

## Meeting of the Polio Oversight Board (call)

13 January 2016 | 9:00 am – 10:30 am

### Meeting Minutes

#### Participants:

Dr. Tom Frieden (CDC, POB Chair)  
 Dr. Chris Elias (BMGF)  
 Mr. John Germ (Rotary International)  
 Dr. Tony Lake (UNICEF)  
 Dr. Margaret Chan (WHO)  
 Dr. Hamid Jafari (WHO, Strategy Committee Chair)

#### I. Opening Remarks

The POB Chair welcomed all agency heads, representatives and meeting attendees.

- The POB adopted the agenda as provided.

#### II. Discussion Item: Program Direction for Pakistan and Afghanistan

##### 1. PAKISTAN (Senator Ayesha Farooq Raza, Prime Minister's Focal Person on Polio

**Eradication):** Senator Ayesha Farooq Raza reviewed Pakistan's priorities for the next six months, progress on the Independent Monitoring Board (IMB) recommendations, and polio program requests for the POB.

- Program priorities for the next six months included reducing the number of missed children and continuous improvement of campaign performance to close immunity gaps.
- Political commitment and program oversight has been strengthened. The Prime Minister's Focal Group was revamped, regular campaign reviews by provincial task forces in all provinces have been conducted and coordinators of Emergency Operations Centers (EOCs) have interacted daily with the highest government officials.
- Karachi's resurgence of cases has posed challenges, and a robust response has been implemented including strengthened government oversight with stronger accountability, realistic security assessment and availability of data in real time, enhanced functionality of Provincial EOCs and District Polio Control Room (DPCR), and improved operational performance through continuous community protected vaccination (CCPV).

POB members individually expressed condolences for the victims of the recent bombing outside a vaccination center in Quetta and congratulated Pakistan on their progress.

The POB Chair noted the Technical Advisory Group (TAG) would meet at the end of January 2016, and had hoped that additional Pakistan experts would be involved. The POB Chair further noted the meeting would be useful for reviewing progress in implementing the National Emergency Action Plan and asked Senator Farooq Raza's thoughts on the upcoming meeting. Senator Farooq Raza noted Pakistan looked forward to the TAG, and was pleased by the progress made since the previous meeting and commendations received from the National Polio Focal Point.

WHO Board Member updated the group on their conversation with the Ambassador from Pakistan to the Geneva mission on how POB can support and get the country over the finish line. WHO requested Pakistan use the inactivated polio vaccine (IPV) in a more targeted manner, reaching more children and implementing high quality campaigns.

Pakistan's requests for guidance and support were reviewed and POB responded.

1. **Continued encouragement and motivation of the teams working in the most difficult circumstances.** The POB Chair noted that the POB and all of the partners appreciated the work of polio staff under difficult circumstances.
2. **Field visit by senior international experts to simultaneously support Pakistan-Afghanistan programs as single epidemiological block.** The POB Chair commented the TAG meeting

provided an opportunity for support and both UNICEF and WHO had strengthened their teams on the ground in Pakistan and Afghanistan. BMGF Board Member commented on existing challenges in getting visas for travelers to Pakistan. BMGF noted the WHO Eastern Mediterranean Regional Office Director, convened a meeting in October 2015 to review the low season plan. BMGF further noted there was agreement to hold a follow-up meeting after the TAG on February 20, 2016 in Dubai with UNICEF and WHO regional directors to brainstorm ways to better support the plan.

3. **Deployment of additional international staff to support the District Polio Control Room in tier-1 districts.** The POB Chair commented CDC has worked with other partners to surge support for the EOCs and has deployed workers to the three highest risk areas.
4. **Provide additional IPV to interrupt resurging outbreak in Karachi and address suboptimal immunity pockets elsewhere.** The POB Chair noted IPV was an important approach and further requests would access the buffer stock which has limited quantity of 400,000, and therefore requests should be prioritized by the highest need.
5. **Fill in the current gap and provide additional resources for contingency activities including expansion of continued community protected vaccination and IPV rounds.** The UNICEF Board Member noted UNICEF has prioritized continued support and expansion of continuous community protected vaccination.

Rotary International Board Member offered continued support.

WHO Board Member noted the new polio program director, Michel Zaffran, would plan to visit Pakistan to learn about the polio program there and help accelerate eradication efforts. WHO commented that staffers were limited by visas for tier one districts and requested help from Senator Farooq Raza to make the process easier for people to obtain visas and register with police upon arrival into Pakistan.

Senator Farooq Raza acknowledged WHO had been working to staff Pakistan's District Polio Control Rooms with international consultants, and recognized the difficulties in obtaining visas. She further noted the visa process could be easier if consultants were issued an official or United Nations passport. Senator Farooq Raza recommended partners submit requests well in advance of intended travel dates to Pakistan as the Ministry required 4 to 6 weeks to process documents.

