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## CHAIRS' STATEMENT

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

Friday, 8 December, 2017

Please note that meeting presentations are available on the [PPG website](#).

On 8 December 2017, the semi-annual high-level meeting of the Polio Partners Group of the Global Polio Eradication Initiative (GPEI) was convened at the World Health Organization headquarters in Geneva. Co-chair Ambassador Mitsuko Shino opened the meeting, which was attended by over 70 representatives from core GPEI partners, stakeholders from governments at the ambassadorial, senior official, and expert level, and from international organizations, foundations, donors and other stakeholders.

Co-chair Dr. Jon Andrus, summarized key point emerging from the morning workshop on polio transition planning, the sixth such workshop organized by the PPG, which preceded the high-level meeting in the afternoon. He noted the exceptional attendance and participation from diverse stakeholders at the workshop. Session I of the workshop offered an opportunity to learn about transition planning at the country-level. Mr. Mike McGovern, Chair of the GPEI Transition Management Working Group, presented on the overall progress among priority countries between 2016 and 2017. He noted substantial progress at the country-level, but also commented on the tension between “moving quickly” on transition plans and “ensuring quality.” He explained that many transition plans are being developed at the technical level, but ownership at a high-level is vitally needed. Dr. Emmanuel Maina, Director of International Cooperation, Ministry of Health Cameroon, provided insight on the national planning process taking place in Cameroon. He described building on past achievements of polio eradication to help guide future work of polio transition planning. In response to funding ramp-down, and the need to enhance country ownership, the Cameroon Ministry of Health plans to increase budget for the Expanded Programme for Immunization (EPI) from 2% of the health budget in 2016 to 10% by 2021.

Session II of the workshop focused on transition planning among partner agencies UNICEF and WHO. Dr. Robin Nandy, Principal Advisor & Chief of Immunizations, UNICEF, explained that the UNICEF Immunization Roadmap 2017-2030 signifies a shift toward reintegrating polio into the larger vaccine preventable disease agenda. UNICEF's three priorities are to eradicate polio, protect a polio free world through routine immunization, and strengthen routine immunization and other health services. To achieve these goals, UNICEF will maintain critical capacities at headquarters and country/regional offices until global eradication is certified, and carefully examine polio assets in each country to determine the criticality to scale-up immunization and other activities. UNICEF will also dovetail the Immunization Roadmap with the Post-Certification Strategy (PCS) to ensure successful OPV cessation and management of vaccine stockpiles. Dr. Nandy indicated that transition planning presents an important but challenging opportunity to realign talent and other polio assets to strengthen broader health services. Mr. Anand Balachandran, Special Assignment, Polio Transition, Director General's Office, WHO, recognized the complexity of developing comprehensive, country-driven plans, and that one size will not fit all. Fragile countries, in particular, will need more support, both financial and technical. He noted the vision of the new Director General of WHO includes implementing missions of the General Programme of Work 13 (GPW13), including health promotion, achieving a safer world, and services for vulnerable populations against health threats. He described how the 5-year Country Cooperative Strategies, which outline country priorities, will need to be considered and aligned with the polio transition planning. Though adding to the complexity, he stressed the importance of using International Health Regulations and Joint External Evaluation as guiding resources in the polio transition process. He also stressed that detailed costing and financial plans are needed to ensure sustainable implementation of World Health Assembly resolutions on polio eradication and transition planning.

