
**The Co-Chairs' Summary of the
17th High-Level Meeting of the Global Polio Partners Group (PPG)
14.00-16.05 CET, Friday, 4 September 2020**

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

Welcome Remarks and Election of a Member State Co-Chair

Ambassador Mansfield (Australia) recognized the importance of carrying forward discussions on polio both because and in spite of the current challenges with the COVID-19 pandemic. She announced the nomination of Dr. Linda Venczel, Director of Global Health Security at PATH, as PPG Co-Chair for the next 18-24 months. There were no objections to her appointment. The Ambassador recognized the significant contributions of Dr Jon Andrus as PPG Co-Chair, and the support of Molly Moss from UN Foundation. Others echoed the thanks for Jon's for dedication and leadership. Jon Andrus extended appreciation to the partners and stakeholders of GPEI for their support to him over the past years.

Outcomes of GPEI Governance Review

Ambassador Mansfield noted that the GPEI governance review proposed changes to GPEI's governance arrangement to strengthen oversight and accountability. It proposed a review of the GPEI management groups, including the PPG, in light of the changing GPEI architecture. She urged stakeholders to read carefully the governance review and encouraged all to participate in the review of GPEI management groups. She committed to dedicating time for a discussion on GPEI governance reforms at a future meeting.

Discussion

- UK spoke on behalf of donors, reiterating comments made at the POB discussion about **budget savings** for GPEI in 2021. She expressed concern that risk considerations, and surveillance costs, had not been considered in the budget reductions options. She noted there was a need to explore options for increased efficiency via an integrated approach; and that it was not clear how revisions to the budget reflected IMB recommendations. She stressed the importance of fully exploring options for increasing funding for GPEI; assessing how to increase efficiencies and include risk assessments. The Governance review recommendations should be implemented fully and rapidly and emphasize the need to work towards culture change.
- US Ambassador thanked GPEI for initiating the governance review, noting that the governance review report and its recommendations capture critical **areas for reform**. Final decisions should be linked to the new GPEI strategy and upcoming management review to optimize GPEI's effectiveness during these difficult times.
- It was noted that it was an appropriate time to review the function and purpose of GPEI. He noted with concern that the governance review found that many stakeholders felt that the PPG should cease to be part GPEI's formal governance structure.

Status of Poliovirus Detection and Interruption

Michel Zaffran, Kate O'Brien (Director of IVB) and Rustam Haydaro from UNICEF highlighted the following in their presentations:

- The IHR Emergency Committee on polio reconfirmed that polio was a public health emergency of international concern (PHEIC) on 23 June 2020.
- The African Region was certified polio free on 25 August 2020.
- WPV continues to circulate in the Pakistan/Afghanistan epidemiological block, with 102 cases in the year to date (65 in Pakistan and 37 in Afghanistan).
- There could be over 500 cases by year-end and there is co-circulation of WPV1 and cVDPV2.
- Most outbreaks of cVDPV have occurred in Africa and Pakistan/Afghanistan. They are mostly cVDPV2. cVDPV1 has been seen in Malaysia and Yemen.
- nOPV2 should secure an Emergency Use Listing for use in cVDPV2 outbreak response.
- All SIAs were suspended March-June 2020 to limit the circulation of COVID-19 and protect polio workers. GPEI were resuming activities with anticipated intermittent suspensions of SIAs in future.
- GPEI has supported COVID-19 response through repurposing 31,000 staff—mostly in AFRO and EMRO—and leveraging their data management and surveillance capacities.
- GPEI's vaccine inventory should be used in the future. Some inventory may need to be discarded.
- Surveillance has been sustained but there has been a decrease in case detection due to the impact of C19 on surveillance or a lag in data transmission.
- Countries have been advised to resume campaigns, while ensuring health worker safety.
- They have been working with teams on the ground to develop localized solutions to sustaining eradication activities in the face of COVID.
- Social mobilization is moving toward digital spaces, where misinformation has been problematic.
- An Emergency Use Listing for the use nOPV2 in outbreak response is anticipated in October.
- Shortfalls against the program budget is problematic given the increased WPV transmission in Pakistan/Afghanistan, cVDPV outbreaks, COVID-19-related costs, and weakened surveillance.
- In order to reach and sustain eradication we must work towards integration of the polio program with the immunization program. WHO and partner institutions are working towards making integration more intentional and systematic.
- The existing collaboration between Polio and EPI has been mapped to identify and address gaps and leverage opportunities for better integration via concrete integrated actions.
- As a result, an integrated Program of Work (POW) was developed incorporating three technical priority areas of work: comprehensive VPD surveillance; integrated service delivery and community engagement; and coordinated response to outbreaks and subsequent recovery. Management and coordination was identified as the enabling function, including sub-areas of oversight and strategy; technical and operational; and advocacy and resource mobilization.
- In the face of COVID-related disruptions of polio and immunization activities, the work was pivoted towards addressing the immediate and urgent needs related to COVID. An interim Program of Work (iPOW) was developed to take forward the most urgent/highest priority integration activities.
- Following POB approval, implementation of priority actions will be undertaken from November 2020 -March 2021, and best practices will be documented.
- The draft revised endgame strategy has been reviewed by the POB. Consultations with a broader

set of stakeholders are underway.

- Key next steps will include: finalization of the transformation of the Pakistan program with resumption of SIAs; the resumption of SIAs for outbreak countries, including usage of nOPV2; increasing advocacy with donors; increasing program efficiencies to reduce costs; implementation of the governance review recommendations; and, finalization of the revision of the endgame strategy.

