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## High Level Meeting of the Global Polio Partners Group (PPG)

Wednesday, 10 April 2013  
09:00 – 13:00

Canadian Mission, 5 avenue de l'Ariana  
Geneva, Switzerland

### REPORT

#### Summary

The spring High Level PPG meeting (HLM) was attended by approximately 75 representatives from a large number of missions to the United Nations and other representatives of GPEI partners and stakeholders. In keeping with recent HLM practice to feature a high-level speaker, Dr Seth Berkley, CEO of the GAVI Alliance, was the key note speaker and focused on the necessary collaboration between GAVI and the Global Polio Eradication Initiative (GPEI) in efforts to eradicate polio and to sustain the gains by strengthening routine immunization. PPG members were provided with a briefing on the current polio situation and contingency planning to address insecurity situations in the three remaining endemic countries; the engagement of Islamic Scholars and leaders; and a preview of World Health Assembly discussions of polio in May 2013, including on the 2013-2018 Polio Eradication and Endgame Strategic Plan. Participants discussed the funding of the polio program and resource mobilization for 2013- 2018, including the April 24-25 Vaccine Summit in Abu Dhabi and an outline of the current thinking on the legacy of the program.

#### Overview of Remarks

**Ambassador Elissa Golberg of Canada, PPG Co-Chair**, welcomed the group noting the breadth of missions and organizations present and provided an outline of the program for the meeting before proceeding to the approval of the agenda.

Continuing the tradition of having a high level speaker with whom polio partners can engage in a substantive dialogue, **Dr Seth Berkley, CEO of the GAVI Alliance**, addressed the Polio Partners Group, speaking to the renewed urgency to strengthening routine immunization and the importance of GPEI and GAVI collaboration to achieve the goal of polio eradication. Dr Berkley indicated that in addition to

supporting the introduction of new vaccines, an important component of GAVI support to countries is health and immunization systems strengthening. He outlined the December 2012 GAVI Board decision that supports GAVI playing a complementary role to GPEI in polio eradication efforts, specifically through routine immunization, and exploring the suitability and possible use of the International Facility for Immunization (IFFIm) as one potential mechanism to support this activity as well as the introduction of the IPV vaccine.

Noting GAVI's current emphasis on reaching the 22 million children who are still unvaccinated, Dr Berkley pointed to the fact that many of these children are in polio-endemic countries where there is an acute need for improving routine immunization systems. A checklist for how EPI and polio eradication should work together was developed in 1999 and much remains to be done to make sure this is fully implemented on the ground. Recognizing that GPEI and GAVI have been investing in the same countries for over 12 years now but are still like "ships passing in the night", Dr Berkley emphasized the need to strengthen the collaboration between the two organizations. At the global level, this means discussing and determining an appropriate role for GAVI within the oversight and management structures supporting polio eradication and making concrete GPEI's role in routine immunization. At the country level, this means annual, harmonized, operational work plans aligned with overarching strategic frameworks; joint conversations on health systems strengthening; revised terms of reference for the work of individuals funded by polio programs in coordination with national immunization priorities tied to indicators to improve routine immunization; re-equipping and re-training polio staff to impart the knowledge and skills required to better engage on broader immunization work; and broader immunization activities to incorporate GPEI learnings and increase demand for vaccines including polio. GAVI is currently developing a tailored approach for its collaboration with GPEI in Nigeria to be submitted to the GAVI Program and Policy Committee in April. Through this process, the Government of Nigeria staff are playing a key role in defining polio contributions to immunization services.

Dr Berkley concluded that the polio legacy -- or rather the ability to leverage polio resources and lessons identified -- was an enormous opportunity and that the Alliance stands ready to contribute actively to the consultation process led by GPEI.

### **Stakeholder Questions/Comments**

**Ambassador Takashi Okada, Japan**, noted Japan's support for the emphasis on routine immunization, and suggested that reporting on contributions to polio eradication efforts also account for support provided to routine immunization as an incentive to further funding. Ambassador Okada shared his hopes for continued support through GAVI to making IPV more accessible for all countries and explained that while Japan is not in a position to pledge multi-year commitments, other innovative means are being pursued such as the purchase by Japanese citizens of half of all the IFFIm bonds which represent a substantial contribution by Japan to GAVI.

