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## CHAIRS' STATEMENT

### 15<sup>th</sup> High-Level Meeting of the Global Polio Partners Group (PPG)

09.00 – 12.30, FRIDAY, 7 JUNE 2019

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

On 7 June 2019, the Polio Partners Group (PPG) of the Global Polio Eradication Initiative (GPEI) convened the 15<sup>th</sup> high-level meeting of the polio stakeholders. The meeting was attended by over 50 representatives from core GPEI partners, from governments at the ambassadorial, senior official, and expert level, and from international organizations, foundations, non-governmental organizations and donors.

#### Welcome Remarks

Ambassador Okaniwa welcomed all participants and Director General Tedros Adhanom Ghebreyesus, who assumed the role of Polio Oversight Board (POB) chairperson in January 2019. He also welcomed Dr. Seth Berkley, CEO of Gavi, the Vaccine Alliance, and acknowledged the formalization of Gavi's role on the POB. Ambassador Okaniwa welcomed and introduced Ambassador John Lange of the United Nations Foundation, and thanked him for serving as meeting co-chair in the absence of Professor Jon Andrus, who was unable to attend in person.

Ambassador Okaniwa noted that the goal of polio eradication by 2023 will not be achieved in the remaining endemic countries using the same methods used up to this point. He called for strong leadership by endemic countries, and for the continued support of those present at the meeting.

Ambassador Lange reflected on his role as PPG co-chair from the inception of the group in 2012 until Professor Andrus assumed the role in 2016. He stated that the PPG was formed to convene a broad group of stakeholders to engage in candid discussion and provide strategic advice to the POB. Ambassador Lange recounted the inaugural meeting of the PPG, in which Dr. Margret Chan addressed the participants. He then welcomed Dr. Tedros to the meeting in his capacities as both the Director General of WHO and Chair of the POB.

#### Opening Remarks

In his opening remarks, Dr. Tedros explained that the Polio Endgame Strategy builds upon known eradication tactics, and emphasizes the need to integrate polio activities into broader immunization and health services. He pointed out the need for comprehensive support to the national governments of Pakistan and Afghanistan, as well as countries with circulating vaccine-derived poliovirus (cVDPV). He emphasized that the protection of vaccinators and health workers is critical, and that violence against health workers cannot be tolerated.

Dr. Tedros was delighted to welcome Dr. Kate O'Brien to her new role as the Director of Immunization, Vaccines, and Biologicals at WHO, and welcomed other GPEI partners, including Dr. Seth Berkley, CEO of Gavi, and Sir Liam Donaldson, Chair of the Independent Monitoring Board (IMB) and Transition Independent Monitoring Board (TIMB).

In addition to financial support, Dr. Tedros encouraged advocacy for polio eradication within home countries and organizations. He stated that polio eradication is an economic imperative, amounting to \$14 billion in cost savings by 2050. He expressed gratitude to the United Arab Emirates and the Crown Prince of Abu Dhabi for their recent support, and he looked forward to a successful pledging moment in Abu Dhabi in November 2019.

Dr. Tedros later acknowledged and regretted the growing number of cases in Pakistan, but encouraged participants to view this challenge as motivation to re-establish an environment in which public health interventions can be effective again. He commended the Health Minister of Pakistan for initiating a review of the country's program and encouraged partners and stakeholders to support this effort.

### **Poliovirus Detection, Interruption, and Integration**

Mr. Michel Zaffran, Director of Polio Eradication for WHO, stated that polio was reaffirmed as a public health emergency of international concern in May 2019. He then provided an overview of the status of polio eradication.

#### Nigeria

- The most recent detection of WPV was in September 2016; we are approaching the three-year threshold that will allow Nigeria to be eligible for certification, pending the review of the certification commission.
- Since the 2016 outbreak, the number of unreached children has been reduced from 600,000 in 10,000 communities to 60,500 in approximately 3,000 communities.
- Detection of cVDPV in Nigeria increases confidence that surveillance is effective.

#### Pakistan

- The situation in Pakistan has not improved, with 22 cases of WPV detected thus far in 2019. More cases are expected since the virus is present in sewage throughout the country, indicating low vaccination coverage.
- Melissa Corkum, UNICEF, acknowledged that suspicion and fatigue now characterize the situation on the ground in Pakistan. Short periods between campaigns, expanded age range, and an increased number of doses have created new and complex dynamics that have been exacerbated by a well-planned anti-polio campaign conducted on social media.
- A new Emergency Operations Center (EOC) communications director has been appointed to examine and improve communication approaches, and integrate stronger community engagement strategies.
- WPV1 has been detected in Iran, but risk remains low due to Iran's strong routine immunization program.
- High-level diplomatic initiatives are ongoing to support Pakistan, and further advocacy was encouraged.

