

## Meeting of the Polio Oversight Board (call)

12 April 2016 | 8:00 am – 9:30 am

### Meeting Minutes

#### Participants:

Dr. Tom Frieden (CDC, POB Chair)  
 Dr. Chris Elias (BMGF)  
 Mr. John Germ (Rotary International)  
 Dr. Tony Lake (UNICEF)  
 Dr. Anarfi Asamoah-Baah (WHO)

#### I. Opening Remarks

The POB Chair welcomed all agency heads, representatives and meeting attendees.

- The POB adopted the agenda as provided.

#### II. Discussion Item: Gavi and GPEI Collaborations

**GAVI and GPEI routine immunization collaboration (Dr. Seth Berkley, CEO of Gavi):** The Gavi CEO reviewed Gavi’s mission and strategic goals, and outlined opportunities for Gavi and GPEI collaboration.

- Based upon a country’s gross national income Gavi provides vaccines, health systems strengthening, technical assistance, and general support to 73 countries worldwide.
- A substantial proportion of Gavi’s health system financing has already been committed for the next period, but reallocating funds for transition planning is possible.
- The Gavi Secretariat recommended GPEI and Gavi review GPEI’s priority countries for transition planning and Gavi’s priority countries to identify synergies. Gavi indicated that in some cases it might be possible to fund transition costs for a short period, but suggested a long-term, sustainable plan was needed.
- Gavi’s tier 1 and 2 priority countries mostly overlap with GPEI priority countries for transition planning. Four countries (Angola, Bangladesh, Nepal, and Sudan) were priority countries for GPEI transition planning but were not Gavi’s priority countries.
- Gavi requested budget information that outlined the year-to-year decline of GPEI polio assets. The information would be used to understand the effect upon routine immunization, and determine the useful assets at the country level that could be transitioned to the routine immunization program.
- Gavi requested a more formal position within the GPEI management structure – membership on the Strategy Committee – to coordinate activities.

The POB Chair noted the collaboration between GPEI and Gavi was critical, and requested GPEI and Gavi brainstorm next steps for country-specific planning which is already underway. The POB Chair noted Gavi Secretariat is a core member of the GPEI Immunization System Management Group (IMG) and supply task team, and the Transition Management Group (TMG): all of the objectives and major areas where their work intersects with GPEI’s and where timely information is discussed and decisions taken. He further noted that Gavi Secretariat would be invited to GPEI Strategy Committee meetings as an observer when these relevant topics are on the SC agenda. All POB members supported this proposal.

BMGF posed a question whether countries could reallocate their funding from Gavi. Gavi responded that the reallocation of funds was possible, and in complex cases, the funding request would be re-reviewed by Gavi. The Gavi CEO noted Gavi was exploring how to strengthen coverage and equity in Afghanistan and Pakistan, and assets may be reallocated to meet needs. BMGF noted Gavi and GPEI should pursue a bottom-up country planning process together and allocate specific assets to existing accounts that are transitioning in the next few years. Gavi noted countries should be strategic with funding, and spend on needed assets based on national priorities and plans. Gavi also noted that the Alliance would discuss outbreak preparedness and response during their next retreat, and evaluate if it should engage more in global health security.

**Action Items:**

- Gavi and GPEI Transition Management Group to identify synergies for mapping polio assets that can and should transfer and be mainstreamed into routine immunization.
- Gavi and GPEI Transition Management Group to brainstorm next steps for country-specific planning.
- FMT to provide budget information outlining the year-to-year decline of GPEI polio assets to Gavi.

**III. Decision Item: Inactivated Polio Vaccine (IPV) Supply**

Gavi noted that tight vaccine supply challenges have occurred previously, but this is the first time Gavi would be unable to provide vaccine to certain countries.

Rotary International noted GPEI needs to find a new IPV supplier or pressure manufacturers to produce additional vaccines.

**IPV Supply Update (Michel Zaffran, Polio Program Director of World Health Organization):** The WHO Polio Program Director provided an overview of IPV supply challenges.

- The WHO Polio Program Director noted it was difficult to determine how a company manages their portfolio, balances contributions to global public health issues and a program that does not generate much income, compared to the private sector.
- Vaccine manufacturers have assured GPEI that none of the IPV doses intended for Gavi or UNICEF supply has been diverted to the private sector.
- The WHO Polio Program Director further noted it was difficult to determine if pushing manufacturers would result in progress, and invited UNICEF to comment.

UNICEF noted that the issue has been raised with vaccine manufacturers, and that they are in agreement with WHO.

