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FROM POLIO ERADICATION TO GLOBAL HEALTH TRANSITION: THE ROLE OF DEVELOPMENT AND MULTILATERAL ACTORS

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INTRODUCTION

Sweden is a leading actor in development cooperation and committed to multilateralism. As the 6th largest financial donor to the UN system [1], Sweden is considered a 'pillar of multilateralism' [2]. Sweden's foreign policy focuses on health, sustainable development and humanitarian action, especially in fragile states according to the 2030 Agenda. At the core of such policies lies Sweden's goal in health systems strengthening (HSS), for instance in the context of the Sustainable Development Goals (SDGs), which is closely linked to the advancement of Sexual and Reproductive Health and Rights (SRHR) and gender equality in low- and middle-income countries (LMICs). In global health, Sweden provides financial contributions to the World Health Organization (WHO), UNICEF and Gavi, three organizations whose areas of overlap currently include active engagement in routine immunization programmes.

Against this background, current developments in the longest and most expensive global health programme in history – the Global Polio Eradication Initiative (GPEI) – require attention by Swedish governmental and non-governmental actors. The thirty-year long, US$ 15 billion initiative has established many assets at both country and global levels. The imminent dismantling of the GPEI will have an impact on both actors that have and those who have not been actively engaged in the polio eradication and in the efforts now progressing to transition the polio assets to country ownership.

Sweden has not been a major supporter of the GPEI efforts. However, in May 2018, it became the first country to formally engage in the global polio containment process [3]. Moreover, WHO resourcing has come to depend greatly upon polio contributions. Thus, the end of the GPEI also poses challenges for WHO financing, an issue relevant to Sweden's foreign policy portfolio.

On 6 November 2018, in collaboration with the Swedish Institute for Global Health Transformation (SIGHT), the Global Health Centre (GHC) at the Graduate Institute of Geneva hosted a high-level public policy dialogue in Stockholm. Reflecting upon the complexities of transitioning, the discussions highlighted critical issues required to sustain the multilateral support for polio eradication and ensure the transition of assets. This report elucidates key themes and take-away messages from the discussions in Stockholm.

Ranieri Guerra, Assistant Director General for Strategic Initiatives at the World Health Organization (WHO)

PUTTING POLIO TRANSITIONING IN PERSPECTIVE

Over the last thirty years, the GPEI built up major assets in many LMICs. These polio assets have massive potential for re-purposing to support HSS and the development of health systems in general and to reinforce specific components such as SRHR, health security, combatting antimicrobial resistance (AMR), and emergency preparedness. Hence, GPEI partners and national governments are currently collaborating to plan this transition process. However, the GPEI is not the only initiative currently undergoing transition.

As identified by Anders Nordstrom, Ambassador for Global Health at the Swedish Ministry for Foreign Affairs, both UNAIDS and Gavi are in comparable processes. UNAIDS, for instance, has established structures and partnerships that can be adopted for tackling non-communicable diseases (NCDs). Similarly, through its work on rotavirus, Gavi created a business model for immunization combining both push and pull innovations, which has great potential to be adapted to other areas.

Transition, however, does not only concern established assets, but also organizational and institutional structures which have to adapt to new developments and requirements. This is difficult for vertical programmes, as is the case with the GPEI (polio), UNAIDS (HIV/AIDS) and Gavi (vaccination). Though useful particularly in mobilizing resources and political commitment, vertical programmes work in their own specific silos, which complicate expansion in other fields and collaboration with actors therein. This modus operandi often also precludes holistic strategizing in collaboration with affected communities as vertical programming can ignore related issues outside of the respective silo.

Thus, beyond just polio, one important current challenge for global health actors is how to transition and integrate one-dimensional initiatives into the wider health system. As Anders Nordstrom concluded in his Keynote Address, we are in a 'global health transition'. There is often resistance to radical changes in approach. However, the disruptive effects of the ending of the GPEI create a window of opportunity that can be used to leverage a major global health transition. The political momentum for this transition is present. The work towards the SDGs is, according to Peter Friberg, Director of SIGHT, an opportunity to put vertical systems into silo-transcending action. Now it is up to global health stakeholders to use this opportunity by developing coordinated strategies on the basis of evidence and best practices..

