

## Meeting of the Polio Oversight Board (POB) - Teleconference

18 December 2020 | 15h00-17h30 GVA time

### Meeting Summary

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The Polio Oversight Board held its last meeting of the year virtually to take stock of polio programme epidemiology, finances, and strategy and management revision, and make decisions on next steps to achieve the polio eradication goal.

Dr Tedros opened the call and noted that the POB is honored to have the attendance of the Minister of Public Health for Afghanistan; Special Assistant to the Prime Minister for National Health Services, Regulation & Coordination in Pakistan; WHO Regional Director for the Eastern Mediterranean Region; UNICEF acting and incoming Regional Directors for South Asia; the incoming WHO Director for Polio Eradication (along with the outgoing Director, who is retiring); the major donors of the GPEI; as well as WHO and UNICEF country representatives and advisors. Dr Robert Redfield (POB member, CDC) was urgently called to the White House for a COVID-19 meeting and was represented by Dr Rebecca Martin, Director, Centre for Global Health, CDC.

Dr Tedros (POB Chair, WHO), Ms Henrietta Fore (POB member, UNICEF) and Dr Seth Berkley (POB member, Gavi) had competing appointments towards the end of the meeting. Dr Chris Elias (POB member and the incoming POB Chair, BMGF), Mr Omar Abdi, Deputy Executive Director, UNICEF and Dr Stephen Sosler, Technical Immunization Advisor, Gavi acted respectively on their behalf.

#### **Statement in support of the global roll out of the COVID vaccine**

Given the impact of COVID-19 on all corners of the world, Dr Tedros briefly discussed the current situation of the pandemic and thanked GPEI for its strong and proactive support to the COVID response across areas such as surveillance, communications, microplanning and laboratory. He highlighted yet another unprecedented challenge the world is facing – the global roll out of the COVID vaccine. The Strategy Committee is working on drafting a statement to reaffirm GPEI’s commitment that polio-funded assets and experience where possible can be used to support COVID vaccine delivery. The GPEI aims to issue the statement by the end of December, and they aim to circulate a draft to POB members next week.

In support of this work, the POB was requested to agree in principle to jointly issue such a statement.

The following comments were made:

- Seth Berkley (POB member, Gavi) supported the initiative and noted that it will be important to get the right balance between focusing on COVID-19 and on polio in the statement.
- Chris Elias (POB member, BMGF) fully agreed with the proposal to issue a joint statement and suggested for it to be linked to the WHO and UNICEF call regarding the urgency of conducting polio and measles campaigns that were suspended earlier in the year because of COVID-19. He

emphasized the importance of resuming and strengthening immunization campaigns for life-threatening diseases as well as using the polio assets for the COVID vaccine roll out.

### **Joint donor statement**

Her Excellency Ambassador Leslie Norton, Canada's Permanent Representative to the United Nations and the Conference on Disarmament in Geneva presented a statement<sup>1</sup> on behalf of the United Kingdom (FCDO), USAID, Germany, and Australia, which:

- Congratulated GPEI and all partners for reaching a successful milestone – certification of the African continent as wild polio free in August 2020
- Highlighted major contribution of the polio infrastructure to the COVID-19 response and the opportunity to integrate global health efforts as outlined in the interim program of work for integrated actions (iPOW)
- Invited GPEI and its partners to swiftly identify and implement tailored integration strategies and strongly recommended integrated services and multiple opportunities for immunization as THE only viable strategy to reach communities in insecure or inaccessible areas
- Listed five points of concern and donor community expectations for GPEI:
  1. To link the analysis of the IMB and the future work of GPEI
  2. To rapidly and fully implement recommendations from the Governance review over the next six months to improve leadership and accountability by the GPEI partners in the next year, including clear and transparent communications on the process
  3. To provide an opportunity for donors, governments and civil society partners to input to the GPEI strategy review
  4. To develop a robust approach to managing risks that clearly outlines key budget assumptions in order to better align programmatic and financial decisions
  5. To ensure necessary resources to reach eradication through intense and diverse resource mobilization, including innovative financing

Ambassador Norton thanked Michel Zaffran for his hard work and dedication, his contribution to polio eradication and continued cooperation with the partnership over the years.

The following action points were noted:

**ACTION:** GPEI to circulate a draft statement to POB members to reaffirm GPEI's commitment to use polio-funded assets and experience to support COVID vaccine delivery.

