
CHAIRS' STATEMENT
High Level Meeting of the Global Polio Partners Group (PPG)
Tuesday, 15 December 2015

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

On 15 December 2015, the semi-annual high-level meeting of the Polio Partners Group of the Global Polio Eradication Initiative (GPEI) was convened in Geneva at the World Health Organization headquarters. The meeting was attended by ca. 65 participants, including: representatives of core GPEI partners; stakeholders from governments at the ambassadorial, senior-officials, and expert level from capitals and the Permanent Missions in Geneva; international organizations; foundations; donors; and other stakeholders.

The main objectives of the meeting were: to provide a global overview of the status of polio eradication, to learn more about the current financial scenario and the resource mobilization strategy, and to review the main issues discussed at the PPG legacy planning and implementation workshop on 23 October 2015.

The meeting started by acknowledging the great leadership of Dr. Hamid Jafari, departing Director of Polio Operations and Research, WHO, and welcoming Dr. Michel Zaffran, incoming Director of Polio Eradication at WHO from 1 February 2016. In addition, the PPG welcomed Dr. Reza Hossaini, incoming head of the UNICEF polio team from February 2016.

Dr. Hamid Jafari, Chair of the GPEI Strategy Committee, updated participants on the current status of the Polio Endgame Plan, underlining the main achievements in 2015: certification of global eradication of wild poliovirus type 2 (WPV2); the removal of Nigeria from the list of polio endemic countries; and the sharp decline of WPV cases in Afghanistan and Pakistan. He noted the increased focus of the programme on stopping circulating vaccine derived polioviruses (cVDPV). Dr. Jafari also briefed participants on the globally synchronized tOPV-bOPV switch that will take place from 17 April – 1 May 2016, the criteria for prioritizing IPV introduction due to IPV supply shortage (126 countries have prepared to introduce IPV), and the risk management strategies. He further emphasized the importance of mitigating poliovirus facility-associated risks and encouraged countries to implement *the Global Action Plan for Containment III*. Finally, Dr. Jafari mentioned that an additional US\$ 1.5 billion will be needed to complete polio eradication.

Dr. Matshidiso Moeti, WHO Regional Director for Africa, addressed the audience via teleconference. She delivered a presentation on the progress made in the last 6 months, noting that, if maintained, Africa could be certified polio free by the end of 2017. She also briefed the PPG on the remaining challenges and stressed the importance that the African Region confers to polio legacy planning. She outlined the legacy activities being undertaken with a view to finalizing transition plans by Q4 2016, with the goals of identifying funding by the end of 2016 and starting the transitioning of assets in 2017. Finally, she noted

that at the next WHO Ministerial Conference on Immunization in Africa (Addis Ababa, 24-25 February 2016), there will be a dedicated session on polio's legacy to support other health priorities. She also mentioned: finalizing the inventory of polio assets by Q2 2016 for the AFRO Region; the importance of maintaining quality implementation of planned polio eradication activities, NIDs/IPDs, during the transitioning processes; and ensuring that all 47 AFRO countries have established transition plans by Q4 2016.

Mr. André Doren, Senior Strategist, GPEI External Relations, briefed the PPG on the Polio Oversight Board (POB) Decision to endorse financial scenario 2—with an estimated budget increase of USD 1.5 billion and a one-year extension of the overall polio programme through certification (to 2019)—and on the resource mobilization strategy being developed to reach the new fundraising target. He further elaborated on the 8 strategic approaches decided by the Polio Advocacy and Communications Team (PACT) and the next steps, including finalizing the new GPEI budget for 2016-2019. He also stated the need: to identify “donor champions” and to engage and use existing international conferences or major events (G-7, Commonwealth Heads of Government meeting, etc.); to develop donor mapping, including analysis of GPEI's current funding sources and patterns in order to identify all opportunities and expand the donor base; and to further develop financial reporting.

Dr. Paul Rutter, Chief Operations Officer, Polio Eradication (WHO), provided participants with an overview of objective 4 of the *Polio Eradication and Endgame Strategy (2013-2018)*, legacy planning, and also presented stakeholders with the main conclusions of the legacy workshop organized by the Polio Partners Group on 23 October 2015 ([Meeting Report](#)).

Dr. Thomas Frieden, Director of the U.S. Centers for Disease Control and Prevention, in his capacity as Chair of the POB, participated via teleconference. He elaborated on some of the current challenges, such as cVDPV outbreaks in Madagascar and Ukraine, surveillance gaps, and weak health systems. He emphasized the need to continue supporting the Governments of Pakistan and Afghanistan and to strengthen states' core capacities and International Health Regulations (IHR) compliance, and he encouraged countries to finalize legacy plans. He also flagged the importance of advocacy, including at the diplomatic level.

During the high level meeting, PPG stakeholders:

- Took note of the statements delivered by several Ambassadors and senior representatives, which highlighted the political support to the programme.
- Welcomed the statements delivered by the representatives of Pakistan and Afghanistan and appreciated the strong high-level political commitment to polio eradication by their governments. The PPG commended the plans for increased cross-border immunization collaboration and noted their call to the international community for continuing its support, both in terms of funding and technical assistance. Mass media outreach has also had a big impact, particularly in Afghanistan. The PPG highlighted that stopping WPV transmission during the next low transmission season is a critical aspect of the programme and should be the priority for 2016.
- Congratulated Nigeria for being removed from the list of polio endemic countries and encouraged the African region to continue strengthening surveillance and working on legacy planning, while also urging Nigeria to continue to meet its share of polio and immunization funding and show that

external polio funding is being effectively spent in order to justify the current and final financial asks.

