



Polio Eradication Strategy 2022–2026

Delivering on a promise

Stakeholder consultation report

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INTRODUCTION

Polio Eradication Strategy 2022–2026: Delivering on a promise was developed following a comprehensive assessment of the Global Polio Eradication Initiative’s (GPEI) management practices and structure, alongside a programme-wide evaluation of the *Polio Endgame Strategy 2019–2023* to determine what actions, interventions and transformations will be needed to achieve polio eradication.

The development of the *Polio Eradication Strategy 2022–2026* began in July 2020 and was led by a multi-partner working group comprised of external consultants and representatives from the GPEI’s core partners: Rotary International, the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC), the United Nations Children’s Fund (UNICEF), the Bill & Melinda Gates Foundation, and Gavi, the Vaccine Alliance.

This consultation process was designed to achieve the following goals:

- create a transparent, inclusive strategy development process;
- engage a range of audiences with varying types of expertise; and
- increase awareness within the global health community that a new 2022–2026 Strategy was under development to replace the 2019-2023 Strategy and prepare for the Post-Certification Strategy (PCS).

This report provides an outline of the consultation process, as well as a summary of feedback received and responses from the authors of the strategy in relation to key points raised and questions asked.

CONSULTATION METHODOLOGY

Throughout the drafting of the *Polio Eradication Strategy 2022–2026*, the GPEI solicited input from a broad set of stakeholders to shape the future direction of the programme in the final, collective effort to achieve polio eradication. This external engagement was the most extensive to date of any GPEI strategy, drawing on the inputs of country programmes, donors, national governments and approximately 40 external stakeholders with epidemiological, technical, managerial and operational expertise.

This stakeholder engagement process took place from July 2020 to March 2021 and was led by Camber Collective, a U.S.-based firm that oversaw the process as an independent party. Over the course of nine months, seven workshops were convened with more than 100 stakeholders. The workshops sought to capture problems slowing progress to eradication and identify key solutions which provided the foundation for a new strategy. (See below for workshop topics listed in the order in which they were held).

Workshop	Topic
#1	Discuss and define challenges in interrupting WPV1 in endemic countries.
#2	Discuss and define challenges in interrupting cVDPV2 in non-endemic countries.
#3	Brainstorm early solutions to defined challenges.
#4	Continue to define and pressure-test early solutions to programme challenges.
#5	Finalize proposed solutions.
#6	Outline a shared framing and narrative for the 2022–2026 strategy.
#7	Discuss enabling factors that will allow the new strategy to succeed.

To further ensure collaborative solution development, nine technical working groups held weekly meetings from mid-October 2020 to early-January 2021. The working groups included representation from all GPEI partners, management groups and task teams, as well as multiple donors and advisory groups, and involved over 150 people in total. In the first two workshops, the groups identified problems or challenges for which they then co-designed solutions in the third workshop. Special care was taken to leverage UNICEF and WHO country and field staff's knowledge and insights throughout these workshops.

In parallel with this process, over 30 bilateral conversations were held with key partners, donors and constituent governments to evolve outputs towards a genuinely collective vision. To provide an additional layer of scrutiny, the GPEI convened 40 external experts to provide comments on the solutions and wider strategy. The expert panel engaged in written consultation and in live participation in the final workshop to supplement donor and partner expertise.

During the document's drafting process (February to May 2021), the strategic framework and iterative drafts of the strategy document were socialized with donors and governments in a series of listening and feedback sessions. A wider group of stakeholders received drafts of the strategy in early-March and mid-May for written feedback and input, resulting in over 1,000 comments. In all, the process engaged hundreds of individual contributors representing more than 70 organizations.

The final strategy was publicized in a global launch event hosted online on 10 June 2021.

PARTICIPANTS

The **Polio Eradication Strategy 2022–2026** working group engaged a large number of stakeholders in the consultation process.

