

Meeting of the Polio Oversight Board (POB)

28 June 2018 | 17:30 – 20:00 CEST

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Mike McGovern, representing John Germ (Rotary); Omar Abdi, representing Henrietta Fore (UNICEF); Robert Redfield (CDC); Tedros Adhanom Ghebreyesus (WHO)

All Other Attendees: Akhil Iyer (UNICEF); Andre Doren (WHO); Anne Ottosen (UNICEF); Carol Pandak (Rotary); Dan Walter (WHO); Jay Wenger (BMGF); John Vertefeuille (CDC); Michel Zaffran (WHO); Michiyo Shima (UNICEF); Ranieri Guerra (WHO); Rebecca Martin (CDC); Sarah Standard (BMGF); Suchita Guntakatta (BMGF)

Opening Remarks

Dr. Elias welcomed all Polio Oversight Board members to the meeting, noting that the meeting was to be John Germ's last though he was unfortunately unable to join due to illness. The Chair welcomed Mike McGovern to his new role as the Rotary member for the POB going forward.

I. Endemic Country Updates

Presenter: Michel Zaffran (WHO)

The following updates were presented to the POB:

Afghanistan:

- 8 wild poliovirus cases and 18 positive environmental samples have been found in Afghanistan in 2018. Shahwalikot district in Kandahar Province is the site of the most recent case, with date of paralysis onset of 27 April 2018.
- Transmission has been re-established in Kandahar Province and it is concerning that some districts have been harboring transmission for more than a year.
- The biggest barrier to interruption is the lack of accessibility. There is an ongoing ban on house to house campaigns in the Southern region and persistent inaccessibility in the Eastern region due to the deteriorating security situation. The inability to implement interventions to improve quality leads to ongoing missed children. Frequent population movement in the northern and southern corridors contributes to clusters of chronically missed children.

Requests of the POB:

- Continue to ensure adequate and timely resources to fully implement the National Emergency Action Plan (NEAP) and support funding for critical complementary vaccination activities outside the Financial Resource Requirements (FRR), such as health outreach, nutrition and WASH.
- High level advocacy with the Government, including a call from Bill Gates to President Ghani stressing the need to sustain efforts and reiterate that polio should remain a priority following the upcoming elections in October.

- Urgent advocacy to gain house-to-house access for quality SIAs in the areas where restrictions on immunization activities are being imposed. Advocacy for international efforts to call for days of tranquility or ceasefires, working with the UN Secretary General to explore this option.

The POB offered thanks to the presenter and raised the following observations and questions:

- Dr. Elias noted that a request has been submitted to Mr. Gates' office regarding advocacy with President Ghani. He will follow up to advocate for the meeting to happen quickly and highlighted that Mr. Gates and President Ghani typically meet during the UN General Assembly in September.
- Dr. Redfield noted that the program seems to be in a status quo regarding security concerns and asked if there are alternative approaches that GPEI and the government should be considering.
- Dr. Abdi asked about specific recommendations regarding the request around advocacy to gain house to house access and approaches the program would suggest. He noted that children are still being missed in accessible areas and asked what can be done to improve this.
- Dr. Elias remarked that when looking at the epidemiology, there are distinctly different situations in the South and East. Advocating for days of tranquility will be helpful in the South, however the East presents a different challenge. He asked if there is another strategy being considered in the East to make progress, such as ring fencing the area with strong campaigns in the surrounding regions.
 - Dr. Zaffran noted that alternative approaches are being implemented, including working to understand and address reasons for refusals, working to improve campaign quality, and a special focus on high risk mobile populations. However, he fears that the program cannot make progress without improving access. One million kids were missed in the last National Immunization Day due to access issues. If the program does not succeed in gaining access, a new, game changing strategy will be needed to interrupt transmission.

Action items:

- Dr. Elias will follow up with Mr. Gates' office regarding advocacy with President Ghani.
- Dr. Tedros will raise the idea of a ceasefire or days of tranquility with the UN Secretary General to discuss if this is a possibility to pursue and how this would be done.
- Dr. Tedros will set up a meeting with President Ghani to advocate for access.

