

# Meeting of the Polio Oversight Board (call)

1 September 2016 | 10:00 am – 11:00 am

## Meeting Minutes

### Participants:

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

### I. Opening Remarks

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

- He acknowledged this call as the third POB meeting in 2016.
- The POB adopted the agenda as provided.

### II. Discussion Item: Nigeria Outbreak Response

#### Dr. Michel Zaffran (WHO)

The following situation update was presented to the POB:

- In the month of August Nigeria reported two cases of wild polio virus after the country had been declared polio free in September 2015.
- These cases bring awareness to the critical need for improvement in surveillance, especially in areas that have been persistently difficult to access.
- WHO declared a humanitarian emergency situation in Borno, addressing a measles outbreak and severe malnutrition. Multiple emergency needs complicate the response and require the polio program to work together very closely with other emergency response activities in this part of the country.
- Responding to the Nigeria polio outbreaks, 5 rounds of bOPV have been coordinated around the Lake Chad region (northern Cameroon, southern Niger and Central African Republic). The first round has been conducted as an initial response, with subsequent rounds to be conducted at short intervals between 2-3 weeks. SIAs are to be completed by 22 November 2016.
- The initial results indicate that vaccination is ongoing in accessible areas. Nigeria reported that the military is very engaged and have trained civilian joint task forces, conducting both vaccination and active surveillance in accessible areas.
- The current situation in Nigeria raises questions about lack of polio visibility in Sudan, Yemen or Somalia, as access in those areas continues to be difficult.
- Vaccine supply has been identified as sufficient for the response; there is enough vaccine to satisfy five rounds of vaccination.
- Addressing vaccine supply, the program has: 1) revisited the SIA schedule to determine which activities can be cancelled or postponed, and 2) followed up on the plans of the MoH India to revise its SIA schedule (initially planned January and February 2017 and changed to January and April 2017) thus Indian suppliers could be contracted to supply vaccine for the Lake Chad response. Although not yet confirmed, this could be achieved and will show solidarity across the program.
- The scheduled five immunization campaigns will cost approximately \$104M of which 70% is currently available. There is an existing funding gap of approximately \$30-33M.
- Resource mobilization activities are underway in an effort to raise additional funds.
- Certification is now postponed in Africa by at least 3 years. Worldwide certification timeline has not changed, and remains for 2019 provided transmission is interrupted in 2016.

- A re-evaluation of the SIA schedule in Africa is needed.
- Overall, \$104M of the outbreak response fits within the current budget, however, revisions to the budget are needed through 2019, particularly if more SIAs are to be carried out in Africa and in vulnerable countries due to the extended timeline for regional certification.

BMGF noted that the Regional Director of AFRO convened a meeting of the Lake Chad Basin Task Force and representatives for the Ministers participated. Key components included rapid response, enforcing administrative policies, and strengthening work within systems that are not built to manage emergency responses.

WHO commented that the Minister of Health in Nigeria is very proactive and the government is working closely with humanitarian agencies. WHO acknowledged the need and importance for government engagement.

UNICEF stated that this is a surging Level-3 response, a large scale operation that is vastly underfunded. UNICEF stated that the Minister needs support and assistance.

The POB Chair stated that quick action and uniformity is needed. He also acknowledged the challenging environment in Nigeria and in surrounding countries. He expressed that experience in other parts of the world does not suggest that access negotiations are likely to be successful, but people on the ground should determine that. It was agreed that Nigeria is a country where access negotiations are most difficult.

Answering Rotary's question about vaccine supply, the WHO Program Director, stated that sufficient vaccine supply is available for this response. Forty million children will be vaccinated. However, if another outbreak occurs, supply will be insufficient.

The POB Chair stated that the broader issue is supply chain and production which should be discussed later.

BMGF stressed that re-engaging the presidential task force is of utmost importance and urgency, and may require POB advocacy.

**Ask of POB:**

- High-level advocacy from the POB members with Ministers of Health and Heads of State in the countries of the Lake Chad area

**Action Item:**

- Review of the Lake Chad effort in early October, following the second round of immunizations

### **III. Discussion Item: Pakistan Update**

**Chris Maher (WHO) and Aidan O'Leary (UNICEF)**

The following situation update was presented to the POB:

Chris Maher (WHO):

- There are currently 14 cases of wild poliovirus type 1 in Pakistan, which are inclusive of the continuing outbreak that occurred in the southern FATA region.
- In July five environmental positive samples were confirmed.
- Environmental samples are averaging 9% positive for WPV, equating to approximately half the rate of WPV positives from the same period in 2015.

- The Technical Advisory Group (TAG) meeting was held in late June. The national emergency action plan (NEAP) from July 2016-July 2017 was finalized. The TAG endorsed the NEAP, and made suggestions and recommendations which were incorporated.

