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This paper summarizes the polio eradication learnings from two related meetings held consecutively on July 10 and July 11, 2018 in Washington, DC. **Lee Losey**, the CGPP Deputy Director and Technical Lead, presented at USAID's Flagship Maternal and Child Survival Program (MCSP) on the best practices gleaned from the Core Group Polio Project. **Ahmed Arale**, the CGPP Secretariat Director for Kenya and Somalia, spoke at the Center for Strategic and International Studies (CSIS) on the CGPP's Approaches to Reach Mobile, Refugee and Migrant Populations.

### **The Polio Journey: 30 Years of Experience (MCSP) July 11, 2018**

USAID's MCSP hosted the Polio Journey: 30 years of Experience panel discussion to share valuable lessons and ideas gained from three decades of accumulated knowledge and experiences in the global effort to eradicate polio. "Developing common ground" between the polio program and other development issues underscores the relevant commonalities (and complexities) and creates the opportunity for a learning platform, said Ellyn Odgen, USAID Worldwide Polio Coordinator. Key overlapping priorities between polio and non-polio programs include the need to reach target groups, ensure high quality implementation and adherence to guidelines, measure progress through clear goals and objectives and the use of solid communication strategies.

The actions targeted at polio eradication formally began when the World Health Assembly launched a resolution to eradicate polio in 1988. That year, all three types of Wild Polio Virus (WPV) was reported in 125 countries, resulting in 400,000 cases reported in 2017, the world saw only 22 cases. So far in 2018, only three endemic countries remain - Afghanistan, Pakistan and Nigeria – with a total of 12 cases of WPV.

Ms. Odgen shared insights from the polio program for potential use by other development programs:

- Strong Public Health Management guides performance in real time and by having the "right people with the right skills in the right place at the right time or the resources in place at the right time."
- Demonstrable progress is only possible by coordinating with partners led by the host country's government, such as the CORE Group Polio Project, the Interagency Coordinating Committee, and the Emergency Operation Centers. Employing Annual National Action Plans with "defined roles and responsibilities, set performance targets at all levels, and described strategies and tactics" underscore the importance of solid levels of coordination.
- Micro planning, mapping, and satellite imaging is integral to reaching every child.
- Community ownership and accountability is the baseline: "Listen to the people. Local leadership is very, very important and substantive engagement with political, religious and traditional leaders has been paramount."

- Linking communication to epidemiology necessitates using “evidence-based, multi-pronged communication strategies” and “professional approaches to mass media, print and IPC (interpersonal communication) with midcourse corrections.”
- Mining and triangulating data strengthens any program. “What gets measured, gets done. Every aspect of the (polio) program has indicators.”
- Independent monitoring of vaccination campaigns assures and verifies quality in real time. “It’s not a survey that’s done once a year, or once every five years. Surveillance data is critical.”
- Training of community health workers can be conducted using of adult learning techniques, role playing, games and peer-to-peer critiques to master much-needed negotiation skills. “If repeated visits were needed because of refusals, sleeping, or sick children, they could try different things,” Ms. Ogden said. “... If a newborn couldn't come out of the house for cultural reasons, it was the respected, local women who were the key to success. The polio program also developed a culture of high expectations.”

**CGPP Deputy Director Lee Losey** provided four best practices from the CGPP’s ongoing engagement in polio eradication that began in 1999. The CORE Group operates in seven countries through 70 sub grants to national and international NGOs.



*From left: Moderator Folake Olayinka, Ellyn Ogden, Lee Losey and Warren Feek*

- Having clear indicators to measure success coupled with an “absolute insistence on quality” has allowed the project to succeed in reaching children in difficult contexts.
- The community is the foundation of the CGPP’s work. “That’s where the real work happens. That’s where the children that you’re vaccinating are. That’s where the cases of polio will be if you allow them to happen. That’s where the workers are going to vaccinate those children are. That’s where the community members are. So that the absolute foundation, the real critical piece, has always been at the community level.” The community was reached through behavior change education and IPC through the use of community mobilizers or their involvement in community-based surveillance. Bringing the vaccine to the child, whether going door-to-door, outreach campaigns, or health camps, is essential to reducing missed children and increasing vaccination uptake. Working closely with influential persons, including community and religious leaders, has accentuated the CGPP’s progress.