Recent PPG workshops on the polio transition have attempted to expand the discussion and engagement to include the non-polio, global health actors. To that end, the workshop concluded with Session III, a roundtable discussion among non-polio global health actors, where the presenters had a chance to emphasize key points for value-added collaboration. The session was moderated by Ambassador John Lange, Senior Fellow, Global Health Diplomacy of the UN Foundation. He opened by highlighting the need to take advantage of synergies existing with other global health efforts, especially WHO's Health Emergencies Program, the International Health Regulations (IHR), the Global Health Security Agenda (GHSA), and other initiatives, such as essential immunization, the Measles & Rubella elimination, new vaccines, non-vaccine preventable infectious diseases (HIV, TB, malaria), child health, safe water, hygiene, and sanitation, surveillance, and human resources for health. Ambassador Lange encouraged participation by both polio and non-polio actors alike at upcoming meetings where polio transition planning issues are directly relevant, such as the workshop on Sustainable Solutions for Global Health Transitions, to be hosted by the National Academies of Sciences, Engineering, and Medicine meeting in Washington, DC, USA, on 14 June, 2018.

The first panelist of the round table, Dr. David Heymann, Professor of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine; and Head and Senior Fellow, Centre on Global Health Security, Chatham House (London), presented on infectious disease surveillance. He stated that AFP surveillance is clearly a global public good, and that integration of national and regional efforts would increase polio's positive impact of global infectious disease surveillance. Dr. Heymann cited best practices and lessons learned from small pox eradication, and warned against premature defunding of GPEI. He noted how the current, underfunded efforts to prevent and control monkey pox is a case in point, with monkey pox threatening to become the "new" smallpox scourge, which has potential similarities to circulating vaccine derived polio viruses (cVDPVs). He provided pragmatic insight on concerns he raised about certifying the eradication of wild poliovirus type 2 before containment or the interruption of cVDPV2 transmission had been achieved. He ended noting that WHO has to take the lead in integrating the polio transition with IHR in order to ensure that surveillance is sustained. Dr. Brad Hersh, Independent Global Health Consultant, recently retired for UNAIDS, shared several examples of how polio efforts have helped guide work in the HIV/AIDS field, including the importance of surveillance, laboratory capacity, community engagement, and goal setting. Like polio, AIDS efforts need to develop and sustain national capacity for surveillance. Of concern, HIV incidence continues to be greater than mortality, which equates to a continued growing epidemic despite remarkable case identification and treatment efforts. Finally, Dr. Eero Lahtinen, Counsellor, Permanent Mission of Finland, cited the link between polio essential functions and IHRs. He commented on the global threat of influenza, and how the world is still ill-prepared to deal with a pandemic. The Global Health Security Agenda attempts to provide a platform to coordinate complex and independent systems for the sake of improved capacities. The alliance working on the GHSA provides an opportunity to improve coordination and "pull the pieces of the puzzle together". He cited the recent responses to plague and Marburg outbreaks as important examples of best practices going forward. Dr. Lahtinen commended the PPG for providing a forum to network and integrate complex, but overlapping agendas.

The next session began with Mr. Anthony Lake, Executive Director of UNICEF joining the meeting by teleconference. On behalf of the entire PPG, co-chair Ambassador Shino expressed sincere gratitude for Mr. Lake's commitment to polio eradication during his tenure as UNICEF director. Mr. Lake extended his thanks to the PPG for their work, and his appreciation for the opportunity to participate in the extraordinary level of collaboration that has afforded immense progress towards polio eradication. He expressed a word of caution, however, noting that he was very concerned about the occurrence of cVDPVs globally, stating their persistence was a failure of the system. He stated that it will be highly important to communicate carefully with the public, so they can understand the continued risk that may be presented by cVDPVs.

Dr. Ranieri Guerra, newly appointed Assistant Director General for Special Initiatives, WHO, joined the meeting to commend the PPG for convening such an important group of stakeholders in support of polio eradication. He explained that he plans to actively engage with regional offices with the aim to promote the vision of post-polio eradication in a fully transparent manner. He then acknowledged the importance of integrating polio essential functions into broader initiatives like EPI, IHRs and World Health Emergencies to ensure the sustainability of a polio-free world. Dr. Guerra stated that the WHO would continue to convene stakeholders and marshal resources to meet this goal.