#### Afghanistan

- Ms. Corkum described the challenges of the vaccination ban, missed children, and refusals in urban areas of Afghanistan. She explained the necessity of implementing highly tailored, local-level strategies for key areas of Kabul, Kandahar, and Jalalabad. In addition to improving communications, offering a package of broader services will be essential to shifting the narrative and building trust.
- New negotiations are underway in Qatar to resolve the ban on WHO immunization activities.
- Afghanistan has established national and regional oversight committees to understand and address refusals.

#### cVDPV Outbreaks

- There have been several cVDPV outbreaks (including cVDPV1) in the past two years: Cameroon, Nigeria, Niger, DRC, Mozambique, Somalia, Kenya, Syria, Indonesia, and Papua New Guinea. These outbreaks signal low routine immunization coverage. Mitigating these outbreaks is costly and complicated.
- Exportations of the virus from Nigeria to Cameroon and Central African Republic are very concerning. Involvement from high-level government officials has facilitated resource mobilization to interrupt these outbreaks as quickly as possible.

#### Applying the New Polio Endgame Strategy

- The Polio Endgame Strategy 2019-2023 is based on the linked goals of Eradication, Integration, Containment and Certification.
- The "Integration" component creates opportunities for innovation:
  - Establish a regional hub in Amman, Jordan, to provide proximal, nimble support for Afghanistan and Pakistan
  - Prioritize community engagement and integrated basic services
  - Enhance supplemental immunization activities (SIAs) through expanded age range and fractional dose IPV
  - Dedicate rapid response team to detecting and responding to cVDPV outbreaks very quickly
  - Collaborate with Gavi beyond IPV to strengthen essential immunization

- Gender equity is an “enabling area” within the new strategy
- Emphasizes importance of research on new vaccines to replace OPV and diversify IPV supply
- Provides additional clarity on financial resource requirements

#### Priority activities

- Must mobilize additional resources to finance the endgame strategy
- Must engage additional high-level political advocacy in Pakistan; potential POB visit planned for October
- Must initiate requested surge of qualified personnel, including Pakistani nationals currently working for U.N. agencies
- Must sustain surveillance and improve campaign quality in countries with VDPV
- Must secure mOPV2 stockpile because it has been depleted by outbreak response activities

Sir Liam Donaldson, Chair of the IMB and TIMB, offered his perspective on the status of polio eradication. He acknowledged that while polio has been eliminated in nearly all countries, the present situation in Afghanistan and Pakistan is a crisis. He outlined the causes for backsliding:

- Elections in Pakistan have fragmented the previously unanimous support for polio, and politicized the vaccine.
- Technical performance has suffered from delays related to changes in polio leadership in EMRO.
- Novel and transformative ideas remain forthcoming, but are urgently needed to supplement traditional methods.
- From a community perspective, there is no trust in the government, and there is resentment about the increasing frequency of visits by the program and the continued lack of comprehensive services offered by the government. This resentment and lack of trust increases their receptivity to renewed false claims about vaccine quality and effectiveness communicated through social media. Reversing this lack of trust is a tremendous challenge.
- In Afghanistan, polio is an unfortunate casualty of the Taliban ban on WHO activities, which is more generally directed at all U.N. agencies and affects ICRC as well.

To address some of these complex and evolving challenges, Sir Liam encouraged the pursuit of three goals:

- Move polio from a political space into a humanitarian space to de-politicize immunization
- Move polio from external space to internal, country-level space to encourage ownership and accountability
- Move polio vaccination from a perspective of mistrust to trust, to counter the powerful forces that convincingly instill doubt in traditional services

Sir Liam called for imagination and creativity in developing solutions to the problems at hand. He emphasized the importance of establishing a strong accountability framework, and the need to scrutinize individual country plans for transition during this critical time. He acknowledged the strength of the Health Emergencies cluster within WHO, which is poised to take over outbreak response in the future, and he noted relative confidence in surveillance and containment. However, he concluded that there can be no doubt that the program is in crisis.

In the discussion that followed, participants echoed the call to ‘think outside the box’ on technical strategy, noting that conducting SIAs in the usual manner has become ineffective. There was agreement that surveillance must be strong enough to detect cVDPV cases earlier, particularly in remote areas. Participants questioned how to balance high-level political engagement with simultaneous transition into the humanitarian sphere, and discussed how to provide more comprehensive services that fall outside the remit of GPEI.

