



Global Polio Partners Group

CHAIRS' STATEMENT

**20th High-Level Virtual Meeting of the Global Polio Partners Group
15.00-17.00 CET, Thursday, 21 April 2022**

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

On 21 April 2022, the Polio Partners Group (PPG) of the Global Polio Eradication Initiative (GPEI) convened for the twentieth high-level meeting of polio stakeholders over Zoom. The meeting was attended by over 80 representatives from core GPEI partners including stakeholders from governments at the ambassadorial, senior official, and technical level, and international organizations, foundations, and donors.

Opening Remarks

Co-chair Dr. Linda Venczel of PATH welcomed meeting participants and expressed gratitude for the renewed commitment and enthusiasm for the PPG and the polio eradication initiative at large. This renewed commitment comes at a critical time in the polio eradication movement as both endemic and outbreak countries work to maintain progress on interrupting polio transmission and to implement strong transition plans to overcome ongoing and future challenges that may disrupt polio eradication. Dr. Venczel noted the remarkable progress made over the past year. In 2021, Afghanistan and Pakistan saw the lowest number of polio cases ever recorded and a reduction in environmental positive isolates. Additionally, the 2021 reporting period concluded with less than 650 cases of circulating vaccine derived poliovirus (cVDPV), which is a 40% reduction in cases from 2020. Noting the adequate supplies of nOPV and IPV and recent research on the development of the trivalent nOPV, Dr. Venczel was optimistic about the polio program's ability to counteract the spread of cVDPVs. While these recent successes are encouraging, Dr. Venczel emphasized that now is not the time to lose focus as this year has seen major challenges that threaten polio eradication globally including the increase in cVDPV cases in Nigeria, cVDPV3 cases in Israel and positive environmental samples in Jerusalem, and the wild polio virus (WPV) type 1 case detected in Malawi. Dr. Venczel noted that these setbacks emphasize the importance of global coordination, strong surveillance systems, and the need for an integrated, immediate response with robust vaccine campaigns to address outbreaks.

Co-chair H.E. Ambassador Marc Bichler (Luxembourg) welcomed participants and echoed these sentiments. Ambassador Bichler expressed concern for the situation in Ukraine and the impact the crisis will have on global health and human rights at large, emphasizing that attacks on health infrastructure and health personnel—be it polio workers, Ukrainian health-care facilities, or anywhere else around the globe—are unacceptable. The Ukraine crisis has compounded the many challenges our world is facing today including the COVID-19 pandemic, historic debt burdens, soaring inflation, and mass population displacement. Noting these challenges, Ambassador Bichler emphasized that access to basic health services is an inalienable human right, noting Luxembourg's commitment to this cause as a donor. Concluding his opening remarks, Ambassador Bichler appealed to the donors, emphasizing the

importance of providing flexible and predictable funding for WHO to ensure that the progress made on polio eradication can be seen through to the end while sustaining WHO's capacity to respond to ongoing and future global health crises.

Situational Update on Polio Eradication in Endemic & Outbreak Countries

Dr. Fazal Ather, WHO Polio Coordinator for Afghanistan and Pakistan, provided the PPG with an update on the epidemiological situation for both WPV in endemic countries and types two and three cVDPV across the WHO Eastern Mediterranean Regional Office (EMRO) region. Dr. Ather first outlined the regional polio situation, noting that WPV transmission is ongoing in Afghanistan and Pakistan, and there are seven countries with cVDPV outbreaks or events, including Sudan, Egypt, Somalia, Djibouti, Yemen, Islamic Republic of Iran, Afghanistan, and Pakistan. There has been great progress on interrupting WPV transmission over the last two years. Surveillance of environmental isolates has been ongoing and of sufficient quality, yet the number of positive isolates detected has decreased over time for WPV and cVDPV in both Afghanistan and Pakistan.

Focusing on the lessons learned from outbreak responses across the seven countries with cVDPV outbreaks, Dr. Ather credited the strong engagement of country leadership as a significant factor in the ability of the polio program to quickly deploy the novel OPV2 vaccine (nOPV2). To conclude his remarks, Dr. Ather focused on the EMRO region's polio eradication and transition priorities moving forward. First, sustaining political commitment in Pakistan, obtaining authorization for house-to-house vaccination campaigns, and preventing a collapse of the health system in Afghanistan are key to eradicating WPV in endemic countries. Second, stopping active cVDPV outbreaks in Somalia, Yemen, and Djibouti are top priorities. Third, Dr. Ather stressed the need to sustain surveillance for poliovirus and outbreak response capacity. Fourth, he highlighted the importance of consistent application of WHO Emergency Standard Operating Procedures (SOPs) for polio emergencies along with funding for sustaining essential polio functions in 2023. Lastly, Dr. Ather emphasized the operationalization of integrated public health teams as a critical aspect of polio transition for eradication.

