



## The CORE Group Polio Project

The CORE Group Polio Project (CGPP), a USAID and Bill and Melinda Gates Foundation funded polio eradication project, conducts community-based activities designed to strengthen supplemental polio immunization, routine polio immunization, and surveillance of Acute Flaccid Paralysis. Over the last 19 years, the CGPP has worked in 11 countries: Angola, Afghanistan, Bangladesh, Ethiopia, India, Kenya, Nepal, Nigeria, Somalia, South Sudan, and Uganda. The project currently works in Ethiopia, India, Kenya, Nigeria, Somalia, South Sudan, Afghanistan and Uganda and is powered by more than 20,000 frontline workers.



<https://COREgroup.org/our-work/programs/core-group-polio-project>



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**The CORE Group Polio Project** started 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. The project is currently funded by USAID and the Bill and Melinda Gates Foundation and collaborates with WHO, UNICEF, CDC, Rotary, the Gates Foundation and numerous Ministries of Health. Currently, a group of nine International NGOs (World Vision, CRS, PCI, IMC, ARC, IRC, ADRA, SCF, and AMREF) and more than 30 local NGOs are working together to support polio eradication activities in seven countries: Ethiopia, India, Kenya, Nigeria, Somalia, South Sudan, Afghanistan and Uganda. The CGPP has contributed to stopping polio transmission in Angola, India and Ethiopia, as well as stopping outbreaks in Nigeria, Somalia and Kenya.

A U.S secretariat serves as a global partnership liaison and provides overall technical assistance and financial management to maximize and harmonize resources and to coordinate collaboration among partners. Central to the project's Secretariat Model and to each CGPP country site is an in-country secretariat - a small team of neutral technical advisors, independent from any one implementing partner. The secretariat team facilitates communication, coordination, and transparent decision-making among all partners - unifying the community-level expertise of INGOs and local NGOs with the benefit of international knowledge and strategies of the Global Polio Eradication Initiative (GPEI) partners. The CGPP countries have successfully implemented the Secretariat Model to coordinate and promote civil society engagement in polio eradication, while simultaneously injecting a crucial community-level component through the coordinated activities of thousands of community health workers. These components are a unique and critical contribution to polio eradication. The CGPP has Secretariat offices in Addis Ababa, Nairobi, Delhi, Abuja and Juba to coordinate country and regional efforts.

This unique combination of partnership and cooperation allows the project to be present in a strong and meaningful way at the community, village, district, provincial, state, regional, continental, and global levels. Community health workers or mobilizers are the primary connection to the community level while sub-grants to local NGOs engage the health sector at the health facility, village, and district levels. Grants to international partner NGOs ensure representation and engagement at the provincial, national and regional levels and the senior global staff represent the coalition at various global meetings. The projects' presence at these different levels has allowed the project to share global strategies with field implementers and communities while sharing community perspectives with senior level policy decision makers.

Twenty two (22) cases of wild polio virus were reported in 2017 in two of the three endemic countries: Pakistan and Afghanistan. **Nigeria** reported four cases in 2016 traced to a strain that had gone undetected for four years - a disappointing setback after 24 months without a recorded case. Nigeria's outbreak response was swift and effective. As of May 2018, no new cases of wild polio virus have been reported in Nigeria, in part due to the work of 2,000 CGPP community mobilizers in difficult parts in northern Nigeria. The country continues to face uncertainty, however, due to unimmunized children in insecure areas and continued violence from Boko Haram. **South Sudan** ranks high on the list of CGPP countries with the potential for a wild polio virus outbreak. The CGPP strategy of working with and through local NGOs has made CGPP South Sudan one of the only partners able to maintain surveillance and social mobilization activities despite the current conflict. In the Horn of Africa, the **Kenya-Somalia** program was established in response to the 2013 outbreak. The program today promotes immunization and surveillance activities in high-risk, hard-to-reach areas along five northern border counties in Kenya and two southern border regions in Somalia as well as in Kenya's capital of Nairobi. This program is recognized as the leader in cross-border polio eradication activities. The CGPP continues to protect **Ethiopia** from virus re-importation through the services of 12,000 community volunteers stationed along the porous borders of Sudan, South Sudan, Kenya and Somalia. Ethiopia's project staff and partners are experienced and highly respected and tested by insecurity, harsh geography, stretched health services and nomadic populations. **India** was certified polio free in March 2014 yet faces pockets of low immunization coverage, gaps in surveillance in migrant populations and the threat of virus importation from neighboring Pakistan. India continues to maintain strong levels of population immunity. The CGPP is currently providing limited technical guidance to Afghan NGOs to promote greater NGO representation and engagement in polio eradication in **Afghanistan**. The CGPP will begin work in 2018 by introducing community based surveillance among South Sudanese refugees in northern **Uganda**.

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