

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

Tuesday, December 6, 2022

15.00 – 17.00 CET

# PPG Co-Charis & Moderators

- Dr. Linda Venczel, Director, Epidemic Preparedness and Response, PATH
- Luxembourg Ambassador, Marc Bichler

# PPG Presenters

- Aidan O'Leary, Director of Polio Eradication at WHO)
- Clarisse Loe Loumou, Pediatrician and CoChair of the CSO Working Group on Polio Transition at the United Nations Foundation;
- Elizabeth Thrush, Polio Advocacy Officer at the United Nations
- Dr. Jorge Castilla, WHO Health Emergencies Programme

# PPG Panelists

- *H.E Ihor Kuzin*, Chief State Sanitary Doctor - Deputy Minister of Health of Ukraine
- *H.E Oleksandr Matskov*, Deputy Director General of the Public Health Center of the Ministry of Health of Ukraine
- *H.E. Victor Nwaoba Itumo*, Minister Counsellor, Permanent Mission of Nigeria
- *S.E. Dr. Roger Kamba*, Conseiller spécial du Président de la République Démocratique du Congo en charge de la Couverture Maladie Universelle
- Dr. Micaela Serafini, Head of Health Unit at the International Committee of the Red Cross

# Polio Partners Group Meeting Agenda

(all times in Central European Time)

**15:00 – 15:05:** Welcome and introductory remarks (PPG Co-Chairs: Dr. Linda Venczel and Ambassador Marc Bichler) – *5 minutes*

**15:05 – 15:30:** Polio Eradication Situational Update (Aiden O'Leary)  
+ Discussion – *25 minutes*

**15:30 – 15:50:** Realities of Polio Integration and Transition from the CSO perspective (Elizabeth Thrush & Clarisse Loe Loumou) – *20 minutes*

**15:50 – 16:30:** Discussion on Polio Outreach in Conflict-Affected Areas (Ambassador Marc Bichler & Panelists) – *40 minutes*

**16:30 – 16:50:** Discussion – *20 minutes*

**16:50 – 17:00:** Concluding Remarks & Adjourn – *10 minutes*

# Presentations



# POLIO | GLOBAL ERADICATION INITIATIVE

## Global Polio Eradication Update Polio Partners Group: 6 December 2022

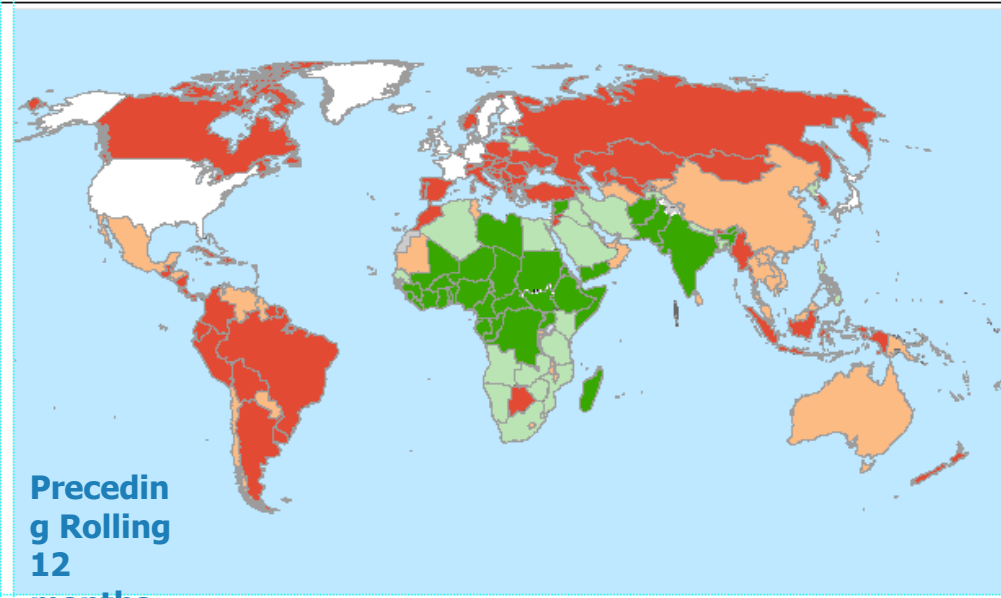
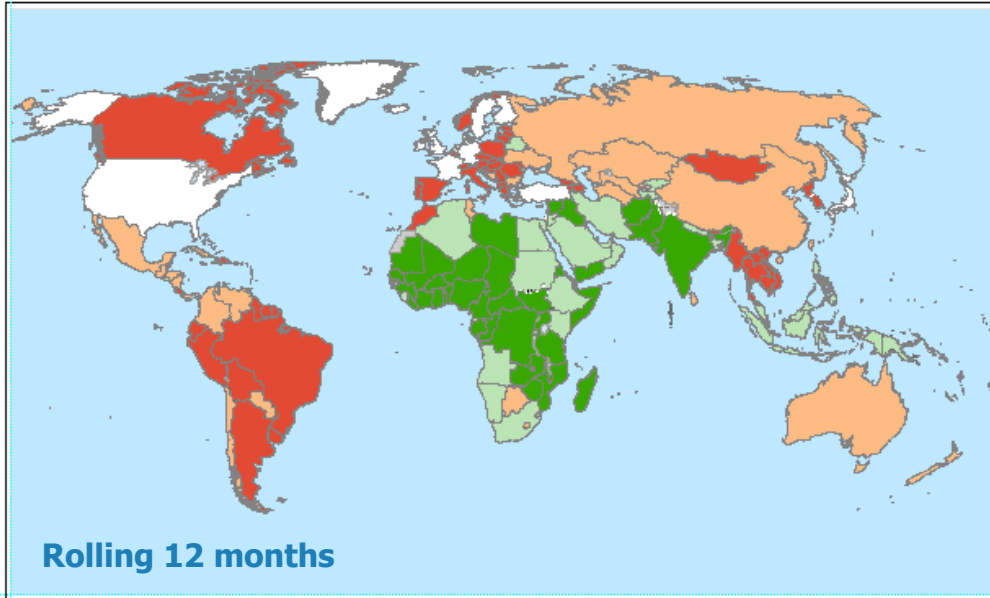


# Global surveillance performance

NPAFP and stool adequacy at provincial level

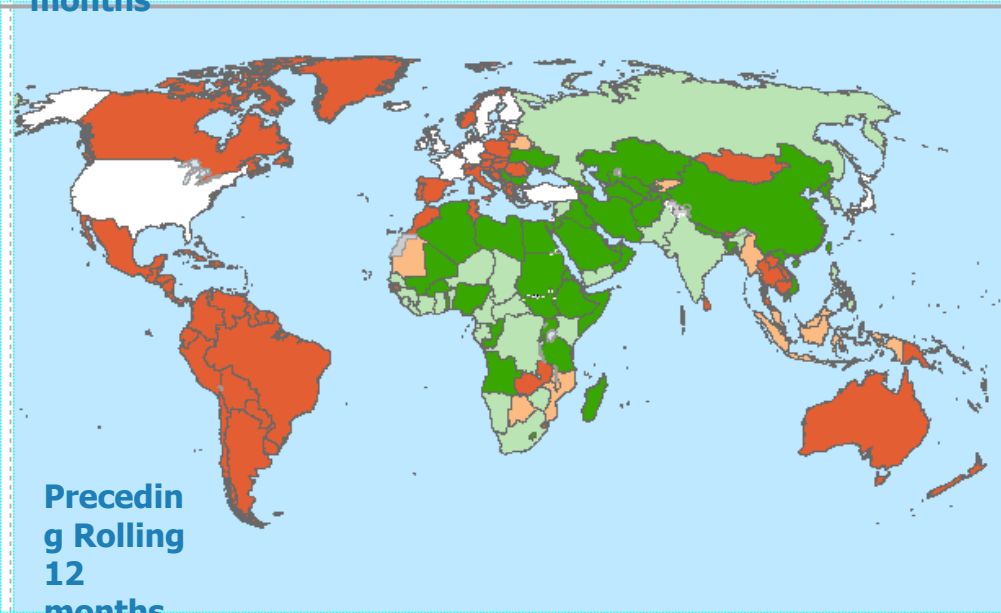
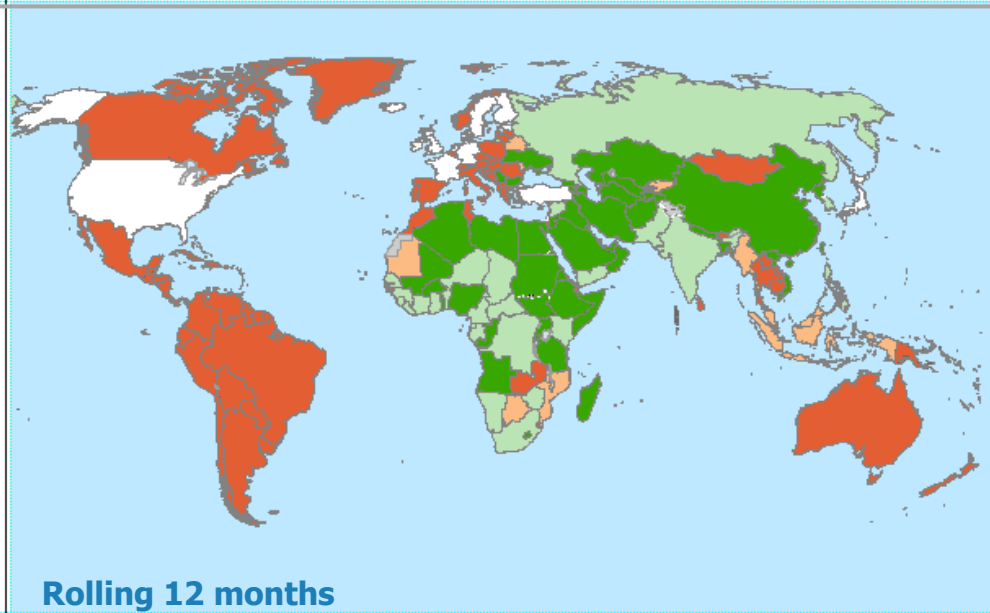
## Non-Polio AFP rate

