

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

22 April 2017 | 9:00-12:30 ET | Washington, DC

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Margaret Chan (WHO); Tony Lake (UNICEF); Mike McGovern, representing John Germ (Rotary); Anne Schuchat (CDC)

Opening Remarks

Chris Elias welcomed POB members, GPEI partners, and donors to the in-person meeting of the POB.

The minutes of the 26 March POB teleconference were approved without correction or comment.

1. Discussion—Afghanistan Update

Hemant Shukla (WHO) and Melissa Corkum (UNICEF) provided a detailed update on eradication efforts in Afghanistan. *(See presentation <<insert link>> for details.)* Key points included:

- Systematic implementation of the National Emergency Action Plan (NEAP) 2016-2017—including maintaining political neutrality, focusing on innovative strategies to reach inaccessible areas, and ensuring accountability at all levels—is leading to positive results.
- Both the number and geographic distribution of cases have dropped sharply in recent years. Thus far in 2017, there have been a total of three cases across three districts. All of these were linked to cross-border transmission which highlights the importance of population movement in virus transmission.
- Surveillance is sensitive with few gaps in either accessible or access compromised areas.
- The number of inaccessible children in March 2017 (99,012) was less than 1/3 of that in May 2016 (323,701). However, inaccessibility remains a concern in the Southeast, South and East.
- The rapid outbreak response to the most recent WPV1 case in the Kunduz Province was successful. While the area had been inaccessible since November 2015 due to immunization bans and active fighting, as a result of dialogue efforts, 170K previously inaccessible children were reached. Response activities included establishing permanent transit teams, accessing children through house-to-house vaccination, and completing three campaigns—two of which reached an expanded age group (<10 years), and one of which included both IPV and OPV.

The POB offered thanks to the presenters and recognized the impressive work and progress towards eradication in Afghanistan. POB members raised the following observations and questions:

- Dr. Schuchat highlighted the importance of cVDPV2s and asked about any plans for a preventative cross-border mOPV campaign with Pakistan.
 - The Afghanistan team responded that there are no plans for a pre-emptive mOPV campaign for three main reasons. 1) The program is hesitant to introduce mOPV into this area unless necessary because it is a challenging area and it may be difficult to remove the mOPV once it is provided. For example, it was difficult to ensure successful tOPV removal after the tOPV→bOPV switch; 2) The surveillance system is working well, allowing for quick detection of any virus transmission; 3) There

is confidence in the program's ability to respond to any evidence of VDPV2 transmission, either within Afghanistan or along the border, within 10 days.

- Dr. Lake enquired as to the prognosis for reaching high risk mobile populations and pockets of inaccessible children, as well as whether these populations were being reached with health interventions other than polio vaccine.
 - The Afghanistan team explained that there are four main types of HRMPs: 1) Long distance travelers; 2) Nomadic populations; 3) Straddling populations that move regularly across the border; 4) Returnees. Strategies for reaching each of these groups have been developed with partners including the Pakistan polio team and The Office of the United Nations High Commissioner for Refugees (UNHCR). Activities include determining scale and timing for known movement, joint planning and mapping, and establishing permanent transit teams and cross-border teams.
 - Strategies for reaching inaccessible children include providing vaccine at entry and exit points, gaining access whenever possible, and ensuring all health teams visiting those areas are providing polio vaccine.
 - Other interventions are provided at health posts, but transit posts focus exclusively on polio vaccination.

- Dr. Chan requested an update on whether the movement of populations across the border was causing tension between the two governments and/or polio programs.
 - The Afghanistan team shared that there were currently no tensions between the programs or governments. There is excellent coordination and communication from Pakistan on when repatriation is going to start.

- Mr. McGovern noted the personal risks facing frontline workers (FLW) and requested an update on efforts to ensure their safety.
 - The Afghanistan team responded that FLWs are not being targeted directly. However, there was a recent incident in Kabul that involved polio workers who unfortunately were in the wrong place at the wrong time. To ensure FLW safety, vaccinators are selected by and work within their own communities. Also, campaigns are stopped when there is active fighting. In Afghanistan, polio is widely viewed as a neutral program, which also reduces the risk to FLW.

