
Meetings of the Global Polio Partners Group (PPG)

7-8 November, 2012

Venue: World Health Organization – Salle B
Geneva, Switzerland

REPORT OF WORKING GROUP AND HIGH-LEVEL MEETINGS

The GPEI Polio Partners Group (PPG) held two in-person meetings at WHO Headquarters in Geneva. The Working Group (at the technical/programmatic level) met the afternoon of November 7, the day after the Strategic Advisory Group of Experts on Immunization (SAGE) held its session on polio. The High-Level meeting (at the Ambassadorial level) took place the morning of November 8.

Summary

GPEI, responding to earlier input from PPG stakeholders, the Independent Monitoring Board (IMB) and the Strategic Advisory Group of Experts on Immunization (SAGE), announced at the beginning of the meetings that the structure of the October 23 draft of the Polio Eradication and Endgame Strategic Plan 2013-18 would be revised to take into consideration the feedback received and to provide more detail so that donor representatives could use the Strategic Plan to make a persuasive case for long-term financing.

The PPG provided input on such matters as the risks to polio-free regions, impact of the transition to IPV, measurable support to routine immunization, engagement with the GAVI Alliance, the future of the IMB, the role of PPG in monitoring the Strategic Plan and participation in GPEI governance. A consultative workshop for a smaller group of programmatic experts, to be held under PPG auspices, will take place at the Canadian Mission in Geneva on December 18-19 to provide additional inputs and further refine the Strategic Plan. GPEI's timetable for presenting the plan to the January 2013 WHO Executive Board meeting and then finalizing the plan remains the same.

PPG stakeholders sought the inclusion of a clear "investment case" in the Plan with a clear economic argument that would then enable them to advocate with their leadership for financing the 2013-2018 plan, estimated at US\$5.5 billion, excluding India's domestic contributions. PPG members also encouraged increased contributions from polio-affected countries, as well as private sector donors and multilateral institutions.

The PPG first met in-person in April of this year and serves as the “stakeholder voice” in the new GPEI architecture. Eight Ambassadors were among those attending the High-Level Meeting, which is intended to provide strategic guidance to GPEI, and 18 organizations participated in the Working Group meeting to provide programmatic guidance.

PPG Working Group meeting, November 7

About forty stakeholders representing some 18 organizations participated, including the Islamic Development Bank by telephone.

The WHO Assistant Director-General for Polio, Emergencies and Country Collaboration and the Director of Polio Operations and Research presented an overview of the current polio situation, impact of the human resource surge thus far, a survey of the key risks and priorities facing the programme in the last remaining endemic countries (Nigeria, Pakistan, Afghanistan), and a description of the \$700 million funding gap for the 2012-13 emergency action plan. It was noted that the world in 2012 was witnessing the lowest-ever reported cases of polio (less than 200).

GPEI’s independent consultant drafting the 2013-18 Strategic Plan, noted that the Polio Eradication and Endgame Strategic Plan is in the process of a major restructuring as a result of input received earlier from the PPG, SAGE, IMB and others. The plan will now have sections along the four major objectives: Interruption of Transmission; Sabin 2 Removal; Containment and Certification; and Legacy Planning. The section on interruption of transmission, covering the next couple of years, will include additional details requested by various stakeholders so they can be more confident of the progress being made in the endemic countries.

Nigeria thanked all partners for their support to the country’s efforts. The firm commitment of the President was noted, including the allocation of domestic financing. Weaknesses in programme implementation were being recognized and addressed in Nigeria’s new emergency action plan, including the emphasis on grass roots mobilization at the local government area (LGA) level and the engagement of traditional leaders and women’s organizations. The support received from the India programme was acknowledged.

The Working Group provided substantial input for the next version of the plan, grouped under the following themes:

- Strengthen routine immunization, work with GAVI on its role vis-à-vis GPEI, and see how GPEI can benefit other development areas beyond health.
- Review GPEI governance, transparency, accountability and oversight and recognize the important and continuing role of the Independent Monitoring Board.
- The transition from OPV to IPV will be important, as will IPV production and procurement.
- Take advantage of new technologies, including environmental surveillance.
- Important process issues include timelines, consultations in the field, and linkages with other plans.
- Governance and accountability mechanisms should be sufficiently light and not onerous to all parties concerned.

