Annex: IMB recommendations and final GPEI response

The IMB report was received on 22 August, and the ongoing process of considering and responding to its recommendations has involved consultation through the Management Groups and with regional offices.

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#	RECOMMENDATION	OWNER	RESPONSE/STATUS
1	A very high-level GPEI leader should be appointed to strengthen the cohesiveness of the joint working of the Pakistan and Afghanistan governments. The person appointed should have the seniority and personal qualities to operate effectively in this role and should be perceived as politically neutral. The person should work out of Geneva, not the WHO Eastern Mediterranean Office (EMRO). In post by mid-September 2016.	Afghanistan and Pakistan Task Teams, EMRO	The need to ensure synergy between the Pakistan and Afghanistan national polio programmes, is acknowledged. Significant progress has been made in developing the processes for coordination between the two programmes at the national and sub-national level, and a number of joint decisions have been made on programme coordination. Given the delicate relationship between the governments, the strategy has been to de-politicize the coordination issue and concentrate on the technical and operational issues. Facilitation of coordination can only be done on the ground in Pakistan and Afghanistan, not from Geneva. There is a regular programme of conference calls and face to face meetings between the national programmes, and between regional and provincial teams at the sub-national level. At this stage, the two national programs are collaborating in many areas, including the establishment of common policies and target groups for

			immunization by border immunization teams, synchronization of SIAs, cross notification of AFP cases, joint microplanning to identify border communities which may be missed, and joint mapping and risk analysis of high risk mobile populations. The most recent face to face meeting of the two programmes in April 2017 identified a number of action points on processes for joint response to detection of wild poliovirus where this is necessary, risk identification, and risk reduction. Close programme synergy over common reservoir/cross-border issues remains vital, and is being facilitated by two senior WHO programme staff at HQ and EMRO.
2	The WHO Eastern Mediterranean Office (EMRO) should appoint a senior female official to its Polio Programme team. She should be charged with rapidly strengthening the role and capacity of female workers in the successful delivery of polio immunization (and in due course routine immunization). She should give immediate attention to removing the barriers to progress in Afghanistan. In post by end September 2016.	Afghanistan Task team, EMRO	GPEI reviewed the recommendation in the context of ground realities in Southern Afghanistan and proposed that any effort to increase female participation in Afghanistan must be based in Afghanistan, and must seek to re-inforce those provisions of the NEAP 2016-17, which intends to ensure that local, appropriate vaccinators are selected, and properly trained and supervised. SOPs for this purpose have been developed by the programme. Female participation in immunization teams is being monitored and reported to the national TAG. The effort is being closely coordinated with UNICEF's expansion of the ICN network, which also has a strong focus on recruiting females. The recent TAG meeting discussed the expansion of the role of the ICN to include immunization in key high risk areas.

DRAFT

			While the program is fully supportive of expanding the role of women vaccinators, in much of Helmand and Kandahar, where we are facing the greatest performance gaps, using female vaccinators is not acceptable culturally or socially. For example, in many of these areas, women are not allowed to leave their compounds due to cultural restrictions. The programme will continue the efforts outlined above to increase female participation in all high risk areas. *The Afghanistan programme is taking steps to identify an appropriate programme person within the EOC structure in Afghanistan, who will work closely with UNICEF, WHO, BPHS NGOs, and government on this issue.*
3	CDC Atlanta should facilitate the Polio Programmes in Pakistan and Afghanistan in undertaking a full process mapping of Acute Flaccid Paralysis (AFP) reporting and assessment. This should involve evaluating the shortfalls in quality in each step of the process and identify measures to strengthen them. It should be well informed with detailed local knowledge of the current situation and sufficiently granular to take account of context-specific aspects of the process that will vary from place to place. An action plan, informed by this work, should be immediately implemented in Karachi, as a pilot, and its impact monitored. Completed by end-September 2016.	CDC in coordination with Surveillance task team	GPEI has supported independent and regular surveillance reviews. In light of the recent experience in Nigeria, agreed that a review of surveillance in sensitive areas of Afghanistan and Pakistan was indeed critically important but also that a similar review was also warranted for Nigeria. In compliance with this recommendation, CDC and the Surveillance Task Team completed detailed desk reviews for Nigeria, Pakistan and Afghanistan to identify various operational, data quality and surveillance sensitivity issues. In addition, EMRO initiated an independent desk review, along with country teams, to identify and address the gaps in surveillance for conflict affected countries-areas. A multi-partner approach was followed.

