

Meeting of the Polio Oversight Board (POB)

6 June 2022 | 6:00 – 8:00 PST/ 9:00 – 11:00 EST/ 15:00 – 17:00 CET

Meeting Minutes

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

Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
All POB members requested to attend the October GPEI pledging event in person to recognize donor commitment and demonstrate leadership towards achieving a polio free world	POB Members	October 18
POB “surge support” requested for securing financial commitments with the investment case	POB members	ongoing
POB members requested to encourage outbreak countries to provide domestic resources	POB members	ongoing
POB members requested to leverage their role as Polio Gender Champions for RM efforts	POB members	ongoing

Opening Remarks

The POB Chair extended a warm welcome to all participants and noted the meeting will focus on the mid-year program review to discuss progress against GPEI’s strategic objectives.

Mid-Year Program Review

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

- Following a period of no cases for 15 months in Pakistan, there has been an outbreak of wild poliovirus in the North Waziristan District of Khyber Pakhtunkhwa province, with 8 cases reported in the past six weeks. There are a series of challenges across Southern KP, including significant inaccessibility and security issues, operational challenges, and low community engagement.
- Following the political transition in Pakistan, it has been encouraging to see the high level of political engagement and commitment continue, with the new Prime Minister, Shehbaz Sharif, convening National Task Force meetings and voicing strong messages of support during the

recent POB Chair visit to Pakistan. A key challenge will be the dynamics around the next election and its impact to the program.

- In Afghanistan, the key issue continues to be increasing the proportion of children reached through house-to-house campaigns. Through intensive efforts by the local country team, there has been steady progress with 75% of all children in Afghanistan being reached through the house-to-house modality in May. However, the three provinces that are still using the mosque-to-mosque approach have the greatest proportion of zero dose children, who have remained largely inaccessible to the program since 2018. It is important to continue engagement with political leadership in these provinces to unlock access.
- Two wild poliovirus cases have been detected, one in Malawi and one in Mozambique, and there have been significant challenges in the quality of the response. However, discussions at the World Health Assembly with the health ministers from the region were encouraging regarding improving coverage and operations. Additionally, it is critical that the program has sensitive and comprehensive surveillance coverage, and the quality of surveillance has been reviewed against the Global Surveillance Action Plan, with improvements identified. The program is also looking at practical ways to support the strengthening of essential immunizations in the areas it is needed most.

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

- There have been approximately 130 cases of cVDPVs to date in 2022. DRC and Yemen account for close to 80% of the total number of cases. The main challenges have been timeliness and quality of response. In Northern Yemen, the authorities have not allowed any form of campaigns to take place and there is a large outbreak across all provinces at this point in time. The program continues to explore all options for advocacy in country, as well as additional advocacy efforts through neighboring countries, as the outbreak will continue to spread further if not addressed at the source.
- There is sufficient type 2 vaccine supply to address outbreak response for the remainder of 2022 and into 2023, however there will not be enough nOPV2 supply to address outbreaks in a timely way. The program will work to explore a mix of use with other type 2 vaccines, particularly in Nigeria.
- The program currently has a funding shortfall against the 2022 budget of \$932M. The Strategy Committee has focused on efficiencies and reallocated resources away from priority two activities to fund expanded outbreak response, however this is still short of the funding required to fully implement the response going forward. Front loaded investment is needed to ensure critical program activities can move forward. The opportunity cost of the underfunded program is that GPEI has not funded any preventative bOPV campaigns this year.

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

- Chris Elias welcomed the WHO and UNICEF Regional Directors to the meeting, noting that he worked with the RDs to convene productive meetings with the ministers from the cVDPV affected countries at the World Health Assembly. He also noted his recent visit to Pakistan to meet with the new government, his third visit in the past year with the WHO and UNICEF Regional Directors, Dr. Al-Mandhari and Mr. Laryea-Adjei.
- Ahmed Al-Mandhari (WHO) noted that the increased number of house-to-house campaigns in Afghanistan is a strong step towards eradication, reaching more children than the program has

reached in many years. He expressed that Afghanistan and Pakistan have increased coordination around surveillance and vaccination across the borders, and Afghanistan is starting an external surveillance review to ensure the program is moving in the right direction. Regarding outbreaks, he noted Northern Yemen is the primary concern in the region, and the focus is on engagement and advocacy with key players in the country to gain access.