#### **Certification**

Professor David Salisbury, Chair of the Global Certification Commission (GCC), presented the criteria and timeline for certifying polio eradication. He explained that surveillance and laboratory data are first reviewed at the national level and then channeled to regional certification committees. High-quality data must reflect the absence of wild poliovirus in humans and environmental samples for a period of three years.

Professor Salisbury outlined three options for global certification considered by the GCC:

- Sequential certification: certify WPV3 in 2019, followed by WPV1 three years following last case, followed by validation of cVDPV absence
- Joint certification: certify WPV3 and WPV1 together, followed by cVDPV validation
- Single certification: all WPV and cVDPV together

The GCC made the decision to certify sequentially. The rationale for sequential certification is that it will increase confidence about feasibility of eradication, provide an opportunity to simulate or pilot global WPV certification, and motivate resource mobilization.

WPV3 has not been detected globally since 2012; all WPV cases in AFR and EMR have been WPV1. Once Nigeria and Africa are certified free of WPV3, the GCC will examine whether there is sufficient high-quality data to certify EMR free of WPV3. The GCC will consider reports from regional certification commissions in AFR and EMR at their next meeting in October 2019. If satisfied, the commission will certify WPV3 eradication. The global certification process would follow the WPV2 process and include member states' verification. Professor Salisbury acknowledged that certification of WPV3 must be effectively communicated and distinguished from cases of cVDPV.

### **Sustaining the Gains with Essential Immunization**

Dr. Katherine O'Brien, Director of Immunization, Vaccines and Biologicals, WHO, presented on the importance of essential immunization in sustaining the legacy of polio eradication. She indicated that the development of the Immunization Agenda 2030 (IA2030) presents an opportunity to harness the current enthusiasm for primary healthcare and reignite support for essential immunization. IA2030 is being co-created by a broad set of stakeholders, including country representatives. The plan includes both disease-specific and country-specific action plans, and will align with the Gavi 5.0 Strategy and the Polio Endgame Strategy.

IA2030 focuses on 6 strategic priorities, presented here in the context of polio eradication and integration.

1. **Systems and integration:** build on polio core capacities in high priority countries, including surveillance for all vaccine preventable diseases (VPD)
2. **Equity and access:** build on many polio best practices to reach every last child
3. **Fragility and emergencies:** deliver vaccines and sustain community-based surveillance during emergencies to minimize the risk of outbreaks
4. **Value and ownership:** ensure high-level commitment to sustain a polio-free world
5. **Research and innovation:** accelerate polio-related research on novel vaccines and program delivery
6. **Sustainability and accountability:** ensure reliable vaccine supplies and ensure successful transition from GPEI support

Dr. O'Brien pointed out that essential immunization is the pathway to achieving polio eradication, and that cVDPV outbreaks will continue to occur in the absence of strong routine immunization. IA2030 seeks to synergize with the Polio Endgame Strategy to sustain eradication in countries with weak health systems. It also seeks to ensure polio surveillance sensitivity while integrating it with VPD/communicable disease surveillance, recognizing that surveillance systems must align with country needs, technical capacity, disease burden, demographic profile, and disease-specific risk.

Dr. O'Brien concluded with four key points; first, that VPD surveillance must be protected as GPEI finances ramp down; funds to support surveillance must come from outside the polio program. Second, polio eradication will not be achieved without strong routine immunization systems. Third, there is an urgent need to clarify integration strategies as certification approaches. Finally, strategies for the new decade must focus on achieving and sustaining eradication.

Dr. Seth Berkley provided an additional perspective on the role of essential immunization in achieving and sustaining polio eradication. He stated that Gavi's recently formalized role on the Polio Oversight Board will support strategic alignment for integrating and strengthening immunization delivery systems. He flagged the danger of expecting different results by doing the same things, and was optimistic that Gavi will bring fresh ideas to the effort.

Gavi and GPEI began collaborating on IPV in 2013; since then, IPV has been brought into every country in the world. In 2018, Gavi agreed to provide core resources to support IPV introduction. Furthering this commitment, the Gavi board has given approval to support IPV beyond 2020. Possible financing modalities will be discussed at the next board meeting. Sufficient quantities of hexavalent vaccine will likely be ready for use in 2023 or 2024.

Dr. Berkley cited examples of successful measles SIAs in Pakistan and Papua New Guinea that leveraged and built upon polio strategies and lessons. Like Dr. O'Brien and others, he believes that comprehensive immunization services will enable polio eradication to become a reality. However, honest, practical, and detailed discussion about transition must occur, and must be contextualized by the realities on the ground.

