

Meeting of the Polio Oversight Board

Global Polio Eradication Initiative
12 December 2014 | 8:30 am – 3:30 pm | Geneva, Switzerland
Meeting Minutes

1) INTRODUCTIONS AND OPENING STATEMENT

Dr. Margaret Chan welcomed POB members, major donors, participants and observers to the meeting. The Chair (Dr. Chris Elias) noted major progress toward polio eradication in the past year:

- It has been four months since the last case of WPV was reported on the African continent.
- We can be tentatively optimistic in Nigeria but need to continue at the same pace and intensity especially with the upcoming presidential campaign:
 - Nigeria reported its last case of WPV 4.5 months ago, without a single case reported during what is traditionally the high-transmission season.
 - LQAs results and coverage rates are well above levels necessary for polio eradication in all Nigerian states except Borno, and surveillance indicators suggest we have strong AFP surveillance reporting from all states.
 - The virus is showing signs of weakening in Nigeria, with only one genetic wild strain remaining. Modeling suggests that the recent IPV campaign in Kano should have provided the final step across the threshold to stopping transmission of WPV in Kano.
- Pakistan and Afghanistan have begun to show higher levels of political interest and engagement than seen in recent years.
- Two years have passed since the last case of WPV3 was reported anywhere in the world. In one more year, we can be certain that WPV3 has been eradicated.

The program continues to face major challenges, including:

- Inability to meet the 2014 GPEI goal to stop all WPV transmission.
- Concern that partners could slip into complacency given recent success in Africa.
- Difficulty translating improved political engagement to implementation in Pakistan.

2) PPG CO-CHAIR REPORT (JOHN LANGE)

PPG co-chair Ambassador John Lange presented a summary of the 8 December PPG meeting on behalf of the PPG and co-chair Ambassador Elissa Golberg. He thanked Dr. Chan, Dr. Lake, Dr. Elias, and Dr. Seth Berkley for their participation in the PPG meeting. He expressed the need for country ownership, and political commitment at the highest levels and suggested GPEI help identify opportunities and roles that the broader donor community can play, particularly around advocacy. Active PPG participants, including non-major donors, are interested in providing this program support.

Outcomes from the PPG meeting included a renewed commitment from partners to polio eradication. The PPG meeting was characterized by a real sense of the need to remain vigilant. Ambassador Lange expressed hope that the POB will continue to take steps to improve access, ensure accountability, and increase effective program oversight in Pakistan. GPEI should focus on explaining the broader (i.e., non-polio) benefits of polio eradication in external communications, particularly in messaging to donors. Many of these messages have been articulated in the legacy planning process. Ambassador Lange stressed the need to focus on legacy planning now and reinforce the relationship between GPEI and

Gavi, noting that as GPEI succeeds, it is possible that donors will decrease their contributions and partners will decrease their staff with potentially serious implications for non-polio programs (e.g., measles). He concluded by asking the POB to provide PPG members with adequate time – preferably two weeks – to review all pre-reads prior to the PPG meetings. To guide review of these pre-reads, he asked the POB to indicate where they would most like PPG input.

The POB Chair agreed with the request of the PPG Co-Chair that the POB indicate specific areas where PPG input would be requested. For future POB meetings, the POB will clarify issues for PPG input and will continue to welcome all PPG feedback. The Chair appreciated the importance of providing adequate time for document review and will make efforts in future with providing pre-reads well in advance of the PPG meeting. The POB appreciates the interest the PPG has shown in the legacy planning process and feels that the stakeholder perspective is an essential asset.

