

Meeting of the Polio Oversight Board (call)

9 December 2016 | 9:00 am – 11:00 am

Participants:

Dr. Thomas Frieden (CDC, POB Chair)
Dr. Chris Elias (BMGF)
Ms. Maria Calivis (UNICEF)
Mr. John Germ (Rotary)
Dr. Margaret Chan (WHO)

I. Opening Remarks

The POB Chair welcomed all agency heads, representatives and presenters.

- The Chair acknowledged this call as replacement of an in-person POB meeting.
- The Chair acknowledged the passing of 2 consensus items via e-mail by all partners.
- The POB adopted the agenda as provided.
- The Chair acknowledged challenges in the Lake Chad Basin area, Afghanistan and Pakistan, low IPV supply and the GPEI budget.
- The Chair noted the importance of advocacy, particularly in light of the recent Nigeria cases.

II. Discussion Item: Surveillance Strengthening

Presenter: Dr. Michel Zaffran (WHO)

The following situation update was presented:

- WPV cases detected in Borno after 5 years of being undetected shows the risk of silent transmission in conflict-affected areas. These cases show the importance of strengthening surveillance, especially in the most challenging contexts of insecure and inaccessible areas.
- The program is conducting a thorough assessment of the surveillance systems and putting initiatives in place, such as the Brazzaville Initiative, to strengthen surveillance in places that require it.
- The program is taking these cases very seriously and documenting lessons learned. A Surveillance Task Team was established to conduct detailed risk-assessments to identify areas of high-risk and strengthen surveillance, including environmental surveillance.
- The Surveillance Task Team has made numerous recommendations to a range of countries in the Africa region, which the program will implement:
 - Improve surveillance knowledge of WHO and Ministry of Health staff in conducting quality AFP and environmental surveillance
 - Expand the number of sites for environmental surveillance systems
 - Develop strategies to overcome accessibility issues which prevent quality surveillance. This includes increasing staff to conduct surveillance, using community surveillance and community informers, sampling stool specimens of healthy children, geo coding for AFP cases reported and documenting population movement.
- WHO EMRO has conducted an analysis of 6 polio-free countries affected by conflict to identify areas where there is a need to strengthen surveillance as a risk of circulation may exist.
- Currently a similar analysis is being conducted by WHO in the African region, targeting all conflict-affected countries.
- CDC is conducting a thorough analysis of surveillance in the 3 endemic countries per most recent recommendations of the IMB.
- A major priority of the program is to ensure high quality surveillance world-wide, especially in conflict areas.

The POB Chair stated that overconfidence existed within the program, which resulted in missing polio cases for over 5 years in Nigeria. A population of over 2 million was missed. He stressed that we need to address surveillance gaps and use geographic imagery to better understand missed populations.

WHO commented that the map used for microplanning in Nigeria for tracking purposes is outdated and there is a need for new technology to detect the movement of populations to ensure the surveillance gaps are improved globally.

BMGF noted that in Borno, GIS and GPS has been utilized as much as possible. The greatest challenge was insecurity and systematic error in reporting of surveillance data, which has been corrected. He mentioned that the quality of campaigns are not optimal, however they are improving. In response to the Borno cases, WHO EMRO conducted a comprehensive risk analysis to identify vulnerabilities, which resulted in identification of less insecure areas than expected.

UNICEF stated that in Borno state, Fewsnet (i.e. Famine early warning system) will be producing a report, which will provide the number of unreached populations to-date, in accessible and inaccessible areas, based on satellite imagery.

The POB Chair noted that he met with the Nigeria team in Atlanta. He stated that access in high-risk LGA's is limited, often with access in the capital but not beyond.

WHO noted the risk-assessment work being done by EMRO is the same model that is being used in Africa and India's hard-to-reach or conflict-affected areas.

Action Item:

Partners should double down on strategies that work, and explore new strategies, including community surveillance and geographic imagery.

