

Meeting of the Polio Oversight Board (in-person)
25 September 2015 | 1:00 pm – 5:00 pm | New York, New York
Meeting Minutes

Board Participants:

Dr. Tom Frieden (CDC, POB chair)

Dr. Chris Elias (BMGF)

Mr. Michael McGovern for Mr. John Germ (Rotary International)

Dr. Tony Lake (UNICEF)

Dr. Margaret Chan (WHO)

I. Opening Remarks

The POB Chair welcomed all agency heads, representatives and meeting attendees

- The POB adopted the agenda as provided.

II. Discussion Item : Program Direction for Pakistan, Afghanistan and African Region

1. PAKISTAN (Senator Ayesha Farooq, President's Polio Focal Person):

- Senator Ayesha Farooq reviewed priorities and challenges for the polio program in Pakistan. Please see presentation number 1 for details: <http://bit.ly/1GBCHFr>.
- Senator Farooq elaborated on current epidemiology, innovations and next steps. She noted that the paradigm of polio eradication shifted from vaccination coverage to missed children. Frontline workers are a critical key to achieving eradication.
- Pakistan developed a National Emergency Action Plan with clear strategies based on scientific evidence and lessons learned, and established management processes. The plan was approved by the Prime Minister and is being used by the Government to coordinate with international partners and provinces.
- Senator Farooq reported Pakistan's political commitment is strong at all levels, and the country has made polio a top priority along with the economy, energy and security.
- Priorities included continuous refinement of surveillance, sustained reduction of cases, strategic vaccination to boost population immunity and to reach missed children in inaccessible areas.
- Pakistan estimated US\$337 million is needed for vaccination, operation costs, surveillance and social mobilization, and reported an overall US\$311 million funding gap for 2016. It was noted the gap did not account for investments made by the Pakistan government, staffing and technical support from GPEI partners, security, and logistics. It was reported a resource mobilization event would be held in Pakistan soon. The government of Pakistan has reached out to the Islamic Development Bank and the governments of Japan, Qatar, Canada, United Arab Emirates, and Kuwait for funding assistance.

Senator Farooq and Dr. Safi, Director General, Afghanistan Ministry of Public Health, agreed to work together to strengthen cross-border collaboration efforts in the areas of

synchronized vaccination campaigns and surveillance.

BMGF Board Member, Dr Chris Elias, commented that the Independent Monitoring Board's May 2015 report identified the timely payment of polio workers as an operational problem. Senator Farooq elaborated on the newly formed task team to address this issue including the back payment of US\$20 million to vaccinators and moving to a direct disbursement mechanism going forward.

BMGF Board Member also posed the question of how the inactivated polio vaccine (IPV) is currently being used in the program (1.2 million doses). He also emphasized the importance of political commitment and asked what the Board could do to stress the need for a strong political commitment on all levels. Senator Farooq indicated Pakistan is committed to eradicating polio and would appreciate the board's support.

POB Decision:

- POB agreed to encourage political commitment on all levels to end polio in Pakistan.

Action Items:

- POB to send letter to the Minister of State for National Health Services, Regulations and Coordination, Mrs. Saira Afzal Tarar, with a brief summary and proposed actions for each province to emphasize the importance of Pakistan's commitment to eradication.
- POB should consider sending a letter to the Prime Minister in the first half of 2016, especially if the program needs access in some persistently inaccessible areas or to address any remaining challenges.

2. AFGHANISTAN (Dr. Najibullah Safi, Director General, Ministry of Public Health):

- Dr. Najibullah Safi reviewed priorities and challenges for the polio program in Afghanistan. Please see presentation number 2 for details: <http://bit.ly/1M5X0Lv>.
- Afghanistan is establishing an Emergency Operations Center (EOC) and appointed a senior advisor, Dr. Hedayatullah Stanekzai, Deputy Minister of Health, for oversight. The President and high-level government leadership are committed to ending polio and are planning and budgeting for the program. It was indicated that all child travelers crossing the border into Afghanistan would be required to receive the polio vaccine.
- The program partnered with local media companies and Voice of America to increase demand and reduce refusal among population; finalized the National Emergency Action Plan with a six month implementation; held several meetings with Pakistan to address cross border issues, and increased teams at cross border points.
- Challenges included weak partner coordination with the government, especially at provincial EOCs that may not be compliant with the United Nations Security Coordinator's minimum operating security standards, inactivated polio vaccine shortage, growing issues with accessibility in the east and number of missed children in certain districts, especially high risk areas.
- Priorities for Afghanistan included improving subnational surveillance, introducing IPV into their national immunization program at the end of September 2015, microplanning and employing special strategies to reach missed children.

