Global Polio Eradication

Intensifying tactics to support national emergency plans & to address chronic programme gaps

SAGE February 2012

Tactical areas

Improving capacity to identify problems & implement solutions in priority countries

- technical support 'surge'
- monitoring SIA performance & quality
- assessing & improving surveillance quality

Identifying who is missed and why, & finding solutions

- special investigations & specific plans
- engaging communities

Dealing with new outbreaks in polio-free areas

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Improving capacity to identify problems and implement solutions

Technical support 'surge'

Priority countries (AFG, PAK, NIE, DRC, CHA, ANG)

- ***joint partner country team plans***
- ***NIE & PAK focus on HR sub-district level***
- expanded management / accountability structures
- CTs supplemented by consultants, STOP, RO/HQ teams

Outbreaks

- rapid deployment of joint teams
- sustained support until outbreak is definitively stopped

Recently infected & high risk countries

- CTs supplemented by consultant / STOP extended support
- RO/HQ teams

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Enhanced technical assistance: standing & surge

In-Country Personnel Targets
(e.g. WHO teams)

Category	Nigeria	Pakistan
Central	95	60
Province/ state/sub -state	236	92
District/ subdistri ct	500+	420
Total	831+ (initial)	572

Surge Capacity
(3 weeks to 6 months)

Category	Capacity *(man months)*
STOP Teams	1260
Long-term consultants	400
HQ/Regional *(WHO/UNICEF)*	250
Partner agencies *(esp CDC)*	350
Total	2260

Enhanced technical assistance: UNICEF

Enhanced in-country capacity, supported by UNICEF

Category	Type of Staff	Area	# of workers
Pakistan	Communication workers	All HR areas	2,000
Afghanistan	Communication workers	HR South and East	2,100
Nigeria	Community mobilizers	3 Northern States	2,457
DR Congo	Government mobilizers	All country	13,000
Chad	Community relais	Tbd	7,000
Angola	Network of religious leaders	All countries	14,000

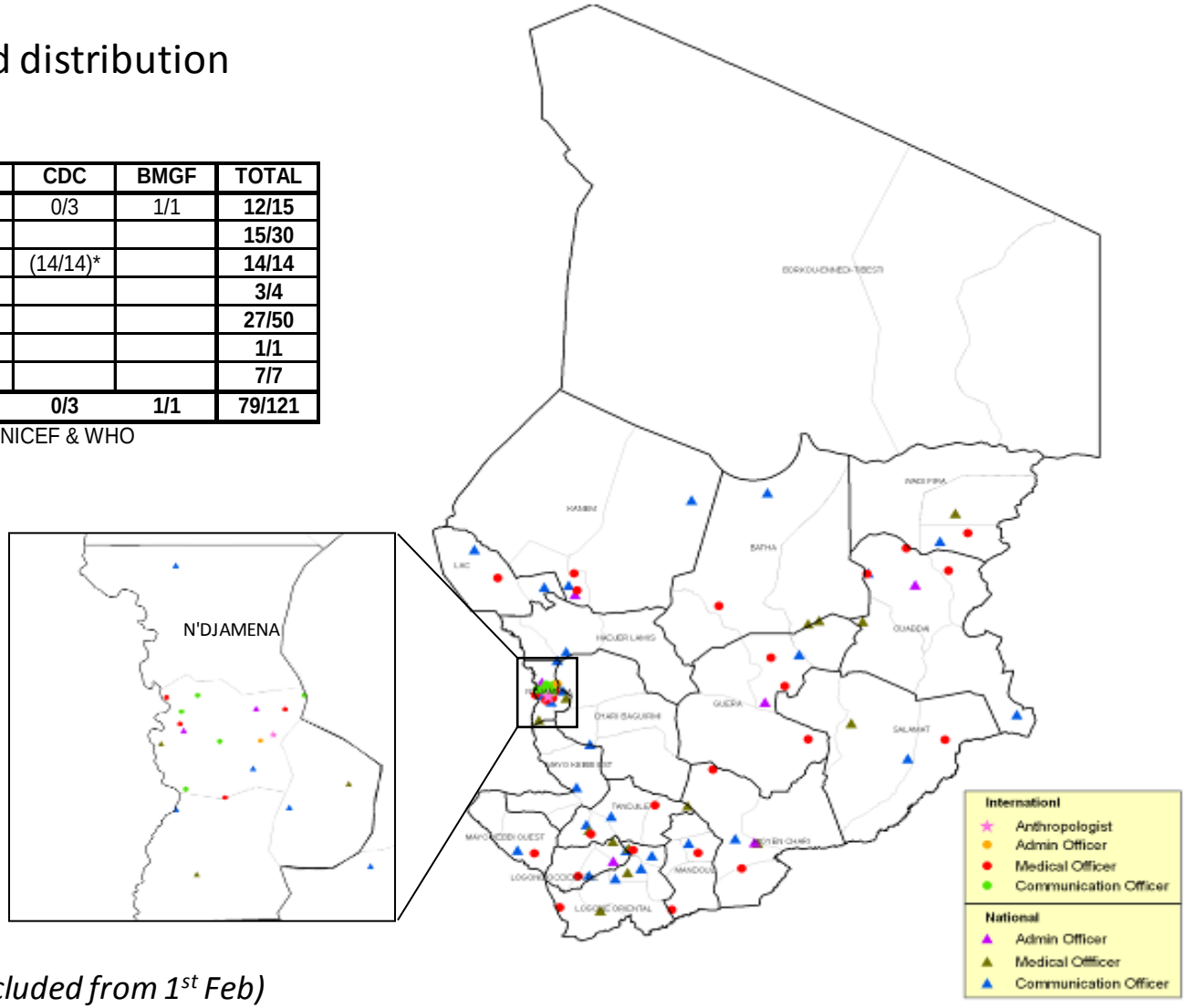
CHAD HR distribution

as per 1st Feb 2012

Partners' current & planned distribution

	WHO	UNICEF	CDC	BMGF	TOTAL
International Epid	7/7	4/4	0/3	1/1	**12/15**
National Epid	12/27	3/3			**15/30**
STOP international (1st Feb)	12/12*	2/2*	(14/14)*		**14/14**
International Comm.		3/4			**3/4**
National Comm.		27/50			**27/50**
Internat. Anthropologist	1/1				**1/1**
National Admin assistant	7/7				**7/7**
TOTAL	**39/54**	**39/63**	**0/3**	**1/1**	**79/121**

