

Meeting of the Polio Oversight Board (POB)—Teleconference

6 September 2019 | 16h00-18h00 GVA time

Meeting Summary

The Polio Oversight Board held its third meeting of the year by teleconference to discuss the status of polio eradication efforts and preparations for the upcoming GPEI pledging moment in Abu Dhabi on November 19th, 2019.

1. **Key Challenges/Risks to Polio Programme**

Michel Zaffran gave POB members an update on the status of global polio eradication, which is of great concern.

- In Afghanistan, the lack of access due to the Taliban’s ban on house to house vaccination and more recently on all WHO/ICRC activities is leading to a large, vulnerable cohort of unvaccinated children. Even in the areas where vaccination activities are ongoing, the inability of the programme to have outside experts participate, in both training and supervision, as well as conducting post campaign monitoring, is leading to declines in campaign quality. The upcoming leadership transitions at all levels—from national elections to turnover in WHO and UNICEF staff—is both a potential risk and opportunity.
- In Pakistan, the program is on, what the recent Technical Advisory Group meeting called a “failing trajectory”. Issues such as community resentment and mistrust, combined with sub-optimal SIA quality in certain areas is resulting in sizeable pockets of unimmunized children. This is leading to ongoing widespread virus circulation and a substantial increase in the number of polio cases (58 as of August 31st, compared to 12 reported in all of 2018). The program needs to be transformed, with national unity and all-party consensus at all levels to be effective. On an encouraging note, high levels of national commitment are now seen in Pakistan—what remains to be seen is if this commitment will translate to all levels and action.
- Nigeria has made remarkable strides against the wild poliovirus, with the last case seen over three years ago—meaning that the entire continent has likely been Wild Poliovirus (WPV) type 3 free since September 2016. However, the Circulating Vaccine Derived Polio Virus (cVDPV) situation is extremely worrying. There appears to be a lack of political support and slow and poor-quality responses, exacerbated by a reluctance, in some countries, to declare an emergency and limited availability/access of trained experts to deploy rapidly. The budget reduction in the country is a real risk, given the increase in outbreaks and lack of ability to rapidly control them. The announcement of the certification of WPV3 eradication will need to be carefully communicated taking into account cVDPV outbreaks .
- The world is facing more cVDPV2s than our modeling predicted at the time of the switch. Three years after the global withdrawal of Oral Poliovirus type 2 from National immunization programmes, the population mucosal immunity against type 2 poliovirus has waned dramatically. While monovalent OPV type 2 (mOPV2) is the only tool currently

available to stop these outbreaks, the programme is now facing two challenges: i) the stockpile is being depleted and ii) the use of mOPV2 is seeding new VDPV2 outbreaks. A new vaccine that is less likely to revert to neurovirulence and cause outbreaks, the novel OPV (nOPV), is showing great promise in clinical trials and its use will be expedited under WHO's Emergency Use License (EUL), but time will be needed to scale up production to phase out the use of mOPV2 altogether. Financing is a big challenge, as funds are not available currently. With the number of outbreaks higher than expected, funds are being pulled from preventative SIAs, which of course raises other risks. (GPEI lacks flexible funding). To ensure the responses being conducted are as effective as possible, new guidelines are being put into action to ensure rapid access to technical expertise as well as local financing

The POB was requested to consider undertaking the following actions:

For Pakistan:

- Meet with the PM as soon as possible to ensure highest level support for polio eradication. A POB mission is planned in December 2019.
- Agreement for a detailed and tailored advocacy plan to be developed for each POB member.
- Identify top caliber team leads (WHO and UNICEF)
- Each partner agency to review its team structure, and ensure the best people are assigned to the critical and high-risk and often most difficult areas
- Support the implementation of recommendations coming from the district management and communications reviews
- Assure national and provincial governments that we are listening to them and taking steps within the programme to make necessary changes and improvements.
 - Identify funds outside of GPEI sources that could be used to support provision of basic service package to deprived communities.

For Afghanistan:

- Support continued discussions with Taliban leadership at Doha level (appropriate representation from GPEI) and at local level.
- Advocacy with government to maintain neutrality with regards to polio as any rash decision from government may have adverse impacts.
- Funding for expanded immunization programmes in high risk areas.
- Advocacy with current and incoming government to ensure focus on polio and functioning of EOC/partnership under a one-team approach.
- Commitment to undertake internal management or fit for purpose reviews with country teams.

