

Meeting of the Polio Oversight Board (POB)—In Person

11 May 2019 | 10:00 – 16:30 EST | New York City

Meeting Summary

Opening Remarks

Dr Tedros opened the meeting, welcoming POB members to the first in-person meeting of 2019 and asking for a moment of silence for the polio workers and other health care workers who had lost their lives in the line of duty.

I. Afghanistan and Pakistan

Presenter: Chris Maher (WHO/EMRO)

- The situation across both countries is concerning, with an increase in cases and positive environmental isolates in 2019, compared to the same point in time in 2018.
- In Afghanistan, the bans on house-to-house campaigns continue, leaving many children unvaccinated despite the implementation of site-to-site campaigns as a mitigation measure. Chronic refusals remain a concern, and a new communication strategy has been developed, incorporating recommendations from the communication review conducted in Q4 2018. The recently formed national and regional refusal oversight committees are tracking refusals and guiding efforts to address them. Work is also ongoing to ensure high quality campaigns are conducted systematically.
- In Pakistan, where the number of cases seen in 2019 vs 2018 is significantly higher, the programme has implemented aggressive responses to positive environmental surveillance samples, consistent with the response to wild poliovirus (WPV) cases, expanded the age group for campaigns, and implemented joint IPV/bOPV campaigns, including a successful fractional dose IPV campaign. Pakistan has also launched a rapid response team to react quickly when polio cases are identified or there are new environmental detections. Work is ongoing to improve communication efforts to increase vaccine acceptance. SIA quality continues to be a concern in core reservoirs, and there remains a challenge to reach chronically missed populations, particularly in the northern corridor. The program is hampered by administrative blocks on program requests, such as clearance for travel, visas for non-UN staff, which limit efficacy.

The following requests were made of the POB

For Afghanistan:

1. Continue advocacy with highest level of Government to keep polio as a top priority and ensure one team approach

For Pakistan:

1. Hold urgent advocacy meeting with new Special Assistant to the Prime Minister for National Health Services Regulation and Coordination on GPEI concerns regarding epidemiology during WHA

2. Advocate with Government of Pakistan to speed up administrative approvals such as blanket *No Objection Certificates* for international staff to visit security-sensitive areas of Balochistan, FATA and KP

The POB thanked Mr Maher for the sobering update, and made the following comments:

- **Ms Henrietta Fore (UNICEF)** noted that the program is working in a resource constrained environment in Afghanistan and Pakistan, and should expand its delivery of integrated services, with polio at the forefront. When receiving integrated services, communities should be aware that polio is reason all these other services are being provided, as this may help give them some confidence in the eradication program and address refusals. Ms Fore noted that morale on the ground is very important and GPEI needs to re-energize staff and ensure they know their work is important. She also noted the importance of working to improve access and negotiation with the Taliban. She proposed that another high-level POB visit to these countries should be considered.
- **Dr Chris Elias (BMGF)** noted the sobering situation facing polio eradication this year, with cases likely to surpass last year's total in the coming months. He highlighted the need to immunize all children to be successful, which requires access for house to house campaigns. He encouraged GPEI to explore all options to address the current ban. Dr Elias also noted the significant erosion of EOC effectiveness. He suggested the POB to consider what innovations could be put in place to help re-energize the EOCs-- approaches that help to get that political coordination and buy in across all factions at state level, in turn strengthening the EOCs. Dr Elias highlighted that polio is a threat to Pakistan's security and economy and must be seen not as one party's problem, but as all parties' problem. Dr Elias supported Ms Fore's suggestion that of a POB visit to Afghanistan and Pakistan.
- **Dr Seth Berkley (Gavi)** noted that the ban on house-to-house campaigns does not seem to be the main problem in eradicating polio in these countries. He noted that in some areas of Pakistan routine immunization coverage is increasing, thanks to the acceptance of immunization activities by the communities. Dr Berkley noted that Gavi/GPEI collaboration has never been stronger, and suggested GPEI should consider whether it would be more effective to advocate for strengthening immunization rather than focusing advocacy on eradicating polio, and to deliver polio vaccination in a more integrated way, which would perhaps make it more acceptable to communities and politicians. He supported the idea of doing fewer campaigns, offering more than just polio vaccination, and giving people more time to plan in between them.
- **Mr Mike McGovern (Rotary)** supported the approach proposed by Dr Berkley and agreed that GPEI needs to deliver polio in a more integrated manner.
- **Sir Liam Donaldson (Independent Monitoring Board- IMB)** noted that what is needed is far beyond advocacy; what is needed is to push countries to do what some elements inside the country are reluctant to do. He noted that in Pakistan, the program is no longer seen as politically neutral. There are factions opposing the program within the government structure, not just anti-government elements. It is possible that a whole year has been lost in eradication timelines due to this. Learning from the past, it isn't just commitment from the top that is needed, it is getting that commitment all the way down the system, which seems to have gone awry. Sir Liam noted that GPEI used to be able to deal with these setbacks like bans and conflict

relatively quickly, but that is no longer the case. He noted that may be due to the issues being of a different league than previously seen. However, he stressed that GPEI needs to urgently look at how to get the expertise to address these issues as a priority. Sir Liam noted that we may never get the type of national ownership of polio eradication in Pakistan and Afghanistan as was seen in India, but there does need to be an increase in national ownership, particularly in Pakistan.

