

Meeting of the Polio Oversight Board (POB)

27 October 2021 | 6:00 – 9:00 PST/ 16:00 – 19:00 CET/ 18:00 – 21:00 PKT

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Henrietta Fore (UNICEF); Mike McGovern (Rotary); Rochelle Walensky (CDC); Seth Berkley (Gavi); Peter MacDougall (Donor Representative - Global Affairs Canada)

Summary of POB Decisions

| <i>Topic</i> | <i>POB Decisions</i> |
|--------------------------|---|
| 2022 GPEI Program Budget | <ul style="list-style-type: none"> • Approved 2022 GPEI program budget of US \$932M • Approved prioritization table • Approved presentation to the POB of a multi-year budget in Q1 2022 • Approved the resource mobilization approach based on clear articulation of programmatic impact |

Summary of Action Items

| <i>Action Point</i> | <i>Owner</i> | <i>Timeframe</i> |
|---|-----------------|------------------|
| Explore potential POB visit to Nigeria | POB Chair | Q1 2022 |
| Add detailed discussion on polio transition in the African region to an upcoming POB meeting | POB Secretariat | Q1 2022 |

Opening Remarks

Dr. Elias thanked attendees for joining the meeting, noting the focus for the meeting on the decision on the 2022 GPEI program budget.

Polio Situation Update

Presenter: Aidan O’Leary (WHO)

The following update was presented to the POB:

GPEI Strategic Goal One: permanently interrupt all poliovirus transmission in endemic countries

- It has been nine months since the last wild poliovirus case was recorded in 2021, and environmental positives continue to show a sharply decreasing trend. A recent surveillance review was conducted in Pakistan and key findings show that there is a high likelihood that current polio detection is valid, and that wild poliovirus is at a historic low level.
- Polio campaigns will resume in Afghanistan on 8 November, representing the first time in three years that the program has been able to reach all children under five across the country. There is positive news on the inclusion of local female vaccinators, which is critical to reach newborns

and children under two inside their homes. The program is focusing on preparations, including training, community engagement, community awareness, and all operational aspects of implementation. Safety and security of frontline teams will be a top priority during the upcoming period.

- There are major challenges to the overall health system in Afghanistan, including the backlog of salary payments and delivery of medical supplies to facilities across the country. More broadly, Afghanistan and its economy are on a precipice. Recent reports indicate that almost 90% of the population is experiencing some form of insecurity, and these issues will require substantive redress going forward. There have been recent engagements between the G7 and the World Bank to explore options for engagement. The appropriate longer-term mechanism for funding flows to Afghanistan is a key issue being discussed.
- In Pakistan, there is continued strong political engagement across all levels of government, and the POB visit to Pakistan in November will work to sustain and further enhance this engagement. There is progress on integration, and the upcoming measles/ rubella campaign will be co-administered with bOPV. Challenges continue to be focused on reaching persistently missed children. There has been positive work in Southern Khyber Pakhtunkhwa to ensure the program has the necessary access and quality of campaigns to assure missed children are vaccinated and protected.

GPEI Strategic Goal Two: Stop cVDPV transmission and prevent outbreaks in non-endemic countries

- The program reached a milestone in October with SAGE endorsing the initial use to wider use phase of nOPV2 under the emergency use listing, based on the safety and genetic stability data that has been generated. 27 countries at high risk for cVDPV2 outbreaks are now fully verified for use.
- Almost 300 cases of cVDPV2 have been recorded over the last six months and the cases are highly geographically concentrated in terms of distribution, with almost 85% of these cases in Nigeria. There are challenges with timeliness in response, including COVID-19, other public health emergencies, insecurity, and elections, however the main driver is that several countries are deciding to delay their response as a result of ongoing preparations to introduce nOPV2. To stop outbreaks, an immediate response with the immediately available vaccine is required, and SAGE has reaffirmed in its October meeting that we cannot tolerate unnecessary delays.
- While there are supply constraints for nOPV2 with the single supplier having reduced capacity in 2021, there is no shortage of type 2 vaccine, with more than 200 million doses of mOPV2 immediately available for deployment to enable outbreak response. To address the nOPV2 supply constraints, a prioritization matrix has been circulated to regions and countries to set up the framing for managing available supply. The new vaccine supply coming in December will likely be prioritized to Nigeria to manage breakthrough transmission responses as well as any broader gaps. In practice, this means over the next three to six months, timely outbreak response will absolutely require the use of mOPV2, and advocacy on this point will be important.