- Afghanistan Red Crescent Society
- Bill & Melinda Gates Foundation Polio and Vaccine Delivery Teams
- Camber Collective
- Center for Integrated Health Programs (CIHP)
- Centre for Health Sciences Training, Research and Development (CHESTRAD), Global
- Christian Medical College, Vellore
- Civil Society Group
- Civil Society Human and Institutional Development Programme
- Common Thread
- Communication Initiative
- CORE Group
- Emergency Committee under the International Health Regulations (IHR) on the International Spread of Poliovirus
- Gavi, the Vaccine Alliance
- Global Commission for the Certification of the Eradication of Poliomyelitis (GCC)
- Global Financing Facility
- Global Vaccine Action Plan (GVAP) Working Group, now the Immunization Agenda 2030 (IA2030)
- Global Virome Project
- Government of Afghanistan
- Government of Australia
- Government of Canada
- Government of Egypt
- Government of the European Union
- Government of Germany
- Government of Islamic Republic of Iran
- Government of Japan
- Government of Norway
- Government of Pakistan
- Government of Sudan
- Government of the United Arab Emirates
- Government of the United Kingdom
- Government of the United States of America
- GPEI Management Groups and Task Teams
- GPEI Partners (immunization and emergency teams at the global and regional levels)
- Imperial College London
- Independent Monitoring Board (IMB)
- Institute for Disease Modeling (IDM)
- International Centre for Diarrhoeal Disease Research (ICDDR)
- John Snow Inc.
- Johns Hopkins Bloomberg School of Public Health
- Kid Risk, Inc.
- Pakistan Polio Eradication Initiative
- Polio Partners Group (PPG)
- RESULTS UK
- Rotary
- Strategic Advisory Group of Experts (SAGE) on Immunization and its Polio Working Group (SAGE-WG)
- Technical Advisory Groups (TAGs) for endemic countries and regions
- The Women's Storytelling Salon
- Transition Independent Monitoring Board (TIMB)
- UNICEF Health Section, NY headquarters
- UNICEF Immunization Unit
- UNICEF Supply Division
- United Nations Foundation (UNF)
- University of Michigan
- University of North Carolina at Chapel Hill, Gillings School of Global Public Health
- University of Oxford
- US Centers for Disease Control and Prevention (CDC) Polio and Immunization Teams
- Vaccine manufacturers
- Vaccine Network for Disease Control
- VITAL Pakistan
- World Health Assembly Member States
- WHO and UNICEF regional office focal points for polio and the Expanded Programme on Immunization (EPI)
- WHO Country Offices
- WHO Director-General's Envoy Multilateral Affairs
- WHO Division for Science
- WHO Division for Communicable and Non-Communicable Diseases
- WHO Global Health Workforce Network Gender Equity Hub
- WHO Health Emergencies Programme
- WHO Health System Strengthening
- WHO Immunization, Vaccines and Biologicals
- WHO Polio Transition Team
- WHO Resource Mobilization

SUMMARY OF STAKEHOLDER FEEDBACK RECEIVED THROUGH ITERATIVE REVIEWS

Common feedback themes

- Two goals to address all poliovirus have been well-received.
- Stakeholders expressed interest in strategies to help the GPEI achieve deep government and community buy-in. They welcomed the broader focus on these issues in the updated strategy, moving away from a strictly epidemiological focus.
- Detailed solutions within each goal must provide geographical specificity, wherever possible.
- A gender lens must be applied to and integrated across polio eradication activities.
- A monitoring and evaluation framework will be critical for confidence in the strategy.
- Stakeholders expressed interest in seeing how GPEI partners will become accountable for progress against results. Ensuring accountability will only be possible if governments clearly demonstrate ownership – which, in turn, is cultivated through a well-tailored approach on how the GPEI work with governments and build capacity.
- On timelines, there was broad agreement that building benchmarks and milestones into the strategy’s timeline are more important than emphasizing a timeline for eradication. The strategy’s timeline should be positioned as a budgeting tool for planning purposes.
- On the timeline for interrupting circulating vaccine-derived poliovirus type 2 (cVDPV2), the Strategy Committee (SC) agreed to three years after last cVDPV2 isolate given the case-to-infection ratio of cVDPV2 and agreed that the Global Commission for Certification of the Eradication of Poliomyelitis (GCC) will later define prerequisites for cVDPV2 validation.
- The strategy should address transition planning – as this is equally important for focus countries (which should begin this journey now regardless of ongoing outbreaks) and for those countries where polio activities are already winding down.

