

February 28, 2015

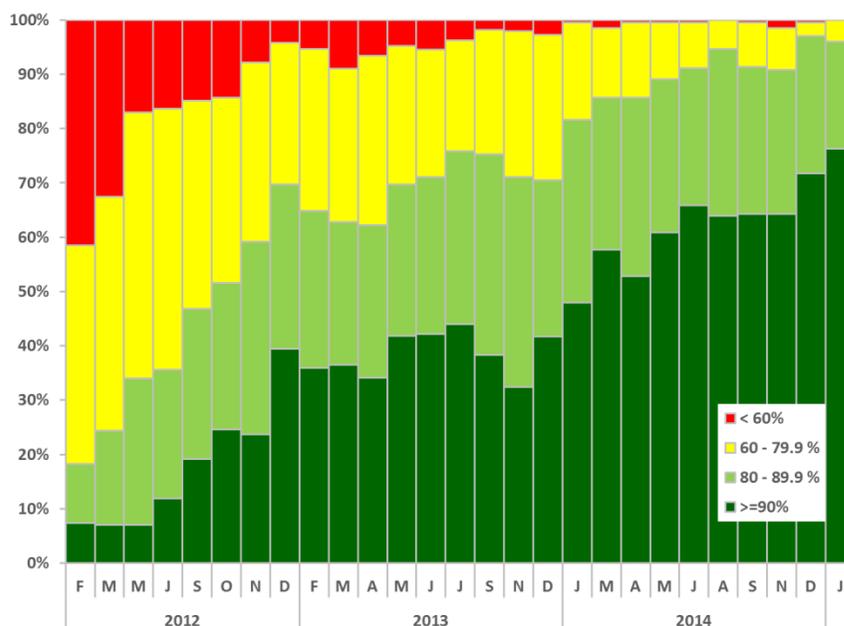
Dear Colleagues,

Last month, I wrote about the biggest challenge facing GPEI at the beginning of 2015: supporting Pakistan’s efforts to stop polio. This month, I focus on the program’s most significant success since India became polio free: the turn-around in Nigeria. While we don’t know yet whether the country is free of wild poliovirus, there has been tremendous progress. This progress can be attributed to many factors, including a scale-up in resources, strong leadership from the Nigerian Federal Government, greater involvement of state leaders, particularly in Kano and Sokoto, greater accountability at all levels, and involvement of the Nigerian private sector.

A key enabler of many of these advances was the establishment in Abuja and in several states of emergency operations centers (EOCs) with financial support from the Bill & Melinda Gates Foundation. The national EOC, first operational in 2012, enabled four transformational changes: 1) greater government control and engagement; 2) greater partner coordination; 3) more effective use of data to improve performance; and 4) continuous innovation.

The first two—greater government engagement and partner coordination—are related. When the EOC was established, the partners working on polio in the country all agreed to meet regularly and use the EOC as the venue for all important decision-making. The government was firmly at the head of the EOC, and, for the first time had direct, unified supervision of the program, with partners supporting its efforts. Important decisions could be reviewed and debated, with the Nigerian government overseeing the deliberations and making the ultimate decision when consensus was elusive. This drove more effective partner coordination.

Increasing Success in Reaching Every Child



Results of “lot quality assurance sampling” (“LQAS”), 11 highest risk northern states, Nigeria, January 2012 to January 2015. The results are an indicator of the coverage achieved in each SIA.

The use of data for decision-making by the EOC has risen to an impressive level. Tracking of performance indicators around immunization campaigns is particularly instructive. In early 2012, the program had been attempting to collect a long list of indicator data, but those data arrived after considerable delay and were incomplete. In mid-2012, the program pared this list to a more manageable number of indicators, and insisted that they be reported without fail and at pre-specified time points before each campaign. For the first time, this provided national and state programs a real-time view of the degree of preparedness at the local government authority level before the campaign, giving the program a chance to intervene to fix problems or delay the campaign until the problems could be resolved, as well as to identify systemic problems requiring attention. Interestingly, this approach was inspired in part by a highly effective dashboard approach that had led to improvements in program performance in Pakistan in 2011 and 2012. These data now allow the Nigerian program to better monitor performance and to drive improvement.

The EOC has also become remarkably innovative—so much so that it would be difficult to list all innovations deployed. A few examples: identification and outreach to underserved populations; prioritization of high-risk areas; development and deployment of management support teams; health camps; and many innovations to address inaccessibility in insecure areas of the northeast. Some of these—such as “directly observed polio vaccination”—are genuinely home-grown, while others—such as transit-point vaccination—were adapted from elsewhere to the unique Nigerian setting.

