

MEETING REPORT BERLIN

RESEARCH: POLIO ERADICATION

POLIO LEGACY AND TRANSITION: WHAT CAN WE LEARN FOR SDGs, GLOBAL HEALTH GOVERNANCE AND HEALTH DIPLOMACY

On the brink of polio eradication, the global health community has a unique, albeit fleeting opportunity to reflect upon and extract the many lessons learned through the Global Polio Eradication Initiative (GPEI). Not only would achieving eradication represent a significant global public good; the trajectory and transformation of polio eradication efforts over the past several decades offers a wealth of experience and insight into global health governance more broadly. In this spirit, the Global Health Centre (GHC) at the Graduate Institute Geneva collaborated with the

World Health Summit and the Berlin Medical Society to host a dialogue in Berlin on 2 June 2016, entitled *Polio Legacy and Transition: what can we learn for SDGs, Global Health Governance and Health Diplomacy?* This meeting was one of a series of dialogues within a project undertaken by the GHC to study political and governance dimensions of the polio eradication initiative, with a particular focus on the European dimension in the endgame and legacy aspects.



Professor Ilona Kickbusch at the Parliamentary Breakfast hosted by MP Stefan Rebmann, co-organised with Rotary International, Berlin, 3 June 2016.

BACKGROUND: THE GPEI AND THE GLOBAL EFFORT TO ERADICATE POLIO

Initiated by the WHA in 1988, the GPEI is the largest ever global health initiative¹. Despite several significant set-backs along the road to eradication, it has nevertheless achieved tremendous success in reducing the number of wild poliovirus (WPV) cases globally by more than 99% over the past three decades. Beyond the immediate impact of reducing childhood paralysis due to WPV, the Initiative has been widely acknowledged for delivering health services to the most difficult

to reach and often underserved communities in the world. Furthermore, the GPEI's extensive surveillance and laboratory networks have been employed in responses to other diseases and outbreaks, including the recent Ebola outbreak in West Africa. Polio teams also helped with responses to earthquake and flood disasters in Pakistan. With the end of polio within reach, the GPEI has already begun planning its endgame and transition into regular health systems; however, effective and sustainable transitioning of the many functions of this unprecedented global public health initiative will require significant commitment and collaboration among both global and national actors.

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Thomas Silberhorn, Parliamentary State Secretary for the German Federal Ministry of Economic Cooperation and Development

POLIO AND GLOBAL HEALTH GOVERNANCE

The director of the GHC, Professor Ilona Kickbusch succinctly defined the governance challenges of polio in regards to transition and legacy, as well as resilience. The legacy of the GPEI – or what it can mean for health beyond the end of polio – certainly depends on sustained and innovative financing. However, it also depends on the determination and agility of key actors to adapt what has been a primarily vertical or disease-specific programme into national health systems functions. The historic role of the GPEI in the provision of health services to underserved communities connects explicitly to broader global health concerns of Universal Health Coverage (UHC), as well as health systems strengthening. Transformative agendas like the United Nations Sustainable Development Goals (SDGs) have pushed global health initiatives to become more horizontal. While previous approaches have been ‘sectoral’ or ‘vertical’ the SDG indicators demand that global health actors like the GPEI and the Global Fund find more harmonized and integrated approaches to health programming. As a vertical programme with the potential for far-reaching horizontal impacts, the GPEI offers valuable experience and expertise which would be of great benefit to other health initiatives. Furthermore, the prominence of health as an integral component of the global development agenda creates space for lessons learned from polio-related programmes to positively influence future health governance and diplomacy mechanisms. The GPEI and its partners, including member states, need to leverage the mutually reinforcing relationships between polio eradication and these broader health goals to ensure that the conversation and related actions continue until polio is not only eradicated but the functions and knowledge of the GPEI are captured in a meaningful way for the sector.