Detailed feedback and responses

Strategic framing

Feedback	Response
The strategy should reflect where polio eradication fits within the larger picture of global health priorities.	References were included for IA2030, Gavi 5.0 and iPOW, some with dedicated callout boxes.
The COVID-19 pandemic is still a high risk to the polio programme, as it will continue to impact campaigns and surveillance activities and impact country health priorities. This should be mirrored in the strategy.	A new sidebar on COVID-19 reflects related risks to the strategy, and the risk management portion of the M&E framework addresses COVID-19-related risks under the potential for inadequate resources.
The strategy should reflect and build upon learnings and recommendations from the Independent Monitoring Board (IMB) to ensure previous mistakes are not repeated.	References to the most recent IMB report were added, and the full strategy document carries forward priorities raised through their recommendations.
Stakeholders emphasized the importance of certification, validation of the absence of cVDPVs, and containment, suggesting that these elements be included in the strategic framework. Some suggested that there should be goals or objectives that pertain to these activities.	The two goals (stopping transmission in endemic countries and stopping outbreaks in non-endemic countries) are fundamental to workstreams and processes related to containment, certification and validation, which are themselves contingent on achieving eradication and stopping outbreaks.
Reference should be made to how the strategy and implementation plan will be evergreen and adjusted, depending on how any chosen scenario plays out.	The Strategy Committee will make 2023 a year of broad, intensive review and appraisal of the strategy, for which donors and stakeholders will be engaged.

Goal One feedback

Feedback	Response
Stakeholders requested that reference be provided for the endemic country National Emergency Action Plans (NEAPs), which set country priorities and approaches for the next 12 months.	NEAPs are now referenced with links to country pages where the latest NEAPs will appear over the duration of the global strategy.
The number of inaccessible children in Afghanistan sometimes varies across GPEI materials - from 1 million children to more than 2 million. Reviewers asked for clarity on the number of missed children.	Different figures have been circulated, primarily through Technical Advisory Group (TAG) meetings. Writers confirmed the language should be ~1 million children persistently missed in inaccessible areas in southern Afghanistan due to the ban since May 2018, thereby emphasizing the regional specificity.
Stakeholders asked: what alternative approaches will be applied to overcome the hurdles posed by the limits on house-to-house campaigns?	Alternative approaches that will be considered include mosque-to-mosque, site-to-site and permanent transit points. Additionally, integrated service delivery is noted as a key component of the strategy to reach inaccessible areas in Afghanistan.

Goal Two feedback

Feedback	Response
The outbreak response structure proposed doesn't include Asia-Pacific region. It would be useful to understand the rationale for this.	The Asia-Pacific region has not been as severely impacted by widespread cVDPV2 outbreaks, thus no region-specific structure is proposed.
The new strategy needs cross-border activities. Low essential immunization coverage and regional migration patterns allow the virus to jump from one population to another; however, the draft doesn't mention highly vulnerable cross-border, transboundary mobile and nomadic populations and the effect they have on the propagation of poliovirus and other vaccine-preventable diseases, particularly in the Horn of Africa and Lake Chad regions.	Cross-border strategic activities will continue to be a focus of the programme moving forward. This is now addressed in the discussion of the epidemiological context and challenges at the beginning of each goal.
Community engagement should capture the importance of understanding local gender relations and inequalities in vulnerable communities. The KPI should assess gender balance among community-based surveillance informants in high-risk areas who do the reporting. Gender balance is important because women have different types of access, knowledge and communication methods than men in most societies where outbreaks typically occur.	This will be addressed in outbreak response by a conducting gender analysis. A GPEI Gender Equality Strategy Action Plan is also forthcoming.

