

**Meeting of the Polio Oversight Board (POB)**

8 December 2021 | 6:00 – 9:00 PST/ 16:00 – 19:00 CET/ 18:00 – 21:00 PKT

**Meeting Minutes**

**POB Member Attendees:** Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Henrietta Fore (UNICEF); Mike McGovern (Rotary); Rochelle Walensky (CDC); Seth Berkley (Gavi); Peter MacDougall (Donor Representative - Global Affairs Canada)

**Summary of Action Items**

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
<b>SC to share an assessment of the relative risks and tradeoffs in funding decisions between 2022 and 2023</b>	SC Chair	Q1 2022
<b>RMG to present a detailed resource mobilization plan at an upcoming POB meeting</b>	RMG Chairs	Q1 2022
<b>Add an in-depth discussion on the GPEI scorecard as the initial agenda item at the next POB meeting</b>	POB Secretariat	Q1 2022

**Opening Remarks**

Dr. Elias thanked attendees for joining the meeting and welcomed Steven Lauwerier to his first POB meeting. Mr. Lauwerier is the new Director of Polio Eradication at UNICEF and will represent UNICEF on the GPEI Strategy Committee. Dr. Elias also acknowledged today as ED Fore’s final POB meeting and thanked her for her enormous contributions and leadership.

**GPEI Strategic Goal One: permanently interrupt all poliovirus transmission in endemic countries**

**Presenter: Hamid Jafari (WHO)**

The following update was presented to the POB:

*Polio Oversight Board Visit to Pakistan*

- A delegation of the POB, representing all partners, visited Pakistan at the end of November. It was a productive visit with engagement and constructive dialogue at all levels of government, including the Prime Minister, Chief Ministers, and Chief Secretaries, as well as the provincial Deputy Commissioners in the key districts in Pakistan.
- The program is at a critical juncture. There has been new virus detection in the city of Tank in South KP, and new cases in Afghanistan highlight the program’s weakest link of South KP and mobile cross-border populations. There has been progress in Karachi, particularly in the reduction in the number of refusals, but the program needs to continue to push forward and make additional inroads.

- Pakistan invited an external team to conduct an extensive surveillance review, which concluded that the poliovirus surveillance system is strong overall and confirmed historic low transmission levels, with recommendations to further fine-tune the system.
- The POB mission noted the government’s commitment to continued financing for polio, and Pakistan has finalized the National Emergency Action Plan (NEAP), which will be an important roadmap for the next 18 months.
- During the visit, a nationwide integrated MR-bOPV campaign took place, demonstrating the strong synergy between the EPI and polio programs. Strengthening these linkages at all levels will build the resilience needed to protect polio’s gains and build a solid pathway for transition.
- In response to requests from the National Emergency Operations Center (NEOC), the POB mission committed to working closely with the program to address contingency funding to support additional immunization activities if needed, identifying flexible funding for the innovations and new opportunities identified, as well as actively engaging within Afghanistan and the region to advocate for full resumption of house-to-house campaigns.
- Recommendations on next steps include responding aggressively to the new WPV1 detection by conducting immediate outbreak response, intensifying coordination with Afghanistan, declaring any new virus detected as a provincial health emergency, and reporting any new virus directly to the Prime Minister and the members of the National Task Force on Polio Eradication. South KP is a focus of special attention and the mission recommended finalization of a comprehensive South KP plan to include a management structure appropriate to a very high-risk district, identifying and implementing new operational tactics to reach more children, stopping fake finger marking, and expanding routine immunization outreach together with integrated services that are important to communities. In Karachi and Quetta Block, recommendations include ensuring district administration prioritizes attention on missed children in slums, executing a rigorous microplanning exercise to ensure new arrivals from other areas are included in all vaccination activities, strengthening transit vaccination coverage and restarting coordination with the southern region in Afghanistan, and updating the plan to target clusters of persistently missed children. Additional recommendations outlined focus on female frontline workers to understand their perspective on reaching persistently missed children, the empowerment of Very High-Risk District teams, and RI strengthening in Very High-Risk Districts.
- To sustain the high level of government commitment to finish polio, the program recommends that the Prime Minister continue to engage directly with the Deputy Commissioners of all 25 Very High-Risk Districts before each NID, and the Special Advisor to the Prime Minister conduct a mission to South KP to monitor implementation of the current outbreak response and take stock of the implementation of the South KP plan.

