

CHAIRS' STATEMENT

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

Friday, 8 June, 2018

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

On 8 June 2018, the semi-annual high-level meeting of the Polio Partners Group of the Global Polio Eradication Initiative (GPEI) was convened at the World Health Organization headquarters in Geneva. The attendance of the meeting was high with over 50 representatives from core GPEI partners, stakeholders from governments at the ambassadorial, senior official, and expert level, and from international organizations, foundations, donors and other stakeholders.

Meeting Opening

Co-chair Ambassador Mitsuko Shino opened the meeting and welcomed participants. Her welcome was followed by a video message from Dr. Chris Elias, Chair of the Polio Oversight Board. Dr. Elias' message acknowledged the generous pledges of donors and remarked on the finalization of the Post-Certification Strategy (PCS) and WHO's Strategic Action Plan. He recognized that the lowest number of polio cases in history occurred in 2017, but warned that the 'final mile' presents complex challenges. Dr. Elias expressed gratitude for Rotary's John Germ and UNICEF's Tony Lake, who served on the Polio Oversight Board, and CDC's Anne Schuchat, who had an interim role earlier this year. Finally, he welcomed Rotary's Mike McGovern, UNICEF's Henrietta Fore, and CDC's Robert Redfield to the Polio Oversight Board. Following Dr. Elias' remarks, co-chair Dr. Jon Andrus also thanked the representatives attending the meeting and provided an overview of the meeting agenda and its objectives.

Next came opening remarks from Dr. Tedros Andhanom Ghebreyesus, Director General of the World Health Organization and Henrietta Fore, Executive Director of UNICEF. In his video message, Director General Tedros emphasized that polio is still considered a public health emergency of international concern and assured the group that it remains a top priority for the WHO. He recognized that the tools to achieve eradication are available, but that gaps in surveillance, instability, and insecurity remain serious challenges to finishing the job. He commented on the investments made in polio eradication and mentioned that assets and lessons learned should help advance universal health coverage. In her video message Ms. Henrietta Fore, Executive Director of UNICEF, echoed these sentiments and expressed appreciation for the courage and tirelessness of frontline health workers in Pakistan, Afghanistan, and Nigeria. She stated that the battle against polio has demonstrated it is possible to immunize hard-to-reach children, and that eradication depends on reaching every last child.

Update on the Status of Eradication

Overview

Mr. Michel Zaffran, Director of Polio Eradication, WHO, and Mr. Akhil Iyer, Director of Polio Eradication, UNICEF, provided a joint presentation on the status of eradication efforts. Mr. Zaffran began by noting that the themes and issues raised during the high-level segment have also been prevalent topics of discussion for

the governing GPEI bodies. He indicated that dialogue about the timing of declaring certification is very important and the distinction between wild polio virus (WPV) and circulating vaccine derived polio virus (cVDPV) is being carefully considered. He summarized transmission in the endemic countries: Nigeria's last WPV1 virus was detected in September 2016, and a cVDPV2 was detected there in April 2018. Pakistan has had two confirmed WPV1 cases in 2018 in the province of Balochistan, with investigation of a third case currently underway in the same province. In Afghanistan, eight WPV cases have been confirmed in 2018 with the most recent occurring in April 2018. Transmission is occurring in very restricted areas within both Pakistan (1 district) and Afghanistan (5 districts). He confirmed that in 2017 and thus far in 2018, cVDPVs have not been isolated in Pakistan, but WPVs are still being detected dispersely in environmental samples, reflecting the fact that migration remains a substantial challenge. The major outbreak of cVDPV that occurred in Syria last year appears under control, with no new cases in 2018. However, there have been four cases of cVDPV in Democratic Republic of Congo (DRC), with the latest occurring in February 2018. Finally, an AFP case is being investigated in Venezuela with detection of a polio vaccine virus in the stools of the child.

