

## Meeting of the Polio Oversight Board (POB)

17 July 2024 | 6:00 – 9:00 PST/ 9:00 – 12:00 EST/ 15:00 – 18:00 CET

### Meeting Minutes

**POB Member Attendees:** Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Sania Nishtar (Gavi); Mike McGovern (Rotary); Martin Seychell (Donor Representative – EC); Omar Abdi (UNICEF); Andi Fristedt (CDC); Jalaa’ Abdelwahab, representing Gavi; John Vertefeuille, representing CDC

#### Summary of POB Decisions

<i>Topic</i>	<i>POB Decisions</i>
GPEI Strategy Extension	<b>The POB approved the extension of the GPEI strategy, moving the Goal 1 milestone to end-2027 for certification of eradication of WPV1 and the Goal 2 milestone to end-2029 for certification of elimination of cVDPV2.</b>
GPEI Multi-Year Budget	<b>The POB agreed to delay the approval of the GPEI multi-year budget until the 16 October POB meeting, with the condition that the budget must be approved at the October meeting.</b>

#### Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
<p><b>In advance of the 16 October POB Meeting, prepare the following materials to inform the MYB decision:</b></p> <ul style="list-style-type: none"> <li>• A comprehensive view of all the funding that goes towards polio eradication, both FRR and non-FRR, with the goal of understanding how the non-FRR funding addresses program risks and reaching our Goal 1 and 2 milestones as well as how the GPEI budget is positioned within the broader set of activities that partners are proposing to fund.</li> <li>• From Gavi, an account of their ongoing support of IPV and more detail on hexavalent funding.</li> <li>• From WHO, UNICEF, and Gavi, an update on the Big Catch-Up to understand how we are optimizing campaign coverage and preventive immunity, and where there are opportunities for coordination and efficiencies.</li> <li>• Review of the IMB report recommendations if timing aligns with the release of the report.</li> <li>• An agreed-upon draft of the MYB.</li> </ul>	SC	26 September 2024

<b>Hold an implementation review of the Female Frontline Worker Co-Design Initiative during the November POB visit to Pakistan</b>	POB Chair	November 2024
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**Opening Remarks**

Dr. Elias opened the meeting by welcoming Martin Seychell to his first meeting as the POB donor representative. Dr. Elias highlighted the EC and EIB financing partnership as a critical source of funding for GPEI, noting the recent Steering Committee Meeting to discuss disbursement of funds. Additionally, he highlighted that Gavi has recently launched their 2026 – 2030 Investment Opportunity, and WHO also launched their investment case to support the 2025 – 2028 strategy.

**IMB/ TIMB Chair Statement**

**Sir Liam Donaldson**

The following statement was presented to the POB:

- Sir Liam Donaldson shared highlights from the first half of the 15 – 19 July Independent Monitoring Board (IMB) meeting. He identified key challenges that will be critical to address for eradication, including the need for more preventive campaigns, the importance of rapid and high-quality outbreak response, and improving coordination between GPEI, Gavi Alliance partners, and EPI at the global, regional, and local levels.

**Polio Situation Update: Focus on Goal One**

**Presenter: Hamid Jafari (WHO)**

The following update was presented to the POB:

- Current epidemiology shows significant spread in both Afghanistan and Pakistan of the YB3A cluster in 2024. There are extensive environmental surveillance efforts, with an increasing number of sites and samples tested. Program quality is high in the East Region of Afghanistan, with early signs of a reduction in wild poliovirus (WPV) detection in the northern corridor, including Peshawar. Migrant, mobile and border populations are major contributors to WPV detections and spread, and the program has seen reestablished transmission in historic reservoirs.
- Contextual factors driving WPV resurgence include large-scale unusual population movements, including the repatriation of Afghan nationals, political transition in Pakistan, the inability to conduct house-to-house campaigns in Afghanistan until recently, and cancellations and disruption of campaigns in South Khyber Pakhtunkhwa (KP) and Quetta Bloc. Programmatic factors include compromised leadership and coordination issues, missing migrant and mobile populations, and performance management challenges.
- The Technical Advisory Group (TAG) met in May and concluded interrupting all WPV1 transmission by the end of 2024 is unrealistic, however it may be possible in the next low season if all TAG recommendations are implemented urgently and comprehensively. The TAG recommendations include restoring consistent campaigns in South KP and implementing refinements in the East Region, remapping and monitoring migrant and mobile populations, address border district gaps and intensifying cross-border coordination, addressing performance gaps in SIA operations, fully leveraging house-to-house campaigns in the South Region,

improving quality SIAs in the Quetta Bloc, and ensuring strong program leadership and team cohesion.

