Meeting of the Polio Oversight Board (POB)—In Person
29 Jan 2018 | 11:30 – 17:30 CET | Geneva, Switzerland
Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Omar Abdi, representing Henrietta Fore (UNICEF); John Germ (Rotary); Brenda Fitzgerald (CDC)

Opening Remarks

Chris Elias welcomed POB members, GPEI partners, and donors to the in-person meeting of the Polio Oversight Board. Dr. Tedros expressed his wish for a successful meeting of the board and welcomed participants to the World Health Organization.

I. Endemic Country Updates

Presenters: Chris Maher (WHO), Abdi Mahamud (WHO), Melissa Corkum (UNICEF), Pascal Mkanda (WHO)

The following update was presented to the POB:

Chris Maher (WHO):

- In 2017, there were 22 cases of polio across Afghanistan and Pakistan. This is a reduction from the 33 cases reported in 2016, but not as substantial as hoped.
- Northern and Southern transmission corridors remain the greatest risk to polio eradication in Pakistan and Afghanistan. The Technical Advisory Groups for both countries met recently, recognizing that sustained political partner commitment and implementation of clear cut strategies are key to interruption.

Pakistan, Abdi Mahamud (WHO)

- A moment of silence was observed for Sakeena Bibi and her daughter Rizwana, who were killed while vaccinating children in Quetta city on Thursday, 18 Jan 2018.
- There has been a reduction in cases in 2017, but despite this we have seen in increase in the level of environmental positive samples. There has been continued progress in campaign quality but there are still gaps. Monitoring of finger marking post campaign shows inconsistent quality in many districts, particularly in Balochistan.
- Major risks to interruption include: persistent transmission in Quetta Block and Karachi; missed populations, particularly in the northern corridor; programmatic challenges along the South FATA, South Khyber-Peshawar and South Punjab corridor; national elections in 2018 that could shift Government attention; potential repatriation/ deportations of Afghan refugees; and continued delays with the issuance of no-objection certificates by the government for travel to high risk areas.
- The program has taken action to address these risks, including: developing the Karachi Emergency Action Plan to address operational gaps; deploying technical support to provinces to support the PEOCs; reinforced monitoring from the National Emergency Operation Center to the provinces; coordination with Afghanistan on the Southern and Northern corridors and better exchange of information; ongoing environmental surveillance assessment in Sindh and one planned for FATA; and the development of a joint NEOC/ PEOC incident management committee and assignment of experienced staff to assess the situation in Balochistan and implement solutions.

Asks of the POB:

- Advocacy with the Chief Minister and Chief Secretary of Balochistan to address operational and accountability gaps.
- High level government advocacy before and after the election to ensure polio support of all political parties.
- Advocacy with the government to ensure continued close collaboration with Afghanistan.
- Together with the Government of Pakistan, continue to ensure adequate resources to fully implement the NEAP.

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

- Dr. Chris Elias and Mr. Bill Gates met with Prime Minister Abbasi at Davos. The meeting was very positive, particularly around the upcoming elections and the importance of maintaining focus on polio eradication. The prime minister will stress the importance of the polio eradication effort with the new leader of Balochistan. Dr. Elias also noted that while cases have declined, positive environmental samples have increased and genetics show a good deal of geographical movement of the virus. He also noted that the high-risk migrant population seems to be key to ongoing transmission. He asked about lessons learned and how the program is thinking about migrations.
    - The Pakistan team noted the importance of follow up with the leader of Balochistan and recognized the gaps in reaching the high-risk migrant population. The strategy to address these gaps includes improving the microplans, instituting a registration process and continued assessment of the high-risk population.
- Sir Liam Donaldson voiced that micro planning strategy has not been properly adapted to highly mobile children who move from households in both Pakistan and Afghanistan, living with different family members (guest children).
- Dr. Tedros noted the importance of Pakistan and Afghanistan working together on cross border issues. He also highlighted Sir Liam Donaldson's suggestion to call local delegates and governments directly. The combination of senior leadership and intervention at the local level could help with accessibility issues.
- Sir Liam Donaldson agreed with Dr. Tedros, noting that the strength of leadership is impressive at the national level. However in the most difficult areas, it is hard for the national level government to create accountability. The IMB has been inviting provincial leaders to participate to help create this accountability. He also raised the issue of children being finger marked but not vaccinated, citing this as an example of where an innovative approach is needed to interrupt transmission.
- Dr. Omar Abdi thanked the Pakistan team for their good work and asked about signs of vaccination resistance. As eradication campaign continues, there is a big risk of communities tiring of vaccination. He asked how the program works at the local level to combat this resistance.
    - The Pakistan team responded that program members are working locally to help push thinking. Engagement is needed at the local level to understand the main reasons for resistance, noting that this varies from street to street. Focused interventions are necessary to combat resistance.

