

Meeting of the Polio Oversight Board (POB)

21 March 2022 | 6:00 – 8:00 PST/ 9:00 – 11:00 EST/ 14:00 – 16:00 CET

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Aidan O’Leary, representing Tedros Adhanom Ghebreyesus (WHO); Catherine Russell (UNICEF); Mike McGovern (Rotary); Rochelle Walensky (CDC); Seth Berkley (Gavi); Peter MacDougall (Donor Representative - Global Affairs Canada)

Summary of Decisions & Action Items

<i>Decision</i>	<i>Topic</i>	
POB approved 2022- 2026 GPEI funding envelope of US \$4.8B	GPEI Multi-Year Budget	
<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
POB “surge support” requested for securing financial commitments with the investment case	POB members	ongoing

Opening Remarks

Mr. McGovern stepped in as the Polio Oversight Board Chair for the first half of the meeting. He thanked attendees for joining the meeting and gave a warm welcome to the newest POB member, UNICEF Executive Director Catherine Russell, to her first meeting of the POB.

Polio Situation Update

Presenter: Aidan O’Leary (WHO)

The following update was presented to the POB:

Program Progress and Key Challenges

- There were only six cases of wild poliovirus in 2021, which is the lowest yearly case count in the history of the program. The program is focusing intensely on the remaining areas of transmission.
- In Afghanistan, campaigns were conducted for three months without any security incidents. However, eight frontline workers were tragically killed in February, resulting in the suspension of campaigns. GPEI will continue to engage very closely with the Ministry of Interior Affairs to ensure the safety and security of frontline workers for future campaigns. There has been continued engagement to increase the number of house-to-house campaigns, with some progress being made in the eastern and southern regions which are of top priority to the program. Dr. Tedros recently met with the Health Minister, Dr. Qalander Ebad, discussing the opportunity ahead for polio eradication with a focus on the house-to-house modality, as well as highlighting the importance of women’s rights, particularly in the fields of health and education.

There are two important events taking place later this month: the U.N. humanitarian appeal to support Afghans in need; and a meeting in Doha on the future configuration and priorities for the Afghanistan public health system.

- In Pakistan, it has been almost fourteen months since the last reported case of WPV. The key focus for the program continues to be the surge effort across southern Khyber Pakhtunkhwa, as well as maintaining the focus on quality in Karachi and Quetta Block. The program has enjoyed an extraordinary level of support from the government to date, evidenced most recently with the first ever visit by Bill Gates to Pakistan. However, Prime Minister Khan faces a no confidence motion, so maintaining political support will be a key focus in the coming months.
- Malawi has declared a public health emergency due to the detection of a wild poliovirus case in the Lilongwe district on 17 February. There has been a high level of political urgency to mount an effective response, targeting all of Malawi and districts in the immediately neighboring countries of Mozambique, Tanzania, and Zambia. This will be followed by full nationwide responses in each of those four countries, plus Zimbabwe, over the next three months. A key question for the program is to understand where the virus has been since the last detection in October 2019. Environmental surveillance sites have been established across Malawi, but there has been no additional detection.
- The number of circulating vaccine-derived poliovirus cases has been trending down since 2020, and recent outbreak responses are significantly larger than in the past. The key focus over the coming months will be on campaign quality, ensuring strong preparedness as well as ensuring improvement plans are implemented.
- In Ukraine, cVDPV cases were detected in October and December of 2021. Initial outbreak response began in early February but has been discontinued due to the war. As the humanitarian crisis continues to unfold, the program is focused on supporting immunization at crossing points and with host countries for refugees. Measles, COVID-19, and IPV are the three vaccinations being recommended.
- Earlier this month, Israel recorded a cVDPV3 case, its first polio case since 1988. Israel is considering a targeted national campaign since environmental samples have been detected elsewhere in the country, and the Israeli authorities have initiated the process to procure vaccines.
- Both cVDPV1 and cVDPV2 cases have been detected in Yemen. While campaigns in the southern part of the country have been successfully conducted, there have been challenges conducting campaigns in the northern areas that are under Houthi control. This is a major source of concern for the program due to the significant zero dose populations in these areas, which can further propagate the spread of the virus.
- There has been intensive outbreak response in the first months of 2022, which will place significant strain on the outbreak response budget. The program is working to ramp up outbreak response and will either need new resource mobilization or reprioritization of the priority 1 activities approved by the POB last year to provide funding.