The recent resurfacing of polio in Nigeria in the summer of 2016 reminds all stakeholders of the importance of resilience as a key governance issue for polio. In financial terms, having ‘enough money’ means having enough to make the final move and sustain it. As the Initiative draws nearer to its conclusion, the international community, and European actors in particular, must strive to ensure that the perception of a job well-done does not deter much needed financial and political support. Commitment to polio efforts must extend beyond achieving eradication to ensure that the Initiative’s success is sustained through resilience.

The GPEI partnership has brought many critical skills to the eradication initiative. This model of partnership to achieve a global public good has achieved remarkable progress and has proved adaptable, with its strengths being further reinforced by the creation of the Independent Monitoring Board (IMB) to help identify and overcome the final challenges.

TACKLING TRANSITION: WHAT NOW?

As highlighted by Thomas Silberhorn, Germany’s Federal Minister for Economic Cooperation and Development, once the polio campaign is over, national health systems will not be equipped to continue the fight. Accordingly, he suggested that success in polio eradication simultaneously offers a “great opportunity to transfer the polio programmes into national health systems so that they are sustainably strengthened.” While most health systems are underfunded and underfinanced, transitioning is something that needs to be planned for and funding is a huge challenge. This also interconnects with another problem: in many cases there has been a lack of ownership at the national level, reflected in weaknesses in mechanisms to align the GPEI with other health services on the ground and with diverse communities of health actors. The six WHO building blocks of health systems could be used as a framework to analyse where polio assets could gain be most beneficial. Some organizations (e.g. Gavi, the Global Fund and KfW Development Bank) have already been learning lessons regarding how polio eradication can strengthen health systems or may divert resources from routine immunization. It is also important to recognize that countries’ priorities may differ and the challenge of achieving a global public good like polio eradication required a global effort and dialogue at the local level about how to achieve everyone’s priorities. Global and national programmes must be brought together to achieve coordinated and coherent approaches – ones which place the focus on people’s ability to access health services, rather than being centred on particular diseases.

Existing polio infrastructure plays a key role for health in many national contexts and it should not be neglected. It is a challenge for donors and development partners, as well as for countries, to work out how to organize the integration of polio assets into country health systems. The assets will be especially important as the core around which a broader disease surveillance and response capacity can be built and through which routine immunization can be strengthened and better integrated within the overall health system. New structures like the Emergency Operations Centres have proven very effective and had shown their value beyond polio, e.g. in tackling Ebola in Nigeria. Beyond the physical investments the programme has made, there is also concern for the immense human resources developed over the course of the GPEI, especially in Africa where a substantial number of all health workers are polio-funded² and play an enormous role in health services delivery. Transition planning needs to address both infrastructure and human resources challenges posed by the imminent cessation of direct GPEI funding, with a high risk that the Extended Programme on Immunization



from left to right: Carole Presern, the Global Fund; Rudi Tangermann, WHO Geneva; Marlies Sieburger, German Development Bank, KfW; Kati Bertram, Save the Children Germany.

may be weakened in some countries. UHC is therefore absolutely critical as a mechanism to extend funding of core health services, with the common goal to strengthen national health systems before donors become fatigued.

Gender was repeatedly highlighted in the discussions as a crucial element of polio eradication and its legacy. Women have been playing key roles in helping to reach children in communities and migrant populations, risking their lives while gaining empowerment through their engagement. Transitioning must build on this.

A further challenge posed by transition planning is the balance between maintaining the necessary GPEI functions to achieve eradication, while paying sufficient attention to the immediate and longer-term needs for the future. In regions of Afghanistan and Pakistan, there are still many significant barriers which must be overcome in order to reach every last child. Discussions have demonstrated that polio can serve as an entry point to tackling many other health issues; however, first and foremost, the world's investment in eradication must be seen through to successful completion.