**ACTION:** POB to take into account the joint donor statement, the points of concern and the donor community expectations.

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<sup>1</sup> Full donor statement is included in Annex to this document

## 1. Polio situation update

### a. Afghanistan

His Excellency Dr Ahmad Jawad Osmani, Minister of Public Health for Afghanistan and Dr Abdul Wahid Zaheer, Director of the National Emergency Operations Centre (NEOC) gave an overview of the situation in Afghanistan focusing on programme challenges and key interventions.

- Afghanistan is facing a triple tragedy of two outbreaks and one pandemic. 56 wild poliovirus (WPV) cases and 216 circulating vaccine-derived poliovirus type 2 (cVDPV2) cases have been currently confirmed for 2020. Despite the risks and challenges implementing vaccination activities associated with COVID-19, the polio campaigns restarted since July 2020, including in response to cVDPV2 in hard to access areas in the Southern Region.
- A key challenge for Afghanistan remains inaccessibility, with continuous anti-government element bans on vaccination in the southern parts of the country. Instability, vaccine refusals, gaps in programme quality, funding constraints and poor routine immunization (RI) coverage and access to basic health services compound the challenges faced by the programme.
- The country programme is following up with a number of key interventions, including an integrated service plan, permanent transit teams, increased NGOs target with vaccinations and intra-Afghan peace dialogue efforts to combat inaccessibility. Completed and planned functional and programme management reviews aim to address programme quality and management issues.
- Additional funds are needed to implement the integrated services plan to immunize children in the hard-to-reach areas in the Southern Region. The three-year plan was prepared with input from local community leaders, donors and other GPEI stakeholders and endorsed in the last few weeks. It includes multi-antigen vaccination drives, water, sanitation and hygiene (WASH) interventions, as well as COVID-19 support to build trust in communities.

The POB was asked to assist with:

1. Advocacy with selected member states for humanitarian access
2. Uninterrupted funding and more in-country presence and inflow of technical assistance (TA) for core polio eradication strategies
3. Resource mobilization for immediate plan of vaccinating 900,000 children in inaccessible areas exposed to highest risk of WPV1 and cVDPV2 and support the expansion plan of integrated services including additional 150 health facilities (HF) (priority for National Emergency Action Plan for Polio Eradication Initiative (PEI) 2021)
4. Adapting more flexibility by Gavi for reprogramming of funds and fast track approvals for polio endemic countries
  - (Submitted through Zoom chat from NEOC Afghanistan)
    - a. Explore additional support of Gavi in the southern part of the country including funds for an expansion of the number of HFs in the south in the next Full Portfolio Planning (FPP)
    - b. Potential support for human resources (HR) at the provincial level
5. Support in review of programme management and accountability (National Emergency Action Plan for PEI and Afghanistan Health Transformation Program priority)

## **b. Pakistan**

His Excellency Dr Faisal Sultan, Special Assistant to the Prime Minister of Pakistan for National Health Services, Regulation & Coordination presented the update from Pakistan.

- The year 2020 was marked by a widespread circulation of both wild and vaccine-derived polioviruses as a result of low population immunity since 2019.
- Despite the challenges posed by COVID-19 and the pause on vaccination activities, since July 2020 Pakistan has made considerable national effort to resume routine immunization services and has implemented six polio campaigns. The hallmark of the current work is the all-Pakistan approach with commitment from top leadership across political parties and support from armed forces and law enforcement.
- Dr Sultan gave an update on the transformation initiatives of Pakistan’s polio programme to improve performance which began in 2019. He highlighted the need for revamped strategic communication, including coaching and training sessions and winning hearts through local influencers. The country invests in engaging communities in their own language, with particular focus on Pashtun communities.
- Both RI and EPI programmes are working together under the leadership of the NEOC to synchronize campaigns under the Enhanced Outreach Activities plan.

The following directional priorities for 2021 were presented to POB:

1. Maintaining highest level leadership support across political landscape and society segments
2. Consolidating and further strengthening program transformation
3. Priority community engagement
4. Strengthening essential immunization and delivering Integrated services
5. Continued enhanced focus on Super High-Risk Union Councils (SHRUCs) and core reservoirs, south Khyber Pakhtunkhwa (KP) and central Pakistan
6. Simultaneous efforts on Afghanistan-Pakistan coordination and strengthening essential immunization

## **c. Outbreaks**

While there was no presentation on this topic due to time constraints, POB members and meeting participants were encouraged to raise any questions or comments during the discussion period.

