

Meeting of the Polio Oversight Board (POB)

22 May 2024 | 6:00 – 8:00 PST/ 9:00 – 11:00 EST/ 15:00 – 17:00 CET

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Sania Nishtar (Gavi); Mike McGovern (Rotary); Omar Abdi, representing Catherine Russell (UNICEF); Andi Fristedt, representing Mandy Cohen (CDC); Erica Gerretsen (Donor Representative – EC)

Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
Further engagement with GPEI and Gavi, including the Gavi Full Portfolio Planning process, to support holistic planning for integration and transition	SC	ongoing
Develop a broader systemic stakeholder engagement plan for transition planning to sustain eradication goals	WHO	ongoing

Opening Remarks

Dr. Elias welcomed attendees to the Polio Oversight Board meeting and highlighted recent breakthroughs for the GPEI, including the agreement by the de facto authorities in Afghanistan to restart house-to-house vaccinations in the South region, the official closing of the wild poliovirus type 1 outbreaks in Malawi and Mozambique, and the recent commitment by the Kingdom of Saudi Arabia of U.S. \$500 million in new funding to GPEI over five years.

Polio Situation Update: Focus on Goal Two

Presenter: Aidan O’Leary (WHO)

The following update was presented to the POB:

- The Goal Two timeline for cVDPV interruption is 2025 with certification in 2028. The priority this year is to interrupt transmission in DRC and Nigeria by the end of 2024 to stop and prevent the cycle of infection and reinfection elsewhere in Africa. The number of cVDPV2 cases continues to trend downward from the 2020 peak with mixed results in consequential geographies, including a notable decrease in DRC and challenges in NW Nigeria, Somalia, and Northern Yemen. There has been a steady decrease in cVDPV1, with only one case reported to date in 2024.
- Roughly thirty countries are reporting type 2 outbreaks, and the consequential geographies remain the priority focus for outbreak response to stop and prevent the infection/ reinfection cycle. Macro-interventions have been instrumental in driving progress to date but must be complemented by more targeted measures in the highest risk communities. There have been

vaccine supply disruptions each year since 2021, but overall vaccination volumes have continued to increase. BioFarma has resumed production of nOPV2, with BioE prequalification happening in June this year. Sustaining population immunity once cVDPV transmission is interrupted through enhanced essential immunization coverage is critical.

The Honorable Dr. Kamba, Minister of Public Health, Hygiene and Prevention, DRC, presented a brief statement, noting the following:

- Dr. Kamba emphasized the strength of government commitment to polio eradication in DRC, highlighting the endorsement of the Kinshasa Declaration by President Tshisekedi, as well as the provincial governors, to renew the sense of urgency to achieve the goal of stopping the circulation of poliovirus.
- Since 2017, DRC has faced twenty-four outbreaks of various types of polioviruses, with ten active outbreaks. The biggest challenges in 2024 include access, logistical constraints, and vaccine refusals. He underscored the duty to eradicate polio, expressing confidence that together, eradication can be achieved.
- Dr. Kamba made the following requests of the POB:
 - Continued support for DRC's efforts to eradicate polio.
 - Sustained assistance for the institutionalization of community health workers through technical and financial support.
 - Ongoing support to the government in caring for polio survivors.

The Honorable Dr. Pate, Coordinating Minister of Health and Social Welfare, Nigeria, presented a brief statement, noting the following:

- Dr. Pate summarized the current state of Nigeria's polio program, highlighting ongoing cVDPV outbreaks and the implementation of at least two rounds of nOPV2 campaigns across all states, with additional efforts in high-risk areas. LQAS results have remained strong, yet transmission continues and there are plans to revamp the LQAS process to improve quality and accuracy. The correlation between low routine immunization (RI) coverage and poliovirus transmission underscores the urgent need to enhance RI. Inaccessibility remains a major impediment to eradication efforts.
- He noted that current priorities to interrupt transmission by the end of the year include improving campaign quality, reaching chronically missed children through the identify, enumerate, and vaccinate strategy (IEV), increasing surveillance in insecure areas, revamping in-between round activities, rapidly improving RI in critical LGAs, and implementation of the revised accountability framework. He also highlighted prioritizing recommendations from the recent 41st Expert Review Committee (ERC) meeting, as well as high level engagement with state governors and traditional leaders.
- Partner technical assistance to the program needs to be refreshed, and will require more discussion between WHO, UNICEF, and the government.
- Dr. Pate emphasized the commitment to polio eradication at the highest levels, and made the following requests of the POB:
 - Resolution of the global nOPV2 vaccine shortage as soon as possible.
 - Continued prioritization of Nigeria for vaccine stocks and funding for the program, including for special interventions like the IEV.

- Engagement as Nigeria implements the accountability framework to ensure government and partners are on board.

