

MEETING REPORT BRUSSELS

THE EUROPEAN UNION BEYOND THE LAST MILE

CHALLENGES AND OPPORTUNITIES IN THE FACE OF POLIO TRANSITIONING

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INTRODUCTION

The European Union (EU) and its member states are key stakeholders in global polio eradication efforts. However, the extent to which their support will continue through the transition of polio-related assets to other health initiatives once eradication is achieved remains unclear. As part of a research project to better understand the opportunities and barriers for continued European political engagement in this global health initiative, the Global Health Centre (GHC) at the Graduate Institute,

Geneva, partnered with Rotary International to host a high-level public policy dialogue and private dinner at the heart of European decision-making in Brussels on 11 October 2017. Reflecting the complexities of health governance and multilateralism, the discussion highlighted critical issues for sustained European support for polio eradication and transition. This report elucidates key themes from the discussions in Brussels, complemented by insights from expert interviews.¹



From left to right: Octavian Bivol, UNICEF Office for Relations with EU Institutions, Brussels; Ilona Kickbusch, Global Health Centre at the Graduate Institute of International and Development Studies, Geneva; Patrick O'Connor, Accelerated Disease Control, Vaccine Preventable Diseases and Immunization at the WHO Regional Office for Europe, Copenhagen; and Dominic Porter, Economic and Global Issues at the European External Action Service, Brussels.

BACKGROUND

The 30-year long and US\$15 billion heavy eradication programme undertaken by the Global Polio Eradication Initiative (GPEI) constitutes the largest global health programme ever. As a result, the number of cases caused by the wild polio virus (WPV) reduced from more than 350,000 per year in the 1980s to 37 in 2016. In 2017, only 11 new WPV cases had been reported in the year. However, 56 polio cases caused by live, attenuated virus contained in the oral polio vaccine (OPV) were reported in Syria and the Democratic Republic of the Congo (DRC). This signals the low immunization rate of children in areas where health systems are malfunctioning.

In parallel with the final eradication efforts, much attention is placed on the transitioning of assets from the GPEI as it will close itself down by the end of the final global certification period. This period presents several distinct challenges to the global community.

The European Commission (EC) has contributed a total of c. US\$200 million to polio eradication since the inception of the GPEI.² In a pledging session at the Rotary International Convention in June 2017, the EC made a new pledge of 55 million Euro (c. US\$61 million), as part of US\$1.2 billion pledged globally.³ Individual member states of the EU have been major contributors to the GPEI, contributing over US\$2.5 billion over the course of the initiative.

As Neven Mimica, Commissioner for International Cooperation and Development, stated: *"The position of the European Commission is clear: in the 21st century no one should suffer or die from polio or any other diseases which can be prevented with safe, effective and available vaccines"*.⁴

INTERNAL AND EXTERNAL CHALLENGES FACING THE EUROPEAN UNION

Europe remains vulnerable

Although the WHO-EURO region was certified polio-free in 2002, threats continue to emanate from poliovirus. Incidents of WPV or cVDPV in Tajikistan (2010), in the Ukraine (2015), in Syria (2016-17) or in sewage samples in Israel (2013) underscore the risk of resurgence within and around the region. Thus, Europe must pay attention to three distinct areas:

- (1) **Europe faces the challenge of poliovirus containment.** Vaccine manufacturing and research facilities continue to use and store WPVs. With the region being home to 39 research and production facilities, this raises the question on how these viruses can be contained safely.
- (2) **Europe must ensure the resilience of public health systems** in the case of a re-appearance of polio.
- (3) **The highly variable vaccine coverage within the region poses a challenge.** Contributors to the Brussels dialogues underscored the emergence of anti-vaccination sentiments and narratives in Europe which may ultimately lead to an increasing number of unvaccinated children.

“Health as a political choice” - The State of Play in Europe

Regarding the current state of play, two differing opinions emerged from the Brussels dialogues. On the one hand, several discussants and interlocutors noted that the areas of health, global health, or polio transition, have relatively little traction in policy discussions. On the other hand, interviewees referred to the ‘whole of EU’ approach to health with a greater focus on specific issues as well as the activities of member states extending into 140 countries.

One impediment for further internal action by EU institutions is the legal restrictions. Under the Treaty of Lisbon, the EU does not enjoy exclusive competences with regards to health. Although the EU is able to act outside of Europe – for instance in the areas of global health, humanitarian action, and outbreaks of diseases – health policies within Europe remain the responsibility of member states.

Policy Challenges for the EU outside of Europe

Whether the EU will maintain its multilateral engagement on polio or not will also depend whether existing policy challenges will be sufficiently recognised. Amongst these challenges are the following:

- (1) **The eradication of polio will be accompanied by decreasing or disappearing external resources.** Thus, an ineffective transition will have a severe impact at the country level. Countries will face resource constraints as funding dries out, and may no longer be eligible for vaccine purchase support from GAVI – this will hinder them from striving to build up their health system and capacities. If the surveillance network created through the polio eradication initiative is not sustained, a major asset would be lost.
- (2) **The transition phase offers a window of opportunity to transfer polio assets to country ownership.** These assets can support efforts of establishing public health systems and capacities which can provide, amongst others, routine immunization. However, this will require political will, planning, resources, and the attention of global governance actors to overcome challenges in the transfer of assets to country ownership.
- (3) **The transition phase requires a paradigm shift from a vertical to horizontal approach.** However, inconsistencies between these two approaches prevail particularly as there appears to be reluctance in EC departments to shift their support to the GPEI to the transitioning of assets.