Anders Nordström, Ambassador for Global Health at the Swedish Ministry for Foreign Affairs

"[From GPEI to WHO, UNAIDS, Gavi, etc…]
it's not just assets and organizations and institutions
that are transitioning and need to transition,
but also the global health agenda…
We have a global health transition."

Anders Nordstrom, Ambassador for Global Health,
Swedish Ministry for Foreign Affairs

RE-ENERGISING 'ROUTINE IMMUNIZATION'

A major theme raised throughout the Stockholm dialogue was the issue of routine immunization. According to Ranieri Guerra, WHO Assistant Director General for Strategic Initiatives, 43 million children globally are not covered by routine immunization programmes and approximately 85% of current disease emergences around the world are due to vaccine-preventable diseases. In the case of Pakistan, the persistence of polio lies in the poor immunization coverage and large segments of children being missed. Zulfiqar Bhutta from Aga Khan University, Pakistan and the Hospital for Sick Children in Toronto, identified two main reasons for this: first, the programme is not efficiently reaching children in remote and rural areas; second, parents who refuse vaccination are largely found in urban and educated populations. Participants concurred that there is a growing fatigue amongst informed populations because the same messages are frequently repeated.

The following challenges in achieving routine immunization at both country and global level and their respective solutions were identified:

Vaccinations: Affecting others and not us?
As observed by participants in the Stockholm dialogue, the supply side for vaccines is weakening. Fewer companies are producing vaccines within a system where the return on investment is much greater for drugs for treatment of NCDs than for vaccines to prevent communicable diseases. Should there, however, be a higher demand for vaccination, there will be a rise in vaccine production. Thus, there is a need for raising the demand. Part of the solution is to invest in the education of future parents not only about vaccination specifically, but also more broadly in science. Ranieri Guerra highlighted how teaching children from early on what science means and the basics of scientific reasoning and thinking will have a positive impact on their desire to immunize and vaccinate their own children in the future. Younger generations have not experienced deadly diseases to the same extent as older ones and may thus underestimate the necessity of vaccination. The student representative of the Stockholm dialogue, Wiebke Mohr from the Karolinska Institutet, reflected on the absence of awareness concerning immunization and polio more specifically amongst younger generations. She asserted that more knowledge translation across generations is required to maintain vigilance concerning immunization. Zulfiqar Bhutta emphasised the importance of developing a better understanding of vaccine hesitancy through engaging more with people at the grass-roots, community level. Furthermore, Jean-Bosco Ndihokubwayo, WHO Representative to Chad, noted that donors are currently not sufficiently sensitive to routine immunization, and articulated the importance of raising the donors' awareness in order to better mobilize resources for future outbreaks. This is relevant particularly for countries such as Chad that have few local donors and rely mainly on external funding. Ngozi Nwosu, National Coordinator of the Nigeria Polio Transition Planning Task Team at the National Primary Health Care Development Agency (NPHCDA), echoed this issue in the Nigerian context and noted that there has been a gradual increase in the involvement of the private sector. Thus, despite different contexts, raising awareness amongst all relevant stakeholders for routine immunization remains an urgent task.

Troubled terminology: More informed or more afraid?
The Stockholm dialogue revealed that the terminology 'routine' immunization poses a number of issues. First, parents are not motivated to vaccinate their children several times because it has a connotation of redundancy. Second, the terminology does not stimulate interest for either the donation or mobilization of resources. According to one speaker, Rotary International, one of the key players in the global eradication campaign, was not inspired to make routine immunization strengthening their next focus area as they saw the uninspiring terminology as a challenge to the capacity to mobilize resources. It is crucial for an attractive terminology to be devised to support fundraising strategies and ensure that a high level of vaccination coverage is achieved and maintained. Stephen Matlin, Senior Fellow of the GHC, proposed the use of the term 'essential' instead of 'routine' in order to underscore the importance of vaccination.