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

- Henrietta Fore (POB member, UNICEF) congratulated all health care workers on the ground in both Afghanistan and Pakistan and other countries for their dedication and hard work. She shared concern about the increasing number of wild and vaccine-derived polio cases and emphasized the importance of communication on vaccine management, as well as roll out of novel oral polio vaccine type 2 (nOPV2), which will be introduced at the same time as a COVID vaccine. Ms Fore stressed the need to raise attention to cVDPV2 outbreaks in non-endemic countries. She highlighted UNICEF’s commitment to the integrated approach outlined by donors, which UNICEF feels is key to reach the zero-dose children.

- Chris Elias remarked on the effectiveness of polio campaigns in accessible areas in Afghanistan, in comparison with inaccessible areas, where the programme is facing explosive outbreaks of cVDPV2. In line with the integrated approach, Dr Elias expressed hope that the World Bank would help the polio programme expand the quality of health care facilities in the inaccessible areas in the south, and asked POB members for their support in discussing this matter with the bank. He appreciated the coordination with routine immunization campaigns that is ongoing in both countries, and thanked the respective ministers for taking all precautionary measures to protect the health workers from COVID-19. Dr Elias commended the personal commitment of the Minister of Health of Pakistan, the political commitment of the Prime Minister and the recent formation of the polio support unit to support the Minister in the fight to interrupt transmission of wild and vaccine-derived poliovirus. He encouraged both countries to work with the Hub to build on the innovations in GIS mapping, monitoring vaccinators and identifying missed areas – mechanisms used in response to COVID-19 in Pakistan, which would contribute to reaching the ultimate goal of polio eradication.
- Rebecca Martin on behalf of Robert Redfield voiced the importance of regaining access to 2.5 million children in southern Afghanistan to provide necessary vaccination services. She further stressed the need for clear roles for all the partners working under the leadership of the Government of Afghanistan in the operations and coordination with the emergency operations centre. Dr Martin appreciated the commitment of the Government of Pakistan to finish the job of polio eradication and talked about the need to rapidly implement the changes identified through the transformation process in order to succeed. Of particular importance is addressing vaccine refusals in the Pashtun population, and ongoing use of data in real time for targeted action to close the gaps in vaccination in the underserved communities. CDC is very concerned about the spread of cVDPV2 and stresses the importance of rolling out nOPV2 as quickly as possible, in compliance with safety and continued surveillance requirements as stipulated by the EUL.
- Ambassador Norton emphasized the need for a collaborative approach in response to diseases in times of COVID-19. With reference to the presentation from Afghanistan highlighting low rates in routine immunization in the southern provinces, Ms Norton asked Minister Osmani about the planned actions to increase accountability of service providers in places like Uruzgan and Zabul where RI coverage is as low as 5%. On behalf of the Government of Canada she commended Pakistan's sustained COVID-19 response and the new polio support unit as part of its national leadership in the effort of polio eradication. Finally, Ambassador Norton encouraged an all-government approach, in particular for strengthening RI, gender equality and health systems. She specifically asked Dr Sultan how the polio support unit will engage provincial and local governments in their efforts to address polio and other vaccine-preventable diseases.
- Mike McGovern (POB member, Rotary) thanked both governments for their support and dedication to polio eradication and aligned with other POB members in commending Dr Sultan's leadership in working with all political parties in Pakistan. He pointed out that it has been over two years since Executive Director Fore called for more investment by GPEI in Integration. New tactics in resource mobilization are needed. New resources could potentially be identified outside of GPEI through the ongoing strategic planning process.
- Seth Berkley (POB member, Gavi) added his thanks to the two ministers for the clearly delivered presentations. Regarding the request from Afghanistan for Gavi to be more flexible in funding, Dr Berkley confirmed that Gavi tries to be as flexible as possible and requested more information in case of specific concerns. Gavi supports Ms Fore's focus on zero-dose

communities and the need to provide them with integrated services beyond polio and routine immunization. He agreed with Mr McGovern that it is time to move the integration agenda forward. In the meantime, he encouraged both countries to deliver multi-antigen campaigns, for example polio along with typhoid conjugate vaccines, and with measles rubella vaccines. This approach could improve the efficiencies and cost effectiveness of disease control activities. Lastly, Dr Berkley invited the POB members to think whether, where feasible, the polio programme should be moving from polio standalone campaigns to integrated delivery of broader services. He suggested to make use of the lessons learned in the super high-risk union councils (SHRUCs) in Pakistan and apply/expand the successful elements to other poorly performing union councils.

