

GPEI Response to recommendations of the IMB's 18th Report 20 October 2020

Recommendation 1:

Build a truly Polio-Resilient Nigeria: The GPEI spearheading partners, the Nigeria government at federal and state level, donor countries and the Aliko Dangote Foundation should meet urgently to formulate a funding strategy to ensure that the country stays free of wild and vaccine-derived polioviruses and achieves sustainable high levels of essential immunization coverage.

IMB Rational: With the unprecedented scale of vaccine-derived poliovirus outbreaks, and the uncertainty about the impact of COVID-19 in polio-affected and polio-vulnerable countries, Nigeria holds one of the keys to global polio eradication. Given its wild poliovirus-free status, and its control of vaccine-derived poliovirus outbreaks, any loss of strength of political leadership, failure to make rapid progress on essential immunization, major reductions in funding, or shortfall in high standards of surveillance could be disastrous and very costly – not just for Nigeria, but for the rest of Africa and beyond.

GPEI Response:

The Executive Director Nigeria NPHCD has been engaging Aliko Dangote Foundation to secure additional funding for the Polio Program and other PHC activities to ensure that Nigeria builds the country capacity necessary to maintain WPV certification status. Additionally, the Nigeria program secured a FGoN funding commitment for 2020 and about 50% has been released as of 01 Oct 2020.

Nigeria also secured commitments from the states for release of their counterpart funds for the remaining SIAs of 2020. In the context of COVID 19, the states have supported with funding to procure PPEs, which is a prerequisite for implementation of the remaining SIAs in the states involved.

NPHCDA and partners, which include local partners and states, have secured additional resources to implement the modified integrated medical outreach program (mIMOP) which will help to increase RI coverage rates in critical states including southern states, which is essential for maintenance of our certification status.

Although this progress is encouraging, but continued advocacy from GPEI and national partners will be essential to ensure that resources sufficient to meet program needs are committed in a timely manner.

Recommendation 2:

Secure, sustain and make transparent all-party support for polio eradication throughout Pakistan: The Pakistan federal Government should use its full political influence and oversight to ensure all-party and institutional support for polio eradication at each governance level in the country; it should institute regular meetings of the National Strategic Advisory Group for Polio Eradication and Immunization in Pakistan, as was intended when it was established in 2019.

IMB Rational: It is vital that the Pakistan government at national, provincial and community level consistently promotes an all-party, all-of-government, all-of-society approach every step of the way, as other successful nations have done. Political unity behind the Polio Program is essential. The federal

Government's ability to create an unambiguous and nonpartisan commitment to everything necessary to eradicate polio is critical for success. In response to IMB concerns about the lack of political solidarity and the absence of neutrality contributing to Pakistan's polio resurgence, the Government announced, at the end of 2019, an all-party National Strategic Advisory Group to drive progress on polio eradication. This important body has not met. Without it, there is no public visibility to the political unanimity and accountability of support for polio eradication.

GPEI Response:

As the country transitions its leadership at the ministry (Dr Zafar Mirza's departure), the agenda of an apolitical program remains paramount. The NEOC is actively pursuing with the newly appointed Special Advisor to Prime Minister (SAPM) on health convening the National Strategic Advisory Group. Furthermore, the appointment of an infectious disease expert as SAPM at the ministry of health reaffirms the government approach to a more technical and apolitical approach to health issues. The government remains committed to take on board all the political and influential leaders for one joint cause of polio eradication. Finally, the all of government and all of society response to the COVID-19 response in Pakistan and the substantial role of the polio programme in the national COVID-response has built significant goodwill across the political spectrum on health issues. The lessons learned during COVID-19 response is guiding mechanisms for administrative and political coordination (see below response to Recommendation 3).

Recommendation 3:

Strengthen national leadership capacity in Pakistan: Appoint a new, carefully chosen national polio leadership team, particularly in the light of the additional pressures of the coronavirus pandemic.

IMB Rational: At the time of the IMB meeting, the national leadership team comprised the Health Minister and the National Emergency Centre Coordinator. The GPEI leadership and the Health Minister considered that this was working well. The Pakistan Government's national polio leadership structure no longer contains a national Polio Focal Person. Since the IMB meeting, the Health Minister has left his post. The burden of being compelled to make COVID-19 a priority is consuming the time of all health ministers around the world.