* All STOP staff recruted by CDC and deployed through UNICEF & WHO



Updated with current HR posted (STOP included from 1st Feb)

Getting the best from the 'surge'

An adequate management structure for country teams

- clear reporting lines, reasonable supervision loads
- clear management and coordination processes
- specific training for management cadre

A clear understanding of what is expected

- simple, clear TOR's for each level
- simple, regular process of supervisory support/assessment
- recognition for achieving objectives and consequences for not achieving

Close coordination betweeen agency teams

- joint decision making on deployments and structures

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Monitoring SIA quality 1

Informal consultation February 2012 –
key conclusions/actions:

Officers responsible for monitoring in priority CTs

Improving independent monitoring

- preparation & implementation as well as outcome
- standardization & rationalization of workload
- emphasis mix H-H & 'market surveys'
- selection, training, supervision of monitors
- outsourcing where appropriate

Follow up consultations with countries March 2012

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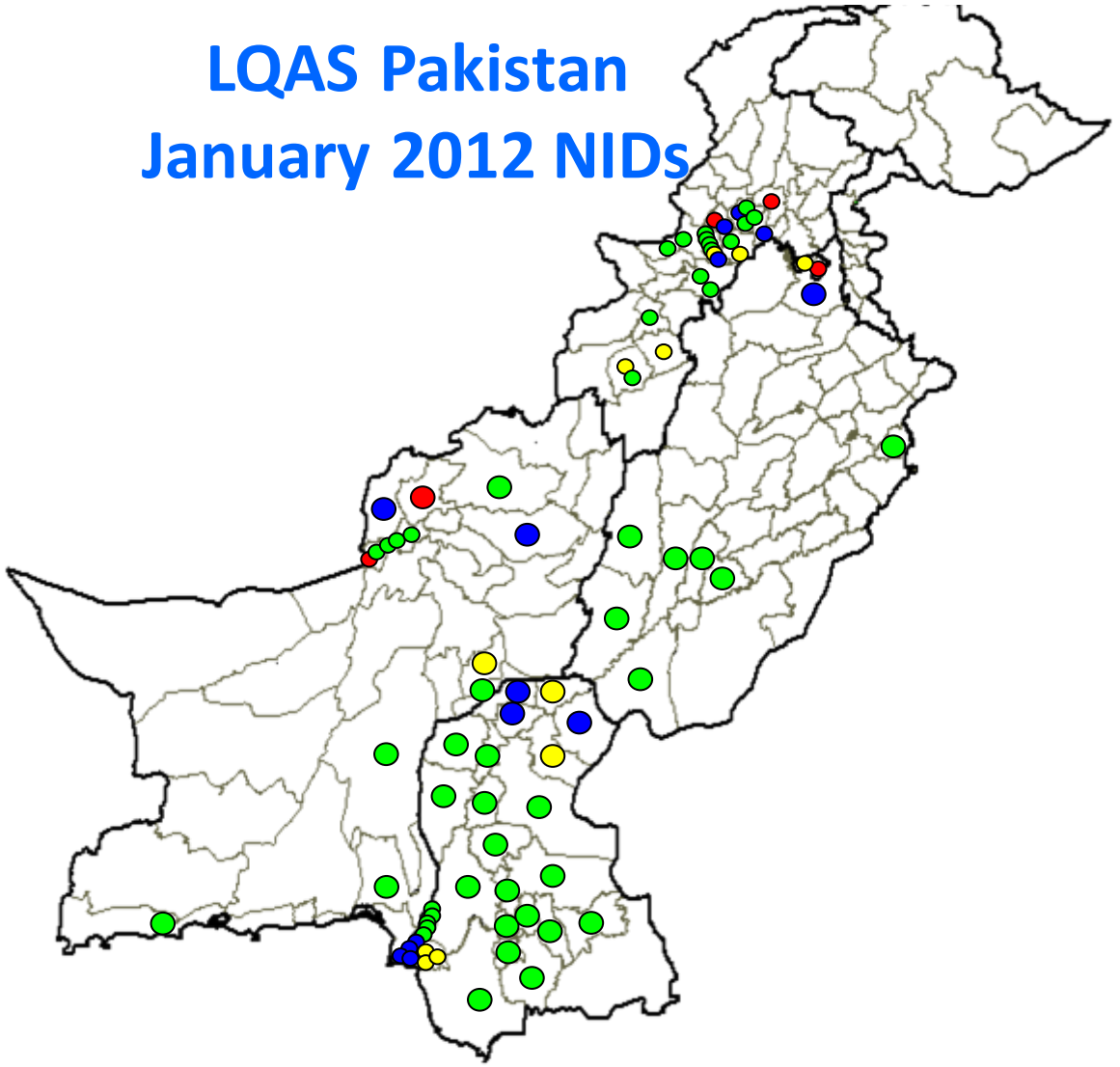
Monitoring SIA quality 2