- In response to the long-held claim that polio is a vertical program, Mr. Losey countered that the CGPP is “horizontal, diagonal, vertical ... We're moving in all those directions and I think that has also been critical to our success.” The CGPP is present at all levels – from the critical community level to the highest levels by actively participating in meetings with the Polio Partners Group in Geneva, the Independent Monitoring Group in London, the Technical Advisory Group in the Horn of Africa, Emergency Operation Center or Inter Agency Coordinating Committee at the country levels as well as the provincial and district levels.
- The unique Secretariat Model allows partners to “subsume organizational identities” and to coordinate the work of multiple partners. “You need a lot of different partners and you have to figure out a way to get them all talking together and working together and agreeing on things.” In addition, the use of clear indicators and the use of a director in each CGPP country supports the work of the different partners to eliminate the chance of duplication of efforts.

Warren Feek, the Executive Director of The Communication Initiative, contributed several other important take-aways:

- Surveillance indicators are central to both polio analysis and communication.
- Regular negotiation with local communities keeps the initiative moving forward.
- Use of “natural spaces in development,” particularly online spaces, is an effective tool instead of creative new spaces.

At the end of the meeting, USAID’s MCSP released a paper entitled **Word of Mouth: Learning from Polio Communication and Community Engagement Initiatives Insights and ideas to Accelerate Action on Other Development Issues**. The paper is the outcome of a polio partners meeting on communication and community engagement in February 2018. The paper focuses on five major learning themes: social mobilization, norms and culture, community-based surveillance, use of data, and operational oversight. Access the paper at <https://www.mcsprogram.org/resource/word-of-mouth-learning-from-polio-communication-and-community-engagement-initiatives/>

## **Realizing A Polio-Free World, Sustaining U.S Support for Global Polio Eradication (CSIS) July 10, 2018**

The Center for Strategic and International Studies held an international conference to discuss the role of the US in global polio eradication and how its role will evolve once polio is eradicated. Sen. Mitch McConnell, a polio survivor, provided the opening keynote. Two panel discussions featured Contributions to Achieving and Sustaining Eradication and GPEI Innovative Approaches to Reach Mobile, Refugee, and Migrant Populations. This section of the report summarizes the presentation by **Ahmed Arale, the CGPP Secretariat Director for Kenya and Somalia**.

Ahmed Arale explained the work of the CORE Group Polio Project in the Horn of Africa, emphasizing the cross-border work between Kenya, Somalia, South Sudan and Ethiopia. These countries are prone to conflict including active fighting linked to insurgent attacks by Al Shabab, cattle raiding and tribal conflicts. Issues of access in these challenging environments are a significant threat to polio eradication as immunization rates remain stubbornly low. The border areas are highly insecure: “Even the governments will not want to go and give out

services there because of security,” Mr. Arale explained. “... however, for you to work in these difficult areas, you have to be very innovative.” Reaching cross border, mobile, migrant populations demands elevated levels of coordination and persistence. The Cross Border Health Initiative (CBHI) is multi-pronged approach that encourages strong collaboration at the borders to mitigate the risk of a polio importation by working with cross border health committees. Synchronizing campaigns across borders and establishing Special Vaccination Posts at formal and informal border crossing points are just two of the tactics used by the CBHI.

The CGPP works along and across these porous borders with the nomadic pastoralist populations through local NGOs that “have created a lot of trust with these communities.” For this population on the move, locating water and grazing sites for their animals is the clear priority; seeking conventional health services is not a priority. To link the nomadic population with health services, the CGPP has trained 17,000 community health workers to provide outreach services and participate in a robust disease surveillance program in search of AFP cases and zoonotic diseases. Some community health workers travel with the pastoralists and are supplied with smart phones to track



*Moderator Nellie Bristol and Ahmed Arale*

the health status of the nomads and assist with mapping migratory routes and watering posts. The involvement of religious leaders and community elders increases vaccine acceptance among the high-risk mobile populations.

**A full recording of the event can be accessed at <https://www.csis.org/events/realizing-polio-free-world-sustaining-us-support-global-polio-eradication>**