- less than 1
- 1 to less than 2
- 2 to less than 4
- 4 and more



## Adequate Stool Collection Rate (2 Stool samples collected within 14 days from onset)

- Less than 70 %
- 70% to less than 80%
- 80% to less than 90%
- 90% and more



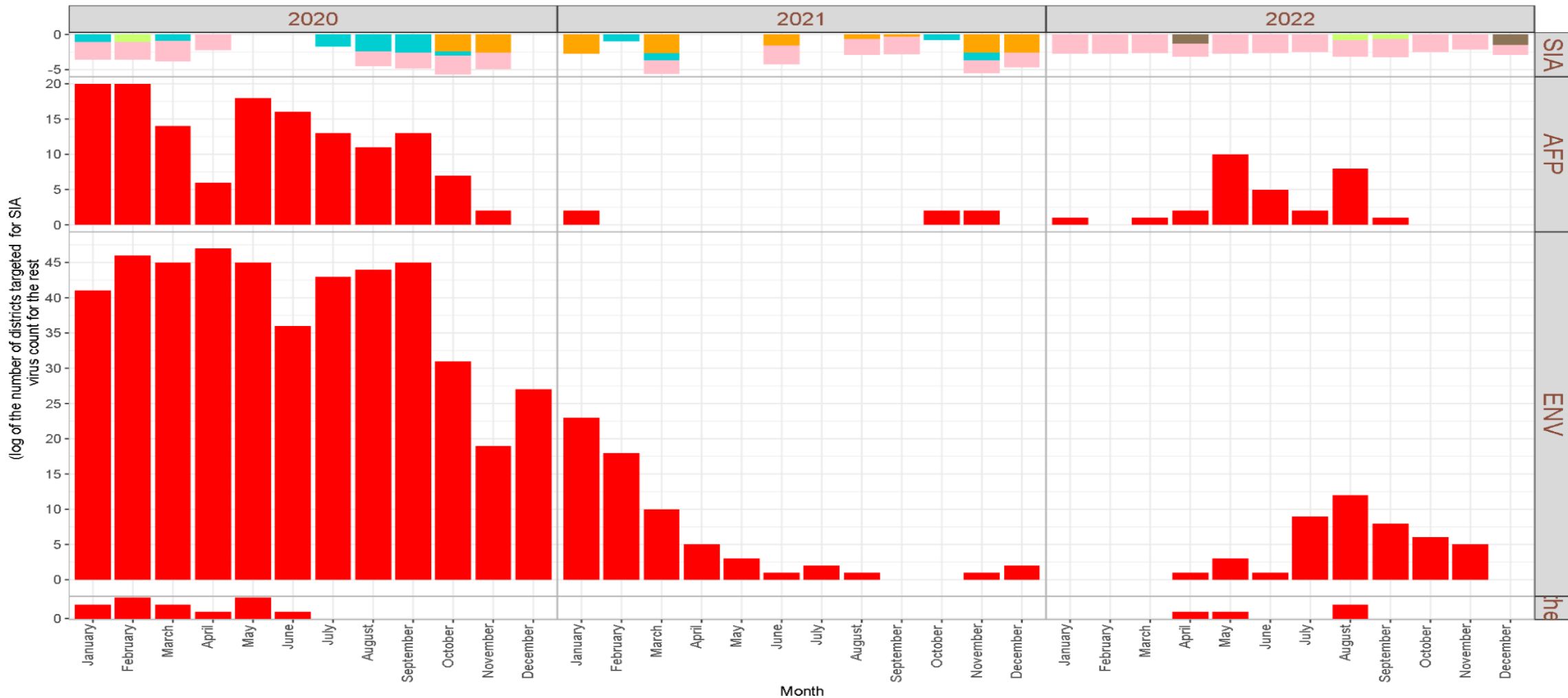
Rolling 12 months ending on 31 Jul 2022

Preceding Rolling 12 months ending on 31 Jul 2021

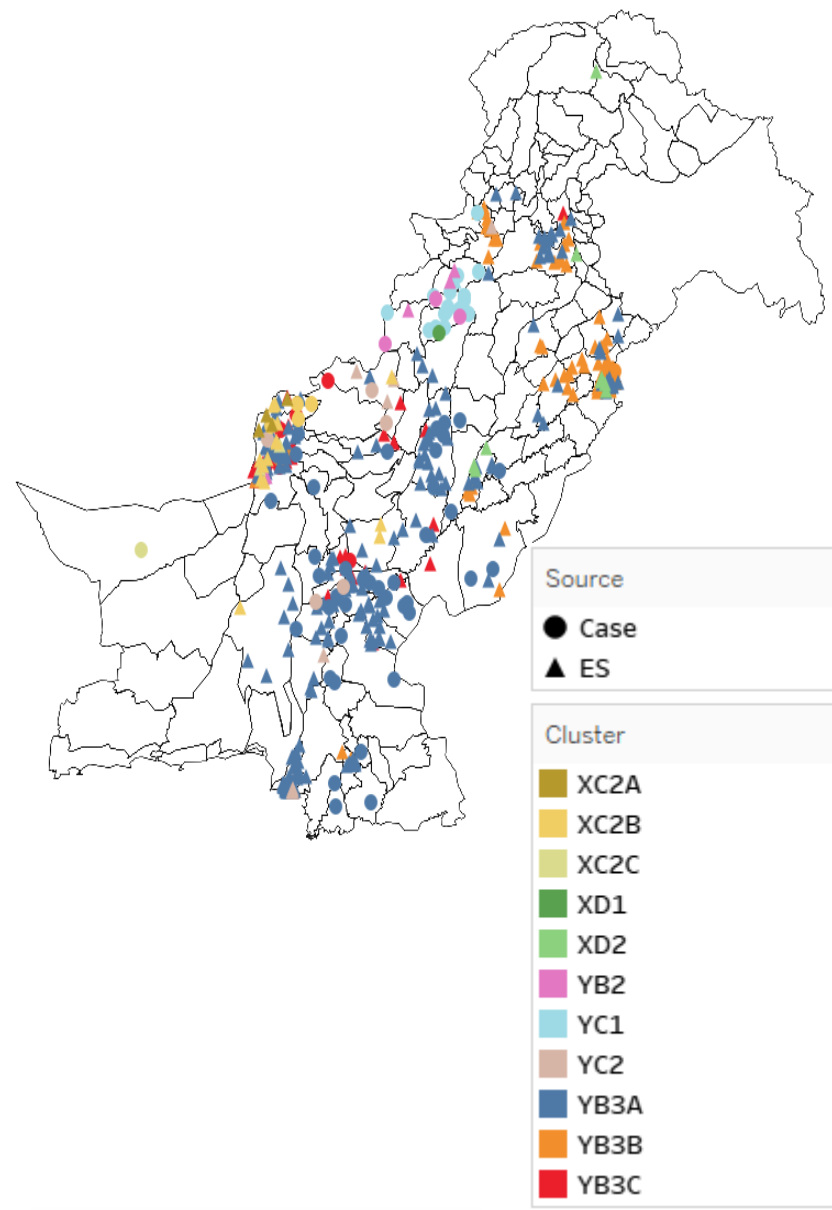
# Wild Poliovirus type 1

## Epi-Curve: AFP Cases, ENV, others(Human) and SIAs

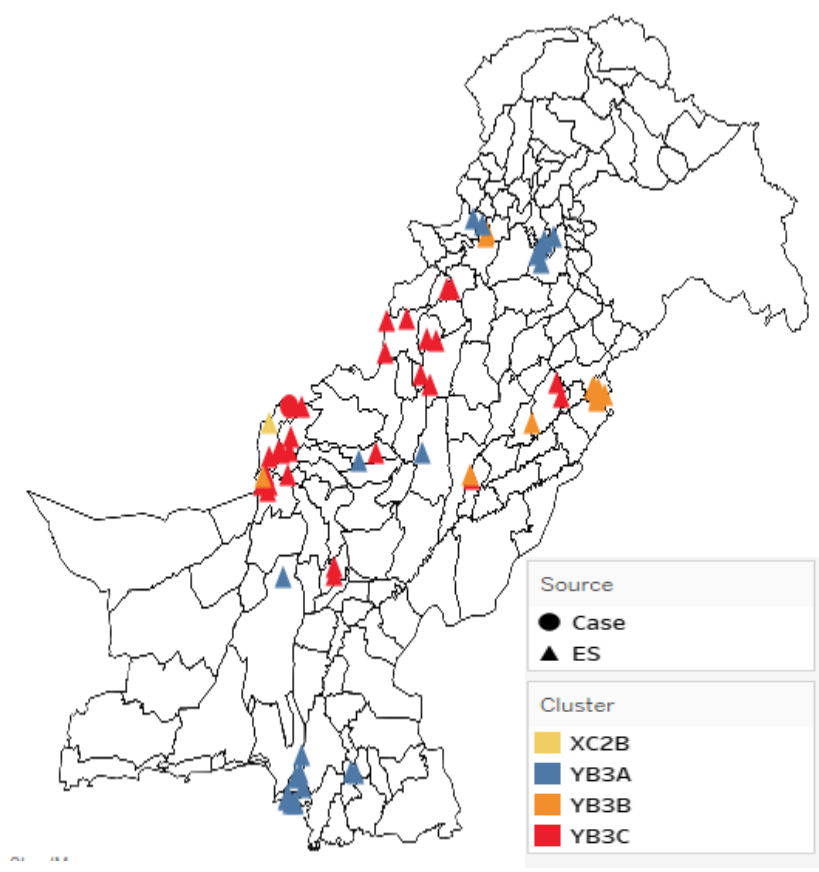
Country: AFGHANISTAN, IRAN (ISLAMIC REPUBLIC OF), MALAWI, MOZAMBIQUE, PAKISTAN,  
 Province(s): BADAKHSHAN, BADGHIS, BAGHLAN, BALKH, BAMYAN, DAYKUNDI, FARAH, FARYAB, GHAZNI, GHOR, HILMAND, HIRAT, JAWZJAN, KABUL, KANDAHAR, KAPISA, KHOST, KUNAR, KUNDUZ, LAGHMAN, LOGAR, NANGARHAR, NIMROZ, NURISTAN, PAKTIKA, PAKTYA, PANJSHER, PARWAN, SAMANGAN, SAR-E-PUL, TAKHAR, URUZGAN, WARDAK, ZABUL, HORMO