Pakistan:

- 3 wild poliovirus cases have been found in Pakistan in 2018. The most recent case had a date of paralysis onset of 18 May 2018. All three cases were reported from Duki District in Balochistan.
- Transmission persists in the same hotspots and reservoirs as in the past, though it is encouraging that the program is seeing a decline in environmental positives in Karachi and Quetta block.
- A key risk to the program is stopping transmission in the common corridors and Karachi, as well as stopping the outbreak in Duki. Sustaining motivation and commitment to a long running program has been a challenge, and the program continues to encounter persistent vaccination resistance, leading to insufficient immunity among geographically accessible populations. There is continued need for strong coordination with Pakistan and Afghanistan to halt transmission in the two corridors. Both countries suffer from weak routine immunization programs and this creates risk for future outbreaks.

Requests of the POB:

- Advocacy with the caretaker government to ensure that polio eradication remains a priority during political transition. No Objection Certificates are needed for international staff to visit security sensitive area to assess the strength of the program, and advocacy for the approval of the 2019-2021 multi-year budget is needed.
- Advocacy with the Government of Pakistan and donors to ensure adequate resources to fully implement the TAG approved SIA calendar and strategies in the National Emergency Action Plan, including the recommended increase in community-based vaccinators.

The POB thanked the presenter and raised the following observations and questions:

- Dr. Elias said that historically EMRO has assisted with the No Objection Certificates and noted that he has spoken with the Regional Director Dr. Ahmed and suggested he could help. He asked for any additional guidance to move this issue forward. Dr. Tedros echoed these sentiments.
- Dr. Abdi remarked that the low routine immunization coverage is putting the polio program at risk. He noted that the program should work closely with Gavi to think about what push is required to improve RI given the linkages between the two.
- Mr. McGovern voiced Rotary’s strong support for the planned increase of community-based vaccinators to push progress.
- Dr. Elias noted that BMGF will plan to engage the new government at the time of the UN General Assembly and prioritize this engagement for Mr. Gates, however the interim government engagement is being led by WHO.
 - Dr. Tedros remarked that WHO will follow up with the interim government around the requested advocacy issues.

Action item:

- BMGF to engage the new Pakistan Government at the time of the UN General assembly, while WHO will follow up on advocacy with the current caretaker government.

Nigeria:

- No wild poliovirus circulation has been detected in almost two years. There is currently circulation of VDPV2 in three states- Jigawa, Gombe and Sokoto- to which Nigeria is responding aggressively. Routine immunization is at disastrous levels in all three states, well below 20%.
- These outbreaks are manageable; there is a strong program in place with good oversight, and management of the mOPV2 vaccine supply has improved.
- Thanks to the implementation of the Reach Every Settlement (RES) and Reach Inaccessible Children (RIC) strategies, the number of unreached children has gone from over 600,000 to about 104,000 in Borno. The remaining children are spread out in over 5000 unreached settlements.
- Access to these communities is the main challenge to the program in Nigeria, as well as waning political commitment, evidenced by a reduced financial commitment from the government. Weak routine immunization also continues to be a major risk to stopping transmission.

Requests of the POB:

- Ask the POB to send a letter to the Governor of Borno State encouraging commitment to urgently closing the remaining gaps in accessibility.
- Ask the POB to send a letter to President Buhari regarding the budget and request that the National Task Force be convened to discuss polio funding, encouraging the Government of Nigeria to allocate N4 billion to polio in the 2018 budget.

The POB offered thanks to the presenter and raised the following observations and questions:

- Dr. Elias noted that the Gates Foundation has been very active, working in partnership with Mr. Dangote, advocating for access in the North. Access has improved but there are still unreached children. A letter can be sent to the head of Borno, but the Gates Foundation will continue to work mainly through Mr. Dangote. Regarding the budget, this has already been approved for 2018 and any new budget would have to come from the next government.
- Dr. Tedros remarked that the population movement in Borno back to villages can cause missed children and noted that WHO will work to implement strategies to reach these kids. He also noted that an appropriation of 1% of the federal budget was made for a Basic Health Care provisional fund that could potentially be used for polio needs. Clarity is needed on if these funds represent additionality.

Action item:

- Dr. Elias will be hosting the Minister of Health on July 8, please share any specific requests for the Minister with him.