3) DISCUSSION OF THE OCTOBER IMB REPORT (SIR LIAM DONALDSON)

Sir Liam Donaldson summarized the key recommendations and findings of the October 2014 IMB meeting (October 2014 IMB Report linked [here](#)). He noted the substantial progress made toward polio eradication in the four years that the IMB has produced reports and that the IMB is pleased to have played a part. Sir Liam cautioned against over-optimism; while Nigeria, GPEI, and partners have possibly interrupted transmission in Nigeria, they have yet to build the degree of resilience necessary to keep polio from re-establishment. The GPEI has also missed its 2014 deadline to stop transmission of WPV globally. Pakistan's nearly quadrupling its 2013 case count (74 in 2013, 276 to-date in 2014), is particularly concerning. The IMB does not fully support the program's philosophy of emphasizing progress in endemic countries over outbreak countries. IMB recommendations on Pakistan are not being effectively implemented and GPEI continues to pursue incremental, gradual change and the IMB seriously doubts that this strategy can succeed. Rather, the IMB feels strongly that transformative change is necessary and strongly recommends moving polio in Pakistan under the jurisdiction of the National Disaster Management Authority. The IMB stated that there is no cause for celebration in Nigeria yet and Pakistan continues to be a challenge.

All POB members thanked the IMB and Sir Liam for providing a critical voice and challenging the partnership. There was general agreement that although political attention in Pakistan has increased, partners questioned whether Pakistan would be able to effectively implement the low transmission season plan and acknowledged that it will be a challenge for Pakistan to interrupt transmission by the end of 2015. POB members expressed concern over how to ensure government ownership and whether a more decentralized approach, as well as a national one, would be more effective.

Sir Liam suggested the POB view efforts in Pakistan as a change management process and encouraged the GPEI to seek creative and innovative ideas, particularly ones with little cost associated, and quickly act on them.

4) CONSENT AGENDA - OBJECTIVES 1, 2 AND 4

a) OBJECTIVE 1: STOPPING POLIOVIRUS TRANSMISSION IN NIGERIA, PAKISTAN AND OUTBREAK COUNTRIES (HAMID JAFARI)

Dr. Hamid Jafari provided an update on the epidemiology of polio beginning with Africa, where only 22 cases have been reported in 2014 (in 2013, 257 cases were reported from across Africa). Nigeria

reported six cases in 2014, five of which are from Kano. LQAs results from Kano are encouraging, and Nigeria has completed its 2014 IPV campaigns in Yobe, Borno, and select LGAs in Kano, reaching three million children. One challenge to the program's success in Nigeria is a currently inaccessible pocket of 600,000 children in Borno. Another is the expansion of cVDPV2 transmission in northern Nigeria. Large-scale tOPV campaigns were implemented in August and November in an effort to stop cVDPV2 spread.

In Pakistan, most cases coincide with areas of insecurity. Communities are predominately accepting of vaccination, with 95% acceptance rates in Pashtun-speaking populations (data from the UNICEF and Harvard Opinion Research Program collaboration). Over 400,000 children under five years of age have been vaccinated at transit points following the mass exodus from North Waziristan, which stemmed from military operation. However, the timing of this exodus of under-vaccinated children coincided with high transmission season, contributing to the spread of WPV in Pakistan.

Modified considerations for POB

Pakistan

- Publicly recognize the development of a low season plan for polio eradication and the Government of Pakistan's decision to support implementation of this plan.
- Reaffirm the commitment to help staff the recently-established Emergency Operation Centers and rapidly complete the human resource surge by UNICEF and WHO in priority areas.
- Highlight the crucial role of the Pakistan Army in providing access to children and security for health workers in North and South Waziristan, Khyber agencies in FATA and high-threat areas of Khyber Pakhtunkhwa and Karachi.
- The next assessment by the Emergency Committee under the IHR is due in February. Pakistan should rigorously implement the Temporary Recommendations under the IHR to reduce the risk of international transmission.
- Since intense poliovirus transmission represents a challenge to regional health security, encourage enhanced regional support for Pakistan's polio eradication program through organizations such as the South Asian Association for Regional Cooperation (SAARC), Shanghai Cooperation Organization (SCO) and Istanbul Ministerial Process, as well as friendly countries such as Turkey and China.

Nigeria

- Recommend that Nigeria clearly delineate a vaccine choice strategy for the next 6-9 months by the end of this year, taking into consideration the current epidemiology, the national program's perspectives and the recommendations of national and international advisory bodies.
- Encourage the Federal Government of Nigeria to sustain momentum and continue oversight of the polio eradication efforts ahead of the upcoming elections.
- Emphasize to the Government that IPV introduction is at risk without a strong push that involves all the technical partners. The POB recommends a dedicated team of GPEI staff from each agency be assigned exclusive responsibility to focus on, and ensure realization of, IPV introduction.

