

Meeting of the Polio Oversight Board (POB)—In Person

28 September 2018 | 8:45 – 14:30 EST | New York City

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Henrietta Fore (UNICEF); Mike McGovern (Rotary); Robert Redfield (CDC)

Opening Remarks

Dr. Elias welcomed POB members, GPEI partners and donors to the in-person meeting of the Polio Oversight Board.

I. IMB External Review

Presenter: Sir Liam Donaldson

The following update was presented to the POB:

- At the request of the POB, the Independent Monitoring Board conducted a 2018 review of the polio endemic countries to identify actions to help accelerate progress towards sustained interruption of wild poliovirus. The team visited Afghanistan, Pakistan and Nigeria, spending 10 days in each country. The team interviewed a wide range of stakeholders including senior leadership, frontline workers and community members, going house to house to talk with women in many areas. The report is an authentic snapshot of the current dynamics in each of the endemic countries.

Recommendations

- Focus on enabling vaccination and surveillance in inaccessible areas should remain a top priority.
- Starting at the top, the polio program should reflect all the relevant attributes of an emergency response and ensure a sense of urgency and flexibility at all levels.
- In terms of GPEI structure, the POB should make every effort to reduce the reporting burden on countries and ensure that the management structure is appropriate for this stage in the eradication process. It is important to ask what is essential for accountability purposes and what elements of the structure are adding value.
- Partner agencies should urgently resolve staffing issues to ensure the strongest possible teams at the country level and empower those teams to manage on the basis of their own capacity and knowledge of local realities.
- It is critical that governments, in collaboration with development partners, intensify efforts to address unmet needs in the highest risk and poorest communities.
- Every effort should be made to demonstrate government ownership and rapidly address community concerns.
- The program should explore ways to promote increased political prioritization of routine immunization.
- Program needs should drive budget requests and every effort should be made to ensure the necessary human and financial resources.

The POB offered thanks to the IMB team for the very informative and useful insights of the report. The following observations and questions were raised:

- Dr. Tedros noted the following:
 - The program should use the mosque-to-mosque approach and continue to consider additional efforts to vaccinate inaccessible children. He suggested the programme reconsiders its approach as per the IMB recommendation.
 - It is important to create additional feedback mechanisms to hear the perspective from front line workers regularly as they have critical knowledge of the issues and root causes.
 - The program needs to listen to communities on what they truly need and find ways to help.
 - Program staff operate in a complex and difficult environment and partner organizations need to find a way to bring in top staff with fresh energy at the country level.
- Dr. Redfield noted that the number of environmental samples in Pakistan and the disconnect with the SIA data is extremely concerning and could be a major issue.
- Mr. McGovern commented that many of the recommendations are administrative, but it is also critical to focus on how the program engages the hearts and minds of communities. Integrating the polio program with other development interventions is key.
- Dr. Omar Abdi (UNICEF) asked the partner organizations to agree to work on ways to address putting the strongest possible teams in place at the country level.
- Dr. Elias made the following comments:
 - He noted discordance within the programme in Pakistan, focusing too much attention on tier 1 areas versus tier 3 or 4 areas, pointing to the large number of environmental samples. Steady focus is needed in tier 1 areas to clear the reservoirs, while continued focus should be maintained on tier 3 and 4 areas.
 - It would be helpful to the program to frame the challenges in Afghanistan and Pakistan as one epidemiological zone rather than separate country issues, noting the importance of cross-border coordination.
 - Agreed that GPEI needs to more synergistically align with our partners on other development issues.
 - The report noted a lack of urgency in several areas. It is critical to ensure polio eradication is treated as an emergency and our resources are mobilized and used as efficiently and quickly as possible.
- Dr. Rebecca Martin (CDC) stressed the importance of treating polio eradication as an emergency. This has been a thirty-year program but for this last mile, GPEI partners truly need to use all efforts and resources to bring the urgency that has been seen with other infectious disease outbreaks around the world.
- Ms. Lene Lothe (Norway) discussed the development challenges, noting that the program needs to focus on the urgency of the development response rather than another campaign. Polio affects communities that have consistently been left behind and the program should not continue to operate in the same way to respond to a case. Bringing this voice up could lead to a powerful change.
- Dr. Jay Wenger (BMGF) noted that GPEI alone won't be able to tackle the development issues; all partners will need to work with governments to make this message heard at the central level to ignite change.