Also, in Pakistan, the National Emergency Operations Centre Coordinator has taken on the national leadership of the essential immunization program. Strong, effective coordination based on face to face contact, visits to different parts of the country and frequent meetings is vital. It needs respectful listening to a wide range of people and organizations. Even before COVID-19, the polio time of both national leadership incumbents was at premium.

The IMB advises that the appointment of a new Health Minister should be closely followed by that of a new national Polio Focal Person or other arrangement to ensure that there is high-level, full-time attention to the critical issue of eradication, and that such an individual can be identified and empowered. The choice of person is crucial since the skill sets and chemistry needs to be well matched with the new Health Minister and the National Emergency Operations Centre Coordinator.

GPEI Response:

Pakistan's program evolution with involvement of political figures such as a Prime Minister Focal Person (PMFP) has had a mix of outcomes, with both salutary and deleterious impacts on the program. Given the current political environment in Pakistan and the recent lessons learned from the national COVID-19 response, the program favors an approach that empowers the NEOC and PEOC Coordinators under the leadership of SAPM and provincial health ministers. The empowerment will include direct access to the cabinet level National Coordination Committee and the National Control and Operational Center (NCOC), both established for the COVID-19 response. The NEOC already has a strong linkage and an important seat at the table in the NCOC. All the national decision-making for the COVID-19 response is driven by data collected and analyzed by the polio program. In this regard, the POB Chair has written to the Prime Minister requesting this empowerment and asking the National and Provincial Task Forces Chaired by the Prime Minister and provincial Chief Ministers to regularly monitor progress and rigorous implementation of the program transformation. Finally, the most recent PMFP did substantial damage to the program from which it is yet to fully recover. The position therefore is unlikely to be revived.

Recommendation 4:

Move forward rapidly with the agreed regeneration program for multiply deprived and alienated communities in Afghanistan and Pakistan: Implement urgently the targeted action required to improve community infrastructure and quality of life through water, sanitation, hygiene, and basic service provision that was agreed as policy in 2018; identify funding gaps and bridge them quickly.

IMB Rational: The 16th and 17th IMB reports made strong recommendations about the transformational potential for polio eradication if water, sanitation, hygiene and basic health services were given to poor, marginalized, and alienated communities in Pakistan and Afghanistan. The Polio Oversight Board endorsed action in 2018.

The GPEI and the respective governments have been very slow to address this critical gap. Afghanistan and Pakistan have now both developed a detailed specification of what services need to be provided, and now need an implementation focus, with accountability.

Rapid action is required and the GPEI should provide the global leadership required to engage development partners, rapidly mobilize resources, and assume accountability for delivering results. The GPEI cannot have one foot in and one foot out of this potentially game-changing initiative.

GPEI Response:

AFGHANISTAN

Afghanistan program has developed an integrated service delivery plan to address basic needs of the most deprived communities, particularly in the polio endemic provinces of south - Kandahar, Helmand and Uruzgan. However, substantial resources for full implementation have not materialized yet. The plan includes interventions related to improving routine EPI, strengthening primary healthcare delivery systems, education, nutrition and WASH. Implementation of the plan has been initiated; however slow in pace due to limited resources and challenges in coordination across all actors and accountability.

As GPEI can't fund integrated services including water, sanitation and other basic health services, GPEI core partners are coordinating discussion within their agencies and with development partners so that

the relevant sectors outside polio are effectively engaged politically, programmatically and to mobilize financial resources.

The Immunization Communication Network has been promoting routine immunization by referring children to vaccination centers and improving vaccination demand by distribution of promotional material such as soap and baby blankets for newborn children. In 2020, 7.8 M soaps and 200,000 baby blankets have been distributed mainly in East, South and Western regions. Of the total, 1.2 Million of soaps were allocated for Taliban controlled areas creating an opportunity to build an entry point for further discussions on access for OPV and integrated services. Baby blankets were distributed by social mobilizers to pregnant women and children less than 3 months of age. They are now distributed at maternity/health facility level in polio high risk areas. Direct impact of these interventions in increasing OPV acceptance is yet to be demonstrated. It is also premature to assess the impact of promotional items on vaccine acceptance, since campaigns resumed only in late July.