- **Mr Danny Graymore (UK)** asked GPEI how, as a donor and partner, the UK can help move things forward and address these challenges. He noted that lack of access in Afghanistan remains a concern, as is the underlying quality of the program in Pakistan. Mr Graymore echoed his support for considering moving to fewer higher quality campaigns, perhaps building more community engagement in between. He noted that from the UK perspective, delivering integrated services is key, but requires commitment from the top. He supported the proposal by Dr Elias to look at innovative ways to get buy-in across factions at state levels and re-energize the EOCs.
- **Dr Tedros (WHO)** agreed that it is true that the program in Pakistan is no longer politically neutral. He noted that unless the political actors take polio eradication seriously and there is a political solution we will not succeed. He highlighted that technical aspects also need to be looked at, but they alone cannot be asked to tackle eradication. Dr Tedros supported the proposal from Dr Elias of a national task force which would involve the provinces, which he noted are very powerful. He stressed that the governors themselves need to be involved to reach a political solution. He reiterated that when the political actors see the program as neutral again, then their followers will see this and cooperate. He noted that World Health Assembly is a good opportunity to follow up with the Ministers. He supported the proposal by Ms Fore for another high-level visit to these countries.
- **Mr Chris Maher (WHO)** responded that discussions with the Taliban are complex, but ongoing. He thanked the POB for their offer of support and noted he will circle back if there is further need for POB engagement. He agreed the program has faced many access challenges in the past, as well as vaccine rumour situations. He noted that the new government in Pakistan doesn't have the same cohesion, and is facing internal conflict, with many portfolios being shuffled around. He noted that there are many existing bodies and national task forces and suggested that the issue is the priority of the program rather than the need for a new body; polio is not as important/significant now as it was to the government 18 months ago. He emphasized that the national and provincial EOCs have historically been very successful, but they are struggling now due to lack of national commitment. He proposed that what the program needs to get back on track is to maintain high level pressure on the government to prioritize polio, not just through GPEI partners but also through countries that Pakistan listens to, such as China, UAE and Saudi Arabia.

Action items

- The POB endorsed the requested action items, which should be tracked for follow up (*POB secretariat*)

- GPEI should explore the use of peer-country pressure on Pakistan through influencer countries such as China, UAE, Saudi Arabia and Iran to ensure Polio eradication is addressed as a top priority (*POB Advocacy Advisor to develop strategy for engagement, by end of July*)
- Strategy Committee to discuss with Pakistan program innovative ways to engage Provincial governors in polio eradication, either through a council or other mechanism (*Strategy Committee, by end of August, once new Hub is in place*)
- GPEI to ensure its strategy to address bans and inaccessibility is fit for purpose, bringing in additional expertise as needed (*Strategy Committee, by end of August, once new Hub is in place*)
- Meetings with POB members and Ministers of Pakistan and Afghanistan to be arranged during the World Health Assembly (*POB Secretariat, by end of May*)
- POB visit to Pakistan and Afghanistan to be scheduled, targeting fall 2019 (*POB Secretariat, by end of July*)

II. Framework for the GPEI Afghanistan and Pakistan Hub

Presenter: Michel Zaffran (WHO/HQ)

- GPEI has developed a framework to launch a joint multi-partner Hub in Amman, Jordan, focusing on supporting Pakistan and Afghanistan during this final push.
- The Hub will allow GPEI partners to base their staff supporting Afghanistan and Pakistan in one place, working as one team. This will: remove layers of bureaucracy as decisions can be made by one team, in one place, reporting to one leader; provide more nimble and responsive support to countries; increase the number of dedicated senior staff focused solely on the endemics; and allow for improved coordination and management of high level advocacy efforts for access
- While countries will continue to lead their own activities, as per the NEAPs, the Hub will provide an overarching platform to look across the block and help address challenges and problems, before they become roadblocks to eradication.
- The Hub aims to be operational by August 1st, by which point a new Regional Polio Director for EMRO will be in place in Amman. In the interim, the Hub working group will continue as an ad hoc group, working to both establish the Hub and its key functions, and providing interim surge support to the endemics as needed.

The following requests were made of the POB

1. Endorse concept and framework for the Hub
2. Advocate with Government of Jordan to ensure smooth installation of Hub in Jordan, including visas
3. Each partner to consider using fast track processes to establish critical positions for the Hub

The POB thanked the presenter for the update and provided the following comments:

- **Dr Chris Elias (BMGF)** noted BMGF's support and highlighted that the Hub allows GPEI to learn from what has worked in the past, while providing a platform to bring together our capabilities and skills together in the same place. He noted that to be successful, it must be a Hub for all partners, and that having it hosted and integrated into the work of WHO/EMRO is key.

- **Dr Robert Redfield (CDC)** agreed it is useful to bring people together and to use data to drive action in real time. However, he noted that there is a need for metrics to be developed to ensure the Hub is accomplishing its primary purpose-- enhancing efforts in the country—and not becoming another layer of complication.
- **Mr Mike McGovern (Rotary)** expressed his support the Hub as a mechanism, and noted that getting the right people is critical, both for Hub operations as well as to support the countries.
- **Mr Pierre Blais (Canada)** acknowledged that the Hub generated some confusion with the Canadian teams in the two endemic countries, but that after discussions with GPEI they are now comfortable with the concept and see its merits. He requested clarification as to where the people staffing the Hub would be recruited from.
- **Mr Danny Graymore (UK)** noted that the UK is very supportive of the Hub, and agreed it is critical to get high quality people from across the partners. He noted that the Hub must be focused on providing the enabling factors and support for the countries to help them move forward.
- **Ms Kathryn Crawford (USA)** acknowledged that they were still concerned about the Hub, and about the potential for ‘running’ the Pakistan and Afghanistan programs from another country. She noted they have heard similar concerns from the countries themselves. She requested clarification on how the countries—both government and partners—are being engaged in the Hub planning discussions.
- **Dr Tedros (WHO)** agreed that the Hub should not be an additional layer. He emphasized that countries need to feel there is a benefit to this approach, and it is helping them reach their goals.
- **Mr Michel Zaffran (WHO)** clarified that the point of the Hub is to reduce, not increase, bureaucracy. He clarified that at country level the EOCs have been engaged in the Hub discussions, and while there were initially some concerns, they now are supportive of the approach. He reiterated that the goal of the Hub is not to replace or micromanage the country programs but be better able to support country requests, with greater efficiency and speed. This responds to IMB finding that GPEI needs to reduce levels of bureaucracy and better support counties. Staffing for the Hub will be a mixture of existing regional staff, or country staff who are due for rotation in some cases, and new people with fresh perspectives. He agreed with Dr Redfield that metrics to measure success would be important.
- **Mr Akhil Iyer (UNICEF)** added that the co-location of GPEI partners will also help improve our internal coordination—for example moving the UNICEF regional polio expert to Amman means he can work with his counterparts in person on a daily basis rather than being isolated in Kathmandu.