Dr. Modjirom Ndoutabe, Medical Officer and Interim Polio Coordinator for the WHO Regional Office for Africa (AFRO), provided the PPG with insights on the context and epidemiology of cVDPV outbreaks in the region. Dr. Ndoutabe began by highlighting the progress made in outbreak countries over the course of the past several years. Over 140 million children have been vaccinated with mOPV2 or nOPV2 since vaccination campaigns resumed in July of 2020. Across outbreak countries, 75% of the outbreaks were stopped after two rounds of mOPV2 vaccinations. Despite these successes, Dr. Ndoutabe also noted key challenges facing the region, namely significant increases in cVDPV cases this year in Nigeria as well as the WPV1 case isolated from a child in Malawi in November of 2021. Focusing on outbreak response, Dr. Ndoutabe noted that using mOPV2, the polio program has closed 40 outbreaks across 10 countries between 2018 and 2021. In 2022, 43 additional emergencies are being considered for closure across 16 countries. Finally, to conclude his remarks, Dr. Ndoutabe discussed ways forward for polio eradication and transition in the region. He emphasized the importance of addressing the cVDPV outbreak in Nigeria and updating stakeholders on the revised SOPs. Additionally, improving the response to the WPV1 case in Malawi and neighboring countries is critical to ensuring that WPV1 is contained. Finally, Dr. Ndoutabe

emphasized the importance of strong surveillance systems and expanding country capacity to rapidly respond to outbreaks.

Several participants took the floor following Dr. Ather and Dr. Ndoutabe's updates. Deputy Permanent Representative from the US, Benjamin Moeling, began the discussion by noting that the COVID-19 pandemic revealed weaknesses in the polio response plans and the global health community's capacity to respond to multiple health emergencies simultaneously. Mr. Moeling highlighted the need to identify areas for integration and cost-sharing and to address competing surveillance activities. Additionally, several participants initiated a discussion on the quality and functionality of surveillance indicators, particularly in Afghanistan and Pakistan. Dr. Ather emphasized that the acute flaccid paralysis surveillance program continues to meet global standards. Additionally, an international surveillance review conducted in 2021 found that the surveillance systems were functional across all high-risk areas.

Supporting Polio Workers

The Director of Major Gifts and Individual Support, Helene Erenberg, and Advancement Associate, Susanne Salehi, of the CDC Foundation provided the PPG with information on the Bob Keegan Polio Eradication Heroes Award Fund. In 1998, after a polio vaccinator lost their leg to a landmine in South Sudan, the gaps in support for health workers and volunteers who have lost their lives or incurred serious injury as a direct result of polio eradication activities became extremely apparent. Building on momentum from ad-hoc crowd funding campaigns, in June 2000 the fund was formally established in partnership with polio eradication partners. In 2012, the fund was renamed the Bob Keegan Polio Eradication Heroes Award Fund in memory of Robert Keegan, the first contributor to the fund and its strongest advocate throughout his life. Since its inception, the fund has awarded over \$327,000 USD to 224 families.

This year has been an even deadlier year for health workers than 2021 with the most recent killing of 8 polio workers in Afghanistan in February 2022. Susanne Salehi and Helene Erenberg stressed the importance of donor contributions to this fund and provided the PPG with information on the current crowd funding campaign, which aims to help the fund continue supporting polio workers and their families until polio eradication has been achieved.

Discussion: Sustainable Financing & Flexible Funding for Polio Eradication

In his introductory remarks, Ambassador Bichler underscored that as a donor it is one's duty to provide flexible and predictable funding to the WHO to allow for adjustments according to needs especially in times of crisis. Following up on these sentiments, Ambassador Bichler welcomed Mr. Björn Kümmel, Acting Head of Unit Global Health in the German Federal Ministry of Health and Chair of the WHO Working Group on Sustainable Financing since 2021, and Mr. Aidan O'Leary, the Director for Polio Eradication at the WHO since January 2021, to offer their insights on sustainable financing and flexible funding for polio eradication.

Mr. Björn Kümmel focused his intervention on how to strengthen the global health architecture and find long-term solutions to the WHO's funding structure. Kümmel emphasized that strengthening the global health architecture, including epidemic preparedness and response mechanisms, and strengthening the

financial structure of the WHO are both critically important for the future of global health and the polio program. The COVID-19 pandemic has revealed weaknesses in the world's preparedness and response mechanisms but has also provided a unique opportunity to reshape the global health architecture and strengthen WHO. Focusing in on this opportunity, Kümmel stressed that now is the time to strengthen the abilities of the WHO and ensure that it does not become redundant over time as other actors – such as the Global Fund and GAVI - become more predominantly funded. To meet these challenges, the Working Group is putting forward the option of mobilizing 600 million USD per year by the 194 Member states through an incremental increase of assessed contributions over the next two years. In doing so, the WHO would be able to adequately finance the heat maps and finance global public goods as well as make sure that polio transition is adequately financed with 320 million USD intended for polio transition alone. Kümmel concluded his remarks by stressing that now is the time for member states to prove their support for the WHO, reminding participants that the working group would be meeting one last time before the World Health Assembly in May and that now is the time to walk the talk.