He acknowledged that strengthening routine immunization is a long-term activity, and discouraged stakeholders from prioritizing emergency operations at the expense of routine services. Gavi provides a full suite of vaccines in Pakistan and Afghanistan, and he believes trust can be built in these countries by providing all vaccines at every opportunity.

In his final remarks, Dr. Berkley expressed deep concern about the premature celebration of certification of WPV3 and certification in the African region. He agreed that the prospect of certifying WPV3 is exciting, but he encouraged extreme caution around communicating this achievement, given the increasing numbers of children being paralyzed by VDPV.

Discussion following this segment echoed concerns about premature celebration of certification. A suggestion was made to incorporate mass administration of drugs for neglected tropical diseases in the package of health services being offered in endemic countries. Another suggestion encouraged identification of a singular event (such as birth) wherein immunization can be integrated with other healthcare services. Involving a range of healthcare actors is necessary to incorporate polio into new, horizontal delivery mechanisms.

### **High-level Segment**

Co-chair Ambassador Okaniwa moderated the high-level segment, during which the stakeholders shared views on eradication and transition.

Regarding eradication, stakeholders:

- Appreciated the opportunity to exchange views in this setting, especially as the strategic plan is operationalized
- Supported the Polio Endgame Strategy 2019-2023
- Recognized the need to press forward but acknowledged the difficulty and costliness of achieving the final mile
- Voiced concern about the additional resources needed to finance the Endgame Strategy and hoped the pledging moment in Abu Dhabi in November would include a diversified donor base and involve non-traditional partners
- Acknowledged that collaboration between GPEI and Gavi will be critical to the integration of polio essential functions into essential immunization, and awaited clarification of roles and responsibilities of all partners
- Remained hopeful that Nigeria will achieve three years free of WPV, but urged caution in certifying Africa; questioned the level of confidence in surveillance data
- Warned against potential loss of trust and confusion that could result from celebrating certification while the incidence of cVDPV increases globally
- Conveyed the importance for Nigeria to have a robust outbreak response plan
- Provided assurance that the Nigerian government is committed to achieving a polio-free status, and appreciated the support of WHO and all partners in this effort
- Regretted the increasing case count and positive environmental samples in Pakistan, and hoped that this is not a long-term reversal of progress
- Acknowledged collaboration between Pakistan and Afghanistan to unify strategies targeting mobile populations
- Credited earlier reduction of cases in Pakistan to successful campaigns, dedicated workers, and high-performing EOCs
- Provided assurance that Pakistan is implementing emergency action plans emphasizing early detection, operational excellence in vaccination campaigns, perception management to counter anti-vaccine propaganda, and inclusion of broader package of health services

- Agreed that novel solutions and communication strategies are needed to counter refusals and build community trust, thereby improving campaign quality
- Acknowledged that political and social issues are now the dominant barriers to eradication and warned that these setbacks will proliferate if they are not contained
- Expressed concern about the global vaccine hesitancy trend and increasing complacency and misunderstanding
- Requested intensification of outbreak response and contingency planning
- Anticipated the value of the new regional hub in Amman, Jordan, and hoped this development will support endemic countries while also encouraging country ownership
- Expressed dismay about violence against vaccinators and healthcare workers, and commended their courage
- Suggested enhanced advocacy throughout the political spectrum, not just at the highest levels
- Hoped that 2019-2023 strategy is the last, and reaffirmed commitment to mobilize financial resources and to advocate to keep polio on the political agenda

Regarding transition, stakeholders:

- Expressed concern about fragile health systems suffering from the ramp-down of GPEI funding
- Encouraged that transition planning continue in earnest to preserve the assets and expertise that have developed
- Requested regular updates on transition from the WHO Secretariat, which is overseeing the harmonization of GPEI, IVB, International Health Regulations, etc.
- Recognized the importance of enhanced routine immunization to close immunity gaps and suppress conditions that are conducive to VDPV
- Pleased to see more emphasis on transition in the new strategic plan
- Pleased to see gender equity highlighted in new strategic plan

**Meeting Closure**

Ambassador Okaniwa concluded the meeting by stating that polio eradication is in sight, but the final steps are challenging and demand that all stakeholders recommit themselves to this goal. He also noted that polio eradication is only one step in the continued efforts to achieve the health-related Sustainable Development Goals. He commended the many innovative approaches and efforts by WHO and other colleagues, and recognized the critical support of donor countries and the commitment of endemic countries to achieving the shared goal of polio eradication. He thanked the meeting participants for their time and attention, and announced the tentative date for the next high-level meeting: Friday, 6 December 2019.