

## CHAIRS' STATEMENT

### 14<sup>th</sup> High-Level Meeting of the Global Polio Partners Group (PPG)

13.30 – 17.15, Monday, 3 December 2018

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

On 3 December 2018, the Polio Partners Group (PPG) of the Global Polio Eradication Initiative (GPEI) convened the seventh annual technical workshop at the World Health Organization headquarters in Geneva, Switzerland. Immediately following, the PPG convened the 14<sup>th</sup> semiannual high-level meeting of the polio stakeholders. The meetings were attended by over 50 representatives from core GPEI partners, stakeholders from governments at the ambassadorial, senior official, and expert level, and from international organizations, foundations, and donors.

#### Welcome Remarks

Ambassador Ken Okaniwa opened the meeting and thanked participants for their attendance. In his first PPG meeting as co-chair, Ambassador Okaniwa expressed his appreciation for the complexity of eradication and commended the contributions made by all present at the meeting. Professor Jon Andrus greeted all participants, welcomed Ambassador Okaniwa to his role as PPG co-chair, and thanked him for his commitment.

#### Workshop Executive Summary

Professor Andrus provided an overview of the morning's technical workshop, which covered two agenda items: the extension of GPEI until 2023, and a roundtable discussion on what needs to be done differently to achieve the polio eradication target. The full workshop report and agenda are included as annexes to the Chairs' Statement.

Suchita Guntakatta of the Bill and Melinda Gates Foundation presented the Polio Eradication, Certification, and Integration: The Endgame Strategy 2019-2023 (PECI), which will guide the program to the goal of polio eradication. The PECI outlines the functions needed to reach eradication, allows for assessment and adjustment of these functions to ensure they are being performed optimally, and encourages identification any new activities and innovations that will accelerate success. The plan works from the revised definition of eradication stemming from the recent meeting of the Global Certification Commission for Polio Eradication. The definition highlights the interruption of wild poliovirus transmission globally and the validation of interruption of circulating vaccine derived polioviruses (cVDPVs). An overview of the financing to support the PECI indicated that \$3.27 billion is required. This budget was approved by the Polio Oversight Board (POB) in September 2018.

Mr. Jalaa Abdelwahab of UNICEF, Dr. Steve Cochi of CDC, Mr. Lee Losey of the CORE Group, Dr. Frank Mahoney of IFRC, and Ambassador John Lange of UNF, formed the roundtable on "What needs to be done differently?" The robust discussion explored the programmatic changes necessary to achieve eradication by 2023, including:

- Recognition that the last bastions of polio transmission exist in some of the most deprived communities of the world and that these communities require comprehensive and culturally-sensitive interventions beyond the usual provision of only polio vaccine, which is now refused in some communities as a result;
- Much stronger focus on the importance of essential immunization services as a key strategy of achieving polio eradication and deeper integration of the polio program to foster substantially more community engagement;

- Resolution of the chronic inaccessibility in southern Afghanistan and the ban on house-to-house immunization, which could singularly prevent polio eradication from being achieved;
- Application of highly tailored risk communication strategies, and utilization of local non-profit organizations and places of worship to expand the reach of the UN agencies;
- Investment by GPEI in the pillar of human capacity training and development at the local level;
- Acknowledgement that many of remaining challenges in endemic countries are in fact diplomatic in nature, and require political solutions rather than health-driven solutions. A call to action was issued for greater political engagement to negotiate entrée to conflict zones and other inaccessible areas.

In brief, the workshop highlighted the potential “deal breaker” that not being able to conduct house-to-house vaccination campaigns in southern Afghanistan posed; and that the solutions to many operational challenges often required going back to basics, but beyond that, a decisive political intervention was absolutely required.

### **Opening Remarks**

Assistant Director General for Special Initiatives, Dr. Ranieri Guerra, provided opening remarks. His message focused on the evolution of GPEI from vertical program to an approach focused on strengthening local assistance to support national immunization programs.

### **Update on GPEI Gender Strategy**

Ms. Diah Satyani Saminarsih, Advisor on Youth and Gender at WHO, described how WHO is working to advance gender inclusion in all of their programming. She emphasized the importance of adopting a gender lens and commitment to gender equity to reach a polio-free world. To support this goal, GPEI has carried out gender analysis to assess gender-related barriers to vaccine access and immunization. The gender of the child, caregiver, and frontline worker all influence the likelihood of a child being immunized against polio. Understanding these gender determinants will contribute to the GPEI Gender Strategy, to be launched in 2019. Ms. Saminarsih stated that investing in women and girls benefits the work of GPEI, and that the collective commitment and continuous action of member states and polio partners will make a difference in polio eradication. Discussion following this presentation centered on the critical importance of female vaccinators in endemic countries, and the difficulty of recruiting women for this work given cultural norms.