The POB Chair noted the POB's commitment to help get Pakistan over the finish line, and would continue to follow up on all issues that had been raised.

#### Action Items:

- Polio Program Director Michel Zaffran to plan a visit to Pakistan to learn about the polio program there and help accelerate eradication efforts.
- POB to continue follow-up with Pakistan on requests for guidance and support that included:
  - Continued encouragement and motivation of teams working in the most difficult circumstances.
  - Field visit by senior international experts to simultaneously support Pakistan-Afghanistan programs as single epidemiological block.
  - Deployment of additional international staff to support District Polio Control Rooms in tier-1 districts.
  - Strategy Committee and Eradication and Outbreak Management Group to review requests for additional IPV to interrupt resurging outbreak in Karachi and address suboptimal immunity pockets elsewhere.
  - Work with Pakistan to ensure that resources are available for all prioritized activities.

**2. AFGHANISTAN (H.E. Dr. Ferozuddin Feroz, Afghanistan Minister of Public Health):** H.E. Dr. Ferozuddin Feroz reviewed Afghanistan's priorities for the next six months, progress on the IMB recommendations, and polio program requests for the POB.

- Program priorities for the next six months included full implementation of the National Emergency Action plan, ensuring full functionality of EOCs with dashboards and strong accountability, engaging political leadership at local levels in program oversight, and addressing access challenges in high

risk districts.

- Progress has been made on some of the IMB recommendations. A national and three regional level EOCs were established and non-government organizations systematically involved in the new EOC, executive leadership and coordination structure of program was modified, and a series of IPV-OPV supplementary immunization activities (SIAs) were conducted in 9 districts.
- Continued challenges exist with two epidemiological blocks in the south and east, inaccessible areas and cross border movement. Afghanistan has implemented interventions for inaccessibility such as establishing vaccination points around the inaccessible areas and deploying low profile permanent polio teams to vaccinate children. Continued collaboration with Pakistan to resolve cross-border issues involved identifying focal persons for cross-border coordination and synchronized SIA schedule throughout 2016.
- Afghanistan piloted a new strategy to engage community health volunteers for mobilization and vaccination in the East and South.

The POB Chair posed a question on the restructured leadership and the role of the national focal point versus the presidential focal point. Dr. Feroz responded the Presidential Focal Point works with the President/CEO and task forces while the National Focal Point ensures all departments are on the same page, provides support, and oversees the EOCs performance.

The POB Chair commented insecurity was likely to be a major challenge moving forward, appreciated Afghanistan's addressing insecurity in their plan, and thanked the BMGF, WHO and UNICEF for their efforts in strengthening the teams on the ground.

WHO Board Member commented that the Minister of Public Health is central to ensuring coordination, government commitment and the program are all working together to bring the world over the finish line. WHO encouraged the Minister of Public Health to continue working alongside leadership of the polio program and government towards the endgame.

Rotary International Board Member commented that the highest concentration of cases occurred in the border area, and strong border coordination between Pakistan and Afghanistan was necessary to reach the endgame. Rotary posed a question on what else could be done to strengthen coordination. The Afghanistan National Focal Point, Dr. Najibullah Safi, commented Afghanistan and Pakistan have held regular meetings, worked to strengthen SIAs across the border, and increased the vaccination requirement to 10 years old for child travelers crossing the Afghanistan-Pakistan border.

The POB Chair posed a question if the vaccine cold chain was an issue in parts of the country. Dr. Safi responded the cold chain was an issue in certain parts of the country, affected campaign quality and that Afghanistan was working to expand the cold chain in certain regions. The POB Chair posed a question if there was enough government support and if there was anything the POB could do. Dr. Safi responded all provinces were required to provide monthly reports and government support had been received.

UNICEF Board Member expressed concern about the number of inaccessible children quadrupling in certain areas, and noted support of the community health volunteer strategy. UNICEF further noted while the program has focused on inaccessible areas that they should not lose quality control in the accessible areas. Dr. Feroz responded that the eastern region was engaged in ongoing discussion and developing a plan for those districts. UNICEF Board Member noted UNICEF's support and willingness to help in the future.

The Strategy Committee Chair commented that the program should tackle both issues of rising inaccessibility in the east and implementation gaps in the south. He further noted the importance of the government's role and accountability of EOCs in the south. Dr. Safi responded that a plan would be finalized within a week to address areas where there is inadequate access. Afghanistan believes quality would improve and a reduced number of missed children will occur.

The POB Chair offered the commitment and support of the POB and GPEI partnership to help Afghanistan address performance issues.

**Action Items:**

- Afghanistan to finalize a plan within a week to address immunization gaps in inaccessible areas.
- GPEI overall and the POB to provide support to help Afghanistan address performance issues where feasible.

