



Realities: Coordinated Impact at the Country and Global Level Plenary Session, Wednesday, September 27, 2017

CORE Group Fall 2017 Global Health Practitioner Conference

Lord Baltimore Hotel, Baltimore, Maryland

SUMMARY REPORT

Through a blend of partnership and collaboration, the CORE Group Polio Project (CGPP) is uniquely positioned to help stop the last few cases of wild polio virus transmission in the hardest to reach places on the globe. On September 27, 2017 at CORE Group's fall conference, CGPP leaders spoke about the project lessons learned over the past 18 years, the project's value across a variety of maternal and child health projects and the pressing need to transition the project's infrastructure, knowledge and tools to other health interventions once polio is ended.

The panel discussion featured CGPP Secretariat Directors Dr. Filimona Bisrat from Ethiopia, Dr. Roma Solomon from India, Anthony Kisanga from South Sudan, Dr. Samuel Usman from Nigeria and Ahmed Arale from the Kenya-Somalia program. Panel members Ellyn Ogden, USAID's Worldwide Polio Eradication Coordinator, and Lee Losey, CGPP Deputy Director and Technical Lead, added their insights to the discussion. Leo Ryan, Senior Vice President of ICF's International Health and Development Division, served as moderator.

The CGPP is a multi-country, multi-partner initiative providing financial support and on-the-ground technical guidance to strengthen host country efforts to eradicate polio. The project began in 1999 with USAID funded grants to international and national NGOs to support polio eradication by mobilizing communities to participate in immunization campaigns, routine immunization, and Acute Flaccid Paralysis (AFP) surveillance to detect cases of possible cases of polio.

Powered by the front-line contributions of 15,000 community health workers, the CGPP today operates in Ethiopia, India, Kenya, Nigeria, Somalia and South Sudan. The CGPP is also providing limited assistance to Afghanistan through Afghan NGOs. CGPP has graduated programs in Angola, Uganda, Bangladesh and Nepal.

The plenary session began with a viewing of a short film "**Yes, it's possible**" developed by Rina Dey of CGPP India. The film describes the role and journey of CORE group and development partners in the Global Polio Eradication Initiative: <https://www.youtube.com/watch?v=WPhOxM4DCqY&sns=em>

Overview of CGPP

Ms. Ogden provided a brief history and scope of the project's Secretariat Model. The model is based on bundled or joint proposals that allow NGOs to work collaboratively and not competitively and with full backing of their government. NGOs organize under the umbrella of a small, national Secretariat office with links to partners at the regional, national and global levels. The model reaches deep into communities and builds upon the long history of in-country NGO expertise and connections to break down barriers to immunization by providing value and respect to communities in polio-priority countries. CGPP has consistently promoted and championed the inclusion and contributions of civil society to global polio eradication, Mr. Losey said.

"Polio would not be eradicated had it not been for the NGOs working in these high-risk areas, figuring out how to talk to people and finding (potential polio) cases in nomadic, pastoralist populations," Ms. Ogden said. So far in 2017, only 11 cases of wild polio virus were reported in two of three endemic countries: Afghanistan (6), Pakistan (5) and Nigeria (0).

Since its inception in 1999, CGPP has introduced and established numerous innovations to global polio eradication that have contributed to the elimination of wild polio virus in most of the CGPP countries. CGPP introduced the use of community mobilizers to support polio eradication which has become a well-established component of the global push to eradicate polio under the Global Polio Eradication Initiative (GPEI). CGPP piloted and initiated independent campaign monitoring (ICM) in Angola and continues to conduct ICM in South Sudan. CGPP introduced the concept of community based AFP surveillance which has identified many cases in numerous countries. CGPP has championed cross border collaboration through cross border meetings and the establishment of cross border committees and vaccine posts. Developing systems for newborn tracking, increasing routine immunization, mobilizing hard to reach communities through highly effective interpersonal communication are vital to CGPP's past and current work.

The voice of NGOs is now confidently represented at higher levels that affect policy, from the country levels like the Inter-agency Coordinating Committee and Emergency Operations Center to global forums, said Dr. Bisrat of **Ethiopia**. The Secretariat Model has drawn national donors and managed large geographical areas with transparency by building the capacity of NGO staff.

