

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

20 November 2019 | 10:00 – 16:30 GST | Abu Dhabi

Summary and Recommendations of the POB

- The POB acknowledges that polio eradication efforts are facing a crisis. The POB welcomes the **17th report of the Independent Monitoring Board (IMB)** and commits to supporting the national governments as they develop comprehensive plans and corresponding budgets.
- The POB welcomes the Government of **Pakistan**'s commitment to ensure that the polio eradication program is not politicized, take a community focus, put the right people in the right roles, and ensure accountability. The POB commends the Minister of Health on the Management Review conducted and progress made in implementing the recommendations. The POB endorses the asks made by Pakistan (Annex 1A).
- The POB appreciates the leadership, ownership and focus on community engagement by the Government of **Afghanistan**, which are all critical to stopping polio. The POB commits to exploring all options to address the **access limitations** that are hindering polio eradication in the country. POB supports the need to address a **broader set of health issues** in the highest-priority polio affected areas of **Afghanistan** to achieve eradication.
 - The POB requests **the Amman Hub** to review the country proposal (Annex 1B) and together with the Government of Afghanistan, rapidly reach agreement on a plan and budget for how GPEI can, in coordination with partners and existing projects, best catalyse support for these issues. The POB stresses the importance of ensuring implementation of activities in advance of the upcoming low season.
- POB notes with concern the alarming **circulating vaccine-derived poliovirus type 2 (cVDPV2)** outbreaks around the world and endorses the requests made by the Strategy Committee (SC) (Annex 1C), highlighting the need to move urgently, in full **emergency mode**, to rapidly end outbreaks. The POB further notes the complexity of this topic and thanked the SC for implementing a **thorough consultation process on the new outbreak response strategy**, which must include a strong **risk communications focus**.
- The POB is optimistic about the potential of **novel OPV2 (nOPV2)** to play a key role in addressing cVDPV2 emergencies and requests the SC to ensure a thorough roll out plan, including prioritization and implementation considerations, and to provide regular updates on progress to all partners. In the context of nOPV2, WHO commits to **prioritizing Emergency Use Listing (EUL) review and fast-tracking pre-qualification (PQ)**. Noting the inherent risks with vaccine development/production, the POB also calls on the SC to accelerate a comprehensive plan for the timely and effective introduction of nOPV2 in 2020 and to develop risk mitigation plans for the potential resumption of continent-wide

reintroduction of mOPV2 (or tOPV) in Africa if nOPV2 does not achieve a timely Emergency Use Listing (EUL).

- The POB thanks the donors and PACT for the work to mobilize the \$2.6 billion at yesterday's pledging event.
- The POB also notes that **the above amount will not be sufficient to carry out planned activities**, and that mobilizing the remaining 20% of the budget will be critical.
- POB acknowledges the challenge in developing a firm and fixed budget for the next five years, given the uncertainty and number of variables affecting reaching eradication, especially the cVDPV outbreaks. The POB approves the proposed **2020 GPEI budget** and requests the Finance and Accountability Committee (FAC) to come back to the POB by email, after their December 5, 2019 meeting, with their guidance and recommendation on the budget for out years. The POB endorses the remaining asks (Annex 1D).
- The POB agrees with the necessity of **integration** and collaboration in endemic, outbreak and high-risk countries towards meeting the **basic health needs** of communities, which include provision of all childhood vaccinations, including polio. The POB highlighted that success in this effort will require prioritization, developing and implementing strategies to bring new partners and new financial resources to the table, and strong collaboration with civil society at the country level.
- The POB welcomes the update on the Global **Integration Framework** and the launch of the working group and looks forward to reviewing the draft early next year.
- GPEI notes the request by donors to clarify its **management and governance** processes and to ensure due diligence is followed. The POB requests the SC to take this matter forward¹, in consultation with donors.
- The POB emphasizes the importance of gender equality and implementation of the gender strategy in all aspects the polio program. It will be critical to have women in positions of leadership for the future of the polio program.

