

8 April 2019

Sir Liam Donaldson
Chair
Independent Monitoring Board

Dear Sir Liam,

I take this opportunity to thank the IMB for its October 2018 report “How to cut a long story short.” Many of us working in the Polio programme have dedicated our careers to polio eradication. The IMB’s frank and in-depth review of the programme is, as always, very much appreciated. It provides GPEI an opportunity to realign and take the necessary measures to assure success.

Our teams are taking action on the nine recommendations from the October report. A progress update can be found in the attached table. Given the IMB’s strong emphasis on the need for change in the “global governance superstructure” of GPEI and the need to demonstrate how things can be done differently moving forward towards the eradication goal, the Strategy Committee has discussed a range of proposals and brought them to the Polio Oversight Board’s 17 December teleconference for discussion and decision.

Key areas that emerged as being both feasible and most impactful were:

- (1) Formalizing Gavi’s role in GPEI governance. The POB endorsed inviting Gavi to become a participating member, and an invitation was extended to the Gavi CEO, who has since accepted and joined the last POB call on 19 March in the new role.
- (2) Creation of a joint GPEI Hub to coordinate polio eradication in Pakistan and Afghanistan. Since the POB’s endorsement of this approach at their December call, we have been taking concrete steps to launch the hub by Q2/2019 to enhance GPEI’s focus and support to the two endemic countries. This includes the following: hub to be located in Amman and be led by a hub coordinator who will administratively report to the EMRO Polio Director, which is currently under recruitment,,, a multi-agency transition team has been deployed to Amman to work on the framework and design for the hub, and all GPEI partners are making arrangements to deploy staff specifically dedicated to the hub.
- (3) Merging of the Afghanistan and Pakistan Technical Advisory Groups. The POB endorsed in principle the merging of the Afghanistan and Pakistan Technical Advisory Groups however this is relatively sensitive for the countries themselves and we are exploring how to move this in way that will best serve the two country programmes.
- (4) Integrated Services Initiative as a direct Response to IMB’s first recommendation to mobilise urgent help for multiply-deprived and polio-vulnerable communities. UNICEF is proceeding by supporting a convergent package of basic services in high risk areas in Afghanistan and Pakistan. Initial funding proposals from the two countries total \$57M were prepared and close to \$10M has been mobilized including an allocation of \$5million from UNICEF’s core resources and a contribution of \$3.9 million from BMGF to UNICEF (for Afghanistan). In addition, Rotary and

BMGF are supporting a number of important basic services projects in high risk polio areas in Pakistan in the health and WASH sectors. GPEI partners are working on identifying new sources of funding.

The IMB's specific concerns expressed for Afghanistan, Pakistan, and Nigeria within the report have been reviewed by the country, regional and global teams as well. Based on the IMB's review, and the current epidemiology, the following have been identified as priorities for 2019:

In Afghanistan, with a strong NEAP including the Framework for Change developed by the programme and endorsed by the Ministry of Health to address the inability to carry out house to house campaigns, and the MOU with the BPHS NGOs, the program is now building on a range of strategies to interrupt circulation of the wild polio virus. The programme will be dedicated to following the basics, plug the remaining gaps and remain innovative for new challenges. The focus for 2019 will be on elevating the emergency status of polio, field support to Kandahar, access, missed children, front line workers, and one team approach.

In Pakistan, the top priority of the programme is to be laser-focused on reaching still missed children in core reservoir areas through continued improvement of operations. The programme is working to ensure that community health workers (CHWs) are maximally capacitated and supported to enable them to achieve quality work. EOCs will support detailed analysis of available data to help identify the true risks to achieving high coverage of the most vulnerable groups and ensure appropriate plans and actions to reach these groups. The programme is enhancing, sustaining and monitoring outreach activities of EPI and ensuring stringent accountability and reward for all levels.

In Nigeria: It is more than two and a half years since the last detection of WPV1. Nigeria has maintained focus on vaccination of children living the inaccessible areas. Innovative approaches including Reach Every Settlement (RES), Reaching Inaccessible children (RIC) helped the program in reducing number of inaccessible children from estimated 600,000 in 2016 to 70,000 in October 2018. Nigeria continues implementing a number of community-based approaches to strengthen surveillance in the difficult to access areas of North East. Top priority of the program is to scale up efforts to stop the current cVDPV2 outbreak, continue efforts reaching the remaining inaccessible children, enhance focus on surveillance and setting up of a framework to improve routine immunization.

On behalf of all of GPEI—from the global to field levels—I would like to thank the IMB for the crucial role that you play in this programme. We look forward to the opportunity to continue to discuss the programme's progress and challenges with you. If there is any additional information that would be of help to you and your colleagues, please don't hesitate to ask.

Yours sincerely



Michel Zaffran
on behalf of the GPEI Strategy Committee