Afghanistan

- Send a letter and initiate subsequent visits by POB partners to meet the new Afghan president with the goal of enhancing political commitment to polio eradication at the highest level.
- Agree that oversight by the President's office can significantly improve program management and access – the two major barriers in Kandahar and Helmand provinces in the southern region.
- Request that Pakistan and Afghanistan include polio eradication in their regular bilateral discussions to strengthen cross-border vaccination strategies and provide the coordination necessary to interrupt poliovirus circulation by the end of 2015.
- Support Rotary's plan to approach the First Lady with advocacy messages. She is of Lebanese origin and has strong family links with Rotarians in Lebanon.

Outbreak Countries

- Advocate with national governments for strengthened implementation and oversight of polio outbreak response efforts, prioritizing engagement with the following countries:
 - Somalia
 - In addition to advocating with the national government of Somalia, solicit strong support from the UN Secretary General's Special Representative (SGSR) for Somalia, asking the SGSR to engage with all UN and relevant humanitarian organizations to help identify and vaccinate children in remote and "hard to reach" areas, including pastoralists in Puntland and Somaliland.
 - Ethiopia
 - Cameroon
 - Equatorial Guinea
 - Syria
 - Iraq

POB decisions

Per the consent agenda, the POB has approved the considerations and approaches listed above for Nigeria, Pakistan, Afghanistan and outbreak countries.

b) OBJECTIVE 2: OPV WITHDRAWAL (OPV2 CESSATION, MICS, IPV INTRODUCTION IN INDIA) (MICHEL ZAFFRAN)

Michel Zaffran noted the extraordinary progress made in 2014 toward IPV introduction, with 96 countries committing to introduction by the end of 2015. All 73 Gavi-supported countries have applied and 18 countries have made a technical decision to introduce IPV but have yet to issue formal documentation. Challenges to introduction include a tight vaccine supply – which will persist until mid-2016 – and the difficulty non-Gavi eligible countries experience mobilizing adequate resources for timely IPV introduction. Mr. Zaffran provided an overview of requests for funding for three members of the Pan American Health Organization (PAHO) and six members of the WHO's Western Pacific Regional Office (WPRO) for POB consideration (*see Modified Considerations for POB, below*).

Five readiness criteria have been identified for the global withdrawal of the Type 2 component of tOPV. Mr. Zaffran provided an overview of these criteria and the corresponding trigger, used to set a date for withdrawal. The criteria and process will be reviewed by the WHA in May 2015.

Modified Considerations for POB

OPV2 Cessation

- Provide high-level advocacy to India and China to ensure they meet IPV introduction timelines.
- Endorse the plan to communicate information about the switch to OPV-using countries after the January 2015 WHO Executive Board meeting.

POB decisions on OPV2 cessation

Per the consent agenda, the POB has approved the considerations and approaches listed above. The POB reaffirmed support for the proposed withdrawal timeline of April 2016.

Middle Income Countries

The two considerations listed are contingent on the submission of a complete and satisfactory country application. The provision of any financial support would be decided by the IMG on a case-by-case basis.

- Commit to providing six WPRO countries/ areas with funding necessary to support the procurement and operational costs associated with IPV introduction (US\$ 721,242).
- Commit to providing three PAHO countries with the US\$ 462,057 necessary to cover procurement costs and operational costs of IPV introduction.

POB decisions on MICs

The POB approved provision of funds (US\$ 1.18) for IPV introduction to the three PAHO and six WPRO countries, but stated that this should not set a precedent for further support for MICs.

IPV Introduction in India

To ensure India introduces IPV by the end of 2015, the POB was asked to endorse the following way forward:

- Provide India with time-limited catalytic financial support to ensure IPV introduction is aligned with Endgame timelines, up to a set amount that can be absorbed within the current GPEI FRR.
- GPEI and Gavi leadership should, with the support of the IMG, engage in high-level discussions with India to finalize the best way to provide this support.