Gavi noted that the Alliance is the largest purchaser of vaccines by volume, and offered support in engaging with manufacturers if needed.

The POB Chair noted when vaccine shortages occurred in the U.S., vaccine experts were dispatched to factories to evaluate the issues and provide support. The POB Chair posed a question if this type of support would be something UNICEF or the POB should consider. BMGF responded that BMGF has sent their life sciences business partners and vaccine development experts to visit manufacturers, and concluded manufacturers were doing all that could be done.

UNICEF asked what U.S. government assets have been used in the past. The POB Chair offered to determine what U.S. government assets would be helpful, and send to POB members for review.

The POB Chair noted that the IPV shortage was a source of frustration for all, but even with constrained supply, Afghanistan and Pakistan are a priority and need to be provided with all requested vaccine.

Rotary International posed a question on the approval status of an IPV manufacturer in India. The POB Chair noted there was an IPV manufacturer in China, and invited WHO or UNICEF to comment. The WHO Polio Program Director responded that although there are several vaccine manufacturers in China and India in the pipeline, 2018 was the earliest they would meet vaccine licensing requirements. Further, he noted that the manufacturer in China was approved, but was unable to produce enough vaccines to meet its own needs even before other countries' needs.

The POB Chair posed a question if GPEI could purchase IPV doses from the Chinese manufacturer. The WHO Polio Program Director responded China currently needs all of the manufacturer's IPV supply for its own needs, but the option to purchase vaccine stock could be explored in about a year.

WHO noted GPEI needs to develop a communication strategy to explain the IPV shortage to countries.

#### **POB Decision:**

- The POB agreed to allocate the available IPV supply as recommended by the Strategy Committee.
  - Introduction and sustained use of IPV for routine immunization in Tier 1 and 2 countries
  - Establishment of an 8 million dose buffer to support:
    - SIAs in endemic countries, after careful review of the strategies and targeted areas; and
    - For outbreak response in any country in the world to respond to VDPV type 2 per the GPEI protocols.
- IPV supply to approximately 45 Tier 3 and 4 countries is suspended until Q4/2017 in order to allow for the creation of the above mentioned 8 million dose buffer.
- The POB requested a communication strategy to secure support from countries on the IPV allocation.

#### **Action Items:**

- POB Chair to provide list U.S. government assets used in past constrained vaccine supply situations.
- Strategy Committee to request the PACT and IMG to develop a communication strategy to secure support from countries on the allocation of IPV.

## **IV. Discussion Item: Pakistan Update**

**Pakistan Update (Chris Maher, EMRO Polio Eradication Manager of World Health Organization and Aiden O’Leary, Pakistan Polio Chief of UNICEF):** The speakers provided an update on Pakistan’s efforts to stop poliovirus transmission.

- Multiple meetings were held in early 2016 to evaluate and adjust program performance including the Technical Advisory Group (TAG) meeting in late January, informal partners meeting on February 20, and common reservoirs meeting with Afghanistan and Pakistan on March 9.
- Pakistan has made significant progress in implementing the National Emergency Action Plan (NEAP). This year to date, Pakistan has had a greater than 50% decline in cases compared to the same period in 2015. The country also has had 50% less environmental samples that tested positive and an overall 50% decline in isolates being detected from all sources, compared to the previous two years. Pakistan has experienced decreasing genetic diversity of the virus. Although WPV have been detected across the country, data suggest program improvement and progress epidemiologically.
- Based on TAG recommendations, the program worked rapidly though remaining campaigns on the schedule. An IPV campaign was completed in late March 2016, and another IPV campaign is planned for late April 2016. OPV campaigns are being considered for April and May 2016.
- The Government of Pakistan has been fully engaged. For the March campaigns, provincial task forces were conducted in every province, the Ministries of Health review at the federal level, and a Primer Minister Focus Group was conducted to bring together the Chief Secretaries of all the provinces together with the Ministries of Health, Interior, Pakistan Army and NEOC under the lead of the Secretary of the Prime Minister’s Office.
  - Post-campaign monitoring results for all 163 districts of Pakistan showed all provinces are now reaching the threshold of district level performance.
- Post campaign monitoring (LQAS) focusing on approximately 750 highest risk union councils in Punjab, the Federally Administered Tribal Areas, Khyber Pakhtunkhwa, and Balochistan indicate that these provinces have reached and are sustaining performance at interruption quality standard.
  - There have been challenges in Karachi, Sukkur and Larkana Divisions within Sindh and in Islamabad where interruption quality has not yet been achieved.
- Targeted interventions are being implemented towards underperforming union council areas including strengthened microplanning and route maps, an increased proportion of female teams and supervisors and enhanced monitoring before, during and after campaigns.
- A rapid response unit has been established to respond to specific epidemiological triggers – cases, positive samples and 0-dose AFP. Two investigations have been conducted to date to investigate persistent positive samples in Shaheen Muslim Town in Peshawar and Shohrab Goth and Macchar

colony, in Gedap, Karachi. Improvement actions have been recommended and are underway.