Action items

- The POB endorsed the requested action items, which should be tracked for follow up (*POB secretariat*)
- Metrics to be developed to measure the Hub’s effectiveness at reducing bureaucracy and supporting countries (*Strategy Committee, via Hub once established, by September 30*)

III. Polio Situation in Africa

Presenter: John Vertefeuille (CDC)

- Progress in Borno has been impressive, with an estimated only 60,484 children under 5 unvaccinated today, compared to an estimated 609,735 kids in August 2016. This has not happened overnight and has required diligent implementation of innovative strategies.

However, the circulating vaccine derived polio virus (cVDPV) situation in Nigeria is concerning—the country has the resources and capacity to be able to execute high quality campaigns and manage mOPV2 well and needs to be encouraged to do so.

- There are also ongoing cVDPVs ongoing in several countries in Africa—Nigeria, Niger, DRC, Mozambique and Horn of Africa. Outbreaks are located in the highest risk geographic areas of the highest risk countries. Low routine immunization coverage is a key driver of these outbreaks. There is also ongoing concern for the sub-optimal quality of SIAs, and delayed response times in some cases.

The following requests were made of the POB:

For DRC

1. Advocacy to renew the commitment of national and provincial authorities (newly appointed health minister and elected Governors) to ensure continued political support for response and ownership, ensure full implementation of the emergency administrative/security SOPs for DRC (including flexible in country travel options (e.g. UN air bridges where warranted)

For the Horn of Africa

1. Continue high level advocacy with the HoA countries' leadership, using any available opportunity to promote an effective, coordinated polio response, as well as support strategies for reaching children in strong hold areas in Middle Juba
2. Advocacy with the Minister of Health in Ethiopia given the importance of synchronizing response rounds with Somalia, as the viruses were picked up in areas bordering Ethiopia

For Mozambique

1. As part of the cyclone response, high level advocacy to Honourable Minister of Health to strengthen surveillance and RI throughout the country, not just cyclone devastated provinces.

The POB made the following comments:

- **Dr Chris Elias (BMGF)** noted that while Africa is on the verge of succeeding with WPV eradication, cVDPVs remain in several countries across the continent. This is a sign of how weak routine immunization systems have become, and the challenges in achieving high levels of coverage at sub-national level. He noted that the current state should lead GPEI to reflect on whether the withdrawal of OPV type 2 was the right decision—the world is seeing significantly more outbreaks than modelling predicted and the only tool to fight them is mOPV2, which itself can seed outbreaks if not used in high quality campaigns with strong vaccine management. Going forward, he highlighted the need to respond faster and mount high quality responses in all countries facing a cVDPV2. Dr Elias suggested using the upcoming World Health Assembly to raise these issues with the Ministers but noted that, in addition, there is a need to ensure there is regular engagement between the Ministers and the UNICEF and WHO Regional Directors, as was the case for the Lake Chad outbreak. Dr Elias noted he will soon be travelling to Nigeria and raise the need to tackle cVDPVs with the same dedication and thoroughness we have seen in Borno.

- **Ms Henrietta Fore (UNICEF)** supported the points made by Dr Elias and urged partners to explore how we can fast track a new vaccine to respond to outbreaks that does not have the same risks as mOPV2.
- **Dr Seth Berkley (Gavi)** reported that on the IPV front, the good news is that there is now enough IPV for all countries to access continuous supply in their routine immunization programs. However, there is still not enough IPV to catch up all the missed cohorts until 2020. Dr Berkley also noted there is a challenge around SIAs and the incentive structure associated with them, which affects polio as well as other antigens. SIAs are a useful tool but need to be carefully considered in the broader context, as implementing them takes health care workers away from their routine work. Dr Berkley proposed that before every campaign opportunities should be explored to offer multi-antigen campaigns, rather than single antigen, noting that this isn't always possible. He highlighted that there is a unique opportunity in low coverage areas to find out where we are missing people.
- **Dr Robert Redfield (CDC)** acknowledged that the program is at a critical point in time where we need to take stock and re-evaluate. While the penetration of IPV would help, it would not prevent circulation of VDPVs, and supply remains constrained in the short term. The cVDPVs affect perception that we are close to a polio free world as outbreaks continue to occur. To a child who gets it, polio is polio, regardless of its type.
- **Dr Tedros (WHO)** noted that he shares the concerns raised by fellow POB members. The most worrying part is the large populations in the countries currently facing outbreaks, and those near their borders. He encouraged all partners to take this seriously and noted that speed and quality are critical in responding. He agreed with the suggestion from Dr Elias to meet with countries during the upcoming World Health Assembly and proposed that a letter be sent from the POB chair to the Minister immediately once each new cVDPV2 is declared, to highlight the importance of a fast and thorough response.
- **Mr Danny Graymore (UK)**- Noted that the cause of these outbreaks, as noted, is low routine immunization coverage. These outbreaks reinforce the need for polio to integrate and work together with the broader immunization community more systematically.
- **Mr Pierre Blais (Canada)** agreed with the points made by Mr Graymore and asked what more could be done to strengthen routine immunization in the countries discussed.
- **Dr John Vertefeuille (CDC)** responded to the comments and agreed that the outbreaks we are seeing are a sign of systematic failures in routine immunization coverage over an extended period of time. He noted that GPEI has learned from the Switch—we know we have the ability to do it, but we also know where we need to do things differently for the cessation of OPV. Dr Vertefeuille highlighted that we need to take these outbreaks more seriously than we have ever taken them before, and respond to them rapidly and comprehensively. He noted that in this regard WHO/AFRO is developing a rapid response team to bring experts to the field as soon as outbreaks are detected, which will fill a key gap in the current system. While we should expect to see some lingering outbreaks through the end of 2019, he is hopeful the situation will improve in 2020.