- Political commitment is critical to the success of the program and strong commitments were expressed in high level meetings during the POB visit to Pakistan and the Regional Director visit to Afghanistan in May. The commitment was reaffirmed during Mr. Gates' visit to Islamabad in June, with the Prime Minister committing to regular stock takes of the program. Lastly, Dr. Hanan Balkhy, WHO EMRO Regional Director, had a call with Afghanistan's new Health Minister, who reaffirmed the commitment of the authorities to eradicate polio.

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

- Chris Elias noted his visit to Islamabad with Bill Gates and positive discussions with the Prime Minister and Chief of Army Staff, emphasizing the importance of turning political commitment into actionable steps. He underscored the planned stock takes with the Prime Minister and the POB visit planned for November will aim to ensure alignment and cohesion at both the national and provincial level.
- Dr. Hanan Balkhy (WHO) noted WHO support for the TAG recommendations and commitment to supporting field work, staff support, and necessary campaigns. She highlighted recent advocacy efforts, including meeting with the health ministers of UAE, Qatar, and Saudi Arabia, and convening the Regional Subcommittee on Polio on 25 July. Additionally, she shared an overview of a productive discussion with Afghanistan's new health minister, discussing the importance of polio and the broader health agenda.
- Mike McGovern highlighted the need for the POB and Strategy Committee to spend more time understanding missed children and the implications in the consequential geographies.
- John Vertefeuille acknowledged the significant epidemiological changes and increased virus spread over the past nine months and highlighted the need for a commitment to rapid communication about impactful changes, such as increased budget and program adjustments. He emphasized creating an accountability framework to ensure early transparency and encouraged collaboration and unified efforts to support the new team in Pakistan and deliver the strategy effectively.
- Omar Abdi raised concerns about the prevalence of refusals, vaccine hesitancy, and data manipulation, asking about measures to address these issues. He also asked whether the house-to-house agreement in the South Region includes Kandahar and asked for more detail on addressing dysfunctional relationships among stakeholders.
- Jalaa' Abdelwahab requested more insight into the cancellations and boycotts in Pakistan to better understand the impacts. He highlighted the need for complete house-to-house vaccination coverage in Kandahar City to close the immunity gap and asked what more needs to be done.
- Dr. Tedros shared an overview of recent meetings with Pakistan officials, noting their requests for greater ownership and less micromanagement of the polio efforts, minimizing high-level visits during SIAs due to distractions, and the suggestion to relocate the Hub to Islamabad or Kabul. Lastly, he stressed the importance of addressing community needs like water and sanitation to build the confidence of the communities.

- Hamid Jafari responded to questions, noting the Pakistan program has identified localized issues with misreporting and data manipulation and is implementing a systematic review and independent observers to address these issues. He also highlighted progress in house-to-house campaigns in the South Region, though some areas including Kandahar City still face restrictions. There have been protests at the border which have repeatedly disrupted vaccination campaigns and campaigns have been canceled for security reasons. The program is working to address quality and access issues in the South Region in Afghanistan and parts of South KP, alongside complex management dynamics in Karachi and Peshawar.

### **GPEI Strategy Update- for decision**

#### ***GPEI Strategy Extension***

**Presenter: Andrew Kennedy (WHO)**

The following update was presented to the POB:

- Two options for POB decision on the strategy extension were presented. At the October 2023 meeting, the POB reviewed the GPEI 2022 – 2026 strategy and agreed the following: continue to target the current Goal 1 timeline to interrupt transmission in the endemic countries in the 2024 low season and achieve certification in 2026, and for Goal 2, extend the timeline for cVDPV interruption to 2025 with certification in 2028 (option 1). Based on current epidemiology, the Strategy Committee now recommends an extended timeline for POB decision of WPV1 interruption by the end of 2025 with certification by the end of 2027, and cVDPV2 interruption by the end of 2026 with certification by the end of 2029 (option 2). Multi-year budgets have been reviewed for both options.
- This request is an extension of the existing 2022 – 2026 strategy, but not a revision of the strategy. However, what is proposed is not business as usual, and the program will introduce important tactical shifts to address the challenges and epidemiological changes faced by the GPEI. These challenges include increasing operational, political, and security complexities in the key geographies, stagnating rates of routine immunization (RI), and operational challenges that have hampered planned responses.
- Moving into the strategy extension period, key priorities to reach eradication will include a better balance between macro and micro level approaches, improving district-by-district micro approaches, increasing visibility over all resources that support polio and alignment behind a single country led plan for campaigns and RI system strengthening, increased focus on integration, and improving operational performance at all levels.
- GPEI will expand the focus of integration from campaign-based activities to building population immunity through strengthened RI performance. In outbreak countries, the focus will be on working with partners to improve IPV coverage and ensure better targeting of the rollout of Hexavalent in countries most crucial to polio interruption and support efforts to identify and vaccinate under-immunized and zero dose children. In countries approaching interruption, the RI strategy will need to be tailored at the subnational level to use resources most effectively, with strong GPEI and Gavi Alliance collaboration.

#### ***GPEI Multi-Year Budget***

**Presenters: Michiyo Shima (UNICEF) & Ikuko Yamaguchi (UNICEF)**

The following update was presented to the POB:

- The GPEI has undergone a process to revise the multi-year budget to develop a high-level fiscally responsible budget to support the GPEI’s revised long-term programmatic planning, and the

Resource Mobilization Group's (RMG) investment case to fund the 2022 – 2026 Strategy + Addendum.

- Considerations in the multi-year budget development process included the inherent tension of balancing programmatic ambition with right-sized budgets post-interruption, uncertainties around the GPEI sunset decision and the post-certification strategy timing and assumptions, and a constrained funding landscape requiring articulation of tradeoffs and clear prioritization. Both strategy extension options were reviewed, but current epidemiology suggests that option 2 may be more realistic and this option was the focus of the presentation. The main assumptions in the development process included maintaining high levels of campaign activity in the endemic countries until interruption, maintaining sufficient budget in the outbreak countries to enable aggressive response activities through interruption and then a rapid decrease, estimating vaccine supply to align with the demand from the outbreak response trajectory with inclusion of a buffer, and including activities to build population immunity at a relatively low level and with continuous review to ensure that population immunity levels are high enough to reduce the risk of type 1 outbreaks until the end of the program. Surveillance levels are maintained in the outbreak countries and Afghanistan for the entire period and decrease only after certification for Pakistan.
- The proposed multi-year budget (MYB) for 2022 – 2029 totals \$6.618B. It is important to note that there will be additional costs associated with sustaining polio eradication that fall within the MYB timeline but that will be captured as part of the post-certification strategy (PCS) budget development process and are not included in the MYB.
- A resource mobilization update shows available funding and pledges total \$3.7B against a 2022-2026 requirement of \$4.8B, leaving a \$1.1B shortfall. Assuming historical donor levels and additional contributions, GPEI estimates an additional \$575M could be raised until 2026. The highest risk is in the next two years, with projected contributions significantly lower than needed. A portion of the Kingdom of Saudi Arabia's recent pledge will help close the gap, but no commitments have been made for the extension period amidst a constrained global public health financing landscape. Key funding risks and challenges include multiple demands on donor aid budgets, upcoming elections in key donor countries which could adversely impact future funding prospects, the perception of programmatic progress given separate and revised timelines for different viruses, and the complexity of the program in its final stages.
- The RMG proposes organizing a rolling fundraising campaign in the coming months and years to meet the GPEI's current fundraising objectives and build momentum. There is urgency to secure additional funding for 2025 and 2026 as making progress in these two years will be critical to achieving eradication within the new timeframe.

For POB Decision:

- Does the POB endorse the option 2 timeline for the extension of the GPEI strategy, moving the Goal 1 milestone to end-2027 for certification of eradication of WPV1 and the Goal 2 milestone to end-2029 for certification of elimination of cVDPV2?
- Does the POB endorse the revised MYB of \$6.618B for 2022 – 2029?