LQAS in infected areas – consensus in February

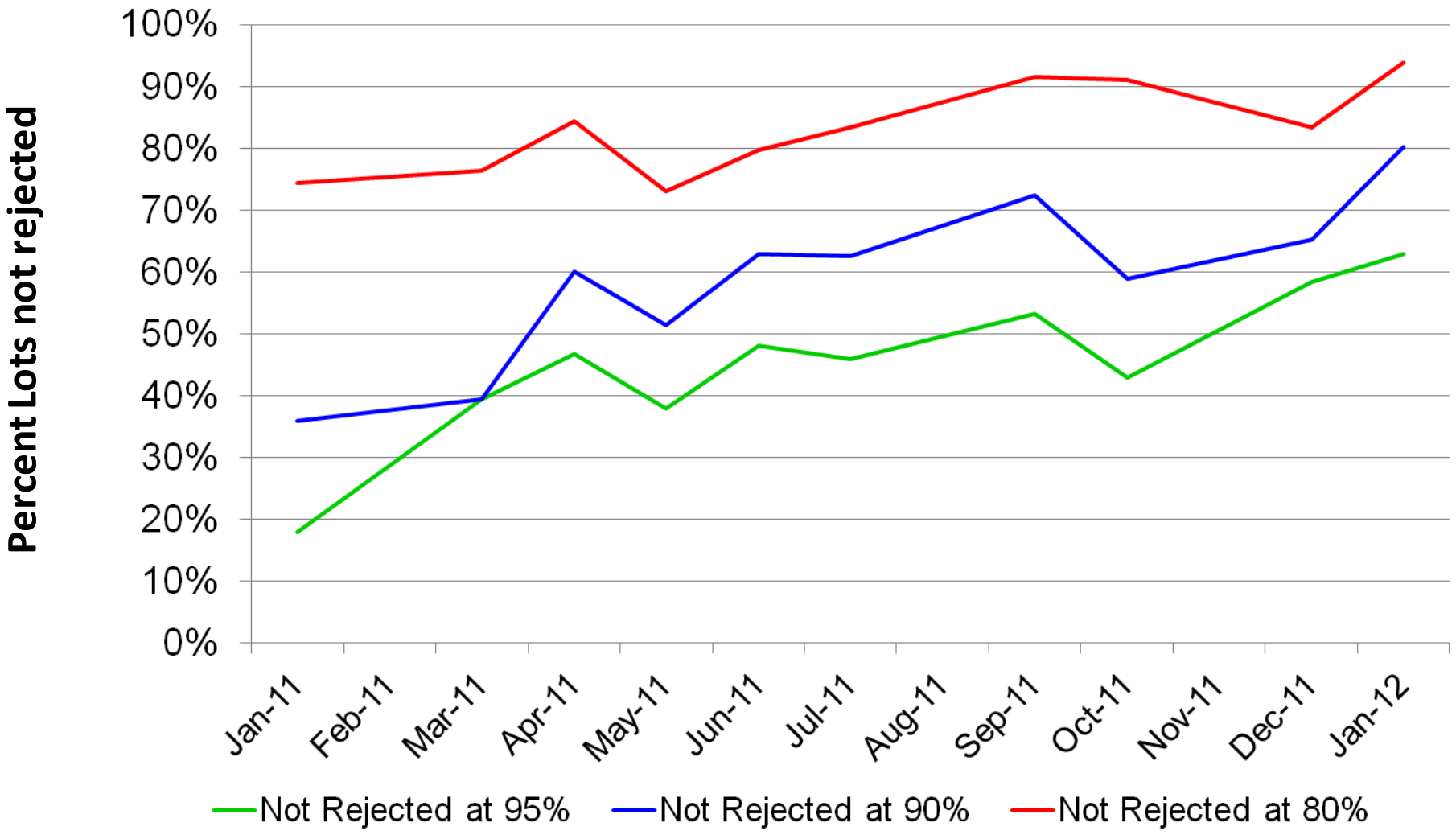
- common methodology
- in all priority countries (AFG, PAK, NIE, DRC, CHA, ANG)
- in outbreaks from the 2nd response round
- in recently infected/HR areas

LQAS findings trigger special investigations for who is being missed and why!



Pakistan: trend of LQAS lot results

Jan 2011 to Jan 2012



*** Data as of 13th Feb 2012**

Assessing/improving surveillance

Rapid Surveillance Assessments (RSA) & reviews

- new standardized methodology for RSA
- implemented in 2011 in key priority & risk countries
- extensive schedule of RSAs and full reviews in 2012

Link to action plans

- each RSA linked to a six month action plan for addressing identified weaknesses
- implementation of action plans monitored
- indicators of surveillance quality monitored to gauge impact of action plans