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

GPEI Strategic Goal One: permanently interrupt all poliovirus transmission in endemic countries

- Henrietta Fore thanked Dr. Tedros for his trip to Afghanistan and Dr. Elias for his visit to Pakistan, noting the positive impact of these in-country discussions. She emphasized the importance of integrated campaigns to the future of the program.
- Rochelle Walensky expressed gratitude for all who are doing this work and underscored the gravity of the situation in Afghanistan. She expressed concern on the security of female frontline workers and asked for more detail on what the program is doing to ensure that the security of women is paramount as campaigns begin in Afghanistan.
- Peter MacDougall noted that donors continue to have concerns about the safety of female vaccinators in Afghanistan and want to better understand the capacity of GPEI for support and providing the necessary security. He recognized the tremendous progress and significant political commitment in Pakistan and asked about the implementation challenges.
- Dr. Al-Mandhari (WHO) shared insights on the visit to Afghanistan, noting the visit helped to identify challenges on the ground and engage directly with new leadership on critical issues including women’s rights, education, and health.
- Dr. Tedros also shared an update on the visit to Afghanistan, noting the new government is receptive to dialogue and that engagement is crucial. Regarding the treatment of women and girls, Dr. Tedros noted women have been invited back to their positions in the Ministry of Health, and female physicians and nurses are working in hospitals. In meetings with government leadership, he communicated UN support to accelerate the start of higher education for women and girls. He also noted that polio eradication is not possible without a functioning health system, and it will be critical to engage with the World Bank and Global Fund to keep health services in place. He stressed the importance of not becoming complacent, but for the program to work more aggressively to cross the finish line to eradication.
- Hamid Jafari (WHO) stated that the program has regular dialogue with the Afghanistan Minister of Health and the new NEOC coordinator, and the safety of health workers, particularly women, is a top priority in these discussions. The minister has asked for the engagement of all the provincial governments to provide political support for the polio campaigns, and to provide the necessary security assets. In areas where the security risk is very high, the program will remain flexible and potentially use male vaccinators in those areas.
- Mike McGovern noted that Rotary is very pleased with the program’s progress and expressed appreciation to UNICEF and WHO for their work over the past year and beyond. He emphasized that the resumption of house-to-house campaigns in Afghanistan will have challenges and underscored that the safety and security of the frontline workers should be paramount.
- Sir Liam Donaldson (IMB Chair) acknowledged the wider humanitarian situation in Afghanistan, noting the severe deprivation conditions reported in the country. He suggested the possibility of delivering modest food supply with the vaccinations for the upcoming campaigns to address the acute needs of the population.
 - Aidan O’Leary (WHO) noted the program will explore the extent that nutrition services can be synchronized with campaigns but cautioned the need to be careful around managing expectations of what polio vaccinators can bring, because the scale of the interventions needed will require a different magnitude.

- Chris Elias underscored the previous comments, noting that in a recent call with Bill Gates, Prime Minister Khan made the case that the international community needs to engage in Afghanistan, not only on the health system but on the broader humanitarian system or the situation will worsen. He echoed his thanks to UNICEF and WHO for all the work that is being done to optimize the current window for reaching a significant number of children that have not been immunized in over three years. He agreed the first campaign will be a learning exercise that can be built upon for the next campaign in December, which will be synchronized with the Pakistan campaign. Lastly, he flagged the upcoming Polio Oversight Board visit to Pakistan in November, noting the visit is at the invitation of the National Emergency Operations Center due to the success of the last visit in fueling political commitment across all levels of government. The mission will allow for critical engagement to support the progress towards eradication.