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

- Chris Elias voiced support for the timeline extension and MYB on behalf of the Gates Foundation. He highlighted the need for rigorous prioritization and dynamic budgeting to potentially cover additional preventive campaigns. Additionally, he underscored the critical need for funding in 2025 and 2026 and urged donors to consider frontloading funding and making timely disbursements of the committed funds.
- Mike McGovern endorsed the GPEI strategy extension and MYB on behalf of Rotary, acknowledging the challenges the program faces. As the Chair of the Financial Accountability Committee, he noted the FAC supports the MYB but has concerns about insufficient resources, particularly for increasing population immunity and preparing for the post-certification era. He stressed the need for prioritization, accountability, and timely financial approvals, noting concerns about campaign cost increases and underspent outbreak budgets. He emphasized the focus should remain on effective resource allocation and timely outbreak responses to achieve polio eradication goals.
- Omar Abdi noted UNICEF's support for the recommended strategy extension and MYB, expressing confidence in the program despite challenges. He highlighted that UNICEF is committed to supporting resource mobilization for GPEI and emphasized the need for innovative financing. He underscored the importance of reducing the number of zero dose children to aid the eradication efforts.
- Dr. Tedros agreed with both the proposed strategy extension and MYB.
- Andi Fristedt noted CDC's alignment with the proposed strategy extension, underscoring the need for stronger accountability with specific milestones reviewed quarterly. However, she expressed CDC's concern that the proposed budget is insufficient, specifically around the preventive line item, and suggested revisiting the MYB for decision at the October POB meeting to ensure it addresses critical needs. She advocated for a holistic approach including preventive campaigns and all activities on the critical path to eradication.
- Martin Seychell voiced donor support for the strategy extension and MYB, highlighting the importance of addressing longstanding risks identified by the IMB and implementing the IMB recommendations. He also noted the need to improve synergies with Gavi to reduce zero-dose children. Lastly, he flagged the need for a detailed plan to balance fundraising with program optimization and to address cash flow issues, as well as a holistic assessment of non-financial resource requirements (non-FRR) funding, and potential donor exit plans.
- Jalaa' Abdelwahab noted Gavi's agreement with the proposed strategy extension on behalf of Dr. Nishtar, aligning with the need for tactical adjustments and improved governance and accountability to ensure GPEI moves beyond business as usual. He raised concerns about ensuring sufficient budget for pre-cessation immunity boosting activities and suggested it would be worthwhile to wait on finalizing the MYB decision until after the IMB report is released and upcoming SAGE recommendations around bOPV cessation triggers and enablers. He noted that GPEI coordination with Gavi Alliance partners for IPV coverage, the Big Catch Up, and zero-dose children remains critical and there are opportunities for optimizing synergies. He also encouraged increased integration among global initiatives to enhance program planning and execution.
- Chris Elias suggested accepting the proposal to delay formal approval of the MYB until the 16 October POB meeting, with the condition that the budget must be approved in October to avoid consequences for 2025 activities and resource mobilization efforts. He outlined what will be needed in advance of the decision, including:

- A comprehensive view of all the funding that goes towards polio eradication, both FRR and non-FRR, with the goal of understanding how the non-FRR funding addresses program risks and reaching our Goal 1 and 2 milestones as well as how the GPEI budget is positioned within the broader set of activities that partners are proposing to fund.
  - From Gavi, an account of their ongoing support of IPV and more detail on hexavalent funding.
  - From WHO, UNICEF and Gavi, an update on the Big Catch-Up to understand how we are optimizing campaign coverage and preventive immunity, and where there are opportunities for coordination and efficiencies.
  - Review of the IMB report recommendations if timing aligns with the release of the report.
  - An agreed-upon draft of the MYB.
- Pavani Ram (USAID) stressed the need for continuous and rigorous assessment of progress, internal decision-making, and addressing chronic issues to fundamentally understand necessary changes. She requested the POB develop an accountability framework and quality improvement approach with clear milestones, dates, and an external review process, and better align critical programmatic approaches, including population immunity, with the MYB.