Strategic objectives

Feedback	Response
Stakeholders asked for greater clarity on why the strategic objectives are transformative. For objectives that were used in previous strategies, why didn't these approaches work in the past and what will be different?	The new strategy emphasizes that it is not just a matter of what the GPEI will do differently, but also how it will work differently. Strategic pivots and written emphasis on what is new and how it will be different have been added.
Government ownership and political advocacy	
The role of government is discussed; however, the draft is inconsistent and contradictory as to the principles and best practices of successful government engagement. Can it be written so readers will better understand and relevant authorities will better know what is expected, when and at what level?	Government engagement and accountability is a clear priority of the new strategy; consequently, it is the first objective within each goal. Furthermore, a sidebar on successful government engagement in Nigeria was added with links to best practices and lessons learned.

Stakeholders asked how political advocacy will extend beyond governments as distrust of governments is extremely high in areas where polio is highest risk. Equally important in advocacy efforts are communities and non-state actors.	The strategy includes language that the GPEI will engage directly or through intermediaries with all actors (state and non-state) to expand access to new and key geographies.
Community engagement	
The use of community engagement to increase vaccine acceptance should be expanded so the strategic objective is more about partnering with communities.	The language of the objective has been revised to "context-adapted community engagement," and emphasis on partnering with polio-affected communities has been added throughout.
New methods should be introduced to better understand issues around demand, trust and hesitancy. Anthropological and political economy studies are important, as are simple listening approaches such as focus group discussions and participatory community dialogue to identify issues and find local solutions.	The strategy notes that multidisciplinary research into hesitancy and community mistrust will be a key strategic pivot for the GPEI, particularly in endemic countries.
Integration	
Collaboration under integration must be strategic: the GPEI should ensure that integration is not an end in and of itself but contributes to eradication. A mapping of interventions and an assessment of capacities will be needed to identify where and what kind of support from external partners will be needed. The programme should make clear who will decide when the GPEI will support other health programmes, and whether polio infrastructure will be used in specific contexts, or in general.	An integration decision-making framework has been included in the strategy which outlines a process that will be used for identifying and evaluating integration opportunities. This framework clarifies the role GPEI will play in integration and which activities are considered in-scope given their role on the critical path to eradication.
Although the drafted strategy has a strong focus on enhancing integration, a systematic focus on the integration of polio eradication into broader essential immunisation efforts and ongoing health programmes does not appear to be a central driver. This is a missed opportunity. It is in the GPEI's interest to ensure all approaches to integration work well. Opportunities to coordinate and cost-share should be encouraged.	The use of polio resources to help target gaps in essential immunization efforts and ongoing health programmes has now been addressed, particularly in the outbreak country contexts of Goal Two. In Goal One, integration is prioritized for its value in partnering with communities and building greater trust in the programme and in polio vaccines.
On transition as it fits within integration: It would be helpful to include a clearer outline of respective responsibilities between the GPEI and WHO/UNICEF on transition, what joint planning is taking place and what will be needed in its totality for GPEI to completely exit.	The final strategy has a new sidebar on "Navigating Transition" in the Overview section, with link to the latest report of the Transition Independent Monitoring Board (TIMB), which contains more details.
Campaign operations	
The biggest challenge the GPEI faces is that too many children are missed and the immunity gap is growing. This is the time to focus on birthdose OPV, as well as other opportunities to increase population immunity, expand partnerships with civil society, and empower local problem-solving.	Details on birthdose OPV, collaboration with other immunization programmes, broader engagement with CSOs, NGOs, private sector and adjacent health and humanitarian programmes have been incorporated into the goal narratives.
Digital tools for campaigns could be an area for collaboration with other health initiatives to develop platforms at the country level (i.e., for the Global Fund).	Expanded digitization of campaign operations is now included in Goal Two.
Although the strategy makes reference to the importance of hiring female vaccinators, there is no approach identified to ensure their safety and security.	A callout box on safeguarding communities and polio workers now appears in a spotlight under Goal One.
Surveillance	
Some rapid operational improvements are missing. When will direct detection be expected? How will community-based surveillance be rolled out with sustainability in mind? What about the use of GIS for data collection, sharing, visualization, triangulation?	Detail on these operational improvements have been brought into the document.
Stakeholders welcomed the strong focus on surveillance and supported the proposed transformation to electronic surveillance; however, they noted it will be important to ensure interoperability through compatibility with existing surveillance systems to avoid parallel structures and to leverage synergies.	Interoperability is certainly a key aspect to ensuring the programme's surveillance systems are adequate and will be compatible with other systems. This has been addressed in Goal Two.

