

Meeting of the Polio Oversight Board (POB) - Teleconference

18 August 2020 | 15h30-17h00 GVA time

Meeting Summary

The Polio Oversight Board held its second meeting of the year virtually to discuss the programme's financial requirements for 2021, to receive an update on the recommendations of the GPEI Governance Review and to consider a proposal to develop a new polio programme strategy. Major GPEI donors were invited to join the call for the programme budget agenda items, where DFID delivered a joint statement on their behalf.

1. **2021 Programme and Budget** *Discussion between POB members*

Michel Zaffran gave a brief overview of the GPEI Programme and Budget for 2021, focusing on options for reconciling programme requirements with the estimated level of available resources.

- As per POB's approval dated January 2020, GPEI's approved budget for 2021 is US\$ 929 million. The anticipated level of available resources is between US\$ 800 - \$900 million. However, the programme's requirements for 2021 are estimated to be US\$ 1.27 billion, which creates a significant cash gap.
- The increase of financial needs is mainly due to the continued circulation of WPV in the endemic countries, the increase of cVDPV outbreaks and the necessary procurement of vaccine, along with the impact of COVID-19 on polio epidemiology, impacted significantly by the pause in SIAs.

The POB was requested to approve the following directional priorities to reduce and re-orient the programme to achieve a budget level that aligns with available resources in 2021:

- Revise vaccine supply estimates by stepping back from 'maximum insurance' supply options.
- Overhaul Afghanistan and Pakistan budget and funding models to maximize savings whilst ensuring eradication. Ensure Governments indicate their contribution to overall requirements before committing GPEI contributions.
- Reduce financial support to Nigeria to concentrate on core functions, with limited SIA support and surge support as required.
- Reduce preventative campaigns in non-endemic countries and explore opportunities for integrated activities.
- Reduce GPEI human and financial footprint in lower-risk and non-endemic countries.
- Reduce HQ and RO budgets through revision of travel, meetings, contracts and exploring HR efficiencies—including through not filling vacant positions at HQ and RO.
- Re-orient to provide surge support in outbreak situations in lieu of having permanent polio staff posted in countries and move towards country co-financing to complement GPEI contributions.

In support of these directional priorities, the POB was requested to:

- Advocate for government ownership and accountability, specifically:

- High-level advocacy in Pakistan and Afghanistan for support of new budget and funding model, with domestic financing supplemented by GPEI.
- Reinforce messages of commitment to governments of outbreak countries to co-finance response and strengthen RI to reduce vulnerabilities.
- Develop a plan to implement the strategic shift whereby GPEI financing is more focused and targeted, in both activities and countries supported. The strategy should aim to build support and maintain partner commitment for approach and ensure additional resources are contributed by countries and other programmes in the context of broader integrated efforts.

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

- Chris Elias (POB member, BMGF) emphasized that the FAC has been meeting regularly over the last few months to look at this issue, along with major donors, to ensure they are fully aware of funding and epidemiological realities. The financial resources we can rely on for the FRR in 2021 are between US \$800 - \$900 million, with \$900 million being the most optimistic; the FAC recommends targeting \$850 million. Given this, and in the context of COVID-19, US \$850 million is the best guess that the FAC can give. Dr Elias thanked the SC chair for clarifying what it would take for the programme to meet projected resource availability, but noted the risk with the proposed cuts. Dr Elias raised concerns that raising funds for the significant gap for 2021 will be a major challenge, especially in the COVID-19 context and in a funding landscape where many donations are flat or declining. Dr Elias committed to continue to advocate with donors and emphasized that all POB members will need to work with even greater energy on resource mobilization. Dr Elias also conveyed the point that some cost cutting measures proposed, such as cuts to staffing, would have to be immediately implemented if they are to lead to savings in 2021. Dr Elias reiterated his support for an overhaul of the funding model in Afghanistan and Pakistan, despite the roadblocks to achieving this in the past.
- Henrietta Fore (POB member, UNICEF) proposed to think of the synergies between what the programme is doing in response to COVID-19 and in response to polio outbreaks. Ms Fore noted that she is worried about any cuts to community surveillance, which is used to detect many diseases, and underlined the need to preserve these resources. Additionally, the programme has a responsibility to close vaccine-derived outbreaks, and enough vaccine stocks must be maintained to respond to these. Ms Fore also highlighted that there are new challenges that the programme must respond to, including overcoming vaccine hesitancy, which will require donor support. Ms Fore proposed to the group that GPEI consider a 'matching' fundraising campaign to drum up support and enthusiasm for funding.
- Seth Berkley (POB member, Gavi) aligned with other POB members in emphasizing the need for adequate programme financing. However, Dr Berkley expressed caution in transferring responsibility for funding the Afghanistan and Pakistan programmes to the national governments, especially in the current context. At Gavi, they have seen countries unable to meet their co-financing responsibilities, even when they have been engaged in this mechanism for some years. This is due to the economic impact of COVID-19. Dr Berkley noted that Ms Fore's point on running an 'exciting' fundraising campaign is critical. To this end, the planned shift in GPEI governance and a new strategy will be invaluable. Moving towards a more integrated programme is another way to engage donors anew. Gavi would be supportive of this step going forward.