II. Update on Outbreaks

Presenter: John Vertefeuille (CDC)

The following update was presented to the POB:

- There are multiple cVDPV outbreaks and VDPV event responses that span endemic (Nigeria) and non-endemic high-risk countries. There are currently 11 countries with some type of outbreak response.
- Recent VDPV emergencies have been demonstrating a long circulation before detection and the program is thinking about how to enhance surveillance for earlier detection.
- Many places with outbreaks have issues with insecurity and limited access which creates challenges in mounting a strong response.
- Resource distribution has been a frequent challenge that can impact planning and preparedness for SIA rounds.
- DRC responses to the outbreak to date haven't been effective and create a real risk to the region. Monitoring shows repeated sub-optimal SIA quality. Insecurity, inaccessibility, poor infrastructure and competing priorities (i.e. the ongoing Ebola outbreak) make progress difficult.
- In the Horn of Africa, early outbreak response has been strong and coordinated across countries. Still, high population movement and inaccessible areas pose a risk of geographic and international spread, and sluggish funding execution has had a negative impact on the response.

- Syria has not seen a cVDPV case in more than 8 months. Vigilance is still needed, and the next outbreak response assessment will take place in September to determine if the outbreak can be declared closed.
- Papua New Guinea has one cVDPV1 case and a bOPV response is planned for three provinces.

Requests of the POB:

- Ensure WHO and UNICEF systematically implement existing emergency procedures for the release of funds and deployment of staff in the context of outbreak responses. Polio should be prioritized as other emergencies are, such as Ebola.
- DRC:
 - Direct advocacy with the highest political leadership of DRC (Prime Minister, President, Health Minister) to improve ownership and accountability.
 - Request WHO/ UNICEF Regional Directors rapidly host a high-level meeting in Kinshasa followed by monthly calls to put the response back on track.
 - Ensure full implementation of the emergency standard operating procedures for DRC, including flexible in-country travel options.
- Continue high level advocacy with the Horn of Africa countries' leadership, using any available opportunity to promote an effective, coordinated polio response and keep this a high priority.

The POB offered thanks to the presenter and raised the following observations and questions:

- Dr. Elias noted that he will join Dr. Moeti in Dakar for the meeting of the Africa Regional Committee in August and will use this time to stress the importance of the polio outbreak response with the head of DRC. It will be important to not let the election season distract from the urgency. He noted that Dr. Moeti has advocated for funding to be released in the Horn of Africa countries, and she has been urging a strong response and coordination.
- Dr. Tedros commented that he met with the Minister of Health on his last visit to DRC and stressed the importance of prioritizing the polio outbreak response. Dr. Tedros will attend a planned meeting with the Minister on 24- 25 July in Kinshasa to further discuss the polio outbreak response and will work to increase attention and commitment to this issue.
 - Dr. Elias remarked on the importance of the upcoming meeting with the Minister and asked if Dr. Tedros could also meet with the President while in Kinshasa.

III. Finance & Resource Mobilization

Presenters: Michiyo Shima (UNICEF), Andre Doren (WHO)

The following updates were presented to the POB:

Finance:

- The 2017 financial expenditure was 8% under budget, compared to a 19% under budget variance in 2016. There is improvement closing the gap between forecasted spend and actual implementation.
- 2018 Q1 expenditures are 17% under budget, mainly due to delayed immunization campaigns.
- The cash forecast is encouraging- GPEI is fully funded for 2018. 2019 is also fully funded in principle, but there is work to be done to monetize pledges and address timing of contributions.

- The development of the multi-year budget is underway and on track to be presented to the POB at the September meeting.
- The ongoing outbreaks are a key budgetary risk for 2018. It is hard to predict how long the outbreaks will continue and the total budget space that will be required.

Resource Mobilization:

- At the recent World Health Assembly, many donors reiterated their strong commitment and support to GPEI and the need to finish the job. The PACT is currently focusing its approach on annual donors in 2018 and 2019.
- Donors are inquiring about updated budgets for 2019 and beyond, clarity on funding needs (transition, containment, post-certification), and alignment on how we position ourselves among the many asks of donors.
- The current funding landscape is challenging as the Global Financing Facility, Global Fund, Gavi and WHO are in current or imminent financing and replenishment processes. The PACT's ability to raise funds in 2018 and outer years is challenged by an absence of a multi-year budget and plan for 2019 to 2022. It will be important to keep momentum high for global polio donors in this competitive landscape.

