

Summary of the Polio Oversight Board (POB) Teleconference

19 March 2019

POB member attendance: Chris Elias (BMGF), Rebecca Martin, for Robert Redfield (CDC), Seth Berkley (Gavi), Mike McGovern (Rotary), Akhil Iyer, for Henrietta Fore (UNICEF), Tedros (WHO).
Presenters: Michel Zaffran (WHO), Chris Maher (WHO), Andre Doren (GPEI)

1. Opening and welcome

Dr Tedros opened the meeting, the first of 2019 and his first as POB chair, by welcoming Seth Berkley, CEO of Gavi, the Vaccine Alliance, who accepted to join the POB earlier this year. Dr Tedros highlighted that Gavi's participation in the POB is an important step to formalize the long-standing relationship and collaboration that already exists between Gavi and Polio—going back to the early 2000s. The full details of Gavi and GPEI's formalized collaboration are currently being worked out by both teams.

Dr Berkley thanked the chair and noted that he looks forward to working as part of the POB to see how GPEI and Gavi's combined strengths can make a bigger difference in the lives of children.

The chair closed the opening by reviewing the proposed agenda for the call, which all members endorsed.

2. 2019 POB vision and action plan

On behalf of the Chair, Michel Zaffran provided an overview of the draft 2019 POB vision and action plan. It was noted that 2019 is a critical year for Polio Eradication—a year in which Africa will likely be declared polio free, there is the potential to interrupt polio transmission in Afghanistan and Pakistan in this low season, and wild polio virus type 3 will likely be certified as eradicated at the end of the year or shortly afterwards.

In addition, GPEI is developing a new strategy for 2019-2023. Implementing this strategy will require the full political commitment of all stakeholders, and new ways of working for the partnership both globally and in countries. These efforts will need to be supported by new funding from existing and new donors.

The POB is uniquely positioned to ensure these objectives are achieved. The action plan proposes a concrete, structured way to ensure this is done and identifies the most strategic moments where the POB's actions will be critical, and where they will have the greatest potential for impact.

POB comments

- **BMGF** thanked the Chair for presenting this action plan and noted its appreciation for the fact that the plan lays out POB activities for the year. This is especially important around resource mobilization, as this is a busy year of replenishments and funding requests in the global health sphere. BMGF reiterated the need to ensure polio is prioritized within each agency, but to be cognizant that this is not at the expense of other priorities. BMGF closed by highlighting that POB needs to stay very well coordinated around major programmatic milestones and be aligned in its activities and communication.
- **CDC** appreciated the detailed plan and reiterated their commitment to support these efforts. While agreeing that this is a busy year, they noted there must be a clear focus to enable polio efforts to move forward and ensure eradication is achieved.
- **UNICEF** supports the plan and highlighted the need to ensure all necessary support is provided to Pakistan and Afghanistan, including any changes that may be recommended following the planned in-country HR and management reviews, to reach eradication. UNICEF is committed to prioritizing resource mobilization for polio this year, and ED Fore will try to visit an endemic country this year.
- **Rotary** agrees with the plan.
- **Gavi** notes this is a busy and important year for Gavi as well GPEI, and thus presents an opportunity to coordinate messaging and activities. The example of the coordination between polio and immunization was demonstrated in the outbreak response to the circulating vaccine derived polio virus (cVDPV) in Papua New Guinea. This has led to strong measles/rubella vaccination campaign planning, a well-developed immunization system recovery plan, which will also help avoid future cVDPVs, as well as strengthened immunization systems. Gavi hopes to see this model replicated elsewhere.
- **WHO** reiterated its commitment to polio eradication, noting that the program has now moved to the Director-General's office. In response to requests for updates from the POB, WHO noted that

the Polio Transition work will now be overseen by the Deputy DG, so that there can be full programmatic inputs from all related teams at WHO, such as immunization and emergencies. As the country plans currently are of varying quality, having input across the organization from all technical areas will be critical to strengthening them. An information session was held for member states earlier in the day where a WHO budget update was given, which also included an update on polio. It was noted with concern that as GPEI is extended until 2023, many non-endemic and non-outbreak countries have interpreted this as having access to continued GPEI funding and thus not needing to raise their own resources or find alternative resources, which is not the case. Further communications on this are planned to clarify the issue.