- George Laryea-Adjei highlighted the timeliness of the visit to Pakistan with the change in government, noting it as an opportunity to provide assurance of GPEI's support for the country. He stressed that the fight is not over, and it is important the program remains a top priority for the government. The issue of security is paramount, and continued engagement with the government on this issue is critical. He recently visited Afghanistan and expressed that while house-to-house coverage has increased, it may be plateauing due to the security challenges. It will be important to continue advocating for house-to-house campaigns, while also focusing on improving the quality of the campaigns, deepening microplanning efforts and strengthening supervision of the frontline health workers. Support for community engagement will also be critical to reach more children.
- Mike McGovern noted the delayed response to cVDPV outbreaks in some countries is deeply concerning and called for more urgency and advocacy in these countries.
- Stephen Sosler (Gavi) recognized the efforts the in-country and regional teams are making to advance the work in Afghanistan under extremely challenging circumstances. He recognized efforts to coordinate polio vaccination with humanitarian activities and underscored the importance of understanding the scope of activities that will be included, as this will have an impact on staff time as well as financing. He emphasized the need to maintain gains in house-to-house campaigns, while also optimizing site-to-site vaccinations which would benefit not only the immediate polio SIAs, but also the integrated activities the program is working to progress. In Pakistan, he noted Gavi is open to collaboration in areas where there is extremely low routine immunization coverage, particularly around supporting community engagement. Regarding the outbreaks in Africa, he highlighted that teams are stretched with multiple competing priorities, and a deeper understanding of the performance issues will be critical. He also expressed hope that as outbreak campaigns move forward, there would be an opportunity to do more integrated activities.
 - Hamid Jafari (WHO) responded that the GPEI Hub is convening a meeting of all the humanitarian actors in Afghanistan later in June to plan an integrated approach to reaching populations in hard-to-reach areas and build more integration with humanitarian activities. He also noted that there is focus on the quality of site-to-site campaigns to maximize coverage, with the fixed sites brought as close as possible to the communities and intensive social mobilization efforts. Lastly, he underscored the need to speed up the pace of routine immunization work as this typically does not move at the pace of change that is needed.
- Peter MacDougall noted that donors continue to have concerns regarding the poor quality of various campaigns, surveillance gaps, delayed response to outbreaks, and lack of political will, and asked for a more detailed sense of concrete next steps at future POB meetings. He committed donors to do more to advocate in their ministerial engagement.

- Joseph Cabore (WHO) commented that as a partnership, GPEI needs to continue to make every effort to support ministers to improve campaign quality, citing the positive meeting that was held on the sidelines of the World Health Assembly with the Ministers of Health of the five countries responding to the WPV1 case in Malawi. He noted WHO AFRO will work with partners to ensure that the actions outlined in Geneva are implemented. He underscored that the same attention needs to be given to cVDPVs as WPV1 and requested that AFRO countries remain a top priority for nOPV2.
- Omar Abdi (UNICEF) stated the need to examine GPEI's communication strategy for cVDPVs in order to elevate attention to the level of wild poliovirus. He also noted that UNICEF ED Russell will visit Yemen this summer and can advocate for access.
- Rochelle Walensky underscored the importance of focusing on containing the cases in North Waziristan to that region so there is not spread into the traditional reservoirs.
- Chris Elias noted the regional offices and the countries are playing a very important role in both exposing the program's vulnerabilities and mobilizing the response in this last phase of polio eradication. He thanked the Regional Directors for joining him on the visit to Pakistan, noting he was encouraged by the political commitment of the new government. He flagged that the biggest vulnerability is another political transition if there is a call for early elections and noted he and the RDs agreed to visit again if this occurs.

Polio Transition

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

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

- WHO is providing technical support to over 50 countries that have transitioned out of GPEI support and has calibrated human resources and activities to bolster health systems and protect polio gains. WHO has also focused on new opportunities for integration which are attuned to the country needs.
- In regard to the 2022 - 2023 biennial program budget, 63% of the WHO base budget for transition is now fully funded. At the last meeting of the World Health Assembly, member states agreed to gradually increase country contributions which gives greater confidence for future sustainability.
- The mid-term evaluation of the Strategic Action Plan on Polio Transition recently concluded, with key recommendations calling for closer engagement with GPEI. This is a useful opportunity to clarify roles and responsibilities, particularly in areas of transition that need dedicated GPEI engagement and support.