For Nigeria:

- Advocacy with Nigerian Government to increase and sustain domestic programme funding.

On outbreaks:

- Help urgently mobilize needed funding for outbreak response and stockpile
- High level support for the development of a novel OPV2 vaccine
 - Funding for development and production
 - Expedited review for Emergency Use License

- Continued advocacy with countries to rapidly declare national emergencies for any new cVDPV2 detections

The chair opened the floor for discussion, and the following key points were made:

- Henrietta Fore (POB member, Executive Director, UNICEF) highlighted that UNICEF is focused on ensuring polio will be managed as a level 3 emergency in the endemic and outbreak countries, and all the administration and HR related issues will be handled using fast track procedures. Getting the best people in the field is a top priority for UNICEF. She noted with concern the cVDPV2 situation and requested that GPEI review its communications regarding cVDPV2s as a matter of urgency. She further noted that GPEI should develop an updated set of talking points for POB members to use at UNGA on the current cVDPV2 situation, and what is being done to address it. She shared with the POB that the integration of polio with other basic services is really starting to take off and is no longer just a dream. She suggested it would be good to systematically collect examples of how this is being implemented in the field to share with partners and donors who want to see the GPEI is working in new, integrated ways.
- Chris Elias (POB member, President of Global Health, BMGF) noted that the presentation highlighted a broad set of very concerning problems. He reiterated his commitment and that of his fellow POB members to support the program and requested that GPEI develop the advocacy plans for each POB member rapidly. He noted that one of the lessons learned from Nigeria is the importance of having ‘the best hands in the worst places’, which must of course be balanced with the need to rotate staff from hardship posts, and thanked Ms Fore and Dr Tedros for their commitments to do this as a matter of urgency. Dr Elias agreed with Ms Fore that integrating polio activities into the provision of basic health and social needs was getting more traction and should be funded from non-GPEI funds. In this regard, he noted that BMGF is exploring how their support to EHSAAAS’, Pakistan’s new health insurance card for the poor, can also support polio eradication efforts. Looking at Afghanistan, he suggested GPEI needed to fundamentally rethink how to obtain access in Afghanistan. Dr Elias agreed that if GPEI is not able to vaccinate across the country, Afghanistan will no doubt see the same type of spike in cases next year that Pakistan is seeing this year. He suggested GPEI consider bringing together a group of experts from outside of health to help rethink the current approach. In Nigeria, while the interruption of WPV progress is very encouraging, the cVDPV situation is very concerning—Bill will raise this during his meeting with the President during UNGA. Dr Elias noted that the models we relied on when planning for the switch have proved off track in predicting the future—we are seeing an increasing rather than a decreasing number of outbreaks. BMGF is therefore moving ahead with supporting the manufacturing the novel OPV type 2 (nOPV2), through Biofarma, and creating a stockpile—the goal being to have 100m doses available by Q2/2020. He emphasized that for nOPV to be rolled out quickly, WHO will need to ensure the EUL process, which was developed for Ebola vaccines in 2014 but has never been used, is ready and that there is a review of data as soon as they are received.
- Robert Redfield (POB member, Director, CDC) noted his concern about the current polio situation and the challenges the program is facing in Pakistan. He emphasized the need for GPEI to be careful of its messaging—while we are indeed facing challenges in eradication, we need to communicate also the strategies we are deploying to tackle these challenges. It is critical that GPEI develop common language and terminology of the great concern that exists that the POB can use to communicate their concern and actions given where