Enabling environment

Feedback	Response
GPEI structure	
There is a stronger focus in the strategy on empowering implementers and instilling a system of accountability, but changes at the management level are not clear, apart from including a donor seat on the Polio Oversight Board (POB)	Through regionalization, the GPEI is empowering regional and country teams. M&E and risk frameworks will support accountability across the GPEI. Across all levels, KPIs will be tracked, assessed and communicated, and a scorecard will be reviewed regularly by the POB. These frameworks will take not only structural or communication changes, but also behavioral and mindset changes.
How will the governance of critical functions be shared between the IMB, the Partnership Council, the Polio Partners Group (PPG), the POB and TIMB?	Each of these groups has a distinct role in GPEI governance and serves different purposes. The IMB, TIMB and PPG are independent groups that are not part of the GPEI. The IMB and TIMB are monitoring groups, whereas the PPG supports and provides input to the GPEI. The Strategy Committee (SC) and POB provide strategic, management and oversight to the partnership.
How do the Afghanistan and Pakistan Technical Advisory Groups (TAG) fit into the organigram?	The Afghanistan and Pakistan TAGs will increase their focus on VDPV response review and validation to provide independent voices on regional operations and GPEI performance.
Gender	
Initiating a formal GPEI partner coordination mechanism on gender is good news. Related to the Gender Support Unit: <ol style="list-style-type: none"> When the mechanism on gender will be implemented? Will gender data collection and gender analyses be optional or required? What will a gender analysis entail? (i.e., how detailed should it be?) Exactly what data will be collected? 	<ol style="list-style-type: none"> The Gender Support Unit will be established with the rollout of the new GPEI management structure in the third quarter of 2021. Sex-disaggregated data collection and analysis are required, as outlined in the M&E framework. Gender analysis will be one of the tasks of the new coordinating mechanism. Gender analysis at country level will help understand gender-related barriers that contribute to missed and under-immunized children. In turn, addressing gender-related barriers will be achieved through gender balance or parity and the meaningful participation of women in the programme, including frontline workers, supervisors, advisory, and monitoring groups Both quantitative and qualitative data will be used, depending on the methodology (surveys, focus groups, interviews, etc.)
Increasing the role women in the management, oversight and governance of the polio eradication programme should be highlighted. Achieving equity in leadership is fundamental to eradicating polio.	In addition to including more on the role of women, callout boxes throughout the strategy provide a snapshot of the broader spectrum of gender-related work that is underway, beyond priorities to increase the number of female vaccinators.
Research	
'Integration' piloting research should explore whether more polio doses can be delivered through essential immunization despite a reduction in the number of supplementary immunization activities.	Integration has been added in operational research under point 15 in the table.
Gender should be added to polio research areas – for example, the impact of team composition on vaccination rates and access to households (i.e., opening doors, bringing out all children) and the impact of actively mentoring young female professionals (professional, mid-career) on retention, promotion and job satisfaction.	Operational research on gender equality has been added in point 15. The table does not provide the scope to enlist all research needed in the future, but research will be carried out in the different work areas to study gender issues in detail.
Community engagement should be added to polio research areas – for example, how to understand decision-making dynamics and how to better-target interventions, as well as the impact of these local-level interventions on vaccination uptake and the impact of targeting interventions to categories of risk type and driver.	Operational research to enhance community engagement is covered under point 15. Need-based research pilot projects will be undertaken in different work areas to enhance community engagement.