### **Objective I: Poliovirus Detection and Interruption**

Mr. Michel Zaffran, Director of Polio at WHO expressed his gratitude for the ongoing support of Ambassadors and delegates, and his shared disappointment in the lack of interruption. He commented that wild poliovirus type 1 (WPV1) continues to circulate in Afghanistan and Pakistan with 20 cases in Afghanistan and 8 cases in Pakistan in 2018. Nigeria has not had a case of wild poliovirus (WPV) in two years, but presence of circulating vaccine-derived poliovirus (cVDPV) and positive environmental samples are concerning. Detection of cVDPVs indicates that children continue to miss immunizations in many places like the Horn of Africa and Papua New Guinea, and this is a failure of efforts. In November 2018, it was confirmed that polio transmission remains a Public Health Emergency of International Concern.

Transmission of WPV1 persists along the border between Afghanistan and Pakistan in three areas known as the northern, central, and southern corridors where population movement is frequent. The southern corridor corresponds to the area of Afghanistan where house-to-house vaccination is currently banned. Over one million children have been missed since May, and gaining access to these children is imperative to reducing susceptibility and stopping transmission. There have been 8 cases of WPV1 in Pakistan compared to 5 cases at this time in 2017. This concerning increase in cases is compounded by the positive environmental samples being identified throughout the country. Vaccination fatigue and vaccine rejection are major risks to the program in Pakistan. In both countries, priorities include recruiting female vaccinators, strengthening essential immunization services, sustaining commitment at district and sub-district levels, and accessing highly mobile populations. The importance of restoring house-to-house campaigns in Afghanistan cannot be overstated. In Nigeria, the number of children trapped in the Borno region has been reduced from approximately 650,000 in 2016 to approximately 70,000 in 2018 thanks to innovative strategies using satellite imagery, vaccine tracking systems, and the Reach Inaccessible Children strategy. While extreme caution is warranted, there is hope that WPV has been

eradicated and that the three-year anniversary of Nigeria's outbreak in 2019 will allow African regional certification to become a reality.

Regarding cVDPV, Mr. Zaffran shared that the outbreak of cVDPV2 in Syria has likely been interrupted with the last detection occurring in September 2017. He commended the EMRO and Syria teams for this extraordinary achievement. Outbreaks elsewhere are concerning, however, with two separate outbreaks occurring in Nigeria, one of which has been exported to Niger, resulting in six cases there. An outbreak of cVDPV types 2 and 3 in the Horn of Africa started in Somalia with detection in sewage, and cVDPV2 is being detected in sewage in Kenya as well. Coordinated campaigns of bivalent Oral Polio Vaccine are being executed in southern Somalia and select provinces in Ethiopia. In DRC, 37 cases of cVDPV2 have been documented since May 2017. In Papua New Guinea there has been an outbreak (21 cases) of cVDPV1 since April 2018, which has been attributed to poor immunization services, difficult terrain, and insecurity.

Regarding transition from Oral Polio Vaccine (OPV) Inactivated Polio Vaccine (IPV), Mr. Zaffran remarked that IPV has been introduced to almost all 126 countries. The vaccine supply situation is improving and appears stable for the next 12-18 months, although approximately 43 million children were missed because of IPV supply shortage. Regarding containment, a total of 27 countries intend to retain poliovirus type 2 in 70 facilities. Containment certification is needed for these facilities to retain virus, and applications are currently under review by the Global Certification Commission (GCC).

The GCC met October 29-November 1, 2018, and agreed on a sequential approach to certifying polio eradication. Global certification of WPV3 can be declared following certification of WPV3 in the African region. Global certification of WPV1 eradication can be declared three years following the final WPV1 detection. Finally, the absence of cVDPV can be validated after global cessation of OPV and complete transition to IPV. The Polio Eradication, Certification, and Integration: The Endgame Strategy 2019-2023 will be circulated to the PPG for comment in mid-December. The GPEI is working to address recommendations from the Independent Monitoring Board, and to clarify the overlap between GPEI budget and WHO's Global Programme of Work 13 (GPW13) budget. Objectives for the next six months are to identify and implement "disruptive" changes, finalize the strategy for 2019-2023 and mobilize resources to support this strategy, intensify political commitment in endemic countries, increase deployment of highly-qualified personnel, develop novel approaches to vaccine resistance and fatigue, improve outbreak response in areas experiencing cases of cVDPV, secure additional doses mOPV2, and coordinate with routine immunization programs beyond initial outbreak response.

Sir Liam Donaldson, Chair of the Independent Monitoring Board (IMB) and Transition Independent Monitoring Board (TIMB) provided a summary of findings from the review of endemic countries conducted by the IMB in the summer of 2018. He distinguished between the incremental improvements evident in program implementation and the transformational improvements needed to achieve eradication. He stated we have the opportunity at this point in time to get it right, or the opportunity to get it wrong. Sir Liam shared several key points from the [16<sup>th</sup> IMB report](#).

