Reaching Every Child:
Sharing approaches to improve child health

Friday, September 22, 2017 Workshop
Convened at PATH, 1776 Massachusetts Ave. Washington, DC

SUMMARY REPORT

As the world moves closer to the end of polio, more than 70 child health survival champions shared approaches to transition the best practices of the CORE Group Polio Project (CGPP) to broader health interventions and public health challenges. During the September 22 workshop, project leaders and workshop participants explored the unique Secretariat Model and other CGPP strategies to reach vulnerable children in insecure, fragile communities.

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 possible cases of polio.

The workshop was a first step in deciding how to move forward once funding for polio eradication ends in the next three to five years. The four-hour meeting featured moderated panel discussions on the CGPP's Secretariat Model and CGPP strategies implemented in the field by front-line workers. After each panel discussion, smaller break-out sessions allowed participants to suggest opportunities to move the project's high-quality activities beyond polio. The aim of this discussion was to begin the conversation with the larger global health community on the lessons learned through the CGPP's Secretariat Model and CGPP strategies and how these lessons can support the success of related interventions such as measles, immunization, malaria, nutrition, WASH and other global health challenges.

Panel discussions included contributions from the CGPP Secretariat Directors from India, Ethiopia, South Sudan, Kenya-Somalia and Nigeria, CGPP Deputy Director Lee Losey and USAIDs Worldwide Polio Eradication Coordinator Ellyn Ogden. Special guests included Ambassador John Lange of the United Nations Foundation who contributed to the first panel discussion and Craig Burgess, a Senior Technical Officer at JSI's Immunization Center, who contributed to the second panel discussion. Nellie Bristol of the Center for Strategic and International Studies and Chris Morry of The Communication Initiative moderated the panel discussions.

Key Messages

- Working in collaboration and not in competition is the basis of the CGPP Secretariat Model, which benefitted from the expertise of local NGOs and support from the country governments. The Model could be applied to other health goals including measles elimination, malaria control, improved immunization, maternal mortality reduction and Universal Health Coverage.

- The Secretariat Model has been highly impactful and cost effective: 15,000 community health workers support vaccination, mobilization and other efforts at a cost of 17 cents per recipient.

- NGOs have proven that they can meet and exceed expectations for delivering services by accessing marginalized communities and contributing high-quality data to inform programming.

- The strategies, best practices and innovative approaches utilized by CGPP are now mainstreamed in global polio eradication efforts: microplanning, child registries, community mobilization, behavior change communication, etc.

- Reaching every child in neglected, hard-to-reach and insecure communities is possible and is essential for achieving equity and reaching public health goals.

- Important lessons from community-based AFP surveillance, cross-border collaboration, independent campaign monitoring, data use, community engagement and mobilization should be sustained.

The Way Forward

- Community input is essential for an effective transition from polio eradication strategies to other health goals.

- NGOs, Civil Society and governments should actively identify opportunities to build upon well-developed skills and capacities of community workers.

- Programs should take advantage of the skills and confidence gained by thousands of community health workers, religious leaders and others to continue solving community problems.

- A working group from this workshop should be developed to advocate for and facilitate NGOs and governments adapting tools and approaches used by CGPP in the most vulnerable communities.

The CORE Group Polio Project Secretariat Model[1]

Ms. Bristol moderated the first panel discussion on "Collaboration and the CORE Group Secretariat Model." Ms. Ogden, Mr. Losey, Ethiopia Secretariat Dr. Filimona Bisrat and Mr. Lange addressed the model's history, collaborative scope, accomplishments, role, challenges and effective tools and approaches that can be applied to other health programs.

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.

The CORE Group Secretariat model is grounded in the concepts of collaboration and flexibility to coordinate a group of NGOs under the umbrella of a national Secretariat office with links to other partners and the government. 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.


Ellyn Ogden

Trust is the core of the CGPP model. **"After 15 years of consistent engagement at the community level," said Ellyn Ogden of USAID, "there is unprecedented levels of trust. We have overcome resistance and opened doors."**

Most importantly, CGPP has consistently promoted and championed the inclusion and contributions of civil society to global polio eradication. **"We are the epitome of equity," stated Ms. Ogden.** The Secretariat Model works in collaboration and coordination with multiple partners that work together for a single goal and acts like "**a coalition within a coalition," said Lee Losey of CGPP**. The crux of the model is non-competitiveness: **"We share practices and do not reinvent the wheel," Mr. Losey added**.

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

The CGPP is vastly cost effective, said Ms. Ogden. USAID budgets about $15 million annually for the project. The cost per beneficiary is 17 cents, which she calls "extraordinary."