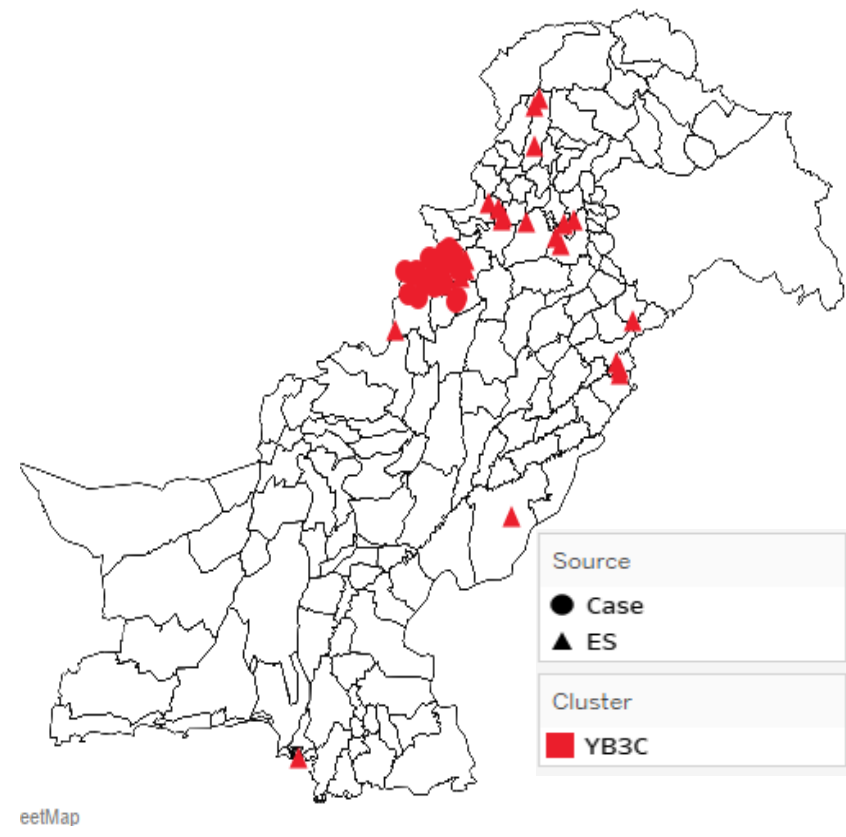
Year 2020  
11 Genetic Clusters



Year 2021  
4 Genetic Clusters



Year 2022  
1 Genetic Clusters



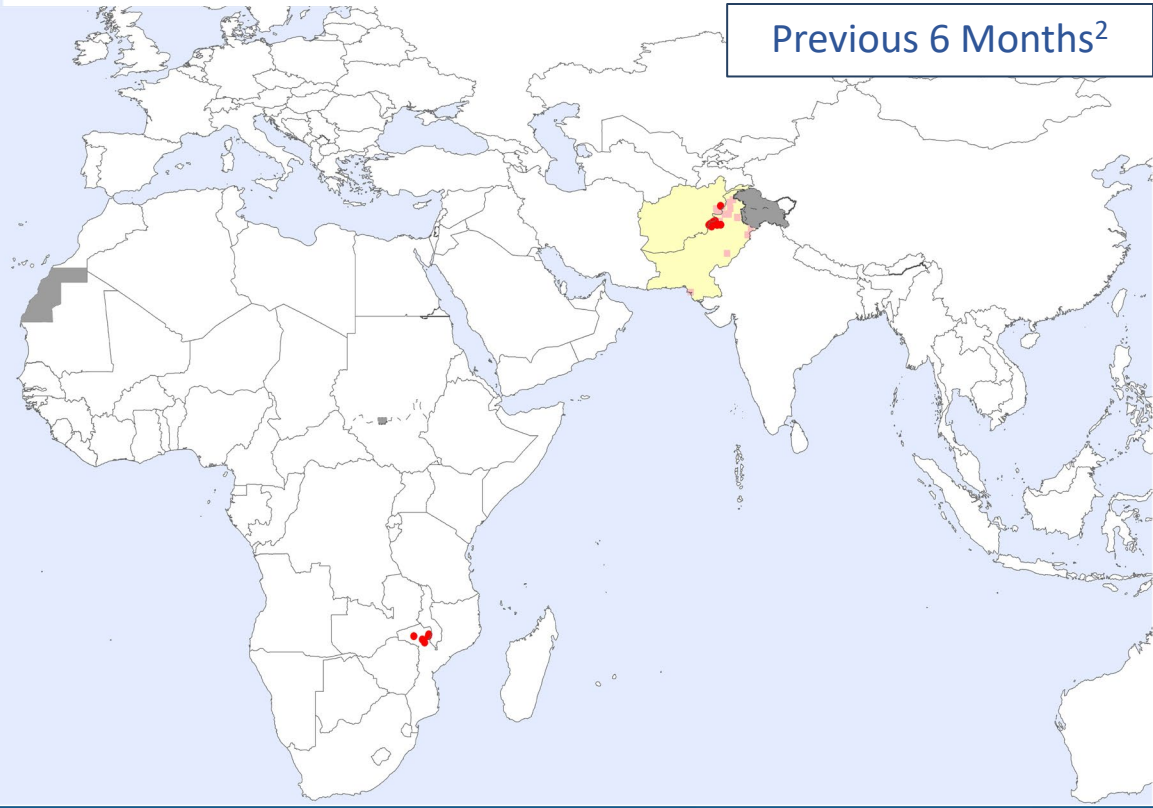
**Reductions in WPV1 genetic clusters from 11 clusters to 1 cluster**

Previous 12 Months<sup>2</sup>

# Global WPV1 isolates<sup>1</sup>

Data in WHO HQ as of 29 Nov. 2022

Previous 6 Months<sup>2</sup>



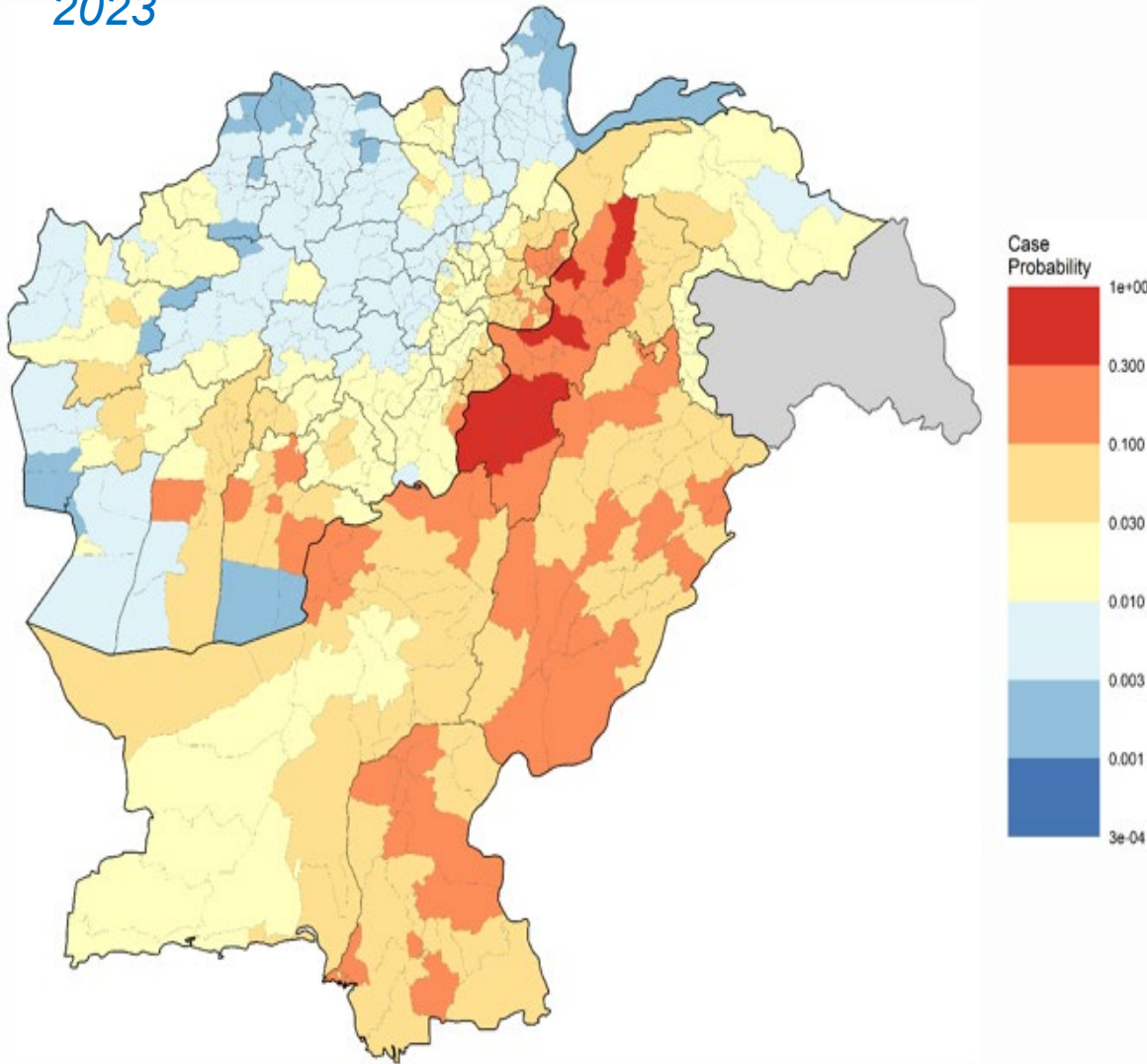
- WPV1AFP
- WPV1ES
- Endemic country (WPV1)

<sup>1</sup>includes viruses detected from AFP and environmental surveillance  
<sup>2</sup>Onset of paralysis/collection date :  
30 Nov. 2021 to 29 Nov. 2022 for previous 12 months  
30 May. 2022 to 29 Nov. 2022 for previous 6 months



# Case Risk in Afghanistan and Pakistan

*Case Risk Afg+Pak; September 2022 – February 2023*



## Overarching Risks

- **Floods**
- **General Elections in 2023**
- **Deteriorating security**

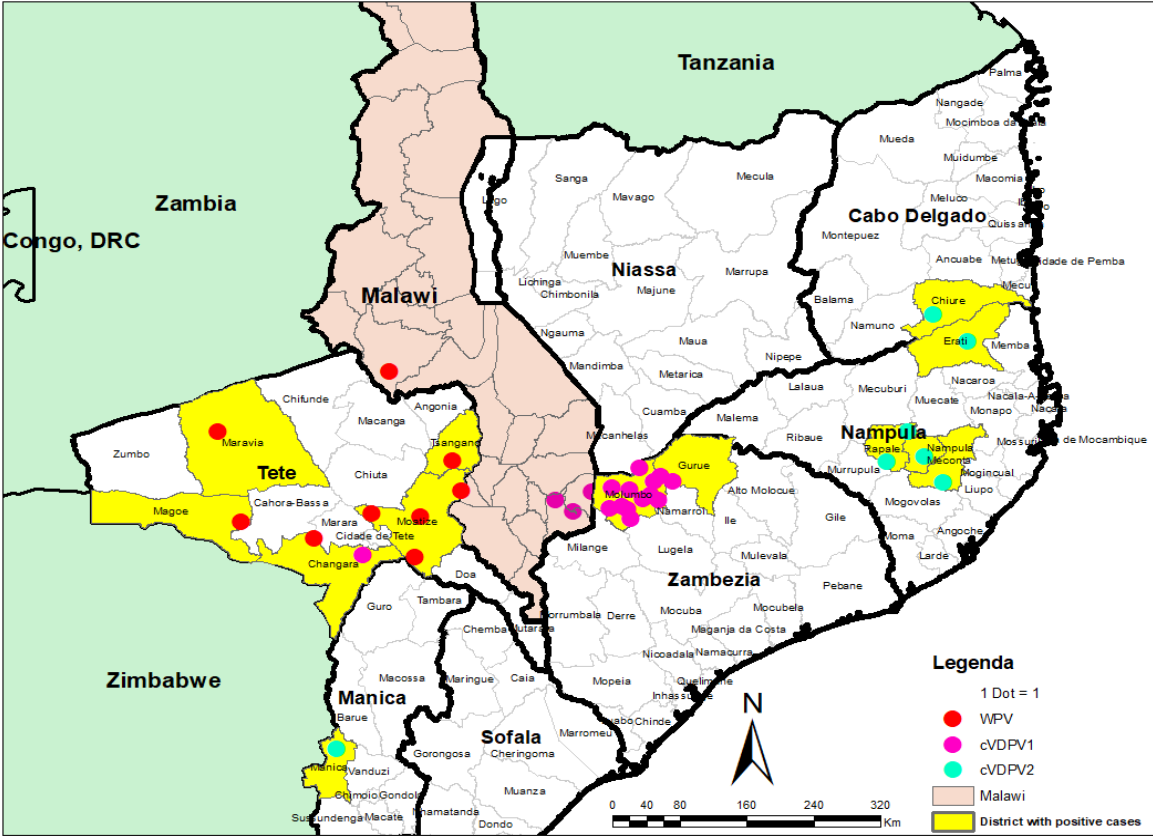
## Epidemiological Risks

- Persistence of endemic circulation in SKP
- Spread of circulation and amplification of virus in Karachi and other historic reservoirs
- Cross border transmission



