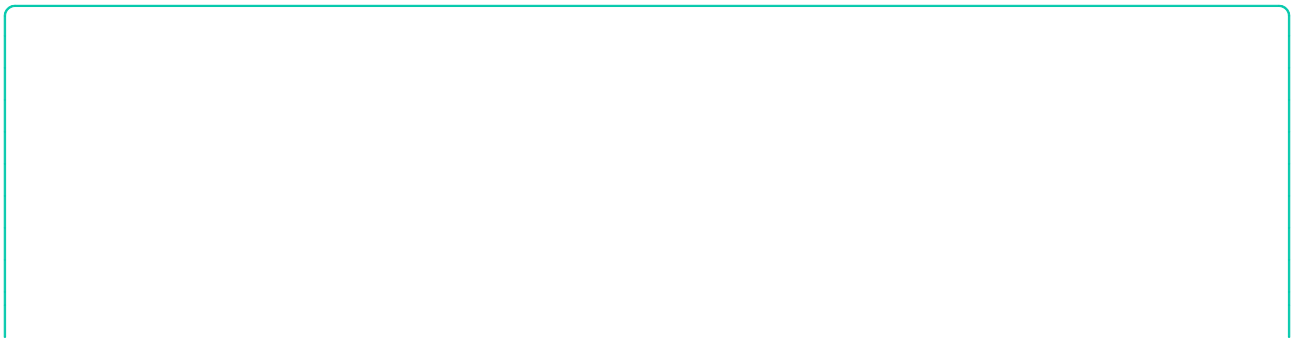
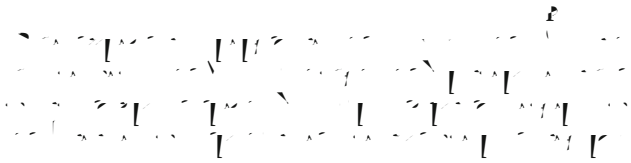
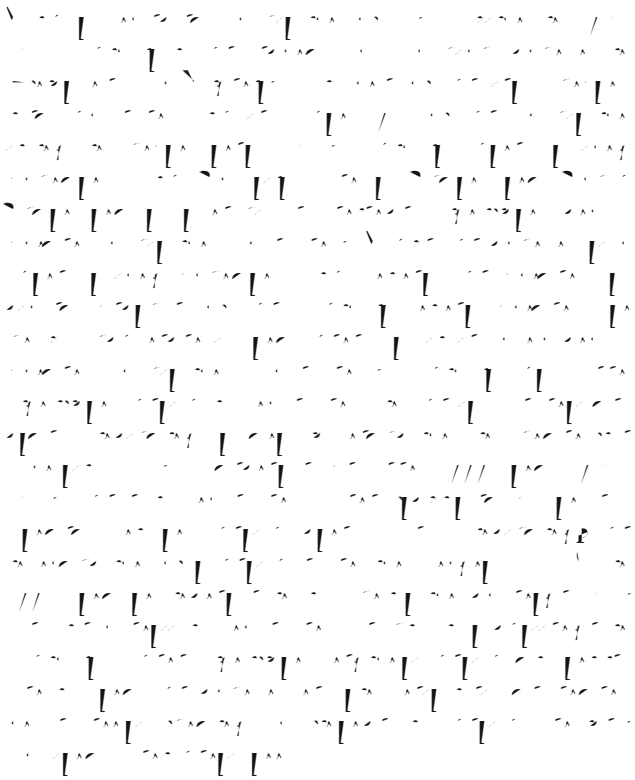
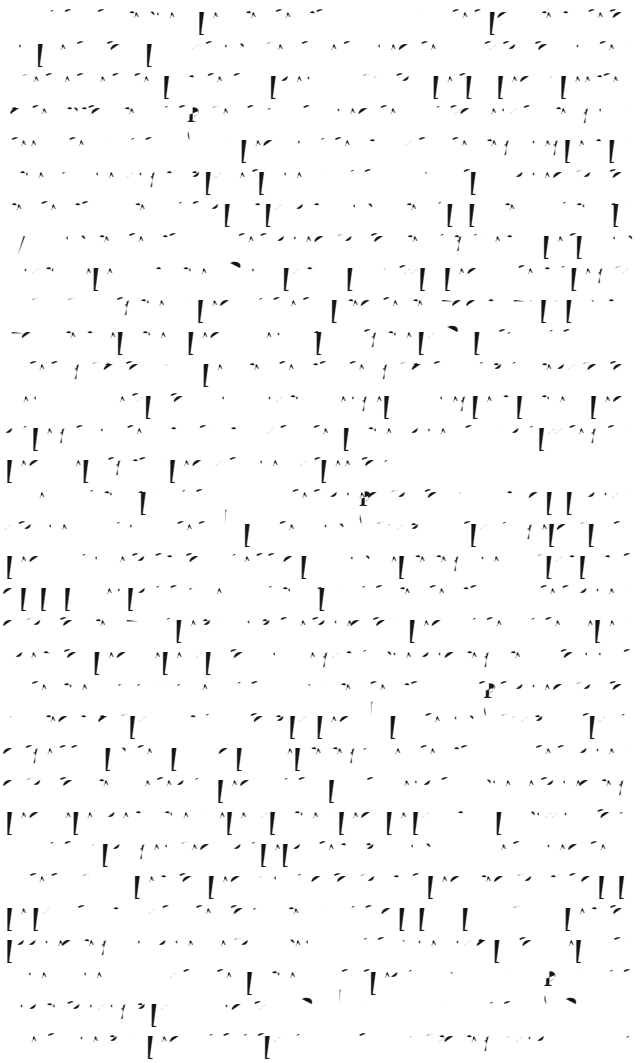
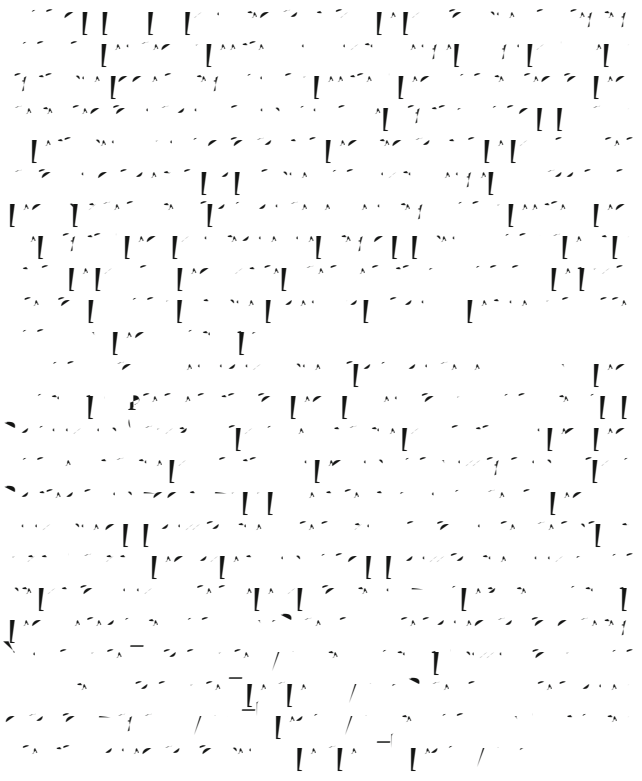