#### *Resumption of Campaigns in Afghanistan*

- The de facto government of Afghanistan announced and supported the first nationwide campaign in over three years, which was implemented in mid-November. The security and safety of frontline workers was of utmost importance and the campaign was implemented without a security incident. 53,000 frontline workers participated in this campaign, and more than 10% of this workforce were women. 8.5 million children were vaccinated, and 2.4 million of those vaccinated had not been reached in over three years due to access challenges.
- Despite initial agreement to proceed with nationwide house-to-house campaigns, a few days prior to the campaign, the Minister of Public Health announced that the campaign would be conducted mosque-to-mosque. Through local negotiations and grassroots support, 18 out of 34

provinces were able to proceed with house-to-house delivery. Coverage was significantly worse in the mosque-to-mosque areas and ensuring house-to-house access remains a critical priority to achieving polio eradication in Afghanistan. This will need to be addressed province by province.

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

*Polio Oversight Board Visit to Pakistan*

- Chris Elias noted the real commitment to polio eradication at all levels of government in Pakistan, highlighting that the delegation visit was a return invitation from the government to build on the momentum of the earlier POB visit in June. During this visit, the delegation was able to focus attention on specific areas and issues, particularly South KP where there are significant challenges in terms of access. He also noted that the delegation had the opportunity to meet the new Minister of Health from the de facto government of Afghanistan and discuss cross border challenges. A sub-group of the delegation continued on to Doha for meetings on polio eradication in Afghanistan, focused on the challenges related to implementing campaigns in the context of the humanitarian crisis and the importance of sustaining support for the Sehatmandi program.
- Seth Berkley agreed it was a good visit, noting the impressive alignment of the polio EOC and the routine immunization team. This coordination is critical to polio eradication as well as sustaining the gains afterwards.
- Dr. Al-Mandhari (WHO) thanked the Chair for leading the POB mission, underscoring that the engagement and commitment in Pakistan towards eradication is very encouraging. At the recent meeting of the Islamic Advisory Group, Dr. Al-Mandhari shared an update on the mission to Pakistan and noted the group is very motivated to hear about the program's commitments, outcomes, and successes over the past year. Lastly, he noted the need to improve the health centers to create a more supportive environment for female health workers.
- Mike McGovern noted the high degree of alignment across the partnership, government, and EPI program that was seen on this visit. He noted the meeting with frontline workers in Karachi and witnessing their dedication as a highlight of the trip, underscoring the importance of frontline workers to the success of the program. He suggested the program needs a systematic way to hear their viewpoints to reach all children.
- Peter MacDougall noted that donors welcome the integration of EPI and polio and hope GPEI will continue to integrate polio with broader immunization campaigns going forward. There is opportunity for even further strengthening of integrated services with Gavi's five-year plan and the World Bank's health support program so it will be important to align and continue to support integrated service delivery. He agreed the importance of frontline workers, and the need to ensure the safety and security of those workers. Lastly, he noted the political leadership was quite striking and the Prime Minister's high level of engagement is driving commitments across all levels of government.
- Henrietta Fore highlighted the need for lessons learned in Pakistan that could be used as a model in other countries, both the integrated campaigns as well as fostering political commitment at all levels of government. She also noted her focus with Rotary on domestic

financing, and the lessons learned in this initiative that could be used for mobilizing domestic resources. Lastly, she noted the strong research and laboratory component of the program and asked if there are any lessons learned to translate to COVID-19.

- John Vertefeuille (CDC) noted the positive trajectory of the program in Pakistan and asked how we can help accelerate this further and provide any support the country needs to increase its efforts. It is a priority to support the program with any assets needed to interrupt transmission and finish the last mile.
- George Laryea-Adjei (UNICEF) also underscored the strong alignment and strong political and technical leadership in Pakistan. There is a strong team on the ground that is working together and driving the program forward. Communication strategies are working and the number of refusals and missed children is coming down. He noted the importance of finding points of leverage and the advocacy of the POB members to push the agenda. He flagged that Afghanistan is a priority and will impact what the program achieves in Pakistan.
- Dr. Tedros highlighted the impressive progress and noted that this is an opportunity for Pakistan but also for Afghanistan, given the strong relationship between the two countries. He also underscored the need to develop a deeper understanding of the district specific challenges and to solve problems locally; this is what will get results in the last mile of the program.