- Mr. Daniel Graymore (UK) expressed appreciation that the report highlighted the commitment of people at the local front-line level and agreed GPEI can be a voice to raise focus on the integration of services but cannot do this alone.
- Mr. Michel Zaffran (WHO) committed that the GPEI Strategy Committee will take concrete actions to respond to the findings and recommendations of the report. He challenged each agency to incentivize getting the best people in the right places. Regarding the question on development issues, Mr. Zaffran noted that the GPEI can be an actor in helping to define the problem and push for change, however success is dependent on partnership with others who are working in these areas. He suggested attempting a pilot approach to work to mobilize actors.
- Mr. Akhil Iyer (UNICEF) noted that supporting a wider development response is important for mortality and morbidity but also potentially transformative for polio eradication.
- Mr. Kyle Zebley (United States) stated that the funding and prioritization for polio has remained across the different U.S. government administrations over time. He flagged the importance of learning lessons from the current and last Ebola crisis in order to ignite a sense of urgency that we are on the verge of a major global accomplishment.
- Ms. Carol Pandak (Rotary) reiterated that integrating with other development issues is critical and all partner organizations need to act quickly.
- Sir Liam Donaldson stressed the vital need for transformational change in this program and noted that in areas where there is no water, poor sanitation and poverty, polio breeds. It is critical for eradication efforts to take action and address the needs of these communities.

Action items:

- The Strategy Committee will further discuss the recommendations put forward in the IMB review to determine concrete next steps, including:
 - reconsider the decision on the mosque-to-mosque approach given the IMB recommendation.
 - Put forward proposed next steps around integration with other development issues and how to partner with others working in these areas.
 - Work on ways to address putting the strongest possible teams in place at the country level.
 - Outline ways to work with governments and partners to ensure polio eradication is treated as an emergency and urgency is maintained.

II. Endemic Country Updates

Presenter: Mr. Michel Zaffran (WHO)

The following update was presented to the POB:

- It is important to look at Afghanistan and Pakistan as one block, problems persist on both sides. Transmission of wild poliovirus in both the Northern and Southern corridors has not been interrupted.
- In the Northern corridor, genetic sequencing data strongly suggests there is significant movement of the virus back-and-forth across the border. The program has not been able to identify and reach all population groups harboring transmission.
- In the Southern corridor, access continues to be a huge constraint to stopping transmission.

Afghanistan

- Inaccessibility continues to be a barrier to stopping transmission in Afghanistan. There is an ongoing ban on house-to-house campaigns in the Southern region, with around one million children missed since May 2018.
- The deteriorating security situation has created an environment of fear among frontline workers and staff.
- Female workers have been key to transformation of the program in Pakistan and Nigeria, however this continues to be a challenge in Afghanistan.
- There are clusters of chronically missed children due to refusals, particularly in Kandahar.
- The EOC needs to be truly empowered to operate in the best way to address challenges.

Asks of POB

- Advocacy with the Government of Afghanistan is critical. Meetings at the highest level of government with POB members and Mr. Gates are needed to communicate efforts need to be sustained and polio should remain a top priority following the upcoming elections. A visit from high level principals will help retain the message.
- Advocacy with donors, development and health partners in-country is critical to ensure there are adequate resources to fully implement the NEAP and support important complementary activities that are not core FRR (health outreach, RI strengthening, nutrition, WASH, etc. as required).

Pakistan

- For program success, the new national and provincial governments need to be engaged to sustain government commitment to polio eradication as a priority at all levels.
- Coordination of efforts with Afghanistan is needed to halt both national spread and persistent cross border transmission throughout the common epidemiologic block.
- It is necessary to counter persistent resistance (both overt and covert) in key poliovirus reservoirs.
- Tracking the virus, both cases and environmental positives, is critical to understand where and which children are being missed.
- There is some fatigue and it is important for the program to sustain motivation and the commitment of workers and the community to get to eradication.

Asks of the POB

- Advocacy is needed with the new government, including POB member visits, to ensure Polio remains a top national priority. A visit is needed before the end of 2018. The key asks of the Government of Pakistan are:
 - Official declaration of Polio as a top national priority and continued national emergency
 - Nomination of a Prime Minister's Focal Point
 - Approval of 2019/ 2021 PC-1 (the multi-year national budget) as there will be serious funding issues without this.
- Request the POB to continue to ensure adequate and timely resources to fully implement the National Emergency Action Plan (NEAP); advocate for complementary activities to be preferentially targeted to

polio high risk areas; and support fund raising for important complementary activities that are not core FRR (health outreach, nutrition, WASH, etc. as required).

Nigeria

- It has been over two years since wild poliovirus was detected in Nigeria, however there is circulation of VDPV2 in six states: Jigawa, Yobe, Katsina, Borno, Gombe and Sokoto. The program needs to ensure high quality campaigns in these areas to stop the outbreaks.
- In Borno, the program has taken innovative approaches to vaccinate previously unreachable children, driving down the number of unreached kids from 600,000 in 2016 to 102,000 today. Continued effort is needed to reach these remaining children as Africa cannot be declared polio-free until there is better access and surveillance in these areas.