- Birgit Pickel, Deputy Director General, Federal Ministry for Economic Cooperation and Development, Germany thanked the ministers for very impressive reports and echoed earlier comments made by UNICEF and others on the potential of integration and integrated services to overcome the last challenges in polio eradication. Ms Pickel stressed the expectation to see it reflected in the draft GPEI strategy as well.

Dr Tedros invited the ministers to respond.

- Minister Sultan noted that the deployment of nOPV2, potentially coinciding with the deployment of the COVID vaccine, can be used as an opportunity. The country is putting together a full strategy for acceptance of the COVID vaccine, which could be used as a general vaccine acceptance campaign to bring communities on board for also accepting nOPV2 when it is available in-country. Regarding engaging the communities, the tremendous cooperation and engagement of communities in response to COVID, the data driven approach using GIS and other newer technologies helped build relationships and trust between different provinces of Pakistan. The polio support unit has been helpful in conducting targeted interventions and in understanding how a campaign is run. Finally on integration, he noted there is approval from all four provinces for a universal health care package of 88 interventions. These interventions will help get past the door-to-door stage to a fully integrated health system.
- Minister Osmani responded to the question on accountability of service providers in provinces with low routine immunization coverage. A team of 15 people from different partner agencies travelled to three Afghan provinces with low RI coverage, provided a comprehensive assessment of the situation and prepared a plan of action. The plan outlined roles and responsibilities for each player, mainly non-governmental organizations that are contracted out for provision of integrated services to improve the routine immunization coverage in these areas. The private sector has also been engaged for provision of immunization services and has used digital system supervision. District governance, the provincial governments and the community leaders are all closely involved. Minister Osmani personally and his team had a useful discussion during a workshop with the community leaders. In response to the second question on switching from door-to-door services to the provision of integrated services to population, the Minister noted that discussions with the World Bank will take place to increase the number of facilities providing immunization services in these three provinces.
- Ahmed Al Mandhari, WHO Regional Director for the Eastern Mediterranean (EMRO) noted that a ministerial regional Sub-committee for Polio Eradication was established this year to focus on the most critical barriers standing in the way of polio eradication. During the 67<sup>th</sup> Regional Committee for the Eastern Mediterranean in October 2020, ministers from 22 countries

supported the idea and many of them came forward asking to be members. The first meeting of the committee will take place at the end of January 2021 and the POB will be updated on the outcomes. He noted that with regards to accessing children in hard to reach areas, especially in areas controlled by anti-government forces in Afghanistan, work began last year to bring on board some governments in the region to help facilitate negotiations with anti-government elements in Afghanistan. This is an ongoing process, and the Minister of Health of Afghanistan and the authorities are made aware of the discussions.

The following action points were noted:

- **ACTION:** POB members to support discussions with the World Bank to help the polio programme expand the quality of health care facilities in the inaccessible areas in the southern parts of Afghanistan. GPEI advocacy team to develop strategy and approach for POB engagement.
- **ACTION:** GPEI Hub to support Pakistan to build on the innovations/tools used in response to COVID-19 (i.e. in GIS mapping, monitoring vaccinators and identifying missed areas) to finish the job of eradicating polio.
- **ACTION:** Gavi to consider the requests from NEOC Afghanistan on the support of a number of health facilities in southern parts of the country and human resources support at provincial level and in the ongoing Full Portfolio Planning process and planning of support for the coming years.
- **ACTION:** GPEI strategy revision process to assess whether the polio programme should be moving from polio standalone campaigns to the integrated delivery of broader services, where feasible/implementable.
- **ACTION:** GPEI, via the Hub, to use the lessons learned in the super -high-risk union councils (SHRUCs) in Pakistan and expand the successful elements to other poorly performing union councils.
- **ACTION:** EMRO polio program to provide an update to the POB on the discussions held at the Sub-committee for Polio Eradication for the WHO Eastern Mediterranean Region.

## **2. FAC update / 2021 budget discussion**

Dr Chris Elias (chair of the FAC, Finance and Accountability Committee) and Mr Daniel Walter (co-chair of the FMT, Finance Management Team) presented the POB with an update on GPEI budgetary and financial developments.