Mr. Michel Zaffran, Director of Polio Eradication, WHO, took the floor to provide an update on the status of eradication efforts. He commended participants for their renewed commitment to the GPEI, and ensured that WHO commitment also remains strong. Mr. Zaffran noted there have been a low number of wild poliovirus (WPV) cases— 10 cases over the past 6 months compared to 18 cases for the same period in 2016. There has been a drastic reduction in cases in Pakistan, and no detection of the virus in Nigeria or the Lake Chad region for over 14 months. However, over 200,000 children remain inaccessible in the Borno state of Nigeria, which could be a reservoir of circulation. Additional focus is being placed on accessing areas in the Lake Chad islands, with immunization activities in marketplaces, IDP camps, and along the borders. GPEI is putting significant efforts into an Emergency Action Plan for Afghanistan and Pakistan to focus on hotspots in the northern and southern corridors, as well as Karachi. He noted that success needs to be balanced with less-than-desirable high number of environmental positive samples in Pakistan. He also highlighted the two active outbreaks of vaccine derived poliovirus in Syria (70 cases of cVDPV) and the Democratic Republic of Congo (10 cases). Accordingly, several vaccination campaigns have been rolled out in these locations, and sweeps have been conducted to confirm the absence of any remaining trivalent OPV. Efforts to introduce IPV have been challenged by global IPV supply shortage, although supplies are now improving and standard practices are being established in conjunction with EPI for countries to adopt a fractional dose schedule, which will help stretch existing supplies. Mr. Zaffran noted the high number of countries desiring to retain facilities, which will continue to store and manipulate the poliovirus, and indicated that it may be necessary for the World Health Assembly to encourage member states to limit the number of such facilities to the strict minimum. He concluded with a list of priorities: (1) interrupt transmission, (2) end cVDPV outbreaks in DRC and Syria, (3) support implementation of Outbreak Response Assessments recommendations in Nigeria and Lake Chad, and (4) leverage low transmission season opportunity to interrupt transmission of the wild poliovirus.

Mr. Akhil Iyer, Director of Polio Eradication, UNICEF, provided an intervention on the importance of strategic communication and advocacy, which are critical for generating vaccine demand. He cited the role of community-level change agents for engaging different sections of the population to improve coverage. He commented that operationalizing social data and conducting qualitative research is necessary to understand persistent refusals, to develop new strategies for vaccinating mobile populations, and to overcome community fatigue.

Mr. Andre Doren, Senior Strategist, GPEI External Relations, took the floor to provide an update on resource mobilization, global advocacy, and communications. He first expressed gratitude and thanks for new, additional financial commitments made by Germany, Liechtenstein, and Luxembourg during the high-level segment. Mr. Doren then informed stakeholders that the 2017 budget has been fully financed. Efforts will continue to focus on monetizing pledges made during the Rotary International pledging event in Atlanta in June 2017; 31% of these pledges have been monetized so far. Mr. Doren also noted and expressed thanks to donors for new commitments and contributions made towards the \$7.0 billion after the Atlanta Pledging Event, namely the UK for \$130 million, USA for \$117 million, Japan for \$6.6 million, and New Zealand for \$3.6 million through Rotary. Additional efforts will be made to secure funding through 2020 by leveraging high-level advocacy fora. Mr. Doren flagged the development of a new GPEI narrative that will acknowledge environmental surveillance data, increasing immunity, improvements in AFP surveillance, and building community trust, and will continue to communicate effectively with donors and stakeholders. This communications strategy will be presented to the Polio Oversight Board (POB) soon. Mr. Doren also noted that the simultaneous transition planning and PCS efforts must not jeopardize the eradication momentum in discussion with donors.

