



# Polio Endgame Strategy 2019-2023

Eradication, Integration, Certification and  
Containment

Stakeholder Consultation Report

# INTRODUCTION

The Polio Endgame Strategy 2019–2023 was developed as a critical assessment of the Polio Eradication & Endgame Strategic Plan (PEESP) to review progress toward the interruption of poliovirus and determine which activities will remain, what changes will be introduced, and what innovations will be needed as the world moves towards the anticipated goal of polio eradication. The development of the Polio Endgame Strategy 2019–2023 was initiated in September 2018 and the strategy will be noted for the Seventy-second World Health Assembly in May 2019.

The Polio Endgame Strategy 2019–2023 working group is comprised of representatives from each organization of the Global Polio Eradication Initiative (GPEI), including the Bill & Melinda Gates Foundation, US Centers for Disease Control and Prevention (CDC), Rotary International, United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO), as well as Gavi, the Vaccine Alliance.

Throughout the drafting process, the working group conducted ongoing consultations with GPEI management and advisory groups, stakeholder organizations and donors. This extensive consultation process was designed to achieve the following goals:

- Create a transparent, inclusive strategy development process
- Engage polio eradication experts from all sectors
- Increase awareness within the global health community that a new 2019–2023 strategy was under development to bridge between the PEESP and the Post-Certification Strategy (PCS)

This report describes the methods used to collect feedback, the consultation schedule, the list of participants, key stakeholder questions that were raised with the GPEI Strategy Committee (SC) and high-level changes made by the working group to address feedback on the strategy. This report also includes a sampling of the participants’ written feedback.

# CONSULTATION METHODOLOGY

The Polio Endgame Strategy 2019–2023 working group initiated extensive consultations and informal interviews to develop a project charter and begin identifying key areas of focus. Using input gathered from these interviews, the working group developed an early outline. After addressing SC feedback to the outline, the working group presented it to stakeholders in a formal consultation in November 2018. The working group then moved forward with developing a full first draft to distribute broadly for written stakeholder feedback.

Stakeholders were invited to provide more extensive feedback via a December 2018 email that contained the Polio Endgame Strategy 2019–2023 draft, the consultation timeline, and options for providing comments that included:

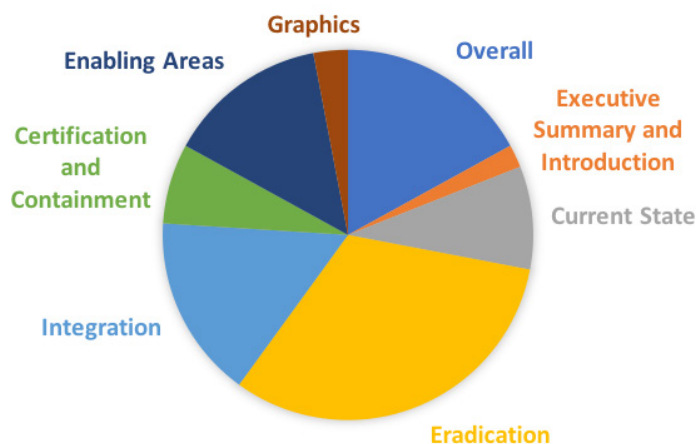
- Sending comments to an email account administered by the strategy working group
- Adding comments and tracked changes directly to the strategy draft
- Replying to an online survey containing a series of questions (see Annex A)

The working group also scheduled phone calls with those who wanted to provide verbal feedback.

Comments were tracked within a spreadsheet and organized by stakeholder, comment focus by section, and the working group member assigned to review and integrate the feedback.

In all, the working group received over 1 100 comments from respondents representing more than 40 organizations and groups from December 2018 through March 2019.

FIGURE 1. COMMENT FOCUS BY SECTION



# CONSULTATION SCHEDULE

The strategy working group held calls, meetings, and consultations with GPEI groups, the SC, and the Polio Oversight Board, as well as many 1:1 follow-ups with donors and stakeholders which are not listed here. Below is a high-level timeline of the formal consultations with donors and stakeholders.