Noting the reference to "ships passing in the night" in Dr Berkley's opening remarks, **Ambassador Betty King, USA**, emphasized the importance of discussing improved coordination between initiatives and outlined the need to have more practical approaches to these challenges. Ambassador King also pointed

to the importance of a strong intellectual property system that allows returns on investment on drugs so as to entice investments, and the importance of country ownership in achieving progress in the health sector.

**Ambassador Martin Uhomoibhi, Nigeria**, underscored the commitment being made at the highest levels of his government to respond to polio, but noted that security issues remain a key challenge with new efforts being instituted to respond. In response to Ambassador King's intervention, Ambassador Uhomoibhi indicated that the Nigeria Government is working quite closely on intellectual property with all the other important stakeholders to ensure access to medical products is not impeded by taking away the incentive for those who develop them.

**Dr Daouda Malle, Islamic Development Bank**, said immunization is an area where all development partners have a role to play and need to work together. He underscored the US Ambassador's point that country ownership is important and access to health is critical for all of these countries.

**In his responses, Dr Berkley** recognized the important role the Japanese government has played and continues to play in supporting routine immunization (particularly for infrastructure and the cold chain). Dr Berkley paid tribute to the tremendous support of the Japanese people for the IFFIm bonds. Regarding the "ships passing in the night" reference, Dr Berkley agreed that GAVI and GPEI need to be better intertwined and noted that the key challenge is getting workers on the ground taking in this message and really understanding what this collaboration entails. Dr Berkley outlined the work GAVI is doing on "market-shaping", aiming for a "healthy vaccine market", focusing on ensuring the demand is not driven up at the expense of quality. He also emphasized how critical is GAVI's supports to the Government of Nigeria. He noted that over 40% of the children GAVI has immunized to date are from OIC countries and indicated that GAVI is making efforts at working more closely with the Islamic Development Bank and the Organization of the Islamic Conference.

In response to a question from **Simon Moss of the Global Poverty Project** who had outlined GAVI's success at resource mobilization and enquired about lessons learned that could be useful to GPEI in efforts to mobilize resources, Dr Berkley indicated that the key challenge is getting the message to the public about why vaccines are important (from an economical point of view as well as in terms of benefit to people's health) and being able to demonstrate impact and value for money. In its resource mobilization efforts, GAVI not only looked for support from traditional partners but also corporate partners who can provide both funding and innovation. GAVI thinks of fundraising both in traditional terms but also in terms of who we can bring to the table.

**Dr. Bruce Aylward, WHO Assistant Director General**, thanked Dr. Berkley and said the alternative to "ships passing in the night" was ships never passing or smacking into each other. GPEI and GAVI did start by going in two different directions, with GAVI developing and introducing new vaccines and strengthening routine Immunization, while GPEI was focusing on polio eradication and stopping the virus from spreading. While this divergence is being recognized, the new polio Eradication and Endgame Strategic Plan presents the imperative to work more closely together, more specifically around objective 2 of the Strategic Plan which tackles strengthening routine immunization and the withdrawal of OPV2

and introduction of IPV. The risk of slippage on the timetable to achieve this objective is significant as, while donors have indicated that they would accept slippage in stopping wild polio virus transmission due to security issues, for example, they cannot accept slippage in improving routine immunization. Dr Aylward also indicated that resource mobilization efforts in the last 6 months were based on the GAVI replenishment model and that this effort is to be further reviewed at the Global Vaccine Summit.

**In thanking Dr. Berkley, Ambassador Golberg** emphasized that stakeholders appreciated the frank assessment of shortcomings, as it would assist PPG stakeholders to target their advocacy and attention, noting the emphasis PPG members placed on results and underscoring that resources are too tight for GPEI and GAVI not to be aligned.

### **Overview of the polio situation**

A general overview on how recent insecurity has impacted the delivery of the polio program initiatives and remedial measures implemented as a result was provided **by Dr. Hamid Jafari, Director, Polio Operations & Research, WHO**, followed by presentations by individual endemic countries (by Dr Muhammad Ali Pate, Minister of State for Health, Federal Government of Nigeria; Dr Mohammad Taufiq Mashal, Director General, Preventive Medicine, Ministry of Public Health, Afghanistan; and Ms Shahnaz Wazir Ali, Pakistan Prime Minister's Focal Person on Polio Eradication).