# Multi-country WPV1 and cVDPV outbreak response in southeastern Africa

- Subregional immunisation response
- Expanded and intensified AFP and environmental surveillance
- Strengthening essential immunisation (target child population)
- **OBRAs in Malawi and Mozambique in October / November**
- **Zimbabwe – initial SIA in October, second campaign started yesterday**
- **ARCC**



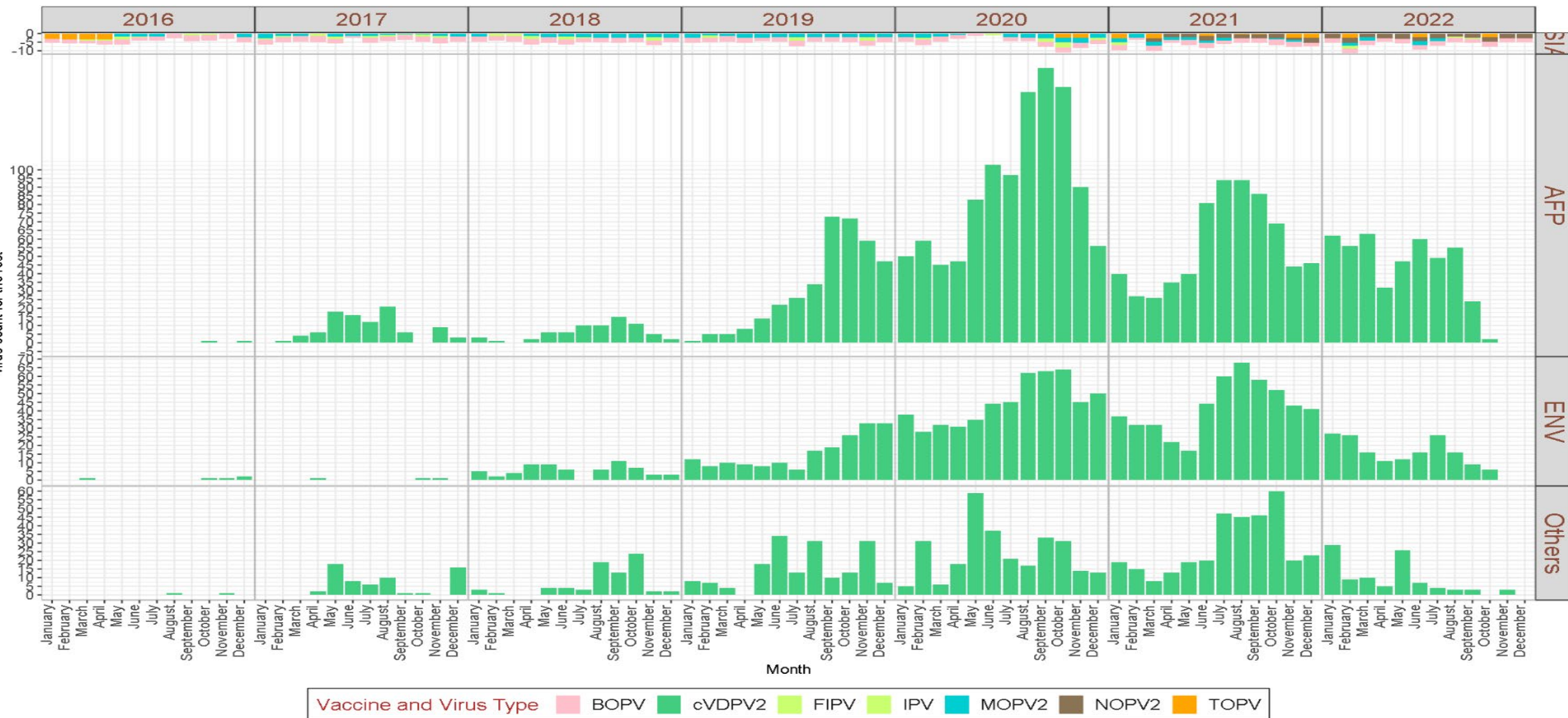
***3 circulating polioviruses:  
Wild polio type 1, cVDPV1 and cVDPV2***



# Global, post switch cVDPV2 trend between 2016-2022

## Epi-Curve: AFP Cases, ENV, others(Human) and SIAs

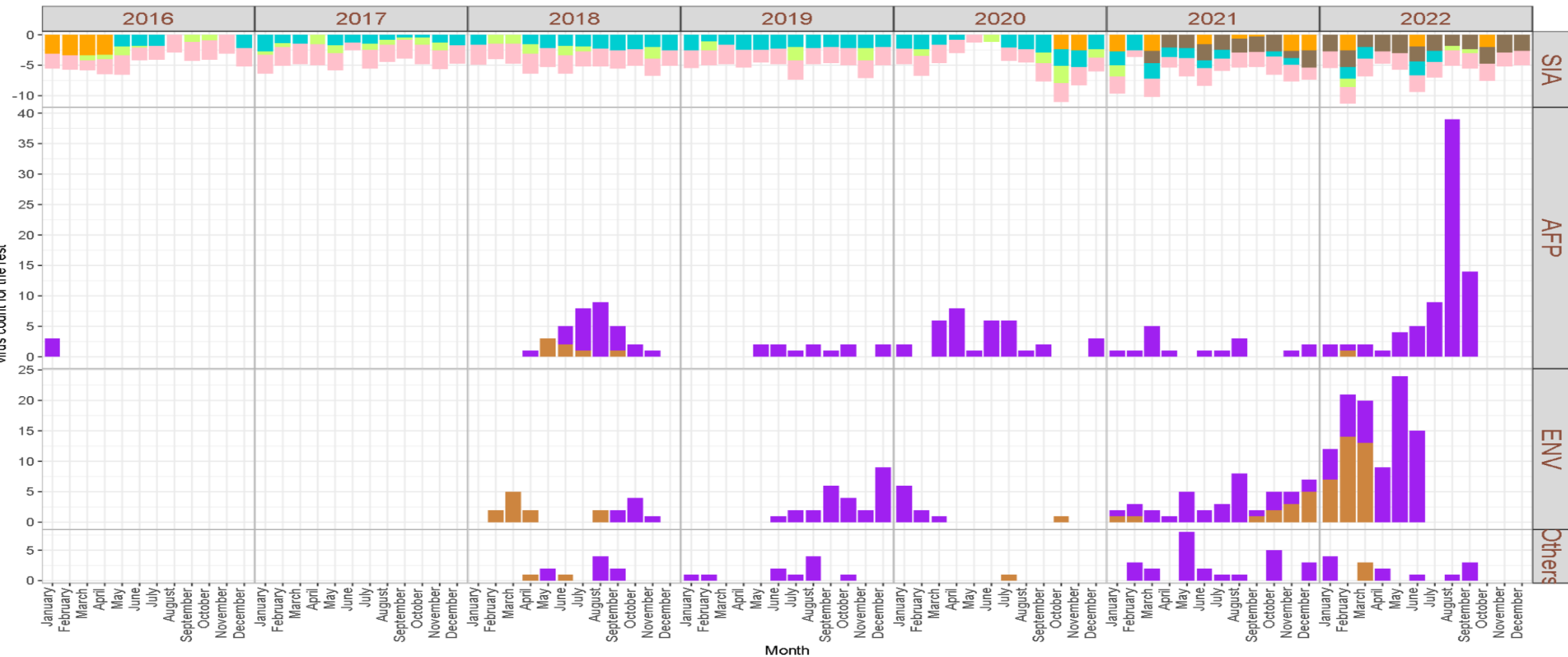
Country: AFGHANISTAN, ANGOLA, BANGLADESH, BENIN, BURKINA FASO, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CHINA, CONGO, CÔTE D'IVOIRE, DEMOCRATIC REPUBLIC OF THE CONGO, Province(s): BADAKHSHAN, BADGHIS, BAGHLAN, BALKH, BAMYAN, DAYKUNDI, FARAH, FARYAB, GHAZNI, GHOR, HILMAND, HIRAT, JAWZJAN, KABUL, KANDAHAR, KAPISA, KHOST, KUNAR, KUNDUZ, LAGHMAN, LOGAR, NANGARHAR, NIMROZ, NURISTAN, PAKTIKA, PAKTYA, PANJSHER, PARWAN, SAMANGAN, SAR-E-PUL, TAKHAR, URUZGAN, WARDAK, ZABUL, BENGU



# Global, cVDPV1/cVDPV3 trend between 2016-2022

## Epi-Curve: AFP Cases, ENV, others(Human) and SIAs

Country: AFGHANISTAN, ANGOLA, BANGLADESH, BENIN, BURKINA FASO, CAMEROON, CENTRAL AFRICAN REPUBLIC, CHAD, CHINA, CONGO, CÔTE D'IVOIRE, DEMOCRATIC REPUBLIC OF THE CONGO  
 Province(s): BADAKHSHAN, BADGHIS, BAGHLAN, BALKH, BAMYAN, DAYKUNDI, FARAH, FARYAB, GHAZNI, GHOR, HILMAND, HIRAT, JAWZJAN, KABUL, KANDAHAR, KAPISA, KHOST, KUNAR, KUNDUZ, LAGHMAN, LOGAR, NANGARHAR, NIMROZ, NURISTAN, PAKTIKA, PAKTYA, PANJSHER, PARWAN, SAMANGAN, SAR-E-PUL, TAKHAR, URUZGAN, WARDAK, ZABUL, ZENGO