- Daniel Graymore (UK) thanked the team for the presentation and outlining the challenges facing the program. He asked how issues are approached differently at the community level and what is the strategic approach to reach those that are politically influential and work in the region to advocate for change.
- Dr. Seth Berkley (Gavi, The Vaccine Alliance) flagged the importance of routine immunization (RI) in Pakistan, with improving RI being critical to the polio end game.
    - The Pakistan team responded that there is a task team in place to focus on routine immunization. From a polio perspective, RI is key to sustaining interruption of transmission.

Action item:

- Pakistan team to follow up on suggestion to engage local delegates and governments directly to improve accessibility and accountability.

Afghanistan, Melissa Corkum (UNICEF)

- Transmission of the virus has been re-established in the southern region of Afghanistan, with inaccessibility in northern Kandahar being a key reason. There has also been intense population movement within the southern corridor, with a major increase in returning refugees.
- The program has intensified focus in the 15 high risk districts of Helmand and Kandahar as part of the southern corridor action plan. There has been successful dialogue and strategic placement of human resources to gain access and improve campaign quality in the region.
- Major challenges include: chronic inaccessibility and areas with limited access due to security risks; epidemiological risks, including continued transmission in the Southern region, orphan viruses in the Eastern region, and undetected transmission in the Northern corridor; suboptimal campaign quality in some of the very high-risk districts; reaching high risk mobile populations; and pockets of refusals, particularly in Kandahar and Paktika province.
- The program has taken action to address these risks, including: special focus in very high-risk districts to improve quality, including completing the house-based micro-plan and focused efforts to improve frontline worker selection, training and performance monitoring; continued dialogue for access; an in-depth investigation of the reasons for missed children in the South; a new investigation of possible missed populations in the Norther Corridor; operationalization of a high-risk mobile population strategy in coordination with Pakistan; and an internal review of surveillance.

Asks of POB

- Continue to ensure adequate and timely resources to fully implement the NEAP.
- Advocacy with the Government is needed to maintain program neutrality, which is key in enabling partners to gain and maintain access. Also need to advocate to sustain efforts towards eradication without drastic changes to implementation.

The POB thanked the presenter and noted the progress of eradication efforts in Afghanistan. POB members raised the following observations and questions:

- Dr. Brenda Fitzgerald said that in December, there was a request for increased training to help strengthen the capacity of the national EOCs. CDC is happy to do so if helpful.

- The Afghanistan team thanked Dr. Fitzgerald for this, noting that further training on managing a public health emergency, including emergency response and effective management systems, is very welcome.

- Daniel Graymore (UK) stated that it would be helpful to have a sense of the additional resources needed. Additionally, he asked that with extensive work in different parts of the country, how do we link this to broader health systems.
    - The Afghanistan team responded that current approaches to interruption are included in the NEAP, which has agreement by the government and partners to ensure the financial resources and people needed are available. Regarding links between the polio program and broader health systems, the Afghanistan team noted that many services are provided by NGOs, contracted by the Government, and it is important for the program to work with these groups.

Action item:

- CDC to follow up with Afghanistan team on further training to help strengthen the capacity of the national EOCs.

Nigeria, Dr. Pascal Mkanda (WHO)

- Nigeria's last reported WPV case was in 2016, however insecurity makes vaccination access difficult in conflict areas, with an estimated 160,000 children unreached in Borno State.
- Program quality is variable in neighboring Lake Chad basin countries with gaps in surveillance and population immunity, especially Niger where the government has banned immunization on the islands. A united regional approach is the focus of the Lake Chad Coordination team, prioritizing special immunization activities for high-risk areas and populations, high quality SIAs, improving active surveillance and continued support missions to the countries.
- Declining political and financial commitment in Nigeria is a challenge. The Federal Government of Nigeria was slow to release all funding for polio in 2017 and there is a lack of agreement with the Government and national program on 'right sizing' the program.

Asks of POB

- Request the POB send a letter to the President of Nigeria requesting greater support to ensure vaccinators safely reach all remaining children in Borno; and that Nigeria honors its 2018 financial commitments to polio eradication.
- Request the POB send letters to Heads of State in Chad, Niger, Cameroon and CAR on full implementation of Phase 3 of the polio outbreak response, and intensify efforts to strengthen routine immunization.