DRAFT

			Results of the assessments have been incorporated into country improvement plans where appropriate, and several points from the reviews are provided to the IMB in the current partner submission.
4	The GPEI should introduce a system of financial incentives for reporting Acute Flaccid Paralysis (AFP) cases in Pakistan. To this end, any healthcare worker who reports a case should be paid, with a higher payment being given for confirmed cases. Safeguards should be built in for independent validation to prevent unfair manipulation of the system. The scheme should be piloted in Karachi where awareness of frontline healthcare staff is very low. The urgent advice of public health officials in the Egyptian government should be sought in designing the scheme. Operational by end September 2016.	Pakistan Task team	This topic was not discussed at any stage during the open sessions of the IMB meeting and comes as a complete surprise. As at week 33 in 2016, Egypt has an AFP reporting rate of 3; Pakistan has an overall rate of 7.4, with every province having a higher rate than Egypt. The Pakistan EOC evaluated this recommendation, but concluded that incentives were not appropriate for their context; the EOMG supports this conclusion. Note that as part of the revised NEAP, the country team is already implementing a plan to strengthen surveillance which has resulted in significant improvements.
5	UNICEF should specially commission rapid qualitative data gathering to provide an in-depth understanding of the reasons for poor performance on social indicators in communities within the Pakistan-Afghanistan Core Reservoirs. Report of the findings to be with the IMB by end-September 2016.	UNICEF in coordination with Afghanistan and Pakistan ask teams	The country programmes in both Pakistan and Afghanistan have a wealth of in-depth high quality social data that has been recently collected through the partnership with Harvard in the reservoirs of the two countries. The country programmes have intensified their efforts in using these available data to guide programmatic, social and operational adjustments to the current activities to address existing risks and improve quality and coverage. Using and exploiting the existing data to their full extent

			is thought to be a better use of staff time and resources than launching a new study. All partners should implement the new data platform, created for EOCs, to assist with tracking missed children. A Rapid Household survey was conducted in Q4 2016. A Harvard KAP Poll is ongoing. Preliminary results are expected by mid-April. An in-depth investigation has been undertaken in areas with higher clustering of missed children to further understand reasons for missed children. With the implementation of the Immunization Communication Network in very high risk districts in Afghanistan, there is more clarity regarding where the missed children are and the reasons for missing them. Members of the ICN are also involved in tracking high risk mobile populations.
6	Each Emergency Operations Centre (EOC) – both national and regional –should designate one team member to regularly gather soft intelligence from the field to identify situations where monitoring data are providing a falsely positive picture. This person should be someone who is completely trusted by field workers, who can speak to him or her on condition of anonymity, and who can feed back synthesized information to the EOC team; the information should be used for learning and improvement and on no account for retribution against any fieldworker. Arrangements in place by end-September 2016.	Afghanistan and Pakistan task teams Nigeria focal point	There is indeed benefit in having independent intelligence gathering to help inform the programme of possible previously unidentified issues as well as to assist the programme in confirming and validating existing quality of activities to make necessary corrective measure before the virus is detected. Both Pakistan and Afghanistan have been using national EOC members to gather soft data from the field for some time. The National EOC in Nigeria is already repurposing approximately a dozen of its monitoring and accountability officers to focus on surveillance. This will likely generate the soft intelligence the IMB is

DRAFT

			recommending. However, the modalities of how they will operate in the field, their relative autonomy and a reporting lines are not yet finalized. In Afghanistan, national monitors from the NEOC are being sent out to the high-risk areas to gather soft intelligence, make corrective actions where feasible and provide feedback to NEOC (e.g., Bermel, Panjwayi, and Spin Boldak). This is being supplemented by third party monitoring and remote monitoring approaches. A rapid response unit (RRU) is established at the Pakistan national EOC. Members of the RRU are immediately deployed to any part of the country, when and where required.
7	The contractual arrangements governing the accountability and performance management of the Non-Governmental Organizations delivering basic health services in Afghanistan should be redrawn to address chronic underperformance and strengthen alignment with polio activities. Redesigned accountability and performance management arrangements in place by end-October 2016.	Afghanistan Task Team, EOC	In response to this recommendation, the national EOC drafted a Memorandum of Understanding outlining the accountability and involvement of BPHS NGOs in polio eradication and EPI activities. This MOU was shared with government and partners in-country for input, and then signed by all NGOs operating in the priority provinces for polio with encouraging results. In its recent meeting, the TAG also noted a need to "Fully implement a new SOP of PEI support to EPI and make BPHS NGOs accountable for involvement in the program and improvement in EPI coverage."
8	A publicly prominent Red List of countries and areas vulnerable to polio transmission should be re- established and more targeted, preventive	EOMG	The GPEI Risk Assessment Task Team (RATT) meets on an ongoing basis and has a well-defined process to assess national and sub-national risks. This translates into