- polio eradication is today. He highlighted the need to get all hands-on deck in Pakistan and be open to an aggressive response. He noted his concern about the current VDPV situation and encouraged GPEI to discuss all possible strategies—while one strategy is to wait for the new vaccine, another is to look at whether there are other things we should be doing now.
- Seth Berkley (POB member, CEO, Gavi) asked GPEI to provide further details on plan B if nOPV doesn't work or is delayed. We all know that scaling up vaccine production is a challenge and not without risks of delays. He agreed with Dr Elias that WHO needs to ensure EUL is ready to be rolled out without any problems. He expressed his concern that he felt the POB needed to really discuss, as a Board, what needs to be done to turn things around and get eradication back on track. He also noted his concern that the current investment case is based on a strategy that assumed the last case of WPV would be in 2020, which is now no longer a feasible assumption. He expressed that he thought donors would be expecting GPEI to be rethinking its approach in light of this and coming up with new ideas, and that the POB, as highest-level body, should ensure that happens. This means rethinking strategies, not just towing the line that getting access will solve all our problems. Dr Berkley requested that the management report done by McKinsey be circulated to the POB as a critical input to this rethink and prior to any POB visits to the field.
 - Mike McGovern (POB member, Rotary) noted that Rotarians expect us to be honest with them about the situation. Rotary is concerned the program is not being treated as an emergency, and that the necessary urgency is lacking in dealing with key issues, despite the PHEIC having been in place for 5 years. Mr McGovern highlighted the personnel problems in Pakistan and vaccination ban in Afghanistan as two key issues that should be the top priority, but don't appear to be treated that way. The POB should be holding management and national counterparts to account, and critically reviewing strategies. He recognized and thanked everyone for their hard work and noted that while there have indeed been some disappointments, we will work together to get this done.
 - Michel Zaffran (Strategy Committee Chair and Director, Polio, WHO) responded to POB members, and agreed that this is a very critical time for the program regarding both WPV and cVDPV. Raising the level of emergency amongst everyone—from GPEI agencies to national governments—is critical to turning this around. Without that, we will not succeed. He noted that while the new strategy may not be perfect, it does bring new approaches to the table—such as the new focus on integration and basic services provision, which are starting to make a difference already in Afghanistan and Pakistan, even though we lack funding to fully implement them. Despite new commitment to these approaches, which hasn't been seen before, the collaboration with Gavi will be critical in this regard. He expressed his support for ensuring a rapid granting of an EUL to nOPV2 and noted that the EUL has been modified and simplified since the 2014 Ebola outbreak and that meetings have already been held with the Essential Medicine program which oversees the EUL, to ensure they are ready for the submission. He updated the POB that studies to date have confirmed that nOPV won't seed outbreaks the way mOPV does, and that studies are ongoing to ensure it will provide sufficient mucosal immunity. In terms of a plan B, he noted that unfortunately OPV is needed to stop outbreaks—so the only back up to nOPV is mOPV2, combined with the ongoing efforts to improve campaign quality and vaccine management. He noted that there is sufficient mOPV2 bulk, and that GPEI is exploring solutions to have it filled into vials. If outbreaks cannot be controlled with mOPV2, and nOPV does not materialize or provide the necessary immunity, the only option is to reintroduce tOPV into routine immunization, upon the decision of member states—he noted that GPEI does not feel that this is the best course of action at this point, given the current epidemiology.

- Hamid Jafari (WHO/EMRO Director, Polio) updated the POB, at the request of the Chair on the recent National Task Force meeting he attended in Pakistan, which was chaired by PM Kahn, and included attendance from senior army officials, as well as provincial representatives. He noted that the PM was very engaged throughout the meeting and gave very clear directions at the end: to de-politicize polio, to work closely with the poverty reduction program, and re-iterated that the full support of both his own office and the army are needed to eradicate polio. Part of his interest in rapidly eradicating polio in the country is that he sees it as an economic threat to the country's development. The PM's engagement during the meeting led to a follow up meeting with senior officials, who also offered his support to address the challenges brought to his attention by the polio program—i.e. access for staff, full engagement of assets to support the program in the most difficult polio reservoirs. Dr Jafari updated the POB on the encouraging trend he is seeing, with leadership engaging across the program more concretely, and to undertake the necessary actions. However, he cautioned the POB that this re-set of the program will take some time. In Pakistan, the main reservoirs of polio have never been successfully shut down. The main transformative actions will need to take place first in these reservoirs to be successful. He emphasized the need to work with urgency, and the commitment of both WHO and the Government to getting the right people in place to move forward. The management changes, which will be informed by the McKinsey review, will need to be handled carefully. Community trust will need to be rebuilt—this won't happen overnight. Even basic service integration needs to be handled very carefully, so it doesn't become a bargaining chip but creates the right environment to support the program.
- Chris Maher (Advisor to WHO Director-General) updated the POB on recent discussions on access held in Qatar.
- Dr Tedros (POB member, Director General, WHO and POB Chair) noted that the public health response can only succeed if the other issues in the country are addressed, like access and security. He committed to continue to engage the Taliban and update the POB. He encouraged the POB and GPEI to explore all options—from influencers to direct advocacy—to see how access can be regained. However, he noted that, for the time being, children are being lost to vaccination. He highlighted the importance of all POB members meeting in-person in December and noted that the ministers from both Pakistan and Afghanistan will be invited to join. He added his concerns to those of other POB members on the mOPV2 situation, noting that as Director-General of WHO he is the one who must authorize the release of any mOPV2 from the global stockpile, and he is having to do this almost daily. Dr Tedros committed to discussing with Indian authorities the possibility of filling more mOPV2 there and reiterated that he will be following up to ensure everything is in place for the nOPV EUL submission. He called on GPEI to do everything possible to prevent a further deterioration of the situation but agreed with Dr Berkley that there does need to be a back up plan, in the unlikely event anything happens. He noted that POB members, given the current emergency facing eradication, must commit to doing everything they can to ensure national ownership is strong—from meetings at UNGA, to the Abu Dhabi discussions to the planned high-level visit to the countries themselves.

