

**Meeting of the Polio Oversight Board (POB)—Teleconference  
27 March 2017 | 8:30am—9:30am PST**

**Participants**

Dr. Chris Elias (BMGF, POB Chair)  
Dr. Omar Abdi (UNICEF)  
Dr. Margaret Chan (WHO)  
Mr. John Germ (Rotary)  
Dr. Anne Schuchat (CDC)

**I. Opening Remarks**

**Presenter: Chris Elias**

- The POB Chair welcomed all agency heads and representatives, with a special welcome to new POB member, Dr. Anne Schuchat, who is serving as Acting Director, US Centers for Disease Control and Prevention.
- The POB Chair expressed his gratitude to be chairing the POB again and his enthusiasm for continuing to work with everyone during this critical time for the polio program.
- The POB Chair provided a brief financial overview, noting that a more detailed financial discussion will take place at the in-person meeting to be held on 22 April. Highlights include:
  - GPEI was \$314M (23%) under budget in 2016, driven by underspend in endemic countries and at the headquarters of the implementing agencies.
  - Contributing factors include favorable foreign exchange rates, country self-financing, unneeded outbreak response budget, and IPV underspend caused by supply shortages.
  - The Finance Management Team (FMT) is continuing work to understand SIA costing and TA spending in order to improve future planning.
  - The recent improvements in expenditure reporting have been very helpful and are appreciated by stakeholders.
  - Q1-Q2 2017 needs are met by confirmed contributions and carryforward from 2016. For Q3-Q4 2017, there is a gap of \$273M. However, assuming high confidence donors not currently captured in 75% likely come through as anticipated, the total needed falls to \$100M. Filling the \$100M gap will require either pulling forward existing pledges or raising new funds.
  - The FMT is currently developing 2018-2020 budget scenarios, assuming interruption of WPV in 2017 and certification by 2020. They are exploring whether the added year can be funded within the \$7.0B budget approved by the POB and will provide the Strategy Committee with their analysis in May.
- In response to the financial update, POB members discussed the critical importance of presenting consistent financial information, especially as the June pledging moment approaches. Through discussion it was clarified that, consistent with the plan approved by the POB in September 2015, the pledging event will target raising \$1.5B. This is the incremental cost between the current GPEI budget of \$7.0B and the previously approved GPEI budget of \$5.5B. Approximately \$0.5B of this has already been secured and partially monetized through post-Vaccine Summit pledges, and the June event will be an opportunity to publicly recognize the more recent pledges while also securing commitment for the remaining gap of ~\$1.0B.

## II. Review and Approval of Updated TORs

**Presenter: Chris Elias**

- The POB Chair noted that there were no major substantive changes to the TOR beyond updating information regarding the Chair and minor adjustments to the Secretariat structure.

**Decision:** The POB unanimously approved the updates to the TOR.

## III. GPEI Sunset (topic moved to earlier in agenda per Rotary member request)

**Presenter: Michel Zaffran**

The following situation update was provided:

- There is agreement amongst the Strategy Committee members and partner organizations that it is valuable to determine a timeline for GPEI sunset now in order to allow GPEI partners adequate time to actively prepare for the sunset and ensure that all essential functions are in place and sustained. There is further consensus that there will need to be a post-GPEI coordination mechanism in place to support and monitor these essential functions.
- Two options for sunset timing have emerged from the SC discussions, and POB guidance and decision is requested.
  - a. At certification, with continued POB check points for 9-12 months thereafter
  - b. After certification, at a yet-to-be-defined time (possibly OPV cessation), with continued POB check points for 9-12 months thereafter

Rotary agreed that identifying a sunset date is critical, and requested additional information regarding future ownership of polio-essential functions and related funding responsibility before making a decision.

CDC noted similarities between this process and their experiences deactivating emergency responses. Utilizing a step-down approach/levels of activation has been helpful in those situations. Agreement with need for additional details was noted, along with an initial preference for a later sunset date, some time after certification, unless additional information provided increases confidence in our ability to sunset at certification.

UNICEF agreed with the importance of setting expectations regarding the sunset date as soon as possible, and echoed the request for more information regarding essential functions and when they will be defined.

WHO voiced support for previous comments and highlighted importance of having a clearly defined response mechanism should an event occur after GPEI sunset. An initial preference for certification was indicated, along with an openness to considering other options when more details become available.