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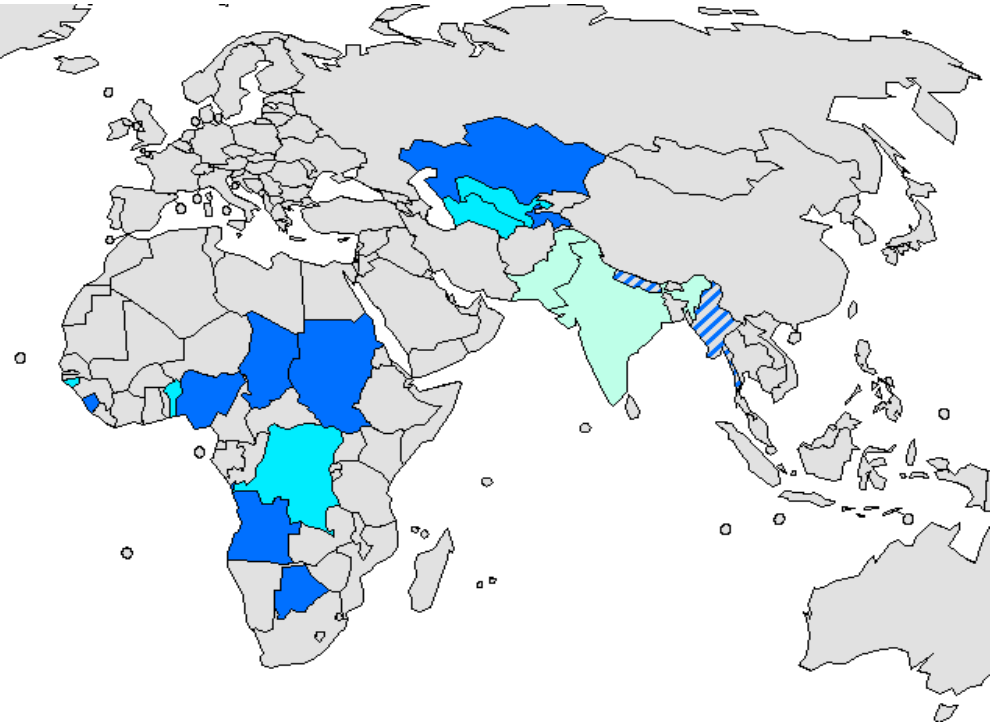
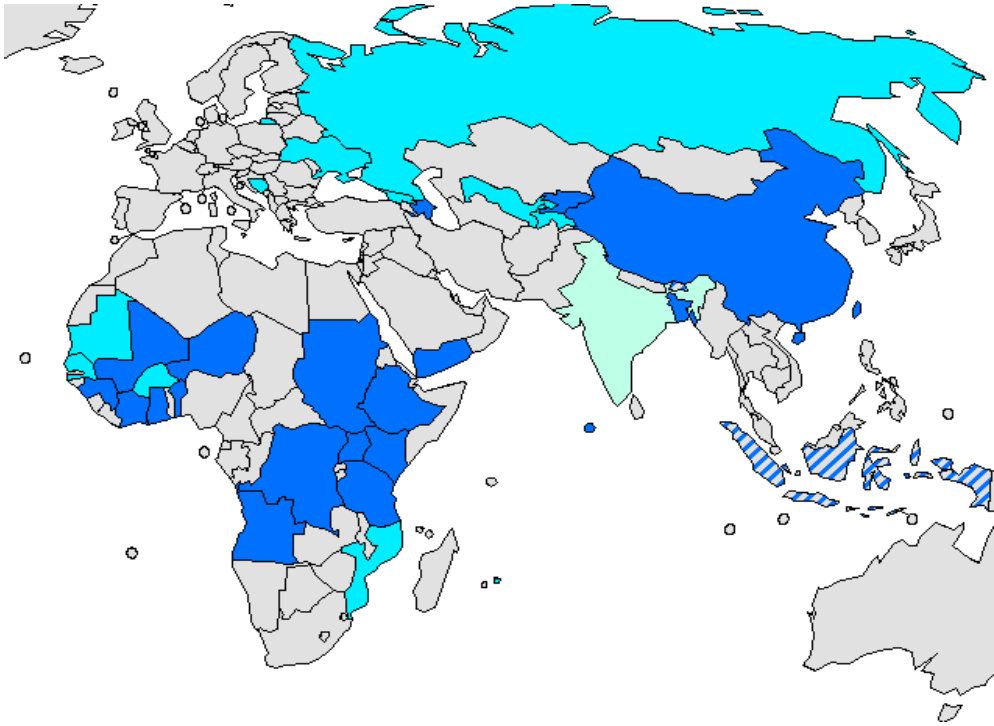
Surveillance assessments/reviews, 2011-2012

Conducted in 2011



Planned in 2012



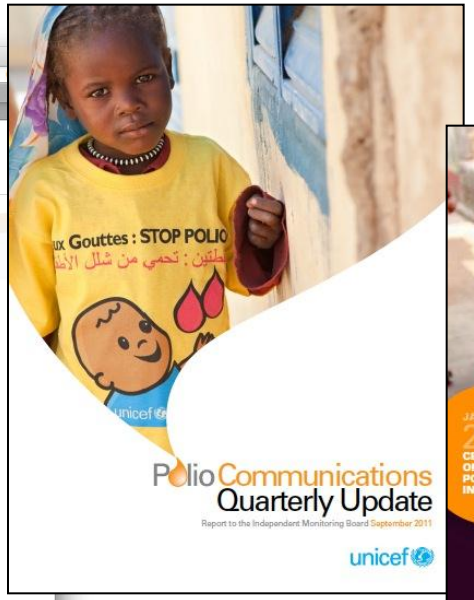
Types of reviews:

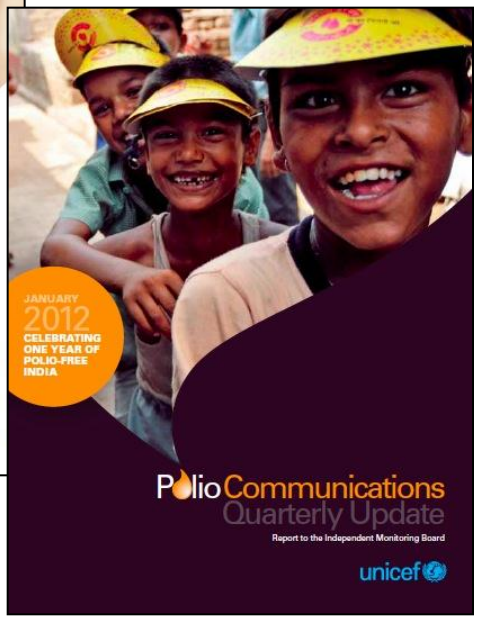
- – External field reviews/RSAs
- – In country desk reviews
- – Internal field reviews/RSAs
- – Follow up reviews

Region	Conducted_2011	Planned_2012
AFRO	9	18
AMRO		
EMRO	3	3
EURO	4	8
SEARO	4	5
WPRO		1
Grand Total	20	35