**III. Discussion Item: Financial and Resource Mobilization Update**

**FINANCIAL UPDATE (John Kennedy, Finance Management Team Chair):** John Kennedy presented a financial update.

- Eradication activities have been grouped into “priority” and “other” categories, and Q1 activities have been fully funded. Carryover funds and pipelined commitments have offset the \$57m gap for Q2 activities.
- The POB approved an overall budget of \$7B during their September 2015 in-person meeting, and a 2016-2019 budget would be presented during the January 15 Strategy Committee meeting. Once approved the Financial Resources Requirement (FRR) would be publicized.
- To address transparency concerns from donors, the FMT agreed to produce quarterly expenditure reports throughout 2016. A high-level 2015 report would be available in late January to early February 2016, and a more comprehensive report would be available at the end of Q1.

The POB Chair posed a question about when the FRR would be available. FMT responded the anticipated availability would be the end of Q1 or earlier. The POB Chair noted the FRR might be necessary for resource mobilization and asked for comment from the BMGF Board Member.

BMGF Board Member agreed with the POB Chair, but noted enough information was available from the scenarios work to begin discussions about additional funding to reach the \$7B goal. BMGF commented that the larger than usual amount of rollover funds was due to delayed hiring, and that the \$7B goal might be overreaching, but it was still important to plan toward and advocate for this target funding goal. The FMT Chair noted the annual underspend for 2013 and 2014 was \$130M per year. He noted WHO has underspent \$75M this year and UNICEF numbers had not been received, and the underspend amount would likely remain about the same as previous years. He further noted the difficulty of speculating whether the program could be funded with less than \$7B due to all of the parameters, but acknowledged a lower budget was possible.

**Action Items:**

- FMT to provide high-level 2015 expenditure report in late January to early February.
- FMT to provide comprehensive expenditure report by the end of Q1 2016.

**RESOURCE MOBILIZATION UPDATE (André Doren, Polio Advocacy and Communication Chair):**

André Doren presented an update on the resource mobilization plan.

- Donor strategy has been completed for all markets, and donor maps and key donor facing documents are being finalized. Once budgets are approved, the strategy would be finalized by the first week of March.
- Fundraising push would begin towards end of February to early March, and would include roadshows in all of the major donor markets. Seeking leadership of one donor to host a private meeting with all of the major donors to discuss among themselves and GPEI the major target for fundraising.

The FMT Chair commented if all current donors maintained their commitments, GPEI would be close to its fundraising target. He noted the issue was the money would need to be frontloaded and the PACT and FMT continue to strategize whether donors would commit to frontload and remain involved for the longer term. He further noted if things remain on track and no outbreaks emerge, donor confidence could increase.

Rotary International Board Member committed Rotary’s support until the end.

UNICEF Board Member asked if it would be possible to get a donor list and their pledges to inform potential conversations with general donors about polio, and posed a question about the amount of remaining pledges needed. The PACT Chair responded about \$1.8B was still needed, but overall the program was on target. He agreed to provide a list of potential markets and priority donors.

The POB Chair thanked Hamid Jafari for his past work in India, his current work on polio globally, wished him well in future endeavors, and welcomed Michel Zaffran to the team.

WHO Board Member thanked partners for their support to get the program to this optimistic position.

**Action Items:**

- PACT to provide list of potential markets and priority donors to the POB, and identify donors who have not met their commitments.

**IV. Decision Item: Routine Immunization Strengthening**

**OPV SWITCH UPDATE (Michel Zaffran, Immunization Systems Management Group):** Michel Zaffran updated the POB on the switch from trivalent to bivalent OPV and IPV supply, and proposed engagement with GAVI, the Vaccine Alliance (GAVI) Board.

- The globally coordinated switch from trivalent to bivalent OPV is on track for 155 countries. Due to the constrained IPV supply, 19 countries that were at low risk for emergence of circulating vaccine-derived polio would have to introduce IPV after the switch.
- Remaining challenges included ensuring more progression with efforts to contain polio type 2, and the need for strong responses to possible outbreaks that might emerge after type 2 withdrawal.

**ENGAGEMENT WITH GAVI BOARD**

- A joint strategy with POB and GAVI was proposed to minimize gaps that might occur when polio funding dissipates to ensure countries would be able to successfully transition polio assets in a meaningful way. This strategy would include a discussion between the POB Chair and newly elected GAVI Chair and support from GPEI overall.

The POB Chair noted GAVI’s importance and that they would be a critical partner for legacy work.

UNICEF Board Member agreed with the POB Chair on the importance of working with GAVI.

WHO Board Member thanked UNICEF for the letters to IPV manufacturers and commended the UNICEF Board Member and Supply Division for their great work. WHO Board member noted that polio eradication was at an important juncture where the program needed to engage ministers of health, and a letter was sent to all health members to request their support of containment. The POB Chair recommended sending a letter to all WHO Regional Directors, either from the WHO Director-General or jointly from the Director-General and POB Chair, to encourage their support of containment. The WHO Board Member agreed.