Ethiopia







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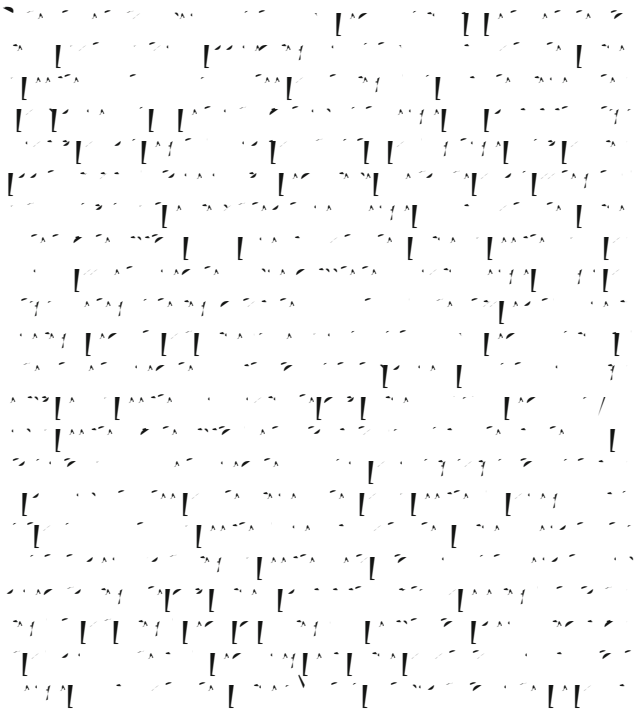
Implementation barriers



happened due to high shortages of human power at a time. To speak truly there was time when one or two person vaccinates large kebele. Within this there was situation in which some children might be missed from vaccination." -Frontline actor, Ethiopia

From the social point of view ... I can say it is more in the corner where there is insecurity, where there are massive displacements, massive displacements of the populations ... we do not know how to plan well. When we plan sometimes there are insecurities, there is incursion of armed groups, it also creates problems.

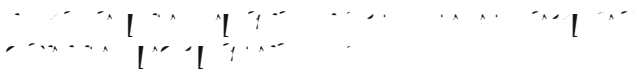
Environmental barriers

"country must reach a certain stage of development; roads must be built; the waterways must exist"

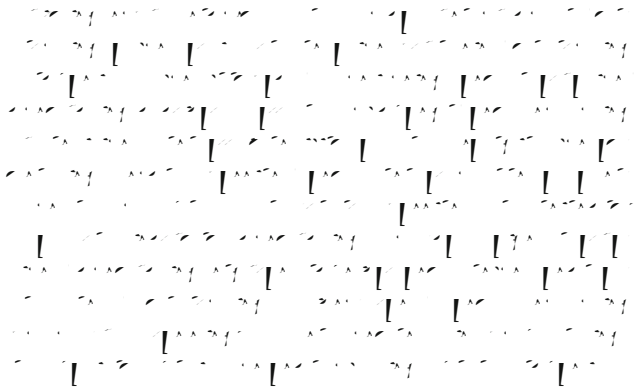
"the strong dependence on external financing, that means that we do not always know how to achieve the objectives we have set"(national actor, DRC).