Data at WHO/HQ as of 16 Feb 2012

Identifying who is missed, why, and finding solutions

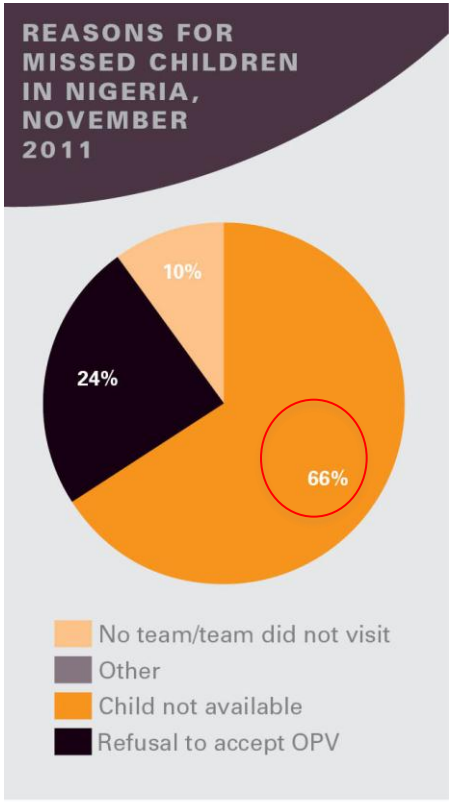




www.polioinfo.org

- Massive scale-up of evidence based communications, social mobilization and community engagement for polio from end 2010, with much greater focus on the 'who, why & what' of missed kids
- More than a 100 staff deployed - 37 Internationals, 50 Nationals and 15 support staff in 8 countries, 4 Regions, and HQ
- Systematic tracking against global communication indicators for first time

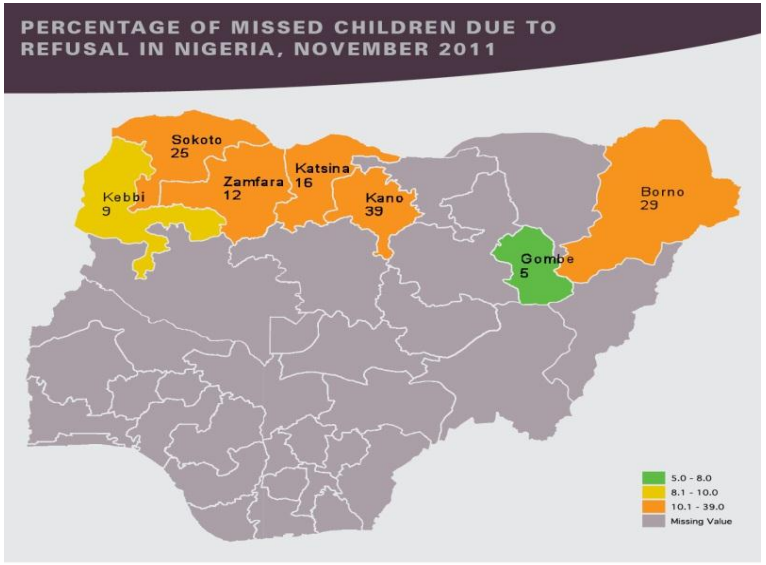
Nigeria: Reasons for missed children & actions



Source: Independent Monitoring data

Refusal: Although declining (from 47% of missed children in 2010 to 25% in 2011), refusal is still high in key states

Demand: Many caregivers don't believe their children are at risk - passive about vaccination, concerned that the risks of OPV outweigh risks of disease.



Source: Independent Monitoring data

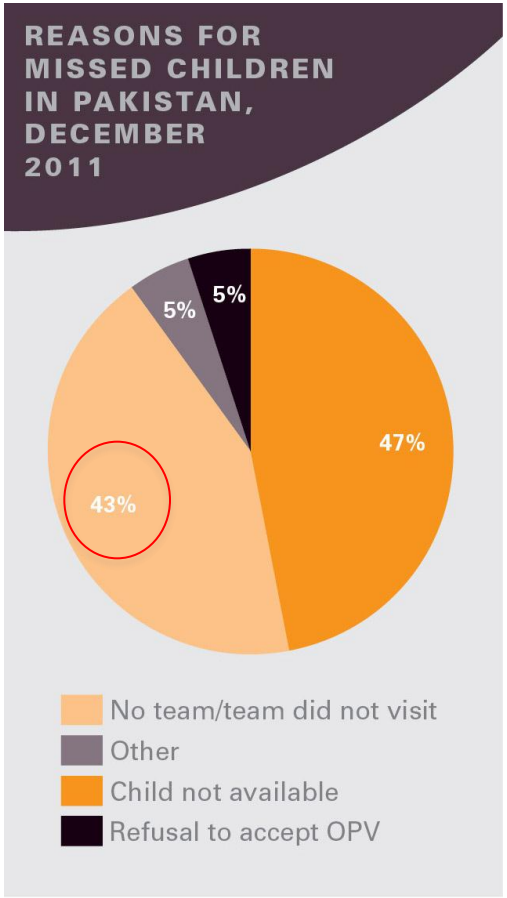
Weak team performance: 66% of missed children are due to "child absent"; over 50% of are in the playground or the farm when vaccination teams visit

Poor operations: Micro-plans in key high risk areas don't include all settlements and teams fail to visit

Actions:

1. Community mobilizers (900+) to be recruited and trained in key states by March 2012
2. Expansion of partner agency support in LGAs & States by March 2012
3. Further studies on non-compliance in high refusal areas and response strategies by April 2012
4. Settlement mapping in ward micro-plan revisions to ensure all areas are covered
5. Emphasis on team training and supervision for the detection of missed children

