



Global Polio Partners Group

CHAIRS' STATEMENT

**21st High-Level Virtual Meeting of the Global Polio Partners Group
15.00-17.00 CET, Tuesday, 06 December 2022**

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

On 06 December 2022, the Polio Partners Group (PPG) of the Global Polio Eradication Initiative (GPEI) convened for the twenty-first high-level meeting of polio stakeholders in person and virtually. The meeting was attended by over 50 representatives from core GPEI partners including stakeholders from governments at the ambassadorial, senior official, and technical levels, as well as international organizations, foundations, and donors.

Opening Remarks

Co-Chair Dr. Linda Venczel of PATH welcomed the meeting participants and expressed gratitude for the commitment and enthusiasm for polio eradication despite a challenging year amidst COVID-19 and civil strife. This commitment comes at a critical time in the polio eradication movement as both endemic and outbreak-prone countries work to maintain progress on interrupting polio transmission and to implement strong operational plans to stop transmission. Dr. Venczel welcomed the remarkable speakers, including representatives from Ukraine, Nigeria, and DRC along with experts from the United Nations Foundation, the World Health Organization (WHO), and the International Committee of the Red Cross (ICRC).

Co-Chair H.E. Ambassador Marc Bichler of Luxembourg welcomed participants and echoed these sentiments. Ambassador Bichler noted the launch of the Global Humanitarian Overview for 2023, which highlighted yet another record for humanitarian relief requirements with 339 million people in need of assistance in 69 countries, an increase of 65 million people compared to the same time last year. Ambassador Bichler cited the Emergency Relief Coordinator, Mr. Martin Griffiths, who noted that at least 222 million people in 53 countries are expected to face acute food insecurity by the end of 2022; 45 million people in 37 countries are at risk of starvation; and that the impact of climate change on vulnerable populations will be similar to that of cancer. As a Member of the Human Rights Council, Ambassador Bichler emphasized the need for improved access to basic health services. He is confident that this event brings participants closer together to better understand how, in the midst of conflict, one can safeguard access to health services, such as polio immunization.

Polio Eradication Situational Update

Aidan O'Leary, Director of Polio Eradication at The World Health Organization (WHO) provided the PPG with an update on the newly launched GPEI strategy, which aims to interrupt transmission of both wild poliovirus (WPV) type 1 and circulating vaccine-derived poliovirus (cVDPV) type 2 by the end of 2023. Furthermore, Mr. O'Leary explained the epidemiology surrounding the detection of WPV in Malawi, the highly localized outbreak in three districts in Pakistan, and the detection of polio in Jerusalem, London, and New York. These events raise concerns for the international community even as efforts shift towards focusing on locations with endemic transmission. These geographic locations, particularly in Pakistan and

Afghanistan, where conflict and deteriorating humanitarian situations, such as malnutrition, food insecurity, and economic collapse, must be continuously monitored.

Mr. O'Leary went on to further highlight the significant advancement in Mozambique where approximately 25 million children have been targeted for emergency response polio vaccination, including five million children under the age of 5, despite ongoing public health challenges. Mr. O'Leary noted that the recent GPEI campaign reached more than eight and a half million children in the country in quarter three alone. Mr. O'Leary also highlighted that in 2021, two-thirds of the reduced caseload was concentrated in Nigeria. In 2022, almost 90% of all cases have been concentrated to three subnational geographies in northern Yemen. Furthermore, it was stressed that it is in these two regions (Nigeria and Yemen) where polio response efforts are currently focused on interrupting transmission chains. Mr. O'Leary closed by reemphasizing the importance of collective actions to achieve polio eradication.

Dr. Chris Elias, President of the Global Development Division at The Bill and Melinda Gates Foundation (BMGF), also shared his thoughts on the current status of polio after his most recent visit to Islamabad, Pakistan where he led the fourth visit of the Polio Oversight Board. Dr. Elias spoke about the concerning increase in polio case trends he has seen. He explained that it was a historically low transmission season; however, the next six months are critically important to maintain polio activities. This is of particular importance in Pakistan which just had a change in leadership who oversee health and security protections. While continuing to strive for the interruption of poliovirus transmissions, polio prevention outreach and campaigning must be a point of emphasis. Dr. Elias concluded his thoughts by illustrating the impact of changes in leadership and sudden emergencies or nature-induced disasters which can generate uncertainty in a country's ability to predict and forecast polio trends and assess capacity response needs.

Mr. O'Leary and Dr. Elias's conversation closed with a brief Q&A where they addressed concerns around environmental sampling impacted by climate change. Both reiterated that global polio outbreaks will only continue to put the world at risk. Participants in the meeting stated their agreement and highlighted their continued commitments to support polio eradication activities.