- POB is requested to reinforce continued support from their respective agencies of polio functions, and increase advocacy moving forward.
- A meeting to finalize review of the NEAP has been scheduled for the end of May 2016, and the team planned to meet with the TAG and IMB towards the end of July 2016.

The POB Chair requested an update on action items from the Dubai meeting, and commitment from government partners to deal with performance issues. The Pakistan Polio Chief, UNICEF responded that WHO and UNICEF have updated the Emergency Operations Center monthly with follow up actions to performance issues, which could range from warnings to separation from the organization. The Pakistan Polio Chief noted that an accountability and performance management framework had been established around operations and administration to ensure there's no confusion about performance from partners on the ground.

The POB Chair posed a question on Pakistan's response when a polio case is reported. The Pakistan Polio Chief further noted whenever polio cases occurred, the program used monitoring tools available to the program, which include third party monitors and partner staff pre-, during and after campaigns, to closely examine campaign quality at the district and union council level to determine if program improvements were appropriately implemented. The POB Chair noted it would be helpful to see a table that detailed the responses for each case.

The WHO Polio Program Director posed a question if there was suboptimal collaboration across the partnership. The Pakistan Polio Chief responded that the polio team leads planned to travel jointly to Karachi the following day to engage with the Chief Secretary, and reinforce the importance of a one team approach under the leadership of the task force. The Pakistan Polio Chief noted Dr. Omer Mekki was put in place to coordinate partner activities on behalf of GPEI in Sindh, improve communication among partners on the ground, and ensure management control and accountability.

The POB Chair noted May 2016 looked increasingly unlikely for interrupting transmission, but 2016 was still a possibility. The EMRO Polio Eradication Manager responded during the February informal partners meeting, there was a request to develop a communications strategy addressing if the 2016 target was missed or transmission continued in early 2017. The EMRO Polio Eradication Manager noted it was fair to state GPEI remained optimistic that transmission would be interrupted in 2016.

#### **Action Items:**

- POB to reinforce continued support from their respective agencies of polio functions.
- POB to increase advocacy support for Pakistan based on outcomes from Dubai meeting and the most optimal time to engage.
- GPEI in-country partners to finalize a review of the National Emergency Action Plan by end of May 2016, and use this information to formulate the next plan.
- GPEI in-country partners Pakistan team to schedule meetings with the TAG and IMB towards the end of June and end of July 2016.
- GPEI Pakistan team to develop a line listing of responses to each case and make it available to the partners.

## **V. Discussion Item: Afghanistan Update**

**Afghanistan Update (Chris Maher, EMRO Polio Eradication Manager of World Health Organization and Melissa Corkum, Afghanistan Polio Chief of UNICEF):** The speakers provided an update on Afghanistan's efforts to stop transmission.

- Afghanistan has made major progress in implementing the National Emergency Action Plan. Measuring epidemiological progress was difficult because Afghanistan typically reported a low number of cases in the early part of the year. With two cases reported to date, Afghanistan was tracking similar to the previous two years.
- No positive environmental samples have been detected in Afghanistan in 2016 to date. The non-

polio Acute Flaccid Paralysis surveillance data in the south showed improvement in the immunization status of children in 2015 and early 2016.

- Full implementation of the NEAP became operational starting in November 2015 when the Emergency Operations Centers (EOC) were established. As part of the NEAP, the program has prioritized 47 low-performing districts for the low season where more than 80% of cases had been localized over the past several years. Surge staff was dispatched to resolve district-specific challenges to interrupt transmission, and developed integrated plans that combined communication and operations.
- As recommended by the TAG, Afghanistan prioritized microplanning revisions to identify priority areas and ensure these areas were not missed. Frontline workers received new training and will be operationalized starting with the mid-April 2016 immunization campaigns. The revisit strategy, revising children four days after campaigns, was scaled up in March 2016 to catch missed children.
- The program is focused on areas with failing lot quality assurance sampling survey reports, and works with partners and agencies to closely examine the reasons for missed children, and develop a more informed district profile and plan.
- The National EOC has deployed national monitors throughout Afghanistan pre- and post-campaign to provide support in areas with the largest challenges. All three regional EOCs were functional, and working along with the National EOC, including the participation of non-government organizations to implement basic package of health services. Coordination among teams and partner engagement has improved. The EOCs used the NEAP to guide activities.
- Recommendations from the TAG, Dubai and other strategic meetings were incorporated into the 2016-2017 NEAP, to be finalized by end-June.
- Challenges included chronically missed children in Helmand, Kandahar, and Farah, where there was interference in team selection and accountability issues, and inaccessibility in the east and northeast parts of the country.
- Requested the POB to encourage continued advocacy and neutrality among partners, and require a coordinated approach among partners to gain access to non-government controlled areas.

