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

Tuesday, December 6, 2022
15.00 – 17.00 CET
PPG Co-Charis & Moderators

- Dr. Linda Venczel, Director, Epidemic Preparedness and Response, PATH
- Luxembourg Ambassador, Marc Bichler

PPG Presenters

- Aidan O’Leary, Director of Polio Eradication at WHO
- Clarisse Loe Loumou, Pediatrician and CoChair of the CSO Working Group on Polio Transition at the United Nations Foundation;
- Elizabeth Thrush, Polio Advocacy Officer at the United Nations
- Dr. Jorge Castilla, WHO Health Emergencies Programme

PPG Panelists

- H.E Ihor Kuzin, Chief State Sanitary Doctor - Deputy Minister of Health of Ukraine
- H.E Oleksandr Matskov, Deputy Director General of the Public Health Center of the Ministry of Health of Ukraine
- H.E. Victor Nwaoba Itumo, Minister Counsellor, Permanent Mission of Nigeria
- S.E. Dr. Roger Kamba, Conseiller spécial du Président de la République Démocratique du Congo en charge de la Couverture Maladie Universelle
- Dr. Micaela Serafini, Head of Health Unit at the International Committee of the Red Cross
Polio Partners Group Meeting Agenda
(all times in Central European Time)

15:00 – 15:05: Welcome and introductory remarks (PPG Co-Chairs: Dr. Linda Venczel and Ambassador Marc Bichler) – 5 minutes

15:05 – 15:30: Polio Eradication Situational Update (Aiden O'Leary) + Discussion – 25 minutes

15:30 – 15:50: Realities of Polio Integration an Transition from the CSO perspective (Elizabeth Thrush & Clarisse Loe Loumou) – 20 minutes

15:50 – 16:30: Discussion on Polio Outreach in Conflict-Affected Areas (Ambassador Marc Bichler & Panelists) – 40 minutes

16:30 – 16:50: Discussion – 20 minutes

16:50 – 17:00: Concluding Remarks & Adjourn – 10 minutes
Presentations
Global surveillance performance
NPAFP and stool adequacy at provincial level

Non-Polio AFP rate
- less than 1
- 1 to less than 2
- 2 to less than 4
- 4 and more

Adequate Stool Collection Rate
(2 Stool samples collected with 14 days from onset)
- Less than 70%
- 70% to less than 80%
- 80% to less than 90%
- 90% and more

Rolling 12 months ending on 31 Jul 2022
Preceding Rolling 12 months ending on 31 Jul 2021

Data as of 08 Nov 2022
Epi-Curve: AFP Cases, ENV, others (Human) and SIAs

Country: AFGHANISTAN, IRAN (ISLAMIC REPUBLIC OF), MALAWI, MOZAMBIQUE, PAKISTAN, Province(s): BADAKSHAH, BADGIS, BAGHLAN, BALKH, BAMYAN, DAYKUNDI, FARAH, FARYAB, GHAZNI, GHOR, HILMAND, HIRAT, JAWZJAN, KABUL, KANDAHAR, KAPISA, KHOST, KUNAR, KUNDUZ, LAGHMAN, LOGAR, NANGARHAR, Nimroz, Nuristan, Paktika, Paktia, Panjsher, Parwan, Samangan, Sar-e-Pul, Takhar, Uruzgan, Wardak, Zabul, Hormo

Data in WHO HQ as of 29 Nov. 2022
Reductions in WPV1 genetic clusters from 11 clusters to 1 cluster
Data in WHO HQ as of 29 Nov. 2022

1 includes viruses detected from AFP and environmental surveillance

2 Onset of paralysis/collection date:
- 30 Nov. 2021 to 29 Nov. 2022 for previous 12 months
- 30 May. 2022 to 29 Nov. 2022 for previous 6 months

Global WPV1 isolates

WPV1 AFP
WPV1 ES
Endemic country (WPV1)
Case Risk in Afghanistan and Pakistan

Case Risk Afg+Pak; September 2022 – February 2023

Overarching Risks

• Floods
• General Elections in 2023
• Deteriorating security

Epidemiological Risks

• Persistence of endemic circulation in SKP
• Spread of circulation and amplification of virus in Karachi and other historic reservoirs
• Cross border transmission
All Environmental Detections in Pakistan have moved from red to green …… except Bannu

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Multi-country WPV1 and cVDPV outbreak response in southeastern Africa

- Subregional immunisation response
- Expanded and intensified AFP and environmental surveillance
- Strengthening essential immunisation (target child population)
- OBRAs in Malawi and Mozambique in October / November
- Zimbabwe – initial SIA in October, second campaign started yesterday
- ARCC