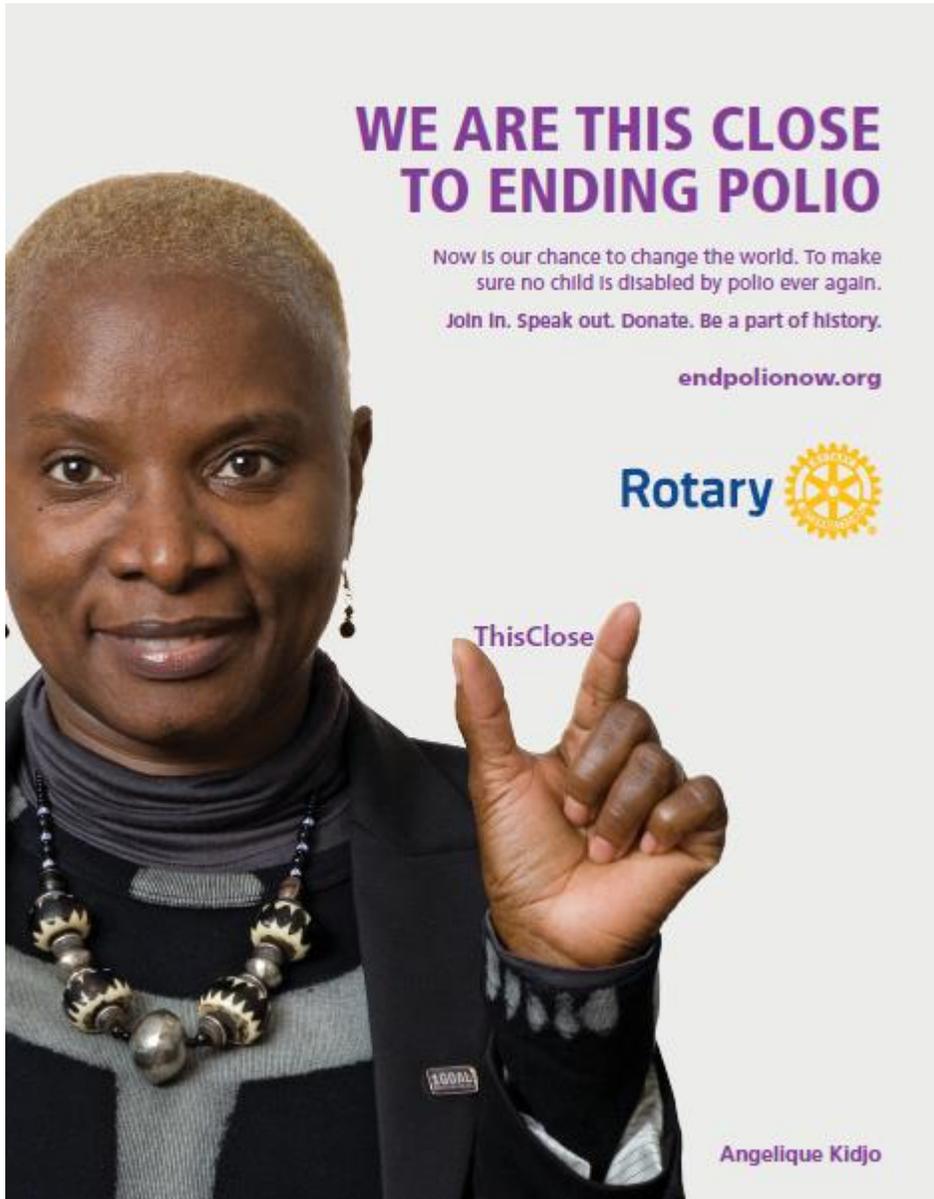
The national polio EOC was also crucial to Nigeria’s successful response to the Ebola outbreak last year in Lagos and Port Harcourt. Shortly after the start of that outbreak, an EOC was established to direct the response in Lagos, and the deputy incident manager from the Abuja EOC and several of the polio program’s key staff were temporarily reassigned to run the EOC and 40 polio-trained Nigerian physicians helped lead and conduct a robust effort that identified 799 contacts, made 19,000 home visits, found 19 secondary Ebola cases—and stopped the outbreak. In the middle of this major Ebola crisis, the remaining polio staff managed an extensive polio vaccination campaign with no decline in performance, which speaks to the robustness of the polio infrastructure in place at the time.

EOCs and emergency management concepts can play a valuable role in polio eradication as well as in public health in general. The experience in Nigeria is a demonstration of how, with firm commitment from all partners, a government can lead a remarkable transformation. Late last year in Pakistan, the Bill and Melinda Gates Foundation funded development of a national polio EOC in Islamabad and five provincial EOCs, with the Government of Pakistan committed to providing the leadership in each. The Partnership will direct its efforts through the EOCs so that Pakistan can achieve its goal of becoming polio-free.

As always, thank you for what you do to protect the world’s children.

Thomas Frieden

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TO ENDING POLIO**

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