The POB Chair posed a question on the proportion of children vaccinated upon entry and exit from Pakistan or Afghanistan. The EMRO Polio Eradication Manager responded Afghanistan and Pakistan were both vaccinating children under 10 years old, those who had not been previously immunized, and upon entry and exit into either country. Missed children were tracked by both countries to measure the border vaccination program's success.

UNICEF noted the importance of maintaining program neutrality in Afghanistan, and the need for the partnership to coordinate access negotiations under the UN.

The POB Chair requested if any interagency issues arise, that the program share specific challenges related to GPEI partner engagement with the POB members from the relevant agencies.

**Action Items:**

- POB to reinforce continued support from their respective agencies of polio functions.
- POB to intensify advocacy support across the partnership to maintain program neutrality in areas not under government control.
- Afghanistan program to develop and implement 2016-2017 National Emergency Action Plan.

**VI. Consensus Decision and Discussion: Legacy**

The POB Chair provided an overview of the legacy topics to be discussed: development of an approach to legacy planning, changing the name from legacy to transition planning, and oversight for implementation of the plan.

**1. Independent Monitoring Board Oversight of Polio Legacy:**

The POB Chair noted focusing on specific goals, such as getting measles to 90/80, would force routine immunization strengthening. The POB Chair further noted the goal was for priority countries to have

transition plans this year, with the exceptions of Afghanistan and Pakistan to develop plans later.

WHO noted its support of the approach to transition planning. WHO also noted GPEI should focus on all countries for transition planning, and not just the 16 priority countries. WHO further noted the terminology, 'global transition planning,' was confusing, and GPEI needed to clarify that each partner agency should have its own transition plan. WHO Board Member posed a question if the term 'global transition planning' should continue to be used. The POB Chair noted it was important not to conflate country and global transition plans, and ideally both plans would be consistent with one another. The POB Chair further noted the existence of a global plan might lead to some countries not planning or being inconsistent with the global plan.

WHO Board Member noted as the transition planning process is implemented, GPEI should consider being more flexible so other partners, such as Gavi, could be involved in high-level decision making if needed. BMGF noted Gavi participates in the Immunization Systems and Legacy Management Groups, and contributes to GPEI discussions around transition planning and immunization systems. The POB Chair noted Gavi managed a large share of global immunization funding that was not part of country budgets, and held a lot of the keys to establishing a good legacy, routine immunization strengthening and countries adopting elements of the polio infrastructure.

Both UNICEF and Rotary International agreed with previous comments.

WHO noted that the POB Chair clarified his previous comment on using the terminology 'global transition planning.' WHO Board Member further noted GPEI should consider using the term 'international' instead of 'global.'

The POB Chair asked if there were any concerns on the Independent Monitoring Board of Polio Legacy Terms of Reference and proposed membership in relation to GPEI legacy. No concerns were noted.

**POB Decision:**

- The POB approved the Terms of Reference of the Independent Monitoring Board for Post-Polio Eradication Transition.
- The POB confirmed Sir Liam Donaldson as chairperson for the Independent Monitoring Board for Post-Polio Eradication Transition.

**Action Items:**

- NONE

**2. Development of Polio Transition Planning Strategy (Paul Rutter, Legacy Management Group):**

The Legacy Management Group Chair provided an overview of content in the background paper. The objectives of polio transition planning were to safeguard polio eradication by mainstreaming essential polio-related and strengthen national health systems and public health infrastructure. These objectives should be addressed in tandem.

- Polio eradication presents risks and opportunities, and there was a need to focus on the risks associated with the end of GPEI funding and more clearly articulate the opportunities.
- Efforts have focused on country-level transition planning to date, and now needed to include the development of a global transition plan where partner agencies provide input and documenting lessons learned to achieve the transition planning objectives.
- GPEI would partner with schools of public health, government, and management to capture and disseminate lessons learned from polio eradication and apply them to other health priorities.