Field Implementation of the CORE Group Polio Project

Mr. Morry moderated the second panel discussion with the following Secretariat Directors: Dr. Roma Solomon from India, Anthony Kisanga from South Sudan, Dr. Samuel Usman from Nigeria and Ahmed Arale from the Kenya-Somalia program. Additionally, Craig Burgess, Senior Technical Officer at JSI's Immunization Center, joined the panel discussion. The Secretariat Directors and Dr. Burgess provided a deeper understanding of how the CGPP works on the ground.

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, 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

[1] The Core Group Polio Project Secretariat model currently is used in India, Ethiopia, Nigeria, South Sudan, Kenya and Somalia. Previously the model was used in Angola, Uganda, Bangladesh and Nepal.

newborn tracking, increasing routine immunization, mobilizing hard to reach communities through highly effective interpersonal communication are vital to CGPP's past and current work.

Mr. Kisanga and Dr. Solomon

In India, communities demanded to be heard: **"We listened to them and heard their stories and we had to learn new approaches," said Dr. Solomon**. The employment of community mobilizers changed the image of the project from a government program to a people's program. Strategic involvement of religious leaders, children and men (through the Barber's Initiative) boosted the effectiveness of community mobilization. Simple and indigenous communication tools built trust. The child tracking register collected important data that were shared and triangulated with the government to track the immunization status of each child for polio and other antigens under routine immunization.

CGPP's key strengths are centered around data from community-based surveillance, solid partnerships and experience embedded in supporting community-based systems in extremely difficult areas, said Mr. Kisanga from South Sudan. The CGPP in South Sudan is uniquely positioned to access both government and rebel-controlled areas, allowing independent, quality post-campaign monitoring to identify and ensure every child is vaccinated: Evidence-based data demonstrate the program's success and limitations. **Mr. Kisanga: "You must be accountable to the donor. You must be accountable to the country. You must be accountable to the people."**

Innovating strategies for security-compromised areas is essential to accessing children for immunization. In Nigeria, women lead the charge on mobilization to build trust and underline the importance of every child being vaccinated and protected. **"Trust is a big issue," Dr. Usman said. "People trust women. People believe in women."** The engagement of religious leaders also positively impacts access in hard-to-reach areas. Likewise, along the Kenya-Somalia borders, CGPP engages multiple stakeholders to reach nomadic pastoralists in search of new pastures for their animals and refugees and IDPs fleeing from terrorism and tribal clashes, said Secretariat Director Ahmed Arale. Special vaccination posts are reaching thousands of children traveling across borders.

Building trust at the community level is key to CGPP's success, said Dr. Burgess from JSI. "**Trust does not come easily and is easily broken … Trust is very important to break down social barriers to accessing interventions and vaccines …"** The bedrock of the model is the importance of merging resources and managing partnerships with large doses of knowledge and cooperation. Establishing linkages with other health programs is essential to move the CGPP's work forward.

Conclusions, Outcomes and Next Steps

The viability of the Secretariat Model and other innovations could be adapted by development partners in different contexts and environments to take full advantage of the CGPP experience with hard-to-reach vulnerable populations. Polio eradication could be the entry point for other eradication or elimination programs such as measles or Routine Immunization and/or could be utilized to push for Universal Health Coverage to address disease control in a sustainable way. **"How do we mobilize all that energy and all those assets on a more regular, systematic basis for RI?" posed Dr. Burgess on the need to stimulate a sense of community ownership for other health interventions. Added Dr. Usman: "They should own it."**

"Polio transition deserves higher priority," stated Ambassador Lange. "A one billion dollar a year program for polio eradication is going away." Sixteen focus countries will need to find support for their Expanded Program on Immunization functions currently funded by GPEI. A very important stakeholder voice belongs to Civil Society: **"In trying to decide what stays on and what does not," said Mr. Lange. "Let's hear from Civil Society.**

NGOs have proven that they can meet and exceed expectations for delivering services by accessing marginalized communities. The CGPP model is a cost-effective approach "to harnessing the power of community organization," **Ms. Ogden said**. **"Programs need to understand the potential: How do we rethink our engagement? How do we organize ourselves?"**

Ms. Ogden concluded that this workshop is just the beginning of the conversation. Funding for the polio eradication initiative ends within five years or sooner. Much more needs to be done to maximize the potential of what CGPP can offer: **"We need to keep organizations engaged in substantive roles so that they continue to benefit the communities and people they serve."**

The workshop was capped 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

Link to the workshop panel discussions: https://youtu.be/BqlqnGrJhpY

USAID's flagship Maternal and Child Survival Program, World Vision, PATH, The Communication Initiative, United Nations Foundation, JSI, CRS and PCI all collaborated with CGPP to plan the Reaching Every Child: Sharing approaches to improve child health workshop.