- Afghanistan requested partnership support to develop and use more community health workers instead of volunteers for routine immunization and polio education activities.

The POB Chair posed a question to what extent are all children being vaccinated after crossing the border. The POB Chair noted the importance of engaging partners in the EOC on coordinated efforts, and welcomed discussing this issue offline at another time.

WHO Eastern Mediterranean Regional Office Director, Dr. Ala Alwan, commented that the EOC's is sluggish in its activities, and immediate solutions existed to fix the issues and strengthen the EOC's structure over the long term. It was noted the World Health Organization, UNICEF and Afghanistan leadership planned further conversation in early October 2015 around the Regional Committee meeting to discuss quality and access issues. The WHO EMRO Regional Director recommended inviting all government levels in Afghanistan to a meeting to specifically discuss polio.

BMGF Board Member posed a question about how Afghanistan could take advantage of the low transmission season to advance eradication efforts, noting that this opportunity is missed every year, it worked well for Nigeria to eliminate polio and the financial consequences are considerable if the low season is missed again.

Action Items:

- WHO Board Member requested POB consider writing to Afghanistan government to get their commitment to end polio and enlist support in improving partner coordination.

3. AFRICAN REGION (Dr. Matshidiso Rebecca Moeti, Regional Director, WHO African Region):

- Dr. Matshidiso Moeti reviewed priorities and challenges towards achieving polio-free certification in the African region. Please see presentation number 3 for details: <http://bit.ly/1kYRsby>.
- The circulating vaccine-derived polio (cVDPV) outbreaks have shown there are surveillance and population immunity gaps. The region has begun conducting internal reviews of surveillance systems, monitoring surveillance monthly, collecting specimens from contacts to identify any missed strains, and implementing innovations to reach children in insecure areas.
- Partners and seven priority polio countries met in Brazzaville to discuss how to accelerate polio efforts, and their intent is to monitor progress on the polio endgame strategic plan's four key objectives: detecting and interrupting all polio transmission, strengthening immunization systems and oral polio vaccine withdrawal, containment of polio stocks and certification that transmission has been interrupted globally, and legacy planning for polio resources.
- The region acknowledged the importance of engaging and instilling a sense of ownership with governments for polio eradication activities, and the Task Force for Immunization has committed to help.
- Priorities included strengthening national and regional surveillance, expanding environmental surveillance in other countries, implementing strong campaigns in each country to respond to cVDPV outbreaks, and ensuring financial and technical support, especially in Ebola affected countries and central Africa.

- Challenges included delayed campaigns in the Democratic Republic of Congo, South Sudan and Madagascar; and ensuring necessary programs would be continued even with reduced resources.

WHO Board Member announced that Nigeria had achieved twelve months without a case of wild poliovirus, with all samples from this period now tested. WHO Board Member therefore formally announced Nigeria’s removal from the list of polio-endemic countries.

III. Discussion Item : IMB Chair and PPG Chair Updates

4. IMB CHAIR (Sir Liam Donaldson):

Sir Liam Donaldson summarized the May 2015 [Independent Monitoring Board Report](#).

- It was noted priorities should include making persistently missed children a central metric to measure progress, establishing a fully engaged scenario where all countries take ownership in ending polio and seeking transformational changes to add to incremental improvements to advance eradication efforts.
- Challenges included a lack of interest in technique and quality improvement and tension between Afghanistan and in-country partners around the decision to establish an EOC and to use it for government coordination across all partners.
- Afghanistan requested the reassignment of Nigeria staff to Afghanistan to get the program on track.

The POB Chair highlighted concern about the cVDPV outbreak in Ukraine, and stressed GPEI needed to move fast with response efforts.

