

## Meeting of the Polio Oversight Board (POB)

12 February 2024 | 6:00 – 8:00 PST/ 9:00 – 11:00 EST/ 15:00 – 17:00 CET

### Meeting Minutes

**POB Member Attendees:** Chris Elias (POB Chair, BMGF); Mike McGovern (Rotary); Mandy Cohen (CDC); Juan Garay (EC); Aurelia Nguyen (Gavi); Tedros Adhanom Ghebreyesus (WHO); Omar Abdi on behalf of Catherine Russell (UNICEF)

#### Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
<b>Include a session in an upcoming POB meeting on the evaluation of the switch from tOPV to bOPV, focused on lessons learned and implications for the program going forward.</b>	POB Secretariat	Q2 2024
<b>Share more detail with the POB on the planned outbreak response for the first half of the year given supply issues, including bOPV rounds.</b>	SC Chair	31 March 2024
<b>Suggestion for Dr. Tedros to formally recognize the Ministers of Health in DRC and Nigeria for their strong leadership on polio eradication efforts on behalf of GPEI.</b>	Dr. Tedros	31 March 2024
<b>Share a calendar of key regional and country level polio related meetings with donors to identify advocacy opportunities.</b>	RMG/ GCG/ PAG	31 March 2024
<b>Share concrete proposals for advocacy in specific geographies with donors.</b>	RMG/ GCG/ PAG	31 March 2024
<b>Invitation for donor engagement through senior diplomatic involvement in consequential geographies for polio. Donors are encouraged to reach out to the POB Chair and Strategy Committee for coordination.</b>	Donors	Ongoing

#### Opening Remarks

Dr. Elias thanked participants for attending the first Polio Oversight Board meeting of the year. He welcomed Dr. Juan Garay, the Head of the Sector for Health in the European Commission’s Directorate-General for International Partnerships (DG INTPA), as the new donor representative to the Polio Oversight Board. He also noted that Dr. Sania Nishtar will join the Polio Oversight Board once she begins her new role as CEO of Gavi in March.

#### Polio Situation Update & Risk Register Review

**Presenter: Aidan O’Leary (WHO)**

The following update was presented to the POB:

- The objective for Goal 1 is to reach interruption in the endemic countries by the end of the 2023/ 2024 low season. There were twelve cases of WPV1 in 2023, with an increase in environmental isolates over the past four months. The lack of a corresponding increase in cases is attributed to high overall population immunity and the expansion of highly sensitive environmental surveillance. An aggressive response is planned for the remainder of the low season, synchronized across both Afghanistan and Pakistan. Afghanistan is facing a crisis in its health system, as well as the impact of returning populations from Iran and Pakistan. Pakistan is dealing with sub-regional tensions, elections, and deteriorating security dynamics, including the tragic recent killing of a local medical officer.
- The interruption timeline for Goal 2 has been extended until the end of 2025, with a strong focus on achieving interruption in DRC and Nigeria by the end of 2024. There have been steady declines in overall cVDPV2 case numbers since the peak in 2020, but recent trends in new emergences are concerning. Since 2022, cVDPV2 cases in DRC, Nigeria, Yemen, and Somalia have accounted for over 75% of global cases. In Nigeria, targeted responses in key local government areas are key to stopping transmission, and in DRC, the focus is on overcoming microplanning and access challenges, with an intensive logistical effort underway to reach all children. In 2023, cVDPV1 cases were reported in three countries, DRC, Madagascar, and Mozambique. The program will continue aggressive outbreak response in 2024.
- nOPV2 supply constraints have impacted planned campaigns, however Q1 campaigns are still expected to reach more than two hundred million children. The program hopes to resume supply in the second half of May. Additional mitigating actions are being explored to bring this date forward, including expediting the pre-qualification of a second supplier.
- At the October POB meeting, there was a request to engage with Gavi leadership on polio transition to ensure linkages with the Gavi 6.0 strategy process. Subsequent meetings between Gavi and GPEI have focused on progress with routine immunization performance for polio and the zero-dose agenda. There are ongoing discussions around vaccines, surveillance, and emergency response to feed into the Gavi 6.0 strategy development timeline.
- The five programmatic priorities for 2024 are: 1) interrupting WPV1 transmission in 2024; 2) stopping transmission in the most consequential geographies; 3) responding in emergency mode to new outbreaks; 4) tackling ongoing outbreaks; and 5) preventing new outbreaks.