POB decisions on IPV introduction in India

The POB reviewed the proposal to provide one-time catalytic financial support to India (up to US\$50 million) to facilitate IPV introduction.

The POB took note of the recent Gavi Board decision to provide one year of catalytic support to India to facilitate IPV introduction, subject to funds being made available from GPEI.

The POB concurred with the Gavi Board decision that any funding provided would be contingent on Government of India (GoI) committing to fully fund the continuation of the IPV program after year one.

The POB is favorably inclined to approve one year of catalytic support to India but defers its decision until the outcome of discussions with the GoI are known and sufficient guarantees for sustained program funding are provided by GoI. Further information is requested from GPEI on the impact of catalytic support for India on the future availability of flexible program funds.

c) OBJECTIVE 4: LEGACY PLANNING (ANDREW FREEMAN)

Considerations for POB

- POB guidance is sought on whether legacy planning should be solely a country-led process with the direction of the transition decided at that level, or could a global-level decision on the direction of legacy planning be made either instead of, or in addition to, country-level decisions?
- POB endorsement is sought for:
 - The proposed three stage process to legacy planning:
 - Planning & Decision
 - Preparation
 - Execution
 - The timeline for planning, including proceeding immediately with the first three countries, with a report to POB at its June 2015 meeting and the incorporation of lessons learned for transition planning for other countries.
 - The approach to defining potential costs of legacy transition support, leading to POB review in June 2015.

POB decisions on legacy planning

The POB felt that legacy planning should primarily be a country-led process, but that global level support and guidance is also important and could play a major role in ensuring the full benefit of legacy planning. The POB endorsed the three-stage process for legacy planning, timeline, and approach to defining costs of legacy transition support, which it will review in June, 2015.

5) CONSENT AGENDA – POLIO/ RI UPDATE (JOS VANDELAER)

Considerations for POB (taken from Polio/RI presentation)

- Recommend that a plan be developed to more closely monitor the polio program's contributions to strengthening RI, including (1) linking polio worker evaluations with system indicators and coverage rate targets (DTP3 and IPV); (2) creating linkages of RI improvement with the legacy work and (3) suggesting that progress with RI improvement be monitored by the IMB
- Issue formal POB statement to all polio funded personnel that polio contribution to RI strengthening is improving but needs to increase further and with better documentation
- Recommend including RI strengthening as a standing agenda item in all polio meetings.
- Recommend polio accountability frameworks already in place for polio eradication be extended to cover RI in all 10 focus countries.

POB decisions on the polio/ RI update

The POB approved the development of a monitoring plan but cautioned against pursuing a massive monitoring effort.

The POB agreed that there is an opportunity for GPEI to communicate more but questioned the usefulness of the proposed statement. To strengthen this statement, the POB requests a revision with a more specific ask.

The POB supports including RI strengthening as a standing agenda item for future POB meetings.

6) UPDATE ON GPEI FINANCIALS (JENNIFER LINKINS)

Jennifer Linkins (WHO) presented an update on the GPEI funding gap, cash gap, carry forward and cash gap by partner agency (UNICEF and WHO). As of Nov 2014, the 2013-2018 funding gap is \$451M if we projected funding is included. The estimated Nov 2014 cash gap (mid-point estimate) is about \$39M for 2015.

POB members requested clarification on the India IPV costs and whether they are included in this latest analysis. They also requested an estimate of the total flexible budget space and the impact to future budget flexibility with the added \$50M for India. However, the finance presentation was unclear on the availability of flexible funds in the program. The POB had not received the presentation prior to the meeting and requested that they receive the financial summary data a week in advance of their meeting so they will be able to review, provide input and make timely decisions.

POB decisions

Action: The POB requested a one to two page memo on the decision it is being asked to make regarding the \$50M for India IPV introduction with more precise characterization of the available budget space and flexibility with the comparison to previous flexibility and space. The POB will provide their input within a week of receiving the necessary information from the team.

7) GPEI MANAGEMENT REVIEW (CHRIS ELIAS)

The POB chair presented a summary of the GPEI management review findings and consensus POB positions. PricewaterhouseCoopers (PwC) drafted a report which considered two scenarios: a restructuring of GPEI or a reorientation of the existing structure. After reviewing and discussing these two scenarios and the draft recommendations, POB members unanimously decided to focus on the “reorient” solution. Many donors expressed their shared support for this approach during the 8 December PPG meeting.