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

- Dr. Elias asked for clarification on the request to send letters to heads of state in Chad, Niger, Cameroon and CAR- is this in addition to advocacy from partner regional offices. He also noted that he met with the Vice President of Nigeria at Davos, and the discussion included the importance of providing safe passage for workers to reach inaccessible areas.
    - The Nigeria team responded that this is an additional request, and joint advocacy is important to make progress in the Lake Chad basin.

- Dr. Tedros noted an upcoming trip to Nigeria that could be used to advocate for alignment with GPEI.
- Dr. Seth Berkley (Gavi) remarked that RI coverage is very low, and it is critical to turn improvements in RI into a serious effort.
- Sir Liam Donaldson noted additional concerns in Nigeria, including the monkeypox outbreak causing resistance in vaccine friendly areas, the waning of commitment to polio eradication at the national political level, and the quality of recent data.
- Daniel Graymore (UK), stated that the program needs strengthening, including new incentives and new ways of working. He also noted the need to unite on the messaging for advocacy.

II. IMB & TIMB Chair Statement

Presenter: Sir Liam Donaldson

The following statement was presented to the POB:

- Coming out of the last IMB meeting, there wasn't a sense that the program is heading towards imminent interruption. The vulnerability of Nigeria was very evident.
- Unless there are systemic changes to the program approach, status quo will prevail and interruption will not be reached. While EOCs are a perfect example of a transformative system change that led to big impact, more innovative solutions are needed.
- The IMB recommended three priority areas of focus:
    - Engagement and ownership of local leadership.
    - Adaptive solutions to guest families/ children in high risk mobile populations.
    - Remember that SIAs are meant to be *supplementary*; strengthening RI is badly needed.
- The TIMB arrived at the following outcomes:
    - Acknowledged the difficulty of coordinating bottoms up strategic activity driven from a global top down process.
    - As polio work continues, it is important to ensure RI strengthening as a global public good. Strengthening country health care systems and creating a comprehensive integrated communicable disease surveillance system is needed.
    - The dissolution of GPEI worries people. There is concern that the current effective machinery to manage outbreaks will be dismantled or weakened. In an ideal world, it would be good to have a degree of cohesive management to drive forward transition.
    - There is concern regarding decoupling eradication of WPV vs. VDPV.
    - The TIMB is ready to support the coordination and widespread engagement of non-polio players.

Ask of the POB

Does the POB agree with the recommendation to have one IMB meeting towards the end of 2018 and have an external review in place of a meeting in Q2 2018?

Decision: POB agreed to an external review in place of a meeting in Q2 2018.

The POB offered thanks to Sir Liam Donaldson for the presentation and recommendations and raised the following observations and questions:

- Dr. Michel Zaffran (WHO) addressed the request to replace the July IMB meeting with a programmatic review, stating that it is important to take the opportunity to look critically at the program, assessing what is needed to interrupt transmission and what can be done differently.
- Dr. Elias noted that 2018 is a critical year for GPEI. Six months from now, the program will either have succeeded in interrupting transmission or will know that the timeframe to get to interruption will be extended another year. Taking stock mid-year will be important.
- Dr. Fitzgerald extended her appreciation of the excellent work of the IMB and pledged support from CDC as well as commitment to follow up on surveillance blind spots.

III. Finance

Presenter: Dan Walter, FMT Co-Chair

At the start of the session, Dr. Elias applauded the FAC and the FMT for continued improvement and transparency of analysis. He noted that the program is working between 5 – 10% under implementation, much better than a year ago, and recognized the stronger cash position for 2018. He reminded the POB of the challenge put to the FAC and FMT to analyze the potential of stretching the current $7B budget through 2020, focusing on what risks this would bring to the eradication efforts.

The following update was presented to the POB:

- When it became clear that reaching certification would push beyond 2019, the FMT was tasked with exploring options for stretching the $7B budget to fund an additional year of activities. Three risk-assessed options came out of this analysis: an aggressive scenario achieving a budget of < $7B but with a high-risk assessment; An "as-is" scenario maintaining status quo of operations, resulting in low risk but high program cost of $8.1B; and a middle scenario which exceeds the $7B budget but moderates risk. These scenarios were discussed extensively with the EOMG to assess programmatic risk.
- The SC reviewed these scenarios and recommends the POB endorse the middle scenario, increasing the budget to approximately US$7.5B with low and moderate risk reductions. The SC agreed that the high-risk scenario that would keep the budget within the $7B envelope presented too many programmatic risks to achieving interruption.
- GPEI may need to finance IPV through 2020 at an approximate cost of $229M if Gavi does not approve funding for it.
- The FMT will prepare multiyear budget and resource requirements for POB consideration after mid-year program assessment and Gavi decisions on IPV funding (2019 and beyond).