Dr Jafari's presentations outlined the adverse effect of insecurity on security and motivation of health workers and on the coverage and quality of vaccination campaigns; the loss of ability to monitor and conduct LQAS; and increased inaccessibility of certain areas. His presentation also emphasized that security is context-specific and that each country is facing different challenges. The program faces warring parties in Afghanistan and Somalia, attacks by militants in Nigeria and Afghanistan, and criminal violence including banditry, kidnapping and extortion in Nigeria and Afghanistan. In Pakistan, anti-government groups are using the polio program as a negotiation tool with the Government.

Looking forward, the strategic framework for managing security includes main elements: Security coordination committees established to provide an ongoing analysis and local threat assessment; disaggregation and mapping of epidemiologic and security risks; and integrated security and operations planning. Operational adjustments in SIAs are being made as required including to the speed, phasing, method and additional tailored communications work with local staff. Community engagement has been intensified including social mobilization and integration with other services. Islamic religious leaders have been engaged through both the Islamic Advisory Group initiative and the leadership of the Al Azhar and the Islamic Fiqh Academy. Finally, containment measures have been developed for inaccessible areas including vaccination of children in transit, development of permanent polio teams and Civil-Military cooperation. Management of security issues requires local management and government commitment, with local authorities ensuring the safety of program and health workers along with support from the local community. It is also important to ensure program neutrality and to review and updated strategies every 6 months.

Joining the meeting by phone, **Dr. Muhammad Ali Pate, Minister of State for Health, Federal Government of Nigeria**, outlined the recent progress on polio eradication in Nigeria, noting a significant

decrease in the number of cases this year (12 cases, down from 23 over the same period in 2012). Vaccine coverage is increasing, even in security problem areas. The security challenges are seen as real but the government is responding and implementing local strategies based on grass roots interventions and mobilization. Because the security situation differs between states and within states, some granularity is required in the analysis of the challenges and how to deal with those. A careful review of the performance of districts across the country has been conducted, identifying the border areas that need more attention to reach outlying communities and improve performance. The program is putting in permanent polio teams in key states which decreases the need to wait for a campaign but heightens the security risks. Program management is developing further with a new dashboard tracking security issues and problem areas in the Emergency Operations Center (EOC) and an increased focus on strengthening team performance and using surge capacity. Dr Pate indicated that Nigeria has made a lot of progress in addressing insecurity but attention should be paid to not losing ground elsewhere. He added there has been a lot of focus on also increasing grassroots mobilization after the Kano incidents in February. Dr Pate had visited the region and families of victims who were pained by the incident but did not want the campaign to stop, considering it to be an important humanitarian mission. Dr Pate emphasized the need to engage families more and also encourage the religious and community leaders to support the program. There has been a lot of debate (on social media, radio, among people) and this has been helpful to air the issues and gain support. After the incident in Kano there has been further support at the highest political level for the program. Dr Pate emphasized that there is historic progress in Nigeria since, for almost 6 months, no type 3 or type 2 wild virus has been detected in the country (only type 1), which was unprecedented to date in Nigeria. Responding to a question from one of the co-chairs, Dr Pate said the security situation related to the Boko Haram group has been challenging in many parts of the North in the past two and a half years but it had not affected the polio campaigns until very recently. The Government is taking measures through political means and an amnesty has been discussed. Meanwhile people are still volunteering to be vaccinators and the Boko Haram security issue has not stopped the program as Nigeria is adapting to it and addressing it. Dr. Pate concluded by reiterating the Nigerian President's commitment to polio as a key deliverable of his administration.

Also joining in by telephone, **Ms. Shahnaz Wazir Ali, the Prime Minister's Focal Person on Polio Eradication, Pakistan**, outlined the progress on polio eradication in Pakistan and the arrangements in place regarding security for the program. She indicated that across the country as a whole there were no major concerns and even in FATA the situation was better than expected. However, Karachi itself was the key problem and in particular city districts and certain areas within some of the districts there were large Pashtun populations as well as anti-government Taliban. Ms Wazir Ali indicated that very detailed plans had been developed for the upcoming campaigns and that tactics to help improve security included using staggered campaign starts and also changing dates. The implications of the security issues and the measures taken to address them include the potential lengthening of the campaigns over time and an increase in the associated costs.