A more systematic approach is being developed by GPEI to engage development assistance donors in Afghanistan together with the national Sehatmandi Program, a coalition of donors and national authorities which is centrally coordinated by the World Bank. Outreach to donors to GPEI and new potential donors will continue. In addition, Gavi is supporting the MoPH to partner with humanitarian relief partners such as International Federation of Red Cross (IFRC) / Afghan Red Crescent Society (ARCS) to include routine immunization services in conflict-affected areas of 6 provinces (Helmand, Kandahar, Kunar, Nuristan, Nangahar and Urozgan). In parallel, GPEI is working on clearly defining its roles and responsibilities and accountability for supporting provision of integrated services.

So far, the program has established 53 additional BPHS+ health facilities in remote areas of these provinces through BMGF grants. Sub-offices for UNICEF and WHO with qualified staff have been established in remote and most underserved provinces of Helmand and Uruzgan with an objective of improving and close to ground management of polio eradication and other program activities including integrated services delivery. In discussion with NEOC, EPI and GPEI partners, Gavi has approved the reallocation of Afghanistan's Health System Strengthening grant in order to hire an additional 430 vaccinators in polio priority provinces – Helmand, Kandahar and Urozgan. To catalyze the EPI vaccination coverage, multi-antigen campaigns have been conducted in three most high-risk provinces of the south region. Expansion of multi antigen campaigns is being planned to cover 16 provinces. The program has also focused interventions under the WHO Emergency program on northern districts of Kandahar, Helmand and Uruzgan and deployed 16 mobile health teams with additional package of EPI delivery.

The polio program in Afghanistan has acted as the first responder to COVID-19 outbreak in the country, largely contributing to surveillance, community engagement and hand hygiene promotion. In coordination with AGEs, a combined UN plan was developed for interventions in their area (mostly overlapping with polio endemic areas). Under this plan, essential medicines were provided to health facilities catering to these populations, renovation is underway of jointly selected health facilities to cater to COVID-19 related treatment and isolation needs (which will serve the populations beyond COVID-19 pandemic). Most interventions implemented under integrated services are in areas under AGE control, are the most underserved, and also endemic to polio. Provision of services in AGE areas where they were most needed has been much appreciated by all levels of AGEs and are likely to benefit humanitarian collaboration in the long run.

PAKISTAN

Pakistan has embraced this recommendation as the foundation for building trust, reduce refusals, and improve vaccination coverage of communities that lack basic services i.e. health care, including routine immunization, safe water, nutrition, environmental sanitation etc. There is a focus to engage with underserved communities, creating an enabling environment by meeting critical basic services of targeted communities. A Synergy and Integrated Services Task Team has been established in the NEOC to develop a framework of integrated services aimed at boosting vaccine acceptability for polio and Essential Immunization. The goal of the collaborative approach is to contribute towards stopping transmission particularly in the Super High-Risk Union Councils (SHRUCs). A comprehensive work plan has been developed to provide integrated health services to boost community trust.

Following comprehensive surveys and situation analyses in the 40 SHRUCs, a costed three-year plan has been developed (\$24 million) as the Polio Sub-Package within the Disease Control Priorities (DCP3). A number of implementation approvals and steps have been undertaken and an investment case is being developed by Aga Khan University, but funding has not yet been identified. Implementation has been delayed by the COVID-19 pandemic.

Implementation Status: The implementation and staffing plans have been endorsed by the Chief Secretary and Secretary Health (EOC Coordinator). Investment plan is to be finalized in September 2020. An oversight framework with impact indicators is being developed. Demand creation workshops, integrated microplanning and identification and refurbishment of facilities are in different stages of implementation.

Recommendation 5:

Create strong cooperative relationship of mutual trust with the Pashtun people at a political level: The Pakistan federal Government and provincial administrations, working together, should build a strong political relationship with representatives of the Pashtun communities in the country with the aim of establishing Pashtun-led eradication of polio in Pashtun communities.

IMB Rational: A key to achieving a major breakthrough in polio eradication in Pakistan is the willingness of Pashtun communities across the country to embrace the benefits of polio vaccination for their children. Failure to achieve this has been a problem for 20 years. Innovative approaches based on interviewing communities and research studies have been tried before but have not achieved that breakthrough.