- Intractable problems in all levels of political leadership Pakistan and Afghanistan must be resolved if polio eradication is to occur.
- There must be no denial that cVDPV cases and positive environmental samples are devastating threats to achieving eradication.
- The poorest communities in the affected countries have no water, sanitation, or public health services. The virus thrives in these communities and yet they are most likely to refuse the vaccine. Refusal is a weapon of protest and investing in these communities is a priority that GPEI must take responsibility for if it is to achieve its goal. UNICEF's call to donors and partners to raise extra funds for 50 of the poorest communities is a transformational action that could become a major building block in the final effort to eradicate.
- In the last areas of polio transmission, the machinery of the modern state either does not exist or is bypassed by informal mechanisms. GPEI must make major breakthroughs in understanding and working through these channels to promote community engagement and acceptance of the program. In this respect, GPEI must not allow itself to be frozen in orthodoxy.
- Burden of responsibility for country-level reporting up to regional offices and headquarters must be reduced to preserve frontline workers and truly add value to program operations. The burden of constantly reporting "upward" must be resolved.
- At this stage of the end game, the very best personnel must be placed in the most challenging situations.

- Improving routine immunization has previously been seen as a luxury. Improved routine immunization should be considered the concern of polio eradication, not polio transition because the virus will not be eradicated without strengthened routine immunization. To this end, the partnership of Gavi, the Vaccine Alliance will be necessary, but not sufficient on its own.

In conclusion, Sir Liam challenged the whole polio community to reach beyond the goal of incremental improvement and embrace peripheral and hitherto unused strategies to move to a situation where polio is on track to be eradicated. In subsequent discussion, Sir Liam described how to operationalize these recommendations: 1) provide essential services like water and sanitation to the poorest communities with WPV circulation or risk of circulation, 2) set challenging but achievable routine immunization targets, 3) use the positive results from steps 1 and 2 to improve good will and build momentum, 4) review roles and assign the highest-performing personnel to essential positions, and 5) move polio eradication much more into a humanitarian sphere of partnerships where it can engender greater dedication from a broader group of actors. Michel Zaffran indicated that the Polio Oversight Board is considering these recommendations and they will be reflected in the PEI. Additional discussion focused on alignment of polio priorities with UNICEF's water and sanitation programs, and integration with Gavi-supported routine immunization efforts.

#### **Objective IV: Transition Planning**

Dr. Ranieri Guerra, Assistant Director General for Strategic Initiatives, began this session by emphasizing the interlocking goals of GPEI, EPI, GPW13, and the importance of integrating polio activities with services provided by other partners. Dr. Guerra remarked that the polio program has operated at the expense of EPI, and that cVDPV outbreaks will continue to occur if these programs remain separate. He views polio transition as a process that places polio assets in their final destination and ensures that those destinations are strong enough to utilize assets effectively. While this process signifies the conclusion of the polio program, it is part of a continuum for EPI and routine immunization. Increasing essential immunization coverage is a collective responsibility, but roles must be clear. WHO is working with GPEI and Gavi on an itemized assessment of financial requirements that will be framed as one polio budget. Country-specific adaptations of GPEI strategy, WHO position and Gavi contributions are needed to reflect the presence or absence of assets, donors, and government resources in each country. Other country-focused transition efforts include CDC's initiative to develop vocational training for polio workers to be fit for other healthcare positions in the post-polio world, and Gavi's use of asset mapping to inform decisions about program support. Dr. Guerra believes that further alignment of WHO and GPEI efforts will occur when Director-General Tedros assumes the POB chairperson post in January 2019. The transition meeting held in Montreux in November 2018 affirmed that transition planning will require the highest levels of participation, flexibility, and transparency. Dr. Guerra also emphasized that there must be uncompromising attention to providing services to communities and individuals, especially for highly mobile groups. Dr. Guerra concluded by expressing gratitude to GPEI for continued support of critical services in non-endemic, priority countries.

Ms. Niloofar Zand, Senior Advisor for Public Health and Nutrition, Permanent Mission of Canada, took the floor to share the views of a governmental partner-donor on transition. Canada is committed to planning transition in parallel to eradication. Expediently identifying partners for transition is paramount, given how much GPEI has bolstered other areas of health care with its command and control structure. The implementing agencies will have to harmonize work streams and further discussion on transition planning would benefit from differentiating transition from safeguarding polio essential functions. Eradication of WPV is an important step to making the world polio-free, but the emergence of cVDPV requires rapid response and seamless budget to move from global certification to validation of the absence of cVDPV. Strengthening routine immunization is not just a path to transition, it is a path to eradication, Ms. Zand concluded.

Mr. Mike McGovern, Chair of International PolioPlus Committee for Rotary International, views polio transition as a continuum in which polio vulnerable countries have taken increasingly greater ownership of their programs. Mr. McGovern agrees that other partners in addition to WHO need to be engaged to oversee transition. Determining future owners and funders in an orderly fashion should occur irrespective of whether polio is eradicated. He acknowledged that eradication is going to entail activities that are not traditionally seen as polio activities, and that the non-governmental owners of polio are willing to embrace that. He emphasized the need to balance short- and long-term goals, and remain mindful that objectives do not gradually shift and result in 'mission creep.'