Ms. Wazir responded to a question related to the potentially negative impact of the upcoming presidential elections on the speed and scope of the polio vaccination campaigns by noting that in the

past there have been times when the polio campaign has suffered due to political distractions. She estimated, however, that overall the disruption would be limited.

Responding to a question from **Dr Berkley** noting the current outbreak of measles in Pakistan and enquiring if there were any synergies taking place between the polio and the measles campaigns, Ms Wazir Ali indicated that the synergies between routine immunization, measles and the polio programs had not been well structured, as while many people were involved in the two campaigns, the sort of well-structured coordination that could positively affect the measles and polio outreach remained weak. Overall the measles situation is largely problematic in Sindh and Khyber Pakhtunkhwa, but the program is not drawing on the strength of the infrastructure that was created for polio and more work on this will be needed from the next government.

Joining by phone, **Dr. Mohammad Taufiq Mashal, Director General Preventive Medicine, Ministry of Health, Afghanistan**, described substantial progress by the program up to the end of the first quarter of 2013 and said there has been only one polio case compared to 6 in the same period in 2012. There have been no reported cases from the South and Southeast border (the last case was in November 2012). The national emergency action plan focuses on several activities including ensuring sufficient technical staff and improving performance, with efforts particularly focused in both Helmand and Kandahar. Dr Mashal outlined a number of different measures implemented to manage the program and also steps taken on payment of vaccinators. There have been improvements in monitoring and, with support from the Bill & Melinda Gates Foundation and other donors, staff have completed training in LQAS and it is now possible to use LQAS data. Challenges remain the quality of campaigns and missing children due to factors such as the low performance of teams and quality of supervision. In some low performing districts routine immunization is only reaching 20% children.

**Ambassador John Lange, PPG Co-Chair**, thanked Dr. Mashal and said that some believe that, of the three endemic countries, Afghanistan will stop transmission first. He said the PPG wished him well in that effort and noted that the new GPEI Strategic Plan includes working with GAVI to improve routine immunization.

### **Engaging Islamic leaders and scholars**

**Dr Ezzedine Moshni, WHO Regional Office for the Eastern Mediterranean Region**, gave a briefing on the Islamic Leaders and Scholars consultation that took place March 6-7 2013 in Cairo. This consultation focused on the best strategies to demonstrate solidarity across the Islamic countries to ensure the protection of Muslim children against polio and discussed the major obstacles preventing the three endemic countries from stopping polio transmission. The key conclusions of the group included the consensus that the Muslim *ummah* faces a serious problem and there is real concern about misinformation regarding polio vaccination in name of Islam. Scholars denounced the attacks on health workers, facilities and services as actions against Islamic principles and teachings and confirmed that the polio vaccine is safe, that vaccination is necessary to eradicate polio from the remaining three Muslim countries and that Muslims are obliged to vaccinate and protect their children. Scholars proposed the establishment of an Islamic Advisory Group to build ownership and solidarity for polio eradication across

the Islamic world, under the leadership of Al-Azhar in collaboration with the Islamic Fiqh Academy. To tackle the concern that misinformation is being spread in name of Islam, the group said it was important that appropriate information on polio vaccination should be disseminated widely. Since this meeting, there has been a statement issued by WHO EMRO and a press conference in Pakistan.

**Ambassador Slimane Chikh, Organization of the Islamic Conference (OIC)**, noted the importance of social mobilization for the protection of children. Ambassador Chikh indicated that polio would be the focus of a meeting convened at the upcoming meeting of the OIC health ministers in October in Indonesia. This Conference of Health Ministers convenes once every two years to discuss the priority health issues of Muslim communities and to review different aspects of the health status in OIC Member Countries, including health developments and situations, concerns, requirements and priorities. He also stressed the importance of coordination at the political and technical level.

**Ms Ozlem Kural, Counsellor, Turkey**, outlined how Turkey, besides contributing financially and technically, has also worked to keep polio at the top of the political agenda.

**Dr Jafari, WHO**, responding to an enquiry from Dr Male as to why the Islamic Development Bank had not been invited to this consultation, reassured colleagues that the IDB is a very important partner and that while the consultation of Islamic scholars had been focused on hearing from religious leaders, going forward the input of political, social and financial institutions will be further sought.