Health system barriers

"Today the health care organization in the country it ... it is fragile, it is weak, people are not paid and people are unstable"(national actor, DRC). "personnel instability did not facilitate the smooth organization of polio immunization activities,"

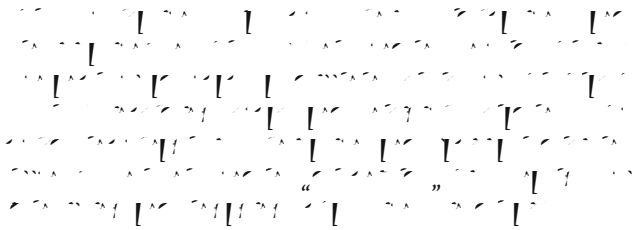


Strategies to address process-level barriers



Tab 3 ERIC-Derived Implementation Strategies Utilized to Address Barriers to Polio Eradication

Implementation Strategy Type	DRC	Ethiopia
Planning and resource mobilization		
Develop a formal implementation blueprint	Develop microplans and promote bottom-up planning	Develop microplans and promote bottom-up planning Develop and utilize planning tools, e.g. integrated activity reports, training manuals, standard operating procedures, risk analyses
Acquire additional funding to facilitate implementation	Advocate government to set-up budget line for polio program Mobilize resources from local partners Utilize non-polio funding, e.g. Gavi grants, to cover cost of infrastructure improvements	Utilize non-program funds as stop gap until reimbursement possible Mobilize resources from local partners
Change service sites to increase access	Conduct mobile polio campaigns; set-up satellite sites under the supervision of rotating nurse	Conduct mobile polio campaigns in high population-movement zones Conduct frequent campaigns at border areas, in geographically inaccessible districts
Other	Not identified	Adjust dates, timing of campaigns based on available financial resources, vaccine supply
Management and problem-solving		
Assess organizational ability and readiness	Organize program review meetings to analyze program results and pitfalls, and come up with solutions	Not identified
Adapt physical structure and equipment to interventions	Not identified	Build and use solar refrigerators to ensure cold chain effectiveness
Build robust record systems to capture outcomes	Not identified	Leverage digital solutions to send reports from health facility to district and zone levels Utilize GPS technology to monitor community health worker activities at district and community level Utilize ODK systems to enable surveillance reporting in hard-to-reach areas
Centralize assistance for implementation issues	Not identified	Maintain frequent contact between regional health bureaus and federal ministry of health to manage problems as they occurred
Offer incentives or disincentives to providers and consumers	Use fiduciary agencies	Integrate health services, e.g. measles, tetanus vaccinations, newborn care, vitamin A supplementation, with polio campaigns Increase pay and compensation for health workers on campaigns, i.e. via stipends, materials, trainings
Monitoring and evaluation		
Develop mechanisms for feedback, monitoring and evaluation	Strengthen the national information system by establishing report analyses at each level, providing feedback for improvement	Conduct post-campaign evaluations to inform follow-up implementation activities Develop and conduct regular technical assessments at various levels of the health system
Conduct cyclical small tests of change	Not identified	Conduct regular review meetings to assess implementation status and performance, course correct
Engagement and capacity-building		
Build multidisciplinary partnerships and coalitions (to share knowledge, resources)	Not identified	Build partnerships to enable cross-border collaboration among health workers, volunteers, border security and immigration authorities, local leaders, including forming a cross-border health committee
Leverage existing collaborations and networks	Support international efforts to halt armed and inter-ethnic conflicts	Notify regional authorities of upcoming campaigns and request support, including obtaining support letters
Conduct workshops (to educate stakeholders, provide feedback or iterate program implementation processes)	Provide on-the-spot supervision to health workers conducting polio eradication activities to course correct, ensure fidelity	
Involve stakeholders, workers and consumers in the implementation effort	Engage peacekeeping troops in transport of vaccines to insecure zones	Engage schoolteachers in community mobilization, polio campaigns, community-based surveillance Utilize transport mechanisms from other sectors, traditional means of transport to facilitate campaign delivery
Recruit, designate and train	Conduct continuous human resource	Capacity building of existing health professionals via in-service training



“An example is the involvement of the leaders of those who were resistant, the sensitization of the

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4. GPEI. Outbreak countries. Available from: http://polioeradication.org/where-we-work/polio-outbreak-countries/. Accessed 1 Feb 2020.
5. Ethiopia CCG. Contributing towards polio eradication in Ethiopia: AFP case detection and status of surveillance in pastoralist and semi-pastoralist communities of CORE Group Polio Project implementation districts (*wordeas*) in Ethiopia. Addis Ababa: CCRDA/CORE Group Ethiopia; 2012.