#### *Resumption of Campaigns in Afghanistan*

- Chris Elias noted the striking difference in coverage between the house-to-house and mosque-to-mosque campaigns and asked if the 18 provinces that used house-to-house delivery in the November campaign will do the same in December.
  - Hamid Jafari (WHO) confirmed this is the case and noted that Kunduz, where the recent cases of WPV were detected, has developed a strong outbreak response, and will implement three additional rounds before the end of January.
- George Laryea-Adjei (UNICEF) emphasized the importance of the coordination with Pakistan on strategies to improve coverage in Afghanistan. He also noted the importance of integration, and coordination with EPI and Sehatmandi to provide essential medicines will help the program have greater access.

#### **GPEI Strategic Goal Two: stop cVDPV transmission and prevent outbreaks in non-endemic countries**

**Presenter: Pascal Mkanda (WHO)**

The following update was presented to the POB:

- At the start of the COVID-19 pandemic in March 2020, the Africa Region paused polio campaigns to focus resources on COVID-19 response. This resulted in an increase in cVDPV2 cases, not just in those countries with previous outbreaks, but also in neighboring countries. After campaigns resumed in September 2020, cases have trended down for countries in the Africa Region other than Nigeria, which now accounts for almost all cVDPV2 cases in the region.
- 2021 saw the start of explosive outbreaks across Nigeria. In some areas, challenges include persistent low quality of response rounds with data falsification, intense transmission before implementation of the outbreak responses, large population movements and migratory patterns, and weak oversight during preparedness and implementation.

- The Global Roundtable on cVDPV2 Outbreak Response in Nigeria was convened in November in Abuja, with GPEI partners and the Government of Nigeria. The main objectives were to agree on stopping the increasing number of cVDPV2 outbreaks, align on strategies to interrupt transmission, and mobilize additional resources to implement the strategic plan. At the end of the meeting, the government and partners made commitments to support the plan for interruption of transmission.
- Next steps include immediately conducting planned outbreak responses, boosting population immunity through phased fIPV +bOPV rounds in early 2022 and the introduction of a second dose of IPV through routine immunization, and mobilizing resources to re-instate human resource surge capacity to fully implement planned activities.

#### Requests of the POB:

- Prioritize the availability of nOPV2 in the global stockpile for Nigeria to effectively conduct planned activities and rapidly stop cVDPV2 outbreaks.
- Expedite the shipment of vaccine, recognizing the current challenges of shipping vaccines as COVAX is prioritized.
- Provide funding for the required HR surge to fully implement response activities.
- Advocate for the Government of Nigeria's oversight for the upcoming response rounds to ensure timely implementation of high-quality response rounds.
- Prioritize Nigeria for IPV 2<sup>nd</sup> dose to improve routine IPV coverage to close immunity gaps in the high-risk communities.

Dr. Faisal Shuaib, Executive Director and Chief Executive Officer, NPHCDA Nigeria, shared the following comments:

- Nigeria eradicated WPV in 2020, but the rapid ramp down in human resources has created a gap and impacted the country's ability to effectively manage outbreak response.
- Political commitment is strong, there is engagement in the Nigeria Governor's Forum and continued engagement with local leaders through the Nigeria Traditional Leaders Committee on Polio Eradication. A similar platform has been established in the South to ensure traditional leaders are involved in conversations around eradication of all forms of polio.

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

- Chris Elias shared that he is encouraged by the NPHCDA comprehensive plan. He noted the important lesson from Nigeria for the rest of Africa as we begin to transition a program of immunization that has historically been dependent on funding from GPEI into more long term and sustainable sources of funding. GPEI is continuing support for 10 very high-risk countries in the Africa region, but 37 other countries are being transitioned. The program needs to learn from Nigeria's experience about the vulnerability and the fragility of success. He also highlighted the struggle with the supply of nOPV2, in part due to the dependence on a single manufacturer that has been impacted by COVID-19. It is important that countries respond quickly with the available vaccine, noting that Nigeria is a priority for the allocation of existing nOPV2 supply.
- Seth Berkley noted that increasing routine immunization coverage in the near term is critical to the success of outbreak response and flagged he will visit Nigeria in February for discussions on

strengthening routine immunization and the important work the NPHCDA has been doing to increase coverage.