Rotary International noted coordination was required between partners, and it was essential for all involved to share the same story.

BMGF noted it was appropriate to focus on country-level transition planning to date, but GPEI needs to

address international transition planning. BMGF further noted the need to define the minimal global architecture for surveillance, and what GPEI would look like if it continued to exist past 2019.

**POB Decision:**

POB provided input and direction on the current approach to polio transition planning.

- POB agreed to adopt a change in nomenclature from using the term ‘legacy planning’ to ‘transition planning,’ recognizing that ‘legacy planning’ is a known term and will continue to be used by some.
- POB approved the GPEI Legacy Management Group to oversee the process of developing and implementing a global transition plan with POB members explicitly acting in their whole-agency capacity, not just principals of the GPEI in order to engage non-polio teams, and engaging with senior representatives of additional key partner agencies where appropriate.

**Action Items:**

- LMG to lead the development of a global transition plan, and incorporate input from partner agencies.
- LMG to collaborate with public health schools, governments, and management to capture and distribute lessons learned from polio eradication.

**3. Documentation of Polio History:**

The POB Chair noted the documentation of polio history would become a resource for resolving future health issues.

Rotary International Board Member noted partner coordination and participation is critical to ensure the resulting documentation served as a polio story and not an agency-focused story.

WHO posed a question if documentation of polio history would best fit into the development of transition plans. The POB Chair responded the documentation of polio history was considered part of transition planning because the process involves reviewing lessons learned and determining opportunities for improvement.

UNICEF noted the POB voted via email on the documentation of polio history.

**POB Decision:**

- The POB approved the approach to the historical documentation of GPEI.

**Action Items:**

- LMG and PACT to develop a road map and action plan for the historical documentation of GPEI, including budget and timeline.

**VII. Discussion: Finance and Resource Mobilization**

**Finance and Resource Mobilization Update (André Doren, Polio Advocacy and Communication Chair):** The PACT Chair provided an overview of resource mobilization budget and activities.

- As requested during the January 2016 POB Call, a tracking spreadsheet for donor pledges was developed and shared with POB members. The pledges included on the spreadsheet originated from this year’s vaccine summit, and timing of the materialization of pledges was on track for the majority of donors. Efforts were underway to materialize remaining pledges, including continued donor follow-up.
- Donor communication materials (GPEI Investment Case) have been finalized, and were tested this week in Japan. The UNICEF Team translated the investment case for the Japanese Parliament, and messaging was well received.
- The approved budget was finalized in early April 2016, and the Financial Resource Requirement document is near final.
- PACT planned to visit all of the donor capitals in April, May, and June 2016, mostly through roadshows. Visits were already planned for Japan, United Kingdom, and Canada. A meeting would

be held at the end of June for donors to commit pledges to the additional \$1.5 billion USD budget.

The POB Chair posed a question if there were donors who were tardy with pledges or if any support from the POB was needed. The PACT Chair proposed to continue the roadshows, and the PACT would have a better sense of funding needs in late May. PACT would provide recommendations for how POB could support resource mobilization efforts once the roadshows conclude.

BMGF posed a question about the donor tracking spreadsheet, and suggested the PACT pursue donors that have already met their commitments as additional funding would likely be required given the latest transmission trends. The PACT Chair responded the spreadsheet was developed based on pledges from the vaccine summit, and that the PACT continued to seek additional funding resources.

BMGF noted the next Financing and Accountability Meeting will be held on Monday, May 23, coinciding with the World Health Assembly, and all who would be in Geneva were invited to attend. BMGF further noted the Financing and Accountability team were working to improve data collection for financial reporting.

UNICEF Board Member thanked PACT for the donor tracking spreadsheet, and requested PACT update and distribute the spreadsheet to the POB every 6 weeks.

**Action Items:**

- PACT to finalize the Financial Resource Requirement document.
- PACT to hold roadshows in all of the donor market capitals in April, May, and June 2016.
- PACT to hold a donor meeting by the end of June 2016 for donors to commit pledges towards the additional \$1.5 billion USD budget.
- PACT to provide recommendations on how the POB can support resource mobilization efforts after the donor roadshows conclude.
- PACT to update and distribute the donor tracking spreadsheet to the POB every 6 weeks.

**VIII. Closeout and Final Remarks**

The POB Chair announced August 10 as the next POB executive call and dates are being finalized. The POB Chair noted that GPEI has a good chance of transmission in 2016, and it is important to do everything possible to meet this goal.