GPEI Strategic Goal Two: Stop cVDPV transmission and prevent outbreaks in non-endemic countries

- Chris Elias noted that in addition to the recent SAGE recommendation, it is helpful that the AFRO Regional Committee meeting also encouraged immediate use of available vaccines. He underscored that country-by-country advocacy will be necessary to overcome hesitation to use mOPV2. He also recognized that the prioritization matrix to manage available supply of nOPV2 will be critical as we see emergence in places like Ukraine and others.
- Henrietta Fore asked how POB members can engage to support advocacy around not delaying campaigns and using available vaccines to respond to outbreaks. She emphasized the importance of prioritizing Nigeria given the number of cases of cVDPVs. She also noted a joint effort with Mike McGovern to mobilize domestic financing and asked if there is a way to build commitment to a more structured campaign approach.
 - In response to the effort on domestic financing, Chris Elias noted that there will be an explicit discussion with the government on domestic resourcing during the upcoming POB visit to Pakistan. He also encouraged discussion with the UNICEF and WHO regional directors on opportunities for global level engagement on this topic to complement ongoing discussions at the regional level. Lastly, he agreed the importance of the response in Nigeria, suggesting a POB visit when travel is doable.
- Aidan O’Leary (WHO) noted that clear messaging on available vaccines is needed at both the global and country level for countries that are recording outbreaks. He supported the idea of a high-level visit to Nigeria. There has been a large increase in cVDPV cases there over the last three to four months, and it will be important to reduce transmission as quickly and effectively as possible.
- Rochelle Walensky offered resources from CDC to assist in any way helpful, including messaging, assistance on the ground, and advocating with the ministries.
- Kristen Chenier (Global Affairs Canada) noted that donors share concerns about the delays in responding to cVDPVs and asked if there are factors that are within GPEI’s control to fix, and if the staffing ramp down in Nigeria has contributed to the delays. She also asked if nOPV2 rollout is slower than expected, and how this will affect vaccine supply projections. Lastly, she asked to confirm that there is enough mOPV2 to cover countries that are not ready to receive nOPV2.
 - Aidan O’Leary (WHO) responded that on the question of supply, there is no shortage of type two vaccine. By the end of the year, there will be more than 300 million doses on

hand and the program has also continued to build the global stockpile. On staffing in Nigeria, he noted that the loss of key personnel who have moved on to new appointments has had an impact, but team leads have been deployed from HQ to support on an interim basis and the current focus is to stabilize and strengthen operations and the capacity to implement.

- Seth Berkley stated that Gavi is planning a high-level mission to Nigeria on 22 -24 February, so this could be an opportunity to align.
- Mike McGovern asked if nOPV2 is working as intended in the areas where it is utilized, has it helped to reduce vaccine derived cases.
 - Aidan O’Leary (WHO) responded that there is a series of clinical studies that are being conducted in parallel to the vaccine introduction and rollout, the program will be following up to ensure that the targets that were set, particularly in relation to efficacy, are being met. The first of these studies will be reviewed at the Polio Research Committee meeting next week.
- Chris Elias shared that he recently met with President Tshisekedi from DRC, Chairman of the African Union (AU), who has been a champion for immunization as part of his AU advocacy. They discussed a potential Heads of State discussion on polio and the importance of not being complacent. If this moves forward, this could be an opportunity for high level political engagement.

Finance & Resource Mobilization Update

Presenters: Aidan O’Leary (WHO), Michiyo Shima (UNICEF), Tim Petersen (BMGF), Ikuko Yamaguchi (UNICEF)

The following update was presented to the POB:

- The budget development process has focused on creating a cost-efficient 2022 budget that enables GPEI to interrupt WPV and cVDPV2 transmission by 2023, taking into consideration available resources and associated risks. Countries and regions submitted budget requests that were then analyzed by the countries, technical teams, and the budget team to identify cost and programmatic efficiencies, landing on a budget of \$932M. The budgeting exercise resulted in budget request reductions totaling greater than \$100M.
- To resource the program’s most critical functions needed to deliver on the goals of the strategy, the budget team prioritized continued investment toward WPV1 interruption in Pakistan and Afghanistan, aggressive response to all cVDPV2 outbreaks, and strong surveillance systems capable of tracking WPV and cVDPV spread.
- Estimated available resources for 2022 total ~\$762M. The prioritization framework looks at potential tradeoffs if the program is not fully funded next year. The prioritized activities that align with the estimated available resources include SIAs, surveillance, integration activities and EOCs in the endemics; outbreak response activities and vaccines; and surveillance both at the regional and global level. The prioritized activities also incorporate new initiatives from the strategy including integration, gender mainstreaming activities, and improvements to surveillance and direct detection.
- Activities that the program would be able to fund if additional resources become available include bOPV campaigns, social mobilization networks in Nigeria and Somalia, non-endemic

EOCs, digital tools and tracking, bOPV buffer stock, and activities in Afghanistan that exceed the historical implementation capacity.