Requests of the POB:

- POB member voices and advocacy needed within the respective organizations and externally to ensure polio stays a priority.
- Availability for potential high-level meetings during the UN General Assembly, secure opportunities for advocacy around this.

The POB members thanked the presenters and raised the following observations and questions:

- Dr. Elias provided a bit of history behind the creation of the Finance and Accountability Committee, which he chairs. He noted that a few years ago, the partnership was faced with waning confidence in GPEI's financial monitoring. The FAC was created and over the last three years has been able to surface and address concerns around expenditure tracking and budget forecasting and has greatly improved GPEI's fiscal management. This has built confidence in the donor community which has positioned GPEI to be in a strong place to raise more funding. He remarked that the partnership will need more funding to get to eradication as interruption has not happened in the current low season, and it will be important to continue to beat the drum for fundraising moving forward.
- Mr. McGovern inquired on the endgame strategy plan and when this will be updated to match the revised multi-year budget.
 - In response, Michel Zaffran (WHO) noted that the program is working on a concept note around development of the extension plan inclusive of 2020- 2023. The extension plan will be presented to the POB for endorsement at the end of 2018 or early 2019.
- Dr. Redfield asked how fundraising for GPEI will fit into the broader investment case for WHO.
 - Dr. Guerra (WHO) responded that after the GPEI budget is finalized in September 2018, WHO will align the polio component of the WHO investment case to the GPEI budget to ensure there aren't duplicate efforts or funding.

IV. Post-certification Stockpile

Presenter: Anne Ottosen (UNICEF)

The following update was presented to the POB:

- The purpose of the global stockpiles of monovalent Oral Polio Vaccine is to ensure timely supply of vaccines to respond to outbreaks of specific poliovirus types at a time when OPV is no longer used in routine immunization systems.
- The mOPV2 stockpile was established in 2015 ahead of the withdrawal of type 2 containing vaccines. Establishment of the mOPV1 and mOPV3 stockpiles is in progress, to be in place before the withdrawal of bOPV from the routine immunization systems 4 years after the last virus is detected.
- WHO governs the global stockpile of bulk and finished mOPVs. Day to day management of the stockpile is carried out jointly by UNICEF and WHO, and UNICEF holds the contracts with manufacturers.
- With the prospect of an OPV market that will hopefully sunset in the near future, a major challenge is suppliers are already planning their exit from the market, with only one major mOPV bulk producing manufacturer remaining in 2020. The program needs to continue to explore alternative options, adjust stockpiles accordingly and continue planning for the last stages of certification. Additionally, no agreed mechanism is in place to finance the establishment of the stockpile for the post-certification period. The program needs to act now to ensure that we are appropriately prepared for the future.
- 111 million doses of mOPV2 have been used to date, but still doses are expiring in the stock. This is positive for the program but has a financial impact. The team has been pushing manufacturers for shelf life extension to 7 - 9 years, which would be a significant cost driver for the stockpile.

Requests of the POB:

- Endorse the mOPV stockpile arrangement agreed by the Strategy Committee, including: exploring options to increase bulk stockpiles to 2.256B doses across three OPV types; relying on a primary stockpile holder that offers 7 – 9 year shelf life across the three mOPV types; and GPEI fundraising for the mOPV stockpiles which will be used post certification and after GPEI has dissolved.
- Take note of the necessity to write off up to 90.7M doses of finished mOPV2 due to expiry.

The POB thanked the presenter and raised the following questions and observations:

- All POB members endorsed the mOPV stockpile arrangement agreed by the SC.
- Dr. Tedros thanked the UNICEF supply division for their efforts and noted that it will be important to review the stockpile arrangements regularly to ensure adequate availability of mOPV and reduce wastage.
- Dr. Abdi underscored the importance of periodic reviews of the stockpile arrangement going forward.
- Dr. Elias remarked that the funding for stockpiles is not included in the FRR and the program should begin to think about framing fundraising outside the FRR differently. There will be costs through eradication and a significant number of costs that will need to be supported post certification,

including stockpiles. It will help the fundraising effort to frame this more broadly, recognizing that there are future resources that will be needed post certification across the partners.