Nigeria's experience of analyzing networks of influencers and contact offers a methodological innovation. A Pashtun strategy cannot be looked at only geographically. It is not purely about focusing on super-high-risk union councils, for example. That is important but it will not win the hearts of Pashtuns as a collective group.

The work currently being undertaken at the cultural, social, and religious level is good and important. It needs a much bigger additional card to be played. A positive and cooperative political relationship has to be forged with Pashtun leadership if eradication-standard Polio Programs are to be established in their communities. This will require political courage, given the history of tensions and mistrust between successive Pakistan governments and the Pashtun communities. If it can be achieved, it will bring a sea change in the success of the Polio Program in Pakistan.

GPEI Response:

The NEOC is establishing a management team of senior government and GPEI representatives to oversee and facilitate the redesign of the program that leads to Pashtun and other underserved communities to fully embrace the program and be key partners in its implementation.

Recently, Pakistan has initiated a process to meticulously map and nurture relationships with ‘Pashtun’ leadership, across Pakistan. A consultative, bottom up process is being undertaken with inputs from UC, District and Provincial level. Prominent religious, political and tribal leaders are engaged by the Polio program through a completely revamped approach, moving beyond ad-hoc campaign based ‘nudges’ to well-thought out strategic partnerships to broaden the Pashtun support base. Special emphasis is being placed on understanding the motivation and aspirations of Pashtun leadership in different contexts, to devise more tailored approaches for their sustained support.

Building strong, sustainable alliances between Pashtun communities and the polio program and their representation at all levels of program management and delivery is an overarching priority across all aspects of the program. To this end, actions are being planned to inform strategies and interventions based on a deeper understanding of the Pashtun communities through target research and dialogue to regularly updating and deepening social and behavioral insights for Pashtun engagement. A full-time medical anthropologist will facilitate this component. Granular analysis of community perceptions through challenge mapping and other approaches will complement the findings of other social and anthropological studies. Further research is being urgently done, including:

- In-depth analysis of Pashtun demographics
- Detailed landscaping/mapping of tribal structures having linkages with Pashtun population
- Assessment of health-seeking behavior (including EI)
- Analysis of reasons for resistance/refusal to polio vaccine

Key components of the revised approach to these communities include:

- Participatory Design: Within the Pashtun communities, social mapping of tribal elders, religious leaders, local political leaders and other influencers in the community would serve as program allies/ambassadors, to build meaningful and sustainable alliances with the program. A truly participatory design (PD) will ensure influencers are engaged in co-creating with the Polio program to investigate the specific issues on the ground, devising interventions to tackle the complex problems, supporting implementation and participating in monitoring and evaluation of the results.
- Capacitated Pashtun leadership: Our overall approach to Pashtun alliance building will focus on a longer-term vision and investment in our ‘key supporters’ capacity to understand the intrinsic benefits of vaccination and to be able to communicate the same to their respective communities with greater ease and conviction.
- Using existing Pashtun social structure (tribal system) to resolve disputes and social issues. Greater effort will be made not to bypass local systems for resolution of social issues e.g. leveraging the jirga system.

Recommendation 6:

Be aware of the risks of changes in the community-based volunteer program: The GPEI leadership and the Pakistan Polio Program should be prepared to adapt the Community Based Volunteer program, which continues to have major potential to increase vaccine coverage.

IMB Rational: The decision to cut back on the Community Based Volunteer program has been made at a critical time, when the Polio Program will need the highest degree of support from local communities in its early post-COVID-19 campaigns. The program was initially transformative and inclusive in that female vaccinators and social mobilisers were drawn from the polio-affected communities themselves. The leadership of the Polio Program, globally, nationally, and locally should monitor, at granular level, vaccine refusal rates using real-time data capture. They should be prepared to change the policy if it is seriously threatening performance. Above all, any replacement scheme that cannot get female vaccinators and social mobilisers into the houses will flounder. Community Based Volunteers could also become an integral part in broader essential immunization and primary care services.