Action items

- The POB endorsed the requested action items, which should be tracked for follow up (*POB secretariat, ongoing*)

- Dr Elias to raise the issue of prioritizing cVDPV responses during his upcoming visit to Nigeria (*BMGF by October 2019*)
- POB members to meet with Ministers of outbreak countries during World Health Assembly (*POB Secretariat, May 30*)
- Letters to be sent upon notification of each new cVDPV2 outbreak to the Minister by the POB Chair (*POB Advocacy Advisor, ongoing*)
- Joint accountability framework on how polio and the immunization community can better collaborate to be developed and implemented (*WHO/IVB, by end of 2019*)

IV. Vaccine stockpiles for cVDPV2 outbreak response—Issues and way forward

Presenter: Jay Wenger (BMGF)

- While some outbreaks of cVDPV2s were envisaged after the global withdrawal of OPV type 2 in 2016, the number of outbreaks seen and length of time it is taking to close them is exceeding modelling predictions. If this trend continues, which GPEI is working hard to ensure does not happen, the available mOPV2 vaccine, which is the key tool to respond to these outbreaks, will not be sufficient to meet demand.
- It is important to acknowledge this possibility and explore plans to address it, should it occur. In the worst-case scenario, we will need to produce additional bulk mOPV2 vaccine—which is a restart of production, which has now stopped. In a possible, but increasingly likely scenario, GPEI will need to find new ways/sites to fill the available mOPV2 bulk as a priority.

The following requests were made of the POB:

1. In order to underscore emergency status of cVDPV2 outbreaks, propose heads of agencies and or RDs to communicate with Ministers of Health as soon as outbreak is declared.
2. Explore all avenues to secure additional OPV2 stock and allocate necessary resources to secure supply
3. Advocate for government and other partners to consider funding cVDPV1 and 3 from outside of the GPEI budget, including through domestic contributions.

In response, POB members noted the following:

- **Dr Tedros (WHO)** remarked that he notices the increasing number of requests for mOPV2 as he is required to authorize each release from the stockpile, so supports the need for increased supply. He requested a full analysis of the options and likelihood of the scenarios presented. He noted that there is also an IHR committee monitoring the ongoing situation with outbreaks, and that it will be important to assess how we can use the PHEIC for maximum impact as well.
- **Dr Chris Elias (BMGF)** noted that while it's good to be optimistic, we need to plan for the worst case. He clarified that with nOPV2 still in Phase I trials, even if results are good we are unlikely to have significant supply before 2021. He supported the plans to talk to manufacturers about prioritizing fill and finish, using other sites if needed.
- **Dr Jay Wenger (BMGF)** agreed there is a need for a full analysis. He also clarified that even when nOPV2 comes online, should studies support its use, the program will simply shift

from mOPV2 to nOPV2, but the capacity needed, at least in the short term, will be the same.

Action items

- The POB endorsed action items one and two, which should be tracked for follow up (*POB secretariat, ongoing*). Ask 3 was deferred to a future POB meeting.
- A full analysis of the various scenarios and options to be completed and shared with the Strategy Committee for review (*Jay Wenger/CRTT, end of July*)
- Discussions to be held with mOPV2 manufacturers about options to fast-track additional fill/finish capacity (*Michel Zaffran, end of May*)

V. Collaborating with Immunization

A series of three presentations highlighting GPEI’s collaboration with the immunization community, as highlighted in the new integration pillar of the 2019-2023 GPEI Endgame Strategy, were presented:

a. GPEI/Gavi Collaboration: Using polio outbreak response to strengthen immunization systems

Presenter: Steve Sosler (Gavi)

- The cVDPV1 outbreak in Papua New Guinea (PNG) is a strong example of the impact GPEI-Gavi collaboration can bring, and systematically ensuring this happens should be a priority in all polio outbreak countries.
- A well-organized SIA offers an opportunity to kick start immunization and PHC activities in fragile and underserved communities and can help identify populations not previously served and improve RI microplans.
- Joint financial planning and accountability mechanisms, as well as rapid deployment of administrative and finance staff, are critical.
- Mechanisms such as the EOCs, and carefully crafted media messages should be developed with a longer-term focus and address RI issues, as well as closing the outbreak.
- Building RI strengthening into the VDPV response is an example for ongoing and future outbreaks.

b. Routine Immunization Strengthening in Polio High Risk Areas

Presenter: Chris Wolff (BMGF)

- BMGF’s vaccine delivery and polio teams, together with their partners, have launched a project to accelerate progress and bring in new resources and people to complement existing effort to stop polio in Pakistan and Afghanistan and prevent new VDPV outbreaks through RI improvement in high risk geographies of Africa and Asia.
- The approaches are tailored to country needs with both short and long-term perspectives included in the planning and activities and close collaboration with existing stakeholders, including governments, GPEI, Gavi, Alliance partners, humanitarian response agencies and civil society.