¹ GPEI review survey on the strengths and weaknesses of the SC, POB, and FAC was launched in mid-December 2019.

Meeting Summary

Opening Remarks

Dr Tedros, Chair of the Polio Oversight Board, welcomed all participants to the 2nd Polio Oversight Board (POB) meeting of 2019. He emphasized that this is a very important POB meeting for the GPEI- the program is at a critical juncture and, as stated by Sir Liam in the recent Independent Monitoring Board (IMB) report, “it is no exaggeration to describe the current situation as an emergency”.

It was noted that the POB is honoured to have the attendance from the Minister of State for Health in Pakistan; the Minister of Health in Afghanistan; Regional Director for the Eastern Mediterranean; Regional Director for Africa; Sir Liam Donaldson, as Chair of the IMB; the major donors of the GPEI; as well as country representatives and advisors.

I. Statement/Update from the IMB

Presenter: Liam Donaldson (Independent Monitoring Board- IMB)

Sir Liam Donaldson, Chair of the Independent Monitoring Board (IMB) provides an independent assessment of the progress being made by the Global Polio Eradication Initiative (GPEI) and published the 17th IMB Report in November 2019. Sir Liam stated that the sole aim of the IMB is to help the GPEI to achieve polio eradication. He noted that the IMB felt it is no exaggeration to describe the current situation as a crisis. Looking more widely at the current state of polio eradication, the IMB noted that the crisis has three peaks: the first is the level of wild polioviruses (WPV) in Pakistan; the second is the way that the escalating restrictions in access in Afghanistan have created a huge immunity gap; and the third peak is the widespread occurrence of vaccine-derived polioviruses (VDPVs).

Sir Liam listed some general recommendations from the IMB, with the aim of moving the polio program and the oral polio vaccine itself away from current political and socially toxic associations and back to a humanitarian intervention:

1. Lift the polio vaccine above politics in Afghanistan and Pakistan.
2. Listen and understand communities better. It was noted that IMB’s analysis showed that the majority of all paralytic polio cases (89%) in Pakistan continue to be in Pashto speaking families (data as of 25 October 2019). Sir Liam encouraged GPEI to take interest in this type of statistic, which could be an opportunity for a breakthrough.
3. Integrate the oral polio vaccine within a broader range of public health services, especially water and sanitation services and essential immunisation.
4. Adopt a style of vaccine delivery that is non-intimidating. It has been reported that in some cases individuals have been pressured on their doorstep by 5 or 6 vaccinators into taking the vaccine: this approach is not sustainable.
5. Have a closer interface between essential immunization and the oral polio vaccine. This is now crucial: firstly, the extensive VDPV spread can only be stopped by strengthening routine immunization and improving coverage, and the best chance of getting many polio-affected

communities to accept the oral polio vaccine is to embed it within essential immunization packages.

6. Community leaders must become the Polio Program's champions, potentially including parents of affected children. Enrolling those people as part of the Polio Program, as emissaries or as intermediaries for it can be transformational, as was seen in Nigeria.

Sir Liam stated that the important thing for the program to realize is that it is not a betrayal of principles to change aspects of approach at this stage. Addressing problems purely by urging greater effort in existing work streams, or superficial changes of direction, will not work.

II. Statement from Donors

Presenter: Danny Graymore (DFID)

Mr Danny Graymore (DFID) provided a statement on behalf of the United States, Norway, Canada, Germany and the United Kingdom, which:

- Commended the success of the Reaching the Last Mile Forum and the polio pledging event.
- Recognized the significant successes of the GPEI and commended the work that has been done to bring us this far – only two countries remain endemic, with only one strain of wild polio virus.
- Recognized the significant challenges facing polio eradication, including in the two remaining endemic countries, rapidly spreading circulating vaccine-derived poliovirus outbreaks, access and security challenges, vaccine supply issues, a growing budget in a difficult financing context and increasing questions about the longevity of donor commitments.
- Noted that we are not where we would all want us to be, and we need to be clear-eyed and honest about the challenges we face.
- Commended the work of the IMB, fully endorsing the latest report, which is found to be comprehensive, credible and compelling, and noted that they expect to see the IMB's analysis and recommendations fully reflected in the future work of the GPEI. They recognize that there may be areas of disagreement and would expect to see those set out clearly.
- Encouraged the program to consider its structure and governance as we enter a new phase, with different risks and additional challenges to eradication. Highlighted they would welcome a review of the current governance arrangements, with the objective of ensuring we have an adaptive, politically engaged and community focused, objectively scrutinized, lesson learning structure that can adjust to emerging challenges.
- Requested an update of the strategy and budget, in-line with the IMB recommendations, the challenges with circulating vaccine derived cases, and particularly in recognition of the likely significant increase in required financing.

III. Focus on Pakistan

Presenters: Rana Safdar (EOC/Pakistan); Zafar Mirza (MOH/Pakistan)

Dr Rana Safdar, Polio coordinator, National Emergency Operation Centre (EOC), provided an update on the polio situation in the country, in particular the sizeable resurgence of polio cases this year.

- As of early November, there have been 86 WPV1 cases reported so far this year, of which 74 cases have been reported from **outside** the core reservoir areas. Transmission persists in core reservoirs of Karachi, Peshawar and Quetta block. In addition, 7 cVDPV2 cases have been reported from the Gilgit-Baltistan district in northern Pakistan.
 - The current context is extremely challenging and rapidly changing. Focused efforts and support from the global polio eradication community are essential to achieving eradication.
- One of the main challenges currently faced by the Pakistan Polio Eradication Program is the spread of misinformation and propaganda that has been fueled by social media. This propaganda has stirred significant mistrust in the program, which has in turn materialized into tangible community resistance to vaccination.
- Meanwhile, frequent politicization of the program and political unrest have diverted the program from its primary objectives. This scenario, coupled with sub-optimal operations at the ground level, have caused a lag in program efficiency and in ensuring optimal eradication efforts.

The Honourable Minister Mirza expressed his gratitude to the Polio Oversight Board for bringing us all here together today. The Minister stated the Government of Pakistan is fully committed to eradicating polio, as this is the *“responsibility to the children of Pakistan, nothing less than this is acceptable”*. He noted that the Pakistan program is implementing several transformations, including:

1. Strengthened government commitment and oversight to polio eradication as well as increased financial contribution to the effort;
2. Reappointment of individuals with technical excellence back into the polio program in Pakistan;
3. De-politicizing polio program and healthcare more broadly, including establishing a high-level **National Strategic Advisory Group for Polio Eradication and Immunization in Pakistan** of stakeholders in Pakistan;
4. A thorough review and rationalization of the Community Based Vaccination (CBV) workforce in Tier 1 and 2 districts;
5. Greater emphasis on communications through a comprehensive communications strategy, alliance and influencer building based on periodic **‘Communication for Eradication’ (C4E)** reviews as well as the launch of a Perception Management Initiative, which is anticipated to enhance visibility and awareness of the program and the dangers of the poliovirus;
6. The launch of an **Integrated Services Task Force** to roll out integrated health services in the Super High-Risk Union Councils (SHRUCs);
7. The implementation of recommendations from a Management Review conducted by McKinsey in Tier 1 districts. These recommendations will be driven by the **Transformation Office** at the EOCs and will encourage holistic improvements to the programs structure, process, people and data.