GPEI Response:

Pakistan realizes the critical timing of the decision to scale down the Community Based Volunteers (CBV) but this move was necessary, in light of failure of CBVs to achieve program goals in these areas. Every effort is being made to preserve CBV in most critical UCs in tier 1 districts and enhance their effectiveness through improved management and support. Furthermore, areas where CBV were scaled down, the program has tried to retain trained Community Health Workers (CHWs) in tier 1 and tier 2 districts as Special Mobile Teams (SMT) and mobile teams (MT) respectively. SMTs work more days for better campaign preparation and implementation compared to mobile teams. Where necessary, new female workers would be recruited, meticulously trained and assigned with experienced local workers from the same community to avoid any dips in performance. Ensuring the deployment of female workers from within the communities remains an abiding priority for the program.

The leadership at Provincial & National levels is closely monitoring and supporting the local administration in implementing this transition (founded on the key objectives of ensuring deployment of same/trained females from the locality, that have access inside the households in every SIA); the analysis of the data and field reports with resumption of SIAs would guide the transition further and affect any changes in policy to avoid any threats to optimal performance.

The CBV scale-down has already been implemented in 89 UCs in Karachi and 5 UCs in Peshawar. The tasks have shifted to SMTs as these are tier 1 districts. CBV were scaled down in all tier-2 districts and the CBV in these districts were transitioned to become MT members. The program is following closely the impact of CBV transition and performance in SMT areas for lessons learned and for course correction. Transition teams have been set up to immediately address any negative reactions in communities, challenges and gaps where the scale down is implemented. Key activities implemented as part of the transition in areas where CBV have been transitioned include:

- Special community sensitization to gain trust of community leaders.
- A dignified exit of CBV from these areas-farewell sessions, provision of experience and appreciation certificates.

- Advocacy with the Government to consider other mechanisms to absorb this trained CBV workforce.

Recommendation 7:

Manage effectively the ongoing presence of COVID-19 with resumption of polio vaccination: The GPEI should work with the leadership of the country Polio Program to produce, and regularly update, comprehensive plans to deliver safe and effective campaigns; also, they should create a decision-making framework to guide national and local teams on how to make rapid judgements on the extent to which polio staff should be repurposed again in the event of second and third waves of COVID-19 or pockets of resurgence.

IMB Rational: It is critical to ensure early resumption of polio vaccination campaigns in the COVID-19 context. This is vital in Pakistan and Afghanistan, where modelling data indicate the dire consequences of not doing so. For the last three or four months, most polio staff in key areas have been redeployed to mount a response, at population level, to COVID-19. Many are now starting to go back to running resumed polio campaigns. Comprehensive plans are essential to ensure effective and sustainable campaigns and for adopting public health measures for the safety of children and families and the health workforce. If COVID-19 comes back forcefully in certain areas, polio staff will not be able to maintain a dual role. It will be vital to have ground rules for national and local Polio Program leaders and managers on how to make decisions about sustaining resumed polio work or switching back to fighting COVID-19.

GPEI Response:

GPEI issued updated (urgent) strategic guidance / recommendations to the countries / regions during the second half of May 2020, focusing on immediate resumption of safe campaigns in the endemic and outbreak countries after careful risk-benefit analysis. The recommendations are available at (<http://polioeradication.org/wp-content/uploads/2020/03/updated-POB-country-and-regional-recommendations-20200526.pdf>)

GPEI also issued guidance to assist the countries on operational implementation of polio SIAs in the COVID-19 context (<http://polioeradication.org/wp-content/uploads/2020/03/Interim-guidelines-for-frontline-workers-on-safe-implementation-of-house-to-house-vaccination-campaigns.pdf>) . GPEI hub (Amman) also issued a more focused operational guidance for endemic countries (Attached).

WHO issued an interim guidance / to facilitate decision-making on implementation of mass vaccination campaigns in the COVID-19 context on 22 May 2020 (<https://apps.who.int/iris/handle/10665/332159>), to facilitate, rather challenging decision of campaign resumption.

The abovementioned guidance documents are being utilized by the countries' polio leadership / management. Since July 2020, outbreak response vaccination campaigns have been resumed in 12 countries globally, including Pakistan and Afghanistan. Planning is underway to implement outbreak response campaigns in another 10 countries of the African region in October 2020. Recent experience in these countries signifies that quality house to house campaigns are implementable in the current COVID-19 environment by adjusting strategies in the local context and utilizing field guidance on ensuring safety of vaccinators and communities through observing infection prevention and control

measures, effective community engagement as well as good supportive supervision of the health workers / volunteers.

