

# **POLIO ERADICATION INITIATIVE**

## **Partner Consultation**

Following the Ad Hoc Advisory Committee Meeting on Polio Eradication

### **Meeting Summary and Conclusions**

**23 September, 2004**

**World Health Organization Headquarters**

**Geneva, Switzerland**

The objectives of this partner consultation, held the day after the 21-22 September Meeting of the Ad Hoc Advisory Committee on Polio Eradication (AACPE), were:

1. To update Global Polio Eradication Initiative partners on progress toward stopping polio transmission and on the risks currently facing the Initiative, and to discuss how partners might continue to help mitigate the risks;
2. To present the outcomes and implications of the AACPE meeting, particularly related to strategies and timelines for oral polio vaccine cessation;
3. To outline the timeline and process for revision of the Initiative's estimated external financial resource requirements for 2005-2008 and to discuss opportunities for financial support.

The meeting was chaired by Dr David Heymann, Representative of the Director-General for Polio Eradication, World Health Organization; and co-hosted with Mr. William T. Sergeant, Chairman, International PolioPlus Committee, Rotary International; Ms. Denise Johnson, Acting Chief, Polio Eradication Branch, US Centers for Disease Control and Prevention; and Dr Maria Otelia Costales, Senior Adviser, Programme Division - Health Section, UNICEF.

#### **1. Progress Toward Polio Eradication**

Dr Bruce Aylward, Global Coordinator for the Polio Eradication Initiative, highlighted the extraordinary progress made in polio eradication from 1988 to 2003. There has been more than a 99% decline in the global incidence of polio since 1988 and the number of polio-endemic countries has declined from more than 125 to 6.

He noted the intensified polio eradication efforts undertaken since 15 January 2004 and the unprecedented support received by international and regional bodies such as the African Union, the Organization of the Islamic Conference and the Group of Eight Countries (G8), and the United Nations Secretary General. These intensified efforts have led to a further decline in polio cases in Asia (India, Pakistan and Afghanistan).

The situation in Nigeria, where immunization activities were halted in August 2003 due to concerns about vaccine safety, compromised the eradication initiative in Africa, with Nigeria now accounting for 80% of the global cases in 2004. Poliovirus from Nigeria has

spread to 12 previously polio-free countries in Africa in the past 12 months. Dr. Aylward highlighted the extraordinary 23-country synchronized National Immunization Days (NIDs) being planned in October and November 2004 in response to this setback. These activities will see health workers and volunteers immunizing 80 million children under the age of five. He noted the need to maintain or increase polio surveillance quality in sub-Saharan Africa.

Dr. Aylward reviewed the Initiative's 2004-2005 strategic priorities, as endorsed by the AACPE on 21 September:

1. Stopping transmission in Asia, by conducting supplementary immunization activities every six weeks;
2. Expanding synchronized NIDs in Africa with additional rounds in 2004 and in 2005;
3. Revising and expanding the supplementary immunization strategy in Egypt; and,
4. Enhancing surveillance in west and central Africa and the Horn of Africa.

UNICEF's Dr. Maria Otelia Costales supplemented this presentation by underscoring the importance of enhanced social mobilization in the last remaining countries. She highlighted the successful model used in India and suggested that similar efforts will be necessary in Nigeria.

#### **Conclusions and Recommendations:**

- Partners noted the significant progress that is being made in India, Pakistan and Afghanistan and expressed concern about the spread of the disease in west and central Africa. They expressed commitment to support the 23-country synchronized NIDs strategy as a response to the situation in Sub-Saharan Africa.
- Partners gave examples of technical assistance being provided to polio-affected countries and pledged to continue this support and to support the Initiative in helping remove socio-cultural or religious misperceptions associated with polio immunization (ie via the Organization of Islamic Conference).
- Partners were encouraged to participate actively in the country-level Interagency Coordinating Committees (ICCs) and to use their diplomatic channels to communicate with national authorities the importance of quickly finishing the job of polio eradication.
- It was strongly noted that the Polio Eradication Initiative reaches the hardest to reach children in the most difficult countries, and this remarkable experience needs to be exploited and built upon if the health Millennium Development Goals (MDGs) are to be met.

