

## Meeting of the Polio Oversight Board (POB)

17 December 2018 | 17:30 – 19:00 CEST

### Meeting Minutes

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

**All Other Attendees:** Akhil Iyer (UNICEF); Andre Doren (WHO); Brian Tisdall (WHO); Carol Pandak (Rotary); Dan Walter (WHO); John Vertefeuille (CDC); Michel Zaffran (WHO); Rebecca Martin (CDC); Sara Rogge (BMGF); Sarah Standard (BMGF); Suchita Guntakatta (BMGF)

#### Opening Remarks

Dr. Elias welcomed all attendees to the meeting and thanked everyone for their time. He noted today's call will be the last POB meeting he will chair before the chair is transitioned to Dr. Tedros on January 1, 2019.

#### I. Response to the IMB Report

**Presenter: Michel Zaffran (WHO)**

The following update was presented to the POB:

- The 16<sup>th</sup> IMB report's multiple recommendations focused on two key areas: 1) operational issues; and 2) management at global, regional and country levels. The IMB strongly emphasizes the need for changes in the "global governance superstructure" of GPEI and the need to demonstrate how things can be done differently moving forward towards the eradication goal. The Strategy Committee vetted some innovative ideas and proposals. Four key areas emerged as being both feasible and having the biggest impact.

#### ***Formalizing Gavi's role in GPEI governance:***

- The Strategy Committee recommends that Gavi be given a formal role in GPEI governance, in light of the synergies between GPEI and Gavi work and given its commitment to support IPV as of 2019. SC members note, however, the need to ensure clear lines around fundraising and resource mobilization, in order to avoid confusion.

#### ***Creation of a joint GPEI Hub located in Dubai to coordinate polio eradication in endemic countries:***

- The Strategy Committee is proposing to repurpose some of GPEI's existing resources and structures into a new joint Hub located in Dubai to focus on, manage and oversee the programs in Pakistan and Afghanistan. Each GPEI agency would relocate some of its HQ and regional office staff overseeing polio eradication in Pakistan and Afghanistan to Dubai, where they would all report to one GPEI lead. This 'one team' approach would streamline the current efforts, where GPEI staff supporting these countries are based all over the world, and all reporting to different people, as well as eliminate the need for a complex management group coordination structure, which is a burden on

country teams. The intention would be for the Hub to absorb much of the burden currently placed on country teams caused by the large GPEI infrastructure and demands of feeding into this. For this to be effective, it must move quickly and be operational by end of Q2/2019 latest.

- The EMRO Regional Director has voiced a preference for regional polio programme to be moved back to Cairo and for most staff to be based at the country level in Afghanistan and Pakistan to better support eradication efforts in both countries.
- Amman has also been considered as a location for the hub. Discussions will continue to explore the three potential locations of Dubai, Amman and Cairo.

***Merging the Afghanistan and Pakistan Technical Advisory Groups:***

- The Strategy Committee proposes to merge the Afghanistan and Pakistan TAGs, while recognizing national sovereignty, sensitivities and specific national priorities, in order to coordinate communication and operational strategies for Pakistan and Afghanistan. While countries would maintain their individual national planning, providing technical oversight across both countries will allow for a reduction in workload and costs, while increasing effectiveness and maximizing synergies. This would need buy-in from the countries in order to proceed.

***Global surge to support eradication:***

- The proposal is to supplement program structures at district level with highly experienced, international polio program managers to help these districts better manage their polio programs, including identifying/addressing operational gaps. This is in line with the recent IMB recommendation of seeking the best people in the most challenging places. The SC is exploring deploying approximately 50 managers for 6-12 months in the highest risk areas in Pakistan and Afghanistan, working within the existing program management structures in a support role to the relevant Government representatives in the district, or province. These managers would be deployed through the WHO or UNICEF polio program structures.
- An update was also shared by Akhil Iyer (UNICEF) on the Integrated Services Initiative, supporting a conversion package of basic services in the highest risk areas in Afghanistan and Pakistan. Initial funding proposals from the two countries total \$57M, close to \$10M of this has been raised. UNICEF is working on identifying available and potential resources.