The POB was requested to

1. Endorse the 2019 POB vision and action plan in principle
2. Propose comments, improvements and additional activities

In response, POB members endorsed the 2019 vision and action plan in principle and agreed to send any specific activity suggestions to the POB secretariat for inclusion by April 20, 2019.

3. Reviewing the situation in Afghanistan and Pakistan

Chris Maher provided the POB with an update on the situation in both Afghanistan and Pakistan which remains challenging, not just for polio but all health initiatives.

In Afghanistan, the most recent polio cases were detected in mid-February. The programme is still facing a ban on house-to-house campaigns in major parts of the Southern region. After negotiations, site-to-site campaigns have been allowed, which has enabled some vaccination to occur in these provinces. While this approach has reduced the overall number of unvaccinated children, data suggests at least a 20% reduction in coverage from what was seen in previous house-to-house campaigns. However, monitoring remains a challenge as access for program staff remains extremely limited. Peace talks are proceeding with some optimism for a resolution, which would aid eradication efforts. However, it was noted that even in areas under government control, campaign quality is not always optimal. This is partly due to challenges the population is facing in accessing basic services. Pockets of refusals continue in the country and efforts are ongoing to address them. The joint visit of the WHO DG and RD EMRO in early January was highlighted as a key element that contributed to an increasingly positive environment in the country.

In Pakistan, the most recent polio case was seen in early March. Pockets of persistence in the main reservoirs of Khyber / Peshawar, Quetta Block and Karachi continue to drive transmission and cross border movements remain a concern. Thanks to the dedication of teams on the ground, a fractional dose IPV campaign was carried out in the core reservoirs (using jet injectors in Karachi), despite extremely heavy rain and challenging conditions. Vaccination at border crossing points continues in both countries and following discussions between the two national programmes is being expanded from children under 10 years of age to all age groups, commencing in late March. Collaboration on the provision of basic services is ongoing to help increase acceptance and improve health in key reservoir areas. Politically, the climate remains very challenging. It was highlighted that advocacy at the highest levels is important to keep the Prime Minister fully engaged directly in eradication efforts.

POB comments

- **BMGF** raised the question as to how the POB could be of best use in advocacy efforts in Pakistan and enquired what else could be done to ensure that polio and immunization efforts in Pakistan were working together in as optimal a manner as possible.
- **CDC** updated the POB that they are now having regular calls with US ambassadors in both Afghanistan and Pakistan. CDC further highlighted the need to ensure EOCs are well supported in these countries—especially the sub national EOCs—and that they have access to all the data they need, along with the capacity to analyze that data, either in country or out of the country as needed. CDC highlighted that accountability needs to be clear on this issue across the partners. CDC noted that they feel any environmental positive sample should generate the same type of response as an AFP positive sample.
- **Gavi** noted that their overall feeling is that immunization and polio are working well together in these countries. Gavi noted that it would like to see joint accountability and implementation framework for both polio and immunization in both these countries. Gavi noted that they would be willing to support any expansion of the site-to-site vaccination in Afghanistan to include other vaccines, and not just polio, which may also help with acceptance.
 - o In response, it was noted that the site-to-site vaccination is occurring in roving locations, by community vaccinators, and provisions of additional injectable vaccines is unlikely to be feasible at this time due to logistical and security constraints.