**Decision:**

- *The POB approved the extension of the GPEI strategy, moving the Goal 1 milestone to end-2027 for certification of eradication of WPV1 and the Goal 2 milestone to end-2029 for certification of elimination of cVDPV2.*
- *The POB agreed to delay the approval of the GPEI multi-year budget until the 16 October POB meeting, with the condition that the budget must be approved at the October meeting.*

**Lessons Learned from the Female Frontline Worker (FFLW) Co-Design Initiative**

**Presenters: Maria May (BMGF), Wajiha Kanwal (Pakistan NEOC), Julianne Birungi (UNICEF)**

The following update was presented to the POB:

- In 2022, the Pakistan program started an intentional process with phone surveys and co-design workshops to surface ideas from frontline workers around how the program can identify and vaccinate more missed children, address barriers at the point of service, and better support frontline workers and their safety. The initiative was approved by the NEOC Coordinator and Core Group, and is coordinated by the NEOG Gender Working Group, with engagement from provincial level focal persons. A select group of ideas were approved for implementation in the areas of operations, communications, and gender, and include improved trainings, an anti-harassment policy, support for breastfeeding mothers, as well as solutions that will require additional resources such as a strengthened health camp strategy in high refusal areas and a clearer engagement strategy for nomadic populations.
- The program missed the 2023 target to implement the selected solutions but will now implement all solutions by the end of 2024. Progress on implementation has been made, with third party support procured for certain recommendations, and some recommendations still requiring guidance from national leadership. Key drivers of the implementation delays include changes in epidemiology, changes in leadership, and complex implementation across multiple stakeholders and monitoring.



- Continuous engagement and communication with frontline workers are crucial for maintaining motivation and addressing chronic programmatic issues. Regular listening sessions, structured monitoring mechanisms, and active communication channels help prioritize frontline worker feedback and adapt to evolving challenges.
- Livelihood security is a top priority for the female frontline workers, and the program is setting up a new stream of work on livelihood transition to help women leverage the skills they've gained from working on polio and upskill them to be able to transition to new opportunities as polio eradication progresses.

Requests of the POB:

- Whenever possible, share public appreciation for the contributions made by FFLW to polio eradication.
- Inclusion of FFLW as a key stakeholder to engage during country visits.
- Continued interest in monitoring and supporting FFLW co-design solution status and implementation, including in priorities discussed with country leadership.
- Look for opportunities to motivate similar exercises in other countries.

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

- Chris Elias stressed the importance of this initiative to identify tactical changes and enhance the quality and effectiveness of the polio program, as well as surface ideas that could be replicated in other countries. He acknowledged the challenges faced by frontline workers, such as community disrespect and lack of amenities, and stressed the obligation to implement recommendations promptly. Lastly, he suggested a review of the implementation status during the next POB visit to Pakistan in November.
- Dr. Hanan Balkhy (WHO) praised the initiative and committed to deeper engagement with female frontline workers. She expressed her interest in exploring ways to support the initiative at the regional level, including skill enhancement programs, as well as the potential to replicate these efforts in other regions.
- Omar Abdi noted female frontline workers are critical to the program and often work under harsh conditions risking their lives. He emphasized the need to support their skill building and integration into community health work or immunization roles as part of the upcoming transition planning.
- Jalaa' Abdelwahab commended the initiative and emphasized the importance of sustaining momentum and addressing the issues identified. He also underscored the potential for replicating the model in other countries and necessity of sharing best practices with essential immunization partners. He shared that Dr. Sania Nishtar has agreed to be a GPEI gender champion and looks forward to advocating for gender equity and fair compensation for community health workers. Lastly, he noted the growing challenges for female frontline workers in Afghanistan and the need to explore supportive measures within that context.
- Andi Fristedt expressed support and congratulated the team for this important work. She highlighted the need to empower women in leadership positions as well in order to advance and leverage this work.
- Mike McGovern emphasized the value of informal listening sessions with female frontline workers. He also noted the need for increased efforts to support them and the importance of taking time to listen to all workers to better understand challenges and experiences.



### **Closing Remarks**

The Chair thanked the attendees for their time and engagement, noting the next meeting of the Polio Oversight Board will be the full day in-person meeting in Berlin on 16 October. The meeting was followed by a 30-minute closed executive session.