CGPP Disease Eradication Efforts Today

The CGPP reaches communities that no other partner is capable or willing to access. The **Kenya-Somalia** program is the acknowledged leader in the Cross Border Health Initiative through reaching nomadic populations along the border counties. The border areas are recognized as "neglected," physically harsh areas prone to drought and terrorism, Mr. Ahmed said. The project trains community health workers to reach nomadic pastoralists through mapping seasonal migration routes and integrating immunization programs with animal health programs, among other approaches. The use of special vaccination posts has immunized thousands of children traveling across borders, some fleeing from terrorism and tribal clashes.

In **South Sudan**, a robust community based surveillance system quickly grew from 8 counties to 34 conflict-affected counties due to flexibility and adaptability. The CORE Group project in South Sudan can access areas that are both under government control and rebel control, regardless of the security level, Mr. Kisanga said. As children cross from security-compromised to more stable areas, special vaccination routes are established at state and international borders that is similar in design to the Kenya-Somalia program.

In **Nigeria**, female community mobilizers improve immunization rates by pulling from tools rooted in behavior change communication. As "masses do not trust the health system," said Dr. Usman, women

are trained to respond to multiple health care needs, including hand washing, exclusive breastfeeding and promoting the use of local, nutrient-dense foods to combat malnutrition. Women are viewed as trusted sources to ensure that no child is missed.

In **India**, “hard-core resistance” was won over by recruiting mobilizers from the same community and trained in interpersonal communication skills. Influencers and religious leaders promoted health messages of sanitation and disease and the need for immunization. The latest effort from India involves the Barbers Initiative through training more than 400 barbers to educate their male customers about polio and routine immunization.

Data is collected and shared with the national level to track mothers and children. “We track each and every child for every antigen,” said Dr. Solomon. “We need population immunity for everything - not just polio.”

The Future of CGPP

As polio eradication funding dissipates over the next three to five years in preparation for the end of polio disease, insecure and fragile communities face the loss of an important platform: The CORE Group Polio Project. The Secretariat Model and key strategies from community based AFP surveillance, cross border collaboration, independent campaign monitoring data use, community engagement and mobilization should be applied to other health interventions.

“Polio eradication is the largest international effort outside of armed conflict in the world,” Ms. Ogden said. “We vaccinated 2.5 billion children since 1998 (and) prevented 13 million cases of childhood paralysis.”

“Some of our biggest risks are in fragile states because if this support goes away, I don’t know who is going to step into this gap.”

Each CGPP country is presently preparing a polio transition plan to document how to map assets and determine how best to link current activities to other health issues. Polio eradication is the entry point for other eradication or elimination programs such as measles or Routine Immunization. The approaches from the CORE Group Polio Project could be used in the call for Universal Health Coverage to address disease control in a more sustainable way.

Key Messages

- Working in collaboration and not in competition is the basis of the CGPP Secretariat Model through building upon the expertise of local NGOs and support from the country governments. The Model could be applied to other health interventions ranging from measles elimination and maternal death reduction and can be linked to Universal Health Coverage
- The Secretariat Model is highly impactful and cost effective: 15,000 community health workers support vaccination, mobilization and other efforts at a cost of 17 cents per recipient. USAID provides about \$15 million a year for CGPP efforts.
- NGOs have proven that they can meet and exceed expectations for delivering services to marginalized communities.
- The strategies, best practices and approaches from CGPP are now mainstreamed in global polio eradication efforts: microplanning, child registries, community mobilization, behavior change communication, etc.

- Efforts to reach every child in neglected, hard to reach and insecure communities must not be interrupted.
- Communities must organize and strategize with their government to determine how to transition its work in polio eradication to other health interventions.
- NGOs and Civil Society should actively identify opportunities to build upon well-developed skills and capacities of community health workers.
- The knowledge and energy of thousands of community health workers, religious leaders and others needs to be harnessed to continue solving community problems.

To link to a recording of this session: <https://coregroup.adobeconnect.com/px9klwiny9ur/>.