III. Discussion Item: Introduction to Afghanistan and Pakistan Update

Chris Maher (WHO)

The following situation update was presented:

- Overall epidemiology update for both Afghanistan and Pakistan: 18 cases in Pakistan and 12 cases in Afghanistan year-to-date. This number reflects a decline from the same period in 2015.
- Total isolates are consistently declining (from low to high transmission season), and have gone from more than 100 isolates in the first half of 2015, to 42 isolates to-date.
- In the second half of 2016, no reported cases have been reported in major reservoirs between Afghanistan and Pakistan. However, WPV was detected in Quetta Block and Peshawar, indicating ongoing transmission.
- In addition to the reservoirs remaining a challenge, mobile populations need to be vaccinated, as indicated by cases in Southern Sindh and numerous environmental samples throughout this year.
- There have been 2 VDPV cases in Afghanistan early this year; 5 in Pakistan (all unrelated); 3 environmental detection in Quetta, 1 ambiguous VDPV in Hyderabad and 1 VDPV in Lahore.

The POB Chair stated that the major concerns in Afghanistan are lack of swift action, quality of campaigns in the government controlled areas and incomplete information. He agreed that although progress has been made in Afghanistan, there is less progress being made than we had hoped.

It was noted that continued transmission in the 2 reservoirs of Pakistan must be stopped in the low season to avoid continued transmission in 2017 and improvements within the mobile populations are critical. He stated that during high transmission seasons, positive environmental samples appear in multiple geographic sites.

IV. Discussion Item: Afghanistan Update

Presenter: Melissa Corkum (UNICEF)

The following situation update was presented:

- Revisions have been made to the National Emergency Action Plan (NEAP), which include a revised accountability of framework, adding resources in high-risk districts and fine-tuning of district profiles. The program is looking to identify blind spots and apply lessons learned from Nigeria's experience.
- Permanent transit teams have been expanded in supplementary immunization activities, immunizing on average, over 800,000 children monthly.
- The IOM, UNHCR, Pakistan teams and humanitarian partners are working together to address returning Afghan children from Pakistan, immunizing over 118,000 children since July. Remote monitoring is being utilized to cross check in areas of limited access.
- IPV campaigns are being conducted in areas with refugees and IDPs. The quality of campaigns is improving.
- The existing challenges are: chronically missed children in government controlled areas (South, East and West), bans on campaigns in the Northeast, East and Southeast, causing inaccessibility and compromising the quality of campaigns, missed children in security-challenged accessible areas, leading to limitations in supervision and monitoring, mobile populations/nomads and refugee returnees.
- Funding and IPV supply remains a priority in Afghanistan.

BMGF inquired about having more health clinics in anti-government areas: would this be helpful to improve immunization coverage?

UNICEF responded that the program is currently mapping areas by cluster and UNICEF has an outreach program within health clinics with plans to expand outreach within inaccessible areas. Additionally, Polio Plus hygiene kits have been expanded to provide a more mobile outreach.

Action Item:

Ensure that Afghanistan has all necessary resources for its work and to establish an EOC structure in the Southeastern region in addition to existing NEAP requirements

V. Discussion Item: Pakistan Update

Presenter: Aidan O'Leary (UNICEF)

The following situation update was presented:

- The priorities of the NEAP: eliminate polio from the reservoirs, manage outbreaks and continue to build population immunity
- An aggressive SIA calendar is being implemented since August. Monthly campaigns are reaching between 20-37 million children under five years and outbreak responses are targeting 2 million children under five years of age.
- Overall quality is steadily improving, with a 90% coverage rate. Missed children are reduced from 4% to 2.5%.
- The NEAP targets are currently unmet, however work is underway to help close those gaps.
- Regarding the core reservoirs, the community-based volunteer program is fully consolidated, with a systematic approach toward micro-census and vaccination of children. Data from November suggest that Karachi is passing at 96% coverage by LQAS.
- Improvement of mobile team performance is underway.