- **Rotary** noted they have a high-level visit planned for Pakistan and will ensure their messaging is coordinated with the POB.
- **UNICEF** thanked BMGF for Bill Gates' call to President Ghani for his high-level advocacy on a number of important points related to the polio programme. UNICEF remains very worried about the persistence of transmission, including in accessible areas, and will be continually reviewing and improving communications strategies to try and address this.
- **UNICEF** also provided an update on the \$50million for 50 communities initiative, launched by ED Fore at the last POB meeting. Provision of essential services together with polio vaccination is ongoing in Pakistan in Karachi, Gadap, Peshawar and in Afghanistan in Kandahar city. The package of services includes water, sanitation, nutrition and health services—which include but are not limited to immunization with other vaccines. After detailed planning, the total budget needed for this effort is USD\$57m and funding proposals have been prepared. To date, about 1/5th of that has been mobilized, largely through an allocation of funds from UNICEF HQ, reallocation of funds from within the UNICEF non-polio budgets at the country office level and a non FRR contribution received by UNICEF from BMGF for Afghanistan. It was also noted that BMGF and Rotarians have also supported basic services initiatives such as support to immunization and WASH projects. Notwithstanding, the lack of full funding has impacted scale-up of this initiative.

The POB was requested to

1. Dr Tedros to reach out to highest levels in Afghanistan to reiterate the importance of security support in the country to eradicating polio.

Dr Tedros agreed and proposed to also discuss the situation in Afghanistan with President Ghani.

2. Advocate with Pakistani government at national and subnational levels to ensure that the programme remains apolitical and fully supported by government (in addition to working with key influencers in country: e.g.US Ambassador, WR, UNICEF Rep, Rotarians).

POB members endorsed this action item and requested talking points from the Strategy Committee by April 15th.

3. Advocate for the provision of basic service package to deprived communities in both countries, including exploring all avenues to identify funds outside of GPEI sources that could be used to support implementation.

POB agreed to advocate for funding support for the provision of basic services.

In response to a suggestion that GPEI reallocate a portion of its existing 5-year budget to support the provision of basic needs, the POB agreed to

- **revise its position of last September and requested the SC to explore whether a small GPEI contribution to basic needs would be catalytic, acceptable to donors, and of use.**
 - **Some POB members noted that they are not convinced this is the best use of GPEI funds but will follow the SC's guidance after their analysis has been done.**
 - **Gavi noted that in-country funding can be leveraged to combine the delivery of routine immunization antigens with polio vaccination activities specific areas and that joint planning and collaboration on this would be a priority.**
 - **The SC to report back to the POB by email by April 20th for POB endorsement.**
4. Dr Tedros and Ms Fore to explore all options available through UN channels, including possibly engaging UN Sec Council, to reach AGE areas in AFG.

POB members endorsed this action item.

4. Approving the joint GPEI Hub for endemic countries in Amman

Michel Zaffran provided an update to the POB on plans to develop a GPEI Hub in Amman. The Hub will focus on the endemic countries and include staff from GPEI partners. This will consolidate GPEI presence and resources in one place and under one leader to improve efficiency and provide better support to countries. The Hub will house staff with expertise in all areas, ranging from operations to data

to programme, and allow for increased support to endemic countries through deployments, surge capacity, rotation in/out of high risk/high fatigue zones.

The Hub plan has been endorsed by all GPEI partners, who have committed to having staff there through long term posts and/or deployments. A team is currently in Amman developing a plan to operationalize the Hub in the coming months.

POB comments

- **BMGF** are supportive of the Hub and are working internally to get team members in place and addressing security issues so that this can move ahead quickly.
- **CDC** reiterated their full support for the Hub. Internally, they are looking at security issues and mechanisms to ensure CDC participation, so that the Hub will be able to increase country capacity to enable full delivery of quality activities.
- **WHO asked Gavi** if they would consider having a person based in the Hub or who would be a focal point for coordinating with the Hub, with a mandate to look at how to collaborate to deliver basic services and strengthen immunization systems.
- **Gavi** noted that this would be a change in practice for them, as Gavi staff are not usually based outside GVA or DC, but ways of collaboration can be explored. Gavi looks forward to receiving more detailed plans for the Hub to assess their future participation.