Detail on Endemic Countries

Transmission persists in missed populations in Pakistan's northern corridor. Disruptions to program activities are anticipated later this year due to national elections. Mr. Zaffran noted that the high non-polio AFP reporting rate in Pakistan suggests high-quality surveillance. The Pakistani Technical Advisory Group (TAG) has emphasized the need to continue investing in program quality and communication, and to strengthen and prioritize routine EPI activities. Transmission persists in Afghanistan's southern region due to chronic inaccessibility. The Afghani TAG has recommended intensified advocacy to gain and sustain access, including house-to-house access, which has been banned in some provinces. They also recommend intensified routine EPI activities, especially considering 6 out of 8 polio cases detected this year in Afghanistan had received zero doses of polio vaccine. In Nigeria and the Lake Chad Basin, progress since the outbreak in 2016 has been difficult but nonetheless substantial. The number of unreached children in the Borno state is declining due to new strategies like "Reach Every Settlement," which has reached 95% of the targeted settlements, and "Reach Inaccessible Children," which has reached 36% of targeted settlements. Lack of access in Borno remains a challenge for improving immunization coverage and surveillance. Sustained increased political and financial commitment are needed from the Nigerian government.

At-Risk Countries

Mr. Akhil Iyer, Director of Polio Eradication, UNICEF, explained that a total of 74 cVDPV2 cases occurred in Syria between March and September 2017, with the last case occurring about eight and half months ago. A review in July/August 2018 will determine if the outbreak has been stopped. It was reported that 76% of cVDPV2 cases reported in this outbreak had never received routine doses of OPV. The existence of other pockets of susceptible children are likely. The outbreak in DRC has been going on for over a year and seems to be spreading to additional provinces. A number of campaigns have been conducted but targets have not been reached. Mr. Iyer stated that new approaches are needed to improve the quality of these campaigns. Positive environmental samples in Somalia and Nairobi, Kenya have triggered vaccination rounds. Synchronized immunization campaigns for Somalia, Ethiopia, and Nairobi will occur in July.

Communication and Interrupting Transmission

Mr. Iyer also described recent efforts to enhance communication and social mobilization to track and recover children who may have been missed during campaigns due to absence, refusal, or issues of program quality. In Afghanistan, a relatively high percentage of missed children are recovered, but chronic refusals in the southern and eastern districts are exceeding the 1% recommended threshold. Therefore, GPEI has conducted more qualitative research to develop and implement community engagement plans beyond communication and social mobilization networks. The Immunization Communication Network includes local influencers and religious leaders, and their committees specifically targeting refusals. In Pakistan, approximately 250,000

children were missed during the last national immunization day. Of three core reservoirs in Pakistan, Karachi remains the greatest challenge in reaching unreached children. To that end, a network of community-based vaccinators has been deployed there to intensify efforts on the ground. Some anti-vaccination rumors have impeded recent social mobilization efforts in Nigeria. Twenty volunteer community mobilizers are playing an important role in recovering missed children and developing localized community engagement plans.

GPEI Gender Analysis

Mr. Iyer described a new and important effort to assess gender roles and norms and power relations that determine health outcomes, including polio. Polio immunization cannot effectively reach the needs of all unless data is disaggregated by gender and informed by gender sensitive analysis. The Gender Technical Brief reveals how the gender of the child, the gender of the caregiver and the gender of the frontline worker can influence the likelihood of polio immunization. Four indicators are being monitored: 1) girls/boys being reached, 2) total vaccine doses received for girls/boys, 3) timeliness of surveillance, and 4) women's participation as frontline health workers. GPEI Gender Strategy will be finalized in 2018, and a baseline survey to GPEI partners is currently underway.

OPV/IPV, Containment, and Transition

Regarding OPV withdrawal, Mr. Zaffran noted that the dire IPV supply situation has improved, but remains fragile. Thirty-five countries initially affected by the shortage have now been offered supply. An additional IPV manufacturer will help produce enough supply to meet demand by the end of 2020. By 2022, the supply should be sufficient to meet demand of a 2-dose schedule requirement. In the meantime, the regions of the Americas and South East Asia are promoting fractional dose strategies to help relieve the stress on the global supply. GAVI recently announced a commitment to finance the purchase of IPV for 2019-2020, which will be discussed in greater detail below.

Containment of polioviruses remains a substantial challenge. Some 30 countries have declared intentions to retain poliovirus in 99 facilities. The World Health Assembly in May 2018 endorsed resolution to reduce number of facilities that will continue to handle the poliovirus.