Asks of the POB:

- Accept low and moderate budget reductions scenario.
- Approve a 2018 budget of US $942M.

The POB members thanked the presenter for the presentation and strong work of the FMT. The POB raised the following observations and questions:

- Dr. Elias flagged the importance for the POB to recognize that the key budget driver is failure to interrupt WPV transmission, which adds over $700M per year to the overall GPEI budget. If the POB accepts the recommendation of the SC to move forward with the low and moderate budget reductions scenario and approve a 2018 budget of $942M, we will be squarely on a path to a budget of $7.5B. He also noted that if Gavi does not approve the $229M in funding for IPV, this would increase the GPEI budget beyond the $7.5B.
- Dr. Berkley (Gavi) noted a successful turn at market shaping with a drop in vaccine prices resulting in some Gavi budget flexibility, but acknowledged many funding demands. When the Gavi board originally approved IPV, there was strict guidance that this would use funding from GPEI. Gavi is looking at its investment strategy this year to decide if IPV should be included as an essential vaccine beginning in 2021, as well as looking at the SAGE recommendation to include 2 doses of IPV vs. the current funding for one dose. If the POB feels this is a critical priority in 2018, Dr. Berkley agreed to take the IPV funding issue to the Gavi board, though noted a timing issue for moving this forward to be considered at the Gavi June board meeting. He noted that the decision had already been made by the board not to fund but if the issue needs to be put back on the table, the board will need to approve it this year. He also flagged Gavi's willingness to contribute to the future management of the stockpile, post certification, noting the importance of considering all potential partners in the future.
- Daniel Graymore (UK) agreed with the recommendation to move forward with the low and moderate reductions scenario, noting that now is not the time in the program to be taking high risks. He noted the importance of careful and coordinated messaging to donors on the budget, focusing on maximizing value for money and demonstrating where we are scaling down in high risk areas.
- Niloofar Zand (Canada) stated that Canada is committed to eradication and asked for further clarity for donors to better understand the variables that were considered in the risk assessment, if risks were assessed with a short-term budget perspective or with a long-term view of what groundwork is needed for success after certification.

Decisions:

- POB approved a 2018 budget of US$942M.
- The POB formally requested the Gavi Board consider the GPEI request for Gavi to finance IPV funding in 2019 – 2020 from its own resources.

Action item:

- Dr. Berkley will take the formal request on IPV financing to the Gavi board for consideration.

- Dr. Elias closed the discussion by noting the importance of program assessment discussions after this year's low season, both on programmatic approach and sharper focus for the multiyear budget exercise.

IV. Transition & Country Planning

Presenter: Mike McGovern (Rotary)

The following update was presented to the POB:

- Transition planning activities started five years ago, mapping assets in every country and looking at what polio workers are doing on the ground in order to understand what happens after GPEI sunsets and identify who is responsible for future activities.

- 16 priority countries with the highest "GPEI footprint" receive dedicated support from GPEI for the development of transition plans. WHO and UNICEF Regional and Country Offices provide transition planning support to other countries receiving GPEI funding. GPEI's role will be finished when transition plans are finalized.
- The goal of the TMG is to complete planning by June 2018 and position WHO and UNICEF Regional and Country Offices to manage execution.
- Key milestones for 2018 include supporting a communication effort to ensure that countries fully understand their responsibilities under the post-certification strategy; sharing a long-term budget communication with countries; using the upcoming TIMB meetings in June and November to engage stakeholders outside of GPEI to support country transition planning; and planning for a World Health Assembly side event in which priority member state can showcase their plans.
- To address challenges, it is important to build the capacity of regional and country offices to assess plan quality, support fragile states, and actively engage country governments.
- The TMG is developing country fact sheets to help share information with donors and links to other planning processes, such as Gavi.

Asks of the POB:

- Written communication to the Ministers of Health in the 16 transition priority countries, requesting their high-level commitment and oversight of the development and adoption of national polio transition plans.
- Active engagement of WHO/ UNICEF representatives for polio transition planning, including proactively reaching out to Ministers to request their ownership and financing. Country ownership is key to success and we need to actively support countries in their efforts.
- Spearhead outreach to other health programs and initiatives within each GPEI partner agency and beyond, to ensure greater cross-agency coordination and to provide more coherent strategic direction.