The following requests were made of the POB:

1. Ensure continued advocacy for transformation and full funding of the Pakistan polio program especially maintaining community-based vaccination (CBV) and revamping communications workforce.
2. Prioritize and support the implementation of the management review recommendations.
3. Attract and retain top caliber GPEI teams to ensure the best people are in the toughest places at all levels from EOC to districts aligned with new district and Union Council structures, including the deployment of senior Pakistani experts from across the agencies.
4. Advocate with development partners to fund the provision of basic services package including Essential Immunizations for deprived communities, with emphasis on the 40 SHRUCs.

The POB and attendees thanked the presenters for the update and provided the following comments:

- **Dr Chris Elias (BMGF)** thanked Dr Safdar and Minister Mirza for looking carefully at the recommendations of the TAG and McKinsey review, and thanked the Government of Pakistan for pledging \$160 million of domestic resources. Dr Elias asked how the GPEI hub in Amman could most effectively help the Pakistan program and if there were specific requests to the POB beyond the general requests made.
- **Dr Seth Berkley (Gavi)** noted that Gavi will co-host with BMGF a meeting in early December on how to move forward in providing essential immunization in the highest risk areas of Karachi. Given the spread of cVDPV, it will be crucial to strengthen routine immunisation everywhere in the country.
- **Mr Mike McGovern (Rotary)** welcomed the appointment of Minister Mirza and thanked him for his work to rapidly de-politicize the polio program. Mr McGovern noted that there is a need for a polio media campaign in Pakistan.
- **Dr Hamid Jafari (WHO/EMRO)** noted that 80% of polio cases are coming from Pashtun communities, where the influence of local leaders is very strong. There is a need to understand the anthropology and behavioural factors.

The Honourable Minister Mirza and Dr Safdar responded to the raised questions:

- The Hub will be beneficial in providing resources and expertise to the countries. They noted that their expectation is that the Hub would have a broader overview of Pakistan and Afghanistan as one epidemiological block and provide feedback to the countries, highlighting some areas that the countries might be missing. It was requested that as GPEI strengthens the regional hub, it is not done at the cost of the country programs.
- They highlighted that across the country there is real belief in a one-team approach, which must flow from the top leadership to peripheral levels; the leadership of the GPEI must convey that they believe in the capacity and integrity of the Pakistan country team to restore confidence;

and to provide advocacy for the integration of health services to the relevant donors working in this area.

Recommendations of the POB:

- The POB welcomes the Government of **Pakistan**'s commitment to ensure that the polio eradication program is not politicized, take a community focus, put the right people in the right roles, and ensure accountability. The POB commends the Minister of Health on the Management Review conducted and progress made in implementing the recommendations. The POB endorses the asks made by Pakistan.

IV. Focus on Afghanistan

Presenters: Abdul Wahid Zaheer (EOC/Afghanistan); Ferozuddin Feroz (MOH/Afghanistan)

Dr Abdul Wahid Zaheer, Director EOC, Afghanistan, reported that there have been 20 WPV1 cases reported in Afghanistan in 2019, from the Southern Region (16 cases), Eastern Region (2 cases), and South East Region (2 cases), with 18 of the cases from inaccessible areas. Kandahar City continues to be main engine of transmission, with continuous environmental positive samples for more than 2 years.

The security situation in Afghanistan has deteriorated over the last 2 years. The bans on house-to-house campaigns and all WHO activity in 2019 have severely affected the ability of the program to reach children. The ban on WHO health activities was lifted in September 2019; however, polio campaigns in AGE areas must be carried out from health facilities. There are on-going gaps in campaign quality in high-risk areas, particularly in Kandahar City, with large numbers of refusals in the South, and very poor RI coverage and access to basic health services. In Kandahar City, there are only 13 basic health facilities for an estimated population of 1 million.

The next steps for the Afghanistan country polio program include:

- Continued **dialogue**, including at local level seeking to resume normal (H2H) campaign operations.
- Special, intensive **focus on Kandahar City and polio infected areas** to continue in-depth evaluation of gaps in campaign implementation and urgently implement solutions.
- Adjust **approach to reducing refusals and engaging communities**.
- Immediate provision of **integrated basic services** in highest-risk, most deprived areas of Helmand, Kandahar, and Uruzgan provinces. A budget for this work was outlined to the POB, with a projected cost of \$39 million for 2020.