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

- Seth Berkley noted the strong political engagement and response plan in Malawi but emphasized how stretched the programs are with COVID-19 vaccine rollout, the concurrent cholera outbreak, and cyclone flooding. It will be important to consider integration and the possibility of joint administration of vaccines as response campaigns are rolled out. He also

shared a brief update on his recent visit to Nigeria, noting that in the face of outbreaks there, the challenge is getting down to the state level to ensure engagement in the weakest states. Focusing attention on the low coverage states and immunizing zero dose children will be critical.

- Jay Wenger (BMGF) gave a brief summary of the recent Expert Review Committee meeting in Nigeria. It was the committee’s first meeting since the start of the COVID-19 pandemic and discussion focused on recognition that failure to stop cVDPV outbreaks is a major threat, with campaign effectiveness and ownership at the state level being critical to outbreak response. Nigeria is remobilizing, and additional partner support over the last few months has resulted in increases in both WHO capacity for technical assistance and UNICEF activities. He noted the recommendations of the ERC are pending and will be finalized in the next few weeks.
- Rochelle Walensky thanked the partners for the immense amount of work being done in challenging times all over the world. She noted the situation in Malawi has demonstrated the fragility of the program’s financial system in light of having to mobilize a massive outreach campaign in the context of a single event. She asked for more detail in terms of resources for response activities in Malawi and the surrounding countries. She also asked what the program is doing to increase the effectiveness of mosque-to-mosque campaigns in Afghanistan in areas where house-to-house campaigns are not possible. Lastly, she noted that GPEI has had strong support from leadership in Pakistan and asked how the program is working to ensure we don’t lose ground if there is a change in leadership.
- Peter MacDougall asked how the program can ensure that transition is more effective, particularly in terms of post-transition governance and engagement, in order to prevent more outbreaks. He also asked if there is political outreach that could be done in Yemen through the UN Special Envoy to help with access in the northern areas that are under Houthi control.
- Omar Abdi (UNICEF) noted that he and ED Russell recently met with senior leadership in Afghanistan and pushed for house-to-house campaigns to move forward. He noted security issues will be difficult but feels there is an opening now from the de facto government to collaborate and prioritize polio eradication.
- Mike McGovern asked if the program is doing enough in the AFRO region in terms of surveillance and environmental testing, particularly after the length of time it took to identify the case in Malawi.
- Aidan O’Leary (WHO) responded with the following points:
 - He noted there has been extensive surveillance across Africa, particularly with the rollout of the nOPV vaccine as the establishment of environmental surveillance sites was a requirement in the initial use phase. The key question for the case in Malawi will be narrowing the gaps in surveillance and drilling down on areas where there is migration from Pakistan into Malawi.
 - The entirety of the Malawi outbreak response has been managed within the outbreak budget that was allocated last year, but this won’t be sustainable through 2022. The program will need to either find new resourcing or deprioritize activities.
 - GPEI has always successfully engaged with the government of the day in Pakistan but will continue to closely monitor the political situation.
 - There is recognition on the side of the authorities in Afghanistan on the importance of house-to-house campaigns proceeding, and the program is likely to have access for the

first time to some of the key provinces in the March campaigns. It will be important to continue to be agile, and to prioritize the safety of frontline workers.

- The issue of access in Yemen came to a head in the aftermath of the missiles fired against Abu Dhabi airport. The Regional Director has been heavily engaged in outreach to identify any practical means that can be advanced to support the immunization of children, and the U.N. Special Envoy could be of assistance in this area as well.