DRAFT

	immunization activities should be funded and implemented. Red List to be posted by end-September 2016.		country and regional action risk mitigation plans and SIA calendar development. This risk assessment produces ranking of countries primarily in AFRO, EMRO and SEARO based on risk. This ranking can be shared with the IMB. The issue remains, however, of how to do risk mitigation in medium-to-high and medium risk countries when so much attention and resources are focused on endemic and outbreak countries. In addition to having sensitive surveillance, the focus should be on strengthening routine immunization as the long term solution to addressing immunity gaps. This will require engagement with Regional Offices and all immunization partners, including GAVI, to ensure utilization of existing capacity and resources dedicated to RI strengthening in high risk countries.
9	The process of implementing the GPEI standards for responding to outbreaks should be urgently reviewed at high level. This should include an open and honest assessment of the poor response to recent outbreaks, notably in Guinea. It should involve a thorough examination of the working relationships and decision-making between the headquarters of the United Nations GPEI Partners and their Regional and Country Offices. A senior independent person would be best placed to do this. Lessons learned report to be ready by end October 2016.	Outbreak Preparedness and Response Task Team, EOMG	We agree with the IMB's recommendation. Our performance has indeed been variable, e.g., performance indicators in Myanmar and Lao PDR were generally met, but they remained sub-optimal in Guinea and Lake Chad Basin. We took a critical look at how we manage outbreaks, especially in terms of timely deployment of surge capacity, decision making, and oversight by the Outbreak Preparedness and Response Task Team. ToRs for the GPEI Outbreak Coordinator were finalized, in consultation with Regional Offices, to ensure overall

DRAFT

			coordination and monitoring of response activities. Independent outbreak response assessments are being carried out at regular intervals to monitor progress, identify gaps and recommend solutions with focus on strengthening surveillance and SIA quality in outbreak areas. All outbreaks of vaccine-derived poliovirus should be treated as emergencies, on par with a wild poliovirus outbreak.
10	The GPEI leadership should make an intervention to urgently engage with the political leadership in Northern Sindh to establish a clear commitment and ownership of the goals of the Polio Programme. This should be done in consultation with the Pakistan Government and the Polio Programme leadership in this part of Pakistan. Political engagement secured by end-September 2016.	Pakistan task team	The program took several steps to improve technical leadership in Northern Sindh and further engage local political leaders. In addition, a POB member reached out to senior local political figures, resulting in transfer of staff from underperforming districts of North Sindh. The POB and the management groups of GPEI have continued to conduct outreach, to include advocacy and program orientation with the new Chief Minister of Sindh.
11	The GPEI should urgently review options for innovative approaches to environmental sampling in areas without substantial sewage systems. Environmental sampling programme commenced in FATA by early November 2016.	Environmental surveillance implementation working group	GPEI along with Regional Offices explored options to expand environmental surveillance, particularly in insecure areas. In Pakistan, 10 new sites were established in areas including Pishin, Killa Abdullah and North Sindh. No site has been established in FATA because yield may be very limited when conducting environmental surveillance in less-populated areas. Both Afghanistan and Pakistan have conducted assessments of their environmental sampling network and adjusted sampling sites where necessary.

DRAFT

			The Nigeria Program implemented an alternative approach in conflict affected areas by adapting "environmental sweep" where more than 30 samples were collected from various sites with potential to collect sewage water in conflict-affected LGAs.
12	Nigeria's Presidential Task Force should reconvene– and the Executive Governors of each of the states should publicly reconfirm their commitment to the actions agreed in the Abuja Commitment. By end of September 2016.	Nigeria focal point	After considerable advocacy and numerous requests from GPEI as well as the Federal Minister of Health, the Presidential Task Force on Polio Eradication is scheduled to meet on 27 Apr. In the interim, there has been an increased effort by the MOH to conduct direct advocacy with various Governors through State visits.

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