The following action items are noted:

- **ACTION:** The POB endorsed the requested asks, and requested the POB secretariat to follow up and ensure their implementation

- **ACTION:** GPEI review its communications regarding cVDPV2s and WPVs as a matter of urgency and of talking points for POB members to use at UNGA that provide both an overview of the current situation, and what is being done to address it.
- **ACTION:** GPEI to systematically document and share examples of how polio and basic needs are working for mutual benefit in the field
- **ACTION:** GPEI to consider a re-set of access negotiations, including bringing together a group of experts from outside of health to help rethink the current approach.
- **ACTION:** WHO to ensure that the EUL is ready to be rolled out by January 2020, when the nOPV submission is expected
- **ACTION:** GPEI Strategy Committee to develop a back-up plan in case of worsening WPV and cVDPV2 situation.
- **ACTION:** The POB Secretariat to share the McKinsey management report with POB members once it is finalized, anticipated to be by end of September.
- **ACTION:** PACT to coordinate POB member schedules for UNGA to seize/maximize opportunities.
- **ACTION:** ED Fore to continue with scheduling a meeting between the POB and PM Khan at UNGA
- **ACTION:** Dr Tedros to call the Minister of Health in India to explore feasibility of filling mOPV2 in-country

2. Preparing for the 2019 GPEI Pledging Event in Abu Dhabi

Andre Doren gave POB members an update on the plans for the GPEI pledging event in Abu Dhabi, and the current resource mobilization projections.

- On November 19th GPEI will hold its pledging moment, as part of Reaching the Last Mile event hosted by the Crown Prince’s court in Abu Dhabi. Preparations for the event are currently underway and the GPEI Investment Case to support the 2019-2023 strategy has been released. The pledging event will be a balancing act for GPEI—it will be critical that the programme acknowledge challenges and how they will be addressed, but also message successes. Goal is to ensure the program has the necessary resources for 2020 and beyond.
- The GPEI pledging moment is not a replenishment- GPEI resource mobilization builds on securing multi-annual pledges, complemented by donors who contribute annually—i.e. US, on an annual Congressional process. However, timing is a challenge given national politics—i.e., elections in Canada. At this point in time, we do not expect to mobilize the full \$3.27B in November. Work will need to continue after Abu Dhabi to secure additional pledges and commitments.
- Right now, our forecasting brings us to about 69% of GPEI’s needs for 2019-2023, however for some donors it is too early to project potential contributions and negotiations are still underway with other donors. Some potential contributions are therefore still in progress and/or being negotiated or explored and are thus not included. For context, for the 2013-2018 strategy, 72% of the necessary funding was confirmed by the vaccine summit, where a pledging event occurred. Over time, that gap was closed.
- The current context is challenging with many other global health initiatives mobilizing resources right now--- we currently have several health funding asks in progress. Seth has just launched the compelling Gavi Investment case at TICAD, including \$800 million for IPV, and the Global Fund replenishment is coming soon, and we are facing a gap for the Ebola response. GPEI has

dedicated, committed donors, and POB support will be critical to mobilize them to fund the strategy through high level advocacy that is open and transparent about the current situation.