TABLE 1. STAKEHOLDER CONSULTATION SCHEDULE OF KEY MEETINGS

DATE	MEETING LOCATION OR TELECONFERENCE	OBJECTIVE
23 July 2018	Teleconference	To present the proposed 2019–2023 strategy project charter, project scope, key areas of focus and timeline
25 October 2018	Teleconference	To update stakeholders on the developments with the new strategy and timeline
15 November 2018	WHO HQ, Geneva	To share the strategy draft outline with stakeholders (major donors, immunization and emergency teams) for input on content and areas of focus
3 December 2018	WHO HQ, Geneva	To provide an update to the Polio Partners Group and get input on the strategy outline
4 December 2018	Teleconference	To discuss the outline and content for the containment section of the new strategy with the Containment Management Group
30 January 2019	Canadian Permanent Mission, Geneva	To share the feedback from the written consultation process and inform stakeholders of planned changes to the strategy in response to participant comments
4 March 2019	Teleconference	To brief stakeholders on the 2019–2023 multiyear budget
21 March 2019	Teleconference	To request additional comments and feedback on the second draft of the strategy prior to submission to WHO for final clearance

# PARTICIPANTS

The Polio Endgame Strategy 2019–2023 working group engaged a large number of stakeholders, identified by the SC, to participate in the consultation process. These groups included:

- Bill & Melinda Gates Foundation Polio and Vaccine Delivery Teams
- Center for Global Health, WHO Collaborating Center
- Civil Society Group
- CORE Group
- Emergency Committee under the International Health Regulations (IHR) Regarding the International Spread of Poliovirus
- Gavi, the Vaccine Alliance
- Global Commission for the Certification of Poliomyelitis Eradication (GCC)
- Global Vaccine Action Plan (GVAP) Working Group
- Government of Australia
- Government of Canada
- Government of France
- Government of Germany
- Government of Japan
- Government of Norway
- Government of the United Kingdom
- Government of the United States of America
- GPEI Management Groups and Task Teams
- GPEI Partners (immunization and emergency teams at global and regional levels)
- Imperial College London
- Independent Monitoring Board (IMB)
- Institute for Disease Modeling (IDM)
- International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)
- Member States
- Pakistan Country Team
- Polio Partners Group (PPG)
- RESULTS UK
- Rotary
- Strategic Advisory Group of Experts (SAGE) on Immunization Polio Working Group
- Technical Advisory Groups (TAGs) for endemic countries and regions
- Transition Independent Monitoring Board (TIMB)
- UNICEF Health Section
- UNICEF Immunization Unit

- UNICEF Supply Division
- United Nations Foundation (UNF)
- U.S. Centers for Disease Control and Prevention (CDC) Polio and Immunization Teams
- Vaccine Manufacturers
- WHO and UNICEF regional office focal points for Polio and EPI
- WHO Cholera Team
- WHO Global Health Workforce Network Gender Equity Hub
- WHO Health Emergencies Programme
- WHO Health System Strengthening
- WHO Immunization, Vaccines, and Biologicals
- WHO Meningitis Team
- WHO Polio Transition Team
- WHO Resource Mobilization

The working group extends thanks to the donors and stakeholders listed, as well as all other groups and individuals who engaged in the strategy consultation process.

# RESPONSE TO FEEDBACK

After reviewing all comments, the working group revised the strategy to incorporate feedback. Larger-scale comments or topics that received conflicting feedback were brought to the SC for further guidance. The working group participated in a strategy consultation process with the SC in February 2019, followed by a face-to-face meeting where the group also met with representatives from the Containment Management Group, Eradication and Outbreak Management Group, Polio Advocacy and Communication Team (PACT), SC and Gavi, the Vaccine Alliance. Discussion with the SC focused on the topics that generated the highest number of stakeholder comments and addressed questions such as the following:

- Is rapidly increasing Expanded Programme on Immunization (EPI) coverage in Pakistan and Afghanistan a priority for achieving WPV eradication?
- What governance/management/accountability strategies (for both GPEI and national governments of Pakistan and Afghanistan) should be included as priorities to achieve eradication?
- What is the GPEI's role in addressing broad systemic needs at the community level to address refusals in endemic countries?
- What are the specific and tangible goals related to strengthening immunization systems and indicators and how will the programme monitor success?
- What are the main goals for strengthening immunization and how can these goals be developed with key partners?
- How will the GPEI work more systematically with partners to ensure accountability?
- How and where should transition be referenced so as to more clearly define the difference between the Integration goal and the transition process, as well as the roles of the GPEI and WHO Transition Team?
- Should the Integration goal come immediately after the Eradication goal in order to better link it to eradication and to emphasize that integration will be initiated before certification?
- As this strategy is intended to be short, technical, and high-level in addressing the key risks through innovative approaches, what are the next steps for implementation planning?
- What GPEI governance and management changes are most important to the programme and how will a joint partnership hub improve upon past management structures?
- What are the key risks that should be highlighted as the programme works to overcome challenges?
- How can the three goals be standardized with a consistent format, alongside a strengthened explanation for the links between these goals and other strategies?
- How should country ownership be addressed, especially amidst difficult political environments and inaccessibility? What programmatic changes will have the largest impact on this important topic?

Based on the feedback provided by the SC and stakeholder groups around these and other questions, the working group made large-scale revisions to the document. Some of these included:

- **Moving the Current State section to the appendix:** Many comments expressed that an update on the programme is not necessary; rather, the focus should be on what will be done over the next five years. The Current State section was moved to the appendix to make the strategy more forward-looking.
- **Clarifying the link between Integration and transition:** A text box dedicated to transition was developed within the Integration section to ensure that the topic was given necessary focus in the new strategy.
- **Acknowledging important links between Eradication and Integration by moving Integration to Goal 2:** Key integration strategies (e.g. strengthening EPI) that support eradication were noted in the Eradication section but detailed in the Integration section, with an explanation of the important linkages between the two goals in the Executive Summary.
- **Developing a summary graphic:** In response to stakeholder requests that the strategy offer a clear summary of which functions will continue, what adjustments are being made, and which new strategies will be implemented, the working group developed a summary graphic as a high-level overview for the Executive Summary.
- **Ensuring that GPEI responses to IMB country review were included as part of proposed strategies:** In the December 2018 IMB report, the board made multiple recommendations for the endemic countries following an on-site country review team assessment. The strategy incorporated many innovations developed in response to these recommendations.
- **Providing a holistic picture of costs for polio eradication:** The Financial Resources section of the strategy was revised to include IPV costs, pre-PCS costs, and costs for the first year of the PCS in response to comments focused on the budget. To further address this topic, the PACT held a teleconference to specifically address questions and comments around the 2019–2023 GPEI budget.
- **More accurately reflecting the challenges that the programme is facing:** The overall tone was adjusted to reflect comments calling for an honest and self-critical assessment of the challenges and risks that the programme has faced, as well as how the programme intends to improve.
- **Adding an appendix outlining different risk assessments:** To emphasize risks to eradication, an appendix was developed to outline risk assessments from the Risk Assessment Task Team, Surveillance Task Team, Imperial College, and Gavi, the Vaccine Alliance to create a comparative listing of high-risk countries.

The working group incorporated all changes into a full second draft, which was then distributed broadly to stakeholders in advance of a March 21, 2019 teleconference for final input. Following this teleconference, the working group finalized the strategy for WHO clearance.



# SUMMARY OF STAKEHOLDER FEEDBACK

The table below provides a sampling of stakeholder comments on topics that generated high levels of feedback. Comments are original, unedited text from stakeholders and may be provided without context. The full list of all comments is available upon request.