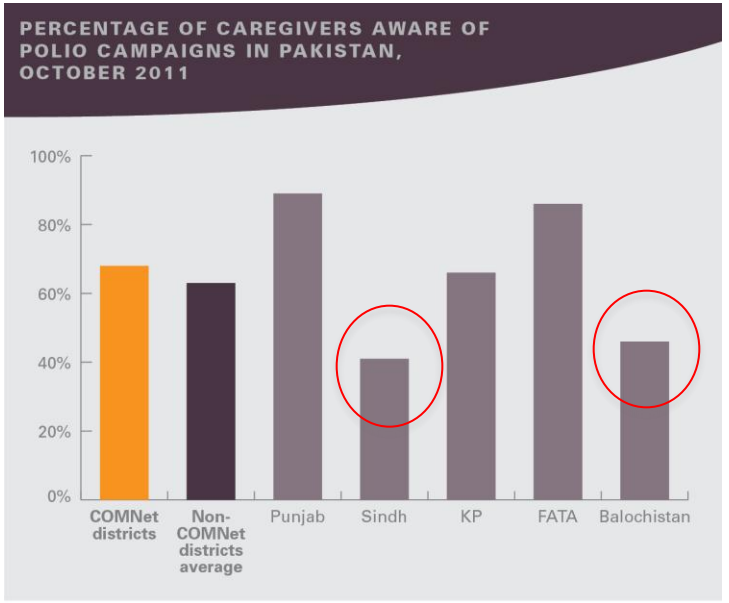
Pakistan: Reasons for missed children and actions



Source: Independent Monitoring data

Low awareness: 2nd lowest awareness rates in the world (66%) many parents don't understand the importance of OPV – especially if it means opening the door to a 'foreign' vaccinator in a context of insecurity.

Minorities: Opposition & refusal are often linked to those who are marginalized in key areas (particularly in Karachi)



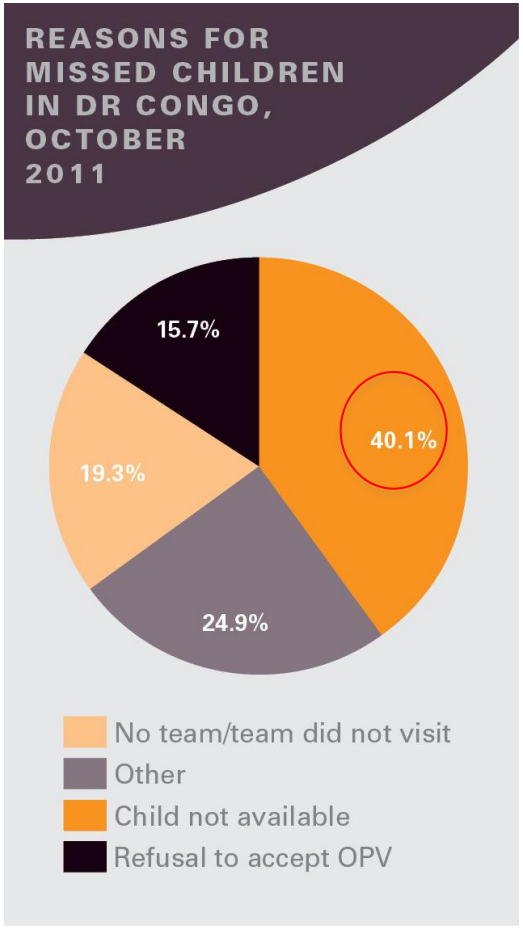
Source: Independent Monitoring data

Delivery: Inappropriate and poorly trained vaccination teams. Male vaccinators also have trouble reaching women.

Actions:

1. Revise SIA monitoring systems to accurately monitor progress and guide implementation plans
2. Fully implement NEAP – strengthen vaccination teams and complete UC staffing roll-out (90% complete)
3. Intensify engagement with religious leaders – (1600 in 2011 vs 900 in 2010)
4. Launch mass media campaign to mobilize broad support for eradication, by March 2012

DRC: Reasons for missed children & actions



Source: Independent Monitoring data

Management, operational, and team performance failures result in missed children and communities

Source: Independent Monitoring data

High rates of refusals are reported from key areas, especially northern Katanga, from religious groups opposed to vaccination.

Higher awareness is translating into increased social commitment in other provinces; 61 religious groups resisting have declined to 21.

Actions:

1. Representatives from 2 religious groups and NGOs engaged in dialogue with resistant groups
2. IPC training module rolled out for vaccinators and local social mobilizers deployed from Nov-Dec
3. A new response protocol is being developed in follow up to recent investigations in Katanga.
4. A joint action plan (following the study on reasons for missed children) in place by Feb 2012

“The vaccine has been forbidden by our ancestors and our church, and we follow what they gave us.”

Papa Jean Marie, Katanga

Local influence is critical:

Traditional village chief launching polio campaign in Popokabaka, Bandudu

Special investigations –
who, why, & how, & reaching missed children

Developing a standard process/protocol

- joint epidemiological/operational/social investigation
- pilot in northern Nigeria
- standard process defined Q1 2012

What triggers a special investigation?