Realities of Polio Integration and Transition from the CSO Perspective

Elizabeth Thrush, Polio Advocacy Officer with the United Nations Foundation (UNF) and Clarisse Loe Loumou, Pediatrician and Co-Chair of the Civil Society Organizations (CSO) Working Group on Polio Transition provided the PPG with information on the realities of polio integration and transition from the CSO perspective. Mrs. Thrush began by emphasizing that polio transmission needs to move in coordination with eradication. This requires government ownership and careful planning with key partners and civil society members. Partnership with civil society fosters local and frontline movement, especially during times when ongoing polio eradication and vaccination are challenged due to competing response and funding priorities for other diseases. Currently, VillageReach in DRC has developed a platform for polio transition which includes other CSO members on the board and improving the identification of needs based on collective action. These civil society actors have helped to harness political commitment and elevate issues among key stakeholders and the government. This example further illustrates the need to increase civil society education, involvement and support during decision making.

Lastly, Mrs. Thrush illustrated ways that CSOs can be of added value to the goals of achieving polio eradication. This includes engaging with CSOs to understand community needs, building credibility and trust in communities via cooperation with CSOs, and establishing strong multisectoral connections. To

achieve comprehensive success, CSOs need to be included in the systematic process and build awareness at all levels.

Discussion on Polio Outreach in Conflict-Affected Areas

In his introductory remarks, Ambassador Bichler underscored the significant progress that has been made in recent decades in efforts to tackle polio. However, it is feared that disruptions to routine vaccination programs are putting progress at risk. Ambassador Bichler went on to further highlight that in pockets around the world, global humanitarian needs are acute. Specifically, countries and regions affected by conflict inevitably experience a decline in health service delivery that leads to the deterioration of immunization systems and experience significant population movement. Efforts must now be made to vaccinate children as they enter surrounding countries, to protect them and those who are giving them refuge. Following up on these sentiments, Ambassador Bichler then welcomed the group of panelists who represented a variety of geographies and organizations.

First on the panel was H.E Dr. Oleksandr Matskov, Deputy Director General of the Public Health Centre of the Ministry of Health in Ukraine. Dr. Matskov spoke of the extremely difficult situation in the country following Russia's attacks, and how Ukraine's health officials and government are doing their best to prevent the spread of all infectious diseases including polio. As of December 6th, the WHO documented more than 703 attacks on health infrastructure since Russia's invasion on February 24th, 2022. In response, Dr. Matskov spoke about the shifting focus health leaders are taking to ensure basic access to health services in the Eastern, Northern, and Southern parts of Ukraine. Even though the conflict is continuing into 2023, Ukraine has not halted vaccination campaigns as long as security leadership allows it. Notably, the Ministry of Health is working with international organizations including BMGF & Médecins Sans Frontiers (MSF) to support these vaccination campaigns. A special emergency operations center is being established to routinely support response measures for cVDPV; in coordination, training for healthcare and physicians has already taken place. Encouragingly, Ukraine is also scaling up human resources and capacity for surveillance of acute flaccid paralysis in addition to the initiation of immunization campaigns.

Next, Mr. Victor Nwaoba Itumo, Minister Counsellor to the Permanent Mission of Nigeria took the floor. Mr. Itumo spoke on how the polio outbreak occurring in Nigeria is currently contained and with continued support from BMGF and WHO; they are ensuring that surveillance and immunization campaigns are implemented as planned. Mr. Itumo went on to further underscore the importance of local partners and CSOs for creating awareness through campaigns, particularly with religious and community leaders. Notably, Mr. Itumo stressed the important role that women-led organizations are playing. Next, a brief discussion took place relating to the security with nearby states and the concern for cross-border polio transmission. To mitigate these issues, Nigeria is actively planning to scale-up support of displaced populations through scoping assessments in rural communities as well as implement vaccination campaigns. Lastly, Mr. Itumo addressed how the Nigerian government has been conducting public health surveillance within restricted or hard-to-reach populations in cooperation with the government support system and the Ministry of Humanitarian Affairs and the Commission for Refugees. These tasks are aided by previous lessons learned from polio campaigns within displaced populations.