Asks of the POB:

- Ask the POB chair to consider sending a letter to the Governor of Borno State encouraging the urgent closing of remaining gaps and ensuring vaccination of children in inaccessible areas.
- Consider writing and co-signing a letter to the President of Nigeria on the need to allocate N4 billion annually to polio in the current budget as well as for 2019. Additionally, request a 2nd quarter National Task Force meeting to be personally chaired by the president, using the opportunity to advocate for improved outbreak response and routine immunization.

The POB thanked the presenter and raised the following observations and questions:

- Ms. Fore stated the program could benefit from a shot in the arm and offered the idea to identify 50 polio high-risk areas, potentially targeting nutrition and sanitation, with \$50M.
- Dr. Redfield stressed the importance of getting the best people in the right places and noted that being a part of history is an important incentive.
- Mr. McGovern encouraged the POB to focus not only on governments at the national level, but also regional posts as these positions have a great deal of influence on communities.
- Dr. Jay Wenger (BMGF) discussed the issue of urgency, noting that in each of the areas with continuing circulation, at one time or another these areas were able to get rid of the strains of wild poliovirus. However, the areas haven't been able to do this at the same time, leading to continued circulation. A concerted focus on emergency response is needed, stretching all the way from the national to local level. There is proof of concept that eradication can be achieved in each of these areas and now the program needs this to happen at the same time, synchronized timing is critical. The sooner discussions around emergency response can be had with the highest levels of government, the better.
- Dr. Omar Abdi (UNICEF) stated that there are strong people on the ground who are working hard. The challenge is that the sense of emergency is not felt at the community level. The last mile is becoming difficult- how do we convince communities this is an emergency and provide incentives?
- Mr. Yousuf Caires (UAE) noted that in thinking about integration with other development issues, it is important to look at differences in time of the effectiveness of vaccines vs. the success of some other services. Integrating with complementary services will not increase the speed of polio eradication.
 - Dr. Elias responded that this is a good point, some of the results are much longer term. However, the good will comes quickly and there can be a positive perception fairly immediately.

The program will need to align with development partners who can help target these critical communities and create synergies.

- Dr. Soumya Swaminathan (WHO) noted that at a recent meeting in Geneva, the country teams reported that some of the difficulty around the level of emergency response is competing priorities in the communities. This is difficult for GPEI to solve and discussion is needed with local authorities.
- The following responses were noted to the POB requests:
 - In response to the advocacy request for Nigeria, Dr. Elias stated he is happy to send a letter to Governor Shettima of Borno and noted the Gates Foundation has worked in close partnership through Mr. Dangote with Governor Shettima. The Gates Foundation and the Dangote Foundation have Memorandums of Understandings with six states and deeply engage on a regular basis with the governors to review progress and make recommendations. Regarding funding, it is not clear the budget will be acted on until further elections happen.
 - Dr. Elias also noted that regarding the ask for high level advocacy in Pakistan, he met with the foreign minister at the United Nations General Assembly, stressing the importance of appointing the Prime Minister’s Focal Point. Dr. Elias expressed optimism around the new government, stating that Prime Minister Khan is quite committed to the polio program and well respected. Dr. Elias also noted that he and the other POB members will look at schedules around the possibility of setting up a POB member visit to the country before the end of 2018.
 - Referring to the advocacy request for Afghanistan, Dr. Elias noted that he’ll continue to pursue high level meetings. The Gates Foundation is looking to schedule a two-day meeting of partners and this might be a good opportunity for other POB members to join and coordinate around this existing meeting.

Action Items:

- Dr. Elias to send a letter to the Governor of Borno, encouraging the urgent closing of remaining gaps and ensuring vaccination of children in inaccessible settlements.
- POB members to coordinate on scheduling a high-level mission to Pakistan as soon as possible.
- Dr. Elias will continue to pursue high level meetings with the Government of Afghanistan, looking to coordinate POB engagement around the two-day meeting of partners.

III. Update on Outbreaks

Presenter: Dr. John Vertefeuille (CDC)

The following update was presented to the POB:

- There are currently ten cVDPV outbreaks worldwide. Eight of these outbreaks are in non-endemic countries: Syria (1), DRC (3), Papua New Guinea (1), Somalia (1), Kenya (1), Niger (1). Additionally, there are two outbreaks in Nigeria. There hasn’t been a case in Syria for quite a while, but the program will continue to monitor the situation.
- In DRC, there are three active cVDPV2 outbreaks: Haute Lomami/ Tanganyika (expanded to Ituri), Mongala and Maniema. The situation is complicated by Ebola and Cholera outbreaks and insecurity in some areas. A large-scale vaccination campaign was mounted, but quality of the rounds was not sufficient in many places. There is a lack of strong government commitment at the provincial level, and a strong political push at all levels of government is needed for a successful response. The

outbreaks must be treated as an emergency with full application of emergency procedures. Access issues create risk to stopping transmission, and there is concern the outbreak could potentially cross borders and spread to neighboring countries.