Professor Ilona Kickbusch
at the high-level public policy dialogue in
Brussels on 11 October 2017

RECOMMENDATIONS FOR THE EUROPEAN UNION

Against the background of these challenges and opportunities, the Brussels dialogues identified a number of recommendations directed to different audiences on how the EU can further increase its support in the polio eradication and transitioning efforts.

Better collaboration with agencies at the global and country level

At the *global level*, the EU should increase its engagement with actors such as the GPEI, WHO, Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), the World Bank and the UN to deliberate how existing and future European policies on polio could contribute to global health governance. Given the EU's resources, experiences, long-standing relations and political clout, its influence in this regard should not be underestimated.

At the *country level*, better coordination among EU institutions, its member states and other development agencies, can assist in moving polio out of its silo and create linkages to other Sustainable Development Goal (SDG) objectives.

Coordination is also important for poliovirus containment. As polio funds may dry out soon, the EU can further draw upon its technical capacities and experiences to support countries in strengthening their domestic resources mobilization. This can include support in implementing a more effective tax system. The foundation for such an engagement lies in the EC's 2010 Communication on Tax and Development, followed by the European Council conclusions and a European Parliament resolution in 2011, setting out the EU strategy in this area.

Maintaining high immunization coverage within Europe

Maintaining high immunization coverage through vaccinations is crucial in polio eradication efforts. WHO-EURO emphasizes the importance of vaccine communication. Its team utilizes a 'tailoring of immunization programmes' tool which is unique to the region. Participants of the Brussels dialogues underscored how national governments need to address these issues at the highest political level and place both communication and outreach programmes in place to ensure immunization across Europe.

This is particularly true against the background of anti-vaccination narratives within the EU. This evidently will require sustained political will and action to ensure that the necessary resources are provided to conduct programmes for eradication, containment, and resilience both effectively and sustainably.

Dominic Porter, Head of Division of Economic and Global Issues at the European External Action Service, Brussels

Establishing linkages with other global health issues

The policy challenges for the EU outside of Europe correspond to opportunities arising from the eradication of polio: the transitioning of assets forces polio to leave the disease eradication silo. The Brussels dialogues highlighted the following three areas for linkages:

- (1) **Health Systems Strengthening (HSS):** Currently, most attention in transitioning is given to the 2030 UN Agenda for Sustainable Development. Here, a particular focus lies on the objectives of strengthening health systems, reaching universal health coverage (UHC) and operationalising the equity principle of 'leaving no-one behind'. To achieve these goals, participants concurred that building on the polio experience and networks is promising as these have succeeded in distributing messages, advising communities, and reaching individuals even in remote areas.
- (2) **Global Health Security:** Addressing global health security issues, such as risks related to the spread of new pathogens and bioterrorism, and the need for strengthening country capacities to implement the International Health Regulations (IHR) effectively, is considered to provide significant opportunities for linkages and the uptake of polio assets.
- (3) **Routine Immunization:** Discussants commented that the development of the polio eradication initiative did not follow the original plan of being integrated with the Expanded Programme on Immunization. Instead, it drew resources and efforts away from it. The polio assets can now not only be used to strengthen this neglected area, but also to support the Global Vaccine Plan which has been adapted to the European Region,⁴ and simultaneously contribute to Gavi.





Judith Diment, PolioPlus National Advocacy Advisor; Member of the International PolioPlus Committee; and Rotary International Representative to the Commonwealth.

Activating the European Council

The Brussels dialogues underlined that the European Council could issue conclusions related to global health which would raise its profile on the political agenda. Participants further noted that there could be a first ever meeting of the European Council on health.

There was also strong interest for the European Council to engage with the new WHO Director General (DG) who was recognized to be 'more political'. The European Council could thus engage with the WHO DG to develop relations, increase understanding and explore in which ways they can better work together.

Similarly, the Brussels dialogues highlighted the question whether a European Consensus on global health would contribute to the advancement of global health goals. Such a consensus could reinforce the 'whole of EU approach to health' and overcome fragmentation and incoherence between different EU institutions and individual member states.

Continue and enhance research capabilities

Research is necessary to support the endgame and transitioning of polio, and to gather lessons for future health initiative. Three research areas are of particular importance:

- (1) **Biomedical:** Research on vaccine and vaccination is crucial in order to maintain the acquired scientific know-how about polio viruses.
- (2) **Operational:** There is a need to better understand and support vaccine uptake and risk mitigation, and to assist in advancing the global health political agenda. Operational research should be conducted in a long-term horizon to develop expertise, conduct longitudinal studies and incorporate results. Sustained research and analysis is further important to better understand how transition or 'graduation' processes that are currently underway in organizations such as the GPEI, Gavi and GFATM work.
- (3) **Interdisciplinary:** Interdisciplinary research is crucial particularly for funding-related issues, such as polio. The following two areas require interdisciplinary studies: (a) migration and the transmission of infectious diseases and (b) relationships among factors such as resources, priorities in public health, domestic resource mobilization, and programme sustainability.

REFERENCES

- 1 All quotes and inputs have been intentionally kept anonymous.
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- 3 G. Gotev. Interview with Neven Mimica, European Commissioner for International Cooperation and Development. EURACTIV 28 June 27. www.euractiv.com/section/global-europe/interview/mimica-we-are-analysing-the-funding-gaps-left-by-the-us/
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- 5 European Vaccine Action Plan 2015–2020. Copenhagen: WHO-EURO 2014. www.euro.who.int/en/health-topics/disease-prevention/vaccines-and-immunization/publications/2014/european-vaccine-action-plan-20152020-2014

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