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

#### *Goal 1*

- Chris Elias noted the program is facing strong headwinds, with January campaigns interrupted by security events in Pakistan and challenges in Afghanistan. He highlighted the need for a concerted effort from all partners to reach the de facto authorities in Afghanistan to overcome barriers to responding to polio cases and facilitating sample shipment and testing.
- Hamid Jafari (WHO) acknowledged progress in Afghanistan, with the quality of work improving in the east region. He outlined challenges with the de facto authorities following a reported polio case, resulting in a temporary suspension of campaigns and sample shipments. However,

positive discussions with the Minister of Health and other government authorities indicate a potential resolution. The inauguration of a polio direct detection lab in Kabul will help address sample shipment concerns, and plans are in place to engage the Regional Subcommittee to seek their intervention if needed.

- Dr. Hanan Balkhy (WHO) emphasized her commitment to working closely together on polio eradication as the new EMRO Regional Director and highlighted the upcoming visit to Afghanistan to further discuss these issues, outlining next steps if progress stalls.
- Omar Abdi noted positive support for polio eradication efforts following the UNICEF Executive Board session, emphasizing the importance of strong engagement. He underscored that now is the opportunity to interrupt transmission in the endemics and double down on the efforts in the eastern region of Afghanistan. He noted UNICEF is committed to collaborating on advocacy efforts to support eradication.
- Sanjay Wijesekera (UNICEF) underscored the willingness of teams in the endemic countries to work together on advocacy and address resistance issues with communities.
- Mandy Cohen emphasized the importance of innovative actions to make progress in polio eradication, pressing the need for urgency.
- Juan Garay urged GPEI to present donors with concrete proposals to enhance coordination, personal engagement, and support for advocacy efforts.
- Aurelia Nguyen asked for further clarification on scenario planning around the end of the low season and the impact on timelines for eradication.
- Mike McGovern noted the efforts in Southern Khyber Pakhtunkhwa and asked if the program is making enough progress there to reach interruption.
  - Aidan O’Leary acknowledged the extensive efforts and significant security challenges faced in Southern KP, noting the persistence of the teams on the ground to use every possible modality to reach all children, though there is still work to be done.

## *Goal 2*

- Chris Elias noted the program is making progress, but it needs to be accelerated. He expressed optimism for progress in Nigeria and DRC due to strong leadership from the Ministers of Health in those countries and suggested it would be impactful for Dr. Tedros to recognize their polio eradication efforts on behalf of GPEI.
- Juan Garay shared concerns from donors around the high number of risks in the GPEI’s risk register, asking about the adequacy of mitigation measures and the frequency of updates to the risk register. He emphasized the need for realistic expectations regarding nOPV2 supply issues and the impact on campaigns, urging continuous engagement with donors on risk and mitigation strategies. Additionally, he asked how donors can support access discussions and security challenges via diplomatic channels. On integration, he asked for updates on implementation of the IMB’s recommendations, opportunities for integration to be expanded, additional detail on budget adaptations for integration activities as part of the multi-year budget process, and updates on collaboration with Gavi, highlighting the need for a comprehensive plan and concrete agreements to address the integration challenges.

- Mandy Cohen highlighted the impact of the nOPV2 supply issues on reducing planned campaigns and recommended using this as an opportunity to move forward with preventative bOPV campaigns.
- Aurelia Nguyen underscored Gavi’s emphasis on reaching zero dose children, noting the important opportunity of integrating bOPV into catch-up campaigns, particularly in the consequential geographies. She also requested the POB discuss the evaluation of the switch from tOPV to bOPV for lessons learned and implications for the program going forward.
- Aidan O’Leary noted that despite supply disruptions, the program is still planning an aggressive outbreak response in the first half of the year, targeting vaccinating more than 215 million children by the end of May, with an additional sixty-five million doses of bOPV administered. The Strategy Committee will continuously review the prioritization of activities based on emerging opportunities to inform decision making. He also noted the integration fact sheet was released in January, with the purpose of aligning at the global, regional, and country levels on the integration agenda and framework.
  - Chris Elias asked the Strategy Committee to share more detail with the POB on the planned outbreak response for the first half of the year given the supply issues, including the added bOPV rounds.

**Action Item:**

- Share an update with the POB on the planned outbreak response for the first half of the year given supply issues, including the added bOPV rounds.
- Include lessons learned from the tOPV to bOPV switch evaluation as a topic at an upcoming POB meeting.
- Suggestion for Dr. Tedros to formally recognize the Ministers of Health in DRC and Nigeria for their strong leadership on polio eradication efforts on behalf of GPEI.