- Dr. Elias asked whether there were any partner coordination issues around access negotiations.
 - The Afghanistan team indicated there was excellent coordination and the teams are moving in synchronized fashion without challenge.

- Dr. Elias expressed interest in a future update regarding the immunization communication network's influence on refusal rates, as well as the FLW accountability framework's impact on turnover rates.

- Ellyn Ogden (USAID) noted that there was recently a study tour in which team members from six high risk provinces in Afghanistan traveled to India, and enquired as to the current thinking about how they will be supported to implement lessons learned from India.

- The Afghanistan team echoed the importance of the visit and shared that plans for incorporating lessons learned are currently under development.

2. Discussion-Pakistan Update

Abdi Mahamud (WHO) and Jalpa Ratna (UNICEF) provided a detailed update on eradication efforts in Pakistan. (See presentation <<insert link>> for details.) Key points included:

- There is high government commitment and oversight at every level, and the Technical Advisory Group (TAG) acknowledges good progress in NEAP implementation.
- Priorities moving forward include focusing on core reservoirs and common reservoirs with Afghanistan, reaching persistently missed children and HRMPs, and addressing issues in the lowest performing UCs in Tier 3 and Tier 4 areas.
- There has been decreasing transmission in the core reservoirs, with outbreak cases in Tier 4 districts.
- While there have only been two cases thus far in 2017, persistent and recurrent positive environmental samples in Quetta and Peshawar as well as re-established transmission in Karachi are major concerns.
- Both Lot Quality Assurance Sampling (LQAS) and Post-Campaign Monitoring (PCM) indicate improving campaign quality, including recent improvements in Quetta block. However, gaps persist, especially in Tiers 3 and 4.
- The preliminary results of recent sero-surveys indicate very high immunity for Types 1 and 3, with exceptions in Pishin and Quetta. Immunity against Type 2 is relatively low, which is unsurprising given that many children were born after the tOPV→bOPV switch.
- Surveillance recommendations from recent TAGs and the NEAP have been implemented, increasing the quality of surveillance throughout the country. However, gaps remain at the Tehsil level.
- Underperforming EPI in core reservoirs presents a risk to the polio program and additional effort and investment is required to revitalize the EPI program.

The POB offered thanks to the presenters, recognized the impressive progress towards eradication in Pakistan, including eliminating indigenous virus in Karachi in 2016, and encouraged the team to continue their efforts. POB members raised the following observations and questions:

- Dr. Chan highlighted that while the overall global funding situation is not bad, high levels of earmarking lead to financial issues. She encouraged funders to minimize the earmarking to avoid funding gaps.
 - Dr. Elias flagged that this would be covered during the later finance conversation.
- Dr. Lake asked how we react when there is an outbreak outside of the core reservoirs.
 - The Pakistan team responded that they have Rapid Response Teams at the federal level who work with provinces and districts to support aggressive response to outbreaks.
- Dr. Schuchat expressed disappointment in the low routine immunization (RI) coverage and asked how the Polio Emergency Operation Centers (EOCs) could support improvements in that area.
 - The Pakistan team shared that the EOC has been advocating for RI improvements within the core reservoir. The Prime Minister's Focus Group also addressed RI coverage rates in core reservoirs at a recent meeting, and high level engagement is taking place. It is important to ensure that EPI

partners and funders coordinate efforts towards concrete deliverables and support improvement in core reservoirs.