- In mid-2020, the GPEI was facing a shortfall of nearly half a billion dollars for 2021 (of ~ \$1.3 billion total estimated need), due to setbacks in the endemic countries, expanding outbreaks, and higher demands for vaccine.
- At its August 2020 meeting, the POB instructed the programme to focus its efforts on raising more resources and on identifying and implementing low-risk efficiency savings instead of proceeding with budget reductions at that point in time. As a result of this process, the programme has revised the initially proposed budget of US\$1.27 billion for 2021 and re-set requirements at US\$1.034 billion for the year.

- Total requirements (US\$1.034 billion) and early income estimate (US\$868) result in a funding gap of approximately US\$166 million. There has been no immediate increase to revenues, and thus additional resources are still urgently needed to fully finance the budget for 2021.
- In line with earlier POB recommendations, the programme considered the major budget risks posed by the proposed changes. The programme has also developed strategies to manage the US\$166 million gap until new funding can be found.
- If the \$166 million cash gap cannot be closed, the risks faced by the programme include:
  - Diminished capacity to mount a robust outbreak response and surveillance system.
  - Further cVDPV2 spread and greater pressure on the type 2 OPV stockpile.
  - An increase in WPV1 and VDPV transmission due to eliminating preventative SIAs.
  - Reduced options to manage COVID-19 and nOPV2 introduction-related cost increases.
- The FAC recommended the approval of the proposed 2021 budget of US\$1.034 billion and its gap management strategies, noting that further development and articulation of programmatic and financial risks and trade-offs are needed.

The POB was requested to respond to the following questions:

- Does the POB approve the 2021 budget at \$1.034 billion?
- Does the POB agree with gap management strategies for 2021?
- Does the POB believe that risks and mitigations are adequately addressed?
- How can the POB help the GPEI stretch or get additional resources, e.g. domestic contributions, World Bank?

The chair opened the floor for discussion on these four questions, and the following key points were made:

- Seth Berkley agreed with the budget and the gap management strategies. He commended Dr Elias and the FAC for asking the right questions on understanding the risks and mitigations. Dr Berkley further added that the programme can do more on the evaluation side, not only evaluating the risks, but also evaluating different programme strategies for value for money, to be able to pivot to a different strategy when not seeing the desired results. He underlined Gavi's commitment to work with all partners to try to do that.
- Omar Abdi on behalf of Henrietta Fore endorsed the budget and agreed with the proposed gap strategies. As mentioned by donors, a robust risk analysis is needed. Building on Dr Berkley's message about the need to evaluate strategies, Mr Abdi noted that continuing with the same strategies is unlikely to produce a different result. The strategy review presents an opportunity to look at the integrated way of running the programme, and also to do a risk reward analysis to understand what a new strategy can yield.
- Rebecca Martin on behalf of Robert Redfield conveyed the budget approval from CDC and agreed with the suggested gap management strategies. CDC believes that risks and mitigations are adequately addressed, but need to be continuously monitored, reviewed, and measured for action. Dr Martin stressed that fundraising needs to be accelerated. Given the large number and expanding scope of the outbreaks, the programme needs to start planning for contingencies applicable as of 2022, if the US\$200 million outbreak budget is exceeded.
- Beth Arthy, Head Global Funds and Senior Global Health representative, FCDO, United Kingdom informed the POB of the good news on the UK contribution of £70 million and drew POB's

attention to the key points in the Ambassador Norton’s statement on the UK expectations for the coming 6-12 months, referring to the fundraising strategy to meet the shortfall for next year. She noted that the pace of implementing the governance review recommendations need to be accelerated to show that GPEI is more accountable to key stakeholders. She agreed that a critical rigorous look at the risks is needed within the next six months, especially now when the world is in deep economic recession. She also noted that the results framework has to be completed within the next six months. Ms Arthy reiterated Ambassador Norton’s message that donors do need to be included in the discussions on the new strategy before it is finalized.

- Mike McGovern joined the POB members in endorsing the budget and expressed appreciation for the work accomplished. Following Ms Arthy’s mention of accountability, Mr McGovern highlighted how it ties with risk management and programme evaluation. Equitable and enhanced GPEI accountability is expected through the conclusions of the management review and proposals for the governance structure.
- Kate Crawford, Director, Office of Maternal & Child Health & Nutrition, USAID (via zoom chat) commented that USAID is very supportive of expanding program integration and taking risk into account. USAID looks forward to working with GPEI on strengthening governance and advancing program integration.
- Ellyn Ogden, Worldwide Polio Eradication Coordinator, USAID (via zoom chat) added that USAID fully supports the comments made by the UK, Canada, and Germany and looks forward to providing input into the development of the new strategy.