The POB thanked the presenter and raised the following questions and observations:

- Sir Liam Donaldson noted that the country planning process has been excellent, but the facilitation of this process will come to an end in June. Many countries are still in denial about losing funding and how to overcome this barrier. With WHO taking the lead going forward, a more results oriented approach is needed to hold countries accountable to their commitments.
- Daniel Graymore (UK) stated the emphasis on universal health coverage is at the center of the conversation. There are many questions on how we are coordinating, how do we work alongside partners to develop sustainable solutions. We still need to understand why domestic resources aren't being mobilized, why funding is a more global function. He noted the UK would very much welcome work from the World Bank and GFF to constructively address sustainable solutions to this issue.
- Dr. Tedros agreed that some countries consider that HSS will be financed from the global level and this is an issue that should be addressed. He also noted that for some countries, the cost is prohibitive and global funding is needed. Reinvesting polio funding into primary health care should be considered. However, there should be a sustained effort to address these questions with governments and WHO can take a more proactive role.

- Hendrik Schmitz Guinote (Germany) noted the importance of actively looking for partnerships and identifying roles different agencies will play as we get closer to certification and beyond. It is critical to look for opportunities to link to RI and explore cost sharing.
- Garrett Grigsby (U.S.) stated that identifying future owners will be key to understanding budget needs. Without an integrated vision, it will be more difficult to identify future donors and resources.

V. Update on Outbreaks (DRC, Syria, Somalia)

Presenters: Chris Maher (WHO), Pascal Mkanda (WHO)

The following update was presented to the POB:

Syria, Chris Maher, WHO

- The last confirmed case onset in Syria was 21 September 2017, no new isolates since then. Transmission is limited geographically and seemingly declining.
- For the next phase of immunization response, the MOH is planning an mOPV2 campaign in certain districts, followed two weeks later by an IPV campaign. A house to house strategy will be implemented for all of Deir Ez Zor and microplans are being updated. The government is also preparing a contingency plan for a full national mOPV2 response.
- Surveillance sensitivity has been maintained in most areas. The program is maintaining strong coordination with EWARN to keep and strengthen AFP surveillance in all areas and populations, as well as using complementary strategies such as contact sampling from all AFP cases and healthy children sampling. Work is ongoing to strengthen surveillance in high risk areas.
- Better immunization access is expected during the current immunization response due to the evolving political situation. As of January 2018, the Government and Kurdish authorities control the majority of the affected areas.

Ask of the POB:

- Assure resources for outbreak response should the situation worsen and if the outbreak were to spread.

The POB thanked the presenter and raised the following questions and observations:

- Michel Zaffran (WHO) noted that early on there was a request to pre-position mOPV2, and asked if this issue should be discussed with the MOH.
    - The Syria team responded that there is willingness to discuss this with the government again and will follow up.

DRC, Pascal Mkanda

- Two cVDPV2 outbreaks have occurred, in Haut Lomami/ Tanganiyka and Maniema. A recent cluster of cVDPV2 cases in Tanganiyka signifies continued intensive transmission, with 5 cases with date of onset between Nov 11 and Nov 25, 2017. There was one aVDPV1 event in Tanganiyka early in 2017, but haven't seen anything further. The security issues as well as the population movements in Tanganiyka are of concern.
- To respond to the outbreaks, the team is coordinating at the central, intermediate and local levels. There is a surge in technical assistance from WHO/ UNICEF, and 4 rounds of SIAs have been

organized in at-risk health zones. Surveillance has been enhanced in 41 at-risk health zones and environmental surveillance has been implemented.

- Challenges to the outbreak response: security challenges have compromised the ability to interrupt transmission; the vast terrain and logistical challenges have slowed response; other outbreaks in the region, such as cholera, have taken focus away from the response.
- To control the outbreak, the geographic scope of the response needs to be expanded. We also need to finalize the DRC "special" initiative to ensure closure of the outbreak and eliminate risk of VDPV emergence/ re-emergence in the next 6-12 months. This initiative emphasizes coordination at the national and provincial levels, surveillance, raising immunity in hard to reach areas, regaining trust of immunization among some religious groups, vaccine management, and advocacy.

Asks of the POB:

- With the GPEI partners, advocate for intra and inter-agency coordination of GPEI, including systematic engagement of Regional Directors.
- With the Government of DRC, advocate for a declaration of a Public Health Emergency due to the outbreak. (To note, this has been completed since the POB meeting took place.)