GPEI core partners – WHO, CDC, UNICEF, Rotary International and the Bill & Melinda Gates Foundation (BMGF) -- provided substantive responses to the queries and comments from the PPG on the above mentioned themes. To provide additional input on the next draft of the plan, which is due to be distributed in early December, the Working Group recommended that the PPG hold a consultative workshop at the programmatic/technical level to review the plan in mid-December.

There was a discussion of budget, financing and the funding gap. The Polio Advocacy Group Co-Chairs framed the conversation. WHO described cost assumptions by category. BMGF described the five basic means of meeting end-game funding needs: increasing contributions; finding new donors; using innovative funding mechanisms; increasing funding from polio-affected countries; and implementing efficiencies in the program. BMGF emphasized the time is now and described plans for the proposed Vaccine Summit in April 2013. BMGF noted that the main driver for changes in funding is the date of stopping transmission of the wild poliovirus.

The Islamic Development Bank noted the progress in the status of their loan to Pakistan which could be finalized by end 2012, and then announced their intention to consider a similar \$230 million loan to Nigeria in 2013.

Themes of the resource mobilization discussion were as follows:

- Look at costing and budget implications of the polio endgame as we approach the April 2012 Vaccine Summit.
- Determine how to sell this new plan to donors by making an investment case that emphasizes the benefit of the absence of disease and the Return on Investment.
- There was strong support for meeting long-term funding needs, and stakeholders look to the April 2012 Vaccine Summit for critical resource mobilization.
- Seek additional contributions from polio-affected countries, and recognize their support.

The Working Group recommended a few changes in the PPG Terms of Reference to reflect the current mode of operation (distinguishing between High-Level meetings and Working Group meetings).

PPG High-Level meeting, November 8

The meeting attracted over 65 attendees, including eight Geneva-based Ambassadors: Australia, African Union, Brazil, Canada (PPG Co-Chair), Germany, Luxembourg, Organization of Islamic Cooperation, and United States.

Co-Chair Elissa Golberg set the scene for the meeting by emphasizing progress made since 1988 through unprecedented political and public engagement. She urged participants to seize the moment and ensure the emergency is understood, including by Ministries of Finance. She described the goals of the day: to provide strategic guidance on the plan; to get clarity on next steps needed to get the plan right; and to reinforce the collective commitment to eradication by using the Ambassadors' ability to "connect the dots" between GPEI and other forums (GAVI,

OIC Summit, Inter-Parliamentary Union, G-20, G-8, etc.), especially on resource mobilization, culminating in the Vaccine Summit.

WHO Director-General Dr Margaret Chan delivered opening remarks and stressed the importance of finishing the job of eradication: “Otherwise, generations to come will hold us accountable.” She noted that polio is now at its lowest level since recordkeeping began and said it was exciting to see such new donors as the Islamic Development Bank and the Crown Prince of Abu Dhabi.

The WHO Assistant Director-General for Polio, Emergencies and Country Collaboration provided an overview of the polio situation and program funding. He described the immediate priorities as optimizing operations for the 2013 “low season” push and closing the 2012-2013 funding gap. He thanked donors for their support, despite the fact that the polio program was “late and over-budget.” He said the “best case” budget gap from 2012-13, including likely contributions, was \$340 million and may be down to \$200 million through a future BMGF contribution.

Many attendees made general comments:

- Brazil’s Ambassador indicated Brazil was open to sharing its experience and providing technical assistance, including hosting training courses in Brazil.
- The OIC Ambassador said the OIC is directly concerned and on the front line and willing to provide additional support.
- Australia’s Ambassador welcomed a strong emphasis on routine immunization and GAVI in line with the Global Vaccine Action Plan. He described the potential for a funding gap in the \$5.5 billion program as a “major risk in the plan.”
- The Nigerian representative assured the group Nigeria is improving performance at the local level.
- Canada’s Ambassador (PPG Co-Chair Golberg) announced that Canada’s contribution of \$18 million to Nigeria had been approved.
- Monaco’s representative said they are hearing other donors ask why they should give money to polio instead of other health programs. She urged the polio program to have better connections with broader public healthcare and to make a strong case that failure of eradication will cost human lives, add to healthcare costs and have a negative impact on public health.
- GAVI’s representative expressed their commitment to work with GPEI in such areas as IPV introduction and implementation of services. She said they would explore the International Finance Facility for Immunization as a funding structure if there is interest in GPEI.
- The UK representative described the role of the permanent representatives in Geneva as sustaining the political commitment to polio eradication. He said it is critical in a resource-constrained environment to have a solid strategic plan and a compelling narrative.
- Pakistan’s representative said the PPG is very important in bringing all stakeholders together. Referring to the New York polio event at the United Nations in September, he said Pakistan, including the President and his daughter, are fully committed and committed to do more.

- The African Union Ambassador reinforced the need for the program to cooperate with traditional leaders who have a great deal of local influence. He urged GPEI to go to Tunis to engage the African Development Bank for funding.
- China's representative emphasized the importance of acute flaccid paralysis surveillance, preventing the spread of polio from endemic countries and border areas to polio-free regions, and the need for cheap and effective vaccines.

The PPG then discussed the Polio Eradication and Endgame Strategic Plan:

- GPEI's independent consultant drafting the 2013-18 Strategic Plan presented plans for the restructured plan.
- Co-Chair John Lange summarized the themes of the discussions during the PPG Working Group meeting on November 7. The Working Group also recommended that there be a consultative workshop on the plan. It will be held December 18-19 at the Canadian Mission in Geneva for programmatic/technical experts from PPG stakeholders to review and provide input on the next version of the plan (due on December 7 for review by the SAGE and PPG).
- Nigeria described its commitment to continue contributing \$30 million annually to the program.
- Germany emphasized the importance of having a compelling investment case to sell the plan to politicians and parliamentarians.
- CDC said we've done the "easy and difficult" parts of eradication; now it's time to do the "nearly impossible" part. India's success demonstrates that we can succeed. CDC noted its all-of-agency effort and the wholehearted CDC and U.S. Government commitment. CDC called for other WHO expertise to also be brought to the table and noted that linking polio to strengthening routine immunization was the right and necessary thing to do.
- OIC emphasized the need to be able to make mid-term adjustments in the long-term plan to get it back on track when needed.
- Co-Chair Golberg agreed it was important to get the strategies right but emphasized it was important not to let the perfect be the enemy of the good as we approach the discussion of the draft plan at the WHO Executive Board meeting in January. She said the workshop agenda would also include discussion of a possible monitoring framework and financial elements.
- UNICEF's Polio Team Lead explained that planning for the Vaccine Summit, to be co-hosted by UNICEF and BMGF, was in its early stages. It aims to generate long-term pledges/commitments to fund GPEI by nesting polio in the broader picture of immunizations and child survival. Co-Chair Golberg said it was important to see the summit's concept note soonest.
- DFID said it was very important to have a document to sell the new plan by making the strategic case while also demonstrating the economic/investment case and opportunity costs. DFID also noted the advantage of involving development banks and finance ministries in funding discussions.
- Rotary said the prospect of not succeeding would be a tragedy, and let's not make funding the major roadblock.

In discussing the PPG Terms of Reference, Co-Chair Golberg explained the PPG's strategic oversight/political role (including making connections to other forums and meetings). The stakeholder voice of the PPG is different from that of the SAGE or IMB. She said the PPG will discuss the larger GPEI monitoring framework at a later point.

The PPG then approved the changes in its Terms of Reference as recommended by the Working Group.

In concluding the meeting, Co-Chair Golberg described the outcomes of the meeting:

- The plan is in the process of being improved (“how to address the now”), and more work will be done at the PPG consultative workshop in December. There will need to be accompanying documents making the investment/business case.
- The PPG reinforced commitments to funding the program and to developing stronger links to routine immunization programs and GAVI.
- The PPG Co-Chairs will distribute a draft Chairs' Statement to PPG participants for comment (with silence constituting agreement) and then submit the statement to the GPEI Polio Oversight Board.