In addition, GPEI's relevant management groups and task teams (Hub, EOMG, OPRTT, VSTT etc.) are regularly coordinating with the regional and country polio teams to provide necessary support / guidance in the evolving COVID-19 situation. The "GPEI Continuity Planning and Facilitation Group (PFG)" focused on maintaining coordination within GPEI (all levels) and with EPI/other health programs, to facilitate efficient and safe campaigns resumption. The PFG has now been dissolved after handing over its tracking / coordination / monitoring functions to the EOMG. EOMG has identified a three-person team to carry forward the necessary coordination and program tracking.

As the campaigns further resume and travel restrictions gradually ease, the GPEI human resource (HR) surge is being streamlined and strengthened to support the countries in implementing high quality safe campaigns. GPEI is continuing to closely monitor the polio as well as COVID-19 situation / epidemiology for second or a third wave and the need of updating the existing strategic / policy and operational guidance as well as optimize other support mechanisms.

Recommendation 8:

Strengthen COVID-19 management expertise in all Emergency Operation Centers: Appoint, or second-in, specialists in infection prevention and control and specialists in supply logistics to each national and regional Emergency Operations Centre.

IMB Rational: In a resumed program of polio vaccination, daily judgements, decisions, guidance issuing, question answering, and troubleshooting will be required on COVID-19 matters. This is the domain of experienced experts in infection prevention and control. It is not an area for polio experts to be "learning on the job". Also, there will be a pressing need for logistics support on personal protective equipment and other COVID-19-related supplies. There should be a person in-house with this experience.

GPEI Response:

The national and regional/provincial EOCs in Pakistan and Afghanistan are closely coordinating with other departments within the Ministries of Health as well as with other line Ministries to ensure essential arrangements to implement safe campaigns. The Polio EOC in Pakistan is working closely with the National Command and Operations Centre (NCOC) that is leading the national COVID-19 response effort. The technical and logistical capacities of the NCOC are being meticulously utilized to facilitate the Polio campaigns, ensuring that the frontline workforce is adequately trained on infection prevention and control (IPC) and provided with essential PPE materials (hand sanitizers, masks, soaps etc.) to operate in a safe manner. Likewise, Afghanistan's Polio EOCs are working closely with all the relevant line departments ensuring enabling environment for polio campaigns and safety of frontline workers and the communities. Both Pakistan and Afghanistan have so far implemented three campaigns between July and September 2020 with no substantial logistical or COVID-19 IPC related issues.

The Polio outbreak countries in the African Region are coordinating very closely with the respective National and sub-national COVID-19 Task Forces and Committees, to not only decide upon the timing and modality of polio campaigns resumption but also to ensure appropriate training and provision of IPC material (sanitizers, masks etc.) to the vaccination volunteers as well as effective community

engagement to implement safe polio campaigns. As of end September, Burkina Faso, Angola, Ghana, Cameroon, Cote d'Ivoire, Niger, Togo and Mali resumed the outbreak response SIAs (Jul – Sep), while an additional 10 countries are planning to resume campaigns in October 2020.

The GPEI hub and the African Region Rapid Response Team (RRT) are in constant touch with the polio endemic and outbreak countries respectively and assessing the need for additional technical and logistical capacity while approaching additional campaigns over the coming months. GPEI will provide all necessary support as and when needed over the course of resumption/implementation of campaigns.

Recommendation 9:

Introduce integrated polio vaccination programs: All in-country polio programs should be designed to work with other teams to deliver vaccination for polio as part of other essential services (especially immunization); the precise model of integration should be tailored to match local circumstances and community preferences; programs should also seek to meet communities' wider and basic needs (related to water, sanitation, soap or other amenities that communities value).

IMB Rational: Repeatedly, in field surveys, from front-line polio workers, and in meeting after meeting, it has become clear that people and communities with whom the Polio Program wishes to engage do not just want polio drops. The program collectively has not yet been able to deliver something different to that on anything like a large-scale. Post-COVID-19 there is no place for a purist vertical program ethos and style of delivery. The Polio Program must adapt to different circumstances; actions should include strengthening and participating in essential immunization, multi-antigen campaigns and birth dose.