The POB members thanked the presenter for the presentation and raised the following questions and observations:

- Dr. Omar Abdi noted that the situation is becoming more worrisome, and senior staff need to be deployed for longer periods of time. He also stated the importance of declaring a public health emergency, and suggested Dr. Tedros also write to the minister. Regarding communications, Dr. Abdi advised looking at a new strategy based on a better understanding of reasons behind refusals in order to target the response.
- Dr. Elias stated that he met with the MOH from DRC when in Davos, and also had written to encourage the declaration of a public health emergency. He noted that yet-to-be scheduled elections could be another source of distraction from the outbreak.
- Dr. Tedros noted that declaring a public health emergency for the outbreak could complicate the cholera outbreak response that has already been declared a public health emergency. Dr. Tedros stated that he will continue to encourage the declaration.

Somalia, Chris Maher (WHO)

- VDPV2 was isolated in a newly established environmental surveillance site in the Banadir region.
- The first round of response was held in December in the Banadir region and lower and middle Shebelle regions. Extensive areas are inaccessible or partly accessible, with up to 200,000 children in inaccessible areas. Monitoring suggests that in accessible areas, >90% coverage has been reached.
- Multiple concurrent outbreaks and competing priorities (e.g. acute watery diarrhea, measles) have made the response challenging. Accessibility issues have left uncovered areas during the 1st round and there have been security challenges to operations and supervision. There is risk of transmission to neighboring countries in the Horn of Africa due to intense movement of the population.

- Priorities in the outbreak response include high quality SIAs to ensure every child is vaccinated; strengthening surveillance both in Somalia and in surrounding countries; and cross border collaboration and risk mitigation for Horn of Africa countries.
- Next steps will be a second round of mOPV2 SIA in January, followed by an IPV campaign in February. Additionally, the program will work to strengthen the surveillance system to identify potential areas of virus circulation.

The POB members thanked the presenter and raised the following observations:

- Dr. Elias noted that it is encouraging to see the quality of the initial response, and expressed hope that this continue with subsequent rounds.

VI. **Polio Partners Group Chairs Statement**

Presenters: Ambassador Shino and Dr. Jon Andrus

The following update was presented to the POB:

- The semi-annual meeting of the Polio Partners Group was held on December 8, 2017 in Geneva. It was attended by over 70 representatives from core partners, donors and other stakeholders.
- The agenda was made up of three sessions:
  - Session I focused on transition planning at the country level, led by Mike McGovern of Rotary.
  - Session II focused on transition planning among partner agencies, led by Robin Nandy of UNICEF.
  - Session III was a roundtable discussion among non-polio global health actors, emphasizing collaboration and engagement, moderated by Ambassador John Lange.
- Key takeaways on eradication included highlighting the importance of frontline health workers and social mobilizers, maintaining surveillance and community engagement, as well as advocacy and high-profile demonstrations of political commitment.
- The PPG noted that cVDPV outbreaks demonstrate the fragility of progress and importance of not ramping down funding too quickly, and stressed the importance of additional vigilance, particularly through strengthened RI.
- On transition, the group noted the delicate balance between certification and transition, especially given the risks presented by the concurrent ramp down of funds from GPEI and Gavi, and advocated for strengthened collaboration and coordination for transition planning, including broad dialogue across a broad group of diverse stakeholders.
- The next meeting of the PPG will be held June 8, 2018.

The POB members thanked the presenters for the update, there were no comments or questions.

VII. Post-certification Strategy

Presenters: Suchita Guntakatta (BMGF), Michel Zaffran (WHO)

The following update was presented to the POB:

- The post-certification strategy (PCS) has been a collaborative effort of individuals from all five GPEI partners to develop the strategy through an extensive consultation process. In the first consultation

round, the team received feedback from over 50 respondents across a wide range of stakeholders, with feedback consolidated from 15 additional respondents in the second consultation round. Thanks to all stakeholders involved for the great feedback.