- John Vertefeuille (CDC) noted the cases in Nigeria right now are concerning and encouraged preparation to use mOPV2 to respond to outbreaks aggressively and rapidly if needed. He also reiterated commitment to finding ways to support staffing and other needs so Nigeria can succeed in stopping cVDPV transmission.
- Mike McGovern expressed concern that the period of time from detection to full outbreak response is too long and is growing. He emphasized the need for urgency and focus on this issue to ensure a rapid response to outbreaks and meet the goal of stopping cVDPV transmission.
- Sir Liam Donaldson (IMB/TIMB Chair) noted the increased level of cVDPV cases in Nigeria since 2020 and asked Dr. Shuaib to elaborate on the cause of cases trending in this direction.
  - Dr. Faisal Shuaib (NPHCDA) noted the challenges of seeding from the use of mOPV2 and a decrease in routine immunization due to the COVID-19 pandemic that have contributed to the increase in cVDPV cases. Through the Global Roundtable on cVDPV2 Outbreak Response, support has been requested from the global community to manage the surge in cases. With this support, the Government of Nigeria is committed to mobilizing communities and ensuring accountability to stop transmission.
- Peter MacDougall noted that donors share the same concerns on the delay in response and reinforce the need to use available vaccines to respond quickly to outbreaks. He also underscored the need for HR surge capacity. He requested more detail on how donor governments can be helpful in advocating with the Government of Nigeria.
  - Pascal Mkanda (WHO) noted that there are many competing priorities, including COVID-19 and upcoming elections in 2023, so advocacy and continued engagement to maintain focus on polio eradication in the coming year will be very helpful to meet program goals.
- Aidan O’Leary (WHO) noted the following global update on stopping cVDPV transmission:
  - nOPV2 vaccine has been authorized for five countries, prioritizing Nigeria, and it is critically important that there is not further slippage in the campaign dates that are scheduled for December and January. In alignment with the SAGE recommendation, other countries with outbreaks will need to conduct immediate responses with mOPV. If countries delay response, there will certainly be national and international spread of cVDPV transmission.
  - tOPV and mOPV2 have been authorized for Yemen and Somalia respectively, and it is encouraging to see the aggressive approach being taken. Response in Ukraine is challenging due to the COVID-19 pandemic, and OPV campaigns are being planned for February and March.
  - Modeling approaches are underway to review the optimal allocation of all type 2 vaccines to ensure the program is on the critical path to meeting goal two. There are projected to be a billion doses available in 2022 and the Strategy Committee will follow up with more information in January.
- Jospeh Cabore (WHO) flagged the high-level advocacy that has been done by partners to ensure countries do not delay outbreak response. He agreed the importance of immediate response and high-quality campaigns to stop the circulation of cVDPVs.

- John Vertefeuille (CDC) noted that delays in responses have allowed the virus to spread and a number of countries are approaching six months since detection without starting a response. It is of critical importance to use available vaccines to respond immediately to outbreaks. He also noted there are reports that more operational support is needed in Egypt for effective outbreak response and encouraged WHO EMRO to look into this.
  - Hamid Jafari (WHO) responded that improving campaign quality and responding quickly are top priorities for the Minister of Health in Egypt. There are strong preparations for the upcoming campaign later in December, and Egypt has also increased its domestic financing for the operational costs of the campaign.
- Dr. Al-Mandhari (WHO) shared a brief update on cVDPV outbreak response in the EMRO region, including an aggressive schedule of campaigns as well as improved surveillance and coordination to ensure there are no unidentified gaps.
- Chris Elias noted that there are a number of challenges in stopping cVDPV outbreaks, including delays in response, low routine immunization coverage, and supply challenges for nOPV2. The program needs to respond quickly with available vaccine and use the existing tools in the short term to stay on track for goal two. 2022 will be a critical year for the program.

#### **Finance & Resource Mobilization Update**

**Presenters: Michiyo Shima (UNICEF), Ikuko Yamaguchi (UNICEF)**

The following update was presented to the POB:

- The multi-year budget plan is being updated to have a better estimate of the five-year strategy costs in order to fundraise for the new GPEI strategy. The program will use the approved 2022 budget as a baseline and extrapolate to out-years based on updated strategy cost-model assumptions and technical inputs. Estimated figures will be based on meeting defined targets, though figures may change due to the dynamic nature of the program and epidemiology. The team will aim to provide a high-level estimate by the end of January for use in the resource mobilization case development for support and planning.
- A cash gap analysis has been completed and estimated funds available for use in 2022 are now in the range of \$771- \$822 million. In looking ahead, it is increasingly clear that the program is at high risk of a significant funding shortfall in 2023 due to economic challenges from the COVID-19 pandemic, as well as the need to bridge current pledges with new pledges as commitments made against the previous GPEI strategy only partially fund 2023. It will be important to expand the focus of the cash flow analysis to include both 2022 and 2023 to consider tradeoffs in funding decisions between the two years. There is enough funding available in 2022 to cover all priority one activities. The Strategy Committee will review the updated 2022-2023 projections and consider relative programmatic risk when determining the allocation of available funding to priority two 2022 activities versus reserving resources for use in 2023. Additionally, GPEI will include funding and budget implementation metrics as part of a balanced scorecard to monitor program performance and clearly articulate steps for course corrections.
- The Resource Mobilization Group (RMG) is continuing its efforts on securing new funding for the GPEI 2022-2026 strategy and operationalizing existing pledges. The RMG is focused on refining the 2023 income projection to feed into the tradeoffs and risks discussion to determine funding

allocations for 2022 and 2023, developing asks per markets to set fundraising goals, and developing donor engagement tools.