### **Preview of WHA discussion of polio in May 2013, including new Strategic Plan**

**Dr Aylward, WHO**, provided a pre-view of the upcoming World Health Assembly discussions on polio. He referred to the strong endorsement of the draft Strategic Plan's goals, objectives and timelines by the Executive Board in January and summarized Board discussions that took place on the polio emergency (and in particular security issues and social acceptance and surveillance in countries that have already eradicated polio) and the polio endgame (the importance of routine immunization, the switch to IPV, the International Health Regulations (IHR) and vaccination of travellers, financing and legacy planning). Dr Aylward noted that SIAs have been conducted in the areas of the Pakistan attacks and in Nigeria, and will resume in all targeted areas.

Dr Aylward provided an update on the newly finalized GPEI Polio Eradication and Endgame Strategic Plan 2013-18, a draft of which can be found on GPEI's website. With input from stakeholders, partners, donors and technical experts, the plan has undergone several revisions to ensure that it comprehensively addresses four key objectives: Poliovirus Detection and Interruption; Routine Immunization Strengthening and OPV Withdrawal; Containment and Certification; and Legacy Planning.

GPEI is confident in this new strategic plan, because, unlike previous strategies, this new plan focuses on ending all polio disease, not just wild poliovirus. Dr. Aylward explained that last year, while GPEI had a milestone year with the fewest number of cases in the fewest countries/districts in history, the program

simultaneously faced the concerning milestone of having more vaccine-derived poliovirus cases in the world than wild poliovirus cases. GPEI's Strategic Plan will address this issue by focusing on strengthening routine immunization systems, withdrawing OPV from the 145 countries still using the vaccine, and rolling out the Inactivated Polio Vaccine (IPV). Dr Aylward noted the program does not deny that its plan is ambitious, but partners have confidence that successful eradication and IPV-rollout are possible.

The Strategic Plan will be released officially at the May meeting of the World Health Assembly (WHA). A brief executive summary will be ready for distribution by the time of the Global Vaccine Summit on April 24-25. In May, WHA discussions will focus on implementing the plan. Among the priorities will be: reaching children in very insecure areas (such as southern Somalia, where many children have not been vaccinated in 3 years): ramping up IPV vaccine in all 145 countries; financing to meet the US\$ 5.5b budget to carry out the plan; and dealing with technically and politically complex issues, including IPV, containment, International Health Regulations (IHR) and vaccination of travellers. Regarding the issue of IHR requirements and recognizing that security issues may affect the timeline of routine immunizations, the Executive Board and the WHO Director General will convene in 2015 to enact a consensus standing IHR recommendation for any areas that miss the 2014 target of stopping transmission.

Dr Aylward summarized the polio priorities for WHA for the next 3 years saying 2013 will focus on the implementation of the Endgame Plan; 2014 on acceleration of IPV introduction and consideration of the issue of vaccination of travelers; and 2015 to concur on the date for OPV2 cessation and the Legacy Plan.

### **Overview of Funding of polio program**

**Mr Anand Balachandran, WHO**, gave a presentation that showed the historic support for GPEI from a wide range of donors: G8, non-G8, private and multi-lateral sectors, etc. He noted the polio-affected countries are also putting in resources including both Pakistan and Nigeria; and that India has been putting in more than US\$200m per year to fund its own program. There is a broad base of donors and supporters who are willing to provide resources to the program to finish the job (50+ countries).

GPEI produces a Financial Resource Requirements (FRR) document which is updated quarterly and provides detailed financial data. The next version will be issued along with the Strategic Plan at WHA in May 2013.

Today, almost US\$400m has been received in confirmed funding and agreements towards the 2013 budget. India's costs and contributions are not included in the GPEI budget for 2013-18. He noted the gap is expected to come down close to US\$100m by the World Health Assembly. However, he said GPEI has very big concerns about the firm prospects already counted since this funding still has to be operationalized (i.e. funding arrangements agreed and signed). There are significant needs in the three endemic countries that are being held up because agreements have not been signed yet and there are minor delays. Partners and their leaders are needed to encourage countries to sign these agreements as



soon as possible because UNICEF and WHO need these funds for procurement of vaccines and operations costs, respectively.

The GPEI has raised some US\$500m in confirmed funding towards the overall \$5.5bn target for 2013-18. The Polio Advocacy Group (PAG), which is the focal point for resource mobilization, has developed an analysis that shows that if GPEI secures the funds projected from existing donors at levels similar to the past, GPEI will still need to secure an additional US\$2bn (with some \$3B identified in “soft pledges”). Therefore GPEI needs donors to maintain their current levels of funding and to secure new funding and new donors to fully fill the financing gap.