GPEI Scorecard: Monitoring of GPEI Strategy Implementation

Presenters: Aidan O’Leary (WHO) & Dan Walter (WHO)

The following update was presented to the POB:

- The scorecard will serve as the framework to assess and monitor program performance against the key goals, milestones, and performance indicators outlined in the new GPEI strategy. Quarterly updates will be shared with the POB going forward.
- The presentation focused on key performance indicators that are off track, and where course correction is needed to keep the program on track to achieving eradication by the end of 2026. Some KPIs around political will, community engagement, improving campaign operations, and improving surveillance are currently off track. The unmet 2021 target for the declaration of a national public health emergency when an outbreak is confirmed is indicative of a lack of political will and ongoing high-level advocacy will be imperative. The outbreak target for rapid response is substantially off, and timeliness of detection is far below the target for cVDPVs. Needed mitigations include increased investments in lab and field surveillance, improved sequencing capacity, and better logistics for transport timeliness.
- Many indicators show positive progress. With the recent openings in Afghanistan, there are currently no inaccessible districts, though there can be limited reach in places where only mosque-to-mosque campaigns are possible. POB advocacy and country visits have helped to garner government commitments at the highest level, which has yielded positive results. nOPV2 targets are on track, with more countries eligible to use nOPV2 when supply catches up with demand.
- In Q2, the team will report on all KPIs, as well as trends that start to become visible. The team is also in the process of refining certain baselines and targets for Q2. By mid-year, KPIs targeted towards gender mainstreaming will be incorporated into the scorecard.

Requests of the POB:

- Continue to engage and advocate for visible political commitment at the highest levels in the endemics in 2022.
- Target key outbreak countries for advocacy around timelines and quality of response in the coming weeks.
- Outreach and advocacy in countries (endemics, Nigeria, Dr Congo, Somalia) and across programs for steps to strengthen integration and convergence towards zero dose children and communities.
- Accelerate surveillance infrastructure enhancements in priority counties in Africa in the near-term.

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

- Mike McGovern noted that he is encouraged to see progress on the KPIs and identifying metrics. It will be important for the Strategy Committee to continue to focus on these KPIs and use the data as a driving force to make improvements.
- Moazzem Hossain (UNICEF) highlighted that there has been a positive reaction to the process at the country level, with Pakistan now clearing data and monitoring indicators at the national level.
- Seth Berkley stated it will be important to capture some of the positive momentum that doesn't fit neatly into these measures, such as the joint work between Gavi and GPEI on the successful MR and bOPV campaign in Pakistan. Over 90 million kids were immunized, including reaching some zero dose children.
- Peter MacDougall noted the scorecard has made progress on integrating gender into the M&E framework, but donors would like to encourage the collection of sex disaggregated data for each indicator. He asked to understand when the target will be established for program integration, as well as how the program plans to drive results and use the data to encourage change, either through advocacy or programmatic actions.
- Dan Walter (WHO) responded with the following points:
 - Integration is a new area, and the program is still gathering data to report on that. He noted that the example of the joint MR and bOPV campaign is the kind of information the program wants to collect and incorporate into the scorecard to support the measurement of the KPIs.
 - He highlighted the team is looking to identify gender indicators that really measure whether the program is fulfilling its commitment to mainstreaming gender into all areas of work, and more on this will be included in future reports.
 - Now that the program has established the baseline in relation to the KPIs, it will be a critical next step to use this information to course correct where needed and make programmatic adjustments.
- Dr. Al-Mandhari (WHO) emphasized the importance of the scorecard as a tool to understand gaps and plan the path forward. He highlighted the need for the regional offices and the Hub to have another opportunity to review and provide input on the KPIs. He also noted the positive progress in Pakistan and stressed the need to maintain momentum given the political situation in the country. In Afghanistan, he noted there is work being done at multiple levels to advocate for support of the authorities for nationwide house-to-house campaigns, with progress being made.