- Key to success is the joint ownership with the government and approaching this initiative with a program, and not project, mentality.

c. Update from the Stakeholder Consultation on Vaccine-Preventable Disease (VPD) Surveillance

Presenter: Kate O'Brien (WHO/IVB)

- Currently the vaccine preventable disease (VPD) system is fragmented, and most of the data are not fit for use to guide the program. In addition, few diseases have a robust surveillance program and lab capacity is inadequate.
- GPEI infrastructure is the backbone of VPD surveillance in many countries. With the declining GPEI resources, there is a risk that VPD surveillance (including polio) will be negatively impacted at a critical point when it actually needs to be strengthened. Integration may provide an effective way of sustaining polio surveillance.
- CDC and WHO/IVB jointly held a stakeholder consultation to get input into draft strategy for comprehensive VPD surveillance, identify opportunities for collaboration between the polio and VPD (EPI) teams and develop a coordinated approach to comprehensive VPD surveillance at global, regional, and national levels, including technical work, communication, advocacy, and resource mobilization.
- As an outcome of the consultation, it was agreed that the polio and immunization program need each other to achieve and sustain eradication. Each program has resources and capacity the other was not fully aware of. Lessons learned from polio to help develop strategy and clear practical next steps toward integration were identified.

POB thanked the presenters for the strong set of presentations and shared the following comments:

- **Dr Chris Elias (BMGF)** highlighted that polio and immunization collaboration is critical, and that success is achieved when work is responsive to the needs of the communities and led at local levels, with partners in the supporting role.
- **Ms Henrietta Fore (UNICEF)** agreed that the presentations were very interesting. She noted that it will be important to clearly communicate that these collaborations represent working in synergy, rather than mission creep on behalf of a specific program. For integration efforts, she suggested that areas at high risk for polio should be prioritized.
- **Dr Seth Berkley (Gavi)** noted that the comprehensive approach to surveillance is really important and welcomed the update from Dr O'Brien. He noted that a clear picture of the costs of surveillance for VPDs and polio—both now and for the post certification period—would be extremely useful to have.
- **Mr Danny Graymore (UK)** commended the PNG collaboration and encouraged GPEI to make it the default way of working going forward. He noted that this aligns well with the SDGs and their call for better collaboration around SDG3. He agreed there is a need to look at surveillance funding and noted a lack of clarity in funding flows and total costs.
- **Mr Pierre Blais (Canada)** thanked the presenters and noted that Canada was very happy to see these collaborations highlighted, as they will be critical to protecting the progress made towards eradication thus far.

- **Ms Kathryn Crawford (USA)** agreed with Mr Blais that these were extremely encouraging updates to hear. She requested clarification as to lessons learned from PNG and how they could be replicated.
- **Dr Stephen Sosler (Gavi)** responded that what worked well in PNG was the rapid focus on not just the outbreak response, but what caused the outbreak in the first place—weak RI. This was a core component to developing and implementing the coordinated response.
- **Mr Chris Wolff (BMGF)** responded that at BMGF discussions are ongoing to bring together all the programs that deliver services/interventions through campaigns—from immunization and polio to malaria and NCDs—to see what cross-program lessons can be learned.
- **Dr Kate O'Brien (WHO)** agreed that there is a need to develop a comprehensive analysis detailing what is needed to fund surveillance. She noted this is ongoing under WHO/IVB leadership and will be done in collaboration with all those that are part of the VPD surveillance system to fully understand the issues and costs. She also proposed that perhaps a shift is needed from viewing improving routine immunization as a nice-to-have long term effort to an emergency activity, in order to eradicate polio and stop outbreaks.

VI. Integrated Services Delivery Initiative in Afghanistan and Pakistan for Polio Eradication

Presenter: Akhil Iyer (UNICEF/HQ)

- At the September 2018 POB meeting, UNICEF ED Fore proposed the delivery of an integrated package of basic services in the polio high-risk areas (Districts, Union Councils) in Afghanistan and Pakistan to both increase the acceptability of polio vaccination and ensure the full needs of children are met.
- Since then, activities have started in both countries, coordinated through UNICEF country offices.
- However, to date only \$11m of the estimated \$52m needed have been mobilized, limiting the potential for full implementation. Funds to date have come mostly from UNICEF's internal funding and BMGF, although the GPEI Strategy Committee recently committed to allocating \$1m per year over 5 years for this effort from the GPEI Financial Resource Requirements (FRR).

The following asks were made of the POB:

1. Advocate with Governments of Afghanistan, Pakistan, multi-lateral, and bilateral development partners to meet the basic needs of communities
2. Advocate with Governments of Afghanistan and Pakistan to support and implement the initiative, including investing domestic resources
3. Call for support amongst partners to identify new and existing resources to support the initiative

The following points were raised during the discussion:

- **Mr Danny Graymore (UK)** noted it was great to see this extremely important initiative going forward. He noted that as we move towards the pledging event in November, there is

a need to look at how we create incentives that enhance coordination. He noted DFID would be interested in contributing funds through a matching approach that incentivizes collaboration. He noted this will be a critical part of the investment case. He noted however that it may be hard for donors to find funding for this work ‘out of cycle’.