- Mike McGovern (POB member, Rotary) emphasized that WPV eradication is Rotary’s top priority. Mr McGovern noted that the transition of activities out of polio funding is a meaningful opportunity for integration. Mr McGovern noted that the polio programme has indirectly supported the expenses of other health programmes, and a way to save money is to consider how to transfer these costs to the health programmes that currently benefit. Although this is a difficult process to embark on, it would provide financial relief for the polio programme, and would also begin the important work of protecting child health long into the future as costs are absorbed by other programmes. Finally, Mr McGovern underlined Rotary’s firm and unwavering commitment to polio eradication.
- Robert Redfield (POB member, CDC) stated that CDC will continue to provide the programme with critical support to achieve polio eradication. Seven months of working on Operation Warp Speed [US COVID-19 vaccine development programme] have illustrated that critical discipline is necessary to get to a goal. To replicate this, the polio programme would have to be willing to cut ‘non-mission critical’ projects, even where this would require tough decisions. Dr Redfield highlighted that the program needs to analyse whether each action we take moves us along the critical path to eradication. Dr Redfield cautioned against moving too optimistically towards endemic country ownership of their programmes, given the COVID-19 context. He emphasized the concerning nature of the cVDPV situation and offered his wholehearted support to Dr Tedros for raising more resources – but underlined that these resources should be used for critical path activities.
- Seth Berkley agreed with Dr Redfield that the new strategy should outline new approaches for achieving eradication, and not just call on the program to continue to replicate old efforts. He called for a greater focus on integration across the strategy.
- Dr Tedros summarized the comments of the POB members, noting that our focus should be on developing a new strategy that builds on what we know works, and brings in new thinking and approaches to solve the challenges we are still struggling with. He highlighted that country level ownership will help the programme succeed. Dr Tedros thanked the Strategy Committee for showing the POB the serious impact of a severely limited budget, and noted the position of the POB members that this is not the time to retreat and the POB must prioritize efforts into looking for additional funding and mobilizing new and lapsed donors.

The following were noted:

- **DECISION:** The POB requested that the SC does not proceed with the proposed directional priorities for budget reductions for now, but work to identify and implement low-risk efficiency savings.
- **ACTION:** The POB committed to engaging directly in resource mobilization and requested GPEI to develop an updated resource mobilization and advocacy strategy and plan for the POB members to work from. This should include identifying specific strategies to approach priority donors as well as considering new models /angles for fundraising, such as a ‘matching’ fundraising campaign.

2. 2021 Programme and Budget Discussion with donors

Chris Elias and Michel Zaffran gave a brief overview of the financial situation to donors, and asked for their comments on the directional priorities proposed.

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

Mr Danny Graymore (DFID) provided a statement¹ on behalf of major GPEI donors, which:

- Expressed the donor communities' collective appreciation of GPEI for both tackling polio and for stepping up to respond to the COVID-19 pandemic and recognized that this has put enormous pressures on the programme at a time when tackling WPV and cVDPV has become complicated and difficult.
- Noted that before budget cuts are made, donors would like to see a more in-depth risk assessment of proposed cuts, outlining long term implications of each proposed action, and with clear mitigating strategies for each item.
- The donors would like to see the inclusion of options reflecting increased quality, increased efficiencies and a change in approach, including potential efficiencies gained from an integrated approach, as well as changing the operating model to achieve greater accountability.
- It is critical that any budget cuts are aligned with the process to revise the GPEI strategy. The donor community thus urges a swift revision of this strategy and an alignment of these two processes.
- The donors recommended gradual budget adjustments, beginning with the lowest risk options first, in conjunction with assertive fundraising. The donor community will offer their support to advocate for the programme to mobilize additional funds.
 - However high immunity and strong disease surveillance must be maintained in every country where GPEI scales back operations, and this should be closely monitored.
 - To mitigate against any negative consequences from possible budget cuts for polio eradication and global health security more broadly, the GPEI will have to have in place robust accountability, oversight and assurance mechanisms. Donors therefore would like to further emphasize the importance of the first round of Governance Review recommendations being implemented in full and rapidly.
- Finally, it is unclear to the donor community how the proposed cuts relate to the IMB recommendations from the 18th POB report. The donor community expects decisions of this magnitude to be guided by such recommendations.