The impact of coaching (data utilization) on campaign quality and a reduction in transmission should be included.	The programme has strong, dynamic data analysis capacity, and capacity-building is an ongoing exercise, particularly at the country and subnational levels. Suggested research pilots can be taken up on case-to-case basis under operational research under point 15.
Vaccine supply	
There is no detail about how the polio eradication programme will protect against bOPV manufacturer exit (and its impact on supply). This might warrant elaboration.	This will be addressed through the GPEI's rolling risk management.
M&E and risk management	
Stakeholders would like to see a regular revision of the risk register to enable adjustments in mitigation strategies.	The SC is committed to a regular review and assessment of strategic risks.
Stakeholders expressed interest in a full risk analysis that covers a range of programmatic, fiduciary, operational, context and reputational risks, and they suggested it could be woven across the strategy rather than appearing as a stand-alone section.	The final version of the strategy includes high-level risks that will be monitored to assess and inform strategy implementation. As the strategy has been focused on decentralization and regionalization, a comprehensive risk analysis was out of scope. A more extensive risk analysis may be pursued as part of the debut of the strategy in 2022. Mitigating actions for each risk will be developed by the risk management group to be established within the Executive Management Unit (EMU).
Should the risk of nOPV2 not successfully controlling outbreaks be included in the risk register?	This is addressed in the risk of VDPV spread. A previous version of the risk register included nOPV-specific risks but was later consolidated to enable a more manageable set of high-level risks.
Stakeholders highlighted a potential risk that community engagement with local informal and formal leaders could inadvertently reinforce men's decision-making over women's lives.	This has been addressed as part of an overall risk due to gender not being mainstreamed, which includes other gender-related risks such as safeguarding. It is more specifically addressed in gender-sensitive KPIs associated with female vaccinators.
The risk of not mainstreaming gender goes beyond losing donor confidence; there's a risk of not achieving eradication by not identifying and responding to the gender dimensions of polio eradication.	Agree. The connection to donor confidence that appeared in an earlier draft is obscure, and the risk is broader than that. Language has been added to elaborate on the risk.
Finance & costing	
Stakeholders asked for further details on the budget, specifically how the GPEI plans to mobilize increased resources, what is meant by innovative financing solutions, and how limited resources will then be prioritized if the full budget is not met.	Review of resource mobilization and tradeoffs will be included in an investment case that the Resource Mobilization Group is developing. The budget in the strategy is an estimate; it is meant to serve as guidance for budgeting and planning. Further budget development will take place in the third quarter of 2021 ahead of the strategy's debut. The SC will guide all prioritization decisions.
It is unclear what activities will be covered with GPEI funding, with base-budget funding, non-FRR funding. Additionally, this doesn't reflect a lower cost if people leave the GPEI payroll (and their operational budget to implement activities). Also, the base budget cannot protect funds for polio eradication, as these funds are flexible.	Whilst the GPEI does not have the full picture of costs incurred outside the partnership, the programme recognizes the role that flexible funding and evolving discussions around the WHO's base budget will continue to play in relation to the GPEI budget to support the implementation of this strategy.
Stakeholders are looking to understand the assumptions underlying the envisaged budget for integration.	The two largest costs for integration are integrated campaigns and offering "plusses" as a component of outbreak response. While the discussion of finance in the document is kept brief given the high-level estimates used, the GPEI agrees that it will be helpful to further articulate integration priorities in the detailed budget development process.

Containment and post-certification planning

Feedback	Response
Containment	
Containment activities needed before 2026 should be mentioned. At a minimum, all facilities that will be retaining poliovirus will need to be entered into the Containment Certification Scheme (CCS).	A discussion of containment activities is now included and summarized in Figure 18 and Annex J.
Discussion is needed on what containment activities should be expected and what containment goals should be achieved between now and the end of 2026. A containment strategy should be included for this period.	A discussion of containment activities is now included and summarized in Figure 18 and Annex J.
Post-certification planning	
Stakeholders encouraged the GPEI to not lock the programme into bOPV cessation one year after the certification of WPV1 interruption, given lessons from the global switch from tOPV. They suggested that a whole new strategy is needed to redefine cessation strategies.	The strategy notes that several factors may contribute to the optimal estimates for the period between certification of eradication and OPV cessation.