- The RMG is exploring several options for a pledging moment and feels that one event will not meet all resource mobilization needs. A main pledging event is being planned in Q3 – Q4 2022, while also tapping into any existing opportunities available, both regional and global, to announce commitments, build political support, and create a series of moments throughout the year.

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

- Chris Elias highlighted the difficult financial position of the program after some donors made budget cuts against commitments from the Abu Dhabi pledging conference. He noted that there are a number of essential activities designated as priority two in the budget that represent major risks if not supported. It will be important in 2022 to sustain current momentum and implement the critical activities in both priorities one and two. The program faces some critical challenges and having the multi-year budget plan as early in 2022 as possible will be important to inform the resource mobilization efforts.
- Mike McGovern shared an update from the Financial Accountability Committee meeting earlier in the week, noting the FAC would like to have a better understanding of risk management and domestic resources, and highlighting the critical importance of resource management. He underscored that 2022 will be the most critical year yet for the program and noted hesitancy in deferring activities in 2022 to preserve resources for 2023.
- John Vertefeuille (CDC) agreed the importance of all activities included in the approved 2022 GPEI budget of \$932M and stressed the need to fund all these activities, both through cost savings as well as strong resource mobilization efforts. He asked for more detail around the RMG’s plan on timing for pledging moments that could alleviate 2023 cash flow concerns.
- Peter MacDougall shared that donors would like to see a clear assessment of the relative risk of not funding priority two activities in 2022 versus 2023, which is an even more constrained funding year. He also noted that donors are concerned about the merit of multiple pledging events given this could dilute the compelling message on polio eradication as well as the competition in the global space in 2022.
  - Ikuko Yamaguchi (UNICEF) responded that given the timing for the development of the multi-year budget and fundraising tools needed, the RMG has identified Q3- Q4 of 2022 for the culminating GPEI pledging event. However, in order to raise funding and operationalize pledges for 2023, the RMG would also like to tap into any existing opportunities for donors to announce commitments earlier in the year. It will be important to strike the balance and the RMG will come back to the POB at an upcoming meeting to present a more detailed plan.

### **GPEI Governance & Strategy Implementation**

**Presenter: Aidan O’Leary (WHO)**

The following update was presented to the POB:



- Earlier this year, the GPEI management review identified the establishment of an Executive Management Unit (EMU) as a critical dependency for the GPEI to implement its new organizational structure and enable a new way of working. The new model requires the EMU to drive connection points across groups and to work with the Global Program Support and Regional Operations groups to make actionable asks of the Strategy Committee to inform decision making. Without the EMU fully staffed, the SC has not yet fully moved to a strategic approach that aligns with the management review recommendations. To make the EMU fully operational, Suchita Guntakatta and Feyrouz Kurji will lead the group through July 1<sup>st</sup>, focused on finalizing staffing for the EMU, aligning expectations with SC members, and engaging across GPEI groups to align on coordination.
- A balanced scorecard continues to be developed, with the team focused on completing the primary key performance indicators with baselines and targets to track progress and adjust to unforeseen risks, driving decision making. There will be quarterly M&E reporting to the POB in 2022.

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

- Chris Elias shared appreciation for the work that has been done to date and offered the support of the POB to help with the implementation of the new governance model. He noted the importance of the M&E work and suggested an in-depth review of the scorecard at a future POB meeting.
- Peter MacDougall noted the M&E framework will be a very useful tool and will help the POB focus on more strategic issues. He asked if the full framework will be ready in January to begin monitoring progress.
  - Aidan O’Leary (WHO) responded that it is critically important to finalize the framework in the January timeframe and the program is committed to this timing.

### **Closing Remarks**

The Chair thanked everyone for joining, particularly thanking the regional directors from WHO and UNICEF for their strong engagement. He noted the commitment across the partnership has been significant and admirable and contributes to the progress towards polio eradication. The meeting was followed by a 30-minute closed executive session.