GPEI Response:

While integration between the polio and immunization programs has been ongoing, these efforts have been largely opportunistic and uneven. In order to shift to a more systematic and targeted integrated way of working, particularly in the context of massive disruptions caused by COVID-19 pandemic, a multi-agency working group has made significant progress in drafting an Interim Program of Work (iPOW) focusing on mutually beneficial integrated strategies for polio eradication and essential immunization efforts. The iPOW focuses on four priority areas of work, namely *community engagement and service delivery; Outbreak prevention, preparedness, response, and recovery; Comprehensive vaccine preventable disease (VPD) surveillance; and Management and coordination*. For each area of work, specific actions are being developed that could be implemented over period from 2020-2023.

An Ad-hoc forum comprising of EPI and Polio Directors of the GPEI agencies convened in late July 2020 to get an initial briefing from the iPOW working group as well as to get onboard the regional offices. Following the Ad-hoc Directors' Forum meeting, the directors and regional offices have provided their inputs for the iPOW and currently (as of 05 Oct. 2020), inputs are being received from the broader partnership. The iPOW is expected to be finalized by December 2020 after review of the Polio Oversight Board. The Ad Hoc Program Directors Forum and the Agency Heads (through the Polio Oversight Board) will monitor the implementation of the priority actions proposed in the iPOW, to ensure that this 'proof of concept' of integration is fully inculcated across immunization strategies to achieve polio eradication. It is pertinent to mention that the ongoing GPEI Strategy review is also taking into account the component of "Integration" and will consider appropriately highlighting / incorporating the iPOW into the strategy; for institutionalized implementation and monitoring.

GPEI and Essential immunization partners already started to avail any possible opportunity to integrate multi-antigen SIAs, particularly in the context COVID and community needs. Pakistan utilized the large-scale August SIAs for vitamin-A supplementation. Soaps were distributed in two districts during a small scale SIAs in Afghanistan during August 2020. Afghanistan plans to administer Albendazole and vitamin-A during the upcoming nationwide rounds in October and November 2020. Recent SIAs in Somalia, implemented in September 2020, administered OPV, Measles, Vitamin A and distributed deworming tablets. Niger, during the mOPV2 SIAs in late September administered vitamin-A and deworming tablets.

Recommendation 10:

Expand the role of NGOs in Afghanistan: Introduce a carefully designed, quality-controlled, rigorously evaluated pilot program of NGO-delivered polio vaccination with technical support, mentoring and monitoring from the United Nations agencies and the Emergency Operations Centers, which should be independently overseen; and open high-level discussions with the World Bank to add a polio incentive to the Sehatmandi scheme.

IMB Rational: The number of cases and infected districts in Afghanistan have been consistently increasing since 2016. The Taliban-controlled ban on access has operated for two years. While efforts to achieve lifting the ban through negotiation must be pursued vigorously, it is unacceptable meantime to have no “Plan B”. Some polio activities are already carried out by NGO- integrated services. Expanding their role has been tried before, unsuccessfully. This is not a reason to give up on it when for two years access to the population for the conventionally delivered Polio Program has been denied. Arguably, a return to complete “normality” is highly unlikely, yet the watchful waiting continues.

A new trial program must do three things: a) design in, from the beginning, solutions to sources of past failures (e.g. lukewarm support from the United Nations agencies, absence of professional project management skills, poor staff recruitment and retention, lack of proper bonding with communities, inconsistency of interfaces with anti-government representatives); b)empower the independent scrutiny to be constant (not solely mid-term reviews) and to “call out” bad behavior (such as ambiguities in financial flows and false data returns); and c) provide adequate funding for the costs of the work. The reconfiguration of services into the Sehatmandi scheme opens a window of opportunity to talk directly to the World Bank about this intractable problem.

GPEI Response:

The program is open to explore all available possibilities including NGOs. A pilot of NGO-delivered polio vaccination is under discussion at the EOC, pending finalization of changes related to identification of non-performing NGOs in southern region. NGO are currently engaged in polio surveillance extensively. NGOs are also contributing through the integrated services delivery plans by setting up BPHS+ health facilities with support of grants provided by the BMGF.

The Minister of Public Health has also directed to include the polio EOC in formulation of working modalities in the upcoming Sehatmandi project.