The chair summarized the key POB consensus decisions taken from the management review, categorized as governance (G) and management (M) solutions, noting whether each recommendation was adopted without changes or adopted with modifications made by the POB. The full text of these recommendations can be found in *Appendix A – Approved GPEI management review recommendations*.

Dr. Chan announced that Dr. Bruce Aylward will focus exclusively on leading the WHO’s Ebola outbreak response, based on a decision reached at the WHO Global Policy Group, and that Dr. Hamid Jafari, WHO Polio Director, will report directly to her.

The POB will communicate its decisions regarding the PwC findings and a proposed timeline for implementation by the end of the year.

Donors expressed their full support of the POB decisions. The PPG requested a revised version of the GPEI organogram with dotted lines to the PPG and IMB, which the POB approved.

The discussion concluded with donors thanking Dr. Aylward for his tremendous effort and notable contributions to polio eradication and welcoming Dr. Jafari as the head of GPEI.

8) CHAIR TRANSITION PLAN (CHRIS ELIAS)

Incoming POB chair Dr. Tom Frieden thanked current POB chair Dr. Chris Elias for his leadership, noting that Dr. Elias has been the “model of transparency and inclusiveness.” Under Dr. Elias, he noted, the POB has become more effective. Dr. Frieden is committed to continuing this transparency and inclusiveness through a focus on outcomes. In the New Year, he will engage with stakeholders and proposes to focus on OPV withdrawal, certification, and legacy planning. Turning the tide in Pakistan and finishing the job in Africa will be challenging but not impossible.

POB members concluded by thanking Chris for his tremendous leadership and welcoming Dr. Frieden.

9) NEXT PROPOSED MEETING

Incoming POB Chair Dr. Frieden noted that the next POB teleconference will take place in early February, 2015 and that a schedule with teleconferences and the two in-person meetings will be proposed and finalized in early 2015.

The Chair closed the meeting by thanking the members, donors, participants and presenters for their attendance.

APPENDIX A – APPROVED GPEI MANAGEMENT REVIEW RECOMMENDATIONS

Below is an overview of the GPEI management review recommendations considered by the POB and their decision to adopt, adopt with modifications or decline. These recommendations are categorized as governance recommendations (G) or management recommendations (M).

<u>Governance Recommendations</u>		
<p>G1: <i>The membership of the POB remains as is with the POB Chair term extended to 2 years</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • Dr. Tom Frieden, CDC will take over as Board Chair effective Jan 1, 2015 for a period of 24 months • The POB will use a voting process to arrive at decisions where consensus is not easily achieved. This process will be developed by the POB Chair’s office and formally used as needed at the discretion of the POB. 	<p>Implementation:</p> <ul style="list-style-type: none"> • Dr. Tom Frieden to become POB Chair January 1, 2015 for 24 month term. • BMGF and CDC have been working on transition planning for the Chair, CDC will be prepared to take over all aspects of POB chair management January 1. • Proposed voting process to be developed by POB Chair’s office for consideration by POB at February conference call.
<p>G2: <i>The POB should continue to invite major donors to in-person meetings and clarify the role of the major donors on the POB</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • The POB ToRs will be updated to reflect the role of major donors, as discussed and agreed at the March 10, 2014 POB meeting. • Major donors are invited to attend all POB in-person meetings, will receive all pre-reads, and can provide input at these meetings. • In addition, major donors may request special sessions and/or provide input directly to the POB prior to in-person meetings. • The POB will organize quarterly calls of the Finance and Accountability Committee, and major donors will be invited to participate. 	<p>Implementation:</p> <ul style="list-style-type: none"> • POB Chair’s office will review previous notes and ToRs and reach out to the major donors for input to revise as necessary. An update will be provided by the POB Secretariat the February conference call.
<p>G3: <i>POB assumes a stronger role in ensuring country accountability; mandates, roles and responsibilities between the POB and IMB need to be clarified and reinforced; and the IMB and POB organise in-</i></p>	<p>Decision: Adopt with modifications</p> <ul style="list-style-type: none"> • The POB disagrees with the PwC recommendation to hold IMB and POB meetings at the same time as this could confuse the distinct and important roles of the IMB and POB. • The POB agrees that the IMB needs to hear from country representatives directly to fulfill their responsibilities. 	<p>Implementation:</p> <ul style="list-style-type: none"> • POB members will review and consider any additional coordination required with the IMB to ensure country accountability.