- Regarding high-risk mobile population, overall 4-7% of children are being vaccinated during campaigns. Performance needs to be strengthened.
- In-depth sessions are underway with all Tier 1 and Tier 2 district commissioners to address how performance is interpreted and accounted for, consolidating broad patterns, and examining outcome and process indicators.
- Regarding risk management, surveillance sites increased to 53, improving ability to detect transmission. AFP surveillance is improving, with rates increasing to 8.2%.
- An aggressive approach is planned for the low season; including national campaigns in December and January, complimented by the 2-phase IPV campaign.
- Priority will continue to focus on having the right balance between micro-census, vaccination, missed children and taking advantage of every available opportunity to vaccinate, especially the high-risk mobile population.

The POB Chair stated that Pakistan has made good progress and the program is steadily improving. Reallocation of IPV is also very encouraging. Improving immunization is key, and given the high rate of vaccination, there is a possibility of high ratio between cases and infections of apparent cases.

UNICEF stated that not all provinces have the capacity to move to fractional dose IPV, however, every opportunity is taken, where possible to use fractional dose IPV. Where positive samples exist, in-depth investigations are being conducted to examine surveillance and operations. Eliminating polio in the reservoirs and building a base population immunity will safeguard and sustain interruption. Currently more than 5 million children live near the reservoirs and this movement is being closely tracked to refine gaps.

WHO thanked colleagues and the government for their commitment and progress. She met with the incoming WHO EMRO regional director and he stated that polio eradication is his top priority. She noted that regarding potential leadership transition in the WHO country office, the RO is in the process of identifying a strong WR. The WHO polio team lead will remain.

UNICEF praised the Afghanistan and Pakistan teams on their sustained strategy in their efforts to eradicate polio. She noted that continued transmission is concerning and there is need to improve the quality of vaccination campaigns. This is a high priority for UNICEF leadership and the Executive Director.

The POB Chair stated that WHO and UNICEF staff have been excellent in Pakistan.

BMGF noted that progress has been very impressive. He asked if there are any tools that can be utilized to assist with transit teams in regards to tracking long range migrant populations.

UNICEF stated that no current needs exist. The essential need is better internal communication to create a more collaborative network to anticipate and respond to outbreaks.

Action Item:

Anticipating leadership/key staff changes in late 2016 (WR Pakistan) and 2017 among some GPEI partners (UNICEF Representative, Polio Team Lead and Deputy Team Lead) and recognizing the time it takes to find good staff, WHO and UNICEF are identifying personnel to ensure continuity of GPEI country leadership through 2019.

VI. Discussion Item: Nigeria and Lake Chad Update

Presenter: Pascal Mkanda (WHO)

The following situation update was presented:

- Three different types of transmission were reported in Nigeria and Lake Chad in August and September. Nigeria reported two WPV-1 cases in August, and two additional WPV-1 cases in September in Borno State. Type-2 circulating VDPV was confirmed in Borno State in September.
- In response to these outbreaks, five planned response campaigns were conducted from September through December, targeting 10 million children around the Lake Chad region. An evaluation is underway to monitor progress.
- Improving microplanning, supervision, data management, communication, cross-border coordination, coordination capacity of the Task Team and access to the children of Lake Chad area is essential.
- Weekly meetings are conducted between WHO representatives and the Lake Chad coordinator and WHO representatives relay issues to the Ministries.
- Regarding cross-border activities, issues remain with surveillance and sharing information, especially at transit points.
- GPEI established the Lake Chad Task Team, headed by a senior WHO staff member, to provide technical support for planning, implementation, evaluation and monitoring of the Lake Chad response.
- To help improve surveillance, a Borno-specific plan was developed to address the security situation. In accessible areas and IDP camps, the program is scaling up AVADAR (a phone based AFP notification system), to identify more informants, improve accountability reporting and enhance environmental surveillance and AFP contact sampling.
- Currently 37% of settlements in Borno remain inaccessible (approximately 100-200K children under 5 years).
- The program has significantly scaled up its collaboration with security forces (military and paramilitary) to gain access in inaccessible areas.
- Nigeria conducted 3 state-wide mOPV2 campaigns in response to the Maiduguri sample, and additional campaigns are planned for December in response to the virus isolation from the Mungono case.