The POB thanked the presenter and noted the following:

- All POB members voiced full support to UNICEF for working to mobilize support for broader development needs in key communities in Afghanistan and Pakistan and Dr. Elias thanked ED Fore for her leadership. He noted that given the challenge of the fundraising efforts needed for core GPEI funding, GPEI won't be the main driver for raising funds for a broad range of development needs but is very supportive and celebrates these efforts.
- Gavi's role in GPEI governance:
  - Mr. McGovern noted the need to ensure clarity about the role of Gavi in the GPEI partnership and that the POB will need to determine with Gavi the details of how this decision will be implemented. He stated Rotary's support in making Gavi a full voting member of the POB but

- would like to distinguish Gavi’s role from that of the core partners. He noted the need for a policy vote from Rotary if Gavi were to be added as a core partner.
- Dr. Elias noted that the GPEI was formed in 1988 with four spearheading partners, with the Gates Foundation joining the partnership much later. He asked the PACT to outline the full story of the partnership and think through how we include Gavi as a key partner now in that story.
  - All POB members voiced support in making Gavi a voting member of the POB.
  - Merging of the Afghanistan and Pakistan Technical Advisory Groups:
    - Dr. Elias and Dr. Tedros stated that discussions with senior leadership in Afghanistan and Pakistan will be important and offered to take the discussion forward to both governments during their visit to the endemic countries in early January.
    - All POB members voiced support for the merging of the Technical Advisory Groups.
  - Creation of a joint GPEI Hub:
    - Dr. Elias stated support for maximizing coordination of the partnership and considering the feasibility of having a partnership hub in the region. He noted some of the practical restrictions in considering Cairo due to the travel and security restrictions. Continuing to gather input from the partnership is important, and Dr. Elias and Dr. Tedros will have in depth discussions with RD Al-Mandhari during their visit to Pakistan in early January.
    - Dr. Redfield echoed these comments, noting support for the innovative idea but flagging the difficulty for CDC of locating the hub in Cairo due to travel and security restrictions.
    - Ms. Fore stated her support for the idea, noting the importance of considering the practicalities for all partners.
    - Mr. McGovern agreed the idea has value and is worth looking into, but the POB should consider if the move would disrupt focus on the eradication goal.
    - Dr. Tedros noted the importance of working closely with RD Al-Mandhari to look at the available options and gather perspectives from across the partnership.

**Requests of the POB:**

- Request the POB officially invite Gavi to become a “standing or participating member” of the POB. This would mean that Gavi is invited to send a representative to all POB meetings—in person and calls.
- POB is asked to endorse a joint GPEI hub approach and ask the SC to develop an options paper describing the pros and cons of various locations together with a detailed project plan, including cost implications, for review by the POB no later than end January 2019.
- Request the POB endorse the merging of the Afghanistan and Pakistan Technical Advisory Groups. Chair of POB is asked to raise this issue during the high-level POB visit to both countries in January. Strategy Committee is asked to brief the country teams in advance on any POB decision and seek their support in sensitizing national counterparts.

**Decisions:**

- The POB will invite Gavi to become a participating member. Further discussion is needed to define participation.

- The POB endorses the creation of a joint GPEI hub to coordinate polio eradication in endemic countries. Further exploration is needed regarding location.
- The POB endorses the merging of the Afghanistan and Pakistan Technical Advisory Groups and will discuss with senior leadership of both countries during January visit.

**Action items:**

- Dr. Elias to send a communication to Seth Berkley regarding decision to invite Gavi to join the Polio Oversight Board.
- The POB to further discuss the role of Gavi in the GPEI partnership, specifically revisions to the terms of reference of the Polio Oversight Board will be needed to reflect the addition of Gavi to the GPEI governance structure. The POB will also need to discuss how to communicate the decision to donors and stakeholders and how we will represent Gavi's participation in public materials. The PACT to work on outlining these communications.
- Dr. Elias and Dr. Tedros to have an in-depth discussion around the joint GPEI partnership hub with RD Al-Mandhari during their visit to Pakistan in early January.
- Michel Zaffran to coordinate gathering partner perspectives on the hub idea prior to the meeting with RD Al-Mandhari in January.
- Dr. Elias and Dr. Tedros to discuss potential merging of the Afghanistan and Pakistan Technical Advisory Groups with senior leadership of both countries during their visit in early January.

**II. Global Certification Commission Recommendations**

**Presenter: Michel Zaffran (WHO)**

The following update was presented to the POB:

- The Global Certification Commission met in October and has recommended a sequential approach to certification. The approach would follow these steps:
  - WPV type 3 eradication certification following Africa regional certification. It has been over six years since this virus was detected.
  - Certification of WPV1 eradication after at least 3 years after last detection of WPV1.
  - Validation of the absence of cVDPVs can only occur after global OPV cessation. The definition of validation would need to be developed and the GCC will focus on the verification processes required with this eventual achievement.
- The GCC also considered a potential switch from bivalent OPV to monovalent OPV. The GCC will not be making this programmatic recommendation but this consideration will be brought to the next SAGE meeting to discuss.