<p><i>person meetings at the same dates and location</i></p>	<ul style="list-style-type: none"> • The POB recognizes the need for the POB to engage directly with country stakeholders, and proposes an annual session between country stakeholders and the POB at one of the POB in-person meetings, to be held at the POB Chair’s discretion. • The POB will coordinate carefully with IMB and the countries to ensure minimum disruption to country program operations and country stakeholders. 	
<p>G4 – <i>The POB should clarify the roles and responsibilities of GPEI core partners</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • The POB and GPEI working Groups will revise the ToRs of all WGs. • Additionally, the POB will clarify at the global program level the key responsibilities and accountabilities of each of the partner agencies. 	<p>Implementation</p> <ul style="list-style-type: none"> • Implementation plan to be developed by POB Chair’s office for consideration by POB at February conference call.
<p>G5: <i>POB works closely with PPG co-chairs to assess the current ToRs, consultative process and meeting cadence of the PPG so that all stakeholders groups are optimally aligned to ensure the success</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • POB will work with the PPG and their constituents to develop a revised set of TORs for the group that is aligned with stakeholder needs and synchronized with the engagement of major donors in the POB or other governance structures. 	<p>Implementation</p> <ul style="list-style-type: none"> • Implementation plan to be developed by POB Chair’s office in consultation with PPG co-chairs for consideration by POB at February conference call.
<p>G6: <i>Review and streamline the number of in-person global meetings</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • The POB Chair’s office and the GPEI working groups will review all meetings and develop an annual calendar for the program that shows all internal “working” meetings, as well as other key relevant meetings (e.g. WHA, Gavi Board meetings, SAGE, PPG). 	<p>Implementation</p> <ul style="list-style-type: none"> • Implementation plan to be developed by POB Chair’s office for consideration by POB at February conference call.
<p>G7: <i>Upgrade the FWG to a Finance and Accountability Committee (FAC) as a Board Committee of the POB</i></p>	<p>Decision: Adopt with modifications</p> <ul style="list-style-type: none"> • Create a new POB Board Committee – to be named the Finance and Accountability Committee (FAC). • FAC to be chaired by POB member—BMGF to chair for 24 months effective 1 January 2015. • FAC Chair will work with the five GPEI partners to determine the optimal representation of their 	<p>Implementation</p> <ul style="list-style-type: none"> • Chris Elias to become Chair of Finance and Accountability Committee on January 1, 2015 for a 24 month term. • Implementation plan, timeline and roles/responsibilities to be developed by FAC Chair’s office (BMGF) for consideration by POB at February conference call.

	<p>agencies on the FAC and process needed to produce timely and transparent information on GPEI financial needs, budget sources and expenditure.</p> <ul style="list-style-type: none"> • Donors may be members of the FAC, quarterly updates to major donors will be provided by the FAC using a consistent template. • FAC will not “audit” the WHO or UNICEF, but ensure transparent and timely reporting of the sources and uses of funds for the GPEI that can be shared with donors to meet their accountability needs. 	
<p>G8: Appointment Of a “GPEI Leader”</p>	<p>Decision: Adopt with modifications</p> <ul style="list-style-type: none"> • The principal point of accountability to the POB will be the Chair of the Strategy Committee (which replaces the current PSC). • The Strategy Committee will be comprised of the Directors of Polio of the five GPEI partner organizations. • The Strategy Committee will be chaired by the WHO Director of Polio for the next two years. • Effective immediately, the WHO Director of Polio will report directly to the WHO Director General. • As Chair of the Strategy Committee, the WHO Director of Polio will be jointly accountable to the WHO Director General and the Chair of the POB. 	<p>Implementation</p> <ul style="list-style-type: none"> • The WHO Director of Polio will report directly to the WHO Director General, effective immediately. • Chair of the Strategy Committee (WHO Director of Polio) will be accountable to the Chair of the POB effective immediately.
<p>G9: Form a Strategy Committee (SC)</p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • A Strategy Committee (SC) will be formed and replace the current PSC which will oversee the planning, monitoring and delivery of the Eradication and Endgame Strategic Plan. • The SC will focus on decision making and oversight, leaving the day-to-day management and operation of the program to the working groups 	<p>Implementation</p> <ul style="list-style-type: none"> • Implementation plan to be developed by Chair of Strategy Committee. An update will be provided to the POB at the February conference call.