- Mr. McGovern pointed out that the program does very well with national government advocacy, and encouraged the team to explore additional advocacy work that could be done in Killa Abdullah.
 - The Pakistan team shared that senior leadership at the provincial level are supporting all efforts to close gaps.
- Dr. Elias asked if the program team had any requests for the POB.
 - The program team responded that while there are no immediate requests, they will not hesitate to reach out when POB involvement in high-level advocacy or other activities will be helpful.
- Dr. Seth Berkley (Gavi) stressed the importance of strengthening RI. He is glad that the partners have come together in Pakistan and that we are seeing progress across regions, with Sindh remaining a challenging area. He emphasized that it is critical that the program achieve high population immunity across all three endemic countries in addition to focusing on the acute issues in priority reservoirs.
- Elynn Ogden (USAID) asked if the infrastructure of the existing lab is sufficient to handle the additional work generated by increased environmental surveillance and other activities or if additional support is required.
 - The Pakistan program responded that while the lab is sufficient for current work, support will be needed longer-term.

3. Discussion—Nigeria Update

Pascal Mkanda (WHO) and Ngashi Ngongo (UNICEF) provided a detailed update on eradication efforts in Nigeria. (See presentation <<insert link>> for details.) Key points included:

- Nigeria reported WPV in Borno State in July 2016, leading to Nigeria being placed back on the list of endemic countries. No WPV cases have been detected since August 2016. There were also two cVDPVs—one in Borno and the other Sokoto. The last reported cVDPV was September 2016.
- The regional outbreak response targeted 40+ million children with multiple rounds of OPV administration, with an overall cost of \$140M.
- Conflict and inaccessibility in Borno caused a collapse in immunity and surveillance. While accessibility has improved in key areas within many LGAs, access remains the biggest challenge in Borno and 285,000 to 465,000 children under five are still potentially unreached.
- Efforts to identify and reach inaccessible children in Borno include utilizing a new visual analysis prepared by CDC to identify destroyed or abandoned settlements, and a ‘Reach Every Settlement’ initiative that has reached 2,800 previously inaccessible communities with support from military and security forces.
- While indicators initially suggested adequate surveillance throughout Borno, after data correction it became clear that little surveillance was happening in inaccessible districts. Several surveillance innovations such as the AVADAR program, the engagement of more than 500 special community informants in difficult to reach areas, and expanded environmental surveillance are being implemented. Despite these efforts, there is a

decline in AFP reported so far in 2017. At the national level there are also concerns about the validity of AFP surveillance data and the sensitivity of the AFP surveillance system to detect cases.

- Next steps for the regional response include direct engagement of the Regional Directors in tracking action plan implementation, strengthening AFP and environmental surveillance, and working with both regional security forces and NGOs to better integrate planning.
- The recently released outbreak assessment emphasized that polio-free status is dependent on certification level AFP surveillance and immunity, not an absence of cases. The report also raised some concerns regarding Brazzaville recommendations not reaching country level and delays in response plan development.

The POB offered thanks to the presenters and recognized the strong regional coordination and support of Regional Directors. POB members raised the following observations and questions:

- Dr. Lake emphasized the value of a regional response and noted that Nigeria currently has stronger performance than some neighboring countries. Improving performance in Chad and other countries is critical. He enquired whether polio efforts are being used to aid other health and humanitarian issues.
 - The Nigeria team shared that the polio team supports the broader health agenda including meningitis, measles and nutrition screening in inaccessible areas. They also continue to look for new ways to support health and humanitarian efforts. Regional Directors play an important role in this work, and help ensure adequate funding for RI efforts.
- Dr. Schuchat emphasized the importance of improving surveillance and the urgency in addressing our information gaps.
- Dr. Chan reinforced the value of a regional response and coordination across countries. She noted that it is important for the POB to provide support in the ways deemed most helpful by the Regional Directors. One upcoming opportunity for such support is the Guinea visit in early May. President Alpha Condé, who also serves as president of the African Union, is well-positioned to engage heads of states. A second opportunity for POB support is the World Health Assembly (WHA) in mid-May.
- Mr. Lake expressed that it is sometimes more important to collaborate with local leaders, including governors, than heads of state.
 - Dr. Elias agreed with the importance of working with governors, and outlined the RI partnership between the Bill & Melinda Gates Foundation, Dangote Foundation, and governors, which includes very regular communication amongst partners.
- Dr. Elias highlighted that in a complex environment like Northeastern Nigeria, it is not surprising that there are tensions and some polio actions are met with criticism. For example, there was a request to repurpose the Polio EOC for humanitarian crises that couldn't be accommodated, due largely to a lack of physical space at the EOC. While the program offered to help find a separate space, there was some initial criticism regarding responsiveness. We also know that the human resources required to conduct campaigns place a

heavy burden on small staffs. We should continue to be as responsive and collaborative as possible, while recognizing that we cannot meet every request.