The following action points were noted:

- **DECISION:** The POB approved the 2021 budget at \$1.034 billion.
- **DECISION:** The POB agreed with gap management strategies for 2021.
- **ACTION:** GPEI to evaluate programme strategies for value for money, and do a risk reward analysis of new strategies supporting the integrated way of running the programme.
- **ACTION:** GPEI to continually monitor, review, measure and update programmatic and financial risks and mitigations to ensure they are adequately addressed, within the next six months.
- **ACTION:** GPEI to provide donors with a timeline for the implementation of the governance review recommendations. GPEI to ensure a priority on accountability within the new governance model.
- **ACTION:** SC to ensure donors are included in the discussions on the strategy, including on integration, before it is finalized.

Dr Tedros passed the chair responsibilities for the rest of the meeting and for next year to Dr Chris Elias. He mentioned that he is proud of the progress the polio programme made, and how the programme was able to help fight COVID-19. Dr Tedros thanked Mr Michel Zaffran for his work and welcomed Mr Aidan O’Leary to continue as WHO Polio Eradication Director.

### **3. Update on polio strategy revision and management review**

Dr Rebecca Martin presented an update on the ongoing polio strategy revision and management review.

#### **a. Polio strategy revision**

- The GPEI strategy revision is well under way with participation from all GPEI partners and several donors to define problems and propose solutions. These problems are broadly grouped into operational, political, social and managerial themes, with the latter three having greater weight than in previous polio eradication strategies. The strategy process has progressed to its solution design phase. Drafting will continue through February and March when the final engagement and finalization of the strategy is expected.
- Country level staff and key external stakeholders are engaged in the solution design phase. The presented timeline outlined defined points of engagement - workshops and reviews.
- The solutions are designed to address nine problem statements in the following areas:
  - Detection and Surveillance
  - Community engagement
  - Campaign quality – endemics
  - Campaign quality – outbreaks
  - Integration
  - Government engagement and political advocacy
  - Challenges unique to Afghanistan
  - nOPV2 contingency planning

#### **b. Management review**

- The management review is being conducted in conjunction with the strategy process and focuses on two primary outputs:
  - Streamline and strengthen the GPEI’s structure at the global level
  - Develop clearer responsibilities and operating norms for advisory groups via improved Terms of Reference (ToR)
- The assessment phase revealed three focal areas to address across the GPEI – via the new organizing model and group ToR: role clarity, decision-making and accountability. A trio of foundational issues also surfaced – each of which may mitigate the intended benefits of any change in organizing structure (and strategy) if not independently improved. These are authority (ability to compel or incentivize action across partners), trust (conviction that partners share a set of common goals) and agility (capacity to adapt fully and quickly to changing situations).
- The management review team is currently in the process of mapping out a future organizational model for GPEI and providing an implementation plan for proposed organizational changes. This model has recently been presented to and discussed by several GPEI management groups. The organizational model aims to:
  - Establish clear roles and responsibilities, and elevate new voices and perspectives
  - Enable well-informed and efficient decision-making at all levels of GPEI
  - Increase partnership transparency and accountability on strategy alignment and performance