The POB thanked the presenter and noted the following:

- Dr. Elias stated the GCC has done some great work parsing out a very complex issue and made very rational recommendations which Dr. Tedros has endorsed. Regarding the potential switch, he noted that input from the Cessation Risk Task Team will also be needed. There are additional concerns around the stockpile and how a switch could impact our stockpile strategy, and this issue will need to be looked at from a variety of perspectives.

- Ms. Fore noted the importance of having a communications strategy that clearly outlines the recommendation and sequential approach to certification.
- Akhil Iyer (UNICEF) flagged that on the question of the switch, the logistics can't be underestimated, and the program needs to take a full look at this issue.
- Dr. Redfield expressed concern around a potential switch from bivalent to monovalent OPV, noting this could divert energy from focusing on eradication in the endemics.
  - Michel Zaffran responded that there is agreement across the program that the cost and burden could be huge, but the question has been brought up because once the program certifies the eradication of WPV3, there is an ethical question of continued use of a vaccine that could potentially reintroduce this virus.
  - Dr. Elias noted the need to balance theoretical risk but feels this isn't an ethical debate. The program has used OPV knowing this could lead to cases of VAPP but has looked carefully at weighing public health benefits and risks. The POB will continue to discuss this scenario as it moves to the SAGE and CRTT.

**Action item:**

- The POB will continue discussions on a potential switch from bivalent to monovalent OPV as this idea moves to the SAGE and CRTT.

**III. Transition Update**

**Presenter: Mike McGovern**

The following update was presented to the POB:

- The first of a series of stakeholder meetings planned to guide polio transition was held in November in Montreux. The main objectives of the meeting were:
  - Clarifying the implications on polio transition of the new 5-year GPEI Strategy
  - Identifying existing and potential financing options for polio transition
  - Evaluating ways of achieving a smooth transition
  - Discussing options for governance of the polio transition and post-certification process
- The underlying message of the meeting has been that transition is a shared responsibility, but there is a good deal of uncertainty around next steps. There is encouragement that with WHO's leadership, next steps will be outlined and take place. By all accounts, it was a successful meeting.

**Requests of the POB:**

- WHO has committed to organize discussions on governance of post certification polio essential functions prior to the 2019 World Health Assembly. Request the POB affirm endorsement of WHO carrying out this responsibility and affirm each agency's continuing participation in planning post certification governance.

The POB thanked the presenter and noted the following:

- Dr. Elias noted it would be helpful for the POB to see more detailed transition plans and focus on this topic at future meetings. He stated that it is important for confidence among donors to show the program is on a clear path to eradication and what comes after with transition.
- Dr. Tedros noted the importance of focusing on eradication and transition efforts should not in any way disrupt this focus. There is a need to strike the right balance.

**Action Item:**

- The POB will add ongoing transition discussions to future meeting agendas and review more detailed transition plans.

**IV. Resource Mobilization and Communications Update**

**Presenter: Andre Doren (WHO)**

The following update was shared with the POB:

- The majority of GPEI's current pledges will be monetized by late 2019. As we look to donors to fundraise for the incremental funding of \$3.27B needed through 2023, the PACT is considering a potential galvanizing moment between November 2019 and April 2020. This timing would follow the Global Fund replenishment and come before the Gavi replenishment. The PACT will issue an investment case in the new year that will coincide with the release of the new strategy and will plan to keep the POB updated as plans are firmed up.
- If any POB members will be attending Davos, the PACT is happy to engage and provide communications support for meetings with key donors.

The POB thanked the presenter and noted the following:

- Dr. Elias noted his support for continuing to motivate and bring in new donors, as well as sustain commitments from existing donors. A pledging moment seems like the right strategy. For GPEI, there is a need for a specific donor by donor approach to address how the program sustains commitment for a thirty-year effort. It will be important to not put GPEI in an unnecessarily competitive posture of a single pledging event but rather to take advantage of a rolling series of events. This is an area where the program can benefit from partnering with Gavi to stay aligned.
- Ms. Fore and Dr. Tedros noted they will both be attending Davos and would be glad to receive talking points from the PACT.
- All POB members voiced their support and availability for any advocacy efforts needed.

**Action item:**

- The PACT to share talking points with Dr. Tedros and Ms. Fore to support advocacy with key donors at Davos.

**Closing Remarks**

- Dr. Elias stated that he will hand the baton to Dr. Tedros on January 1<sup>st</sup> to transition the POB chair. He noted the visit to the endemic countries in early January is well timed for coordination and thanked Dr. Tedros for his commitment to take on the role of the chair.
- All POB members thanked Dr. Elias for his leadership and a round of applause was given in appreciation of his commitment and service.