
Inaugural Meeting of the Global Partners' Group of the Global Polio Eradication Initiative

Wednesday, 11 April 2012
Venue: World Health Organization – Salle D
Geneva, Switzerland

MEETING REPORT

Background

The Global Partners' Group (GPG) is new in the architecture of the Global Polio Eradication Initiative (GPEI). It serves as the “stakeholder voice” in the running of the polio program. Its Terms of Reference, which were approved at this meeting, describe its role to “provide input and guidance on the development and implementation of GPEI strategic plans, emergency plans and the polio eradication ‘endgame’ plan to the Polio Oversight Board and the Polio Emergency Steering Committee.” It also reviews and endorses GPEI work plans and budgets, monitors progress, supports interventions to mitigate political/programmatic risks, and supports interventions to mobilize short-term and long-term financial resources for polio eradication.

The first in-person meeting of the GPG was hosted by the World Health Organization at its headquarters in Geneva.

Welcome, introductions, election of Chair, approval of agenda

Ambassador (Ret.) John E. Lange of the Bill & Melinda Gates Foundation was elected Interim Chair at the start of the meeting.

Opening Remarks by Dr. Margaret Chan, Director General, WHO

Director General Margaret Chan set the tone for the day's discussion. She said it is “now or never” for polio eradication and we need “do or die determination.... Failure is not an option.... We need you to step up to the plate to finish the job.” She noted that development partners have competing demands that make it difficult to choose among investments, but asked what would be the knock-on effect if eradication were not achieved. She added, “Failure on polio will have disastrous effects on global immunization and undermine credibility on anything else we're

doing in this area.” She then answered questions on various issues related to the polio program, its finances, and its relationships to other programs.

The GPEI Emergency Action Plan 2012-2013

WHO provided an overview and context for the draft Emergency Action Plan (EAP) 2012-2013, including details on how the draft EAP addresses risks and how oral polio vaccine (OPV) campaigns recently have been cancelled due to insufficient funding. Officials from UNICEF, Rotary International, the Centers for Disease Control and Prevention and WHO described their roles and accountability under the new EAP.

Japan, Canada, and the Saudi Fund for Development commended the new GPG as a promising format and described their commitment to eradication. The GAVI Alliance representative discussed GAVI’s collaboration with GPEI, noting that the introduction of inactivated polio vaccine (IPV) in the program offers significant possibilities for cooperation.

Several issues were raised, including: the need to balance a short-term/emergency approach versus longer-term support for health/immunization systems; the importance of leadership and ownership at the country level; and the need to consider innovative financing mechanisms as well as traditional means of securing the necessary resources.

The group heard, via video-conference, telephone and in person, from key government officials in the three remaining polio endemic countries. Nigeria described elements of its new program and emphasized the government’s full commitment to stopping transmission. Afghanistan said routine immunization was the backbone of the polio program and described its permanent polio teams and the plans to decrease the number of supplementary immunization activities (SIAs) in order to improve quality. Pakistan described the shift in responsibilities to district-level management and serious efforts at all levels of the program, with support and commitment from the highest levels of the government. GPG attendees, including the Islamic Development Bank, Mexico, the GAVI Alliance and Global Health Strategies, raised various issues, including the importance of incorporating the lessons learned from India’s success in stopping polio transmission.

The GPG expressed general support for the current draft of the Emergency Action Plan, with the suggestion that an executive summary be added to enhance external communications on the urgency of eradication.

Impact of the 2012-2013 financing situation on the Emergency Action Plan

WHO reported that the major financing gap, along with the continued transmission of the wild poliovirus, defines the polio emergency. GPEI strategies to manage the current funding gap include: cutting or postponing activities; realizing the 75% likely funding commitments; scrutinizing the budget and making further cuts; completing and acting on the “Value for Money” initiative involving the Bill & Melinda Gates Foundation, WHO, UNICEF, Rotary and CDC to guide further cost efficiencies in the program; enlisting and re-engaging new and past donors; achieving success with Rotary International’s new “challenge”; developing innovative

financing; and partnering with the GAVI Alliance and other immunization groups. WHO noted the dire financial situation and described numerous measures being taken: (1) financing prioritized to support technical assistance/emergency surges, surveillance, and SIAs in priority and outbreak countries; (2) SIAs curtailed and scaled back in 24 countries in the first half of 2012 (US\$50 million in cuts); and (3) additional cuts in 24 countries in the second half of 2012 (US \$55 million in cuts) to reduce the total shortfall for the year by US\$105 million. Even after implementing these measures and receiving additional confirmed and 75% likely contributions, there will be a budget shortfall in 2012 of US\$125 million. The Bill & Melinda Gates Foundation then described the Value for Money review of the current GPEI cost structure.

Participants expressed alarm at the 2012-2013 GPEI funding gap. Germany, Canada, the International Federation of Red Cross and Red Crescent Societies, the UK Department for International Development and others made comments, noting the compelling narrative and evidence base for polio eradication, the broad, negative implications if it does not succeed, and the need to carefully calibrate the message and not be unduly optimistic.

Update on the polio eradication “endgame” 2013-2018

WHO described the “endgame” as addressing risks due to OPV after eradication: vaccine-associated paralytic poliomyelitis (VAPP), a very rare adverse event; and outbreaks of circulating vaccine-derived poliovirus (cVDPV), a very rare event that occurs when vaccine virus regains the ability to paralyze and circulate. Recent developments allow for a major rethink of the endgame: new bivalent vaccine (bOPV) outperforms trivalent vaccine (tOPV); new diagnostics show that the type 2 attenuated virus in tOPV is the main problem; and new, very low-cost, IPV options could allow all countries to continue type 2 immunization if they want or need to do so. A new endgame strategy could help accelerate eradication, boost routine immunization and reduce long-term risks. Depending on IPV price, the new polio endgame could be cost-neutral in the near-term, and cost-saving in the long-term. WHO reported that next steps (by November 2012) would be further cost-effectiveness analysis; consultations with regional and national authorities on policy and program implications and with regulators and manufacturers on licensing and supply; and consolidation in a draft polio endgame strategic plan and budget for 2013-2018.