3 circulating polioviruses: *Wild polio type 1, cVDPV1 and cVDPV2*
Global, post switch cVDPV2 trend between 2016-2022

Epi-Curve: AFP Cases, ENV, others(Human) and SIAs
Country: AFGHANISTAN, ANGOLA, BANGLADESH, BENIN, BURKINA FASO, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CHINA, CONGO, CÔTE D’IVOIRE, DEMOCRATIC REPUBLIC OF THE CONGO, KUNDUZ, LAGHMAN, LOGAR, NANGARHAR, NIMROZ, NURISTAN, PAKTIKA, PAKTYA, PANJSHIR, PARWAN, SAMANGAN, SAR-E-PUL, TAHAR, URUZGAN, WARDAK, ZABUL, BENGU
Global, cVDPV1/cVDPV3 trend between 2016-2022
Global cVDPV2 isolates

includes viruses detected from AFP and environmental surveillance
Onset of paralysis/collection date:
30 Nov. 2021 to 29 Nov. 2022 for previous 12 months
30 May. 2022 to 29 Nov. 2022 for previous 6 months
Endemic country (WPV1)

Data in WHO HQ as of 05 Dec. 2022

Includes viruses detected from AFP and environmental surveillance

Global cVDPV1 isolates

1 Onset of paralysis/collection date:
06 Dec. 2021 to 05 Dec. 2022 for previous 12 months
06 Jun. 2022 to 05 Dec. 2022 for previous 6 months
Global, post switch cVDPV2 timeline

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Data in WHO HQ as of 29 Nov. 2022
cVDPV2 by active emergence in 2022

Emergences
19

*pending emergence group

surveillancetype

-- Human

-- ES
VDPV2 Detection in Indonesia

- Data as of 24 November 2022, past 6 months
- 1 VDPV2 from an AFP case, and 3 VDPV2 from healthy children
- No virus isolation from ES

- **Case/sample details**
  - Type of virus: VDPV
  - Virus serotype: type 2
  - Source: AFP and asymptomatic person
  - EPID no: 10422005
  - Date of onset: 9 October 2022
  - Reporting date to CO / RO: 12 November 2022
  - Reporting date to WHO HQ: 12 November 2022
  - Location of onset of the case: Mane village, Mane Subdistrict, Pidie, Aceh Province, Indonesia
  - [if a person] Age and OPV dose status: 7 year old and 0 doses
  - Sequencing results: Nature of virus [25 nt change and evidence of local circulation confirmed on 25 November 2022]
40 countries at risk for cVDPV2s are verified for nOPV2 use

530 million doses administered but key constraint is sole supplier arrangements with ongoing monitoring of EUL safety, genetic stability and efficacy issues
Overview of immunisation coverage with IPV1 in 2021 – Upcoming GAVI Board decision by consent expected
1. **Galvanize political will and commitment** to invest the resources needed to restore and sustain immunization services and end all forms of polio in Africa.

2. Encourage African leaders to **renew commitment to the Addis Declaration** to drive action through 2023.

3. **Build political support to advocate for equity in immunization**, including for vulnerable communities/zero-dose children.

4. Promote and invest in regional capacity for vaccine development and production, in line with the Addis Declaration on Immunization.
Thank you
POLIO INTEGRATION AND TRANSITION REALITIES FROM THE CSO PERSPECTIVE

Dr. Clarisse Loe Loumou and Elizabeth Thrush
Co-Chairs CSO Polio-Integration and Transition Working Group
CSO Polio-Integration and Transition Working Group (ITWG)

Platform for information sharing and coordination amongst civil society on polio integration and transition issues in African Region. Est. 2018

Convenes monthly calls & periodic webinars for broader CSO audiences

Current Membership:

**Country level CSOs:** **DRC:** VillageReach, **Ethiopia:** CCRDA, **Nigeria:** Africa Health Budget Network, Vaccine Network for Disease Control, Women Advocates for Vaccine Access; **South Sudan** Impact Health Organization;

**Global CSOs/Partners:** CORE Group Polio Project, Results UK, Results Canada, Save the Children, TFGH Health Campaign Effectiveness, United Nations Foundation, among others.