- There are additional complementary activities that are funded by partners outside of the GPEI FRR budget estimated at over \$450M in 2022.
- The program has identified risks associated with the inability to fully implement the GPEI strategy in 2022, and a detailed risk analysis has been done by the global support teams to determine the scale and impact of these risks. These risks include impact to outbreak response capacity if cVDPV outbreaks expand; potential increases to WPV1 and VDPV type 1 & 3 transmission if unable to fund preventative bOPV SIAs and integrated multi-antigen campaigns in non-endemic countries; risk of mistrust of the polio program in marginalized communities resulting in increased refusals and persistently missed children if integration funding in the endemic countries is reduced; potential decrease in polio focus and surveillance sensitivity in countries not receiving direct support as polio surveillance staff functions transition into broader VDP surveillance in non-endemic countries (outside AFRO 10 + Somalia); and potential lack of budget flexibility to respond to programmatic and epidemiological uncertainties. Mitigation measures will be important, including strong coordination with Gavi and other health partners, advocating for the World Bank to release Sehatmandhi funding in Afghanistan, continued advocacy for domestic financing, minimizing earmarking to allow for more flexible resource management, and continued advocacy to incorporate surveillance functions into national budgets and systems. Continually monitoring and reviewing risk mitigation measures will be critical going forward to inform decision making.
- The Resource Mobilization Group (RMG) is continuing its efforts on operationalizing existing pledges and securing new funding. Recognizing that the projected available funds are considerably lower than the program needs of \$932M, the program is pursuing all opportunities for additional funding to reduce the 2022 gap, including sovereign donors, domestic pledges, a potential innovative financing mechanism, and additional private sector funding. Many of these prospects are considered low to moderate likelihood and may not fully materialize in time for 2022 needs, however given the financing gap GPEI is facing in 2023 and beyond, these could potentially serve as longer term funding opportunities. It will be critical for donors to continue to honor their pledges and make these commitments as flexible as possible to maximize the impact of the funding.
- The RMG has begun planning to secure additional resources to fund the remainder of the new strategy which covers the period of 2023 – 2026. To engage donors and secure pledges, a pledging moment is proposed for Q3 – Q4 2022. Other replenishment moments are planned around the same period and the RMG is working to align this event with other key health initiatives and position GPEI in the overall pandemic and global health financing environment. The RMG will continue to work with leadership to explore potential champions and to set expectations on their role and future support. To successfully secure pledges in a timely manner, GPEI’s multi-year budget will be needed by early 2022 to finalize a case for support.

Requests of the POB:

- Requests for Approval:
 - 2022 GPEI Program Budget of US\$932M
 - 2022 prioritization table
 - Presentation of a multi-year budget to the POB in Q1 2022
 - Resource mobilization approach based on clear articulation of programmatic impact

- Encourage donors to provide flexible funding to GPEI to enable allocation of resources to most urgent needs.

The POB thanked the presenters, and the following observations and questions were raised:

- Chris Elias thanked the team for the clear articulation of budget needs and the hard work in developing the prioritization framework. The risks and potential impacts are clearly laid out if the program does not raise additional funding. We must make every effort to mobilize the necessary resources to fully implement the program needs.
- Mike McGovern also thanked the team for their hard work on behalf of the Financial Accountability Committee (FAC). The budget presented today incorporates the feedback from the FAC, showing a clear prioritization of activities that includes the focus on gender, outlining additional detail to provide a better understanding of risk management, and clear alignment with the new strategic plan. He expressed the need to have a multi-year budget soon in order to drive urgency and provide the information needed to pursue additional domestic resources.
- Seth Berkley noted the primary risk of outbreaks continuing to intensify and emphasized the need for re-programmable flexible funding in order to respond quickly. He expressed Gavi's support for co-delivering bOPV in campaigns for MR. He also acknowledged that IPV is no longer included in the GPEI budget, and Gavi will fund IPV costs over the next five years. Lastly, he flagged the potential risk of the current positive epidemiologic situation in the endemic countries leading to the program not following through on the integration agenda, noting this would be a mistake.
- Peter MacDougall expressed appreciation for the significantly improved budget planning and risk management outlined today. Going forward, he noted donors would like to see further articulation of risks, particularly in the case that no further funding becomes available. He recognized the impending resource mobilization challenges and voiced donor support for any efforts to secure additional resources, in particular domestic financing, and innovative finance mechanisms. He urged all core partners and donors to maximize the extent to which they can provide flexible financing to GPEI. Lastly, he stated that before moving ahead with the pledging moment, donors would like to understand the prospects for success in this competitive funding environment.
- Dr. Al-Mandhari (WHO) highlighted that Afghanistan and Pakistan have reduced their budgets to align with the funding constraints faced by GPEI, with the understanding that the two countries will receive all necessary funding if the situation justifies additional campaigns and activities. He also noted that the Regional Sub-Committee for Polio continues to advocate for national domestic funding and financial support from new donors, mainly Gulf countries.
- Henrietta Fore noted that there is significantly increased interest from regional countries to support Afghanistan, and all partners should focus efforts on reaching out to any potential donors that could support the polio effort.
- Dr. Tedros underscored that continued assessment and monitoring of the budget will be very important to ensure more effective management of our capacity to implement, program risk mitigation, and greater agility to seize opportunities as they arise. He also thanked the polio program for its support of COVID-19 response and noted that WHO has reimbursed \$13 million

dollars of polio resourcing to date and will continue to do so. He offered support in any way possible to contribute to mobilizing resources.

- Chris Elias also emphasized the need for careful monitoring of the implementation and risks, as well as the importance of regularly updating the FAC, POB, and donor community on how those risks are evolving. He agreed partners should focus on reaching out to any potential new donors and noted he will engage with contacts during his upcoming trip to Doha. One of the reasons the program is facing a significant budget gap is due to budget cuts against pledges that were made in Abu Dhabi, and the program will advocate to recover these funds. Dr. Elias also stressed the need for the multi-year budget for 2023 – 2026, as this is critical to support resource mobilization efforts and secure longer-term pledges.
- Alice Stilitz (FCDO) reiterated that FCDO will share information as soon as possible once funding decisions are made and acknowledged the impact that the uncertainty around the UK funding position generates for the GPEI and partners.

Decision:

The POB endorsed the 2022 GPEI program budget, the 2022 prioritization table, the presentation of a multi-year budget to the POB in Q1 2022, and the resource mobilization approach based on clear articulation of programmatic impact.

Polio Transition

Presenters: Dr. Zsuzsanna Jakab (WHO) & Ebru Ekeman (WHO)

Dr. Zsuzsanna Jakab, Deputy Director-General, WHO, presented a brief statement, noting the following:

- Polio transition has been on the agenda of the WHO governing body meetings for the last five years, both at the global and regional level. WHO’s approach has evolved over time, taking into account the changing polio epidemiology, the impact of COVID-19 on WHO country programs, and considering the risks to move at an appropriate pace. This approach is aligned with the goals of the new GPEI strategy and can only succeed through integration in countries where polio eradication has been a success. Core capacities have long been integrated into the broader immunization and emergencies functions, and the COVID-19 pandemic has demonstrated that integration is not only necessary but also possible.
- WHO is strongly committed to sustaining the polio knowledge, expertise, and capacities to serve the broader health priorities, and integrating the polio functions into the WHO base budget is the best manifestation of this commitment. WHO will cover the gap that will arise in places that the GPEI no longer supports. Funding is available for the first half of 2022 and resource mobilization efforts are ongoing.
- For the 10 highest risk countries in the African region, there will be an additional two years of GPEI funding to increase country office capacity by funding polio related positions in the new structure. Staff that are matched or selected during the functional review process will be reassigned to their new positions. The separation letters they have already received, in line with WHO HR rules, will be withdrawn.