Questions about the ideal definition of certification remain. To that end, a certification options appraisal document is being developed that will outline the advantages and disadvantages of several options for defining polio eradication and the timeline of transition. Option 1) certification based on WPV interruption alone, 2) certification based on WPV interruption with consideration to context of cVDPV circulation, and 3) a multistep process starting with eradication of WPV, followed by cVDPV, followed by certification and containment of all polioviruses. This paper will be presented to the Global Certification Commission, who will carefully consider the implications of each certification option.

Mr. Zaffran concluded with a list of priorities: to gain access in Afghanistan and restore house-to-house immunization activities; to sustain efforts in Pakistan, interrupt transmission in Balochistan, and attain higher immunization coverage in Karachi; and to reach 100,000 children in Borno, Nigeria. He also emphasized the importance of interrupting cVDPV outbreaks in DRC, Somalia, Kenya, intensifying surveillance in all at-risk areas, and building on the WHA resolution on containment.

Budget and Resource Mobilization Update

Mr. André Doren, Senior Strategist, GPEI External Relations presented an update on budgetary considerations and resource mobilization. He highlighted two key objectives for the coming period, first to continue monetizing pledges from the 2017 Atlanta pledging event and thereafter, and to raise additional resources to advance programming and achieve eradication. Mr. Doren noted that the rate of monetization from the 2017 event is improving from 31% in December 2017 to 55% in May 2018.

The program is fully funded for 2018 and funding for 2019 is strong. There may be potential gaps later in 2019, but this is yet to be determined because budgets are not yet finalized. The current lack of budget is hampering resource mobilization efforts. Budget figures will be finalized at the Polio Oversight Board meeting in September. Meanwhile, an interim budget tool is being used to inform upcoming donor visits with Germany and Japan. GPEI is in conversation with other donors as well. The current budget projections show that GPEI will not meet funding requirements up to 2021. Mr. Doren noted the challenges related to an increasingly crowded global health funding environment and indicated that amplified resource mobilization efforts are needed. Mr. Doren concluded by gratefully acknowledging donors' continued contributions and for working with GPEI to accelerate monetization to support current needs.

World Health Assembly (WHA) Polio Transition Update

Ms. Ebru Ekeman, Technical Officer, in WHO Expanded Programme on Immunization presented an update on polio transition, speaking on behalf of Dr. Ranieri Guerra, Assistant Director General for Strategic Initiatives. Ms. Ekeman explained that the Strategic Action Plan that was discussed by the World Health Assembly in May assesses capacities that will be needed to sustain a polio free world and sustain progress in immunization at the country-level. The plan has three pillars: sustain polio free world (with guidance from PCS), strengthen immunization systems including vaccine-preventable disease surveillance, and strengthen emergency preparedness and outbreak response to comply with International Health Regulations. The goals of the plan are to mitigate risks associated with GPEI closure, and to enhance countries' capacity, especially in terms of surveillance and lab capacity. It is estimated that \$667 million will have to move from the GPEI budget to the WHO budget to support these essential functions between 2019 and 2023. The discussion on polio transition at the 70th WHA provided support for the overall strategy, highlighting that transition planning should not hinder eradication efforts. Given the uncertainty of timelines for eradication, the strategy should be considered a living document and updated regularly. There was a strong call for priority countries to finalize their transition plans and a call for a dedicated transition team at WHO, building on the cross-cutting project team already in place. Finally, there was a request for more detailed costing in the WHO 2020/2021 programme budget and the General Programme of Work 13 Investment Case. In subsequent discussion, stakeholders emphasized that an extremely high level of collaboration is needed as key responsibilities transition from GPEI to the WHO. There was also a suggestion for the need to consider the structure and mechanism of entity(ies) in order to sustain polio essential functions in the future.

IMB/TIMB Updates

Sir Liam Donaldson, Chairperson of the Independent Monitoring Board (IMB) and Transition Independent Monitoring Board (TIMB) provided an update on the independent monitoring boards. He stated that the IMB has produced 15 reports and will remain intact for one year following polio eradication. Sir Liam remains respectful of political leaders, public health leaders, and frontline health workers, and recognizes great effort of countries bordering polio-affected areas to sustain control of the virus. He commented that polio is far from eradicated and many intractable problems remain. He called for increased efforts to mobilize local knowledge and expertise and emphasized the importance of adopting extremely localized and tailored approaches. He commented on the invisibility of polio at this stage of eradication and warned that three polio cases should be interpreted as signifying much greater circulation. He urged participants to consider each and every case of WPV, cVDPV, and every positive environmental sample as extremely serious incidents deserving a full-fledged response. He encouraged that such events be considered "Never Events," eliciting the highest level of political and operational support for dealing with them. Sir Liam noted that the IMB has been commissioned to provide an independent review of remaining endemic countries, and that findings from these reviews will be reported prior to the POB meeting in September.