- In the Horn of Africa, there is co-infection of cVDPV2 and cVDPV3 in both Somalia and Kenya. There is continuing transmission despite multiple vaccination rounds, and key risks include inaccessibility in Somalia, deteriorating security in Ethiopia, as well as large scale population movement within and across the countries.
- In Nigeria, there are two distinct, unrelated cVDPV2 outbreaks: the Sokoto North outbreak, and the Jigawa outbreak. Key risks include inaccessibility in Borno State and large-scale population movement.
- In Papua New Guinea, there have been multiple cVDPV1 cases, resulting in sub-national vaccination rounds being implemented, with nationwide rounds planned. There is not a strong routine immunization system in place, and insecurity has been a real issue in delivering vaccination rounds.
- Human resource capacity has been a challenge and GPEI is struggling to manage several complex outbreaks in three regions simultaneously. Balancing this with the endemic response is difficult.
- There is a need to strengthen the quality of the response, as despite the implementation of vaccination rounds, there is continuing VDPV transmission.
- Access is a critical issue, inaccessible populations and difficulty identifying and reaching high risk populations is a key challenge to stopping the outbreaks.
- The program needs to ensure political commitment is there and public health frames exist to deliver vaccines and other health interventions.

Asks of the POB:

- Continued engagement with WHO and UNICEF Regional Directors to strengthen their oversight and management of any active outbreak responses and report on progress bi-monthly or quarterly.
- In DRC, request the WHO Director General and UNICEF Executive Director meet with the highest national political leadership of DRC to improve ownership and accountability.
- In the Horn of Africa, request the Regional Directors to push for the development and implementation of a plan to reach inaccessible children, particularly for Somalia, and deploy surge capacity to support the response plans.
- In Papua New Guinea, advocate with national government and donors around the commitment of funds and resources to improve outbreak response.
- In Niger, advocate for a national health emergency declaration to respond to the outbreak.

The POB thanked the presenter and raised the following questions and observations:

- Dr. Elias expressed concern around cVDPV2s now that the program is more than two years post-switch from tOPV to bOPV. At some point, modeling suggests that the use of mOPV2 could start seeding new outbreaks. The program has used so much mOPV2 in Nigeria where there is very low routine immunization coverage- what are the risks and benefits of this tool?
 - Dr. Vertefeuille responded that the short answer is yes- there are risks to using the tool. As more time passes, there is rising susceptibility as there are more and more individuals who haven't been immunized against type 2. At least two cases have been confirmed as post-switch

seeding. Because of this, the program needs to increase the urgency in responding to outbreaks quickly to cut down on this risk.

- Mr. Daniel Graymore (UK) raised the question of current thinking on certification in the context of WPV and VDPVs. He also asked about the situation in DRC with regards to the concurrent Ebola outbreak.
 - In response to the question on certification, Mr. Michel Zaffran (WHO) stated that an options paper has been developed, which will be considered at the Global Certification Commission meeting at the end of October. He noted general agreement with the need to address VDPVs as well as the need to make a statement when there is no longer wild poliovirus. The question for the GCC will be should there be a declaration of certification of the eradication of wild poliovirus while there are still cVDPV outbreaks. It is likely that a phased approach is needed. Details will be described in a paper that will be reflected in the secretariat report to the World Health Assembly.
 - Around the question of the complexities arising from the concurrent Ebola outbreak in DRC, Dr. John Vertefeuille responded that the confluence of the two responses and the incredible insecurity in these areas has made it very difficult. Due to this, a decision was made to delay polio efforts in very specific areas with Ebola. This makes the need for a thorough risk assessment on the Uganda side of the border even more urgent, to understand if the deferral action increases the risk for deportation of the virus across the border.
- Dr. Rebecca Martin (CDC) stressed the importance of the urgency of the response that is needed, noting that it is critical to get the right people in place at the national and regional levels to stop the virus. She also stated that due to the impact of low routine immunization coverage, aligning with Gavi's efforts in these outbreak areas is key to stopping transmission. Lastly, given the strong ties between Australia and Papua New Guinea, she suggested the GPEI ask Australia to lead with us on efforts to stop the outbreak in PNG.
- Dr. Elias noted that following the polio outbreak in northern Nigeria in 2016, GPEI stood up a Lake Chad Basin Task Team to coordinate efforts across bordering countries. This may be a useful model to follow for DRC as well. He suggested a regular call with regional directors, and country representatives.