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

- Mike McGovern recognized the necessity and importance of the strategy, management and governance review processes and was pleased to hear about stakeholders' engagement. Mr McGovern noted that input from governments must be a priority, and their input part of key groups within the new GPEI structure. He commented on the amount of time spent on the strategy, management and governance review process in 2020, cautioned that this should not be done at the expense of focusing on the mission of eradicating wild poliovirus and eliminating outbreaks, and expressed hope for resolving all the issues quickly.
- Omar Abdi on behalf of Henrietta Fore agreed with Mr McGovern, noting that while it is necessary to consult on the strategic and managerial processes and build a consensus, GPEI is an emergency programme and the future model for GPEI should reflect the required agility. UNICEF supports the decentralization of the programme, with the possibility for decision-making locally in the two endemic countries, where the operations are focused..
- Stephen Sosler on behalf of Seth Berkley agreed that the POB should weigh in on the headlines of the new strategy. On the POB engagement with governments, it would be prudent to know in advance how frequently the meetings will take place. Typically, the strategy committee members would need to participate in these meetings as well and be able to provide feedback. Dr Sosler further conveyed the message that Gavi supports regionalization at the operational level and the strategy development at the global level.
- Rebecca Martin on behalf of Robert Redfield added that GPEI needs to be fit for purpose, and the management processes need to be nimble and fast to be able to act quickly in order to achieve eradication. Furthermore, it is critical to have continuous monitoring of quality and accountability at country, regional and global levels. Lastly, GPEI must be laser-focused on its primary goal of polio eradication and make sure we interrupt wild poliovirus transmission and fight outbreaks.
- Michel Zaffran, Director, Polio Eradication, WHO on behalf of Dr Tedros agreed with what other POB members stated on the new strategy and proposed to focus on finalizing the strategy before fully implementing changes to the management structure. We must take time to hear the views of countries themselves as national governments are the primary implementers of the polio eradication strategy. The new Polio Director for WHO is starting early next month and WHO would like to ensure that his views are also incorporated prior to finalizing the new strategy and structure.
- Chris Elias noted the importance of bringing the governance and management reviews and strategy development process together very early in 2021. As the incoming POB Chair on 1 January 2021, Dr Elias shared his plans to be deeply engaged and to outreach to individual countries, donors and POB and IMB members to make sure all perspectives are included before critical decisions are taken in the first quarter of 2021. He further observed that the direct engagement with governments is quite helpful, and more discussion is needed on how this could be reflected in terms of POB representation. Additionally, Dr Elias reiterated that the new strategy needs to be informed by the more robust understanding of our risks, especially now when we are making difficult trade-offs about budget.
- Beth Arthy amplified the importance of integration and reiterated that it has to be central throughout the new strategy, as this is a critical path towards transition. She highlighted that the new strategy will be delivered in a resource-constrained environment due to the global economic recession. Ms Arthy noted that as the three reviews (strategy, management and governance) are brought together, risk management needs to be well integrated into this

process as well. Finally, donors do expect to contribute to the strategy development and wanted to know when this could be expected.

- Ambassador Leslie Norton noted that while Canada has been involved in many stages of the strategy development process, there is a low level of planned engagement with external stakeholders in the final stages of the strategy. She stressed the importance of this engagement in order to have stronger ownership from polio affected countries, and to have a buy-in of these governments at various levels and planning stages before the strategy is finalized. Finally, Ambassador Norton expressed hope that the new strategy fully reflects the new gender responsive approaches laid out in the GPEI Gender Equality Strategy 2019-2023.
- Birgit Pickel aligned with comments on the importance of the strategy, management and governance review processes, as crucial stepping stones on the way to polio eradication and our vision to strengthen health systems. She noted the importance of keeping the focus on the mission and highlighted the need to bring in the country perspective before the strategy is finalized. Lastly, looking at the fiscal situation, and in order to remain attractive as a partnership, GPEI must show a true commitment to integration and outline the vision for transition in the new strategy. Ms Pickel noted Germany’s support for decentralization and giving authority to where decisions need to be taken as appropriate to the strategy.
- George Laryea-Adjei, the incoming Regional Director for South Asia, UNICEF thanked the group for laying out clear priorities, and those of Afghanistan and Pakistan in particular, as well as a clear goal – to eradicate polio. He looked forward to being part of this journey in his new role.
- Hamid Jafari, Director, Polio Eradication, WHO Eastern Mediterranean Region came back to the comments made by Dr Al-Mandhari, WHO Regional Director for the Eastern Mediterranean to highlight a good opportunity to give an update on the new strategy to the new ministerial regional Sub-committee for Polio Eradication during their meeting in January. It will help secure political commitment for the strategy going forward and would also be consistent with the move of decentralization of decision-making at the regional level, both for the countries affected by the cVDPV outbreaks in the Middle East and the two endemic countries.

The following action points were noted:

- **ACTION:** The SC, via the Strategy working group, to ensure that the new strategy is informed by a more robust understanding of the risks, as per POB guidance.
- **ACTION:** The SC, via the Strategy working group, to highlight GPEI’s work on integration, ensuring it is front and center as part of the new strategy.
- **ACTION:** The SC, via the Strategy working group, to ensure gender responsive approaches are reflected in the new strategy.
- **ACTION:** The SC, via the management and governance reviews, to ensure the future GPEI model reflects the emergency nature of the program, and thus is agile and fast, as well as decentralized.
- **ACTION:** The SC to ensure that there is alignment between the changes in the GPEI’s organizational model and the outcomes of the strategy, management and governance reviews and provide regular updates to the POB on how these streams of work are moving forward together.
- **ACTION:** SC to assure that a clear set of touchpoints with donors are created as the strategy is developed and finalized, proactively communicate them to donors in a timely manner.