S.E. Dr. Roger Kamba, Special Adviser to the President of the Democratic Republic of the Congo for Universal Health Coverage spoke about the ongoing conflict and insecurity in the country which has led

to internal displacement, specifically in the eastern part of DRC. Outbreaks of cVDPV type 1 and 2 have occurred; however, there have been two cases of WPV that are directly linked to strains found in Mozambique and Malawi. Building upon this, country plans are in place to scale-up polio campaigns throughout the country and across populations who have been previously considered inaccessible. Encouragingly, Dr. Kamba shared that the containment of polio was considered a high concern for the country's political agenda and is supported by the president's office through a two-pronged approach including upper-level political engagement and improvement of universal health coverage and health system reform. Lastly, Dr. Kamba spoke about the conflict in the DRC and noted that it is important for the militia and doctors to work together during polio vaccination campaigns when conflict is at low intensity. During times of high intensity conflict, humanitarian organizations remain the best entry point to negotiate with the militias and thus allow for continued routine immunization and vaccination campaigns. Dr. Kamba noted the crucial missing piece for improving coordination of health campaigns is local groups who can negotiate with non-state armed groups during time of crises.

Dr. Micaela Serafini, Head of Health Unit at the ICRC, described some of the operational steps the ICRC takes when working with local communities on the frontline in conflict-burdened areas. The first intention of the ICRC is to cover the specific health needs of the community. This starts by creating an inclusive and open dialogue to assess the needs with an emphasis on being impartial during this assessment. Once assessed, the needs of the community are shared with the community as they are the main beneficiaries. During the process of disseminating the identified needs to the community, there must be cognizance of any conflict dynamics, cultural beliefs, and local interests. As stated by Dr. Serafini, this stepwise process creates a foreground to establish equitable and inclusive access and participation during implementation. This model has been successful for the ICRC as it can improve social inclusion while mitigating conflict. To conclude, Dr. Serafini spoke on the ICRC's operational engagement and contribution to the safeguarding of basic healthcare services and routine immunization.

Lastly, Dr. Jorge Castilla, Acting Team Lead for Fragile, Conflict, and Vulnerable Settings in the Humanitarian Emergency Interventions Department of the WHO Health Emergencies Program helped close the panel by discussing working in conflict-affected areas that are not under the control of the state. Due to the urgency of tackling polio, immunization in conflict settings must be understood and evaluated. Specifically, Castilla championed new technologies such as GIS mapping which can drastically reduce the challenges of immunization campaigns in conflict settings. Furthermore, successful implementation of health activities in conflict-affected areas requires flexible and deployable campaigns and programs. Currently, the WHO is working to establish early warning systems and incorporate additional health projects with established programs. To conclude, Dr. Castilla underscored the importance of enhancing global cooperation to address the overlap of these global health challenges. There are more than 300 million people living in humanitarian situations and are hosted by countries that represent more than half of maternal and child mortality and over 75% of epidemics. This demonstrates the need to improve global coordination on a myriad of global health projects to ensure efficiency and adequate use of resources.

Following the panelists' insights, several participants engaged in discussion focused on funding for the continued movement toward polio eradication. Ellyn Ogden initiated the discussion by asking Dr. Kamba whether there are strategies for addressing gaps identified and if the United Nations High Commissioner for Refugees or other humanitarian actors are collaborating with GPEI to develop local plans. Dr. Kamba responded that there is a need to improve negotiation capacity and training at the local level to enhance

engagement with humanitarian groups. Mr. Itumo built on this discussion by citing Nigeria's continuous effort to foster engagement between government and health officials with traditional and religious leaders as community and village leaders are often integral in the planning and coordination of activities in remote settings. This trust has contributed to strengthened health system structures at the local level and allowed Nigeria to rollout COVID-19 vaccinations using existing staff and infrastructure. Dr. Castilla emphasized the importance of this example and highlighted the value of combining activities under the same pipeline. Two suggested activities included streamlining health information systems across all projects and bundling COVID-19 vaccination activities with pre-existing maternal and child health needs. Combining these elements is important for maintaining programmatic activities, developing community trust, and encouraging programs to be locally led. These shared experiences and perspectives left the audience thinking critically about the major roadblocks to polio outreach in conflict-affected areas and how to best provide support during these events.

Concluding Remarks

In closing, Ambassador Bichler and Dr. Venczel thanked the meeting participants for joining and noted key themes regarding the intersection of humanitarian efforts, health system strengthening, and primary health care as it related to polio eradication. 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 improve the harmonization and efficient use of resources, Dr. Venczel stressed the importance of bringing health activities together and engaging with CSOs and community leaders to support endemic and outbreak countries, especially those impacted by conflict-affected areas. Reflecting on the discussion, Ambassador Bichler resurfaced the major roadblocks to polio outreach in conflict-affected areas and how to best provide support during these events. Ambassador Bichler and Dr. Venczel closed by thanking participants and noting that the next PPG meeting will take place in early spring of 2023.