Action Items:

- The Strategy Committee to outline next steps on the following:
 - A thorough assessment of risk for the importation of the virus into Uganda – on its border with DRC.
 - Engagement with Australia on efforts to stop the outbreak in PNG.
 - Formation of a cross-border task team to coordinate efforts around the outbreaks in DRC and preventing importation into neighboring countries.

IV. Polio Partners Group Chairs Statement

Dr. Elias summarized a statement from the PPG Co-Chairs, Ambassador Ken Okaniwa and Professor Jon Andrus.

- The statement thanked Ambassador Mitsuko Shino for her service and welcomed Ambassador Ken Okaniwa as the new co-chair for the group.

- The statement also shared key highlights from the most recent PPG meeting in June. The discussion at the meeting centered on the unique opportunity to advance routine immunization programs in the wake of polio eradication. There was widespread agreement that a key factor in seizing this opportunity is setting the expectation that countries are accountable to routine immunization targets as they have been to polio targets. Another key theme was the need to enhance cooperation and synergism to carry forward lessons learned from polio eradication in broader inter-agency dialogue. Additionally, a third theme that arose was the concern around planning for transition in the short-term, given that funding for transition is outside the GPEI budget.
- The Co-Chairs thanked all PPG members for their ongoing active engagement in the biannual face to face meetings.

Remarks from Ms. Patricia Harris, CEO, Bloomberg Philanthropies

- As the afternoon session convened, Dr. Elias thanked Bloomberg Philanthropies for hosting and introduced Ms. Patti Harris, CEO of Bloomberg Philanthropies, to make a few remarks.
- Ms. Harris welcomed the POB members and attendees, recognizing the amazing partnership of the group. She outlined the five main program areas of focus for Bloomberg Philanthropies- arts, education, environment, government innovation and public health- to help ensure better, longer lives for the greatest number of people.

V. Transition Update

Presenter: Dr. Robin Nandy (UNICEF)

The following update was presented to the POB:

- GPEI originally established the Transition Management Group to develop both agency specific transition plans as well as to support country transition planning. The group sunset in June 2018.
- The follow up for transition now sits in the WHO/ UNICEF regional and country offices to improve quality and implement country plans. There is still some work continuing on lessons learned and curriculum development.
- Over 12 – 18 months, there has been quite a bit of effort at the country level to develop polio transition plans. Currently seven countries have transition plans approved.
- There are three funding options for polio transition:
 - Countries allocate domestic resources.
 - Catalytic, or “bridge funding” provided- Gavi health systems strengthening funding is being repositioned in some countries to cover a critical gap.
 - Resource mobilization strategies are put in place; currently this option is largely unfunded.
- There are multiple challenges in supporting transition planning:
 - Delayed eradication timelines and the subsequent new multi-year budget may be perceived by priority countries as an indication that there is no immediate need to look for other resources, there is a need for clear communication to partners around the implications.
 - As functions move from partner agencies to governments, need to sustain program quality and refine budgets to achieve critical immunization outcomes.

- Countries are facing multiple competing priorities, and many countries are conducting transition while facing cVDPV and other VPD outbreaks. cVDPV outbreaks are the marker of a weak immunization system and the program needs to create better synergies between polio and EPI at the country level.
- Governance of sustaining polio eradication needs to be seen in the context of the post-GVAP, Gavi 5.0 discussions and related roles and responsibilities.

Asks of the POB:

- Joint advocacy to governments to increase the fiscal space to fill resource gaps to implement transition plans.
- Given the cVDPV outbreaks are of concern to both GPEI and EPI, request POB members to ask their respective partner agencies to closely engage immunization stakeholders in the endgame strategy to ensure better linkages between polio eradication efforts and RI strengthening.
- Clarity on post-GPEI governance structures to help further the immunization agenda. This is extremely critical in order to sustain the gains made in the past 30 years.

The POB thanked the presenter and raised the following questions and observations:

- Sir Liam Donaldson highlighted the transition discussion at the recent PPG meeting, where the question was asked to consider the possibility of global bodies and donors coming together to drive forward much higher levels of routine immunization. For this to happen, there would need to be targets, tracking, comparison of performance across countries, as well as a pooling of resources to drive the program forward. He noted that the polio program has all these things, but virtually none of these happen with RI. At the PPG meeting, there was a good deal of discussion on Gavi's role and where it currently fits into this model. He expressed that it would be a fantastic opportunity for huge gains in routine immunization if an integrated performance model with pooled funding could be achieved for RI. He also noted that the more programs push countries to be self-sufficient, such as Gavi graduation and polio transition, the more difficult it becomes to hold them to account for performance globally.
- Dr. Elias noted that Gavi is a pooled resource for routine immunization and will focus resources on improving RI in the coming years. More resources will be available to countries for RI going forward and Gavi is clearly identified as a future owner. Additionally, Gavi has approved IPV financing for 2019 – 2020.
- Mr. Daniel Graymore (UK) stated that there is interest on the part of donors for economies of scale, value for money, and greater influence that can result in a pooled funding mechanism and Gavi is able to operate in this way. He agreed that there is a huge opportunity in the agenda Sir Liam Donaldson outlined as a challenge, and there is a need for the mechanisms described. Gavi could play a key role in collaborating much more effectively to achieve greater gains in RI.
- Dr. Jay Wenger (BMGF) noted that this is an important time to come together to really understand what is needed to improve RI coverage, leadership is needed.
- Dr. Rebecca Martin (CDC) flagged the need to also look at the pockets of unimmunized children in middle income countries, and how we bring this piece along in continuing RI discussions.
- Dr. Soumya Swaminathan (WHO) provided an update on the WHO transition team, a core team of 7 – 8 people under Dr. Guerra. There are three focus areas: 1) finalizing national transition plans for the 19

priority countries; 2) revising the costs for each country with a detailed budgeting process; and 3) mapping of polio assets in each of these countries. She noted a draft of the agenda for the future owners meeting will be circulated shortly, and the team welcomes inputs to make the meeting as useful a day as possible.

- Mr. McGovern thanked Dr. Tedros for convening the meeting of future owners in November. He expressed his hope that there is a focus on the post-certification strategy and ensuring that mechanisms begin to come into place to look at resource development for the post-certification era.
- Dr. Elias also thanked Dr. Tedros and team for scheduling the Montreux future partners meeting and asked to time the next POB call after this meeting in order to get a report out from the meeting.

Action Item:

- The Strategy Committee to outline next steps around ensuring better linkages between polio eradication efforts and RI strengthening with key immunization stakeholders.

VI. Finance and Resource Mobilization Update

Presenters: Mr. Dan Walter (WHO), Mr. Andre Doren (WHO)

The following updates were presented to the POB:

Finance:

- The purpose of this agenda topic is to seek approval from the Polio Oversight Board for the new multi-year budget that defines the resources required for program success.
- At the January 2018 POB meeting, a 2018 budget of \$942M was approved and the POB requested a multi-year budget be put forward to identify requirements for 2019 and beyond. This budget was presented to the FAC in early September and the FAC recommendations are incorporated into what is presented today.
- To note, the budget excludes the possible budgetary effects of the IMB review recommendations (September 2018), the Gavi decision on IPV financing post-2020 (late 2018), modifications to the GPEI 2019 – 2023 Strategy, post-certification costs, and the outcome of the Global Certification Commission deliberations.
- The multi-year budget recommendation proposes a five-year GPEI budget for 2019 – 2023, based on expected interruption of transmission in 2020. The five-year budget totals \$4.2B, which includes \$3.27B of incremental costs from the original \$7B budget.
- 2019 will remain at the level of current year funding. After 2019, the budget declines between 4 – 10 % per year.
- In 2024, PCS costs are estimated to be over \$800M. Though GPEI is set to disband at certification, GPEI is committed to fundraising for the first year of post-certification. These costs are not included in this budget.
- In developing the budget, tradeoffs were based on accepted programmatic risks including some scaling back of SIA campaigns, reduced programs in Afghanistan and Pakistan only after transmission interruption, limited expansion of surveillance and continued ramp downs in low and medium risk countries.

- Currently GPEI has no funding commitments beyond the \$7B required through 2019 and will require another \$3.27B to fund the program through 2023. Cash shortfalls could require abrupt mid-course corrections.
- GPEI will compete in a crowded space for health development resources as Global Financing Facility, Global Fund, Gavi, and WHO are in current or imminent financing and replenishment processes. It will be important to liaise with these processes to ensure coordination of efforts.

Asks of the POB:

- Approval of the multi-year budget.
- Activate high level advocacy to fundraise for the GPEI multi-year budget.
- Prepare contingency budget and plans and set allocation priorities in case of funding shortfalls.
- Revise the GPEI Strategy and Investment Case to incorporate IMB recommendations and align with the WHO Investment Case.