Sir Liam Donaldson, Chair of the Independent Monitoring Board (IMB) and Transition Independent Monitoring Board (TIMB), provided an update on the two boards, both meeting in early November 2017. The [15<sup>th</sup> report of the IMB](#) and the [second report of TIMB](#) are both available online. Sir Liam pointed out that the deadline for the POB's pessimistic scenario is approaching, and called for additional surge capacity. He flagged the genetic diversity of circulating poliovirus, and stated that the presence of 9 long-chain viruses indicates programmatic failure in early detection. He said the IMB is not happy with overall global progress; there is "not a huge surge forward." He lamented the uninterrupted environmental transmission in Afghanistan and Pakistan, and expressed concern about lack of access in Borno, as well as the perceived declining political commitment in Nigeria, perhaps because of a change in leadership. More of the same will not get us to the end. He said three things need to happen in particular. First, he said management needs to be substantially improved at all levels. Second, he urged environmental positives to be

considered major events and signifiers of program failure, and suggested defining ‘never events’ as a way to trigger investigations that would involve the highest level of government response. Finally, he encouraged new ways of thinking about intractable problems, and suggested recruitment of new experts to develop transformational solutions to these problems.

Sir Liam also provided an update from the TIMB, whose [second report](#) was released in December. He defined a spectrum of activities that are part of transition planning. “Must do” activities include maintaining polio essential functions, maintaining essential immunization programs that receive funding from polio, redesigning internal structure of the GPEI partner organizations, and designing a rescue package for countries with extremely fragile health systems that may collapse in the absence of polio funding. “Should do” activities include building a world-class surveillance system, and reaching watershed moment for coordinated investment in routine immunization. Finally, “Nice to do” activities include using the polio transition process as a spring board for Universal Health Coverage. He noted that this last point may not even be practical. Sir Liam also noted that maintaining polio essential functions is the only action item that has achieved consensus for a plan. He cited several causes of instability in transition planning, including the coinciding inertia of eradication and acceleration of transition planning, and the challenges of blending of top-down and bottom-up management strategies. He said that it will be important to be sure polio transition does not proceed too fast, avoiding the most undesirable situation where resources have been ramped down before the job has been finished. GPEI is a public good, but after certification, we will lose it. He concluded by promoting alignment of polio transition planning with other global health goals, such as the Sustainable Development Goals, and the International Health Regulations. The big question will be whether other non-polio actors will be willing to re-write their plans of action, hence the need to engage them.

Suchita Guntakatta, Deputy Director of Strategy, Planning & Management, Polio, Global Development Program at the Bill and Melinda Gates Foundation, provided an update on the Post-Certification Strategy. The PCS is a technical guidance document focused on risk-mitigation that will be presented to the upcoming WHO Executive Board and World Health Assembly. The document outlines global and regional requirements for maintaining a polio-free world, and serves to align country expectations with these requirements. The PCS also offers recommendations for future ownership of polio essential functions. Ms. Guntakatta described three primary risks present at different stages of post-certification: cVDPV outbreaks, outbreaks of VDPV resulting from immunocompromised individuals, and lastly, containment breaches leading to outbreak. She also presented three goals of the PCS: contain poliovirus sources, protect populations through the cessation of OPV and introduction of IPV, and detect and respond to any reemergence of the virus. The PCS accounts for a period of overlap wherein GPEI and post-GPEI entities can hand-off some functions, and encourages identification of opportunities to hand-off some functions prior to GPEI dissolution. Ms. Guntakatta indicated that the PCS will be reviewed by the POB in January, and the question of PCS ownership will be discussed. It is clear that future owners will need to discard the polio-centric, vertical approach that has characterized eradication, and embrace integrated strategies and systems to support the post-certification environment.

Co-chair Ambassador Shino moderated the high-level segment. She recognized the commitment of all stakeholders, and the importance of their interventions. During the high-level segment, stakeholders:

- Wished farewell to Mr. Anthony Lake and welcomed Mr. Akhil Iyer.