In discussion following these presentations, several participants commended Dr. Guerra for a productive meeting on polio transition in November 2018. It became clearer that WHO's posture is to support a soft landing for polio vulnerable countries by protecting polio assets and reinforcing systems-building efforts while also expecting countries to mobilize domestic resources and bilateral support throughout transition. Intensified discussions with the WHO Health Emergencies Programme are helping delineate an accountability framework for outbreak response, including emergency stockpiles. Other discussion centered on the extent to which GPEI core partners will continue to fund polio essential functions.

### **Financial Resource Requirements**

Mr. André Doren, Senior Strategist, GPEI External Relations, took the floor to update the PPG on financial resource requirements and mobilization. Echoing comments made in the workshop, Mr. Doren explained that the multi-year budget has been approved by the Polio Oversight Board, and that an additional \$3.27 billion is required to cover proposed budget. These funds will need to be secured by the first quarter of 2020. Supplemental immunization activities remain large budget item, but are decreasing over time. A new investment case is under development and will be published in the coming months along with interactive financial tools to help donors understand the budget. Mr. Doren invited the PPG to provide feedback on specific tools or information that may be useful to continue momentum within the polio donor community. He also advised that a series of donor visits are planned over the next six months. He and his team are finalizing donor mapping to prioritize resource mobilization efforts, reengage donors, and identify innovative funding mechanisms. WHO has been coordinating meetings between Global Financing Facility, WHO, GPEI, Gavi, and others to work on a common global health narrative and sequence replenishment events in a favorable manner. Mr. Doren closed by thanking donors, stakeholders, and supporters for their ongoing advocacy.

### **High-level Segment**

Co-chair Ambassador Okaniwa moderated the high-level segment, during which the stakeholders:

- Thanked the PPG co-chairs for convening the meeting and creating an opportunity to share questions and concerns
- Expressed disappointment that the goal of eradication has not been reached with existing strategies
- Acknowledged the PPG co-chairs for the opportunity to have frank discussions in the workshop, as well as the high-level meeting, about what needs to be done differently
- Commended frontline workers for their tireless efforts and commitment to the target
- Affirmed their commitment to GPEI and achieving the goal of eradication by 2023

### *Achieving Eradication*

- Recognized the critical importance of increasing security and access in southern Afghanistan
- Stressed the importance of routine immunization in protecting children from all vaccine-preventable diseases in endemic countries, thereby engaging a broad set of stakeholders and garnering trust in the polio program
- Conveyed the high-level of political engagement in Pakistan in support of polio activities
- Described national and subnational campaign plans to capture migrant children in Pakistan
- Emphasized the importance of strong coordination between Pakistan and Afghanistan, including vaccinating all children aged 10 years and younger at border crossings
- Regretted that political instability has been such an obstacle to achieving eradication
- Advocated for greater agility and speed in mobilizing 'influencers' to support polio in Afghanistan and Pakistan
- Applauded the growth of female community health worker cadre in Pakistan
- Encouraged critical re-evaluation of communication strategies to reach inaccessible groups
- Highlighted the importance of enhanced communication, mapping of risk factors, and social mobilization to keep vaccine refusals below 0.3%
- Reiterated that the Organization of Islamic Cooperation actively supports the use of vaccines in protecting children by providing instructional materials to religious studies students to support advising on vaccine acceptance
- Applauded the absence of WPV cases in Nigeria
- Felt reassured about decreased genetic diversity in WPV reservoirs
- Sought additional assurance that surveillance gaps are adequately understood in access-limited areas

- Recognized that major threats to achieving eradication include inadequate IPV supply, containment breaches, poor quality campaigns, low routine immunization coverage and complacency
- Expressed appreciation for the transparent and engaging process of developing the 2019-2023 strategy and budget, and encouraged greater participation from countries in this process
- Suggested that capacity of national partners be strengthened to include financial responsibility for program activities
- Requested a budget that reflects total cost of eradicating polio and sustaining a polio-free world, including contributions from partners like Gavi
- Encouraged leaders to make polio eradication a high-profile topic in global fora like the G7 and G20 summits and emphasized the general importance of maintaining the interest of the international community
- Appealed to political leaders within the United Nations to negotiate increased access in Nigeria, Pakistan, and Afghanistan
- Commended the IMB for an excellent review of endemic countries and for providing recommendations for transformative solutions to intractable problems