Regarding the activities of the TIMB, Sir Liam explained that the board is in a phase of watchful waiting while the governance structures that will guide and support polio transition emerge. He cited factors leading to uncertainty, such as the change in leadership at WHO, embarkation on ambitious new workplan, and the absence of leadership in the area of routine immunization. Finally, he urged rapid clarification of strategic goals, identification of accountable parties, and financial planning to support transition.

Roundtable Discussion

In the next session, Dr. Andrus moderated a roundtable discussion on strengthening essential immunization systems. Presenters for this session included Dr. Seth Berkley, CEO of Gavi Vaccine Alliance, Dr. Princess Nothemba Simelela, ADG for Family, Maternal, and Child Health, WHO, and Dr. Robin Nandy, Principal Advisor and Chief of Immunizations, UNICEF. The roundtable began with each presenter offering brief comments on routine immunization, which led to robust dialogue between presenters and participants.

Dr. Berkley gave an overview of the recent Gavi Board discussions, highlighting that on 7 June, the Gavi Board approved core funding for IPV until 2020. While there was unanimous agreement that Gavi support would be fundamental to successful distribution of IPV, but there were also concerns about setting precedents for the future. Dr. Berkley conveyed that Gavi's role is to remove pressure from GPEI's budget in the short-term. He cited the price of IPV was 30 times more expensive than that of OPV. When polio eradication is certified and IPV is considered part of the essential vaccination program, different considerations will apply. To that end, Dr. Berkley encouraged discussion on a global level to address the responsibilities countries will have to bear costs, including options for co-financing IPV in their own programs. He posed questions about whether financial support of IPV should be risk-based, based on use of two doses or three, and other considerations. He indicated that Gavi would welcome additional engagement with GPEI governance to answer these questions and clarify the extent of country-level assets. For six high-risk (non-endemic) countries, Gavi will work alongside WHO to conduct country-by-country joint appraisals to evaluate overall immunization programs and evaluate risks posed by loss of assets. Dr. Berkley also noted that price issues require more active engagement for market shaping and that the incoming supply of hexavalent IPV will require additional such discussions. He concluded by saying the legacy of polio is not just the end of polio, but stronger systems using the full range of vaccines.

The next panelist, ADG Princess Nothemba Simelela, began by assuring participants that polio transition is receiving the highest level of attention from WHO leadership. She emphasized that leadership of the immunization program is critical to this process, and the appointment of a new Director for the Department of Immunization, Vaccines and Biologicals (IVB) is imminent. Recognizing that polio infrastructure has supported routine immunization systems, Dr. Simelela stressed the importance of determining who will be the custodian of the essential functions to keep the world polio-free. WHO is aware of the strong message from the donor community reiterating that a collaborative approach is needed, and partners must not compete for resources. At WHO headquarters, there will be a polio team, but the real work will be done at the country level to re-purpose polio assets. Dr. Simelela emphasized that the WHO resources have not increased significantly over the past years, so there must be realistic expectations about how this work will be carried out in the future. She concluded by reiterating that the IVB directorship will be filled very soon, and there should be no doubt about WHO's commitment to manage polio transition.

Adding to the overview by other panelists, Dr. Robin Nandy stressed a few important points. UNICEF is carefully and incrementally examining the potential risks of advancing polio transition too quickly. From his perspective, the bottom line is sustaining high levels of population immunity through excellent routine immunization coverage. It is now time to adapt to new realities and invest in the broader health system. Transition is not just about money, it is also a mindset of collaboration. Enhanced synergy between polio-focused entities and immunization-focused entities is needed to support gains. Ramping up routine

immunization between campaigns will be critical to ensuring success. Dr. Nandy noted that in Pakistan, polio campaigns increased uptake of other essential immunizations, but adverse events associated with unsterile administration of measles rubella vaccine unfortunately adversely affected polio uptake. Maintaining public trust is fundamental. He stated that increasingly complex challenges like these can be expected in the near future. Dr. Nandy finished with strong words about the need for continued investment in the routine immunization platform, as it is a critical platform for delivering universal health coverage.