BMGF emphasized that this is the sunset of the GPEI as it currently exists, not the sunset of all activities. Given that there are at least three years before certification, there is a preference for this earlier option which will ensure that work begins promptly and help plan for a more secure post-GPEI world while GPEI is in place and can support a phased, successful handover.

In response to POB questions and feedback, Michel Zaffran and Suchita Guntakatta provided the following additional insights:

- The POB questions are being addressed in detail through the ongoing development of the Post-Certification Strategy (PCS), which will be presented for POB review in December 2017. This document will identify the proposed management and governance structure after GPEI sunsets. However, the team has started discussions for awareness with the groups that will be responsible post-GPEI (e.g. WHO health emergency, immunization teams, Gavi). We will need to delink GPEI partnership sunset and ongoing funding. The identification of future funding is not the responsibility of GPEI, but the PACT is engaged to raise awareness with donors and stakeholders that ongoing essential functions will need to be supported. While the PCS will be completed in December, it is important to signal the sunset date as soon as possible.

POB members raised the following additional points:

- Regardless of the sunset date, it is important to begin coordinating with Gavi regarding IPV funding as soon as possible. (BMGF)
  - Michel Zaffran confirmed that this is underway and an additional meeting with Gavi will occur in advance of the 22 April POB meeting.
- It is important to ensure a smooth sunset and have contingency plans should there be delays in the certification process. (CDC)
- It is important to align decision process with organizational budget cycles. (WHO)

Based on discussion, the POB Chair indicated he thought the POB had moved closer to consensus on setting certification as the timing for the GPEI sunset, provided additional details increase confidence that essential functions will be securely staffed and financed. No decision was taken during the call, but moved to the POB in-person meeting.

**Action:** PCS team to update paper with the additional details currently available in advance of the 22 April in-person meeting of the POB.

#### **IV. Vaccine Supply** **(Presenter: Michel Zaffran)**

The following situation update was provided:

- UNICEF Supply Division has issued a bOPV tender for 3.2-5.2 billion doses over the period of 2018-2022. This tender takes into account historical under-forecasting of requirements and discussions with GPEI management groups and industry.
- Risks to achieving bOPV procurement objectives include uncertainty about timing and demand as well as our ability to maintain an appropriate supplier base in the context of declining demand.
- Demand for the initial mOPV2 stockpile, which was set up to respond to Type 2 outbreaks/events following tOPV withdrawal, has exceeded projections and to date 76 million of the 100 million finished doses in the stockpile have been used. This increase in usage is driven by a higher than expected number of responses as well as aggressive responses that go beyond protocol parameters.
- The finished mOPV2 stockpile is being replenished, and a total of 269 million doses will be in place by the end of 2017.
- A cross-functional Polio Stockpile Working Group has been established and will be providing additional insight regarding optimal stockpile size, requirements for finished vs. semi-finished vs. bulk product, and number and types of suppliers needed.

- IPV supply constraints continue. Based on supplier ability to phase supply, Tier 1 and Tier 2 countries have not had to implement fractional dosing. Tier 2 countries have been informed that they will receive supply in Q2, but have been warned there may be further interruptions throughout 2017. They are therefore still encouraged to consider moving to fIPV routine with partner support, including supply of appropriate devices. PAHO has recommended fIPV to 15 countries.
- Tier 3 and 4 countries have been informed that it is not possible to provide them with IPV supply in 2017. They will be informed before June 2017 of when they can receive IPV in 2018. This news is often received with disappointment, and GPEI staff are devoting significant effort to meet directly with impacted countries to explain the challenges and mitigation efforts.
- Overall the situation has improved slightly since the December POB meeting and further improvement is expected in 2018.

CDC requested clarification on the availability of administration devices for fIPV. Michel responded that BCG ID syringes are available, but jet injectors are currently not. It is expected that countries (including countries in the Region of the Americas) will be able to secure syringes, although there may be some initial delays.

CDC asked whether supply was a factor in SAGE recommendations. Michel clarified that recommendations are based on immunity targets, and supply implications are analyzed after the recommendation is made.

WHO asked whether the POB conversation with industry was helpful and Michel confirmed that it was pivotal in ensuring positive changes to date.

**Action:** Strategy Committee to reach out to POB as to when they can support through high-level advocacy.

## **V. Closeout and Final Remarks** **(Presenter: Chris Elias)**

The POB Chair thanked participants for their time. The next POB meeting will be held in-person on 22 April in Washington D.C.