### **Value for money project**

**Ms. Jen Linkins, WHO**, provided an outline of the results of the Value for Money (VfM) study launched in 2012 by GPEI partners whose findings had just been reviewed and validated by partners at a recent meeting in Atlanta. The specific objectives of the study were to identify and review key cost drivers and differences between countries; explore cost-efficiency and resource shifting opportunities; and identify best practices to be shared and used elsewhere. The study was successful in identifying opportunities to create efficiencies and shift resources to other areas; improve risk mitigation measures and forward planning; discuss cost-sharing with other initiatives; and expand the use of best-practices to achieve greater value for money as well as identify best practice opportunity areas where there is already good Value for Money which could be capitalized upon and expanded (e.g., cost-sharing, reaching the hard-to-reach, leveraging new technology). The single biggest impact on the overall budget identified by the study is the date of polio transmission interruption. This study has allowed an improved understanding of cost-drivers and challenges which can now help inform further long-term plans. This type of work is seen by stakeholders as something that resonates well with decision makers and that is hence encouraged.

### **Global Vaccine Summit**

**Melissa Covelli West, Bill & Melinda Gates Foundation and Co-Chair of the GPEI Polio Advocacy Group**, gave a short presentation outlining the Global Vaccine Summit to be co-hosted by his Highness General Sheikh Mohammed bin Zayed bin Sultan Al Nahyan, Crown Prince of Abu Dhabi; Bill Gates, co-chair of the Bill & Melinda Gates Foundation; and United Nations Secretary General Ban Ki-moon on April 24-25 in Abu Dhabi, United Arab Emirates. This is to be a high-level partnership event involving Ministers and leaders from around the world designed to continue the momentum of the Decade of Vaccines. Its goals are to celebrate a global commitment to immunization, starting with polio eradication; highlight the critical links between ending polio, strengthening routine immunization, and improving overall child health; and demonstrate leadership by Islamic organizations and individuals in polio eradication efforts.

On April 24, a side event is being convened by GPEI to discuss the withdrawal of OPV and introduction of IPV so as to secure feedback from a broad range of stakeholders on these ambitious plans. A GAVI briefing is also being convened to describe the work of the organization, the model and the innovative aspects of the GAVI approach. In the evening, a welcome event is to highlight vaccine heroes, where Mr Bill Gates will deliver opening remarks laying out his vision for progress by 2020. The second day of the Summit will consist of a number of high level panels and speeches in plenary, with the polio session to take place in the morning where there will be an opportunity to demonstrate financial support for the Strategic Plan. Speakers include representatives from the WHO, the three polio endemic countries and key donors and stakeholders.

Ms Covelli West also reported on a concerted effort that has taken place to build momentum ahead of the Summit including the work of Rotary International and other partners such as Canada, Australia, the US and Japan. In addition, a 'Scientific Declaration on Polio Eradication' was to be issued April 11th signed by around 400 scientists and global health experts from 80 countries emphasizing the feasibility of eradication and endorsing the GPEI Plan. As there has been a perception by some that polio is not eradicable, scientists developed the declaration to underscore the science behind the goal of eradication and to say that it is doable in five years if plans to eliminate both wild and vaccine-derived polioviruses are implemented. Finally, a new piece outlining the Economic Impact of Polio Eradication will be produced for the summit, responding to some of the questions and comments shared in previous PPG meetings. In closing remarks, Ms Covelli West noted that the Global Vaccine Summit is mostly a paper-free event (with all relevant documents available online) and she referred the polio partners to the summit website for more information: [www.Globalvaccinesummit.org](http://www.Globalvaccinesummit.org).

**Mr John Gibb, UK Department For International Development**, thanked Ms. Linkins for her presentation and suggested a summary of the VfM study could be included in the Strategic Plan. He also welcomed the proposed Economic Case and looked forward to seeing it.

**Mr. Ziad Fares, Director, Office of Strategic Affairs, Crown Prince Court, Emirate of Abu Dhabi**, said there was a substantial team on the ground in Abu Dhabi working on the Global Vaccine Summit and 300-350 participants were expected. He said the region has not hosted summits similar to this and so the event would send a very important message, especially to new donors. He concluded that they looked forward to hearing from other Gulf Cooperation Council (GCC) country participants.