Statements by the IMB and PPG Chairs

Sir Liam Donaldson: IMB/ TIMB Chair

Dr. Linda Venczel & Ambassador Marc Bichler: PPG Co-Chairs

The following statements were presented to the POB:

IMB Chair Statement: Sir Liam Donaldson

- The latest IMB meeting was held in early March and the 21st IMB report will be finalized shortly. The IMB is pleased with the epidemiological progress in Pakistan though warns these gains are fragile, particularly in light of the upcoming election. The hands-on support of the Prime Minister, Health Minister, and EOC Coordinator is unique in the program’s history and if this leadership commitment disintegrates, this could be very damaging to polio eradication.
- The TIMB recently completed its fifth report, and while polio eradication and polio transition are working very closely at the operational level, more coordination is needed at the strategic level, including policy, planning, and oversight. Additionally, it is important the polio program pays attention to the magnitude and complexity of factors that are affecting the polio transition countries, including conflict, insecurity, abrupt political changes, displaced populations, lack of service infrastructure, adverse climate conditions, and economic deprivation. All of these factors impact the capacity and capability of polio affected and polio vulnerable countries to deliver polio eradication. The TIMB has recommended the POB take a much more hands-on approach to polio transition to ensure the two programs are operating closely.
- The IMB and TIMB have been commissioned for only one meeting this year.

PPG Co- Chair Statement: Dr. Linda Venczel

- The progress globally towards polio eradication is encouraging, however now is not the time to slow down efforts to eradicate polio. The wild poliovirus case in Malawi is a reminder of the importance of a strong surveillance system. Surveillance and a strong laboratory network are the cornerstones of the program, and it is critical to have adequate funding and analysis of this data to ensure the shortest time from detection to response.
- It is crucial to leverage and coordinate intensively across programs as resources can be harnessed to have a stronger and more efficient impact. Resources are needed to support Ukraine and neighboring countries in the current crisis; however, this may affect the resources available for GPEI and other large initiatives. The Polio Partners Group will leverage diplomatic efforts to push forward in these uncertain times and hopes to utilize the upcoming meeting on April 21 to identify new avenues for sustainable financing and flexible funding, while coming together to address today’s most pressing challenges.

PPG Co- Chair Statement: Ambassador Marc Bichler

- Luxembourg has long been committed to polio eradication, becoming a partner of the GPEI in 1988 and supporting the initiative on both political and financial levels. The last mile towards eradication is the most crucial and also the hardest to reach. The world is facing a particularly dire time, and solidarity must remain the cornerstone of our long-term action.
- The PPG will leverage diplomatic ties to prioritize polio eradication and address the global challenge of polio.

GPEI Multi-year Budget & Resource Mobilization Presentation

Presenters: Britta Tsang (BMGF), Ikuko Yamaguchi (UNICEF)

The following update was presented to the POB:

- The multi-year budget development process for the 2022 – 2026 GPEI Strategy has been a collaboration between technical colleagues, resource mobilization colleagues, and finance colleagues, landing on a \$4.8 billion funding envelope for the five-year period. This envelope

has been endorsed by the Strategy Committee, as well as the Financial Accountability Committee of GPEI. The multi-year budget plans for full operationalization of the polio program and is seven percent above historical fundraising levels. GPEI faces a constrained donor landscape which makes historical fundraising levels ambitious, and strong advocacy from POB leadership will be critical.