WHO Board Member provided an update that the Regional Director for the WHO European Region met with the Ukraine Minister of Health who promised to start a campaign this week or next.

The POB Chair informed meeting participants that the Board reached consensus on two items via email regarding the IMB: Extending the IMB’s term that was expiring in December 2015 and requesting the IMB to provide oversight for global polio legacy planning.

POB Decision:

- The Board agreed to extend the IMB’s term to run until one year after wild poliovirus transmission is interrupted globally.
- The Board agreed for the IMB to establish a legacy oversight sub-group, which would run parallel to the IMB’s current role.

Action Items:

- POB to send communication to Ukraine President to request his commitment to rapidly respond to the current outbreak.
- Strategy Committee will recommend members for the polio legacy oversight sub-group, for POB approval.
- Strategy Committee will work with the IMB chair to draft the legacy oversight sub-

group's Terms of Reference, for POB approval.

5. PPG CO-CHAIR (Ambassador John Lange):

Ambassador John Lange provided an update from the Polio Partners Group (PPG).

- It was noted PPG stakeholders greatly appreciated being part of the decision making process and participating in eradication projects. It was also noted PPG believed legacy planning was an urgent need, and planned a legacy workshop on 23 October 2015 in Geneva.
- As part of the management review conducted in December 2014, the PPG agreed to work with constituents to write PPG revised terms of reference. Ambassador Lange requested the POB and stakeholders that were present at the meeting provide input and feedback on the PPG's future role in GPEI. The revised terms of reference would be discussed during the PPG's December 2015 high level meeting in Geneva.

POB Decision:

- POB agreed to provide input on the PPG revised terms of reference.

Action Items:

- POB to provide input and feedback on the PPG's future role in GPEI and the revised PPG terms of reference prior to the PPG's December 2015 meeting.

IV. Remarks from Bloomberg Philanthropies

Patti Harris, CEO of Bloomberg Philanthropies, welcomed meeting attendees, and expressed Bloomberg's commitment to being involved and providing financial support.

V. Decision Item: Review Recommendations and Financial Scenario Selection

6. ACTION ON RECOMMENDATIONS AND DECISIONS (Hamid Jafari):

Hamid Jafari provided a summary of containment and IPV supply.

Containment

- Please see presentation number 4 for details: <http://bit.ly/1LGJ1KA>.
- IPV introduction would be completed in 85% of countries by end of 2015 and the SAGE working group has recommended that SAGE reaffirm April 2016 for the trivalent OPV-bivalent OPV switch. It was noted containment is necessary to prepare for OPV withdrawal and reduce the risk of release of virus from polio facilities. It was also noted containment was required for final global certification of polio eradication.
- According to the global action plan for containment, all poliovirus stocks would be destroyed with the exception of approximately 50 facilities in 25 countries. The Regional & Global Commissions would oversee this process. It was noted that the first step in containment was for all polio-free countries to complete a laboratory survey and inventory activities. Responses were still needed from many African countries.
- Phase 2 would take two to three years to implement. Next action steps included:

identification and designation of national authorities for containment, and the development of regulations aligned with the global action plan and agreement to the containment certification process by each country. It was noted that a number of facilities were unprepared for implementation, and interim risk management measures would need to be established until full implementation.

POB Decision:

- POB members noted and expressed containment is a big challenge for GPEI.

Action Items:

- POB requested PPG conduct high level advocacy activities to ensure all polio-free countries complete a laboratory survey and inventory activities as a first step in the containment process.

IPV

Hamid Jafari provided an update on IPV introduction.

- Please see presentation number 4 for details: <http://bit.ly/1LGJ1KA>.
- IPV introduction mitigates risks associated with oral polio vaccine (OPV) type 2 withdrawal. IPV is used, along with OPV, for mass vaccination campaigns in endemic countries and in outbreaks to quickly boost immunity. IPV is used among children in inaccessible areas, but is not recommended in areas where OPV coverage is low for operational reasons. GPEI has a constrained IPV supply situation, with 17 countries unable to introduce IPV until 2016. GPEI is applying a prioritization scheme for the available IPV. This gives top priority to campaigns in endemic countries, providing that these use IPV as per the global criteria.