The following update was presented to the POB:

- Surveillance declined due to the COVID-19 pandemic but has begun to bounce back. WHO and GPEI will continue to monitor surveillance in all countries, in line with the Global Polio Surveillance Action Plan. In the past six months, WHO has continued to build the capacity of integrated public health teams, as well as worked to align surveillance efforts within WHO and across partners. Additionally, human resource capacity has been sustained in all countries, with a ramp-up of capacity in high-risk areas (e.g., Nigeria), and a strategic communications framework has been finalized to align messaging on eradication and transition.

- The WHO Director-General approved a twelve-month polio transition funding guarantee, which was distributed to all regions at the end of 2021. This marks the first time that WHO has earmarked flexible funds for a specific area, underscoring the commitment of WHO to transition.
- Despite significant challenges, the mid-term evaluation of the Strategic Action Plan showed that progress has been made towards transition goals, and there is ownership and leadership at both the country and regional level. The evaluation also noted more ownership is needed by GPEI and concluded that the goal of fully transitioning twenty priority countries by 2023 is not feasible. Key recommendations from the mid-term evaluation include formalizing collaboration with GPEI and UNICEF to clarify roles and responsibilities, accelerating integration to support maintaining a polio-free world, clarifying the role of the TIMB and governance relationships with the IMB, and ensuring coordinated resource mobilization.

Requests of the POB:

- POB requested to provide guidance on the mid-term evaluation report and its recommendations, particularly the following questions:
 - Moving forward, what should be the role of GPEI in transition?
 - How can the POB better support transition efforts to ensure that core capacities are sustained and strengthened, where they are most needed?

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

- Chris Elias noted the importance of close coordination between the GPEI and WHO on transition in order to better adapt planning and implementation to changing program needs. On resource mobilization, he highlighted the need to mobilize resources for the GPEI strategic plan and at the same time, advocate for more sustainable financing for the WHO. It will also be critical to focus on a country-by-country analysis to understand how national budgets can sustainably finance what will ultimately be an important set of assets from surveillance to outbreak response. Lastly, he noted GPEI should lead on defining the essential functions through the post-certification strategy but encouraged the Deputy Director-General and the WHO transition team to be part of the core working group that develops the strategy and implementation plans jointly with the GPEI.
- Mike McGovern applauded the efforts to increase collaboration and communication on transition, but cautioned against moving to a more bureaucratic response, noting that it works well to have a lead agency on this particular issue.
- Stephen Sosler (Gavi) underscored the need for accelerating integration as an integral part of successful transition and noted the importance of the GPEI leadership focusing on shaping integration to push forward our goals.
- Peter MacDougall shared that donors continue to support transitioning countries out of GPEI with careful management to avoid backsliding, while still ensuring resources are in place from national health authorities. He noted the mid-term evaluation shows there is still some fragmentation in roles and responsibilities around transition, and encouraged GPEI, WHO and UNICEF to continue to review governance for accountability and clarity.

- Rochelle Walensky highlighted the need to both support the transition process, but also take into account the need for a mobilization of response if circumstances change.

Resource Mobilization & Advocacy

Presenters: Sona Bari (WHO), Ikuko Yamaguchi (UNICEF)

The following update was presented to the POB:

- The current multi-year budget (MYB) requirement is USD \$4.8 billion. The current pledges for the period 2022 – 2026 are \$800 million, and the current estimated gap against the MYB is \$4 billion. The Resource Mobilization Group’s preliminary funding projections for this period amount to a low scenario of \$2.4 billion and a high of \$3.5 billion. While the RMG continues to rigorously pursue new funding, there is a call to donors to honor their pledges in full and operationalize funding at the earliest possible time to ensure that not only are 2022 and 2023 fully funded, but the majority of the MYB is secured by the middle of the period. Flexible funding is critical for the program to allocate resources to the highest priority activities in a timely manner.
- Germany will host the GPEI’s pledging event in Berlin during the World Health Summit in October. The RMG asks that all POB members attend the pledging event in person to recognize donor commitment and demonstrate leadership towards achieving a polio free world.
- Key risks to GPEI resource mobilization outcomes include a highly constrained global public health financing landscape, ODA cuts, and the impact of the current geopolitical environment. The program also faces operational cash shortages as not all donor budget cycles are aligned with the timing of the pledging moment. Resource mobilization efforts are challenged by the perceptions that GPEI is a very vertical health initiative, as well as that GPEI is already well funded. The RMG has identified a series of momentum building opportunities leading up to the pledging event in October to engage donors in various global health platforms and secure political and financial commitments. The support of the POB members is appreciated to highlight the broader benefit of polio efforts to pandemic preparedness and broader systems strengthening in any relevant global health forum.