Therefore, donors asked that the POB to not endorse these budget adjustments until the POB has been assured that:

1. Options for mobilizing increased funding have been exhausted.
2. Options for increasing efficiencies, quality and alternative programmatic approaches have been assessed.
3. A full, in-depth risk assessment of each area of proposed cuts, including mitigating actions and clarity on accountability, has been carried out.

The POB thanked Mr Graymore and the donor community for the statement and provided the following comments:

¹ Full donor statement is included in Annex to this document

- Chris Elias thanked Mr Graymore for his clear and concise summary, and noted that there is plenty for the POB to discuss. He agreed that speed is of the essence – and this is something to consider if choosing to make cuts that take time to implement. In these cases, the sooner we can decide where to generate savings, the more we can save from each action.
- Henrietta Fore underlined that there is a clear need to re-energize donors around polio. If we can run a ‘matching’ fundraising scheme, this could be very powerful.
- Dr Tedros clarified with Mr Graymore that, to his understanding, the POB will not in this meeting approve the proposed cuts. Instead, the partnership will re-energize fundraising efforts. He highlighted that this is not a time to retreat, rather we must be even more aggressive in our mission to achieve eradication. Otherwise 30 years of progress could unravel. Dr Tedros noted that this budget was estimated before the COVID-19 pandemic spread, and thus the financial need could in fact be even higher. Thus, we must explore multiple funding avenues. At the same time, Dr Tedros agrees with Mr Graymore that the programme must move ahead with efficiency savings and risk assessments. There is also consensus within the POB for a strong new strategy, which will help us to achieve our united goal of polio eradication. This new strategy will be a living document, and it should ensure ownership by countries, including through their contribution to the strategy development process. Implementing the priority recommendations from the governance review is also important, as this will help us move effectively and efficiently.
- Danny Graymore observed significant commonality between the donors and the POB on the budget issue and suggested this financial challenge is used to achieve programmatic change and efficiencies, whilst at the same time maintaining political momentum. The donors look forward to continued engagement.

The following action points are noted:

- **ACTION:** The POB requested that the SC does not proceed with the proposed directional priorities for budget reductions for now, but work to identify and implement low-risk efficiency savings.
- **ACTION:** The programme should conduct in-depth risk assessments of cost-saving measures proposed, including mitigating strategies and clarity on accountability.
- **ACTION:** GPEI to coordinate with donors who will advocate for the programme in order to strengthen resource mobilization with new and lapsed donors.

3. Governance Review

Aurelia Nguyen (Gavi) and Carol Pandak (Rotary) provided POB members with an update on the GPEI Governance Review.

- The GPEI governance review began following the statement by donors at the November 2019 POB meeting. This statement called for the GPEI to clarify the governance and management processes and ensure due diligence.
- The GPEI governance review working group engaged donors, GPEI teams, country and regional focal points, advisory groups and other key stakeholders. A representative from DFID was part of the working group on behalf of the donors and their input is included.

- Through this process, eight recommendations have been developed, focused on achieving four main outcomes. Some of the recommendations are related, and all are underpinned by a commitment to a culture of change. The SC has proposed a way forward for each recommendation. Two recommendations of particular importance to the POB are as follows:
 - External expertise should be engaged to provide additional guidance on the way to address the possible expansion of the POB and SC.
 - A management review should be conducted.

The POB was presented with the full set of the SC’s recommendation:

Endorse the full set of recommendations and agree to move to the next stage of the Governance Review.

1. Engage external expertise to explore possible governance models for the POB and SC that consider expansion.
2. Adhere to a 12–18-month engagement plan aiming to increase advocacy and engagement between POB/SC members, and regions and countries.
3. Set up a project management office to support the day-to-day management of the SC.
4. Agree that the programme will not introduce an independent SC chair at this time.
5. Agree that the FAC is focused only on finances and not overall programme accountability and risk and that the FAC be included as part of the management review.
6. Contract an external consulting company to conduct a management review of groups reporting to the SC.
7. Agree to strengthen information management to improve transparency and understanding of the programme.
8. Agree to improve communications so that all relevant stakeholders are up to date on the activities, progress and challenges of the programme.