The POB Chair addressed the issues of data sharing and collaboration of the Lake Chad response across the GPEI partnership. How can we ensure that all GPEI partners have immediate access to all information? He also mentioned concern about inaccessible areas. The LGA capital may be accessible, however large parts of the LGA are inaccessible, mainly due to security.

WHO responded that data sharing issues are being discussed with the government and the program is working to make improvements.

The POB Chair asked the POB if any objections exist with sending a joint POB letter to the presidents or prime ministers of the countries in the Lake Chad region in lieu of the ministers of health.

There were no oppositions.

BMGF stated that more political commitment is needed and there is a need to schedule visits with the heads of state from the Lake Chad Basin area. He also noted that the Minister of Health in Nigeria delegated development of data sharing policy to the director of Nigeria CDC.

BMGF stated that mOPV2 campaigns are not broad enough and feels that a broader campaign would be more effective.

UNICEF commented on the need to strengthen the capacity of high caliber people in the Lake Chad Basin coordination task force.

Action Item:

POB agreement to send a joint letter to the Lake Chad heads of state, stressing renewed push for better engagement of their representatives, open sharing of data, involvement of security forces when necessary to improve access and safety for vaccination efforts.

Partners to follow up on collaborative approaches and technical details of mOPV2 campaigns

VII. Discussion Item: IPV Supply

Presenter: Diana Chang-Blanc

The following situation update was presented:

- The IPV supply is a deteriorating situation, with availability of supply at 50% of the awarded tender and a recent reduction of a further 3.5 million less doses for 2017.
- The IPV supply challenges are primarily due to delays in manufacturers scaling up because of insufficient bulk, unplanned production stops, repeated delays and no buffer stocks at any steps during production.
- A delay exists in delivery of 4 million doses for the first half of 2017, which could result in a deteriorating supply situation for endemic countries.
- Given the possibility of a degrading supply situation, five potential scenarios for IPV use were explored, against the matrix of 4 core principles recommended by the POB for IPV allocation.
- All scenarios do not affect Tier 1 countries and they will continue to receive 1 full dose of IPV within their routine immunization program.
- Two million doses are set-aside for endemic response, as requested by the EOMG.
- All scenarios build up into an outbreak reserve stock. This reserve stock would help supply additional doses, eliminate production reduction for 2017-18 and provide assistance for outbreak response, with a protocol requirement of 4 million doses.
- Scenarios A, B and C were considered the most appealing given the range of technical, operational and cost implications. All 3 scenarios were presented to the SAGE Working Group for consideration.
- Scenarios A, B and C include the following; Scenario A: Discontinue resupply to Tier 2 and build up ample reserve stock, (reaching a specified amount) then distribute doses to Tier 2 countries; Scenario B: Allow Tier 2 to stock out and offer the option of introducing 2 fractional IPV doses, or decline the option; Scenario C: Stock supply to Tier 2 in current delivery and in the next delivery they can choose between 1 fIPV dose campaign in 2018 or 2 fIPV doses in routine immunization or refuse supply altogether.
- Scenario C was considered the most appealing by the regions currently not considering fIPV doses. If all countries opt for conducting a campaign, the cost is approximately \$70 million, which is not currently planned for in the budget.
- Currently there is insufficient devices and adapters in place to help facilitate intradermal administration if all countries switched to fIPV, however this could be manageable with about 6 months of planning time.
- Asked POB to endorse the SAGE Working Group's recommendation of proceeding with Scenario C

The POB Chair inquired if all scenarios ensure that endemic countries have sufficient IPV supply. He also inquired about other options for supplying IPV to other Tier 1 countries.

WHO stated that there is sufficient amount of IPV supply for endemic countries. There may be an issue of prioritization of regions and IPV supply projections are based on population numbers. These numbers are not always accurate, resulting in countries receiving less IPV. If IPV is reduced, it may put those countries in jeopardy. Supplying all Tier 1 countries is achievable, aligned with building up adequate outbreak reserve in the event of an endemic response.