- high missed children in IM or LQAS
- WPV, cVDPV, zero dose AFP

Link to action plans

- implement SI in each priority country by April RSA
- SI linked to an action plan
- evaluation of impact with LQAS

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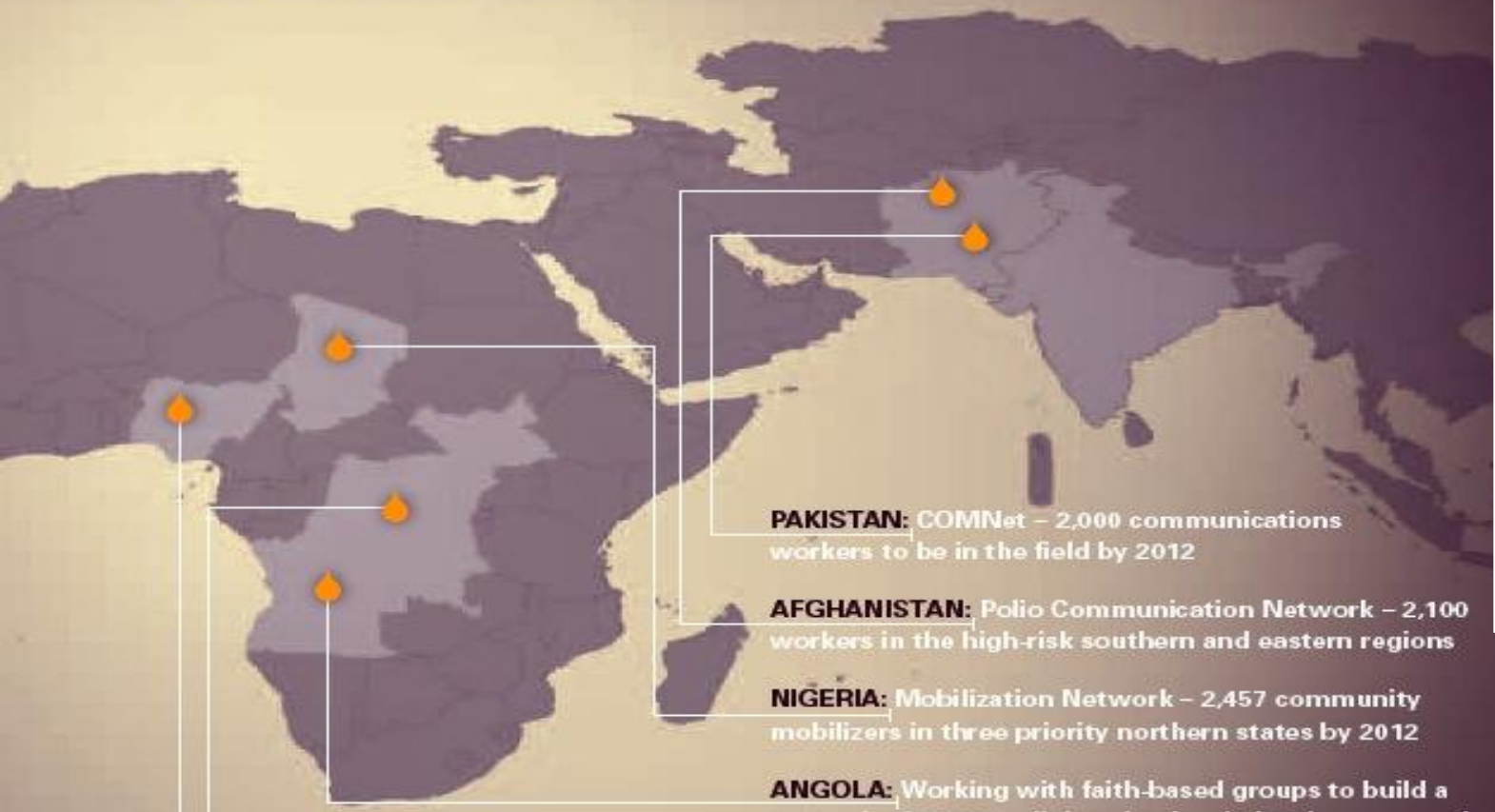
SOCIAL MOBILIZATION

Rising networks aim to replicate India's success all over the world



PAKISTAN: COMNet – 2,000 communications workers to be in the field by 2012

AFGHANISTAN: Polio Communication Network – 2,100 workers in the high-risk southern and eastern regions

NIGERIA: Mobilization Network – 2,457 community mobilizers in three priority northern states by 2012

ANGOLA: Working with faith-based groups to build a network of 14,000 religious leaders in border areas and densely populated slums of Luanda

DR CONGO: Community Relais – 13,000 Government mobilizers in place with UNICEF-supported technical assistance

CHAD: System under development could lead to as many as 7,000 community relais supporting polio in 2012

FIVE KEY LESSONS FROM INDIA

- **Focus**
- **Gather local information**
- **Invest in management**
- **Join forces**
- **Empower women**

Conclusions

- Operational and managerial issues are still the main challenge in most areas.
- But social reasons are contributing significantly to missed children in sub-populations in defined areas:
  - Require more systematic data collection, analysis and unpacking of reasons: quality of Independent monitoring data needs to be improved
  - Experience from India: need for communication capacity and well-managed social mobilization networks to address social issues and build trust
  - Motivation of front-line workers: vaccinators and social mobilization will be a priority going forward (positive deviance, micro-behaviours and micro-innovations)