The POB Chair noted that Pakistan and Afghanistan are at a pivotal time and should be prioritized to have enough IPV doses to meet their needs to reach previously inaccessible children, children that may only be reached once, and for their national immunization programs.

UNICEF Board Member commented on issues with manufacturers scaling up production, and seeking alternatives to increase IPV supply. The UNICEF Board Member recommended a letter to manufacturers to emphasize the importance of their role in polio eradication and thanking them for their work to date.

BMGF Board Member noted that increasing IPV supply before the switch is unlikely, but other alternatives should be considered. The BMGF Board Member commented that the letter to manufacturers should confirm the switch date and requested the Strategy Committee further investigate the potential to make more IPV doses available for Pakistan and Afghanistan.

WHO Director General has urged China to accelerate its IPV production and fast track its application for prequalification. China is not currently in a position to produce sufficient IPV to undertake international supply in 2016. WHO will be ready to assist China in fast tracking its prequalification process.

UNICEF Board Member commented an in-depth analysis is necessary to prioritize countries for access to IPV.

The POB Chair asked Gavi about the potential for IPV in a hexavalent vaccine but the Gavi representative said this was not something it supported at this time. The POB Chair then noted an analysis on the IPV supply status and a strategy for Pakistan and Afghanistan should be completed in the next week or two by the Steering Committee.

POB Decision:

- POB agreed unanimously to endorse the prioritization criteria used for the allocation of IPV as recommended by the Strategy Committee.
- POB tasked the Strategy Committee to conduct an in-depth analysis on IPV supply and to develop a strategy for Pakistan and Afghanistan for prioritization of the use of IPV.

Action Items:

- WHO to review pre-qualification criteria, production capacity, and determine if the supply issue can be reduced.
- POB to develop letter to IPV manufacturers to emphasize the importance of IPV supply and their key role in polio eradication.

7. GPEI FINANCING AND RESOURCE MOBILIZATION: (Chris Elias, Andre Doren)

Hamid Jafari prevented an overview of wild poliovirus cases.

- Please see presentation number 5 for details (insert hyperlink).
- Delayed polio interruption has been the main cost driver for completing the program.
- Cases over the past six months have been in Afghanistan and Pakistan. Significant progress has been made in these countries, and the projected date for interrupting transmission is 2016.

GPEI Financing – 2016, changes to budget through endgame (Chris Elias, Finance and Accountability Chair)

- Chris Elias presented a comprehensive update on the GPEI finances and the financial scenarios GPEI could face in the polio endgame given the different epidemiological and cost scenarios. Please see presentation number 6 for details: <http://bit.ly/1M1bmZX>.
- It was noted a US\$55 million gap existed for 2015, and the Strategy Committee prioritized remaining 2015 funds against the most critical areas. All immunization activities were fully covered. After all pledged and projected funds are realized, 2016 may have a substantial funding gap. The projected 2016 funding need is approximately \$845 million. The new 2016 operational plan will be more costly due to continued transmission of WPV in Afghanistan and Pakistan and additional campaigns to mitigate risk for the April 2016 switch. GPEI expects the new 2016 operational budget to be more than US\$1 billion, which will require GPEI to raise additional funds in a short period of time.
- One major deliverable of the GPEI Midterm Review was a modeling exercise to estimate the cost to eradicate polio by examining a number of possible financial scenarios GPEI could face in the polio endgame. Four scenarios were presented to frame the potential financial requirements to certify the world as polio free.

- GPEI believes the epidemiological and cost driver data confirmed that scenario 2 is the most likely scenario. Scenario 2 assumes that polio transmission has been interrupted in Nigeria and Pakistan and Afghanistan will interrupt transmission in 2016. The cost drivers for planning refer to intermediate costs levels for SIA, activities, technical assistance, social mobilization drawdown after interruption, and IPV demand. The FAC recommended scenario 2, which would add US\$1.5 billion to the bottom line and require additional fund-raising.
- GPEI will develop a revised operational plan and budget for future spending and resource mobilization targets. The operational plan and budget will be completed before the end of 2015 and the revised budget will be presented to the POB for final approval. In addition to the development of a revised budget, GPEI will oversee the production of an annual accounting of non-FRR expenditures in support of polio eradication.