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

- Chris Elias thanked Dr Pandak and Ms Nguyen for the presentation, and offered his support to the recommendations. He laid out several questions and comments before the group. First, considering the remarks from the GPEI donors, is the timeline proposed for considering expansion of the POB and SC fast enough? The recommendation is to carry out further review and if the donors are comfortable with this, this is a good step. Otherwise, the programme may risk coming across as insufficiently dedicated to swift, effective change. Second, Dr Elias asked the SC to clarify why it is proposing not to take forward the recommendation of an independent SC chair. He asked if a POB member chairing the SC would be a suitable alternative, as there was criticism of the POB not being sufficiently engaged.
- Henrietta Fore emphasized Dr Elias’s point that the governance must be fast and agile and it has to be innovative.
- Robert Redfield highlighted that to achieve meaningful outcomes from the governance review and the new strategy, the programme should first consider the new strategy, and then design the optimal governance to implement this.

- Seth Berkley noted that the evident trust deficit between donors and the programme is the fundamental issue to be solved, but cautioned that changing POB membership may not in and of itself resolve this.

Dr Tedros invited the POB members to state whether they agree with the two requests: the engagement of the external expertise to consider expanding the POB and possibly the SC, and also to conduct the management review.

- Chris Elias asked that before the POB moves to a vote, Dr Pandak and Ms Nguyen confirm whether donors believe the actions proposed are sufficient.
- Carol Pandak and Aurelia Nguyen noted that the new strategy development and the next stage of the governance review can be conducted simultaneously, and external expertise will help the teams handle these processes. Regarding the decision not to introduce an independent chair for the SC, this reservation stems from a sense that to introduce a new chair may be to default to an easy solution, when problems could in fact be better addressed through other routes.
- Chris Elias proposed that the POB invite donors and endemics to attend the POB meetings while the governance recommendations and new strategy are being developed, and for agenda items to do with realigning the budget and operations.
- Dr Tedros noted that this approach was taken during the POB meeting held in November 2019 in Abu Dhabi, with the invitation of donors and endemic representatives to the meeting, and worked well, and supported the proposal.

The following action items are noted:

- **ACTION:** POB endorses the two asks on the engagement of external expertise to receive guidance on governance models that consider expanding the POB and possibly the SC, and also to conduct the management review.
- **ACTION:** Requests the SC to develop a workplan outlining next steps to implement the Governance Review recommendations, including where POB decisions are still needed. The POB requested the SC to take this work forward in a swift manner, underlining commitment to rapid programmatic improvement.
- **ACTION:** Donors and endemics will be invited to attend the POB meetings for relevant agenda items while next steps on the governance review are being implemented.

4. New Strategy Development

Suchita Guntakatta (BMGF) briefly presented the case for a revised GPEI strategy to the POB.

- There is a strong case for developing a new strategy, informed by a rapidly changed contextual situation since the publication of our last strategic plan. The new strategy would be presented at the World Health Assembly in May 2021.
- The strategy development process has three main stages. The first stage is identifying problem statements and prioritizing them. The second stage is drafting solutions, pressure testing them, and reviewing strategy recommendations. The third stage is to present a final set of recommendations as part of the completed strategy.

- She highlighted that GPEI must put its best thinking and perspectives forward during this process, and include a broad range of stakeholders and bring other voices and perspectives to GPEI to inform solutions.

The POB was requested to respond to the following questions:

1. Do you endorse the process to develop a new polio eradication strategy?
2. How would you like the POB to be engaged throughout the process?
3. Who would you like to engage or be included on the External Advisory Group (EAG)?

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

- Chris Elias endorsed the proposed process and noted that it would be good for the POB to be involved in the process, not just signing off on the end strategy. This would help the POB meet recommendations for their greater engagement. It would be useful to have more diversity of perspectives and sectors in the EAG, including a donor perspective. It would also be useful to have more people from the EMRO region, and perhaps specifically insight from the private sector.
- Michael McGovern agreed with Dr Elias that this is urgent, and voiced his full support for the proposals.
- Henrietta Fore voiced UNICEF’s support for all of the proposals. She added that new thinking is essential – communities are thinking about immunization differently, so we need to have enough information on what has changed. We must not apply old thinking to the new situation. As much as it would be good to be singularly-focused, COVID and routine immunization are in our world now in a way that we will never be able to separate polio from them. There is just not enough funding and not enough communication to separate issues now. Working in an integrated manner needs to be a key focus of this strategy. As a result, we need people within the EAG who understand what is happening in these other sectors and in communities.
- Rebecca Martin on behalf of Robert Redfield said that CDC fully accepts and supports the proposals, and that it would be important to define a way to engage the POB and how to engage them.
- Aurelia Nguyen on behalf of Seth Berkley confirmed that Gavi is very supportive of the proposals and aligns with the comments made by UNICEF around the new context in which we operate. We must reimagine the polio strategy – particularly regarding the sustainability of the polio achievement over time. Gavi is supportive of the EAG.
- Dr Tedros voiced his wish to have a diverse EAG, ensuring not just a wide range of subject matter experts but also gender balance in line with the GPEI gender strategy.