- **Dr Chris Elias (BMGF)** reminded the group that GPEI publishes an annual report of non-FRR contributions to polio, to ensure that contributions that don’t show up in the WHO/UNICEF budgets are still captured—ie. US lab and surveillance etc. He proposed that as this investment in broader health systems is built, it could be included this as a category in the non FRR report.
- **Mr Akhil Iyer (UNICEF)** agreed there is a need to include the funding for basic needs in the investment case, even if it is as complimentary program. He noted that while UNICEF is realigning funds internally to the extent possible, it is hard to do this on a large scale and the majority of funds are earmarked.

Action items

- The POB endorsed the requested action items, which should be tracked for follow up (*POB secretariat, ongoing*)
- Ensure inclusion of basic needs component in the investment case (*Andre Doren/PACT, by end of June*)
- Update non FRR report to capture broader investment in health systems (*Chris Elias/FAC, by end of 2019*)

VII. Global Certification of Polio Eradication

Presenter: Michel Zaffran (WHO/HQ)

- The Global Certification Commission (GCC)—which is responsible for certifying the world free of Polio—will be proceeding with a sequential approach, as agreed at a recent meeting. In this approach, first the world will be certified free of wild polio virus, type by type, and then the absence of vaccine derived polio viruses will be verified once all oral polio vaccines have been removed from use.
- Following certification of the eradication of WPV2 in 2015, certification of the eradication of WPV3 is expected to occur shortly (end of 2019/early 2020), given the last detection was over 6 years ago.
- Africa is also on track to be declared free of WPV, with the last WPV in the continent detected in Nigeria in Sept 2016.

POB members thanked the presenter for this update and made the following comments:

- **Ms Henrietta Fore (UNICEF)** highlighted that it will be very important to develop strong communications programs given VDPVs will continue after WPV is certified as eradicated.
- **Dr Seth Berkley (Gavi)** added his concern, noting that the term VDPV (i.e., “vaccine-derived”) could have ramifications for other vaccination programs, and agreed with Ms Fore on the need for a strong communications strategy.

- **Mr Danny Graymore (UK)** agreed that use of the term VDPV could be very challenging, given the growing anti-vaccination sentiment in many parts of the world.
- **Mr Pierre Blais (Canada)** agreed, highlighting that this should be a key message shared with donors: stopping VDPVs is important to countering anti-vaccination messaging.
- **Mr Mike McGovern (Rotary)** noted that we need to stay the course on the current certification processes and procedures. We need to follow the same process we followed in the rest of the world in Africa.
- **Dr Robert Redfield (CDC)** noted that while there is a previous process in place, he is concerned about the certification of Africa as polio free with all the outbreaks ongoing. He highlighted a risk that this announcement may be misunderstood rather than understood the way we wanted.
- **Ms Henrietta Fore (UNICEF)** suggested that we certify WPV3 as eradicated, and Africa when the time comes, but be careful about the announcement to avoid confusion.
- **Dr Tedros (WHO)** suggested that we need to move in a way to show that there is progress while building momentum for the work still to come. This must be done while also highlighting the concerns. The two can be properly addressed together, with the right communications team working on this.
- **Mr Michel Zaffran (WHO)** responded that a meeting will be held with RD/AFRO during the World Health Assembly to discuss the situation and possible ways forward. Africa is unlikely to be declared polio free until 2020. Mr Zaffran noted that, with regards to the anti-vaccination concerns, the GPEI communications team has been very proactive about communicating with top scientific journalists so they are aware of the situation in the program, understand the complexities, have a chance to ask questions, and publish in the media on these sensitivities. Not bullet proof, but at least makes sure that those who are willing to communicate accurately are able to do so.

Action items

- Communications strategy around WPV3 eradication and Africa Polio free to be developed, noting the ongoing cVDPVs (*PACT comms group, by end August*)

VIII. GPEI Gender Equality Strategy

Presenter: Michel Zaffran (WHO/HQ)

- The 2019-2023 Gender Equality Strategy sets a clear framework for action to guide GPEI's work on gender-responsive programming, ensuring accountability and credibility expected of international health and development organizations.
- The strategy was developed to respond to findings from a baseline assessment done with GPEI staff on Gender Equality, where input from 623 staff were reviewed, along with programmatic data.
- Through this strategy GPEI commits to effectively integrate gender considerations into its interventions to support the achievement of a polio-free world.

The following requests were made of the POB:

1. POB to 'Endorse the GPEI Gender Strategy, 2019-2023, noting that it is an integral part of the new 2019-2023 Eradication Strategy (as an enabling function)'
2. Continued POB leadership to champion its implementation, including to ensure critical resources within each agency
3. Acknowledge the importance of working the wider immunization community, to ensure no (gender) barriers to immunizations

The POB acknowledged the strong work of the team that developed the gender strategy and made the following specific comments:

- **Dr Seth Berkley (Gavi)** noted that Gavi is also reviewing its gender policy and would like to work with GPEI further on this, and to jointly develop indicators for measuring progress across all immunization activities
- **Ms Henrietta Fore (UNICEF)** noted that the strategy was extremely strong, and noted the need improve gender balance in the Technical Advisory Groups.
- **Mr Pierre Blais (Canada)** welcomed and supported the new gender strategy and appreciated the in-depth consultation. He noted Canada will echo this at the upcoming WHA. He noted that Canada looks forward to further collaboration with this on GPEI and highlighted the need to emphasize the empowerment of women in the work—female vaccinators are great, but need to ensure there are career pathways for women and that women can be seen working as coordinators and supervisors, as well as on bodies such as the TAGs.
- **Mr Danny Graymore (UK)** thanked GPEI for its strong work on gender and looked forward to seeing the recommendations taken forward.
- **Mr Mike McGovern (Rotary)** expressed Rotary's continued to support gender work.
- **Dr Tedros (WHO)** noted that gender is a top priority at WHO, and that this work on gender is seen within the organization as best in class.
- **The POB members** endorsed the strategy.