	<ul style="list-style-type: none"> • The SC should be comprised of heads of the polio program from the 5 agencies. • As the final ToRs for the SC are developed, consideration will be given to having the chairs of the GPEI working groups attend these meetings. • Additional staff support needs of the Strategy Committee will be evaluated as part of the revised ToRs. 	
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Management Recommendations		
<p>M1: Consolidate the current six WGs to three focused global coordination groups: (1) Eradication and Outbreak; (2) Immunization and Legacy; (3) Communications and Advocacy</p> <p>M2: Reorient the current EMG to an Eradication & Outbreak WG</p> <p>M3: Define Regional Outbreak Strike Teams for AFRO and EMRO</p> <p>M4: Reorient the current IMG to an Immunizations & Legacy WG</p>	<p>Decision: Adopt with modifications</p> <ul style="list-style-type: none"> • A key driver behind the restructuring is shifting the management and operations of the program as much as possible to a regional and country level. The reformulated EMG/EOWG will facilitate the shift to regional/country leadership. • Another key driver is a move toward a reduction in the number of WGs to a level which ensures effectiveness while reducing complexity. • IMG and Legacy will stay as separate working groups. The Legacy WG has many issues beyond RI to consider and the IMG has an important short term focus on IPV introduction and the tOPV /bOPV switch. 	<p>Implementation</p> <ul style="list-style-type: none"> • Implementation timeline and roles/responsibilities to be developed by Strategy Committee in consultation with working group chairs. An update will be provided to the POB at the February conference call.
<p>M5: Merge the CWG and PAG to form a Communications & Advocacy WG</p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • The PAG and CWG will be developed for the new working group. 	<p>Implementation</p> <ul style="list-style-type: none"> • Implementation timeline and roles/responsibilities to be developed by the Chairs of the merged PAG and CWG WG in consultation with the Strategy Committee. An update will be provided to the POB at the February conference call.

<p>M6: <i>Minimize the number of Task Teams created under each WG</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • The number of task teams should be kept to a minimum. This will be reinforced through the review of the GPEI working group ToRs. • The working relationships between task teams and other levels of the GPEI program will be better defined in the revised ToRs. 	<p>Implementation</p> <ul style="list-style-type: none"> • Implementation timeline and roles/responsibilities to be developed by the working group chairs in consultation with the Strategy Committee. An update will be provided to the POB at the February conference call.
<p>M7: <i>Chair of each WG develops consistent and comparable ToRs</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • These should be uniform, well-defined and adhered to going forward. 	<p>Implementation</p> <ul style="list-style-type: none"> • Template will be developed by the POB Secretariat with guidance from the Strategy Committee that all working groups will use to develop / revise ToRs.
<p>M8: <i>Appoint a number of dedicated partnership support staff: temporary change driver, GPEI partnership coordinator, WG secretariat support, POB secretary</i></p>	<p>Decision: Adopt</p> <ul style="list-style-type: none"> • As part of the review of the ToRs for all WGs, an assessment will be made to ensure that they are adequately staffed. • If additional staff are needed, the mechanisms for hiring and funding these individuals will need to be developed and incorporated into the FRR. • After decisions are finalized on December 12th, the POB will determine an implementation plan for the above recommendations. 	<p>Implementation</p> <ul style="list-style-type: none"> • The Strategy Committee will review the resource needs across the program and present a proposal to the POB for consideration at the February conference call.