The Chair thanked the participants and closed the meeting.

**ANNEX: Donor Statement at the December 18, 2020 POB meeting**

*Presented by H.E. Leslie Norton, Ambassador and Permanent Representative of the Permanent Mission of Canada to the United Nations in Geneva*

Thank you. I would like to make a statement on behalf United Kingdom, USAID, Germany, Australia. Donors may wish to add further comments at the end of each presentation.

We would first like to **thank the members of the POB** for the opportunity to join this important session, which closes 2020 and prepares GPEI for 2021.

We are looking back on a **year marked by successes as well as challenges**: the African continent was certified wild polio free in August – GPEI has reached another milestone and we want to congratulate all partners on this success. Simultaneously, the COVID-19 pandemic led to disruptions of critical polio activities, putting previous achievements and our goal to eradicate polio at risk. We would like to highlight the **major contribution of the polio infrastructure** to the COVID-19 response. It shows the vast opportunities for the polio infrastructure to be used for global health security more broadly.

As we learned at the Transition Independent Monitoring Board (TIMB) meeting in November, the COVID-19 pandemic also holds the **opportunity to integrate** global health efforts.

We believe the **interim program of work for integrated actions (iPOW)**, constitutes an important step to a more systematic integrated way of working. The iPOW notes the way immunisation interfaces with other primary health care services and surveillance systems, and the need for overall change as a whole. In the coming months it will be critical for GPEI and its partners to use the present opportunity to **swiftly identify and implement tailored integration strategies** and priority actions at the global, regional, and national levels.

The main goal and responsibility of GPEI is to raise population immunity to a point where all poliovirus transmission stops and is verified. We believe there are specific geographies where an approach that provides integrated services and multiple opportunities to immunization is *THE* only viable strategy to gain access into insecure or inaccessible areas. It is thus crucial to fill the large immunity gap that is fuelling transmission in places such as southern Afghanistan. It is our sense that GPEI has not demonstrated a commitment to an integrated approach, which is counterproductive to achieving eradication, fundraising, and ownership at government and community levels. Holding funds back for integrated activities that are essential for polio eradication brings into question GPEI's ability to adapt to a changing operational environment.

Specifically, we would like to register **five points of concern** with the POB:

First, we expect to see the **Independent Monitoring Board's (IMB) analysis and recommendations** considered and fully implemented. We expect to see a **clear and direct link between the analysis of the IMB and the future work of GPEI**.

Second, we would like to again underscore how the **Governance Review** process is crucial to achieving progress on eradication, integration and transition. The formal role of Donors, governments and NGOs/civil society in the decision-making of GPEI urgently needs to be addressed in order to reverse the

current trend and overcome chronic barriers to eradication. We recommend a **rapid and full implementation of the recommendations over the next six months** as well as **improved leadership and accountability** by the GPEI partners in this next year. This includes a **clear and transparent communications** on the process.

Third, we welcome the engagement of partners and donors in the **strategy review process**. Greater involvement and leadership from government and civil society partners, particularly in Pakistan and Afghanistan, and the most at-risk countries, is critical for strong country commitment and ownership especially when it comes to implementing the revised strategy. Please note, Donors expect to review and provide input into a draft of the strategy before it is finalized.

Fourth, we believe that programmatic and financial decisions must be better aligned. GPEI has completed important work in reviewing the budget and funding gaps for 2021. As a next step, we ask the GPEI to develop a **robust approach to managing risks** that clearly outlines **key budget assumptions**. This also includes regular revision of the budget to allow for immediate reactions.

Fifth, as the Finance and Accountability Committee highlighted last week, **intense and diverse resource mobilisation**, including through innovative financing, is needed in order to have the resources available to reach eradication. Given the global economic downturn we do not see any more space for complacency. Making progress on integration, cost sharing, and maximizing synergies between related programs are likely to be essential for donor investments.

Last but not least, let me convey on behalf of all donor colleagues, our sincere thanks to Michel (Zaffran) who today is participating in his last POB meeting. Thank you Michel for your hard work, and for your dedication for polio eradication over the past years!

We welcome Aidan O'Leary into the new job and look forward to continuing the good cooperation.

Thank you.