TOPIC	COMMENT
Immunization Strengthening	Framing around immunization strengthening: Helpful to have more emphasis on GPEI's role in creating a lasting legacy for immunization systems and to address open-ended questions around timelines, total costs of eradication, and the process for adaption (should this strategy need to change based on the anticipated timeline for interrupting transmission). It may be worth mentioning more specifically (taking multiple antigen examples) to further make the case that assets can prevent a range of diseases (including through PHC delivery platforms, if well integrated).
Immunization Strengthening	We welcome a new framing around immunisation strengthening and essential immunisation systems, especially a commitment to “not only continue to support eradication efforts...but will also expand immunization activities to support broader health initiatives.” Highlighting the number of children who are put a risk because they are unimmunised shows the compelling need for increased attention to this issue and we hope future GPEI endeavours will deliver on this. However, this Endgame Strategy lacks ambition to leave a lasting legacy for immunisation systems, as well as leaving many open questions around timelines, total costs of eradication, and the process for adaption should this strategy need to change based on interruption. Accountability, through a strong focus on monitoring and evaluating process is essential, and must apply to eradication and the transition process equally.
Immunization Strengthening	My main comment is to be up front about the uncertainty around the success or not of OPV2 withdrawal. Strengthening EPI does not really address the threat of cVDPV2 transmission, and we are now responding to outbreaks caused by mOPV2 used in response to cVDPV2 outbreaks. It is good that the eradication section now included 'stopping cVDPV outbreaks', but I think this could be given a bit more strategic focus about what happens if cVDPV2 spread more widely, the importance of new OPV2 (nOPV2) and how OPV2 (tOPV, mOVP2, nOPV2) might be used in the future.
Accountability and Leadership	Concerning the sharing of responsibilities between EPI and WHE, it is important to specify which of them will keep the leadership role with regard to Polio outbreaks' response and perhaps to use the best practices with regard to other diseases outbreaks as an example.
Accountability and Leadership	We are pleased that in general the feedback that we've provided during earlier iterations has been incorporated. As a high-level strategic document, it is understood that many of the operational and tactical details of implementation cannot be included. Because of this, we would like to highlight the need to develop a comprehensive results and accountability framework that includes process-level indicators to measure progress in different areas – particularly related to RI coverage targets in endemic countries and immunization strengthening objectives. It will be important that these are developed jointly between GPEI and Gavi.

Accountability and Leadership	Helpful to see recognition of the need to make collaboration more systematic with accountability. However, the text does not describe how that will be led and shaped. (eg: How will GPEI forge alliance and share resources and expertise? What amount of resources will be shared? When?). integration with the rest of WHO, routine immunization/EPI etc. (and also, collaboration with UNICEF on WASH) is appreciated. This is a great and important goal. But we believe it need to be more concrete on what this means and how it can be achieved.
Transition	The GPEI extension gives breathing space to implement transition more strategically, but there needs to be full-on efforts to transition polio assets. With this in mind, the section on Integration sets good intentions, but is broad and needs to have more explicit and further actions to resolve future governance arrangements/architecture post GPEI (to transition GPEI assets and responsibilities). We appreciate this may go outside of GPEI's role, but it is fundamental and relevant to legacy of GPEI. It would be useful for GPEI to actively help define an institutional lead on transition governance (note: which we think it is WHO). And this work should also be included in Annex B.
Transition	The GPEI must comprehensively consider transition as a missing element of this Endgame Strategy and we recommend that the GPEI sets up a global governance mechanism to guide and oversee polio transition from now until polio is eradicated, and for 10 years afterwards, to ensure good implementation and coordination of transition plans at a country and institutional level.
Eradication	Pleased to see the concentrated plan on cVDPV. We would like it to be a bit more transparent assessment of the challenge it presents to eradication and a bolder approach on cVDPV beyond ERT (eg: the threat it poses, its linkage to eradication and what level of prioritisation given the fact that only 35% of outbreaks were contained within 120 days.)
Eradication	"SIA quality has generally improved over the last several years..." – this is true, but the common aggregate methods of analysis (e.g. LQAS) may mislead with respect to smaller-area, persistently poor SIA performance. Reliance at national level on aggregate performance indices should be tempered by concomitant use of persistently missed children/household clusters; however, clusters require estimated denominators in order properly to assess progress.
Integration	"Leverage polio assets and lessons learned to protect populations"...and to have a really integrated approach for communicable disease prevention.
Integration	The document gives the impression that integration is something that will come after the eradication of the disease. Integration of SIA and surveillance as part of the routine EPI programme is needed now more than ever. GPEI and member states have to address the dichotomy of the management including the incentives between the SIA and Routine EPI in countries. The continuation of these parallel management and services are the root causes of the problems we are seeing in the performance of EPI and polio eradication.
What is New/Different?	The introduction covers the main themes of the polio eradication campaign: better immunization, better surveillance, better outbreak response. As they are, a reader might think that the strategy hasn't changed whereas it has evolved based on what we have learned from the remaining endemic countries, and the difficulties related to maintaining countries to be polio free when urgency of cases has gone.
What is New/Different?	The current draft is sound and comprehensive but it is neither bold nor innovative. I would suggest that if we want to complete polio eradication quickly we need to be both bold and innovative.