Action Items: After discussion during session and the meeting closing, it was determined that the POB would take the following supportive actions:

- Support a meeting of Ministers of Health from the appropriate sub-region during the World Health Assembly in May.
- Engage with President Alpha Condé to seek his support in reaching out to heads of state.
- Emphasize the importance of sub-regional coordination in regular communications.

Summary of Programmatic Progress

Michel Zaffran, Strategy Committee Chair, provided a summary of programmatic progress informed by the Strategy Committee meeting with GPEI Working Group Chairs earlier in the week. He expressed gratitude for the extremely good work across the three endemic countries, including notable improvements in collaboration. He highlighted several remaining risks to programmatic success:

- Lack of solid surveillance information from the inaccessible areas in Borno and the Lake Chad basin, as well as concerns about AFP surveillance quality in Nigeria generally.
- Challenges reaching mobile populations in Afghanistan and Pakistan.
- The possibility of an outbreak outside the endemic countries. While this is less likely than ever before, it remains a risk, especially in conflict zones in the Middle East and Africa. We must be able to respond technically and from communication aspect.
- Low RI coverage. Many areas already have poor RI coverage, and the polio budget ramp-down may further impact RI.
- Existing and potential vaccine supply issues. We are already aware of existing challenges, and as we approach cessation, manufacturers are developing market exit strategies. We must work with manufacturers to ensure adequate supply through the final stages of the program.
- Risks faced by health workers and staff members. We recognize that our teams are working under difficult circumstances and facing personal risks. We must continue to do everything possible to ensure their safety.

4. Discussion—Financial Update

Dan Walter (WHO) provided a financial update. (*See presentation <<insert link>> for details.*) Key points included:

- GPEI expended 77% of its 2016 budget of \$1.393B, meaning it ended the year \$314M under budget. An increased expenditure rate in Q4, driven by intensified activity in Afghanistan and Pakistan, led to a final expenditure slightly higher than earlier projections.
- Global drivers of the variance include IPV shortage, insecurity limiting programmatic reach, and government funding of GPEI planned activities. The variance in Nigeria was also impacted by foreign exchange savings.
- Several actions are being taken in response to the variance, including quarterly expenditure reports and budget reviews, in-depth analysis of major cost drivers in 15 countries for more accurate planning, and uniform planning and reporting in-country.

- In 2017, there is a Q3-Q4 cash gap of \$100-\$150M. This could increase if endemics increase expenditure. As mentioned earlier by both Dr. Chan and the Afghanistan team, flexible funding is very important in addressing the cash gap.

The POB offered thanks to the presenter and recognized the recent improvement to financial reporting and transparency. POB members raised the following observations and questions

- Dr. Elias pointed out that the Finance Accountability Committee (FAC) has empowered the Finance Management Team (FMT) to get higher quality data than we have been able to gather previously. This has enabled the timely delivery of quarterly expenditure reports for two quarters, which is a win for the program. We must build on this success by digging into the remaining questions. He expressed support for efforts to reach certification within the existing \$7B budget, while acknowledging the possibility of a budget increase if there is a delay in stopping transmission, and emphasized that ensuring a polio-free world leads to the largest longest-term savings.
- Dr. Schuchat noted that the overall financial news was positive, while cautioning the program to maintain financial support for surveillance. The ramp-down in DRC surveillance is concerning and she urged the team to focus on long-term programmatic success over short-term financial savings.
- Dr. Lake voiced support for the prior comments regarding surveillance funding. He also asked if any POB action was required regarding the Q3-Q4 2017 cash gap.
 - Mr. Walter replied that no POB action was currently required, but that he would communicate with the POB regarding future advocacy.
- Jason Lane (DFID) thanked the POB for including sovereign donor representation within its governance bodies. Phil Johnston (DFID) is representing donors on FAC. He recognized tremendous progress in financial transparency over the past year as well as a common drive towards value-for-money across the program.
- Dr. Elias reinforced the value of including donors in the governance bodies and explained that in addition to including a donor as a FAC member, FAC calls are open to all major donors.