The Bill & Melinda Gates Foundation then described the financial implications of the endgame strategy, after the last wild polio virus case. The GPEI will draft the endgame strategic plan and budget, and the Global Partners’ Group later this year will be asked to provide guidance on that strategy, including the following components: technical vaccination strategy; the implementation plan (e.g., staffing, enhancing routine immunization, etc.); costs; and funding the plan, including innovative financing.

Attendees expressed appreciation for this long-term planning in the polio program and looked forward to further discussions later this year. CDC, the GAVI Alliance and Mexico asked questions regarding the use of IPV and other issues, and the UK Department for International Development cautioned on the need for careful communications with potential donors on the critical 2013-2018 strategy.

Overview of long-term financing requirements and mechanisms

The Bill & Melinda Gates Foundation led the discussion of long-term financing for polio. The foundation is currently evaluating long-term funding requirements and financing mechanisms, in addition to traditional forms of donor support. For the shorter term, these include World Bank buy-downs; cooperation with governments on loan conversions; and potential development bank loans to Afghanistan, Pakistan and Nigeria. For the medium/long term, these mechanisms include a possible Polio International Finance Facility for Immunization, or pIFFIm (to securitize long-term donor pledges for polio using the existing IFFIm structure) and transaction taxes (to mobilize new forms of taxation to global health priorities, including polio).

The UK Department for International Development suggested consideration of challenge funds as a way to encourage contributions as well as greater engagement with the World Bank, regional development banks and endemic countries on, e.g., International Development Association (IDA) loans. One participant suggested that there be a meeting of development banks on polio. CDC noted the need for more information on the allocation of domestic budgetary resources by national governments in support of their polio programs. The U.S. Agency for International Development suggested taking greater measures to hold countries accountable for running efficient polio programs and spending more effort to match GPEI's efforts to the mandates of other donors (such as reaching MDG goals or improving disease surveillance) in order to bring in additional funds. Canada noted that it has made multi-year commitments in the past and is willing to work on long-term financing for the program.

Report on the work of the Independent Monitoring Board

The secretariat of the GPEI Independent Monitoring Board (IMB) made a presentation explaining the work of the IMB. The secretariat emphasized several issues that the IMB has previously reported and noted that nothing short of excellence will finish polio eradication. The success in India demonstrated proof of concept for polio eradication, and now those tools and approaches need to be applied in the remaining polio-affected countries. The next few months are critical, since there is no escalation beyond "emergency."

Approach to advocacy and resource mobilization and key upcoming events

In light of the urgent funding needs for 2012-2013 as well as long-term needs, the GPG identified priority actions to fill the gap and ways to increase stakeholder ownership.

The Co-Chairs of the GPEI Polio Advocacy Group (PAG), from Rotary International and the Bill & Melinda Gates Foundation, described efforts to engage new donors, including the BRICS countries (Brazil, Russia, India, China and South Africa) and the G-20. They cited as an example the Commonwealth Heads of Government Meeting in October 2011 in Australia, which highlighted polio and featured funding commitments by several nations. Strategies will focus on short-term and long-term resource mobilization, enhanced advocacy, coordinated and strategic communications, increased engagement and ensuring cost efficiencies.

One development partner suggested that donor governments not contributing to the polio program -- who leave it to a relatively small group of donors to pay for the global benefit of eradication rather than share the burden -- could be termed "free riders." USAID said that the GPEI appears to be focused on needs of the UN agencies rather than on national program budgets that include routine immunization, etc. The International Pediatric Association emphasized strengthening capabilities of local governments to protect children. IFRC noted the advantage of an integrated approach focusing on the child.

The PAG is now organized to broaden the fundraising effort through country and issue-specific task teams and is working in coordination with other organizations and programs such as the United Nations Foundation's "Shot@Life" campaign, which includes polio advocacy in its support for vaccines. UNF noted the importance of the PAG's translational role to make the case to new donors and enhance the confidence of existing donors.

The GPEI Emergency Action Plan 2012-2013 will be launched in conjunction with a press conference at the time of the World Health Assembly in May 2012. There may also be a high-level event involving heads of state and/or foreign ministers at the United Nations in New York, possibly during the first week of the UN General Assembly in September. The representative of the Executive Office of the UN Secretary General assured the GPG that it could count on the Secretary General to support and engage on polio eradication. The Global Poverty Project described preliminary plans for a big, public event that could attract a large crowd in New York during the General Assembly.

Role of the Global Polio Partners' Group

To close the meeting, the GPG reviewed its draft Terms of Reference. Attendees discussed whether the TOR should include a fuller explanation of the rationale for the GPG; whether the goal of the GPG to include senior-level representatives matched the day's discussion; what specific problems the GPG is best-positioned to solve; and how the new GPEI organogram, which placed GPG at the top along with the Polio Oversight Board, matched with the GPG's nature as a "strong advisory body." WHO assured the group that GPEI is highly responsive to advisory bodies and there clearly was substantial added value to GPEI by having the new GPG serve as the stakeholder voice. Ultimately, GPEI is accountable to the World Health Assembly. The GPG approved its Terms of Reference as drafted and distributed at the meeting while retaining the option to review the TOR at a future meeting.

The GPG will meet again in approximately six months. Possibilities include October 30 in London (following the IMB open session on October 29) and November 9 in Geneva (following the meeting of the Strategic Advisory Group of Experts on Immunization).