Action items

- The POB endorsed the action items, which should be tracked for follow up as appropriate (*POB secretariat, ongoing*).
- Gender balance of TAGs to be looked at and strategy to address it developed (*Strategy Committee/EMRO Polio Director, end of 2019*)
- GPEI, Gavi and WHO/IVB to collaborate on immunization gender indicators (*Gender team, ongoing*)

IX. Polio Partners' Group Report

Presenter: Jon Andrus (Co-chair, PPG)

- The most recent PPG meeting, held on December 13, 2018, started with a technical workshop for health attachés in the morning, and a meeting for high level partners and ambassadors in the afternoon.

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- They emphasized the need to look at providing comprehensive and culturally-sensitive interventions beyond the usual provision of only polio vaccine, which is now refused in some communities as a result. The PPG encouraged GPEI to place a much stronger focus on the importance of essential immunization services as a key strategy of achieving polio eradication
- The PPG noted the need to address specific problems with tailor-made solutions, from inaccessibility in Afghanistan to highly tailored communications strategies, stronger collaboration with NGOs, and development of local human capacity.
- The PPG also acknowledged that many of remaining challenges in endemic countries are diplomatic, rather than technical, and require political solutions.
- The PPG highlighted the need for greater political engagement to negotiate entrée to conflict zones and other inaccessible areas.

X. Finance and Accountability Committee Update

Presenter: Chris Elias (BMGF, and FAC chair)

- Current finances and projections show that GPEI will stay within its 2019 budget and cash flow can be managed.
- GPEI now has much more refined knowledge of cost drivers, thanks to analysis done every second quarter. This will be essential for helping to plan for 2020, when cash flows are expected to be tight due to the fact that the pledging event will only take place at the end of 2019 and there will then be a need to actualize pledges.
- Acknowledging the global funding situation, and multiple replenishments/pledging moments planned within the next year, GPEI is wisely starting its contingency planning, should the full budget requested not be pledged in a timely manner.

The following comments were raised in response to the presentation provided:

- **Mr Danny Graymore (UK)** thanked Dr Elias for the clear update and noted that the UK will look at how to bring forward funding for 2020 in line with FAC request.
- **Ms Karen Salter (Bloomberg)** noted that it will be important to ensure some of the new initiatives proposed are covered in the financial planning. For example, are the costs for the Hub and for the integrated services delivery included? When looking at the vaccine stockpiles, do the current financial pictures consider the worst-case scenario?
- **Dr Chris Elias (BMGF)** responded that there is a need for GPEI to put together a summary of its financing in one place—including FRR costs, non-FRR costs, Gavi related IPV costs etc. This overview should also factor in the significant costs for the post certification period. He noted being able to visualize all these pieces together will be important. On the specific questions raised, he clarified that the hub will not incur additional costs but will rather involve reallocation of existing funds. He proposed that the integrated services delivery are not included in GPEI core costs, but are captured in the non FRR report. He noted that the current budget is based on the current stockpile assumption, and that this would need to be revisited in six months' time when the future outlook is clearer. He highlighted that

should move to a situation where the worst-case scenario is needed, this will have additional financial implications for implementation that will be addressed comprehensively.

Action items

- GPEI to develop an overview of all financial estimates and considerations, through the post certification period (*FMT, by end of 2019*).

XI. 2019-2023 Polio Endgame Strategy and Investment Case

Presenters: Michel Zaffran (WHO/HQ) and Andre Doren (GPEI)

- The new Polio Endgame Strategy 2019-2023 focuses on three pillars: Eradication, Integration, and Certification/Containment. These are supported by enabling areas, such as gender equality and equity, governance and management, research, financing resources and preparing for the implementation of the Post-Certification Strategy (PCS). The strategy has been developed through a collaborative process with key partners and will be presented to the World Health Assembly in May.
- In support of the strategy, an investment case is being developed by the PACT. This complementary piece will provide information on what additional pledges will provide, and the confidence that with sufficient financial and political support, polio can be eradicated.
- To support resource mobilization for the strategy, the UAE has agreed to host a GPEI pledging moment in Abu Dhabi in November 2019 (most likely on the 19th) during the Reaching the Last Mile Forum. A 2019-2023 Polio Endgame Strategy Launch event will be held on 21 May in Geneva and will also be used as a platform to announce the hosting of the pledging moment

The following requests were made from the POB:

1. Commit availability for attending Pledging Moment, November 19, 2019.
2. the next POB in-person meeting around the Pledging Moment in Abu Dhabi
3. Advocate for high level donor attendance and pledges at Pledging Moment

The POB thanked the presenters for these updates, and opened the floor for discussion, in which the following comments were made:

- **Dr Seth Berkley (Gavi)** agreed that this is a challenging time to launch a pledging moment, given all the other fundraising asks being made. He highlighted the need to collaborate on these asks, given that some of the costs to sustain a polio free world aren't included in the current GPEI pledging moment. He also stressed that GPEI needs to focus on what is needed to implement the strategy beyond just financial resources, for example an adequate supply of IPV.
- **Mr Pierre Blais (Canada)** thanked the strategy development team, and in particular noted his appreciation for the way in which the timeline for eradication is framed—as something we need to do, rather than focusing on a date by when it will be done. He recognized that while internally GPEI needs to be clear on a date for planning, it is important publicly to not over commit. He requested clarification on IPV financing and how funds will be secured for IPV if Gavi, which is

including IPV in its replenishment campaign, is not successful at funding its ask. He noted that the upcoming World Health Assembly is a good opportunity to rally behind the strategy and urged other countries to ensure their interventions reflect this, possibly engaging non-polio donors in this work.