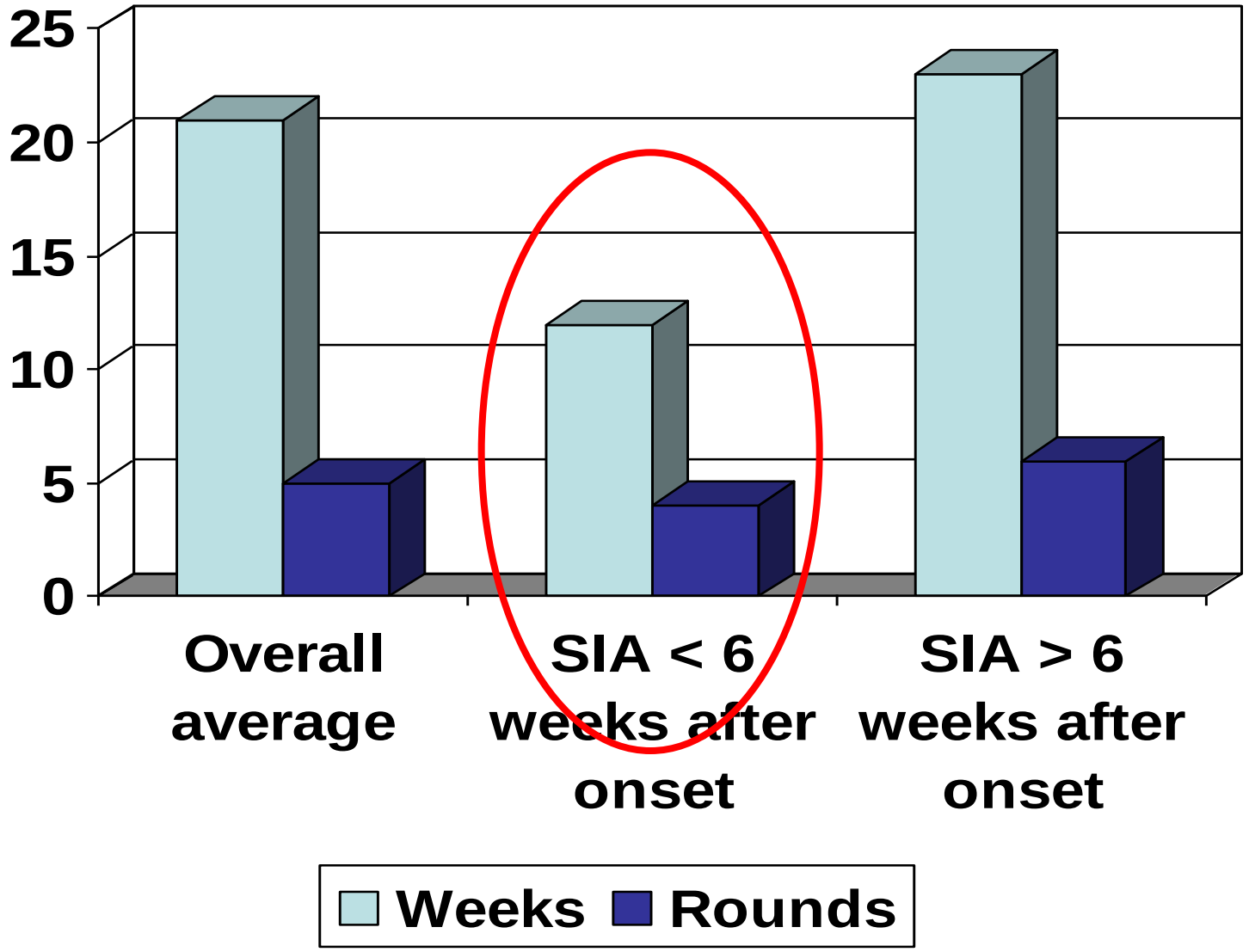
Dealing with outbreaks in polio-free areas

What have we learned about responding to outbreaks?

- **Speed of response**
- **Flexibility (age groups, SIADs)**
- **Fast technical support**
- **Sustaining response until ALL transmission stops**
- **'Closing out' the outbreak – assessments at 3 & 6 months, & 'end of outbreak'**

Impact of speed of response

Median duration of outbreaks & # of rounds to control



Monitoring response

Outbreak response (WPV) – activities within the first 2 weeks of notification							
Country	Onset index	Adv Not	Target / Achievement	**Outbreak manager**	**Desk analysis**	**Case investigation**	**Response plan**
	Most recent	Day 1	Days from adv not	Day 2	Day 3	Day 4	Day 10
CAR (W1)	19 Sep	4 Oct	Target	5 Oct 11	6 Oct 11	7 Oct 11	13 Oct 11
	8 Dec		Achievement	Target met	Target met	Target met	+3 days
NIG (W1)	17 Nov	14 Dec	Target	15 Dec 11	16 Dec 11	17 Dec 11	23 Dec 11
	12 Dec		Achievement	Target met	Target met	Target met	Target met
CHN (W1)	3 July	26 Aug	Target	27 Aug 11	28 Aug 11	29 Aug 11	4 Sep 11
	9 Oct		Achievement	Target met	Target met	Target met	Target met
GUI (W3)*	14 May	1 Jun	Target	3 Jun 11	4 Jun 11	5 Jun 11	11 Jun 11
	3 Aug		Achievement	Target met	Not done	Target met	Target met
KEN (W1)*	30 July	25 Aug	Target	26 Aug 11	27Aug 11	28 Aug 11	3 Sep 11
	--		Achievement	Target met	+13 days	+1 day	Target met
CAE (W3)	17 Nov	18 Jan	Target	19 Jan 12	20 Jan 12	21 Jan 12	27 Jan 12
	--		Achievement	Target met	Target met	Pending	Target met
CIV (W3)*	27 Jan	5 Apr	Target	6 Apr 11	7 Apr 11	8 Apr 11	14 Apr 11
	24 Jul		Achievement	Target met	+8 days	+3 days	Target met
MAI (W3)*	8 Feb	31 Mar	Target	1 Apr 11	2 Apr 11	3 Apr 11	9 Apr 11
	23 Jun		Achievement	Target met	Target met	Target met	Target met

Data in WHO/HQ as of 14 Feb 2012

*Outbreaks with no cases within past 6 months

Summary

Intensifying tactics

Aimed at:

- finding who is missed with vaccination and why
- developing effective interventions
- ensuring technical capacity to implement interventions (including innovations….)

Aimed at:

- rapidly and effectively closing down new outbreaks

Aimed at:

- continuing to assess/mitigate risk in polio free areas

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Assessing risk in polio-free areas

Risk assessment process

Standardized approach based on inter-agency consultation (to be reviewed Q1 2012)

Quarterly assessments coordinated by ROs, special focus on high risk countries / subregions

Tied to prioritization of countries / areas for:

- surveillance assessments and action plans
- planning for improvement of routine immunization
- targeting of SIAs where planned / necessary

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