What is New/Different?	The plan does not align well with how off track the polio programme is and the enormous transformational challenges ahead. It feels more like a plan to keep doing what we are doing which is unlikely to lead to a different outcome. CDC recommends linking the plan more closely to the concerns raised in the latest IMB report.
Implementation	It is important to articulate governance arrangements not only for the reasons articulated in the document (e.g. to address country level accountability etc.) but also to enable integrated operational planning and implementation of the strategy. The governance setup should facilitate integration between the three objectives of the programme. In particular, it should articulate appropriate management solutions for implementation of the Objective 3 that is cross cutting in nature and cannot be run by a traditional MG.
Implementation	Good summary of the actions (the what) but lacking detail on the “who” (of collaboration) and “how” (approach, timeframe). The language suggests a greater depth and a further “ramping up” or enhancement rather than any new or innovative approaches.
Governance and Management	A Global Governance Mechanism that oversees transition is urgently needed. The strategy should provide more information on key governance issues, including the feedback loop between country-level partners and stakeholders to regional UNICEF/WHO offices and to global GPEI partners.
Governance and Management	This section [governance] is crucial because many elements of the strategy, particularly related to integration, are unlikely to progress very far without significant changes to GPEI organization and funding. For example, as long as polio surveillance funding is administered separately from funding for VPD surveillance or surveillance for epidemic prone infectious diseases in general, integration of polio surveillance with these other types of surveillance will be limited.
Risks	Currently, rather than a risk section, risks are integrated in each part. Each approach has its merits and potentially works equally well, but looking at the main risks noted last time or flagged by donors. Thinking of the overarching risk, i.e. feasibility, which comes often in conversations with donors, using the introduction to make an overall statement (with some proofpoints) about feasibility could help. The strategy contains a lot of refinements, improvements, continuations, and some more drastic changes, but how our goal is achievable, and how this strategy will make the difference this time would make it more compelling in my view.
Risks	Does it need an overall risk management and mitigation plan? On Safeguarding perhaps something explicit on managing risk or approach particularly at point of access and managing/assessing the risk of abuse, exploitation or harassment, given that over 70 polio workers killed in Pakistan alone.
Country Ownership	How will GPEI address the challenges of country ownership and mobilizing resources for PCS/polio essential functions and transition plans at country-level? If GPEI will not lead this process, how will GPEI leverage other partners to support countries?
Community Engagement	Refusals in Pakistan and elsewhere will require more than community health vaccinators. Involvement of community and religious leaders during SIA might convince these families to accept the EPI services. The programme should try new approaches to reach the unreached.
Current State	Cut to the chase. The reader is left waiting until page nine before getting into any real substantive strategic plans. The section on the current state could be reduced to one page and if there is more to say on the topic, it could be shifted to a later section of the document.