Vaccine and Virus Type    BOPV    cVDPV1    cVDPV3    FIPV    IPV    MOPV2    NOPV2    TOPV

previous 12 Months<sup>2</sup>

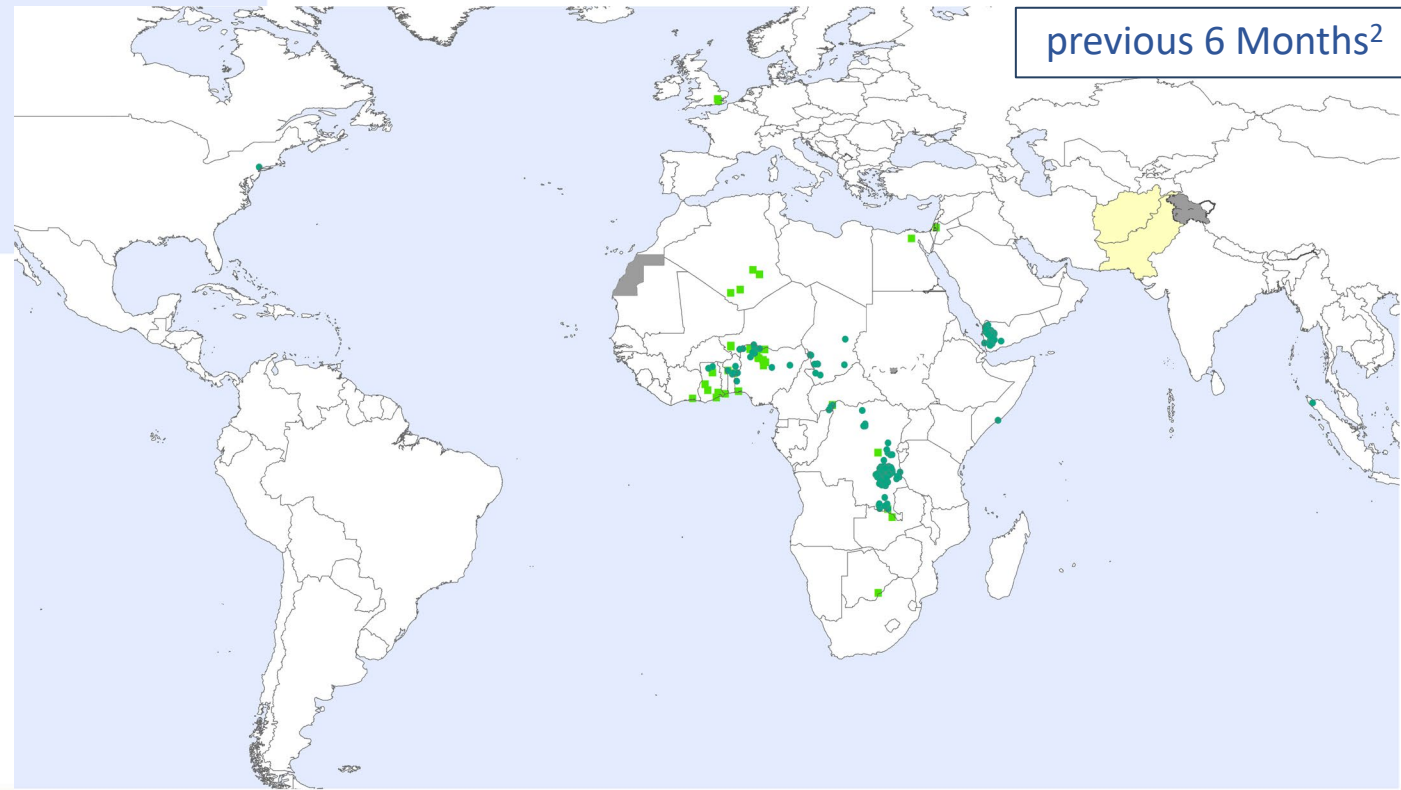
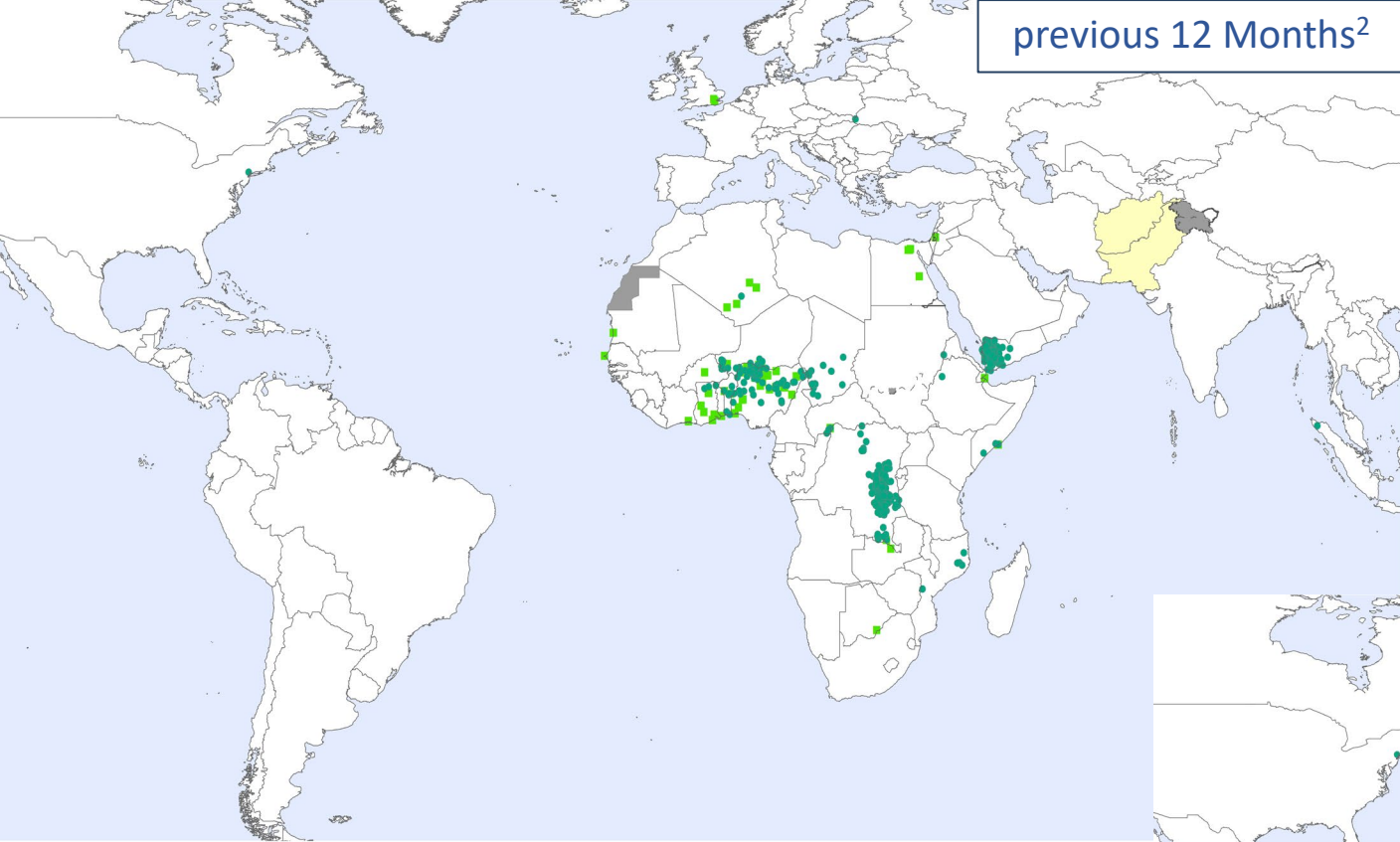
# Global cVDPV2 isolates<sup>1</sup>

Data in WHO HQ as of 29 Nov. 2022

previous 6 Months<sup>2</sup>

- cVDPV2 AFP
- cVDPV2 ES
- Endemic country (WPV1)

<sup>1</sup>includes viruses detected from AFP and environmental surveillance  
<sup>2</sup>Onset of paralysis/collection date :  
30 Nov. 2021 to 29 Nov. 2022 for previous 12 months  
30 May. 2022 to 29 Nov. 2022 for previous 6 months