### *Transition*

- Grappled with the possibility that transition planning may detract from the primary objective of eradication
- Acknowledged that transition will require an evolution from GPEI as a vertical program to a much more inclusive structure involving other elements and actors
- Offered a shift in perspective that polio become embedded into EPI and other programs, rather than polio forming the foundation
- Conveyed concern that donors may misunderstand that polio has not yet been eradicated and advised cautious communication around transition
- Suggested that Gavi formally be invited to sit on the Polio Oversight Board
- Advocated for expanded discussion of synergies between GPEI, EPI, Gavi, and WHO Health Emergencies to support strategic objectives
- Expressed concern about increasing prevalence of cVPDV
- Viewed cVPDV as an issue related to poor routine immunization coverage and felt that a polio-driven response to this issue will result in additional outbreaks
- Agreed that IPV supply is of utmost importance and supported a well-aligned strategy that leverages and maximizes strengths of GPEI, EPI, and Gavi is needed

### **Meeting Closure**

At the close of the meeting, Professor Andrus summarized the proceedings of the workshop and high-level meeting. Key take-away points from the workshop included the paramount importance of restoring access to populations in southern Afghanistan, that higher-level diplomatic engagement is necessary to accomplish this, and that a larger package of services must be offered to engage deprived communities and build trust. In the high-level meeting, positive news was shared regarding the success of the GPEI gender strategy. The overview of Objective I provided a clear update on where the program stands and the challenges over the next five years. The session on Objective IV covered a range of perspectives on transition and provided insight into the emerging structures that will govern polio transition.

Ambassador Okaniwa expressed his appreciation to all attendees and acknowledged the value of everyone's engagement in this unique and complex initiative. His closing remarks emphasized the importance operating at both the highest political levels with national governments taking ownership, and at the grassroots level with local people and communities becoming empowered to protect themselves from preventable diseases.

The tentative date for the next high-level meeting is Friday, 7 June 2019.

## ANNEX A

### Meeting Report: 7<sup>th</sup> Technical Workshop of the Global Polio Partners Group (PPG)

9.30 – 12.00, Monday, 3 December 2018

Co-Chair Professor Jon Andrus opened the meeting and welcomed participants to the seventh technical workshop of the Polio Partners Group (PPG). Attendees included representatives from core GPEI partners, as well as member-states representatives, technical experts, and stakeholders from international organizations and foundations. He summarized the agenda, which included an update on the plan to extend GPEI until 2023, and a panel discussion on novel approaches that must be adopted during that time to achieve polio eradication.

#### **Workshop Executive Summary**

Suchita Guntakatta of the Bill and Melinda Gates Foundation presented the Polio Eradication, Certification, and Integration: The Endgame Strategy 2019-2023 (PECI) which will guide the program to the goal of polio eradication. The PECI outlines the functions needed to reach eradication, allows for assessment and adjustment of these functions to ensure they are being performed optimally, and encourages identification of new activities and innovations that will accelerate success. The plan works from the revised definition of eradication stemming from the recent meeting of the Global Certification Commission for Polio Eradication. The definition highlights the interruption of wild poliovirus transmission globally and the validation of interruption of circulating vaccine derived polioviruses (cVDPVs). An overview of the financing to support the PECI indicated that \$3.27 billion is required. This budget was approved by the Polio Oversight Board (POB) in September 2018.

Mr. Jalaa Abdelwahab of UNICEF, Dr. Steve Cochi of CDC, Mr. Lee Losey of the CORE Group, Dr. Frank Mahoney of IFRC, and Ambassador John Lange of UNF, formed the roundtable on “What needs to be done differently?” The robust discussion explored the programmatic changes necessary to achieve eradication by 2023, including:

- Recognition that the last bastions of polio transmission exist in some of the most deprived communities of the world and that these communities require comprehensive and culturally-sensitive interventions beyond the usual provision of only polio vaccine, which is now refused in some communities as a result;
- Much stronger focus on the importance of essential immunization services as a key strategy of achieving polio eradication and deeper integration of the polio program to foster substantially more community engagement;
- Resolution of the chronic inaccessibility in southern Afghanistan and the ban on house-to-house immunization, which could singularly prevent polio eradication from being achieved;
- Application of highly tailored risk communication strategies, and utilization of local non-profit organizations and places of worship to expand the reach of the UN agencies;
- Investment by GPEI in the pillar of human capacity training and development at the local level;
- Acknowledgement that many of remaining challenges in endemic countries are in fact diplomatic in nature, and require political solutions rather than health-driven solutions. A call to action was issued for greater political engagement to negotiate entrée to conflict zones and other inaccessible areas.