Following Mr. Kümmel's remarks, Mr. Aidan O'Leary, provided his insights as to what flexible funding would mean for the polio program. He began his remarks by noting that there was a world before COVID-19, and now there is a different world. While the Polio Program experienced initial adverse effects, it adapted to support the wider pandemic response while sustaining community engagement and working to become more integrated with other immunization programs. Mr. O'Leary noted that the goals and milestones of the Polio Program are clearly set out in the GPEI Strategy 2022-2026. Noting the reflections of Dr. Ather and Dr. Ndoutabe, O'Leary emphasized that eradicating polio is within our grasp. He explained that the goal is not just a question of eradication but also a question of sustaining the benefits that Mr. Björn was referring to. The GPEI investment case, which launched on April 26th, is seeking the necessary support to sustain the achievements of the polio program moving forward. Mr. O'Leary concluded his remarks by stressing once again that there are no grounds for complacency and that if we don't take the opportunity in front of us, "the risk of transmissions anywhere would present a risk everywhere".

Following Mr. O'Leary and Mr. Kümmel's insights, several participants engaged in discussion. Representatives from Canada, Germany, and Rotary International took the floor, all expressing the importance of flexible funding for the GPEI and emphasizing their continued commitment to the polio program.

Programmatic and Strategic Updates

Sir Liam Donaldson, Chair of the GPEI Independent Monitoring Board (IMB), provided the PPG with programmatic and strategy updates on the polio eradication movement. Sir Donaldson began his discussion by noting that the IMB report will be published in September of this year. Continuing, Sir Donaldson highlighted the synergies between eradication and transition. Across three reports, the Transition IMB (TIMB) has strongly advocated for building resilience at the country level to interrupt polio transmission and sustain eradication. These reports highlighted the need to ensure that the quality of surveillance is high, responses are timely and effective, and essential immunization programs are strong. Unfortunately, many of the goals outlined in the TIMB reports have failed, leading to needless dollars spent and many children unnecessarily harmed.

Sir Donaldson emphasized that strong transition plans at the country level are critical and polio transition must be given equal prominence to eradication to truly eradicate polio. To date, Sir Donaldson highlighted that little attention has been given to the capacity of polio countries to sustain transition, especially considering that many countries dealing with polio outbreaks are also experiencing other challenges—such as security issues, political changes, displaced populations, adverse climate conditions, and adverse economic conditions—making implementing transition plans extremely difficult. In addition to these challenges, the oral polio vaccine has become a ‘geopolitical football’, as described by Sir Donaldson, pushing polio vaccinations out of the humanitarian space and into the role of a bargaining tool used by geopolitical actors. Ending his remarks, Sir Donaldson noted that the TIMB reports emphasizes the need to bring together the governance structures of polio transition and eradication at WHO. While this suggestion has continuously been rejected, Sir Donaldson believes that the integration of transition and eradication is critical to ensure a polio free world in the future.

Meeting Closure

In closing, Ambassador Bichler and Dr. Venczel thanked meeting participants for joining and noted their keen interest in continuing the conversation to accelerate advocacy and financing for polio eradication moving forward. Dr. Venczel reflected on the situational updates from endemic and outbreak countries, noting that quality and timely responses are crucial for progress. Highlighting the need to support polio workers and volunteers, Dr. Venczel stressed the importance of the Bob Keegan Heroes Polio Eradication Fund and invited participants to consider contributing. Further, Dr. Venczel recalled Sir Donaldson’s remarks, noting the intersection of political turmoil, conflict, and crises with polio outbreaks in endemic and outbreak countries and once again reflecting on the ways in which polio eradication has become a bargaining tool in the geopolitical space. Reflecting on the discussion surrounding flexible funding and sustainable financing, Ambassador Bichler emphasized that the global health community has an opportunity to ensure that global health governance post-COVID-19 is more effective, more inclusive, less fragmented, and better coordinated than ever before. Funding gaps at WHO undermine its ability to lead the world in polio eradication. Ambassador Bichler stressed the importance of flexible funding to donors, noting that we must learn from current and past crises to move the world towards a healthier, more equitable, and polio-free future. Ambassador Bichler and Dr. Venczel closed by thanking participants and noting that the next PPG meeting will take place at the end of 2022.