### **Eradication**

- Highlighted the importance of frontline health workers and social mobilizers not just for delivery of polio vaccines, but many other immunizations for vaccine preventable diseases.
- Recognized the need to vaccinate the high-risk population moving between Pakistan and Afghanistan, and the need to collaborate on surveillance and AFP investigation in those countries.
- Indicated that partially accessible areas require heightened security through military support, and expanded community networks to increase surveillance, as well as polio and routine immunization coverage. Additional innovative strategies are needed to reach missed children in challenging areas like the Lake Chad Basin and northeast Nigeria.
- Commended GPEI for significant progress, especially in Nigeria and Pakistan.

- Encouraged careful messaging related to transmission interruption versus eradication, toward the goal of managing expectations.
- Shared new efforts to support GPEI initiatives in the Islamic world, including vaccination campaigns, engagement of community stakeholders, and implementation of new program materials.
- Emphasized the importance of advocacy and high-profile demonstrations of political commitment.

#### **cVDPV**

- Noted that cVDPV outbreaks and VDPV isolates in environmental samples demonstrate the fragility of progress and the importance of not ramping down funding too quickly.
- Encouraged additional vigilance in attending to cVDPV, especially through strengthened routine immunization.
- Noted that more work will be required to mitigate and respond to cVDPV after wild poliovirus certification; requested clarification on estimates for resources needed to make progress in this area.
- Stated that many EPI programs remain particularly weak in high-risk areas, illustrating the need to be even more attentive.
- Highlighted the accumulating evidence on the nature cVDPV emergence and transmission over the last several years, and proposed a reevaluation of the current definition of certification.

#### **Transition**

- Reported steady progress in Pakistan, but indicated that transition planning would not begin until 2019, pending the success of polio eradication in 2018.
- Noted the delicate balance between certification and transition, especially given the risks presented by concurrent ramp-down of funding from GPEI and Gavi.
- Welcomed the introduction of the Post Certification Strategy and flagged the importance of a well-designed plan to prevent re-emergence and loss of important gains within health systems.
- Flagged that additional clarity on polio essential functions is needed from the PCS.
- Expressed deep concern about hundreds of job posts that are threatened by the polio program ramp-down, and the consequences that this atrophy may have on health security.
- Recognized reduction in containment facilities, but encouraged efforts to further reduce this number.
- Commended the Transition Management Group on funding ramp-down planning and introduction of quality indicators. Urged identification of costing to enhance communication with external investors.
- Recommended high-level attention and oversight by WHO to immunization, surveillance and response, and a comprehensive analysis of transition.
- Indicated the need for strengthened collaboration and coordination for transition planning, and recommended targeted and innovative approaches for funding to support this work.
- Advised WHO leadership to continue engaging ministries of health, regional directors, and country representatives to encourage long-term government ownership of transition plans.
- Cited past collaborations that have supported eradication efforts, and called for similar solidarity to support transition efforts.
- Suggested that transition planning become a recurring agenda item for stakeholders across sectors.
- Expressed concern about the lack of holistic approaches at all levels of transition planning. Noted that verticality is being extended beyond post-certification period, and urged leaders to consider transition as an organization-wide task.
- Encouraged broadened dialogue, beyond specific diseases, to include more stakeholders like those involved with routine immunization, primary health care, universal health coverage, and civil society organizations. Transparent discourse with more diverse stakeholders will be necessary for the development of creative and novel strategies to support polio transition efforts.
- Acknowledged resilient health systems as the foundation of Universal Health Coverage, and pointed out that resiliency must be improved to achieve goals.
- Noted that CSOs and NGOs have made considerable contributions to eradication, and intend to contribute to transition planning as well.

- Commended the TIMB for its guidance.

Ambassador Shino concluded by stating that she will serve as co-chair through June 2019, and expressed sincere appreciation for Dr. Andrus' willingness to serve another two years beginning from June 2018 (with silent procedure until end of January 2018) to ensure continuity. After conferring with several participants, the date for the next PPG meeting was set for June 8, 2018. The co-chairs closed the meeting after expressing their appreciation for the remarkable turnout and engagement of the stakeholders throughout the day, particularly in light of other competing events that day.