- In this budget estimate, the funding for the endemic countries remains largely stable through certification. Based on lessons learned in other geographies, the budget for infrastructure and technical assistance will stay at current levels until eradication is certified. The budget in endemic countries also reflects a continued commitment to integration, with increasing levels of investment in integrated service delivery. The budget assumes the program will maintain a strong surveillance system across the endemics and high risk non-endemic countries as this is a critical component for certifying eradication. A conservative approach was taken with outbreak response, preserving SIAs and infrastructure in the non-endemic countries. In the final year of the strategy, the program anticipates ~\$100 million in pre-cessation campaigns, in addition to the pre-cessation stockpiles included in the vaccine procurement plan.
- The inability to raise sufficient funds to fully support all activities and insufficient capacity to implement a fully funded strategy are the main associated risks and require the program to prioritize based on the ability to deliver impact, pursue innovative funding opportunities and country level resources, and plan for continued operational impediments.
- Against the multi-year budget funding requirement of \$4.8 billion, current pledges for 2022 – 2026 total \$800 million, leaving a fundraising target of \$4 billion to fill the gap. Preliminary projections for this period amount to a low scenario of \$2.39 billion and a high scenario of \$3.54 billion.
- Key resource mobilization risks include a highly competitive global health financing landscape, the perception that GPEI has not embraced integration to align with global health priorities, and timing challenges resulting in operational cash shortages. To secure funding in this challenging environment, the RMG is exploring new avenues for funding, mapping out critical capacities to tap into new markets across the partnership. The RMG will also ask donors to honor existing pledges and provide flexible funding where possible; encourage efficiencies with other partners to maximize impact; and demonstrate value for money, not only for polio eradication, but also for its long-lasting impact and contribution to global health.
- GPEI will launch a new investment case for polio eradication at the end of April and will host a virtual launch on 26 April. This tool will be used to scale up communications and fundraising efforts to engage donors leading up to the pledging event in Q4 2022. There will also be a series of momentum-building events and direct asks to donors leading up to the event. The RMG requests the POB members to attend the pledging event to build commitment and secure critical financing to fully implement the new strategy.

Requests of the POB:

- Approve the multi-year budget envelope of \$4.8 billion.
- POB “surge support” requested for securing financial commitment with the investment case, including:
 - Direct advocacy with donors for polio eradication.
 - Supporting innovative financing mechanisms.

- Communicating internally that polio eradication is an institutional priority and participating in investment case events.
- Requesting focus on zero-dose geographies in donor meetings on immunization, pandemic preparedness, etc.

The POB thanked the presenters, and the following observations and questions were raised:

- Mike McGovern shared reflections on the multi-year budget from the Financial Accountability Committee, highlighting that the FAC appreciates the consideration in the development process and endorses the budget for POB approval. He noted that Rotary supports the multi-year budget and hopes it will be a priority for GPEI to encourage countries to increase domestic resources.
- Peter MacDougall stated that donors support the multi-year budget request, recognizing this is a very ambitious target. He underscored the need for a very robust prioritization framework in place both at the annual work plan and budget level. He also stressed the importance of having flexibility built into this budget to respond to unexpected events and encouraged GPEI to follow gender responsive budgeting practices. Lastly, he asked for an update on the innovative financing mechanism mentioned at previous POB meetings.
- Chris Elias noted BMGF support for the multi-year budget. He highlighted that if the program fails to mobilize the needed resources, it will be forced to take considerable programmatic risks. It is critical to prioritize resource mobilization and noted his commitment to this as Chair of the POB.
- Rochelle Walensky confirmed CDC support for the multi-year budget and expressed gratitude for all of the work that went into the process. She flagged that the WPV case in Malawi highlights the dynamic landscape, and the program needs to use this moment of urgency to leverage resources to the best of our ability. She asked for more detail on the timing of the funding gaps.
- Seth Berkley noted Gavi’s approval of the budget and expressed appreciation for all of the hard work. He asked to hear more about the innovative financing mechanism and offered Gavi’s support and knowledge sharing in this endeavor. He stated that one of the critical issues will be what happens with the COVID-19 pandemic, as this will change the environment and the program will need to adapt. Lastly, he highlighted that outbreak incident management has to be a priority, with the partners working closely to strengthen routine immunization and improve coverage.
- Catherine Russell confirmed UNICEF’s approval of the multi-year budget, recognizing the hard work that has been done.
- Aidan O’Leary (WHO) conveyed Dr. Tedros’ support for the multi-year budget. He highlighted the importance of looking ahead to 2023 – 2026, but noted the program also needs to focus on the budget shortfall in 2022. With the additional challenges the program now has in terms of outbreaks, it is critical to work in a targeted way to address the budget gap this year. Dr. Tedros is committed to assist and support in any way needed.

Decision:

- The POB unanimously approved the 2022 – 2026 GPEI multi-year budget.

Closing Remarks

The Chair thanked the attendees for their partnership and continued commitment. The meeting was followed by a 30-minute closed executive session.