Resource Mobilization:

- Monetization of pledges continues to improve. Looking at program funding, there has been a realignment of the budget around outbreaks this year, however the program remains well funded through the first two quarters of 2019. Gaps are projected as of Q3 and Q4 of next year.
- PACT will present the multi-year budget to donors to bridge to the Post 2019 Strategic Plan, noting that the 2019 budget will not be greatly modified, and the 2020- 2023 outer year budgets have been developed with current program assumptions and are indicative of the likely longer-term needs of the program.
- PACT will continue its focus on annual donors in 2018 and 2019, review its strategy to maintain as much momentum as possible on polio eradication, plan for consultations with donors during the development of the Post 2019 Strategic Plan, and consider beginning outreach to multi-year donors as early as Q4 2018.
- The key issue moving forward is a projected funding shortfall of over \$900M to reach the multi-year budget needs through 2023. To note, this projection pre-dates discussions with donors, conclusions from the IMB external review and the issuing of the Post 2019 Strategic Plan, all of which could influence future projections. Additionally, the projection assumes most donors could continue to support at their current share of the GPEI budget, though estimates will continue to evolve as discussions with donors take place. A projected shortfall is normal; however, this is a sizeable one and new funding needs to be identified. GPEI will need to determine the global funding ask and if a global moment, like the Atlanta pledging event in 2017, is needed.

Asks of the POB:

- POB member advocacy is needed, both within respective organizations and externally to donors and stakeholders, to ensure polio stays a priority.
- POB availability is requested to participate in key high-level advocacy/ resource mobilization meetings to support new budget funding.

The POB thanked the presenters and raised the following questions and observations:

- Dr. Elias noted that this represents a phenomenal amount of work the Financial Management Team has undertaken to put together the multi-year budget. He congratulated the FMT for working closely with the PACT and EOMG and stated that the program has much better data, visibility and more confidence in the budget than ever before. He noted that regarding the interruption timeline, the decision was made to be conservative around the date in terms of budgeting, but aggressive in terms of the program and activities. The goal is to work to interrupt as soon as possible and this would help us finance part of the post-certification funding needs.
- Ms. Karen Saltser (Bloomberg) thanked the FMT for all the work that has taken place since the FAC call in early September. She noted the budget numbers have come down a bit and asked to understand the detail of where cuts were made and asked if the team is comfortable with the level of risk built into the budget.
 - Dan Walter (WHO) replied that reductions were taken in Nigeria due to other potential sources of funding, outbreak response reserve was reduced as well as SIAs in non-endemic countries. Additional cuts could have been taken, but there was consensus that further cuts would put the program at risk.
- Mr. Daniel Graymore (UK) raised the following points:
 - He noted that donors are keen to look for greater efficiencies and value for money in the budget but recognize this is a risk assessment question and it is critical to not threaten the success of the program in any way.
 - It is important when talking about resource mobilization to look at the totality of finishing the job on polio eradication. Interruption and certification are critical, but there are other pieces, including transition and ensuring the success of IPV. These must be contextualized in a story of the larger costs, as donors need to look across the whole and would value the larger story analysis. A higher narrative would be helpful to tell this story, with clear delineation between areas. He noted that for raising funding, a narrative is critical to explain the strategic approach, clearly setting out how things can be done differently and how this budget will be used to get to eradication.
 - He also flagged that there are reductions in the GPEI budget based on the projection that the future cost of IPV will be absorbed elsewhere. It will be important to have a plan B as well as understand impact to Gavi and the holistic view of where resources will need to be mobilized.
 - He also raised the question of what will happen if the necessary funding isn't raised and how the program will prioritize and plan for different scenarios, looking at risk-based tradeoffs.
 - Lastly, he agreed that planning for interruption in 2020 is the right approach.
- Mr. Yousuf Caires (UAE) echoed the need for donors to be able to explain the full landscape and funding need in a way that is not competitive but complementary. He also noted that the UAE will host the next world expo in 2020 and to whatever extent needed, this may be used as a platform- to either announce good news or rally the troops again for the last stretch.
- Mr. Kyle Zebley (United States) expressed support of the multi-year budget and stated that polio is a bi-partisan priority of the U.S., agreeing the importance of finishing the job.
- Ms. Lene Lothe (Norway) also expressed the need for a holistic funding story, not only the different funding mechanisms but the overarching narrative and timing. She noted that it will be critical for donors to understand how the different budgets fit together, for example what is funded in the WHO

budget vs. the GPEI budget. She also stated agreement with targeting interruption in 2020 for planning purposes, that the longer-term perspective is important for the investment case. Additionally, she asked what it will mean for the budget as the program considers the recommendations of the IMB.