Aidan O’Leary (UNICEF):

- The TAG meeting focused on improving operations of the program in Pakistan. Proposed expansion of the community-based vaccination initiatives in the core reservoirs were discussed. Currently 17,000 staff are between Peshawar, Karachi and Khyber working to ensure that the status of no cases in the reservoirs since February 2016 remains.
- Strengthening mobile team performance is crucial for improved program operations. Concentrated efforts are underway to improve AFP surveillance.
- To ensure that children under 1 years of age are being reached, EPI is expanded in the core reservoir zones.
- In addition, IPV campaigns will be conducted in the core reservoir zones and in selected parts of Tier 2 areas in January and February 2017.
- Effort is underway to reduce gaps and engage at all levels to ensure improved cross-border investigations.
- Overall program performance and confidence in interruption of polio by end of 2016 was acknowledged by the TAG.
- The Prime Minister focus group met following the TAG meeting in August. Continued strengthening of management oversight, strengthening routine immunization and accountability program performance goals at all levels were discussed.
- Currently there is a soft budget gap of \$27M for 2016, and an anticipated gap of approximately \$115M for 2017 (of which \$53M is anticipated in the first 6 months of 2017). Many of the staff have been in country since late 2014, and the program is concerned with retaining sufficient staff through 2017.

The POB Chair thanked UNICEF for rapidly mobilizing community volunteers for Karachi and inquired about information on recent campaigns. He noted that positive feedback was given about the new coordinator in North Sindh and hopefully substantial and rapid improvements in performance will emerge as a result. In addition, the Chair mentioned that program staff will be assessing recommendations in the recent IMB report, which mandates ambitious timelines.

The UNICEF program director stated that the July campaign in Karachi has significantly improved in performance and if the progression is similar to other places that CBV has been implemented, it will improve further in the coming rounds. Engagement of a new EOC coordinator, with the support of chief secretaries, has helped to sensitize all levels of government. The campaign began on 29 August.

#### **IV. Discussion Item: Afghanistan Update**

**Dr. Chris Maher (WHO) and Dr. Melissa Corkum (UNICEF)**

The following situation update was presented to the POB:

Dr. Chris Maher (WHO):

- Two new cases in Afghanistan have been confirmed and sequencing data will be shared once analyzed. This brings the Afghanistan case count to 9 in 2016 to date.
- The TAG met in mid-July and the new National Emergency Action Plan (NEAP) was presented. New recommendations for enhancements were incorporated. Issues such as substandard quality in the south and accessibility were outlined. The program is planning for situations where access will be uncertain and unpredictable, and therefore new strategies must be developed.

Dr. Melissa Corkum (UNICEF):

- Numerous minor changes were incorporated with the TAG's endorsement of the NEAP, to ensure focus of operational challenges: expanding scope of campaigns and adding additional IPV campaigns.
- Program focus on the 47 very high-risk districts and consolidating gains will be continuous.
- A recent surveillance review was conducted and despite access limitations, the quality of surveillance is sensitive.
- A plan is in place addressing deterioration in access focusing on the following issues:
  - Negotiating access and quality activities with AGEs, particularly in the south, southern Kandahar and Helmand.
  - Strengthening cross-border coordination and planning with the Pakistan program.
  - Maintaining program neutrality and implementing an accountability framework

**Ask of POB:**

- Continued advocacy to maintain focus on 47 very high risk areas while maintaining program neutrality.
- Coordinated approach in access negotiations. Coordinated resource mobilization and global advocacy.

The chair commented that in areas not controlled by the government, it is difficult to effectively monitor vaccination activities

The WHO Program Director agreed that monitoring is difficult in security compromised areas, and that LQAS is currently not optimal, however LQAS is being expanded to cover all 47 very high risk districts.

WHO stated that the Pakistan and Afghanistan teams met on 31 August and presented action points for improved synergies between the two programs. A common reservoir meeting is scheduled for 21 September, which will focus on all 3 transmission zones

BMGF highlighted that although issues remain, the partnership work has improved, particularly in coordination across agencies and across counties. A clear plan was articulated addressing how to further improve coordination. Continued high level advocacy is needed in each of the countries to ensure political commitment. More details are forthcoming.

## **V. Discussion Item: Budget**

**Dr. Chris Elias (BMGF)**

- Materials provided were revised after the Nigeria outbreak and recent developments have been incorporated into the budget formulation.
- Additional timely data is needed regarding expenditures; estimates are that there is no significant cash gap for 2016, there are no requests of the POB.
- Afghanistan and Pakistan will be presenting more detailed line items through the WHO and UNICEF systems to update the FRR.
- A Financing Accountability Committee (FAC) meeting is scheduled for mid-September. More accurate information will be forthcoming in mid-October to inform on resource mobilization efforts leading into 2017.
- It is unclear if recent events will push beyond the \$7B expenditure envelope.
- Roll-over projections from the Financial Management Team (FMT) will determine future budget formulations are (\$100M are needed for the Nigeria and Lake Chad response)

**Ask of POB:**

- No specific requests for the POB

**VI. Additional Comments, Closeout and Final Remarks**

The Chair summarized the call outlining the following focus areas

## 1) Nigeria:

- a. The importance of a 5 country response and the Nigerian Presidential Task Force involvement for which the POB can advocate and push
- b. The need for improved surveillance in the region
- c. Discussion of Vaccine supply/production issues

## 2) Pakistan: Program funding

## 3) Afghanistan:

- a. Continued advocacy in 47 high-risk districts;
- b. Continued advocacy for neutrality of the program
- c. Coordinated access negotiations through the UN
- d. Program funding

## 4) Need for a discussion of the IMB report in the near future.

BMGF requested further clarity regarding the cash gap for the remainder of 2016.

The POB Chair inquired about having an in-person meeting in Geneva on 9 December 2016. General consensus of the POB was to agree that a meeting should occur and to revisit whether it will be in person at a later date, but to save the date for a Geneva meeting.

The POB Chair thanked all partners for their participation and cited that we should all accelerate progress with each other in any way possible.