and financial resources.
- Ensure Member States, GPEI stakeholders and the general public understand how the programme proposes to mitigate and manage cVDPV risks.

12. The GPEI, with country Polio Programmes, should establish a new supportive, empowering, problem-solving performance culture for the frontline; this management reform will be foundational to achieving peak performance in Pakistan and Afghanistan

Pakistan PEI is implementing program transformation across the board with the focus on motivation of Front-Line-Workers (FLWs) and other field staff in line with McKinsey recommendations. Main areas of focus for new supportive empowering for FLWs include:

- Build a performance culture across the delivery chain to motivate and retain the best talented FLWs and other field staff
- Revise performance management system to improve accountability and motivation across Pakistan polio program
- Empower and motivate staff with the appropriate capabilities to implement change
- Capable FLWs and staff to be placed in the right positions who continuously develop their skills through training and regular feedback
- Motivate teams through praises, support and empower them to find local solutions
- Improve FLWs' training content and delivery

Other motivational improvements include:

- FLWs are not responsible to cover recorded refusals to ease pressure from supervisors and the community
- Increase FLWs' incentive from 500 to 1000 PKR per day during each campaign days from Jan.20
- Supportive supervision to FLWs and supervisors are exempted from clustering during campaign days

13. The GPEI should commission an independent company to poll a sample of frontline polio staff confidentially and on condition of anonymity. Their opinions should be sought on the operating culture, morale and practical difficulties of the Polio Programme on a rolling quarterly basis. The IMB would like to be consulted on the process.

McKinsey conducted a review in Pakistan and interviewed frontline workers to understand operating culture, morale and practical difficulties. The findings are being used for Pakistan transformation agenda.

14. The GPEI should review its strategy and tactics on access negotiations with anti-government elements in Afghanistan, including identifying new international sources of effective facilitation.

The GPEI and development partners are continuing dialogue at all levels, also exploring possible new avenues.

We are engaging with regional governments and other partners; increasing GPEI partnership participation in the process; working with AGE and others on access in light of Covid-19; and monitoring closely as the peace process goes forward.

(some sensitive information is not mentioned in this document but can be discussed directly with program leads).

15. The GPEI partner organizations that have teams using behavioral insights for other areas of work, especially essential immunization should make that expertise available to help solve human-centered problems in relation to acceptance and demand for polio vaccine that are preventing eradication.

As described in the response to recommendation #10: GPEI recently formed a Strategic Communication Working Group (SCWG) to integrate communication workstreams, including:

- Establish common understanding of communication risks and challenges associated with the implementation of the new cVDPV2c strategy, advising GPEI on significant social barriers, risk and implications of technical decisions
- Collectively identify strategic communications interventions and solutions to help ensure the successful implementation of the new cVDPV2 strategy and maintained confidence in the programme
- Maintain high levels of community trust in, and acceptance of polio vaccines (including mOPV2, tOPV and nOPV2) by safeguarding against misinformation and/or backlash regarding vaccine safety and efficacy.

16. The Government of Nigeria should urgently review its approach to vaccine derived poliovirus outbreaks, that is currently ineffective, and find solutions to transform the current situation. Specifically, it should also ensure that funding needs are reviewed, and adequate budgets are being deployed. This should include securing contributions from state governors who are not currently making them, presumably in the belief that polio has been overcome in their jurisdictions. Further seeding of vaccine-derived poliovirus is now a different phenomenon in Nigeria; polio was a problem for the north, now it is a problem for the whole country. It is vital to safeguard the success on polio through budgetary commitments.

Prior to the COVID-19 pandemic, Nigeria had made significant progress in controlling cVDPV2 transmission in the country. A total of two cVDPV2s were reported to date in 2020 (as of 20 March) – a confirmed AFP case, from Anambra East LGA in Anambra State with onset of paralysis on 1 January 2020, and one positive environmental sample from Onitsha South LGA, also in Anambra State, with a date of collection on 26 January 2020. An mOPV2 response campaign was conducted in Anambra and neighboring Kogi state in late February targeting 1.4 million children, with 84% of LQAs lots accepted at >90% of children found vaccinated. A second campaign as per outbreak SOPs was postponed due to COVID-19. The only other states to report cVDPV2 transmission in the past six months were Kwara (2 October 2019) and Oyo (9 October 2019). That was a decline from 8 states reporting transmission in the past year.

Timely and full release of government funding for outbreak vaccination campaigns had been a major hinderance to successful implementation of field activities, leading to fewer immunized children. To circumvent this problem, logistics funds to support team movement and recruitment have been routed through WHO directly to vaccination teams. Ongoing, sustained advocacy still remains a need at the state and local government area level to ensure that funding for additional vaccinator teams and monitoring is available. The National Primary Health Care Development Agency and its Executive Director actively follow up directly with governors, track fund release and provide feedback to governors and federal leaders during meetings of the President Task Force on Polio Eradication and Immunization.