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

- Dr. Moeti (WHO) expressed appreciation to the honorable ministers for their leadership and commitment to polio eradication efforts and acknowledged the hard work and dedication of the governments, healthcare workers, and partners. She highlighted the closure of the WPV1 outbreak in Malawi and Mozambique as an accomplishment, while also noting the need for continued vigilance and effort to tackle the challenges posed by cVDPV2 outbreaks. She acknowledged the concern raised on the role WHO is playing among partners and the challenges presented and reaffirmed the commitment of WHO to refine operational processes and accountability, and work to restore trust among governments, communities, and partners.
- Sania Nishtar recognized the dedication and leadership of the ministers in challenging contexts. She expressed concern that the current outbreak response strategy is insufficient to halt cVDPV2 transmission and emphasized the importance of enhancing routine immunization and program performance to increase population immunity. She stressed the need for an intentional and focused approach to stop CVDPV transmission.
- Omar Abdi acknowledged the operational challenges faced by both DRC and Nigeria and emphasized the need for adequate resource allocation and expertise as requested by the ministers. He highlighted the importance of streamlining processes and strengthening coordination, particularly at the subnational level, to clarify accountabilities and define partner roles more clearly. He also raised concern regarding the current levels of RI in the consequential geographies, stressing the need to concomitantly increase RI in these geographies in order to reach eradication goals.
- Erica Gerretsen underscored the importance of raising population immunity globally to halt poliovirus transmission and noted donor concern that the lack of focus on the non-consequential geographies could perpetuate the virus cycle in the longer-term. She requested more information on planning preventive immunization rounds and linkages between RI and polio, and suggested including neighboring countries like Chad, Guinea, Yemen, Somalia, and Indonesia in the focus areas to better limit risk of transmission.
- Andi Fristedt emphasized the critical need for rapid, high-quality campaign activities in response to any detection of polio, the importance of accountability in delivering quality campaigns, and the significant role of environmental surveillance in understanding disease trends. She also suggested the reestablishment of Nigeria's Presidential Task Force as a key strategy to enhance these initiatives and stressed the importance of investing in preventive campaigns and focus on routine immunization. She shared CDC's commitment to support the sequencing lab in Nigeria.
- Mike McGovern highlighted the importance of clear accountability mechanisms and the crucial need for collaboration and clear timelines to follow up on recommendations and address these concerns effectively.
- Chris Elias flagged there will be follow up discussions next week at the World Health Assembly, and it will be important to further discuss the actionable next steps to improve campaign quality, supply issues, and access challenges. He noted the progress made, but emphasized the need to accelerate progress, particularly in the consequential geographies. Lastly, he expressed

confidence as a partnership to finish the job, noting the importance of frank feedback as shared by the ministers today.

- Aidan O’Leary highlighted the anticipated availability of 600 million doses of nOPV2 by the end of the year, with vaccine supply to Nigeria and DRC prioritized as key to interrupt transmission on the African continent. He agreed the importance of the accountability framework, noting the need for linkages at the subnational level. He also noted that due to the intensity of efforts in the endemic countries and the continued focus on cVDPVs, preventive SIAs are not prioritized right now, but will be supported through the Big Catch Up campaigns and other activities.
- Dr Kamba underscored DRC’s commitment to polio eradication and agreed with the points made around continued vigilance and sustaining efforts. He also highlighted the need to collaborate and identify accountabilities at all levels of the partnership.
- Dr. Pate emphasized that Nigeria will do everything possible to address gaps from the government side, working with national leaders, governors, and traditional leaders. He noted there are operational and managerial actions needed to address the partner accountability gaps, and collective action is required to move the program forward.

Integration to Accelerate Last-Mile Eradication Efforts

Presenter: Andrew Kennedy (WHO)

The following update was presented to the POB:

- Last year, the GPEI launched a renewed effort to develop the GPEI integration function and has been working on implementation of the workplan that was endorsed at the October 2023 POB meeting. Integration efforts remain focused on the campaign, routine immunization, and integrated service delivery activities that will help achieve interruption. As interruption gets closer, the focus will shift to strengthened surveillance for certification purposes while integration activities will increasingly focus on preparing surveillance systems and emergency response capacity for the post-certification era.
- The integration function operates through a networked model, working with GPEI partners, global initiatives, regions, and country offices to clearly define roles and responsibilities, with the goal of enabling and empowering decision making and collaboration at the local level. Integration efforts have focused on four key areas: including plusses in campaigns, co-delivery and multiple antigen campaigns, coordination with Gavi and EPI on routine immunization strengthening, and integrated service delivery. There has been good progress, with implementation plans developed for seven priority countries, relationship building with regional and country integration focal points and GPEI partners to support intentional planning and implementation. There has also been strong coordination, including a good communications network and facilitating engagement opportunities with the Big Catch Up and Measles and Rubella Partnership. The GPEI Strategy Committee has approved in principle a request from the Big Catch Up to support requests for bOPV from five countries.
- Key challenges to date include inadequate insight into campaign schedules, limited awareness or alignment on integration activities, lack of visibility over campaign tracking, unwillingness to adjust long-held beliefs about integration, and a limited line of sight into funding for integration activities.

Requests of the POB:

- Strengthened coordination between Gavi and GPEI, with POB leadership promoting the broader integration goals.
- Continued advocacy from the POB to promote efforts to overcome barriers to integration.