Current State	The “Current State” section of the strategy is a bit duplicative with the challenges and risks in each of the main goal sections. Would recommend cutting out or trimming down.
Summary Table	Rotary would like to see a section clearly up front on what the GPEI will continue to do and what will be new and/or done differently. We suggest articulating that proven strategies work where the programme does have access and acceptance. It would be more forward looking and compelling to focus on what will be continued as well as the new (or refined) initiatives to overcome the challenges.
Summary Table	A couple of paragraphs at the beginning outlining why the polio eradication effort remains a top global priority. Such an argument would be of huge help providing the context and orientation for what follows. It would also provide the arguments for those people - from major international funders to country level people active on polio - to answer that question in their contexts.
Holistic Picture of Costs	We request the GPEI to explicitly include IPV post-2020 within its 2019-2023 programmatic strategy and reflect IPV associated costs as part of total estimated costs to achieve and sustain eradication. Thus, a comprehensive Polio budget should be provided by the Endgame Strategy 2019 - 2023.
Holistic Picture of Costs	Furthermore, more clarification of the scope of anticipated investments under direct leadership from GPEI (and therefore funding needs, as reflected in the table towards the end of the document) vs. the investments relying on other players would be helpful. For these third-party-led (and funded) actions, the strategy would also benefit in bringing a clear indication of what other institutions “might” agree to do vs. what they “have already firmly” agreed to do, as well as the costing associated with those actions taken by others. This would be important to avoid double counting or confusion and will likely be of particular concern amongst the donor community
General	I felt that the overall tone of the report was not right. It seems to send the coded message: “Trust us and we will try harder doing the things that work and we will get there.” I would like to have seen a more searching and self-critical analysis as to why the deadlines have been repeatedly missed. I would also like to have seen a much fuller discussion of the need to find new and transformational solutions to the most intractable problems.
General	I find that there is a room to be more positive about the already available structures and systems set up by the GPEI, the people reached and people trained up to date. It would be good to emphasize it. Also, it would help to focus the strategy more on how this can be fully used and further developed in the context of strengthening immunization systems, and health systems in general, to sustain the progress in polio eradication and to integrate the available structures and trained personnel into providing technical help for managing and delivering other health services. This would give a way forward for those used to receiving GPEI funding and might even deliver polio eradication.
General	We need to maintain a balance of honest self-awareness of challenges while projecting competence, confidence and a cohesive vision.
General	All outcomes need baselines, so that we know how realistic the target is.

# **ANNEX A**

The working group created the online survey below as one method to provide strategy feedback.

## **Introduction**

The Polio Endgame Strategy 2019–2023 is currently under development. The Polio Eradication & Endgame Strategic Plan (PEESP) 2013–2018 was developed to guide the program to the anticipated goal of polio eradication. The PEESP was updated in 2015 and extended through 2019. Even though we continue to make progress, we have not stopped transmission in the endemic countries, so the polio programme will be extended to reach our goal of eradication. In the Polio Endgame Strategy 2019–2023, the GPEI will review current strategies and provide revisions and innovations required to achieve the eradication goal.

We welcome your comments to help inform the final version. Your input will be very useful to help shape the work of the programme as the drafting process continues.

This form is offered to help guide and structure the inputs that are being gathered through this current consultation. Kindly note that inputs gathered will not be linked to any specific individual or organization but will be consolidated and considered together.

## **Respondent information**

Name

Email

Organization

## **General comments**

Do you have any general overall comments on the Strategy? If yes, please describe below.

Would you like to provide feedback on any of the specific sections of the Strategy? If yes, please continue to the next questions.

- » Do you have any comments or concerns about the Current State section? If yes, please describe below.
- » Do you have any comments or concerns about Goal One: Eradication? If yes, please describe below.
- » Do you have any comments or concerns about Goal Two: Certification? If yes, please describe below.
- » Do you have any comments or concerns about Goal Three: Integration? If yes, please describe below.