ANNEX

Consultation schedule

Date	Location	Objective	Participants
Thursday, 20 August 2020	Teleconference	To present the proposed 2022-2026 strategy project charter, project scope, timeline and gather candid concerns and points of feedback for the GPEI	Government of Canada
Monday, 24 August 2020	Teleconference	To present the proposed 2022-2026 strategy project charter, project scope, timeline and gather candid concerns and points of feedback for the GPEI	Government of the United States of America
Tuesday, 25 August 2020	Teleconference	To present the proposed 2022-2026 strategy project charter, project scope, timeline and gather candid concerns and points of feedback for the GPEI	Government of the United Kingdom
Monday, 31 August 2020	Teleconference	To present the proposed 2022-2026 strategy project charter, project scope, timeline and gather candid concerns and points of feedback for the GPEI	Government of Germany
Monday, 31 August 2020	Written correspondence at request of donor	To present the proposed 2022-2026 strategy project charter, project scope, timeline and gather candid concerns and points of feedback for the GPEI	Government of Norway

Tuesday, 8 September 2020	Teleconference	To discuss, refine and agree upon the core issues slowing or preventing progress toward eradication of WPV1 in the endemic countries	SAGE IMB GCC PPG Government of Australia Government of the European Union Government of Germany Government of the United Kingdom Government of the United States of America IDM Imperial College London Kid Risk, Inc. GPEI Hub GPEI Management Groups & Task Teams GPEI Partners
Friday, 11 September 2020	Teleconference	To discuss, refine and agree upon the core issues slowing or preventing progress toward interruption of cVDPV2 in the outbreak countries	SAGE IMB GCC PPG Government of Australia Government of the European Union Government of Germany Government of the United Kingdom Government of the United States of America IDM Imperial College London Kid Risk, Inc. GPEI Hub GPEI Management Groups & Task Teams GPEI Partners
Wednesday, 30 September 2020	Teleconference	To gather insights and feedback from USAID Field operatives to support problem definition and strategy development	Government of the United States of America USAID Country Teams from Afghanistan, Pakistan, and the African Region
October 2020 to January 2021	Teleconference	This time window is the approximate period during which nine interagency working groups (including representation from donors/external stakeholders) met weekly to collaboratively define solutions to solve mutually defined problem statements.	Government of Canada Government of the United Kingdom Government of the United States of America GPEI Management Groups and Task Teams GPEI Partners

Monday, 9 November 2020	Teleconference	Day 1 of a 2-day convening/workshop to challenge and pressure test early solutions and finalized problem statements	SAGE IMB GCC Government of Australia Government of the European Union Government of Germany Government of the United Kingdom Government of the United States of America IDM Imperial College London Kid Risk, Inc. GPEI Hub GPEI Management Groups & Task Teams GPEI Partners UNICEF Country/Field Staff WHO Country/Field Staff
Tuesday, 10 November 2020	Teleconference	Day 2 of a 2-day convening/workshop to challenge and pressure test early solutions and finalized problem statements	SAGE IMB GCC Government of Australia Government of the European Union Government of Germany Government of the United Kingdom Government of the United States of America IDM Imperial College London Kid Risk, Inc. GPEI Hub GPEI Management Groups & Task Teams GPEI Partners UNICEF Country/Field Staff WHO Country/Field Staff
Monday, 14 December 2020	Teleconference	Day 1 of a 2-day convening/workshop to address questions, discuss, and finalize proposed solutions before transitioning to collectively define the new GPEI strategy framing	SAGE IMB GCC Government of Australia Government of the European Union Government of Germany Government of the United Kingdom Government of the United States of America IDM Imperial College London Kid Risk, Inc. GPEI Hub GPEI Management Groups & Task Teams GPEI Partners UNICEF Country/Field Staff WHO Country/Field Staff