V. Transition Update

Presenter: Mike McGovern (Rotary)

The following update was presented to the POB:

- It is important to note that BMGF, CDC and Rotary have all committed to support and advocate for the post-certification strategy (PCS) going forward. UNICEF and WHO have been intimately involved in the strategy and have already assumed responsibility for country planning.
- The Transition Management Group will be sunseting as the program moves to transition planning at the country level with the support of WHO and UNICEF. The TMG mandate is complete, transition plans for 14 priority countries have been finalized. This decision was endorsed by the Strategy Committee. Additionally, the decision was made to continue the secretariat to support lessons learned projects and a high level advisory group of future owners was proposed.
- Sir Liam Donaldson leads the Independent Monitoring Board as well as the Transition Independent Monitoring Board. He felt it necessary to postpone the June TIMB meeting to understand the member states' position on polio transition after the WHA and better understand ownership in this transition as it is not yet fully defined. The TIMB was established by GPEI but country planning has already moved to WHO and UNICEF. This raises the question of what the future function of the TIMB is and who should determine this, GPEI or the future owners. There is a need for continued high level advocacy and technical support. A decision on the future and direction of the TIMB is needed.

Requests of the POB:

- Guidance is needed on the future role and direction of the TIMB as a neutral and independent convening body.
- Need for high-level advocacy and technical support made up of core and expanded immunization partners and future owners that will support WHO and UNICEF activities in transition priority countries and PCS implementation. Request the POB to advocate with future stakeholders and commit their agencies to the group, as well as request a firm commitment to hold an introductory meeting of future owners and define the terms of reference for the group.

The POB thanked the presenter and raised the following observations:

- Dr. Tedros noted the importance of holding a meeting to bring together partners who will take an active role in future polio essential functions and proposed holding the initial meeting in the fall of 2018.
- Dr. Elias remarked that it will be helpful to have Sir Liam Donaldson engage directly with the POB on the role of the TIMB at the next in-person POB meeting in September. Continuing the conversation on transition while we stay focused on eradication in the shorter term is critical.

Action item:

- WHO will convene a meeting to bring together future owners of polio essential functions in the fall of 2018, exploring the possibility of planning this meeting at the time of the POB in-person meeting in September.

VI. Certification of WPV Eradication in the Context of cVDPV

Presenter: Michel Zaffran (WHO)

The following update was presented to the POB:

- The program is currently facing a number of cVDPV outbreaks, and these outbreaks are likely to continue after wild poliovirus cases are no longer seen. The Global Certification Commission (GCC) expressed concern with the public declaration of eradication of wild poliovirus while cVDPVs are still circulating. A strategic decision is needed on how certification of wild poliovirus eradication will be defined that takes in to account the cVDPV epidemiology.
- The Chairs of the relevant advisory groups were brought together in April to align on a path forward. From this meeting, it was agreed that an options appraisal document for the requirements for certification of poliovirus eradication will be developed by the GCC secretariat. Three options will be considered in the paper:
 - Certification of eradication based on the interruption of wild poliovirus alone
 - Certification of eradication based on the interruption of wild poliovirus, with the consideration of ongoing or recent cVDPV outbreaks
 - A multi-phase process for certification of eradication, with the phases including eradication of wild poliovirus, eradication of cVDPVs, and certification of containment of all poliovirus.
- The options paper will be circulated to all relevant groups for input. The GCC will make a decision on the way forward at their October meeting.

The POB members thanked the presenter for the update and made the following comments:

- Dr. Elias expressed thanks for a clear presentation of a complex issue and noted that he looks forward to seeing the paper as it is developed.
- Dr. Tedros thanked the committee for this update and remarked that communication around this issue is important to public perception. This topic will also be presented as part of the secretariat report to the next World Health Assembly.

Closing Remarks

- The chair thanked the POB members for a productive meeting.
- Though John Germ was unable to join today's call, Dr. Elias thanked him for his service, noting he has been a great contributor and a great resource to the program for many years. Dr. Elias welcomed Mike McGovern, who will be the Rotary member to the Polio Oversight Board going forward.
- It was agreed on the last POB call to move forward with convening the board more frequently given the program's current epidemiology. The POB secretariat is working to schedule a one-hour call in August.

Action Item:

- POB secretariat to send invites for a one-hour teleconference in August.