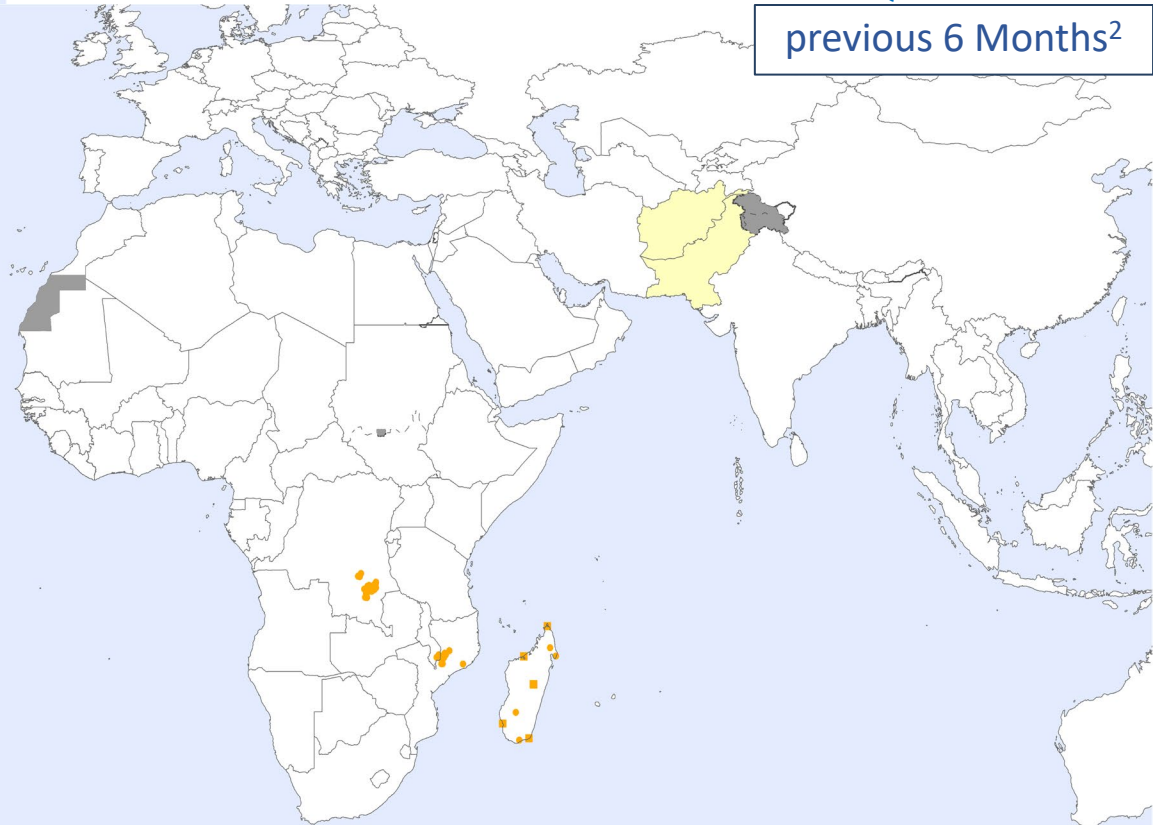
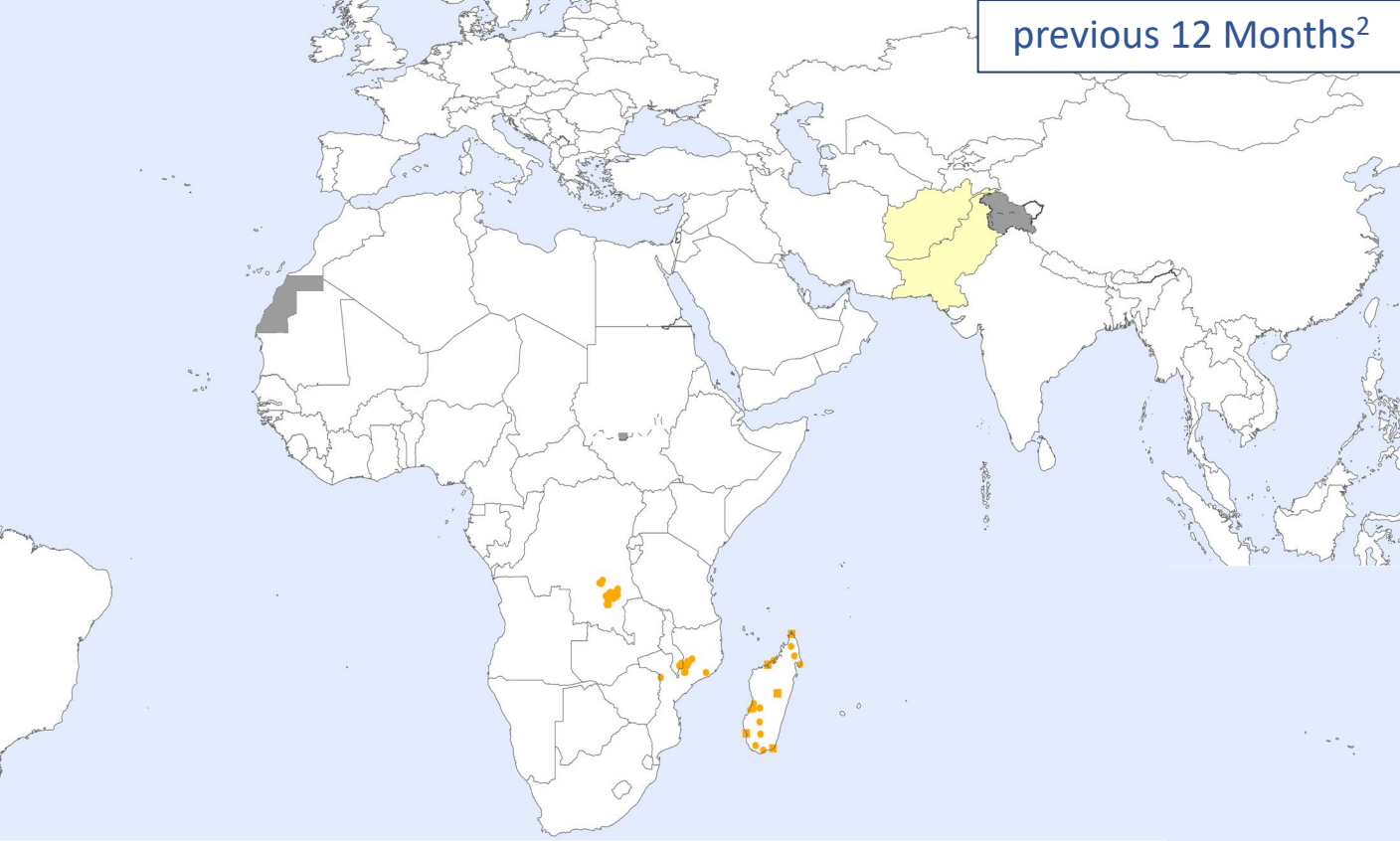


previous 12 Months<sup>2</sup>

# Global cVDPV1 isolates<sup>1</sup>

Data in WHO HQ as of 05 Dec. 2022

previous 6 Months<sup>2</sup>

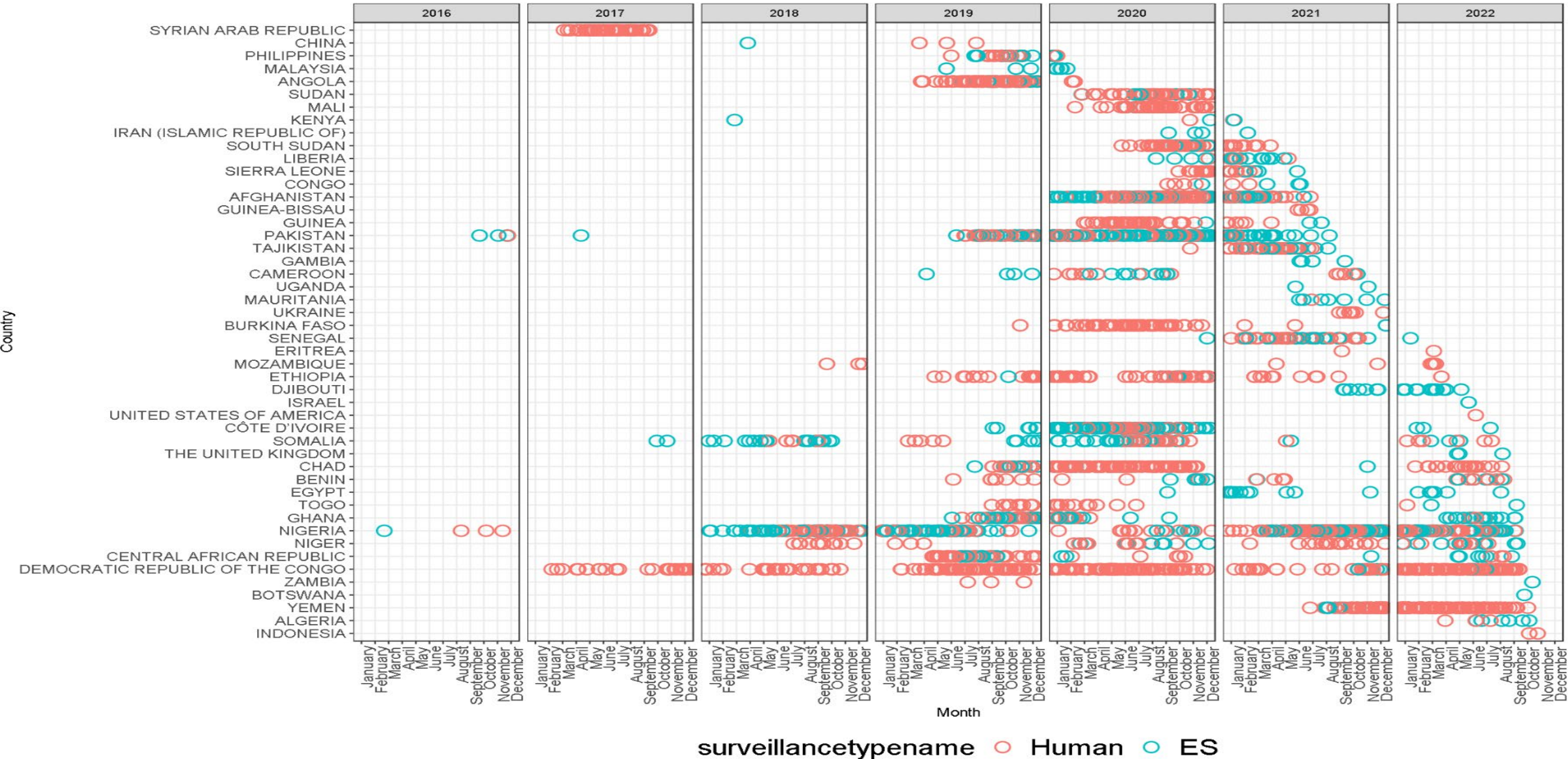


■ cVDPV1 AFP  
● cVDPV1 ES  
■ Endemic country (WPV1)

<sup>1</sup>includes viruses detected from AFP and environmental surveillance

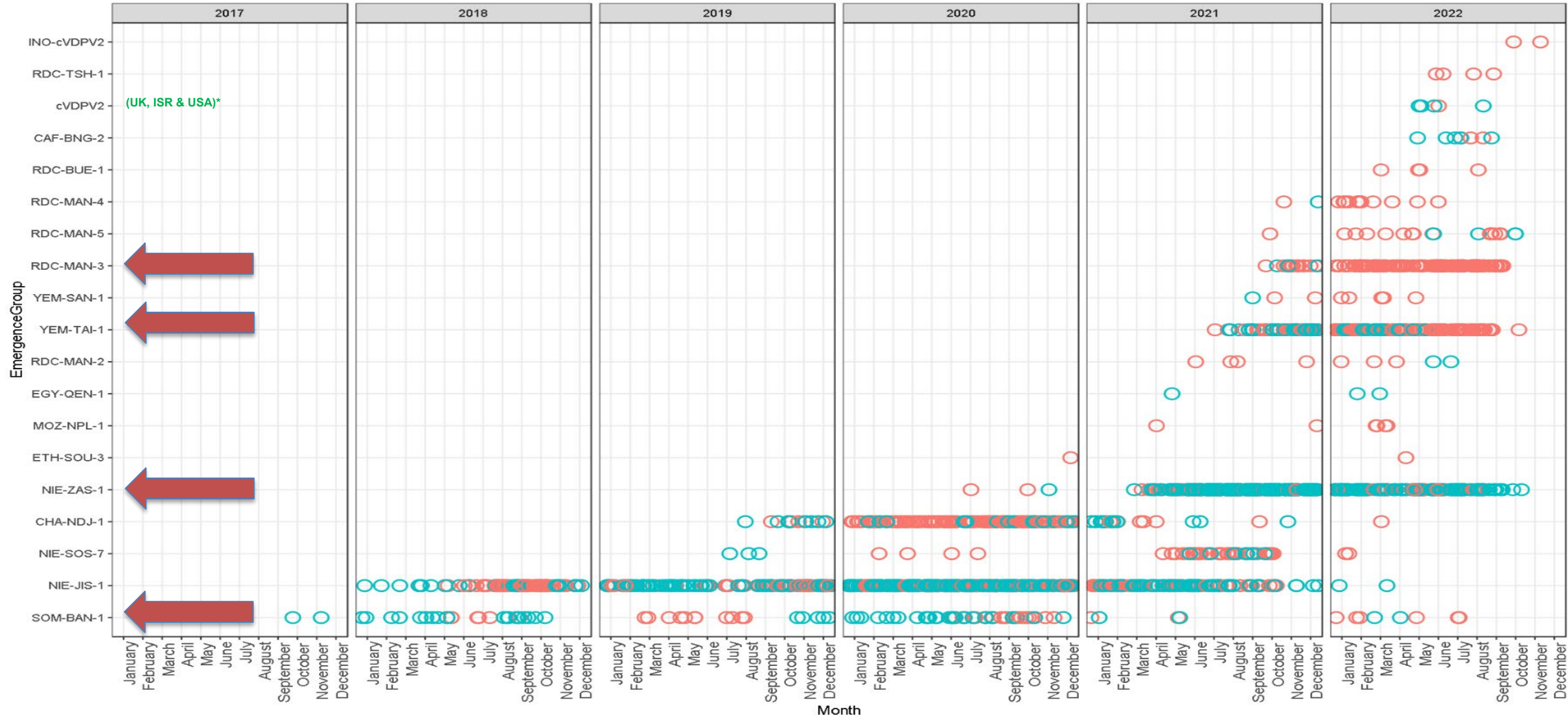
<sup>2</sup>Onset of paralysis/collection date :  
06 Dec. 2021 to 05 Dec. 2022 for previous 12 months  
06 Jun. 2022 to 05 Dec. 2022 for previous 6 months