Requests of the POB:

- POB “surge support” requested for securing financial commitment with the investment case, including:
 - Direct advocacy with donors for polio eradication using your outreach and upcoming visits.
 - Supporting innovative financing mechanisms.
 - Communicating internally that polio eradication is an institutional priority.
 - Requesting focus on zero-dose geographies in donor meetings on immunization, pandemic preparedness, etc.
- POB members encourage outbreak countries to provide domestic resources.
- POB members leverage their role as Polio Gender Champions for RM efforts.
- POB members attend the in-person GPEI pledging moment.

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

- Chris Elias expressed thanks to Germany for agreeing to host the pledging moment in Berlin in October, noting the next in-person POB meeting will be held during that event. He highlighted the important role that donors can play as advocates to ensure this last stage of the polio eradication program is adequately resourced.
- Mike McGovern noted that Rotary is continuing to work with the U.S. government and others to encourage donations and underscored the importance of the sovereign donors continuing to come forward, as well as the alternate financing mechanism.
- Dr. Tedros acknowledged the serious challenges of the current funding environment and noted the time between now and the World Health Summit will be very critical for resource mobilization advocacy so efforts should start now.
- Stephen Sosler stated the importance of doing as much as possible to address resource mobilization challenges leading up to the pledging event, as well as optimize what is happening strategically and programmatically on the ground. To address the program perception challenges identified, it will be critical to improve communications on what GPEI is already doing to embrace integration and align with other global health priorities.
- Joseph Cabore (WHO) agreed with the need to better document and communicate what the program is already doing in terms of integration, and polio infrastructure's contributions to pandemic response and preparedness and other disease areas.

IMB Recommendations

Sir Liam Donaldson: IMB Chair

The following statements were presented to the POB:

- The polio program will need to be better positioned both technically and geopolitically in order to achieve eradication.
- The challenges in Pakistan include the loss of political continuity, both at the national and provincial level, blind spots in surveillance in KP, security issues, the low proportion of female vaccinators in KP, issues with fake finger marking, and community support. The IMB has identified five areas for eradication that need improvement: technical excellence in program planning and delivery; supportive communities; better levels of essential immunization coverage; capability to get to hard-to-reach populations; and sanitary environments.
- In Afghanistan, the IMB recommends that the GPEI moves out of negotiation mode with the new government and uses points of leverage along with the international community to secure a commitment to house-to-house campaigns.
- There is work to be done to restore the polio program to eradication standards in Nigeria and stop the cVDPV outbreak there. Urgency is needed to rebuild capacity and capability, and high-level engagement is needed from the GPEI leadership to maintain full political attention in the context of the upcoming elections.
- Due to political tensions, competing priorities, ineffective governance, conflict, and the ongoing struggle with COVID-19, many outbreaks are not being treated as a public health emergency. The IMB recommends that leadership focus on instilling a collective emergency culture and a garnering a commitment on the part of country governments to accept expert guidance on vaccine choice and deployment.

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

- Chris Elias agreed the importance of political leadership and continuity, noting he has prioritized four visits to Pakistan as POB Chair to ensure continued political commitment, both at the national and provincial level. He also stated that negotiations with the de facto government of Afghanistan are very complex and asked the UNICEF Regional Director to comment on recent progress.
 - Mr. Laryea-Adjei (UNICEF) noted one of the complexities is there is not one homogenized group, but many different players, and the GPEI partners have adapted to work closely at the province, district, and community levels on access. Dialogue continues in the broader international community and while gains have been made for polio, it will be important to also focus on improving campaign quality and increasing integration efforts.
- Peter MacDougall expressed that donors agree with the IMB recommendations and expect the GPEI to make every effort to implement and report on progress. He also noted that the IMB has provided value in tackling political and structural issues, and with the IMB moving to an annual reporting cycle there is an increasing role for the POB to focus on these root causes.
- Dr. Tedros thanked the IMB for their consistency and candor. On access negotiations in Afghanistan, he noted the need for engagement with the European Union and U.S. to show joint leadership, not only on polio but on other issues as well.

Closing Remarks

The Chair thanked the attendees for their time and partnership. He noted the next POB meeting will take place on 12 September, focused on the approval of the 2023 GPEI budget and resource mobilization leading up to the pledging event in October. The Q4 POB meeting will be in-person, held around the pledging event in Berlin in October. The meeting was followed by a 30-minute closed executive session.