- In April 2017, the POB made the decision to dissolve GPEI at the time of global certification. Implementation of the post-certification strategy will need to be carried out by a new group of actors, and new partners will need to be engaged to successfully carry out the range of activities outlined in the PCS.
- In October 2017, the POB asked partners to designate future owners for the essential functions outlined in the PCS. PCS is a risk mitigation strategy at the global / regional level and does not assign the functions to specific groups or organizations. The engagement and ownership of this work by "future owners" will be key to the success of the PCS implementation. An overlap period where GPEI resources are still available to support / set up these new functions and processes will need to be carefully planned.
- The PCS document was presented at the WHO Executive Board the week of January 22. With POB approval, the document will advance to the World Health Assembly the week of May 21, 2018.
- The strategy is viewed as a living document and will need to be revised as risks change over time. Another review is suggested prior to certification, incorporating an approach to cVDPVs as well as lessons learned from the tOPV/ bOPV switch.
- The primary risks after certification include VDPV emergence leading to cVDPV outbreaks, spread from iVDPV cases to communities, and release of WPV, VDPV, and Sabin virus.
- The post-certification strategy has three goals: to contain polioviruses, ensuring any potential sources are properly controlled or removed; protect populations, moving from OPV (live attenuated virus) to IPV (inactivated polio vaccine) use to protect against possible re-emergence of any poliovirus; and detect and respond to any poliovirus reintroduction to prevent transmission.
- Implementation elements (governance, management, financial costs) are not included in the PCS as implementation plans should be defined and led by "future owners" with support from the GPEI partnership. A high level of leadership and coordination from future owners is key to the success of the PCS. The Polio Advocacy and Communications Team (PACT) will work on developing an investment case to support funding for the PCS functions, whether the funding comes from domestic country financing, partners, donors, or other sources.
- GPEI Partners' Plans for PCS implementation:
    - **BMGF** (Jay Wenger): BMGF is committed to ensuring polio is eradicated and the right safeguards are in place for a polio free world. Strong programs are in place to fund research for new OPV and IPV through the next decade, as well as focus on vaccine delivery and surveillance. The Foundation will securely anchor PCS work and engagement within at least three different teams, and a meeting will take place in March 2018 with Foundation leadership to get further direction on engagement post-certification.
    - **CDC** (Rebecca Martin): CDC is committed to keeping the world polio free, as well as reducing vaccine-preventable deaths and strengthening public health infrastructure. Polio work is not separated from RI at CDC, and CDC will focus its work within four functional areas: containing polioviruses, protecting populations, conducting vaccine program implementation research, and supporting partnerships with advocacy, communications,

community engagement and resource mobilization. Future polio activities will remain in the Center for Global Health, in the Global Immunization Division.

- **Rotary** (Mike McGovern): Rotary proposes to engage in advocacy efforts with other agencies to help secure financial and political support post certification in countries that have a significant Rotary presence. Rotary also proposes to continue having PCS representatives to WHO, UNICEF and CDC that will have a significant role in the implementation of the post certification essential functions.
- **UNICEF** (Akhil Iyer): UNICEF has developed a draft organization wide plan which outlines the agency's roles and responsibilities. UNICEF will maintain essential polio assets post certification, focusing on areas of organizational comparative advantage. Main areas where UNICEF will continue to be accountable are the cessation and withdrawal of OPV, procurement of vaccines and stockpile management, introduction of IPV second dose, and outbreak response. Additional critical responsibilities have been delegated to the Vaccine Center, including demand forecasting, influencing the global IPV vaccine market, and procurement and production plans. Still more detail is needed on timing and staffing resources, and where these resources would transition to within the organization.
- **WHO** (Michel Zaffran): In close coordination with partners, WHO will focus on the implementation of containment, immunization, surveillance, outbreak response, STOP program implementation, vaccine forecasting and stockpile management, and coordination of the implementation efforts across partners. WHO is assessing various approaches to structuring these functions, either integrating polio functions back into the Immunization department, or hosting these functions within relevant departments, keeping a polio core unit to support internal coordination as well as coordination across partners.

Asks of the POB:

- Does the POB endorse the Post-Certification Strategy document for presentation at the World Health Assembly?
- As requested during the 2 October 2017 POB call, who do the POB members designate or which groups will be the future owners of PCS functions and implementation within your agency?
- Is the POB willing to initiate a high-level effort to bring together and coordinate planning amongst the 'future owners' and key partners, ideally around the time of the 2018 WHA?

The POB thanked the presenters for this important discussion and noted the following:

- Dr. Elias endorsed the PCS document for presentation at the WHA in May, noting that there is work to be done to ensure there are key future owners beyond the five GPEI partners. He supported moving forward and expressed willingness to help facilitate discussions on future owners and key partners.
- Dr. Tedros endorsed the PCS document for presentation at the WHA in May, flagging the timeline of document submission six weeks prior to the WHA. This timing may not align with incorporating input from the SAGE April meeting, Michel Zaffran will follow up with the SAGE chair to understand what is possible.
- Mr. Germ endorsed the PCS document for presentation at the WHA in May, expressing Rotary's full commitment. He asked for more detail on implementation and what is needed from WHO and UNICEF,

noting the importance of understanding exactly what implementation looks like to ensure eradication is a success.