POB Decision:

- The Board agreed unanimously to endorse financial scenario 2, which requires an additional US\$1.5 billion through 2019.

Action Items:

- FAC will produce an annual report to capture expenditures and expenses not captured in the FRR.
- POB will provide guidance on budget planning.
- Strategy Committee will develop budget envelopes for areas of work within the FRR.

GPEI Resource Mobilization (Andre Doren, Polio Advocacy and Communication Chair)

Andre Doren presented the resource mobilization plan.

- Please see presentation number 7 for details: <http://bit.ly/1WlQUgL>.
- A new resource mobilization strategy will be developed based upon the selected scenario. GPEI has been doing well securing the bulk of financing needed and resource mobilization. There has been strong traction and momentum from the 2013 summit.
- Improvements are needed: one single framework for resource mobilization, systematic follow-up with donors and partners to ensure engagement continues, strengthened financial reporting and consistent donor recognition.
- Proposed approach is the development of a global plan to influence and set country strategy. PACT would secure and monetize pledges to fill US\$1.5 billion gap, build strong business case to outline comparative partner advantage, and identify donors and donor country champions to provide support. Messaging would share long-term benefits, explain legacy so donors clearly understand the associated costs, and outline the risks of not finishing the job.
- Requested leadership involvement and engagement to secure continued political and financial support.

The POB Chair suggested PACT clearly outline in donor communication materials how the existing donor commitments will partially fill the funding gap and what funding is still needed for eradication.

Germany suggested identifying synergies between the emergency response plan and draft business plan in each country to understand the extent that polio resources are being

used to resolve other health issues. Germany noted it is important to set up programs properly to ensure systems remain strong.

Nigeria noted Nigeria still has two years left to be certified polio-free, but faces a reduction of funding. Nigeria requested that funding continue until the job is finished and noted the country is committed to achieving eradication.

United States Department of Health and Human Services commented the United States government is committed to eradication.

WHO Board Member commented it is important to focus on the big picture instead of one single health issue. The WHO Board Member noted GPEI should look for synergies with health care systems, laboratories, health care workers, technologies and how best to use them. The WHO Board Member further noted that fund raising these days is difficult in the current economic climate, and GPEI should look for ways to bring together all of the various partners to help with addressing health priorities.

The Strategy Committee Chair agreed GPEI should consider the ways donors at each level can provide specific support to legacy planning.

POB Decision:

- POB requested the Polio Advocacy and Communications Team clarify the gap between existing donor commitments and the US\$1.5 billion funding goal in donor communication materials.
- POB recommended that GPEI focus on the big picture, going beyond polio, and look for synergies with various partners to support health priorities related to legacy planning.

Action Items:

- PACT to develop a new resource mobilization strategy based upon financial scenario 2, including finalizing business strategy and identifying targets at country level and within specific donor segments.

VI. Closeout and Final Remarks

The POB Chair provided a recap of each agenda item:

- Pakistan: Look at IPV strategies, enhance collaboration in western Pakistan with Afghanistan
- Afghanistan: Rapidly improve EOC functionality
- African region: Importance of stopping cVDPV outbreaks, address surveillance problems in Ebola affected countries and strengthening surveillance so we know zero equals zero
- IMB: Address missed children, full engagement, ongoing quality improvement
- PPG: Role of PPG, interactive improvement of TORs
- Mid-Term Review: Countries need to develop regulations to align with the Global Action Plan III and develop interim measures to manage risks until full implementation, advocate that OPV switch occurs in April 2016 despite delays in IPV introduction as recommended by the SAGE working group and make the best use of IPV in Pakistan

and Afghanistan

- Financial Planning: US\$1.5 billion gap, planning on how to fill the gap, and increase clarity and specificity about legacy – how to achieve and get funding to resolve deficit

The POB thanked and bid farewell to Peter Crowley and Hamid Jafari, as this is Peter's last meeting and potentially Hamid's final in-person meeting.

The POB Chair noted there are challenges in Pakistan and Afghanistan and lots of work in the African region. The POB Chair noted POB needs to ensure these countries they have proper technical and management support to ensure they can reach every child with vaccines.