Discussion

- The Pakistan delegation added that they had resumed SIAs in July. OPV was being used in national immunization days. They will work closely with partners on revising their strategy and remained committed to achieving polio elimination.
- It was noted that the polio immunity gap was increasing prior to COVID, with the risk that WPV in Pakistan and Afghanistan could spread internationally. To address this risk that US was committed to providing \$44 million for polio eradication efforts in Pakistan and Afghanistan.
- Another comment asked whether the existing work on program integration had considered how to increase the cost-effectiveness of SIAs? Michel Zaffran noted that countries have been encouraged to discuss this issue at national level. Integration of polio immunization with other immunization work has been accelerated by COVID19. Kate O'Brien added that outbreak response for polio had been less integrated. Polio SIAs should focus on integrating additional antigens and other services (Vitamin A). Campaigns were a less efficient way of reaching unimmunized children who have missed immunizations than investing in strengthening routine immunization systems. Routine immunization should deliver a broader package of services and information. We are doing this already, but more needs to happen.

Reflections on latest IMB discussions and report

- **Sir Liam Donaldson** stressed the importance of GPEI addressing three strategic areas:
 - Addressing barriers to eradication that existed prior to COVID-19;
 - Thinking through what the program should look like following COVID-19;
 - Considering the impact of operating under a continuing COVID-19 environment with huge financial pressures.
- Sir Liam said that the repurposing of polio assets had been impressive in the fight against the COVID-19 pandemic and were examples of how GPEI could support other dimensions of the health emergencies program. COVID-19 has forced teams to work together in new ways. Pakistan has been able to create a sense of national emergency for COVID, but not for polio. A key consideration for the GPEI is how this level of commitment and cooperation for COVID-19 can wash across and elevate the polio response in Pakistan.
- In **Pakistan**, the IMB identified three deep-rooted barriers to eradication. The first is the complex politicization of the polio program. Various opposing and supportive political parties exist that leverage the polio vaccine to further their own interests. The proposed National All-Party Committee has never met, and the lack of visible political commitment and accountability has hindered action. The IMB seeks not reassurance but concrete evidence that political neutrality can be achieved. Secondly, hostility to OPV was extreme and misinformation abundant. The importance of providing communities other services they want - such as WASH services - was discussed in 2018, but despite some pilot programs, there had not been a transformation of the services offered to communities in 2020 in the way that was promised. Thirdly, the technical

performance of the program in Pakistan is not at the level of excellence sufficient to eradicate polio.

- The need for **integration** existed prior to COVID-19. If the polio vaccine is embedded in a wider program of essential immunization it will likely be more accepted among the most hostile communities. The IMB wants to see a paradigm shift so that the model of delivery is now fully integrated. There might be exceptional cases where a vertical program is embraced by local communities, but eradication will not be achieved without integration.
- For the past two years in **Afghanistan**, negotiations with the Taliban have not been successful and there is no plan B that exists. There are soaring levels of children lacking any immunity to poliovirus. The IMB has made recommendations that encourages the program to consider the role of NGOs.
- On the vaccine-derived polio outbreaks, there remain huge issues of vaccine strategy, of rapid decision-making on deployment, on supply and logistics, on monitoring adverse reactions to the new vaccine, on costs and on public confidence and confusion given the complexity of the vaccine strategy that's being introduced for the GPEI to overcome.
- Engagement with Pashtun communities must not just be a communications endeavor, but an all-encompassing programmatic concern, given that they account for the vast majority of paralytic polio cases in the two remaining endemic countries.
- The community-based vaccination program in Pakistan recruited large numbers of female healthcare workers. Women vaccinators initially made a powerful positive contribution to eradication efforts, but the program has fallen out of favor. If we cannot re-engage women in eradication efforts, the program is doomed to fail.
- The **IMB report made 11 recommendations**.
- Poppy Hawkins, UK, commended the IMB report and asked for an update on the Transition Independent Monitoring Board (TIMB). Sir Liam said that the TIMB had been reconstituted but had been asked to postpone its next meeting until autumn to relieve pressures on WHO.

Discussion

- CORE group suggested we needed a “plan B” in case the Taliban continued to prevent access e.g. leveraging Afghanistan’s NGO-delivered PHC services.
- Dr. Rana agreed that more work was needed to strengthen political leadership. He recognized that Pakistan had been late starters in addressing communities’ broader (WASH) needs, and that the program needed to evolve from good to excellent to achieve eradication. Previous attempts at engaging Pashtun communities had failed; new strategies were under development.
- Germany stressed the importance of integrating IMB recommendations into the revisions to the polio endgame strategy, and the need to address the high level of vaccine refusal.
- Japan noted that the IMB report always raised concerns, but their latest report suggested that the polio program was in crisis. COVID 19 had overshadowed polio issues, and it would be very difficult to mobilize additional resources for GPEI given the COVID-induced financial and health crises. Greater ownership and leadership of endemic countries would be imperative for achieving eradication, with support for national efforts from donor countries.

Polio in the Context of Pandemic Preparedness and Response

- Polio surveillance officers were highly trained and valuable workers that can make valuable contributions to emergency responses. They should be integrated into country programs, and

WHO should facilitate this.

Financial Resource Requirements

- The 2021 POB-approved budget is \$929 million, with available resources of \$800 million, and estimated total financial needs of \$1.27 billion.
- Additional fundraising opportunities (e.g., COVID-19 response funding and International Financing Facility for Immunization (IFFm)) will be pursued along with further efficiencies.

Co-Chairs' Statement and Meeting Closure

Ambassador Mansfield expressed her gratitude for WHO's support and thanked everyone for their active participation. She emphasized that a main take away from this meeting was that there was clearly no room for complacency, and we must recognize opportunities for innovation in this new context and the effect of the pandemic on global health initiatives. The co-chairs said the date the next PPG would be confirmed in the coming months.