Funding schemes: When success risks the future
The current funding scheme for immunization poses two particular challenges. First, the immunization services obtain much of their money from polio funding sources. Although the GPEI is close to its wind-down process, instead of downsizing and dissolving, it has been reformulated and expanded for the next four years with a capacity to fundraise by at least another US$ 1 billion per year. However, this new phase is fragile and presents issues at both the country and global level. At the country level, the massive additional amount of external money flowing into the countries casts doubts on their willingness to use domestic resources and develop sufficient resource mobilization mechanisms. At the global level, the WHO, UNICEF, Gavi and other partners must decipher where they sit, which functions to adapt, and where their ownership lies. Future financing of immunization will hinge upon answers to these questions.

Second, as noted by Robb Butler, Senior Social Scientist for Vaccine Demand at UNICEF, the majority of under-vaccinated children currently live in middle-income countries (MICs) because these are the countries that have faced the largest, most consistent stock-outs and shortages of vaccine supplies, and are home to some of the most vociferous anti-vaccination lobbyists. Yet, despite these challenges, structural obstacles prevent the engagement of global actors. For example MICs are not eligible for support by Gavi due to their level of GNI per capita. Although eligibility criteria such as GNI per capita are commonly used, there is a need to reflect upon these funding criteria to avoid the exclusion of certain countries. A more nuanced approach to criteria, that also takes account of vulnerabilities and risk levels, may be required.

From left to right: Zulfiqar Ahmed Bhutta, Aga Khan University, Pakistan, and Centre for Global Child Health at the Hospital for Sick Children, Toronto; Ngozi Nwosu, Nigeria Polio Transition Planning Task Team, National Primary Health Care Development Agency (NPHCDA); and Jean-Bosco Ndihokubwayo, WHO Representative to Chad.

KEY TAKEAWAYS

Although focusing on polio, the Stockholm dialogue discussed issues of relevance for the wider community of development and multilateral actors in the context of a more broadly-based global health transitioning. In essence, the following lessons which can be learnt from the polio eradication efforts were identified:

- **Coordination:** There is a need for better coordination and exchanges between institutions and actors in the multilateral sphere to ensure a coherent transition and reorganization that is occasioned by, but extends far beyond, polio itself. As the polio transitioning illustrates, the wind-down of such an initiative leads to the exiting of established actors and organizations, and the entering of new entities. Thus, coordination is even more crucial as the constellation of stakeholders is not static but constantly changing. Effective coordination is furthermore required to avoid duplication or the emergence of blind-spots. Strong governance leadership is required by key multilateral actors who are able to coordinate amongst diverse stakeholders.

- **Adaptation:** There is a need for increased communication between the global and country level. Globally, active organizations must be constantly updated about developments on the ground to adjust their programme to new realities. Programmes which have been designed thirty years ago – as is the case with the GPEI – must be adapted on a continual and coordinated basis. For example, organizations working on immunization in general have for many years received less attention than those engaged in polio. Given the general lack of vaccination coverage, a shift of emphasis is required to tackle emerging challenges.

- **Realization:** There is a need for actors in development as well as global health to rethink approaches towards local and country ownership. In this regard, the GPEI's vaccination efforts carry two lessons. First, an insufficient and unbalanced dialogue may have spurred vaccine hesitancy by certain segments of populations. As underlined by dialogue participants, resentment towards vaccination programmes will most likely arise if local leaders who enjoy authority in a community are excluded from engagement. Second, against the background of the SDGs, as Robb Butler noted, universal vaccine coverage is a necessary requirement to achieve universal health coverage (UHC). Thus, any donor working towards UHC must focus on vaccination as well. However, instead of solely financing vaccination programmes, donors should support countries in their efforts to build up resource mobilization systems which enable nationally funded and owned vaccination programmes that are integrated within broader movement towards HSS, UHC and health security.

> "The issue on polio transitioning should be of interest to every development cooperation partner and every development government (…) because if that programme succeeds, the return on every dollar or krona that we've invested in it will be multiplied by five, six fold because our programmes will be in a position where we have truly captured the strengths and legacies of polio (…) serv(ing) those in need and strengthen(ing) the immunization and health systems."
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> Robb Butler, Senior Social Scientist for Vaccine Demand, UNICEF

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