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

- Chris Elias highlighted the positive examples of integration in Afghanistan with humanitarian partners as well as the challenges including bOPV in the Big Catch Up, noting the need for improved planning and coordination for future efforts.
- Erica Gerretsen advocated for a less linear approach where there is overlap in the interruption, certification, and post-certification phases. She also noted donors support the additional services added to polio immunization activities, and these integrated services should be based on community needs. Lastly, she asked if there are plans for a GPEI evaluation of progress on integration.
- Sania Nishtar stressed the importance of integrating bOPV with measles and measles/ rubella campaigns, highlighting the need for policy changes at the country level and vigilant management of vaccine supply in order for this to happen. Additionally, she thanked BMGF for supporting a position within Gavi's team to enhance GPEI and Gavi integration in the consequential geographies, noting that success will require commitment and new ways of working amongst partners and countries.
- Dr. Moeti (WHO) emphasized the strong commitment to integration in the African region, and the importance of aligning polio eradication efforts with broader immunization and health systems to maximize impact. She advocated for POB support to address gaps in coordination and communication among stakeholders as well as reimagine the global and regional level coordination mechanisms to be more effective in countries.
- Andi Fristedt highlighted the importance of POB advocacy to push for new ways of thinking about integration and change long-held beliefs. She stressed the potential for integration to save resources and underscored the long-term benefits of resilience and sustainability. Lastly, she raised concerns about Nigeria's absence from planning and the need for metrics to measure integration success and ensure accountability.
- Mike McGovern emphasized the need to set specific goals and immediate actions to ensure integration is the norm rather than the exception a year from now, with strong coordination from partners.
- Andrew Kennedy noted alignment with the strategic shift towards considering integration as part of the initial decision making and planning process. He welcomed the support from AFRO and addressed the comments on the challenges with the integrated measles campaigns, noting that with the Measles and Rubella partnership, GPEI is working across all levels to resolve planning and operational challenges to move forward with the joint campaigns. The program is focused on building a strong presence and strong relationships to incorporate integration comprehensively into routine immunization strengthening and integrated service delivery.

Polio Transition

Presenter: Ebru Ekeman (WHO)

The following update was presented to the POB:

- Transition is the bridge from eradication to post-certification, and implementation of a new strategic framework has begun to ensure eradication is sustainable and there is support for countries to prepare for the post-certification period. The new strategic framework moves away from monitoring the process of transition towards monitoring key outcomes and acknowledges there is no single end state for transition.
- Monitoring in the twenty priority countries across the strategic areas, including immunization, surveillance, preparedness/ response, and containment, has shown there are large gaps in many countries. Preliminary data shows that many countries will not be able to move beyond the intermediate transition milestone in the short/ medium term, which links to the ability to manage and finance polio essential functions. Most countries depend on GPEI support for management of functions, and many are a long way from financial sustainability.
- The WHO Polio Transition Steering Committee agreed that the current list of priority countries no longer reflects the epidemiological and operational realities, and proposed a common, standardized approach with clear criteria for entry and exit to the priority country list. The revised priority country list now has eighteen countries, with seven countries from SEARO and EMRO exiting, and five new countries from the AFRO region entering the list.
- Over fifty countries that have moved out of GPEI support in 2022 continue to be funded through WHO's programme budget, and GPEI continues to subsidize surveillance in some of these countries. Dedicated funding for transition is quite limited and related to the overall financial sustainability of WHO, which is heavily funded by voluntary contributions.

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

- Sania Nishtar noted that an important institutional mechanism for dialogue around transition is the Gavi Full Portfolio Planning process and it would be useful for GPEI to engage.
- Erica Gerretsen emphasized the need for a comprehensive approach to transition planning that incorporates broader stakeholder engagement, including global health security and pandemic readiness organizations, aligned with the Lusaka Agenda. She flagged the importance of careful timing in the cessation of the oral polio vaccine, ensuring it aligns with epidemiological benchmarks and lessons learned from the switch. She also called for examining which health system aspects need to be enhanced to ensure successful transition, and asked if this dimension has already been taken into consideration.
- Andi Fristedt expressed appreciation for the thoughtful adjustment of country prioritization based on evolving epidemiology. She asked about the engagement and expectations of countries in intermediate transition stages as well as ensuring adequate surveillance funding to achieve and sustain eradication goals, highlighting these as critical considerations for transition planning.
- Dr. Moeti emphasized the importance of broadening engagement in transition planning and echoed the need to align with the Lusaka Agenda. She stressed the importance of fostering a sense of ownership of the process with countries.
- Ebru Ekeman acknowledged the feedback and endorsement on updating country priorities, noting this will be finalized within the year. She noted the need for broader, systematic

stakeholder engagement, and discussed the utility of outbreak response funds in subsidizing critical polio functions like surveillance, which have significantly aided countries no longer directly supported by GPEI. She emphasized the importance of focusing on surveillance and immunization activities as priority areas to ensure eradication can be sustained.

Closing Remarks

The Chair thanked the attendees for their time and engagement, noting the next meeting of the Polio Oversight Board will be 17 July. The meeting was followed by a 30-minute closed executive session.