The following action items are noted:

- **ACTION:** The POB endorses the development of a new GPEI strategy.
- **ACTION:** The POB will be closely involved in the new strategy development process. The strategy development team should come up with an engagement process and touchpoints for POB engagement.

- **ACTION:** The composition of the EAG will be reviewed to increase diversity of identity and perspectives, endemic country expertise as well as aim to achieve gender balance.

The Chair thanked the participants and closed the meeting. He noted that his tenure as POB chair is coming to an end. He would like to invite colleagues to manage the Board when he steps down.

- **ACTION:** POB members to consider offering to put their name forward to take over the POB chair.

ANNEX: Donor Statement at the August 18, 2020 POB meeting

Presented by Danny Graymore, DFID

Thank you. I would like to make a statement on behalf of bilateral, development donors. As not every donor has contributed to this statement, others may wish to add further comments at the end of this session.

We would first like to **thank the POB** for the opportunity to join for this important session.

We recognise that this a **challenging time** and that there is a need to make significant changes to the programme and the budget. Whilst we are **deeply concerned by the level of budget cuts** proposed, we also recognise that this presents an **opportunity for savings** and a way to drive positive behavioural change.

We welcome the proposal to **reduce the presence of GPEI in low risk countries** and, if done responsibly, we see this as an opportunity for greater integration of polio into national systems. Donors are ready to support GPEI in advocating for increased national ownership. Donors are also aware of the need to sustain high quality surveillance and immunity in all countries. GPEI should closely monitor this and be prepared to support if needed. Our ultimate goal is a world free of ALL poliovirus.

Donors judge these proposed budget cuts to be a mixture of efficiency savings, which we welcome, and activity cuts due to budget constraints. The latter come with significant risks attached. Donors recommend that GPEI adopts a gradual approach to budget cuts, first implementing those with the least risk, while simultaneously seeking additional funding. We can support advocacy for this, where appropriate. However, in this funding constrained environment, GPEI will also need to shift its operational model to ensure greater transparency and accountability.

Regarding the budget cuts proposed, we have several concerns.

Firstly, the **lack of risk assessment and mitigation plans** for these cuts. It is critical that when discussing budget cuts of this size that there is a full risk assessment, clear mitigating actions and a full understanding of the immediate and longer-term implications to both budget and the ability to achieve full eradication. **We would expect to see a more in-depth risk assessment prior to the POB endorsing this level of cuts to the budget.**

Secondly, we are concerned that **neither COVID-19 costs nor surveillance costs have been included**. We recognise that an exact figure for COVID costs may be difficult at this time. We do though believe that inclusion of these potentially significant costs are critical to a full analysis of budget needs.

Thirdly, we are concerned that **only programmatic cuts** have been presented. Donors would like to see the inclusion of options which **reflect increased quality, increased efficiencies and a change in approach, including potential efficiencies from an integrated approach**.

Fourthly, we are concerned that the **proposed cuts assume novel OPV will be fully effective with rapid country uptake**. This is further concerning given the likelihood of countries introducing novel OPV around the same time as a potential novel COVID vaccine.

Lastly, it is unclear how these proposed cuts relate to **IMB recommendations**. We would expect decisions of this magnitude to be guided by such recommendations.

In addition to these concerns around budget cuts, we would like to highlight two ongoing processes which are critical to successfully managing the budget.

Firstly, the **Strategy Revision**. It is critical that any budget cuts are aligned with the process to revise GPEI's Strategy. This can provide an opportunity for budget cuts to reflect a change in approach. We therefore urge the **swift revision of this strategy** and an alignment of these two processes.

Secondly, the ongoing **Governance Review**. To mitigate against any negative consequences from these budget cuts for polio eradication and global health security more broadly, GPEI will need to have in place **robust accountability, oversight and assurance mechanisms**. Donors therefore would like to further emphasise the importance of the first round of Governance Review recommendations being implemented in full and rapidly. We expect these recommendations to result in fundamental change, that lead to a real cultural shift within the organisation.

Therefore, donors ask that the POB does not endorse these budget cuts until the POB has been assured that:

1. Options for increasing funding have been exhausted;
2. Options for increasing efficiencies, quality and alternative programmatic approaches have been assessed; and
3. A full, in-depth risk assessment of each area of proposed cuts, including mitigating actions and clarity on accountability, has been carried out.

We would be happy to review this supplemental information. Thank you.