- The transition focus for the other 37 countries in the African region will be to ensure programmatic and financial sustainability and integrate technical staff into a wider range of public health functions.

The following update was presented to the POB:

- Polio transition is necessary to sustain core country capacities and is pursued under a global mandate. The three key objectives are to sustain a polio-free world, strengthen immunization systems, and strengthen emergency preparedness, detection, and response.
- Polio transition is a corporate priority for WHO. The risk of losing capacities that have been set up by GPEI is a major risk for WHO's operational capacity in countries, with GPEI resources making up almost 20% of WHO's budget and 10% of total staff are funded by polio. The Polio Transition Steering Committee provides strategic oversight, with recent key decisions including mainstreaming of essential functions into the WHO base budget, the establishment of integrated public health teams, a response to the TIMB recommendations, and a corporate resource mobilization strategy.
- The risk-based approach to transition is based on regional context. Lessons learned from national planning processes show the need to be realistic in implementation timelines as transition is about building health systems in countries.
- The 2022-2023 biennium budget includes the integration of polio transition to the immunization and emergency programs. The objective is to sustain essential functions and WHO's core country presence, with the long-term aim of domestic self-sufficiency.

Requests of the POB:

- Support the twin objectives of polio eradication and transition around a risk-based approach, with regular dialogue between GPEI and WHO.
- Continued advocacy with government and partners to incorporate surveillance and other core functions into national health systems or continue to give bilateral support where this is not possible.

The POB thanked the presenters, and the following observations and questions were raised:

- Dr. Al-Mandhari (WHO) noted he chairs the transition committee that is overseeing the coordination of polio transition in the EMRO region and countries have prepared polio transition plans that are being operationalized for the next biennium. He thanked GPEI for continuing support for essential activities in Somalia, noting the polio infrastructure has a much broader public health impact. He also urged GPEI to maintain flexibility to support polio in the most fragile countries if the WHO budget is not sufficient to sustain the essential functions.
- Dr. Joseph Cabore (WHO) noted that the African region is working hand in hand with HQ to ensure the actions taken in the region are aligned and activities are implemented with no gap.
- Dr. Elias thanked the WHO for the commitment and the coordination across the organization and suggested that the POB continue to advocate, in the context of the ongoing discussions on pandemic preparedness and response, for more secure and sustainable long-term financing of the World Health Organization.
- Peter MacDougall noted that Canada supports a systematic and gradual transition process of integrating the essential polio functions into the base budget of WHO, but remains concerned

about the impact on operations, particularly in the context of the termination of GPEI positions in Africa and would appreciate more detail on the situation at the country level. Moving forward, it will be critical to ensure that operations will not be affected, and that transition is integrated into a unified and transparent governance and oversight structure that will assess all polio efforts. It will also be important for WHO and GPEI to strengthen their communications and coordination, and that a clear and integrated governance and oversight accountability framework remains in place.

- Alice Stilitz (FCDO) spoke on behalf of Australia, Germany, and UK, welcoming the move forward on polio transition while acknowledging the risk involved. She noted that transition in a coordinated and transparent manner is key to ensuring that critical polio assets are integrated into national and global systems without disrupting essential functions. Donors support an approach that allows differentiated support to countries and showing flexibility with this approach will be critical to responding to specific needs. She noted staffing has been one of the key concerns regarding the African region and welcomed ongoing updates on that process. She requested clarity on how country governments and civil society are involved in this process to ensure full country ownership and sustainability, and lastly urged that the recommendations following the upcoming TIMB discussion be fully implemented.
- Pavani Ram (USAID) echoed the comments made by Mr. MacDougall and emphasized the request for the expedited rehiring of staffing to ensure that polio functions are sustained in the high-risk countries in the African region, as well as ensuring surveillance stays intact given the risks the program is already seeing in Nigeria. It is important for transition to be seen as a continuing part of the eradication agenda, not separate from it.
- Rochelle Walensky expressed gratitude for WHO's responsiveness in slowing the polio transition in the 10 most vulnerable countries in Africa as well as Somalia, and underscored the importance of hiring back key polio staff. She highlighted the need for continuous engagement on risks and on joint planning and communication to ensure WHO and GPEI are working in lock step going forward. She asked for more detail on the funding gaps WHO will fill in the first half of 2022, as well as how this will play out over the longer horizon.
- Henrietta Fore noted the importance of transition planning being done now since there are big issues of supply needs, lack of staffing, and scarcity of fuel on the horizon that will require a different operational approach.
- Seth Berkley voiced strong support for looking at fragile countries and moving forward on replacing those assets that are necessary. He asked how the program is working with the large investments the World Bank is making in surveillance.
- Dr. Jakab (WHO) committed to regular updates to GPEI and other donors in the GPEI setting and suggested sharing a more detailed update on the African region at an upcoming POB meeting. She looks forward to close collaboration with GPEI and highlighted the need for flexibility in the transition process in order to follow the situation and epidemiology in all countries and adapt polio transition accordingly. Regarding the World Bank funding, she agreed that this needs to be explored further and noted an upcoming meeting with the new Global Health Director of the World Bank to discuss ongoing collaboration, which will be an opportunity to raise this issue.
- Dr. Tedros underscored WHO's commitments to sustaining the polio essential functions.