**New members are welcome!** For more information contact ITWG Co-Charis Clarisse Loe Loumou (clarisseloumou@yahoo.com) or Elizabeth Thrush (ethrush@unfoundation.org)
Polio Transition & Integration Context

- Polio eradication and transition are moving forward hand-in-hand
- We need to plan carefully to ensure that **knowledge, expertise and functions** currently managed through the polio programme are sustained
- Strengthening **essential immunization** and **disease surveillance** are essential to maintain a polio-free world
- All partners must be included in process, including civil society
- Challenges facing transition & integration:
  - Civic instability and conflict areas
  - Ongoing WPV and cVPDV circulation
  - COVID 19 and competing health priorities
  - National commitment and ownership
  - Sustainable financing (domestic and external)
How CSOs have been engaged:

- With WHO Transition Team at HQ and national levels through ITWG webinars
- With countries WHO offices and governments
- Global advocacy messages and country evidences shared through the ITWG and through wider networks
Value add of CSOs
Transition & Integration
Civil Society Strengths

- Close community presence allows for strong comprehension of community needs
- Ability to tailor messages to community needs
- Ability to collaborate with and push governments to action
- Ability to amplify advocacy efforts through activating others via networks – media, other CSOs
Examples of Key CSO contributions
Examples of CSO Contributions (1/2)

Harnessing political commitment:

- **Legal Framework**: development of a provincial edict for Kinshasa, to secure annual provincial budgeting of immunization and polio (currently in review for vote). *VillageReach, DRC*

- **Mobilization of Stakeholders**: CCRDA and IHO convened stakeholders advanced transition planning in Ethiopia & South Sudan. CCRDA helped establish of a Polio Transition Planning Task Force (PTPTF).

Community engagement:

- **Engagement of other CSOs to highlight importance of polio transition**. Briefing of 18 CSOs in DRC led to their engagement in support of polio transition financing efforts. *VillageReach, DRC*
Examples of CSO Contributions (2/2)

- **Pressure Building through Media for Sustainable Financing.** Briefing of 10 journalists in Kinshasa and Kwilu on past polio commitments made by the DRC government led to media attention in news programs, radio, and print. *VillageReach DRC*

- **Strategic Partnership with Private Organizations for Integration.** VNDC Nigeria forged strategic partnerships with private organizations to strengthen health facilities at all levels and contribute to their readiness for Whole Family Approach testing. VNDC proposed micro-adoption, whereby the partners could begin on a smaller scale and advance when ready.
## Overview of Key Contributions

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Way Forward
Conclusions

• CSOs are an important stakeholder to this process and have made impactful contributions

• All stakeholders (Govt, CSOs, UN, global health leaders, etc) need to work together to achieve a polio free world and the transition and integration of polio assets

• There’s a need to ensure that CSO capacities are known and fully utilized
Recommendations from WHO’s Mid-Term Evaluation of Strategic Action Plan on transition

• CSOs, along with other partners, should be involved in strengthening buy-in, fundraising and stakeholder engagement in regional transition efforts (SAP Evaluation Recommendation 2)

• WHO should actively engage with CSOs on transition planning and identifying context-appropriate solutions to challenges; (SAP Evaluation Recommendation 4)

• CSOs have a role to play in supporting capacity-building activities for improved integrated VPD surveillance, within government health systems. (SAP Evaluation Recommendation 8)

WHO’s Mid-Term Evaluation (April 2022) of Strategic Action Plan on transition: https://www.who.int/about/what-we-do/evaluation/corporate-evaluations/programmatic-evaluations
Reiteration from last year’s PPG meeting:

How can the PPG help move forward the transition agenda?

1. Support advocacy for action at country level, with a focus on programmatic and financial sustainability

2. Provide bilateral funding to countries and implementing partners, and help identify funding levers

3. Focus on the country voice (e.g. invite a priority country to present at the PPG)

4. Facilitate targeted and more intentional outreach to CSOs
Glimpses of Advocacy Activities
Glimpses of the Advocacy Activities by VillageReach DRC

Briefings of Parliamentarians in Kinshasa and Kwilu

Taping of TV program, 2 Parliamentarians from Kinshasa, EPI Director, and VillageReach Country Director
Glimpses of the Advocacy Activities by VillageReach DRC

Taping of a Radio Program on Top Congo with a Polio Survivor by VillageReach

Visit by a CSO representative and journalist advocating in the Kwilu’s Governor Office for 2023 budget line for polio by VillageReach
Glimpses of the Advocacy Activities by CCRDA Ethiopia

World polio day Celebration: Supported the South Omo zone health department in the preparation of world polio day launching ceremony held the Jinka town, zonal capital.

Advocacy meeting with the zonal administrator: team of experts comprised from national (CCRDA/CGPP –UNF focal person), regional health bureau and zonal health department, WHO focal person and other partners conducted advocacy visit to the office of zonal administrator and encouraged him to provide support to the campaign.
Glimpses of the Advocacy Activities by VNDC Nigeria

Meeting at National EOC by VNDC

Progress Review Meeting of VNDC
Glimpses of the Advocacy Activities by IHO South Sudan

CSO platform members during one of the monthly meetings organized by IHO

IHO staff meeting with MOH stakeholders at the Ministry of Health
Thank you!