### **Polio legacy planning**

**Dr Aylward** outlined the latest progress on the development of the polio legacy work. The Legacy planning is one of the four pillars of the 2013-2018 Polio Eradication and Endgame Strategic Plan and aims at ensuring “that the world remains polio-free and that the investment in polio eradication provides public health dividends for years to come”. Main elements of the Legacy include 1) mainstreaming essential long term polio functions; 2) capturing and sharing lessons learned; and 3) transitioning the polio programme assets to benefit other health priorities. Dr Aylward reported on the outcomes of the April 9<sup>th</sup> discussions on the issue that took place during the meeting of the Strategic

Advisory Group of Experts (SAGE) on Immunization. At this meeting, experts were consulted on the Legacy development consultation process (experts supported consultations through the WHO Regional Committees in the fall), the oversight of the Legacy plan (experts advised there needed to be stakeholder input and it should be handled by the immunization community but could also be broader) and on what was required from the program to secure this legacy. SAGE expert discussions also outlined polio eradication, the success in reaching chronically unreached children as no other program before and the ongoing surveillance over the past 20+ years in areas lacking surveillance as key elements of the legacy of the program. The road map for the Legacy plan development includes WHO Regional Committee consultations in 2013, consultations with major initiatives and donors in 2013-2014, the May 2014 WHA and finalization of the Legacy Strategic Plan by the end of 2015.

**Mr. Colin McIff, US Government representative**, welcomed the Legacy planning, but thought that the terminology was not correct, given the scope of the work, something that the SAGE discussions also touched on. The US highlighted the importance of polio-free countries moving ahead with relevant Legacy activities.

**Dr. Jonathan Klein, American Academy of Pediatrics**, welcomed the ‘reaching every child’ emphasis in the Legacy planning (as outlined by Dr Aylward in his opening remarks) and noted that the populations being targeted are also the ones most affected by the diseases and public health issues also targeted by other efforts (e.g. polio, communicable and non-communicable diseases, birth asphyxia, etc.).

**Mr. Dirk Gehl, Germany**, said it was more important to understand the program content than the terminology “legacy”, noting that content and securing the gains are key.

**Dr Daouda Malle, Islamic Development Bank**, remarked that other initiatives could benefit from the polio program success at mobilizing philanthropists.

#### **Closing remarks:**

**Ambassador Golberg** thanked the participants and noted that this session was designed in part to begin to foster thinking around polio legacy matters.

She summarized the discussion as covering three levels of collaboration between GAVI and GPEI that are now required according to Dr Berkley (strategic, operational and tactical) and welcomed the opportunity for further dialogue between PPG members and the two organizations going forward.

Ambassador Golberg thanked the representatives of WHO, Nigeria, Afghanistan and Pakistan for their briefings on the latest security concerns and efforts underway to mitigate activities on eradication plans. She thanked WHO for the excellent briefing on the recent meeting with Islamic scholars and leaders and noted the future efforts required to also bring in other Islamic organizations.

She thanked Dr Aylward for the update on the forward-looking strategy for GPEI and recalled key dates for PPG members: 2014 to stop transmission; 2015 WHA and the IHR; 2018 eradication (IPV rolled out to all countries, OPV withdrawn).

Ambassador Golberg noted the need to meet the funding gap for 2013 and noted that while a good deal of work has been done to date to identify so-called "soft pledges" the future funding gap of US\$2 billion overall that needs to be filled remained worrying.

She noted the importance of the Value for Money report and demonstrating how investments in polio have benefits beyond polio eradication. Results would remain a key focus of the PPG, and resource mobilization and the ability to ensure value for money remained essential.

She suggested the group have a further conversation on how best to sustain the gains made under the polio program, that a paper to stimulate discussion would be welcomed, and that it might be the subject for the next in-person meeting or a teleconference call of the Polio Partners Group. She acknowledged the concern expressed by some that a term other than "legacy" be found.

**Ambassador Lange** reminded participants that the next in-person meeting would be in November 2013 the day after the SAGE discusses polio. He asked stakeholders to send co-chairs proposals for when telephone conference calls might be helpful and the topics they should cover in-between.