Independent Monitoring Board of the
Global Polio Eradication Initiative

Summary of key messages – May 2013 Report

The Independent Monitoring Board (IMB) was convened at the request of the World Health Assembly to monitor and guide the progress of the Global Polio Eradication Initiative.

This is a synopsis of the IMB's seventh report. The full report is available at www.polioeradication.org/imb.aspx

# Lowest cases ever: but urgent work needed to strengthen the polio eradication system

The GPEI missed its deadline to interrupt transmission by the end of 2012. This is no reason for pessimism. The Programme's achievements over the last three years have been formidable. In 2012, there were 223 cases of polio, down from 1352 in 2010.

The IMB has set out a consistent analysis of why the Programme is performing sub-optimally. Much progress has been made. Much remains to be done. For this report, the IMB created a "system map" (overleaf). The complexity of the system map is a stark reminder that each domain of activity (political, technical operations, security, financial, strategic) has an important bearing on local communities where vaccination programmes succeed or fail. It is clear from the map that the Programme is only as strong as its weakest point.

The IMB has identified two areas in which the Programme is particularly weak: communications to engage communities, mobilising demand for the vaccine; and global programme governance, which currently does not provide optimal support to the front-line.

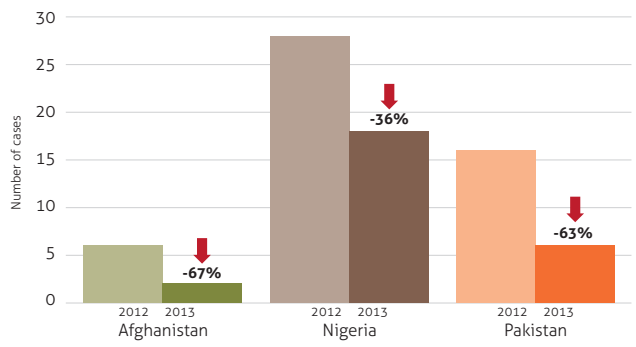
**Afghanistan** needs a final major push to resolve the basic errors still plaguing its vaccination campaigns. Its ability to access 'inaccessible' areas is a strength, but sizeable communities still remain for it to reach. The need to stop transmission by the end of 2014 must be more clearly expressed, and acted on, by all.

**Nigeria's** Programme has surged forward over the last year. Still though, progress in a number of Local Government Areas is stagnant – a thorn in the Programme's side. Insecurity is a more significant issue than ever. Nigeria remains the country most in need of greater strategic focus on communications.

**Pakistan** transformed its Programme in 2012. Heightened political commitment drove through a raft of programmatic improvements. Strong leadership of the Programme from newly elected leaders will now be crucial.

KNOCKED DOWN BUT NOT OUT: WILD POLIO IN THE THREE ENDEMIC COUNTRIES

Cases in each of the endemic countries; 2012/13. 1 January to 7 May period




# Engaged communities eradicate polio

It is regrettable but true; in many areas of the polio endemic countries the Polio Programme and its vaccine are viewed with increasing negativity. Parents see the vaccine as more grievance than gift, the Programme as unwelcome intruder not welcome protector. The IMB is deeply concerned by the Programme's weak grip on communications and social mobilisation. If strong, these could not only neutralise the negativity but increase genuine demand for the vaccine.

Communications is a responsibility of all the GPEI's partners – not just UNICEF. At GPEI meetings, the number of attendees whose mind focuses on supply of the vaccine far outnumber those who focus on demand. There is a poignant symmetry: missing communicators means missed children. It allows the under-emphasis on demand to continue. Furthermore, there is a need to seek out the expertise that already lies within communities. Bridges must be built. It is communities who understand best what they want, what they need and what they think.

The GPEI's own strategic plan articulates, "experience throughout the GPEI has shown that polio virus circulation stands little chance of surviving in fully mobilized communities, even in the most difficult contexts". The IMB could not have put it better. The rhetoric must now be matched by the reality.

SHIFTING THE NEEDLE: REACTIVE TO PROACTIVE

| | | |
|---|---|---|
| React to refusals | VS | Proactively generate demand |
| Offer 'polio-pluses' when refusals become intractable | VS | Offer 'polio-pluses' commonly |
| When refusals arise, study the reasons why | VS | Pick up population sentiment early; prevent doubts becoming refusals |
| React to prominent programme opponents | VS | Engage potential programme opponents as they begin to emerge |


# Responsive and coordinated global management

If a billion-dollar-a-year multi-partner emergency global health programme were established from scratch today, its management structure would look nothing like that of the GPEI.

The Programme's complex coordination and suboptimal support mechanisms impede decision-making, particularly on controversial issues. For example, discussions over how best to deploy IPV have rumbled on for years. The trial in Pakistan this year must address all the issues (technical, financial, communications) and provide robust answers once and for all.

Global-level partners are not optimally providing the endemic countries with the support that they need. Focus is often inwards rather than outwards. Best practise is spread too slowly. Vital in-country posts are left vacant.

The IMB urges the Programme's senior leaders to listen to the voices within the Programme that express a desire for short decision chains, clarity in who leads on what, rapid action in response to urgent challenges, and for each and every management group to add real value.

# IMB recommendations

The IMB makes eight recommendations (see report for full wording):

1. The Programme must urgently construct and implement a plan to correct its crippling under-emphasis on social mobilization and communications.

2. Through the necessary trials, the Programme should (by the end of 2013) be able to conclusively answer the question: "Should the endemic countries introduce IPV as soon as possible, or should they wait until 2015?"

3. The Polio Oversight Board should study the IMB's analysis of the current management issues. Partners' headquarters should consider these two questions: How can we work together in a more ordered and efficient way, enabling action to proceed at the speed required in a programmatic emergency? How can we be more sharply focused on what the polio-endemic countries need from us as a group, and how can we better coordinate efforts to provide this, including on controversial issues?