- **Mr Danny Graymore (UK)** agreed that the strategy is very well done and appreciated all the consultation that was done during its development. He thanked GPEI for its articulation of the linkage between the current strategy and transition, as well as the budget clarifications around IPV financing. The UK was pleased to see conflict and fragility acknowledged, and to have the need for integration and broader collaboration and health systems strengthening highlighted. He agreed with the comments made by Mr Blais on IPV financing and encouraged GPEI and Gavi to collaborate to ensure the narrative and mechanism to support IPV are correct. He noted that from a donor country perspective, it is challenging to keep going back to ministers and asking for more money when targets are missed. He highlighted that the 2019-2023 Endgame strategy and investment case are based on the premise that eradication will be achieved in 2020 and urged the program to assess if that is a realistic target. He noted that the UK looks forward to seeing the economic case for the strategy, as this will be a key element to engage new donors and show polio is a good investment for their funds.
- **Ms Henrietta Fore (UNICEF)** noted that currently the investment case is not as clean, crisp or focused as it could be as to why polio should be supported, and this runs the risk of confusing donors. She highlighted the need for this document to resonate with those outside of the polio world—currently it is focused on talking to people ‘in our world’ and who are already invested, rather than being a document designed to bring new donors in.
- **Dr Tedros (WHO)** agreed that aligning messaging across GPEI and Gavi is critical, and appreciated the efforts made to date. He noted that eradication is tough, especially the Endgame, and highlighted that all donors and partners need to consider this strategy as a living document, with aggressive targets, to be adapted as needed.
- **Mr Andre Doren (GPEI)** responded and acknowledged that indeed Q4/2019 is a challenging time for a pledging moment given the global health landscape, but that the date is driven by GPEI’s cash gap. He noted that there have been regular discussions between GPEI, Gavi, and the Global Fund not just coordinating dates but also narratives on some of these overarching efforts. He agreed there is a need to be clearer on the narrative and noted that as a first step to do this, a briefing on the comprehensive polio costs, developed with Gavi, was shared with donors. He noted that having Gavi participate at the recent GPEI advocacy meeting was extremely useful, and this precedent will be continued. Mr Doren noted that specific efforts are ongoing to reconnect with lapsed donors, and identify private foundations that could be engaged. He welcomed donor input on the economic case and language to make it as strong as possible.
- **Mr Michel Zaffran (WHO)** responded that WHO is fully committed to doing what it can to ensure an adequate supply of IPV is available, along with financial support. He offered to undertake joint visits to donors with Gavi to ensure there is clarity on the financing needs for IPV funding, based on the decision of the Gavi board, together with the Gavi CEO. He noted that access to IPV is a long-term solution to maintain a polio-free world and ensuring all countries can access IPV is an equity issue. He noted that the narrative of investment case needs to help manage expectations that eradication by 2020 may not be feasible. He thanked Mr Blais for the

suggestion that donors rally around the strategy at the upcoming World Health Assembly and agreed doing so would be important.

Action items

- The POB endorsed the action items, which should be tracked for follow up as appropriate (*POB secretariat, ongoing*).
- Joint trips to be undertaken to key donors by GPEI and Gavi leadership as appropriate (*PACT, ongoing*)
- Investment case to manage expectations regarding feasibility of achieving eradication by 2020 (*Andre Doren/PACT, by end June*)
- Economic case to be shared with key donors for input (*Andre Doren/PACT, by end May*)

Closing Remarks

Dr Tedros thanked the POB members and meeting attendees for a full and productive meeting, which highlighted key actions needed from all sides to reach eradication. He noted the next POB in-person meeting will be held in Abu Dhabi on November 20, 2019 and that he looked forward to seeing everyone there.

POB Members in attendance: Tedros Adhanom Ghebreyesus (WHO, POB Chair); Henrietta Fore (UNICEF); Mike McGovern (Rotary); Seth Berkley (Gavi), Robert Redfield (CDC); Chris Elias (BMGF).

Meeting participants: Jalaa' Abdelwahab (UNICEF), Jon Andrus (PPG, by phone), Pierre Blais (Canada), Kathryn Crawford (USAID), Clare Creo (WHO), Sir Liam Donaldson (IMB), Derek Ehrhardt (CDC), Julia Fahrman (UNICEF), Jennifer Gatto (UNICEF), Danny Graymore (DFID), Suchita Guntakatta (BMGF), Julie Hackett (UNICEF), Ruh Hafzah (Canada), Gena Hill (CDC), Akhil Iyer (UNICEF), Chris Maher (WHO, by phone), Kate O'Brien (WHO), Carol Pandak (Rotary), Sara Rogge (BMGF), Karen Saltser (Bloomberg), Michiyo Shima (UNICEF), Steve Sosler (Gavi), Costy Tadesse (WHO), John Vertefeuille (CDC), Jay Wenger (BMGF), Chris Wolff (BMGF, by phone), Ikuko Yamaguchi (UNICEF), Michel Zaffran (WHO) and Simona Zipursky (WHO).