# Global, post switch cVDPV2 timeline





# cVDPV2 by active emergence in 2022



\*pending emergence group

surveillancetype Human ES

# VDPV2 Detection in Indonesia



## • Case/sample details

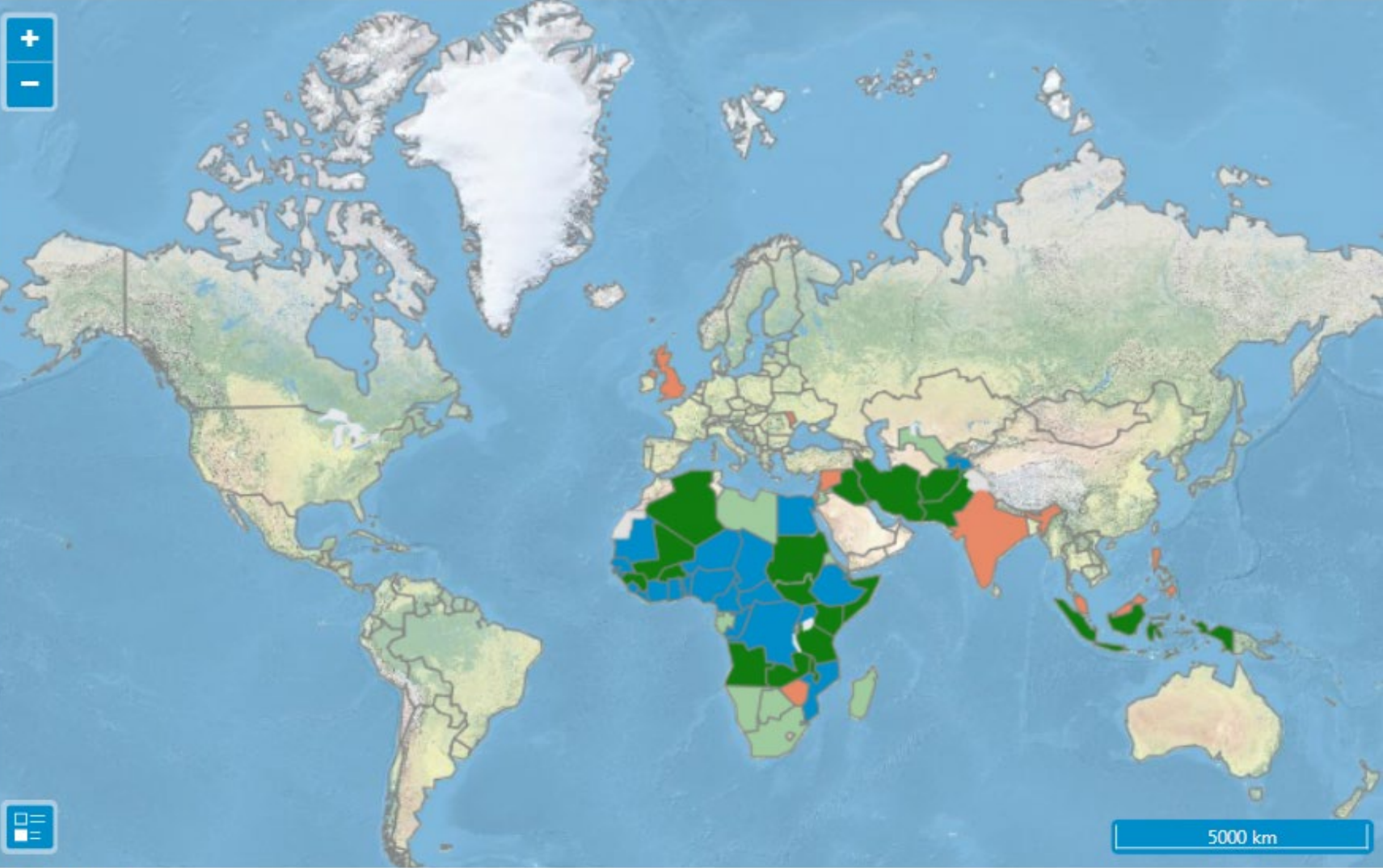
- Type of virus: VDPV
- Virus serotype: type 2
- Source: AFP and asymptomatic person
- EPID no: 10422005
- Date of onset : 9 October 2022
- Reporting date to CO / RO: 12 November 2022
- Reporting date to WHO HQ: 12 November 2022
- Location of onset of the case : Mane village, Mane Subdistrict, Pidie, Aceh Province, Indonesia
- [if a person] Age and OPV dose status: 7 year old and 0 doses
- Sequencing results: Nature of virus [25 nt change and evidence of local circulation confirmed on 25 November 2022

- Data as of 24 November 2022, past 6 months
- 1 VDPV2 from an AFP case, and 3 VDPV2 from healthy children
- No virus isolation from ES



# 40 countries at risk for cVDPV2s are verified for nOPV2 use

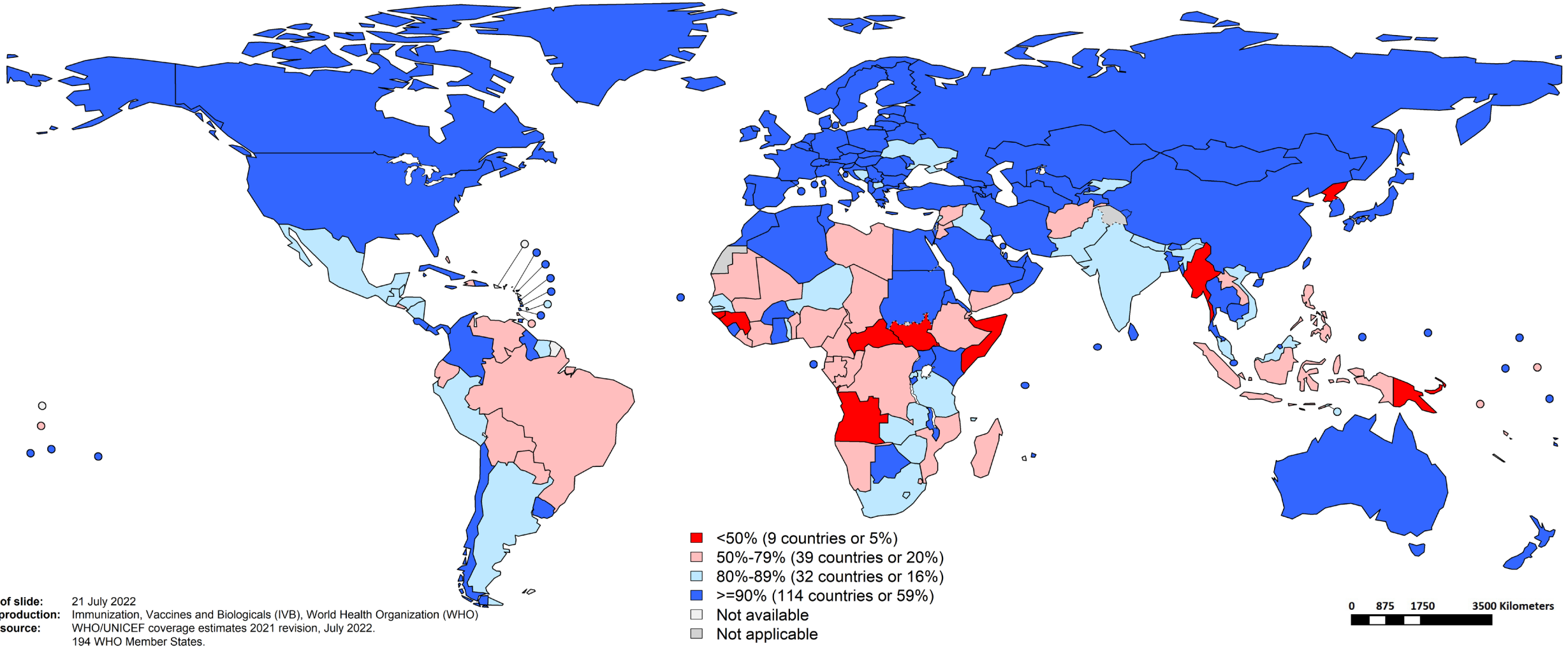
*530 million doses administered but key constraint is sole supplier arrangements with ongoing monitoring of EUL safety, genetic stability and efficacy issues*



- Discussions ongoing (7)
- Verification in progress (14)
- Verified, but have not conducted campaigns (16)
- Verified and nOPV2 campaigns conducted (24)



# Overview of immunisation coverage with IPV1 in 2021 – Upcoming GAVI Board decision by consent expected



**Disclaimer:**  
 The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area nor of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.  
 World Health Organization, WHO, 2022. All rights reserved

# Ongoing Political Advocacy – Dakar, 10 December 2022

Forum on Immunization and Polio Eradication in Africa

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1. **Galvanize political will and commitment** to invest the resources needed to restore and sustain immunization services and end all forms of polio in Africa.
2. Encourage African leaders to **renew commitment to the Addis Declaration** to drive action through 2023.
3. **Build political support to advocate for equity in immunization, including for vulnerable communities/zero-dose children.**
4. Promote and invest in regional capacity for vaccine development and production, in line with the Addis Declaration on Immunization.





Thank you

**POLIO** GLOBAL  
ERADICATION  
INITIATIVE





# POLIO INTEGRATION AND TRANSITION REALITIES FROM THE CSO PERSPECTIVE

Dr. Clarisse Loe Loumou and Elizabeth Thrush  
Co-Chairs CSO Polio-Integration and Transition Working Group

# CSO Polio-Integration and Transition Working Group (ITWG)

Platform for information sharing and coordination amongst civil society on polio integration and transition issues in African Region. Est. 2018

Convenes monthly calls & periodic webinars for broader CSO audiences

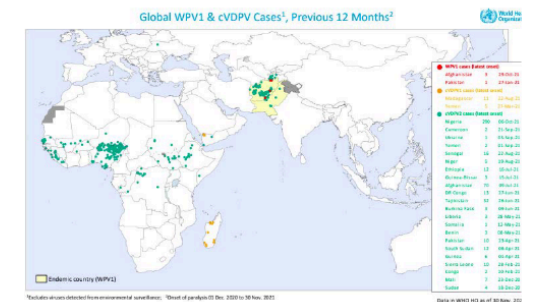
Current Membership:

**Country level CSOs:** **DRC:** VillageReach, **Ethiopia:** CCRDA, **Nigeria:** Africa Health Budget Network, Vaccine Network for Disease Control, Women Advocates for Vaccine Access; **South Sudan** Impact Health Organization;  
**Global CSOs/Partners:** CORE Group Polio Project, Results UK, Results Canada, Save the Children, TFGH Health Campaign Effectiveness, United Nations Foundation, among others.