4. The Polio Oversight Board should hear candid views directly from in-country representatives of both government and partner agencies, about what they need from the partners at headquarters level.

5. The Polio Oversight Board should establish a mechanism to more frequently monitor key management information, including details of any unfilled post and its recruitment process, and should publish records of its meetings.

6. The incoming Pakistan government should seek to retain the Prime Minister's Monitoring Cell and other structures that have led polio eradication efforts so successfully during the previous government's term.

7. Nigeria should urgently finalise a more detailed operational plan to deal with the security issues that it faces, drawing on the experiences of Afghanistan and Pakistan.

8. Polio compatible cases should be routinely reported in the Programme's bulletins, reports and presentations alongside the number of confirmed cases. Further attention should be given to reducing the number of compatible cases through better surveillance. Expert review committees should receive the resources they need to support accurate diagnosis when such cases arise.

# Conclusions

Those who work towards polio eradication should be proud of what they have achieved over the last two years. The prospects of interrupting polio transmission globally have been transformed by their work.

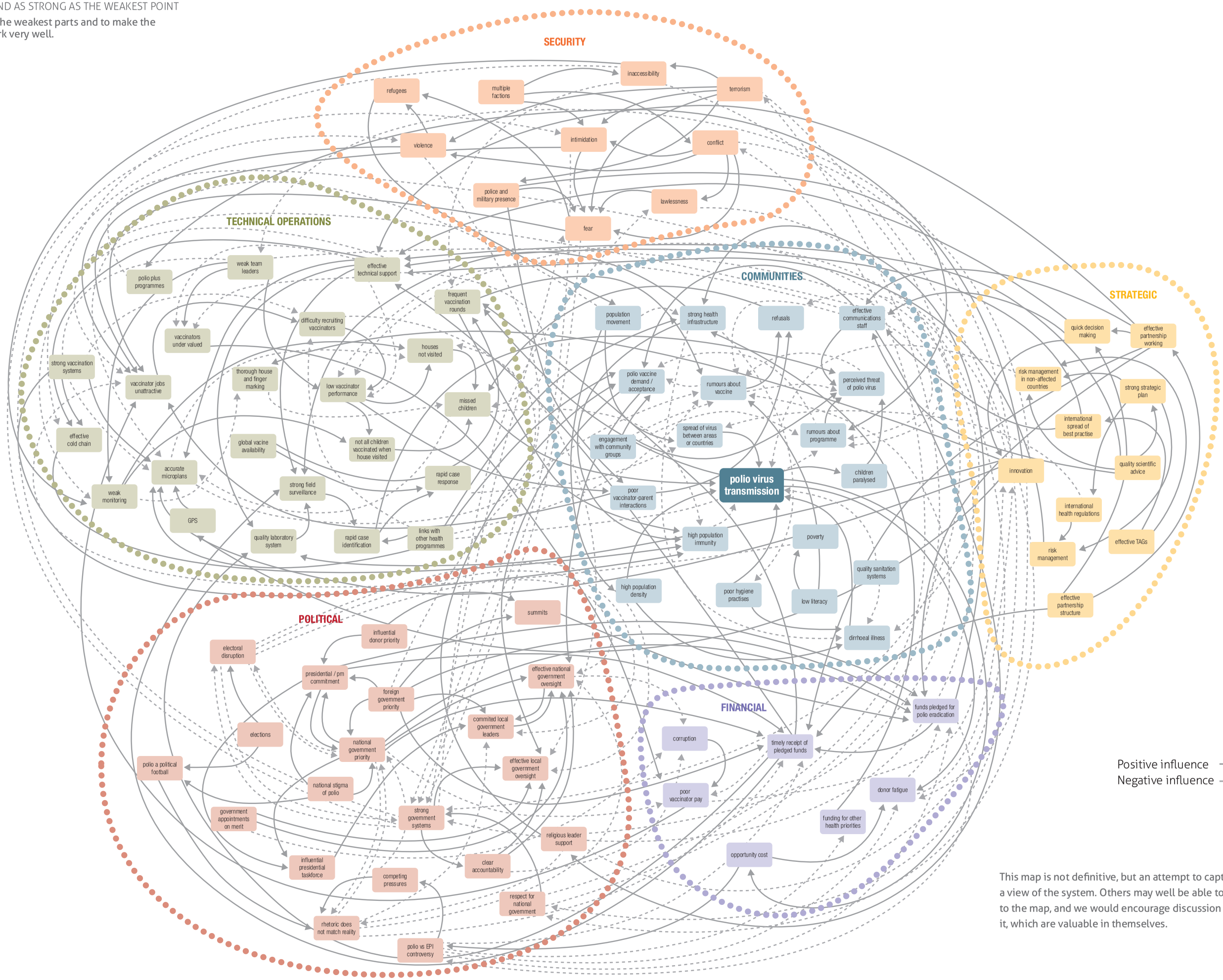
But much more work is needed. The polio eradication system is complex and only as strong as its weakest point. Our critique should not cause people to lose heart, but to recognize the need to continue the trajectory of programmatic improvement that has been achieved over the last two years.

If this is done, and full funding secured, the IMB judges that polio transmission can be interrupted globally by the end of 2014.

# The Polio Eradication System:

COMPLEX, INTER-RELATED AND AS STRONG AS THE WEAKEST POINT

It is essential to strengthen the weakest parts and to make the interfaces and synergies work very well.




This map is not definitive, but an attempt to capture a view of the system. Others may well be able to add to the map, and we would encourage discussion about it, which are valuable in themselves.