#### **2. Outcomes of the Meeting of the Ad Hoc Advisory Committee on Polio Eradication**

Dr David Heymann, Representative of the Director-General for Polio Eradication, presented the outcomes of the deliberations of the AACPE, with regards to the cessation of the use of oral polio vaccine (OPV) after the global interruption of transmission of wild poliovirus. He outlined the risks that the Initiative faces with the continued use of OPV, namely the burden associated with circulating vaccine-derived polioviruses (cVDPVs), vaccine-associated paralytic polio (VAPP), and long-term excreting of

vaccine derived polioviruses (iVDPV) from individuals with severe primary immunodeficiency syndromes. Of particular note, Dr Heymann stated that the advisory group recommended that the use of OPV be ceased as early as three years after the interruption of wild poliovirus, contingent upon various conditionalities being met. These include: appropriate containment of all polioviruses; global surveillance and notification capacity; synchronized cessation of OPV in all countries and regions; adoption of post OPV immunization policies by all OPV-using countries; and sufficient vaccine stockpile with an internationally-agreed response mechanism.

Dr Heymann proposed that resolutions that seek global consensus on OPV cessation, containment of polioviruses, and the vaccine stockpile and outbreak response, will be drafted for consideration by the World Health Assembly (WHA) in 2006, with a technical briefing planned for the 2005 WHA. He called on all partners to help guarantee the significant investment they have made in polio eradication by supporting these post-eradication strategies, including financing of the development and procurement of a vaccine stockpile.

#### **Conclusions and Recommendations:**

- The development of global policies for OPV cessation and opportunities for further discussion were welcomed.
- WHO was called on to continue to provide information and opportunities for dialogue on this area of work. (NB: Technical briefing at 2005 WHA will be an important forum in this regard.)
- The importance of cost/benefit analyses of the eradication effort was stressed.
- Partners recognized the need to fund the programme of work after transmission of wild poliovirus is stopped, as a means of guaranteeing their investment.
- WHO was challenged to highlight more concretely in its strategic plan the links through which polio eradication helps strengthen health systems in the countries.

#### **3) Estimated External Financial Resource Requirements**

Ms. Linda Muller, Polio Eradication Initiative External Relations Team Leader, summarized the 2004 and 2005 financial requirements for polio eradication activities. She expressed the international concern over the Initiative's US\$ 100 million shortfall for planned activities for the period and noted that additional funding of approximately US\$ 100 million is now also required to support synchronized National Immunization Days in west and central Africa in 2004 and in 2005.

In addition to secure new funding, rapid fulfilment of existing polio pledges is urgently needed to ensure that activities can go ahead as planned.

Ms Muller noted that WHO and UNICEF are working now with Ministries of Health on the annual review of countries' polio immunization and surveillance activities and budgets. Updated 2005-2008 information will be available by the end of 2004. A proposal defining the composition, size, operation and costing for a vaccine stockpile for post-certification era is expected to be available in mid-2005.

It was noted that the donor base for global polio eradication is expanding and that new donors such as the Russian Federation, Portugal, Spain, Malaysia, and France were joining the Initiative. Ms. Muller reported that the Initiative's spearheading partners were working closely with the Organization of the Islamic Conference (OIC), the G8, the European Commission, the World Bank and other OECD countries to mobilize additional resources. The Initiative has also embarked on efforts to mobilize resources at the country-level, and to encourage countries to provide domestic resources.

Ms Muller welcomed input from partners on other possible avenues for funding, including, but not limited to: emergency funding, year-end funding, Global Public Good funding, debt relief and reprogramming unspent funds for polio eradication.

**Conclusions and Recommendations:**

- The need to quickly complete this historic initiative was highlighted and the imposition of greater financial burdens on developing countries if eradication is not accomplished was noted.
- Partners recognized the funding shortfall of US\$ 100 million for planned activities in 2004 and 2005, and the urgent need for an additional US\$ 100 million to mount a response to the situation in west and central Africa. They appealed to new donors to join existing partners in providing this funding.
- Partners noted the need for funding for the 2006-2008 programme of work dealing with poliovirus lab containment, vaccine stockpile, coordinated OPV cessation, and outbreak response after the global transmission of poliovirus is stopped and suggested that non-traditional funding sources such as the International Financing Facility and emerging Global Public Good funding mechanisms, be tapped to help fund this area of work.
- Partners were called on to advise Polio Eradication Initiative spearheading partners on other funding mechanisms that could be explored to ensure sufficient financing.
- Polio Eradication Initiative spearheading partners were called on to, on the polio eradication website, provide monthly updated financial information that clearly delineates pledges, funds received and disbursements.