Lessons from the successes of the GPEI include how to develop, manage, sustain and finance a health initiative of global proportions that is able to reach to national and local levels; and how to bring in systematic approaches to holding people accountable for their work. There are also lessons from failures and weaknesses, including recognition of the need for more local ownership and community engagement in ensuring that every last child is reached; the need for greater integration within national health systems; and the need for ways to improve access in situations of conflict. The lessons are highly relevant to moving forward on global concerns such as the control and potential for elimination of other diseases like measles and yellow fever, as well as for strengthening primary health care and health systems.

It was noted that high-level political support remained essential to sustain the effort during transitioning and resilience building. The latest statement³ from the G7 was welcome in this regard, recommitting to the polio eradication targets in the context of advancing UHC.

WHAT DOES POLIO TEACH US ABOUT THE INTERSECTION OF HEALTH, FOREIGN POLICY AND SECURITY?

The Initiative has also learned valuable lessons in terms of the importance of relationships between global health, foreign policy, and security. The relationship between health and security is complex and often contested. While health and security are linked in diverse ways, these linkages are often rejected by people in both the health and security sectors. In the German context, this reluctance to engage with interconnections has led to a lack of coordination between the two fields.

Polio-related programming connects to health security and foreign policy in at least two ways. First, growing polio teams have tackled more than just polio; one of the core aspects of polio eradication is the capacity of these polio teams to detect and respond to other diseases and outbreaks. Polio therefore serves as a platform to ensure health security in the future. The second dimension of polio and health security relates to the contexts of insecurity in which remaining WPV still circulates. Polio has eluded eradication in regions of Afghanistan and Pakistan partly due to insecurity in the area. There have been a number of violent attacks on polio workers and collaboration with the security sector has become a necessity for polio programme implementation in areas of both countries.

The political dimensions of both health crisis response and violence against health workers in relation to polio eradication highlight the need to acknowledge intersections of health, security, and foreign policy and to achieve cooperation to bring them together in a constructive way. The EU is a significant actor in this domain but it, as well as individual European countries, could do more, including convening another international conference to help build peace in the region of Afghanistan and Pakistan. In terms of health security, the Ebola crisis in West Africa has already indicated a need for a stronger emergency response mechanism through which European actors can help in remote areas. At the request of Germany, Ghana and Norway, the UN Secretary-General has already convened a high-level panel on the global response to such health crises.



Tobias Berger, German Federal Foreign Office.



Ambassador Jauhar Saleem, Pakistan; Ambassador Hamid Sidig, Afghanistan.

CONCLUSIONS

Polio opens up a spectrum of challenging issues in health diplomacy and on the determinants of health, from peace to poverty, from refugees to free trade agreements. With the possibility of eradication in the next few years, it is critical to ensure that global financial and political support for the programme is sustained at sufficient levels to not only see it through to completion, but also make sure that the

valuable resources that the GPEI has developed since its inception in 1988 are effectively and sustainably integrated into health systems. Pushing this meaningful discussion further will require answers to the question of how core issues of both resilience and transition relate to larger global health governance challenges such as the transformative SDGs agenda, UHC, global health financing, global health security and the sharing of responsibility for creating global public goods in health.

REFERENCES

1. What is the GPEI? New York: UNICEF. https://www.unicef.org/immunization/index_48412.html
2. J. Kamso, E.S. Mvika, M.O.C. Ota, J. Okeibunor, P. Mkanda, R. Mihigo. The contribution of the polio eradication initiative to narrowing the gaps in the health workforce in the African Region. *Vaccine* 2016, 34, 5150-5154. <http://dx.doi.org/10.1016/j.vaccine.2016.05.061>
3. G7 Ise-Shima Leaders' Declaration. G7 Ise-Shima Summit, 26-27 May. www.mofa.go.jp/files/000160266.pdf
4. Joint Press Statement by Germany, Norway, Ghana on the occasion of the General Assembly Briefing on the Secretary-General's Report on "Strengthening the Global Health Architecture". New York: UN 20 June 2016. www.new-york-un.diplo.de/Vertretung/newyorkvn/en/___pr/press-releases/2016/20160620-joint-global-health-statement.html?archive=3759636

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