- Stressed the need to strengthen routine immunization, close surveillance gaps, and pull efforts together to reach and vaccinate all missed children, while minimizing parents' refusal of vaccines. All regions must take steps to close existing immunity gaps and reduce the risk of cVDPV. The PPG further encouraged enhancing international cooperation to ensure that people in transit and vulnerable populations are reached and therefore fully protected.
- Expressed overall support for the tOPV-bOPV switch in April 2016 while raising some concerns with regard to the IPV supply shortage and requesting further information on the measures taken by GPEI to minimize the risks. Furthermore, the PPG encouraged the GPEI to make sure that polio vaccinators are properly trained on the administration of IPV for an optimal use.
- Expressed concern over the increasing number of cVDPV cases in several non-endemic polio countries and appreciated GPEI efforts to have robust responses in emergency outbreaks. The PPG flagged that late response to cVDPV cases could result in major outbreaks and unnecessary additional costs. The PPG called for full implementation of the recommendations related to cVDPV of the Seventh IHR Emergency Committee meeting regarding the international spread of poliovirus (November 2015).
- Supported the POB endorsement of financial scenario 2 and requested the GPEI to finalize the new budget 2016-2019, providing stakeholders with accurate financial information regarding the USD 1.5 billion budget increase, by the end of January 2016 for further discussion at the WHO Executive Board meeting (25-30 January 2016). PPG stakeholders asked for a detailed budget breakdown with compelling information and evidence of value for money and efficiencies, and welcomed the proposal to develop a business case for polio.
- Supported GPEI measures to improve financial accountability, reporting, effectiveness, and efficiency with existing resources, and include recognition of contributions toward polio that are not reflected in the Financial Resource Requirements from NGOs, foundations, and civil society. Stakeholders noted this would be conducive to setting the right context for additional fundraising. Furthermore, the PPG welcomed the GPEI proposal to identify "Donor Champions" and to engage and use existing international conferences or events to raise funds.
- Reiterated the sense of urgency with regard to legacy planning and urged governments to be deeply engaged in this process with WHO and UNICEF country offices to map all polio assets (including the polio personnel), to assess what would be lost after the polio programme ended, to finalize sound legacy plans, and to develop transition strategies. The PPG further underscored the need for countries to commit domestic resources to this end and to understand what they will transition into, and it welcomed the possibility that country support mechanisms of Gavi, the Vaccine Alliance, will be available to help as appropriate.
- Welcomed the new oversight function on legacy of the GPEI Independent Monitoring Board. The PPG urged GPEI to develop a sound strategy for legacy planning and to play a more proactive role

in legacy at the global level, engaging strategically in discussions with other major global health initiatives.

- Welcomed the *GPEI Transition Guidelines for Polio Legacy*, while noting that it is a general document and that specific tailor-made approaches would be needed in order to create the conditions for a successful transition. The intervention delivered by the Permanent Representative of India clearly illustrated the need for this country-specific approach.
- Noted that the polio programme's responsibilities go beyond polio and that there is a need to be mindful of this during the transition to avoid weakening national health systems. In addition, the PPG acknowledged the need to look for synergies with other health programmes and to move to a more comprehensive health agenda focused on building resilient health systems and to use the opportunities opened up by the ongoing processes: the Sustainable Development Goals, Universal Health Coverage, IHR implementation, etc. Stakeholders were supportive of bringing more voices into the discussion. As this planning encompasses efforts across the health and development sectors, leadership by Ministries of Planning, Finance and Health is essential and should not rely on narrowly focused immunization teams.
- Discussed the possibility of creating a Legacy Working Group under the aegis of the PPG, supported by some stakeholders who provide support across multiple programs in order to identify points of synergy. The Co-Chairs invited the group to submit comments and/or expressions of interest by the end of January and agreed to continue the conversation during the next meeting.
- Acknowledged the need to get further information on GAVI's role and strategy in the coming years.
- Stressed the need to continue and strengthen advocacy at all levels, including media campaigns, awareness raising, mobilization of social workers, and involvement of community leaders.
- Agreed that the PPG Terms of Reference will be updated to incorporate the necessary editorial changes to reflect the current GPEI structure following the 2014 GPEI Oversight and Management Review.
- Agreed on the selection process to appoint the next PPG Co-Chair from a non-state actor to replace Ambassador John E. Lange, United Nations Foundation, at the completion of his four-year term at the spring 2016 meeting. The Co-Chairs asked for expressions of interest by mid-January 2016.
- Proposed Friday 24 June 2016 as the tentative date for the next PPG high-level meeting. The Co-Chairs invited Dr. Thomas Frieden to participate in person.

The PPG asked the two Co-Chairs to send the Chairs' Statement summarizing results of the meeting to the GPEI Polio Oversight Board, the Strategy Committee and the Independent Monitoring Board for their consideration and action as appropriate and asked the Co-Chairs to represent their views at the next POB in-person meeting.