<p>Tuesday, 15 December 2020</p>	<p>Teleconference</p>	<p>Day 2 of a 2-day convening/workshop to address questions, discuss, and finalize proposed solutions before transitioning to collectively define the new GPEI strategy framing</p>	<p>SAGE IMB GCC Government of Australia Government of the European Union Government of Germany Government of the United Kingdom Government of the United States of America IDM Imperial College London Kid Risk, Inc. GPEI Hub GPEI Management Groups & Task Teams GPEI Partners UNICEF Country/Field Staff WHO Country/Field Staff</p>
<p>Thursday, 21 January 2021</p>	<p>Teleconference</p>	<p>To discuss the enabling factors that will allow the new strategy to succeed (gender, communications, Monitoring and Evaluation, and Vaccine Supply/Research)</p>	<p>SAGE IMB GCC Government of Australia Government of the European Union Government of Germany Government of the United Kingdom Government of the United States of America IDM Imperial College London Kid Risk, Inc. GPEI Hub GPEI Management Groups & Task Teams GPEI Partners UNICEF Country/Field Staff WHO Country/Field Staff External Expert Panel, including: Christian Medical College, Vellore Civil Society Human and Institutional Communication Initiative Development Programme Common Thread CORE Group Partners Project - Nigeria Program CORE Group Polio Project GlaxoSmithKline Global Virome Project John Snow Inc. Johns Hopkins Bloomberg School of Public Health Results UK University of North Carolina at Chapel Hill, Gillings School of Global Public Health University of Oxford Vaccine Network for Disease Control Center for Integrated Health Programs VITAL Pakistan</p>

Tuesday, 26 January 2021	Teleconference	Listening Session with the Government of Afghanistan to gather feedback on the strategy framework, problem statements, and work to date.	Government of Afghanistan
Wednesday, 27 January 2021	Teleconference	Listening Session with the Government of Egypt to gather feedback on the strategy framework, problem statements, and work to date.	Government of Egypt
Wednesday, 27 January 2021	Teleconference	Listening Session with the Government of Sudan to gather feedback on the strategy framework, problem statements, and work to date.	Government of Sudan
Friday, 29 January 2021	Teleconference	To share the outline and content of the strategy with stakeholders for input on areas of focus and candid feedback	Government of Canada
Monday, 1 February 2021	Teleconference	Listening Session with the Government of the Islamic Republic of Iran to gather feedback on the strategy framework, problem statements, and work to date.	Government of the Islamic Republic of Iran
Monday, 1 February 2021	Teleconference	Listening Session with the Government of Pakistan to gather feedback on the strategy framework, problem statements, and work to date. <i>Note: Government chose to interact primarily via their NEAP</i>	Government of Pakistan
Monday, 1 February 2021	Teleconference	To share the outline and content of the strategy with stakeholders for input on areas of focus and candid feedback	Government of the United States of America
Wednesday, 3 February 2021	Teleconference	To share the outline and content of the strategy with stakeholders for input on areas of focus and candid feedback	Government of the United Kingdom
Thursday, 4 February 2021	Teleconference	To share the outline and content of the strategy with stakeholders for input on areas of focus and candid feedback	All donors

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Tuesday, 9 February 2021	Teleconference	To share the outline and content of the strategy with stakeholders for input on areas of focus and candid feedback	Government of the United Arab Emirates
Friday, 12 February 2021	Teleconference	To share the outline and content of the strategy with stakeholders for input on areas of focus and candid feedback	Government of Germany
Friday, 12 March 2021	Teleconference	To discuss a draft of the GPEI strategy circulated a week prior for comment from the entire donor group	All donors
Thursday, 18 March 2021	Teleconference	To discuss a draft of the GPEI strategy circulated 2 weeks prior	Government of Norway and Norwegian Institute of Public Health
Wednesday, 19 May 2021	Teleconference	To discuss a draft of the GPEI strategy circulated the week prior	Government of Canada Government of Germany Government of the United Kingdom Government of the United States of America GPEI Strategy Committee