Rotary inquired about using vaccine from other countries as POB Chair had proposed, such as China, as a possible resolution to the shortage. He stated that we need the world's help and it is worthwhile to inquire.

WHO stated that China does not have enough to supply their own country and they are importing. They are ramping up production this year with hopes to have enough for next year. They are currently in the process of obtaining licensing to use fractional IPV dose.

The POB Chair inquired about reaching out to suppliers, asking to pull stock from non-priority countries or PAHO

WHO stated that this option is a long-term potential solution, however it does not solve the immediate issue.

WHO POB member commented that every time she visits China, she reiterates to them the importance of IPV needs and she plans to follow up with them on this issue.

The POB Chair inquired about whether or not supply for outbreak response would be sufficient using scenario C.

WHO replied that in 2016, 11 million doses were set aside for the endemic countries and was used by the end of this year due to filling a 2 million gap. The target for next year of 10 million can be increased if necessary.

The POB Chair suggested that the POB provisionally agree with scenario C, however more information should be provided in writing to understand the implications for finances and sufficient IPV stock.

BMGF stated that the Strategy Committee should review Scenario C and provide their input to the POB.

WHO stated that we are doing everything possible to build the reserve. It will be important for Tier 2 countries to move to a fractional dose schedule.

Action Item:

Provisionally approve Scenario C with full endorsement contingent upon more written information and assessment by the SC, followed by review of the POB

VIII. Discussion Item: Finance

Presenter: Chris Elias (BMGF)

The following situation update was presented:

- The FMT is receiving needed data now and is able to look at expenditures. Quarterly expenditure data show adequate funding for 2016, inclusive of the Lake Chad response. Contributions received late this year (possibly greater than \$100 million) will likely roll over to 2017. There is an approximate underspend of \$306 million in 2016.
- Therefore, funds are sufficient for operations in Q1 and Q2 of 2017. Depending on the roll over amount, funds may be adequate for Q3 and Q4.
- FMT to provide budget for 2017 no later than April 2017
- The budget for the 7 year plan remains at \$7 billion, of which \$5.9 billion has been identified, still leaving a gap of \$1.1 billion.
- Key pledging events are considered for the World Bank Spring Meetings in April 2017, in Washington, DC and for the International Rotary Convention event in June 2017, in Atlanta.

Rotary stated that they are prepared to participate and will continue to work with advocacy in Washington, DC. He also raised the question (in regards to the under spend) of whether or not personnel is needed for the positions that were previously anticipated to be filled.

WHO agreed with Rotary that there are areas where resources are not needed, however there is a need for positions in certain countries and the decision to keep or eliminate positions should be determined by area and country needs.

IX. Discussion Item: Priorities and Year End Messaging

Presenter: Andre Doren (WHO)

The following situation update was presented:

- Proposed messaging features latest developments, focusing on progress as well as challenges. Proposal includes being responsive on the timeline of ending transmission, focusing on the “end state” rather than the “end date”. The proposal also consists of not including the timeline at the forefront of messaging. The timeline will be country-specific.
- Funding needs are included in the messaging.
- The narrative will continue to be updated.

BMGF stated that challenges exist as dual messages are conveyed regarding under spending and the \$1.1 billion gap. He also mentioned the fiscal pressure due to the current political change. It is important that we are successful with outbreak responses and low season NEAP plans for Afghanistan and Pakistan to continue fundraising.

PACT Chair stated that initial messages for Q1 of 2017 have been drafted regarding short-term financial security and long-term financial needs. Additionally, the PACT readjusts the strategy as needed due to governmental changes.

The POB Chair thanked Rotary and BMGF for their support during the upcoming political transition in the US.

The POB approved the proposed messaging.

X. Closeout and Final Remarks

The POB Chair proposed to discuss POB chair succession in January 2017 with each member and asked for the next meeting of the POB to be scheduled in the first quarter of 2017. All POB members agreed with both of these proposals.