**2024 GPEI Budget**

**Presenter: Simmi Sharma (WHO)**

The following update was presented to the POB:

- Following the approval of the \$1.1B 2024 GPEI budget at the October POB meeting, the FMG has completed the 2024 budget prioritization as well as the 2024 cash gap analysis. Priority 1 activities total \$992M with available resources of \$945M, leaving a \$47M gap. Priority 2 activities total \$117M, which are currently unfunded. The overall 2024 cash gap is currently \$164M.
- Priority 1 activities cover almost 90% of the overall GPEI budget, with a funding gap of \$47M for outbreak response activities. While the shortfall is less than 5% of the projected available resources, it is important for the gap to be addressed in Q1 given the criticality of the outbreak response, with a significant number of outbreak campaigns front loaded in the first half of the year. The FMG and RMG are working closely to realign resources to close the gap by the end of February.
- Currently unfunded priority 2 activities include planned preventative bOPV campaigns. Most of the priority 2 activities will be due in the second half of the year and the program will continue to use dynamic budgeting and monitoring cash flow closely to identify any available funds. A set

of criteria will need to be developed around moving activities from priority 2 to priority 1 should funding become available.

- Next steps include a review of the ORPG’s revised prioritization to assess the impact on cashflow and timing, and to align resources with the capacity to implement. Additionally, GPEI will continue targeted advocacy with donors on the timing and specificity of funding, timely monetization of the EIB and AFD contributions, and explore opportunities for mobilizing additional resources.
- The overall funding outlook against the current strategy period of 2022 – 2026 shows available resources of \$3.6B against the multi-year budget of \$4.8B, with a current resource gap of \$1.2B. If donors maintain historical levels of funding and lapsed/ new donors provide additional funding, GPEI estimates that an additional \$600M could be raised through 2026. However, the gap is unlikely to be filled given current discussions with donors, upcoming replenishments, and the highly constrained global public health financing landscape. Additionally, with the carryforward funds applied to the current strategy period, GPEI will not have funding to apply toward 2027 – 2028.

Mike McGovern, Chair of the Financial Accountability Committee (FAC), shared reflections from the January FAC meeting:

- He noted the FAC is concerned with the reliance on underspend to fund the budget as well as the long-term funding prospects, highlighting a looming cash gap in the later years of the current strategy and extended timelines for eradication. He acknowledged the positive impact of dynamic budgeting, allowing budget space transfers to critical areas. He highlighted the transparency and information flow, noting the focus for the FAC in 2024 will be on the multi-year budget, the drivers of underspend, and the implications of eradication timelines, recognizing significant challenges ahead in securing funding.

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

- Chris Elias highlighted the challenging fundraising environment, and the importance of integrating budget prioritization with realistic resource mobilization. The multi-year budget process will be critical for aligning internal priorities and tradeoffs with achievable fundraising targets. He emphasized the critical role of the Gavi 6.0 strategy in supporting polio-related activities, particularly IPV and hexavalent, and underscored the need for partners to support resource mobilization for Gavi. He outlined recent innovative financing successes and highlighted the necessity for new grant funding and POB advocacy around resource mobilization. Lastly, he asked for additional details on the gender budget line item and ongoing work.
- Mandy Cohen called out the opportunity to reallocate additional funding towards prevention efforts due to campaign delays not yet accounted for, emphasizing the importance of proactive management and prioritizing prevention.
- Juan Garay commended GPEI’s efforts and raised concerns on behalf of donors regarding the \$600M budget gap. He asked about plans to diversify the donor base and highlighted potential challenges with the initiative's vertical approach, suggesting that a more integrated approach with links to primary healthcare, civil society engagement, and long-term transition planning

might attract additional funding. He also proposed closer coordination with Gavi, the Pandemic Fund, and Global Health Security Programs to increase financial support.

- Simmi Sharma acknowledged ongoing uncertainties regarding vaccine supply and its impact on planned activities, though noted it is a slippage in timing rather than activities not moving forward. She addressed the gender budget line item, noting the priority 1 funding amount is based on 2023 implementation and assuring the POB that funding for the gender initiative is manageable within the budget. She also agreed the importance of integrating resource mobilization with the multi-year budget planning process.
- Aidan O’Leary expressed deep appreciation for partners and donors, highlighting the strong start to 2024 and considerable progress in implementation rates over the past few years. He emphasized gender as a priority and the criticality of mainstreaming gender into all activities, with openness to further increase funding based on 2024’s implementation success. He flagged the intent to maximize feasible approaches to integration and welcomed input from partners and donors.