Discussion following the panelists' interventions centered on the unique opportunity to advance routine immunization programs in the wake of polio eradication. There was widespread agreement that a key factor in seizing this opportunity is setting the expectation that countries are accountable to routine immunization targets as they have been to polio targets. Another theme that recurred in discussion was the need to enhance cooperation and synergism to carry forward lessons learned from polio eradication to routine immunization. This can happen through the secondment of personnel and engagement in broader inter-agency dialogue. Although more granular information is needed, efforts are underway to assess the degree of cooperation among relevant partners at the country level. A third theme that arose was the concern about planning for transition in the short-term, given that funding for transition is outside the GPEI budget. There is hesitation among other agencies to set a funding precedent.

High-level segment

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

- Expressed appreciation for the opportunity to attend the meeting and share questions and concerns.
- Voiced deep gratitude for the frontline health workers who work tirelessly and take tremendous risks to vaccinate the world's most vulnerable children.
- Conveyed thanks for the generous gifts of donors in support of polio eradication.
- Wished farewell and good luck to Ambassador Shino regarding her return to Tokyo; thanked her for her leadership and commitment to polio eradication and the Polio Partners Group.

Achieving Eradication

- Lamented that the timeline for "worst-case" scenario presented in 2015 has been exceeded and poliovirus transmission persists.
- Recognized the complexity of the present situation, noted that recent gains are highly vulnerable, and encouraged increased vigilance and focus on eradication as a precursor to transition.
- Expressed concern that too much discussion focuses on stopping and transitioning the polio program instead of stopping poliovirus transmission.
- Stated that eradication is the eradication of all polioviruses and that certification strategic plan and budget should take this into account.
- Encouraged critical examination of program elements that are no longer working and urged development of innovative strategies to address new and old challenges.
- Requested an update from WHO and GPEI on the status of cVDPV.
- Asked that the PPG, as the primary stakeholder voice of the GPEI, continue to convene and exert influence throughout final phase of polio eradication.
- Emphasized the challenges of achieving high immunization coverage along national borders.
- Stressed the importance of considering gender equality in the development and implementation of program activities, and commended GPEI for their work in gender analysis and promoting empowerment of women and girls.
- Applauded the decision of the Gavi Board for \$200 million USD to support IPV until 2020.

Transition

- Acknowledged the challenges of achieving eradication while also preparing for transition, containment, and the post-certification phase.
- Recalled that transition has been prioritized because of great optimism that eradication would have been achieved by now.
- Requested that transition shift from a separate track to a continuous and embedded process, though which GPEI investment decisions would be scrutinized about the degree to which they helped to build the capacity of national partners.
- Encouraged swift designation of ownership, roles, and responsibilities in the post-certification phase.
- Highlighted the need for priority countries to finalize transition plans to avoid fiscal cliffs and promoted strengthened dialogue at the national level in support of this goal.
- Requested that GPEI consider a more realistic timeline for transition to ensure a smooth process that does not risk adversely affecting child health or risk resurgence of polio transmission.
- Commended the productivity and usefulness of WHA discussions on transition and containment and requested further refinement.
- Implored more countries to reconsider the necessity of retaining poliovirus and to carefully examine their capacity to do so safely.
- Suggested that polio transition be considered in the context of the General Programme of Work 13, to support continuity of essential infrastructure.
- Celebrated increased collaboration between partners to ensure that shifts in responsibility are seamless.
- Supported comprehensive communication with donors to secure commitments that will sustain success into the future.
- Suggested the start of a holistic reflection process regarding the structures and mechanisms needed to generate the political and financial commitments required to secure the public good of polio eradication in the long run.

Meeting Closure

At the closure of the meeting, Ambassador Shino announced that she will be departing Geneva and returning to Tokyo. She is presently working with the Permanent Mission of Japan to Geneva to identify a successor to fill the remainder of her term as PPG co-chair, which is slated to end in 2019. The nominee will be announced in the near future.

After conferring with several participants and stakeholders, the tentative date for the next high-level meeting and technical workshop will be Monday the 3rd of December. The co-chairs closed the meeting after expressing their appreciation for the thoughtful engagement of the stakeholders throughout the meeting.