5. Discussion—Advocacy & Communications

André Doren (GPEI) provided an update on advocacy and communication efforts. *(See presentation <<insert link>> for details.)* Key points included:

- Communication plan for Q2 2017 seeks to strike a balance between recognizing recent progress and being transparent about remaining challenges and funding needs.
- Top-line narrative emphasizes that humanity is on the verge of one of the greatest public health achievements in history, while recognizing that the remaining work is being completed in some of the most complex areas of the world.
- The primary messaging around financing is that donors are being approached to pledge towards the current \$1.5B requirement needed to eradicate polio. In responding to questions about a possible budget increase,

we will note that we are hopeful that we will stay within the \$7B budget through 2020, and will report back through regularly planned budget updates.

- Upcoming communications opportunities include World Immunization Week (24-30 April), a journalist trip to Nigeria in the end of April, World Health Assembly (22-31 May), and the Rotary International Convention (12 June).

The POB offered thanks to the presenter and raised the following observations and questions:

- Dr. Lake emphasized the power of individual stories regarding frontline workers, and suggested including stories about the outbreak response in Syria. He enquired about the financial savings associated with the progress made to date.
 - Mr. Doren shared that based on the current investment case there has been \$27B in savings to date, and an additional \$17B in savings is projected between now and certification. More importantly, 16 million children who would have been paralyzed are walking.
- Dr. Elias asked donors to provide input on whether the messaging on savings is helpful to them, or if alternative information is more valuable.
 - Hendrik Schmitz-Guinote (Germany) expressed that for many donors knowing how polio donations impact other health benefits is extremely important.
 - Jason Lane (DFID) concurred that while relative cost effectiveness is useful, impact on health system strengthening and resilience is paramount. Examples of this include support for Ebola efforts in Nigeria, as well as yellow fever in Democratic Republic of Congo and Angola.
 - Paul Fife (NORAD) supported previous comments and recommended considering other world events and changes when preparing messaging.
- Dr. Chan raised the importance of communicating with donors about transition planning, noting that while it is important to reduce liability we must consider the broader impacts of transition decisions.
 - Ellyn Ogden (USAID) highlighted the value of considering work with NGOs as part of transition planning.
 - Irene Koek (USAID) agreed with Dr. Chan and suggested that additional discussion with donors regarding transition planning be arranged.
 - **Action Item:** Dr. Elias agreed with the suggestion and directed the Secretariat to include transition planning as a key agenda item at the next in-person POB meeting.
- Hendrik Schmitz-Guinote (Germany) asked how confident POB members were that certification would occur three years after interruption.
 - Mr. Zaffran explained that a three-year time period has been consistently achieved in other regions, and the Global Certification Commission (GCC) is responsible for making the final decision.

6. Decision—GPEI Sunset

Michel Zaffran (WHO) framed two options for the timing of the GPEI sunset, at certification and post-certification, and requested a POB decision regarding which option to pursue.

Presentation highlights included:

- A defined coordination mechanism must be in place to ensure that essential polio functions continue after the sunset of GPEI. The mechanism will be proposed through the Post Certification Strategy (PCS) development.
Polio essential functions which need to be sustained after eradication has been certified include immunization, surveillance, vaccine management, outbreak response, containment, sustained funding and some research activities.
- The POB will continue to meet for 9-12 months after sunset to ensure that the new mechanism to sustain essential functions operates optimally.