**New members are welcome!** For more information contact ITWG Co-Charis Clarisse Loe Loumou ([clarisseloumou@yahoo.com](mailto:clarisseloumou@yahoo.com)) or Elizabeth Thrush ([ethrush@unfoundation.org](mailto:ethrush@unfoundation.org))

# Polio Transition & Integration Context

- Polio eradication and transition are moving forward hand-in-hand
- We need to plan carefully to ensure that **knowledge, expertise and functions** currently managed through the polio programme are sustained
- Strengthening **essential immunization** and **disease surveillance** are **essential to maintain a polio-free world**
- **All partners must be included in process, including civil society**
- Challenges facing transition & integration:
  - Civic instability and conflict areas
  - Ongoing WPV and cVPDV circulation
  - COVID 19 and competing health priorities
  - National commitment and ownership
  - Sustainable financing (domestic and external)



## How CSOs have been engaged:

- With WHO Transition Team at HQ and national levels through ITWG webinars
- With countries WHO offices and governments
- Global advocacy messages and country evidences shared through the ITWG and through wider networks



**WORLD CAFÉ: SPOTLIGHTING CIVIL SOCIETY ACTION**  
*the Polio CSO Integration and Transition Working Group*

**FRIDAY, OCTOBER 22**



**DAY OF THE AFRICAN CHILD WEBINAR**  
**Preparing for a Polio Free World:**  
Civil Society Contributions to Polio  
Integration and Transition Planning


**THURSDAY, JUNE 16**

11:00 – 12:30, New York (EDT)

15:00 – 16:30, Universal Time (UTC)

16:00 – 17:30, Central African Time (CAT)

17:00 – 18:30, Central European Time (CET)



Value add of CSOs  
Transition & Integration



# Civil Society Strengths

Close community presence allows for strong comprehension of community needs



Ability to tailor messages to community needs



Ability to collaborate with and push governments to action



Ability to amplify advocacy efforts through activating others via networks – media, other CSOs



# Examples of Key CSO contributions

# Examples of CSO Contributions (1/2)

## Harnessing political commitment:

- **Legal Framework:** development of a provincial edict for Kinshasa, to secure annual provincial budgeting of immunization and polio (currently in review for vote). *VillageReach, DRC*
- **Mobilization of Stakeholders.** CCRDA and IHO convened stakeholders advanced transition planning in Ethiopia & South Sudan. CCRDA helped establish of a Polio Transition Planning Task Force (PTPTF).

## Community engagement

- **Engagement of other CSOs to highlight importance of polio transition.** Briefing of 18 CSOs in DRC led to their engagement in support of polio transition financing efforts. *VillageReach, DRC*

# Examples of CSO Contributions (2/2)

## Media Involvement

- **Pressure Building through Media for Sustainable Financing.** Briefing of 10 journalists in Kinshasa and Kwilu on past polio commitments made by the DRC government led to media attention in news programs, radio, and print. *VillageReach DRC*

## Integration of essential functions of polio eradication

- **Strategic Partnership with Private Organizations for Integration.** *VNDC Nigeria* forged strategic partnerships with private organizations to strengthen health facilities at all levels and contribute to their readiness for Whole Family Approach testing. VNDC proposed micro-adoption, whereby the partners could begin on a smaller scale and advance when ready.

## Overview of Key Contributions

Advocacy Focus of CSOs	DRC	Ethiopia	Nigeria	South Sudan
Legal Framework for Securing Funding	✓			
Engagement of Other CSOs to highlight Importance of Polio Transition	✓	✓		✓
Visibility Materials to Highlight Importance of Polio Transition		✓	✓	
Mobilization of Other Stakeholders for Polio Transition Planning				✓
Polio Transition Task Force		✓		
Engagement with Parliamentarian Network	✓			
Mobilization of Provincial Government	✓			
Accountability For Disbursement of Funds for Immunization and Polio Eradication	✓			
Pressure Building through Media for Sustainable Financing	✓			
Mobilization of Other Stakeholders for Increased Government Funding				✓
Sustaining Coverage for Polio Vaccination		✓	✓	
Capacity Building of Frontline Health Workers for Emergency Preparedness and Outbreak Response		✓	✓	
Integration of Polio Functions in COVID-19 Response Planning		✓		
Integration of Polio Functions in Primary Health Care			✓	
Strategic Partnership with Private Organizations for Integration			✓	
Engagement of CSOs for Promoting Integration of Polio in Other Health Services			✓	
Building Capacity for Planning and Coordinating Integration of Polio in Other Health Services		✓		



Way Forward



# Conclusions

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- CSOs are an important stakeholder to this process and have made impactful contributions
- All stakeholders (Govt, CSOs, UN, global health leaders, etc) need to work together to achieve a polio free world and the transition and integration of polio assets
- There's a need to ensure that CSO capacities are known and fully utilized

# Recommendations from WHO's Mid-Term Evaluation of Strategic Action Plan on transition

- CSOs, along with other partners, should be involved in **strengthening buy-in, fundraising and stakeholder engagement** in regional transition efforts (SAP Evaluation Recommendation 2)
- WHO should actively engage with CSOs on **transition planning and identifying context-appropriate solutions** to challenges; (SAP Evaluation Recommendation 4)
- CSOs have a role to play in **supporting capacity-building activities for improved integrated VPD surveillance**, within government health systems. (SAP Evaluation Recommendation 8)

WHO's Mid-Term Evaluation (April 2022) of Strategic Action Plan on transition:

: <https://www.who.int/about/what-we-do/evaluation/corporate-evaluations/programmatic-evaluations>



# Reiteration from last year's PPG meeting:

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## How can the PPG help move forward the transition agenda?



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1. **Support advocacy for action at country level**, with a focus on programmatic and financial sustainability

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2. Provide **bilateral funding** to countries and implementing partners, and **help identify funding levers**

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3. **Focus on the country voice** (e.g. invite a priority country to present at the PPG)

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4. Facilitate **targeted and more intentional outreach** to CSOs



# Glimpses of Advocacy Activities

# Glimpses of the Advocacy Activities by VillageReach DRC



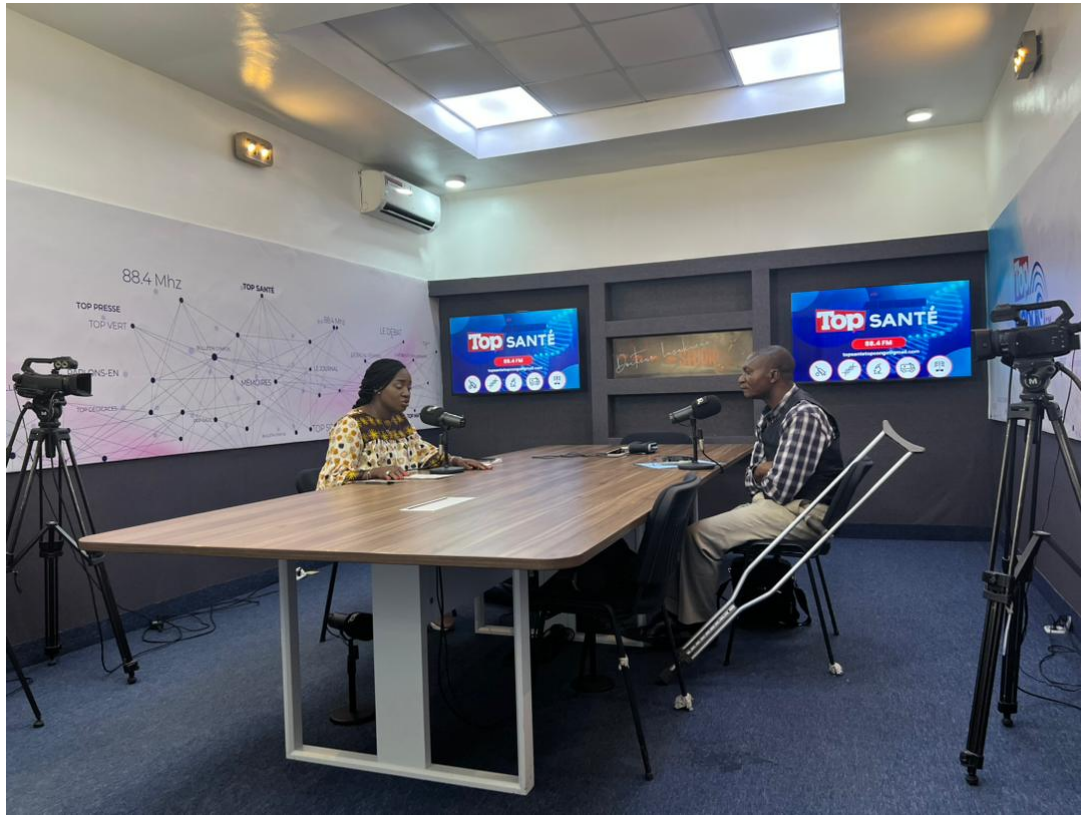
**Briefings of Parliamentarians in Kinshasa and Kwilu**



**Taping of TV program, 2 Parliamentarians from Kinshasa, EPI Director, and VillageReach Country Director**



# Glimpses of the Advocacy Activities by VillageReach DRC



**Taping of a Radio Program on Top Congo with a Polio Survivor by VillageReach**



**Visit by a CSO representative and journalist advocating in the Kwilu's Governor Office for 2023 budget line for polio by VillageReach**



# Glimpses of the Advocacy Activities by CCRDA Ethiopia



World polio day Celebration: Supported the South Omo zone health department in the preparation of world polio day launching ceremony held the Jinka town, zonal capital.



**Advocacy meeting with the zonal administrator:** team of experts comprised from national (CCRDA/CGPP –UNF focal person), regional health bureau and zonal health department, WHO focal person and other partners conducted advocacy visit to the office of zonal administrator and encouraged him to provide support to \ campaign.



# Glimpses of the Advocacy Activities by VNDC Nigeria

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**Meeting at National EOC by VNDC**



**Progress Review Meeting of VNDC**

# Glimpses of the Advocacy Activities by IHO South Sudan

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**CSO platform members during one of the monthly meetings organized by IHO**



**IHO staff meeting with MOH stakeholders at the Ministry of Health**

**Thank you!**