Several steps are being taken to implement this recommendation fully:

1. At the request of the new Minister of Public Health, a management review of the polio EOCs is being planned. This review is essential to help establish best EOC management practices, clearly define

the roles and responsibilities of each partner, develop an inclusive and transparent decision-making process and ensure that the EOCs serve as robust coordination platforms where consensus can be achieved on strategies and diverging views, for example, about the role of NGOs and other potential actors in the Program. Functional and effective EOCs are needed to ensure objective, fair and transparent selection of NGOs and accountability of their performance.

2. In addition to establishing a strong linkage between the National EOC and the Sehatmandi project requested by the Minister, and as outlined under Recommendation 4, a more systematic approach is being developed by GPEI to engage development assistance donors in Afghanistan together with the national Sehatmandi Program, a coalition of donors and national authorities which is centrally coordinated by the World Bank.

Recommendation 11:

Direct and coordinate vaccine interventions globally: The GPEI should designate a Global Director of Polio Vaccine Implementation and a small support team for a one-year period.

IMB Rational: One senior person from within the GPEI leadership, with requisite management skills and experience, should be chosen to direct and coordinate the complex program of polio vaccine interventions over the next year. It should be that person's sole responsibility and not combined with parts of an existing day job. The person should work closely with the GPEI Strategy Committee, the Amman Hub and corresponding regional offices of the United Nations agencies. The work will include: the introduction of the new novel monovalent oral polio vaccine type 2; the choice of vaccine options in outbreaks; keeping abreast of availability of vaccine stocks; the ability to supply vaccines rapidly over a wide range of geographies; tracking progress; gathering real-time soft intelligence on problems; making decisions and choices on which vaccine to use; monitoring impact and adverse reactions; and handling both public and internal communications.

GPEI Response:

As noted in the IMB report, in 2020 the Polio Programme addressed monumental vaccine and vaccination policy decisions and took decisive strategic actions in response to growing demand for Sabin OPV2, the roll-out of Novel mOPV2 (nOPV2), introduction of trivalent OPV (tOPV), the rapid scale down of preventative SIAs that endangered bi-valent OPV (bOPV) supply agreements, and a transitioned use of IPV.

Through its existing management structure, GPEI has proactively addressed the aforementioned vaccine challenges. In 2019-2020, the programme developed and operationalized the Global Stockpile plan, which set parameters for the supply of nOPV2/tOPV and Sabin mOPV2 and created mechanisms for mitigating the risk of an unsuccessful nOPV2 rollout. GPEI also developed a [*Strategy for the Response to Type 2 Circulating Vaccine-Derived Poliovirus, 2020–2021*](#) that provides scenarios and mechanisms to deploy the three stockpile vaccines. To further support tOPV and nOPV2 introduction, GPEI implemented deployment preparedness plans that included activities addressing normative, communication, governance, operational and supply matters, with a special time-limited nOPV2 working group formed to oversee the vaccine's approval process and initial use. At its 2020 meetings, the SAGE endorsed frameworks for the prioritization of the type 2 containing vaccines (nOPV2/mOPV2/tOPV) and set clear recommendations regarding IPV's role in the polio eradication programme. To address the

impact of the COVID-19 pandemic, the programme developed guidance and strategies to complement the above directives.

GPEI's vaccine management structure consists of the Vaccine Supply Task Team, nOPV2 Working Group, Outbreak Preparedness Task Team, the SIA Options Task Team and the mOPV2 Advisory Group. These groups implement plans and policies on vaccines and vaccination under the overall guidance from the EOMG and SC. Continual fluctuations in the polio programme can result in vaccine strategy and management gaps, but GPEI has proven capable to quickly address any management or strategy deficiencies working through its existing vaccine management structure. And, the new GPEI Strategy development process and the Governance review will provide an additional opportunity to assure the programme's vaccine management structure optimally functions.

GPEI believes that designating a Global Director for polio vaccines is not necessary at this time and may add complexity to the existing structure that is functioning well and threatens to slow down decision making on vaccines and vaccination strategies.

GPEI will continue to streamline its existing structures and processes and integrate them within the coherent management continuum to address any shortfalls and risks, and agrees with the underlying intent of the IMB in this recommendation, that the stockpile is more complex than ever and that deliberate and well thought out mechanisms to manage vaccines will be critical for the foreseeable future.