BMGF Board Member commented on the importance of GAVI and GPEI working together closely. BMGF noted the background paper was put together quickly and did not recognize the established working model of GAVI. BMGF further noted the POB needed to strengthen collaboration with GAVI beyond objective 2 and really encouraged the Strategy Committee to work closely with the GAVI secretariat.

The POB Chair commented GPEI should make sure they were as closely aligned with GAVI as possible.

### **POB Decision:**

- The POB agreed to work with GAVI to strengthen immunization systems.
  - Hold a meeting with POB or agency representatives with appropriate representatives from GAVI in advance of the GAVI June 2016 Board Meeting to:
    - Agree on a joint strategy on polio legacy planning in GAVI-eligible countries which engages the government as well as partners (bilaterals, multilaterals, NGOs, and foundations at the global and regional level). This strategy would facilitate a process that would increase the ability to leverage polio assets to sustain and strengthen primary health care and public health infrastructure (to be completed by April 2016).
    - Secure a decision by the GAVI Board, at its June meeting, to engage in a planning process with GPEI related to polio legacy. The POB noted that this should be done through a process appropriate to GAVI’s governance, and asked the Strategy Committee to work with the GAVI Secretariat to determine this.
    - Discuss with GAVI their willingness to issue a joint POB and GAVI communique and engage in ongoing advocacy to ministers of health and finance in GAVI-eligible countries to develop a national polio legacy plan in collaboration with donor partners and civil society organizations (communique to be issued by mid-February 2016 for use at the African Ministerial Conference on immunization; this would help to define other advocacy opportunities throughout 2016).
  - Have the Polio Strategy Committee work with the GAVI Executive Committee on the following strategies:
    - Defining geographic areas in GAVI-eligible countries with substantial GPEI assets and low immunization coverage and identify opportunities where GAVI investments could leverage GPEI assets.
    - Implementing the joint POB-GAVI strategy through GPEI and GAVI management groups and engaging other donor partners as appropriate and feasible.
    - Working with GAVI-eligible countries in developing and implementing national legacy plans, and engaging key stakeholders and critical partners at all appropriate levels.

### **Action Items:**

- Send a letter to all WHO Regional Directors jointly from the Director-General and the POB Chair, to encourage their support of containment.
- Schedule a meeting with POB or agency representatives, GAVI Board Chair Dr. Ngozi Okonjo-Iweala, and/or other identified GAVI members in advance of the GAVI June 2016 Board Meeting.
- Have the Polio Strategy Committee work with the GAVI Executive Committee in support of the joint POB-GAVI strategies as outlined under POB Decision-Engagement with GAVI Board.

## **V. Consensus Item: Legacy**

**HIGH-LEVEL ADVOCACY SUPPORT (Steve Cochi, Legacy Management Group):** Steve Cochi presented an update on legacy planning.

- Multiple countries were identified as priorities for legacy as they have most of the polio assets. Legacy plans need to be established by year-end 2016. The Legacy Management Group now has a budget to support these processes. Without plans, setbacks in EPI in these countries would occur due to loss of polio assets and EPI progress stifled.
- Requested the POB uses the Ministerial Conference in February 2016 to promote legacy, commit to establishing individual legacy plans for each partner, and extend reach of participating in legacy planning to non-partners.

The POB Chair noted all partners were working in these areas, and posed a question if specific asks existed.

UNICEF Board Member noted that he needed to balance internal UNICEF messaging on legacy planning to avoid signaling polio has ended.

WHO Board Member supported promoting legacy and would plan to discuss during the WHO Executive Board Meeting and World Health Assembly.

**POB Decision:**

- The POB agreed to support the strategy for high-level advocacy support for legacy that included promoting:
  - Legacy during the WHO Executive Board Meeting and World Health Assembly.
  - The importance of having a transition plan in high priority countries (and corresponding Regional Offices) by the end of 2016.
  - The importance of Afghanistan and Pakistan (and EMRO and ROSA) having transition plans by the end of 2017.

**VI. Closeout and Final Remarks**

The POB Chair announced the next POB executive call would be held on April 12 at 8am ET. He asked POB members about the importance and value of documenting polio eradication history, given the decades covered, and not wanting to lose the information. POB members were favorable to the proposal.

Rotary International Board Member noted a Rotary staffer has developed two out of three books to date highlighting Rotary's engagement in polio eradication, and would ensure each member of the POB receives copies.

**Action Item:**

- The Strategy Committee to document current efforts to capture the history of polio eradication, and provide a summary of those efforts as well as ideas about how broader efforts would be initiated to the POB.
- Rotary International Board Member to provide polio history volumes to POB members.