- POB member support for event through participation as well as in the lead up will be critical.

The POB was then requested to consider undertaking the following actions:

- Include messaging about the Abu Dhabi pledging moment in interactions with donors during appropriate non-polio meetings, events and opportunities such as the UNGA
- Reinforce the need for donors to contribute as early as possible in the 2019-2023 cycle given tight cash gap projections in 2020
- Recognize and thank donors, and use the social media tools in the run up to the pledging moment to maintain momentum beforehand
- Engage in targeted resource mobilization efforts with key donors such as Germany, Norway, Australia, and Japan in the coming months to maintain, and ideally increase, financial support to GPEI

The chair then opened the floor for discussion, and the following key points were made:

- Henrietta Fore noted that this event will occur at the same time as the anniversary of the Rights of the Child and it would be great for the two to link up, given the strong link between eradicating polio and ensuring the rights of all children are protected.
- Chris Elias reiterated BMGF’s commitment to working with the team to make this event a success. He highlighted that this event is extremely important, and the PACT must work with all GPEI partners and donors to ensure they send high level representation to Abu Dhabi, even if they aren’t able to pledge then. He called on the PACT to let the POB know how they could help through donor specific outreach and advocacy. He also noted the role of country level efforts to mobilize these pledges, e.g., through Rotary clubs and UNICEF national committees, should not be underestimated. Committed to working with PACT on donor by donor strategy. He closed by noting he will keep updating the Finance and Accountability Committee (FAC) on this event in his capacity as Chair, as the FAC includes GPEI’s major donors.
- Mike McGovern confirmed that Rotary remains committed to supporting efforts to mobilize these pledges in any way they can be of help.
- Dr Tedros agreed and emphasized the importance of staying in regular contact with existing donors, but also to look outside our current ‘family’ for new donors who have not been engaged before.

The following action items are noted:

- **ACTION:** The POB endorsed the requested asks and requested the POB secretariat to follow up and ensure their implementation.
- **ACTION:** Updates on funds secured to be provided to the POB monthly leading up to Abu Dhabi.

- **ACTION:** UNICEF to send Andre Doren specific request on how to link up the pledging moment with the Rights of the Child event.

3. **Planned POB visit to Pakistan and Afghanistan**

Dr Tedros updated the POB that in follow up to the previous POB meeting discussions, a visit to Pakistan and Afghanistan by POB members is being planned for December. Participation of Dr Tedros, Chris Elias, Mike McGovern is confirmed.

POB members made the following comments:

- a. Henrietta Fore re-iterated her commitment to doing everything possible to join and will follow up to see what is possible. She agreed that the polio situation in these countries is very difficult and this visit is highly needed.
- b. Seth Berkley noted the dates are a challenge for his schedule, but he will try to shift things around, so he can join. He noted that he had invited the POB to combine a visit with the high-level Alliance visit planed for the Typhoid vaccine launch in November however this was not feasible for other POB members, noting as well the planned pledging moment in Abu Dhabi that month.
- c. Dr Tedros agreed and noted that it would be highly beneficial to all if typhoid vaccine launch could occur during the POB visit and hoped that would be possible.

The following action items are noted:

- **ACTION:** Henrietta Fore, Robert Redfield and Seth Berkley to confirm if they can join the POB visit to Afghanistan and Pakistan by mid-October.
- **ACTION:** Gavi to update POB secretariat on feasibility of holding Typhoid vaccine launch in Pakistan in December 2019 during the POB visit by mid-October.

4. **2020 POB Meetings**

Dr Tedros thanked POB members for their commitment to polio and prioritizing participation in the POB meetings to date this year, given their busy schedules. He proposed that the same cadence be continued in 2020—i.e., a POB meeting every quarter, two by phone and two in-person.

The following action item is noted:

- **ACTION:** POB secretariat to schedule POB call for Q1/2020 by end of November.

The Chair closed the meeting, and noted he looked forward to seeing many of the POB members at UNGA in the coming weeks, and at the upcoming POB in-person meeting in November.