#### **Session I: Extension of GPEI until 2023**

Ms. Suchita Guntakatta, Deputy Director, Strategy Planning & Management for Global Development Polio team, Bill and Melinda Gates Foundation, presented an overview of the Polio Eradication, Certification, and Integration: The Endgame Strategy 2019-2023 (PECI). As transmission of wild poliovirus has not yet been interrupted, the GPEI program will be extended to reach this goal. The PECI outlines steps to be taken to achieve and certify eradication and containment of all wild polioviruses, ensuring long-term polio security. The document also provides a framework for integration of other services and health initiatives, and addresses cross-cutting areas in management, research, budget, and finance. The GPEI Extension Working Group includes representatives from Gavi and the Expanded Programme on Immunization (EPI) to support strategies that are broad and inclusive. Ms. Guntakatta stated that the GPEI is committed to engaging a broad set

of stakeholders in the finalization of the PEI, and to that end, a draft will be circulated to the PPG in mid-December for feedback, before being channeled to the WHO Executive Board in January 2019 and the World Health Assembly in May 2019.

Eradication remains the top priority in the PEI. The 2019-2023 approach builds on proven strategies of surveillance, campaigns, and immunization, and adopts a new focus on emergency response capabilities in endemic countries. The document outlines a sequential approach to eradication. Global certification of wild poliovirus type 3 (WPV3) eradication will follow African regional certification, and eradication of WPV1 will follow three years after the last WPV1 is detected. The final step in eradication will be validating the absence of circulating vaccine-derived poliovirus (cVDPV), which can only be done after complete switch from oral polio vaccine (OPV) to inactivated polio vaccine (IPV). Key actions for achieving these steps include monitoring surveillance quality, implementing new surveillance strategies in inaccessible areas, and implementing global containment strategies. Short-term goals for containment include enhanced advocacy and training, as well as implementation of the GAPIII certification scheme and monitoring of inventories and auditing processes.

The 2019-2023 PEI brings fresh focus to systematic collaboration among development and humanitarian partners outside of GPEI to strengthen essential immunization services and health systems. The integration section of the PEI emphasizes the importance of customized interventions for multiply-deprived communities in endemic countries using different models of cooperation for each context. Similarly, integration of poliovirus surveillance with broader communicable disease surveillance is outlined in the PEI. These objectives aim to maximize efficiency and expenditures by aligning GPEI activities with Gavi, and the Global Programme of Work 13. The shift toward integration aims to ensure linkage and continuity with polio transition objectives and provides a bridge to the Post-Certification Strategy.

Mr. Dan Walter, Operations Officer for Polio, WHO, presented an overview of the budget and resources needed to carry out the 2019-2023 strategy. The five-year budget is based on interruption of transmission in 2020 and estimates \$3.27 billion in additional costs, with half of the total being allocated to endemic countries. Supplemental immunization activities (i.e., campaigns) constitute the largest expense, and surveillance activities constitute a greater proportion of the budget than in previous cycles. The budget also reflects declines in funding for the South East Asia region and other low- and medium risk countries, as well as Nigeria. Alternative funding sources are being developed in these countries to reduce risk, and support infrastructure and mainstreaming of polio essential functions as GPEI shrinks. Non-GPEI costs are reflected in the budget and include funding for IPV (to be provided by Gavi through 2021), and costs associated with Post-Certification Strategy activities. Interactive budget tools will be posted for public viewing on the GPEI website by year's end.

Discussion following this session clarified that GPEI is committed to fundraising the full amount to support polio eradication activities described in the PEI, even though WHO will oversee activities in the post-eradication period. WHO and GPEI are not fundraising to support the same activities. Stakeholders expressed gratitude for transparency in the budgeting process, stating that additional clarity around risk and vulnerability has enhanced advocacy discussions.

### **Session II: What needs to be done differently 2019-2023**

The roundtable discussion on "What needs to be done differently" provided a platform to share new insights and novel approaches to achieving eradication. The presentations in this session stimulated rich discussion among stakeholders.

Jalaa' Abdelwahab, Deputy Director for Polio at UNICEF HQ, remarked that the basic eradication strategies of immunization and surveillance have greatly reduced the global number of wild poliovirus cases, and that detailed strategies outlined in National Emergency Action Plans of the three endemic countries, if implemented fully, will make eradication a reality. Mr. Abdelwahab focused on the supply and demand side of the program. On the supply front, UNICEF Supply Division works closely with GPEI to secure and manage availability of polio vaccines required including the recent use of monovalent Oral Polio Vaccine (OPV) types 1 in the highest risk areas of Pakistan and Afghanistan in an effort to achieve higher immunity. Along with the Bill and Melinda Gates Foundation, UNICEF will be exploring new technologies and tools for improving the management and tracking of monovalent Oral Polio Vaccine type 2 as well as developing e-