- Dr. Abdi also endorsed the PCS document for presentation at the WHA, noting that the immunization team in NY will be the future owner for UNICEF.
- Dr. Fitzgerald endorsed the PCS document for presentation at the WHA, noting that the Center for Global Health/Global Immunization Division will be the future owner for CDC.
- Daniel Graymore (UK) expressed support for the strategy and the work that has been done. He shares concern regarding who will lead going forward. He recommended being explicit about what is needed for implementation and noted that he is keen to hear more around containment. There is still the question on the table surrounding VDPVs, with more work to be done on this topic.
- Garrett Grigsby (U.S.), reiterated that the document provides useful guidance to countries, and asked for more clarity on governance, oversight and management. He raised the potential of looking at a process to restructure GPEI rather than dissolve post certification.
- Sir Liam Donaldson expressed that a well-oiled machine is being dismantled, and it will be important for new owners to have the technical ability and clout to manage future outbreaks. He noted that new owners should undertake scenario planning exercises on outbreaks, and that the International Health Regulations committee should address any adjustments needed to keep risks at a minimum.
- Michel Zaffran (WHO) stated that WHO is fully committed to this process and will take a leadership role in coordinating the post certification efforts. WHO will also convene a meeting of the future owners of the PCS.
- Dr. Elias addressed the concern that a well-run organization would be dismantled, noting that one of the reasons the POB took the decision to sunset GPEI came out of the need to address complacency among future owners. Taking ownership will not happen until there is a need. The goal is to focus on how we transition polio specific questions to sustainable homes as part of a long-term strategy. He suggested that a communications strategy would be helpful to share the message that we are not dismantling a system, but finding a way for key institutions to engage and secure funding throughout the post certification world.

Decision: the POB approved the post-certification strategy for presentation at the World Health Assembly.

Action items:

- Michel Zaffran to follow up with the SAGE chair on SAGE recommendations to understand what is possible with the WHA document submission timeline.
- WHO to convene a meeting of future owners of the PCS.

VIII. Resource Mobilization and Communications Update

Presenter: Andre Doren (WHO)

The following update was presented to the POB:

- GPEI held the Atlanta Pledging Event seven months ago. Multiple replenishment processes will happen in the coming years, and mobilizing resources for polio eradication has been challenging given multiple priorities in the global health world. However, pledging has been successful so far thanks to generous and committed donors.

- Transition and PCS planning is important, but should not compete with the need for eradication funding. The resource mobilization strategy has three priorities: fully fund eradication efforts and monetize pledges; prepare for programmatic and external contingencies; and develop a compelling investment case to cover PCS financial needs and funds for the pre-Cessation period.
- 43% of the Atlanta pledges have been monetized, and over $280M in new funding has been committed since the Atlanta pledging event.
- The PACT will prioritize focus on sustaining momentum for eradication, maintaining focus on monetizing pledges, continuous donor engagement, and ensuring flexible funding.
- In preparing for programmatic and external contingencies, the program will be in a better position to understand funding needs after the Gavi board decision and the IMB mid-term assessment. The PACT will also begin to analyze the prospects for additional resources should they be needed based on these factors as well as epidemiological progress.
- On PCS, the PACT will partner with future owners to ensure responsible transition of resource mobilization activities. The PACT will also start work on the PCS investment case, mapping potential donors by segment, and reaching out to non-GPEI donors and stakeholders contributing to other immunization activities to secure post certification funding. Strong messaging is needed that we are not dismantling an effective machine but transferring ownership to other strong partners.
- The PACT is also working to refresh the narrative, and will present this more modern narrative to the POB members after the work is completed in February. The focus will be on real stories of people who have made progress possible.

The POB thanked the presenter for the update. No questions or comments were put forward.

Closing Remarks

Dr. Elias closed the meeting by offering thanks to all for the time and effort put in to preparations and for taking the time to participate. He remarked that the program is in an exciting phase and the next six months will determine the trajectory of the eradication effort. He expressed his optimism and hope that by the next meeting, we will have increasing confidence in the success of objective 1. He offered thanks particularly to the FMT, PACT and SC for the materials and rich discussions.