GPEI Monitoring & Evaluation

Presenters: Moazzem Hossain (UNICEF)

The following update was presented to the POB:

- In order to track progress and adjust to unforeseen risks, new monitoring and evaluation metrics are being developed that include milestones, outcomes, and key performance indicators that will help identify program weakness in a timely way to implement corrective and mitigating measures. An update on M&E will be shared regularly with the POB, focusing on two or three top priority indicators each time.
- This presentation focused on KPIs around Objective 2, generating vaccine acceptance through context-adapted community, and Objective 4, improving frontline success through changes to campaign operations.
 - For Objective 2, one of the indicators looks at the percentage of female vaccinators per SIA in priority subnational areas in compliance with GPEI PSEA and safeguarding measures to support the outcome of increased community participation in SIAs. The data shows a sustained increase in the deployment of female vaccinators in Afghanistan since 2017, whereas in Pakistan, the proportion of the vaccinators that are female is much higher, but the numbers are stagnant. Another indicator under objective 2 looks at the percentage decrease of missed children in priority sub-national areas in endemic countries. Child-by-child data is available for Pakistan, showing a 25% reduction in missed children in Super High Risk Union Councils (SHRUCs) between June and September 2021. When breaking out this data by province, there is a much sharper decline in missed children in Sindh than either Balochistan or Peshawar, and this is the level of data needed to then understand drivers and inform programmatic next steps.
 - Under Objective 4, indicators include the percentage of target countries that meet the requirements for nOPV2 usage, and the number of countries successfully rolling out nOPV2 according to the defined roadmap to measure the success and timeliness of nOPV2 rollout. 27 out of 47 high risk countries are now verified, with only seven countries to date having used nOPV2, though supply is a challenge.
- For next steps, the team will work to further validate the key performance indicators and risks, identify data source and collection methods for certain KPIs, address gaps in data such as gender and integration, and conduct consultations with regional offices and priority countries. A standard M&E scorecard and dashboard are being developed for future reporting and this will be a living document. The group will regularly assess the relevance of KPIs and revise where needed.

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

- Peter MacDougall congratulated the team on establishing the M&E framework, noting that donors see this as a helpful base on which to monitor progress. He asked when the milestones will be finalized, and what the process will be for finalizing and reporting on the risk management framework.
- Rochelle Walensky expressed appreciation for the work and suggested that in addition to the indicator on nOPV, the framework should include an indicator for Sabin OPV so the program can demonstrate that in the context of limited supply, there is another effective vaccine.
- Moazzem Hossain (UNICEF) shared that the team is currently looking at the feasibility of the data and will look to set the baseline as of January 2022, with milestones following this. He

noted the suggestion regarding the indicator on Sabin vaccine and will bring this back to the working group.

Closing Remarks

The Chair thanked the attendees for their strong partnership and continued commitment, acknowledging the work ahead to close the 2022 funding gap. He noted the next POB meeting will take place on 8 December. The meeting was followed by a 30-minute closed executive session.