- Mr. Michel Zaffran (WHO) highlighted the risks associated with this budget and the intense discussions as the budget was developed. Risks are not being taken in the endemics with this budget, but it is the polio-free countries where the question of risk around avoiding outbreaks has come up. The way to prevent outbreaks in these countries is to strengthen RI, however in the interim, SIAs may be needed to maintain high population immunity and this comes at a cost. There is a question of GPEI’s responsibility around these activities, how do we work with partners or best advocate with governments to stress the importance of RI in mitigating outbreak risk.
- Dr. John Vertefeuille (CDC) noted that in the development process for the multi-year budget, the EOMG was heavily involved and wanted to strike a balance between cost efficiencies and not breaking what is currently working. Parameters were set around categorizing risk when looking for savings and the budget was built on bottoms up feedback. He stated that the EOMG feels like this budget strikes the right balance and is risk conscious as well as cost conscious.
- Dr. Rebecca Martin (CDC) flagged the importance of looking at surveillance and that funding for certification level surveillance needs to be sustained in every country in the world in order to know what we are missing.
- Dr. Elias highlighted the importance of what was discussed in transition planning, that many of the outbreak risks can be mitigated by having stronger health systems strengthening. Regarding IPV funding, he stated that adding future IPV costs to Gavi’s budget makes sense as by 2023, there will be a hexavalent product and Gavi can use its market shaping capabilities to help drive down costs for both IPV and penta. This is not something GPEI will be able to do on its own. GPEI also doesn’t have the tools around co-financing that Gavi has, so hopefully Gavi will decide to take this on beyond 2020.
- Dr. Tedros voiced support for the multi-year budget plan and committed to advocating wherever necessary for full funding of the budget and countries to mobilize resources. He also agreed with the need for a prioritized contingency plan. He noted that the broader story is very important and improved collaboration will lead to increased efficiency and savings.
- Mr. McGovern expressed his support for the multi-year budget. He cited the funding and coordination challenges at the beginning of the global movement for polio eradication, noting that knowing the history, it is very humbling to hear all the support from donors today.
- Ms. Fore conveyed her support for the multi-year budget, acknowledging the urgency and importance of the work. She committed herself and her team to do whatever is needed to get to eradication.
- Dr. Redfield gave his endorsement of the multi-year budget, stating that CDC is committed to getting the job done.
- Dr. Elias highlighted that outside of the GPEI budget, there are many activities funded by non-FRR contributions to support eradication efforts. He brought the conversation back to explore Ms. Fore’s idea of coming together outside of the FRR to support integrated interventions in high-risk polio areas.
 - Ms. Fore stated that as the program gets close to the goal, it is important to have a bit of innovation, a “shot in the arm”. Right now, the program is seeing real campaign fatigue and could try something new to change the game. She suggested identifying 50 high risk communities in Afghanistan and Pakistan, where there isn’t good nutrition, sanitation, clean

- water, or strong healthcare. Can the partners gather together \$50M to direct to these communities, reaching out with broader immunizations, health and water/ sanitation/ hygiene measures? It is likely that in 6 months' time, early results could be gathered and if working, the interventions could be scaled.
- Dr. Elias suggested that this idea be taken up by the Strategy Committee and the PACT, and the POB can follow up with a concrete discussion at the next meeting. He agreed the geographical focus on Afghanistan and Pakistan is a good idea.
 - Akhil Iyer (UNICEF) noted that if funding can be found, there are already strong country teams in Afghanistan and Pakistan that could move this effort forward quickly.
 - Sir Liam Donaldson voiced the support of the IMB for this important idea.
 - Mr. Daniel Graymore (UK) agreed this is a compelling idea and noted this approach can sit alongside existing activities. Collaboration at the country level could help identify the communities most in need and how to best integrate other health interventions.
 - Ms. Lene Lothe (Norway) voiced support for this idea and thanked Ms. Fore for bringing forward a concrete proposal.

Decision:

- All POB members voiced support and approval for the proposed GPEI multi-year budget, which will be the new Financial Resource Requirements (FRR) document going forward.

Action Items:

- The PACT to put forward a holistic funding narrative to better contextualize costs for donors across the whole landscape of funding needs.
- The Strategy Committee and the PACT to take up Ms. Fore's proposal of directing \$50M in funding to 50 high risk polio communities in Afghanistan and Pakistan to support integrated interventions. The POB will add this topic to the next meeting agenda.

Closing Remarks

Dr. Elias addressed the future of the POB chair. Six years ago, it was agreed to dedicate a chair for the POB. Dr. Elias took on the role the first two years, Dr. Tom Frieden followed as the chair in 2015 – 2016. Given leadership transitions at WHO, UNICEF and CDC at that time, the board asked Dr. Elias to accept another term. This two-year term is up at the end of 2018 and the POB members have elected Dr. Tedros to chair the POB as of January 1, 2019. Dr. Tedros expressed that he is happy to coordinate, and together eradicate polio.

Dr. Elias closed the meeting by offering thanks to all for the time and effort put in to preparations and for taking the time to participate. He thanked Bloomberg Philanthropies for hosting and wished all safe travels home.