### **2024 POB Engagement & Advocacy**

**Presenters: Clare Creo (WHO) & Sona Bari (WHO)**

The following update was presented to the POB:

- The presentation was made on behalf of the Political Advocacy Group (PAG), the Resource Mobilization Group (RMG), and the Global Communications Group (GCG), and the presenters thanked the POB members and UNICEF and WHO Regional Directors for all of their advocacy efforts in 2023. Risks to sustained political and financial commitments in 2024 were identified in the IMB report and the GPEI risk register, including loss of political commitment in Pakistan, diminished commitments from member states, geopolitical factors hampering campaign response, and the risk of insufficient resources. Program performance risks are related to resource mobilization and communications in that they affect confidence in the program.
- The key objectives for political advocacy in 2024 are focused on maintaining the highest level of political commitment for polio eradication activities, including maintaining political commitment in endemic and consequential geographies, ensuring political oversight of rapid and high quality outbreak response in all outbreak countries, demonstrating continued multilateral commitment at both regional and global levels, and using humanitarian diplomatic channels to increase access for vaccination.
- Top priorities this year for resource mobilization advocacy include mobilizing donor support for the extension of the GPEI strategy and for an increase in the GPEI budget, continuing to help secure financial and political commitment to close the funding gap, and maintaining polio as a top priority on the global health agenda given the highly constrained resource mobilization environment.
- 2024 communication efforts will focus on using leadership voice to build confidence and support for polio eradication, supporting the resource mobilization efforts and PAG activities, coordinating closely with regions and countries to help raise key country stories and innovations across program delivery to global audiences, and collaborating with broader immunization partners to ensure polio is showing up throughout related activities.
- Requests for POB engagement include personal outreach to newly elected leaders to ensure commitment to eradication, interventions in critical areas for increased access, POB visits to priority countries, direct advocacy with donors, leveraging roles as gender champions, helping

polio show up in global media, and attending key GPEI events. The POB Engagement Plan will continue to be shared quarterly in advance of POB meetings, including specific asks tailored to the needs of the countries and the program.

#### POB Feedback Requested:

- Do you have any feedback on the priorities presented? How can GPEI groups better support POB engagement requests for political advocacy, resource mobilization, and communications?
- Are there additional challenges to maintaining political and financial commitment amongst donors, polio affected countries, and other stakeholders in 2024?

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

- Chris Elias encouraged new POB members to become formal gender champions, noting the importance of focusing on gender integration in the program and its impact on the quality of campaigns in recent years. He also encouraged donor engagement through senior diplomatic involvement in consequential geographies for polio, inviting any donors that are interested to reach out to the POB Chair and Strategy Committee for coordination to maximize impact. Additionally, he underscored the challenging resource mobilization environment ahead, stressing the need for a unified voice with Gavi on replenishment rather than a narrative of competition.
- Juan Garay emphasized donor responsibility in advocating for polio eradication and requested a calendar of key regional and country level polio related meetings to identify advocacy opportunities. He also asked that GPEI approach donors proactively with concrete proposals for advocacy when there are critical issues in specific geographies. He asked how GPEI is building advocacy efforts beyond the endemic countries and consequential geographies, as this will be important to support the final stages of eradication and transition. Lastly, he asked what advocacy is being done to support an increase in IPV rates and if more could be done to advocate for stronger routine immunization programs.
  - Clare Creo & Sona Bari responded that the advocacy focus is on country specific plans including bringing in all partners, and this is a place for donor engagement. Efforts to boost IPV through catch up campaigns are underway, with joint messaging on routine immunization being a key component. Many of the donors are already engaged with the Immunization Agenda 2030, and the program will work closely with donors to identify opportunities at the global and country level.

#### Action Items:

- Invitation for donor engagement through senior diplomatic involvement in consequential geographies for polio. Donors are encouraged to reach out to the POB Chair and Strategy Committee for coordination.
- Share a calendar of key regional and country level polio related meetings to identify advocacy opportunities shared with donors.
- Share concrete proposals for advocacy in specific geographies with donors.

**Closing Remarks**

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