learning technologies to offset the challenges related to conducting in-person trainings. In regards to IPV, 2018 is the first year since 2014 with sufficient global IPV supply to fulfill all requirements for at least one dose of IPV in EPI. The IPV supply limitations have led to approximately 43 million children who have missed immunization against poliovirus type 2. While global IPV supply remain fragile, any surplus of IPV will be allocated based on a prioritization scheme including targeted use in endemic countries and conducting catch-up campaigns in some countries. UNICEF Supply division continues to manage changing supply and demand requirements to ensure sufficient and affordable supplies of required polio vaccines. House-to-house campaigns remain the gold standard for polio eradication, and conflict and insecurity remain obstacles to implementing this standard. In Pakistan, there has been success in rollout and expansion of the community-based vaccination strategy, with local, trained and predominantly female vaccinators working full-time on tracking and vaccinating approximately 4 million children under five years of age in the highest risk areas. Focus group discussions and recent communication review in Pakistan have informed communication strategies to address the challenges of pockets of increasing refusals. All the remaining wild poliovirus reservoir areas are some of the most deprived and underserved communities in Pakistan and Afghanistan and the lack of basic services there has fueled vaccine hesitancy in some of these areas. In response, UNICEF Country Offices in Pakistan and Afghanistan are working to integrate activities around health, WASH, nutrition, and education in these communities. To support progress in multiply-deprived communities, UNICEF Executive Director Henrietta Fore recently proposed and launched an initiative inviting donors and partners to provide \$50 million for 50 communities to support delivery of basic package of services in these high-risk geographies. Mr. Abdelwahab called on development partners to support this initiative and advocate for the convergence of development programs to these specific, well-known geographies.

Dr. Steve Cochi, Senior Advisor to the Director, Global Immunization Division, Center for Global Health, Centers for Disease Control and Prevention summarized a few approaches to interrupting transmission that have that have been highlighted in recent meetings and reports. Echoing the Strategic Advisory Group of Experts on Immunization, he stressed the need for the polio program to work closely with EPI to strengthen routine immunization and health systems, especially with respect to cVDPV response efforts at global, regional, country levels. Dr. Cochi explained that routine immunization coverage is very low in critical areas of endemic countries, and that GPEI, EPI, and Gavi must work together to improve coverage and use an accountability framework to track outputs. Citing the Independent Monitoring Board (IMB) report, Dr. Cochi stated that the greatest risk to achieving polio eradication is the persistent inaccessibility to 1.3 million children in southern Afghanistan due to ban on house-to-house campaigns. This circumstance corresponds to increase of polio cases in this area. Negotiating a resolution to restore access is urgent, and political engagement at the highest level is needed. Eradication may never occur if this crisis is not resolved. Dr. Cochi noted that multiply-deprived and polio vulnerable communities are most likely to reject the polio vaccine. IMB review teams encountered frustration at community level because basic needs remain unmet, while polio vaccine is repeatedly brought to their doorsteps. He urged GPEI to collaborate with local development programs to deliver basic services (e.g., water, sanitation, refuse disposal) to facilitate acceptance of OPV. Dr. Cochi concluded by recommending that polio surveillance become more closely linked with other vaccine-preventable disease (VPD) surveillance. Polio surveillance is the backbone of the global surveillance system currently, but gradual integration with VPD and general communicable diseases surveillance is essential. Rather than polio forming the backbone of surveillance systems, it should be nested within broader surveillance systems, and this nesting should begin in 2019.

Mr. Lee Losey, Deputy Director, CORE Group Polio Project proposed several ideas for transforming eradication efforts that are inspired by observed successes in other programs and initiatives. He emphasized the importance of national ownership beyond the level of senior leadership to ensure that polio eradication is not perceived as an external program. This idea of maximum inclusion is likely to generate greater engagement, leading to greater buy-in and lending legitimacy to what is otherwise perceived as a vertical, external program. Mr. Losey stressed that a sense of urgency must be maintained, and that the urgency of polio eradication must constantly be emphasized to prevent complacency. He also encouraged critical analysis of problems to develop new solutions in the domains of social mobilization and behavior change. With respect to campaign quality, Mr. Losey proposed multiagency monitoring to ensure transparency and provide more objective feedback.

Dr. Frank Mahoney, Senior Immunization Officer, International Federation of Red Cross and Red Crescent Societies shared key points learned during the review of polio endemic countries in the summer. He spoke about the importance of personalizing risk on an individual level to increase acceptance of polio vaccine. Dr. Mahoney recommended highly tailored communication strategies at the community level that synergize with local NGOs and churches, as a method to expand beyond the UN agencies to address communities' unmet health needs. Dr. Mahoney agreed that if house-to-house immunization is not restored in the Helmand province, eradication will not occur. He also described problems related to the top-down management approach: high burden of reporting at Emergency Operations Centers (EOC) detracts from responsibilities to communities. He felt that strengthening subnational EOCs is necessary to address challenges at the district level. Enhanced leadership in the field is needed and he recommended renewed efforts to place highly qualified, well-compensated, and well-protected staff in management positions. Lastly, he encouraged better critical analysis and application of data.