The POB was requested to

1. Provide its approval to the SC to proceed with launching the Hub, and request that the SC provide updates to the POB on progress regularly.
2. Ensure full support for Hub implementation at their respective agencies, including support in securing any additional funds needed.
3. Ensure respective agencies are active members in the planning and implementation of the Hub.

All POB members endorsed these asks and noted that they look forward to future updates on the Hub initiative.

5. Reviewing the 2019-2023 GPEI strategy and investment case/pledging moment

Michel Zaffran provided an overview of the 2019-23 strategy development process, which started in September 2018. While GPEI continues to make progress and reach critical milestones (no WPV cases in Africa for 2.5 years) transmission in the endemic countries has not been stopped and cVDPV cases continue. At the end of 2018, after POB review of the strategy development concept note, a working group with representation from all GPEI partners as well as Gavi was established to assess (1) what are the key activities that need to continue, (2) what are the activities that need to be adjusted and (3) what are the innovations that should be implemented as part of this 2019-23 strategy. Through a highly consultative process with donors and key partners, a final draft has now been developed, which will be shared with the POB by March 22nd, 2019 for their review and approval.

In support of this strategy an investment case and potential pledging moment are being planned. An update on plans for the pledging moment will be provided to the POB via email as soon as possible. Coordination on resource mobilization and communications will be extremely important both across the POB as well as with other key partners. A joint meeting between Gavi external relations and GPEI advocacy and external relations is planned for April in this regard.

POB comments

- **Gavi** thanked GPEI for including them in the drafting group and noted the opportunity to align the GPEI strategy with Gavi 5.0, given both are being developed concurrently. Clarification was requested on what is meant in the strategy by things 'in' and 'out' of the GPEI budget, in relation to IPV and stockpiles.
- **WHO** noted that what is 'in' GPEI's budget is what is needed to achieve certification. Other activities—such as ongoing use of IPV in routine immunization, or availability of stockpiles to address any outbreaks post certification—while not part of GPEI's budget, are critical to maintain a polio-free world, and thus GPEI has committed to advocate for these funds to be raised in a timely fashion.
- **BMGF** indicated that the Gavi Board had already taken the decision that Gavi will take on responsibility for IPV funding post 2020 and noted that GPEI agency members on the Gavi board will follow up on this during the upcoming board retreat.

All POB members thanked the strategy group for their efforts and look forward to reviewing the document. The POB also recognized the contributions of a wide group of stakeholders to this effort.

Dr Tedros noted the POB's support for the strategy and possible pledging moment in November, at which POB attendance will be critical. He further suggested that a POB in-person meeting could be held at the same time, if the event goes ahead.

6. FAC read out

Chris Elias provided the POB members with a short update from the most recent Finance and Accountability Committee (FAC) meeting, held in Q1/2019. He noted a substantial improvement in GPEI's ability to forecast and understand the budget since establishment of FAC in 2014. In turn, donor confidence in GPEI has increased and the underspend has decreased significantly (now less than 1%).

He noted however, that expenditures for outbreak responses are regularly over budget and covered out of savings in other areas. The FAC discussed whether the budget should be revised to address this but agreed to leave it as-is and do a deep-dive into SIA costs before the next FAC meeting in May 2019 when there is also a clearer picture of response costs for current outbreaks.

Dr Tedros thanked Chris for his update, and for all his work chairing the FAC.

7. Discussing plans for POB in-person meetings in 2019

POB members agreed that meeting twice a year in-person should be the target, with a video conference in lieu of one of the in-person meetings a possibility only if suitable dates cannot be found.

Dr Tedros proposed to hold the next POB meeting in New York, to make it easier for most of the POB members, who are US based, to attend.

BMGF, Gavi, Rotary and WHO confirmed their availability for a Saturday May 11th POB meeting in New York. CDC and UNICEF agreed to check on the feasibility from their sides and revert.

8. Wrap up/closing remarks

Dr Tedros closed the meeting by thanking all POB members for their time and noting that the summary of the call will be shared with their staff by early April for review and finalization prior to posting.