POB DECISION: After discussion, all POB members voiced support for GPEI sunset at certification.

Meeting attendees also raised the additional points:

- Dr. Chan, Mr. McGovern, and others recommended exploring terminology other than ‘sunset’.
- Dr. Lake asked about the budgetary implications associated with the timing decision.
 - Dr. Elias replied that it would be challenging to maintain bespoke budgets after certification, and emphasized that assets need to be securely funded through alternative budgets.
- Hendrik Schmitz-Guinote (Germany) noted that guidance from WHA is needed in making the decision regarding timing as well as defining what structure is utilized after the GPEI sunset.

7. Discussion—Vaccine Supply

Michel Zaffran (WHO) provided an update on vaccine supply. Key points included:

- Despite some positive supply developments since the last POB update in December 2016, global IPV supply continues to be extremely constrained.
- As a result, IPV supply to 15 Tier 2 countries was temporarily paused in Q1 2017 and has since been resumed. During the pause, these countries were given the option of moving to fractional doses of IPV (fIPV) although this option has not been imposed on them as sufficient vaccine is now available to guaranteed continued supply. In addition, IPV supply or resupply to 35 Tier 3 and 4 countries has been postponed from Q4 2017 to first half of 2018.
- Given global supply constraints for IPV, the SAGE Polio Working Group has recommended that the program prioritize the use of available supply for RI, especially in Tier 1 and 2 countries, while not using IPV for SIA campaigns in endemic countries or Type 2 outbreak situations over the next six months.
- Several manufacturers are working on bringing IPV vaccines and/or additional capacity to the market. Based on information provided by these manufacturers, sufficient capacity to allow for all countries to adopt a two full dose schedule is expected by 2022.
- A finished mOPV2 stockpile, managed through the GPEI Advisory Group and released for use upon approval by WHO Director-General, was established in 2015/2016 to respond to any Type 2 outbreaks following tOPV withdrawal. The mOPV2 vaccine must be carefully managed to avoid re-introduction of Type 2 viruses.

- To date, demand for mOPV2 has exceeded estimates—76 of 100 Mds available have been used. This is driven by a larger than expected number of events, as well as responses outside the agreed upon response protocol. 119 Mds are on order and expected in October 2017.
- A cross-functional Polio Stockpile Working Group has been established and will deliver recommendations to the Strategy Committee in mid-2017.

In response to the presentation, the POB raised the following observations and questions:

- Dr. Schuchat noted that the United States invests in a large stockpile, and the point of a stockpile is to have more than is needed. She voiced support for encouraging fIPV.
- Mr. McGovern commended UNICEF Supply Division for skillfully managing a challenging situation.
- Dr. Elias joined Mr. McGovern’s recognition of the good work by UNICEF Supply Division. He pointed out that while mOPV2 won’t be useful for very long, there will be a need for mOPV1 and mOPV3 in the future. He shared concern over the shrinking number of suppliers and emphasized the importance of maintaining diversified supply sources.
- Dr. Lake enquired regarding the potential costs associated with maintaining adequate supply.
 - Ann Ottosen (UNICEF Supply Division) shared that they are in the midst of a bOPV procurement process and will be providing a written update to the Strategy Committee shortly.
 - **Action Item:** It was agreed that this update will also be shared with the POB.

8. AOB & Closing Remarks

- Dr. Schuchat thanked the group for a productive meeting and suggested that the GPEI Sunset be included as a standing agenda item until finalized.
- Dr. Elias suggested the possibility of an in-person meeting December 2017. The group voiced general support, and the Secretariat was tasked with researching possible dates.
- Dr. Chan noted that this was her last POB meeting and expressed her gratitude for the opportunity to work with such dedicated colleagues. She encouraged the team to keep pushing!
- All members of the POB thanked Dr. Chan for her incredible support for polio eradication and wished her well in her future endeavors. They look forward to seeing her at the certification celebration.