Ambassador John Lange, Senior Fellow Global Health Diplomacy, United Nations Foundation introduced a new view to the discussion by asking if there must be a fundamental shift toward seeking diplomatic solutions to accessing remaining polio vulnerable populations. Despite many successes in the technical implementation of the polio program, transmission persists, and if anti-government elements in endemic countries did not exist, transmission would have already been interrupted. Community-by-community approaches recommended by other panelists must be supplemented by a robust political and security approach, and these diplomatic and political strategies must come from elsewhere. He encouraged the polio program to be more active in engaging elements of UN system and governments to address these difficult situations through global health diplomacy interventions at the highest level. Ambassador Lange called for diplomats negotiating in these conflict areas to raise the visibility of polio in their discussions and use political leverage to support polio eradication.

Discussion following the roundtable presentations centered on a few key themes. First, stakeholders recognized the importance of greater integration of polio activities with other programs like EPI, Gavi, and non-profit organizations, and considered ownership of these activities in the post-GPEI era. Stakeholders also appreciated that extending ownership responsibilities to provincial, district, and community levels was important for addressing issues related to anti-government forces and migrant populations, who are less amenable to interventions at the level of national government. There was agreement that broader collaboration with non-profit and civil society organizations in high-risk areas will be imperative for delivering basic package of health services, building goodwill, and increasing the likelihood of vaccine acceptance. There was also discussion of how to transition polio workers in the field to other health initiatives as GPEI phases out, and how to ensure accountability until then. Stakeholders learned that Emergency Operations Center performance, environmental sampling data, and improved routine immunization in Nigeria have improved confidence that there are not new cases of WPV, although cVDPV remains a source of concern. Finally, the call to action for higher-level diplomatic intervention was welcomed, and it was thought that Director General Tedros would be well positioned to advance this effort after assuming the post of Polio Oversight Board Chairman in January 2019.

In closing, Professor Andrus thanked all stakeholders for their participation and commended quality of the presentations and discussion in the morning's session. He briefly summarized the key points covered above. Ambassador Okaniwa appreciated the complexity of the current challenges and the level coordination among various organizations necessary to overcome these challenges. Ambassador Okaniwa adjourned the workshop and invited participants to return for the high-level meeting in the afternoon.

## **Annex B**

### **Agenda: Technical Workshop of the Global Polio Partners Group (PPG)**

Monday, 3 December 2018

9:30 – 12:00

#### **9.30 Introductions and Welcome Remarks**

*Presenters:* PPG Co-Chairs: H.E. Mr. Ken Okaniwa and Dr. Jon Andrus

#### **9.40 Session I: Extension of GPEI until 2023**

*Presenter:* Ms. Suchita Guntakatta, Deputy Director, Strategy Planning & Management for Global Development Polio team, Bill and Melinda Gates Foundation

*Discussion*

#### **10.20 Coffee break**

#### **10:35 Session II: What needs to be done differently 2018-2023**

*Presenters:* Jalaa' Abdelwahab, Deputy Chief of Polio Eradication, UNICEF

Dr. Steve Cochi, Senior Advisor to the Director, Global Immunization Division, Center for Global Health, Centers for Disease Control and Prevention

Mr. Lee Losey, Deputy Director, CORE Group Polio Project

Dr. Frank Mahoney, Senior Immunization Officer, International Federation of Red Cross and Red Crescent Societies (IFRC)

Ambassador John E. Lange (Ret.), Senior Fellow, Global Health Diplomacy, United Nations Foundation

#### **11.55 Closing Remarks**

*Presenters:* PPG Co-Chairs

## Annex C

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

Monday, 3 December 2018

13:30 – 17:15

- 13.15**      **Arrival and registration**
- 13.30**      **Welcome remarks and summary of workshop discussion**  
*Presenters:*    PPG Co-Chairs
- 13.35**      **Opening remarks**  
Dr. Ranieri Guerra, Assistant Director General for Strategic Initiatives, WHO
- 13.45**      **High-Level Segment: Comments from Stakeholders**  
*Presenter:*     PPG Co-Chairs
- 14.45**      **Update on GPEI Gender Strategy**  
*Presenter:*     Ms. Diah Satyani Saminarsih, Advisor on Gender and Youth, WHO
- 14.55**      **Objective I – Poliovirus Detection and Interruption**  
*Presenters:*    Mr. Michel Zaffran, Director, Polio Eradication, WHO  
                         Sir Liam Donaldson, Chair of the Independent Monitoring Board and Transition  
                         Independent Monitoring Board  
  
*Discussion*
- 15.55**      **Objective IV – Transition Planning**  
*Presenters:*    Dr. Ranieri Guerra, Assistant Director General for Strategic Initiatives, WHO  
                         Ms. Niloofer Zand, Senior Advisor, Public Health and Nutrition, Permanent  
                         Mission of Canada  
                         Mr. Michael McGovern, Chair, International PolioPlus Committee, Rotary  
                         International  
  
*Discussion*
- 16.40**      **Financial Resource Requirements**  
*Presenter:*     Mr. André Doren, Senior Strategist, GPEI External Relations  
  
*Discussion*
- 17:10**      **Co-Chairs' Statement and Closure of the Meeting**  
*Presenters:* PPG Co-Chairs