The Honourable Minister Feroz noted that:

- Most communities in Kandahar are under the control of anti-government elements and are in urgent need of basic health, water and sanitation services. The only way to reach these communities is to establish mobile/outreach projects that provide other vaccines/health interventions and meet basic health requirements in addition to polio vaccination.

- Additional funding is required as current health facilities are under-budgeted. The current health package to individuals is \$5 per person per year. It is not possible to meet the healthcare needs of an individual with this amount of money.

The following requests were made of the POB:

1. Ensure full funding of the Afghanistan polio program. There should be no budget cuts applied, given the extremely challenging humanitarian situation in the country
 - a. Deploy top calibre staff to the highest risk areas, particularly Kandahar and Helmand
 - b. Ministry of Public Health will intensify the application of the accountability framework
2. Partner agencies also to apply special flexibilities in exercising staff shifting / hiring
3. Endorse the provision of \$39 million through the 2020 FRR to cover the basic services in high-risk and deprived communities, with emphasis on Kandahar, Helmand and Uruzgan.
4. POB is requested to respond to the ongoing circulation with the utmost urgency by endorsing the country plan.

The POB and attendees thanked the presenters for the update and provided the following comments:

- **Dr Seth Berkley (Gavi)** noted the reported 3% polio coverage in the south of Afghanistan and queried the contribution of refusals to this statistic.
- **Dr Omar Abdi (UNICEF)** noted that improving campaign coverage in Kandahar city is the first big task for the GPEI partners.
- **Dr Chris Elias (BMGF)** stated that the GPEI should be open to a broader package of integrated services to address the chronic poor-quality campaigns in Kandahar city. Dr Elias suggested that the POB should delegate the assessment of how to best do this to the GPEI Hub in Amman, who could then work with the government to develop a plan.
 - **CDC and Rotary** supported the suggestion to delegate the review of the budget proposal from Afghanistan to the GPEI Hub.
- **Ms Ellyn Ogden (USAID)** noted one approach to rebuild population immunity is to build new healthcare facilities, another is the acceptance of a mobile health team, to reach more people. She stated that non-governmental organisations (NGOs) are currently providing close to 100% of essential healthcare services in Afghanistan; however, the resources are only sufficient to reach around 50% of the children.

Dr Zaheer and Honourable Minister Feroz responded, noting that:

- There are multiple reasons for the very low coverage for health facility-based polio campaigns in Kandahar, including that most health facilities were not allowed to be used in polio campaigns; 25% of Kandahar villages are 10 to 75km away from the closest healthcare facility. It was noted that the number of refusals in Kandahar have increased, reported at 20% in the IMB report.

Recommendations of the POB:

- The POB appreciates the leadership, country ownership and focus on community engagement by the Government of **Afghanistan**, which are all critical to stopping polio. The POB commits to exploring all options to address the **access limitations** that are hindering polio eradication in the country. The POB supports the need to address a **broader set of health issues** in the highest-priority polio affected areas of **Afghanistan** to achieve eradication.
 - The POB requests **the GPEI Hub** to review the budget proposal and together with the Government of Afghanistan, rapidly reach agreement on a plan and budget for how GPEI can, in coordination with partners and existing projects, best use the available funding to catalyse support for these issues. The POB stresses the importance of ensuring implementation of activities in advance of the upcoming low season.

V. VDPV Outbreaks: Current status and way forward

Presenter: Michel Zaffran (WHO/HQ)

Mr Michel Zaffran, Chair of GPEI’s Strategy Committee, provided an update on the current vaccine-derived polio virus type 2 (cVDPV2) outbreaks in 19 countries across the African, Western Pacific and Eastern Mediterranean regions. In addition, there have been circulating vaccine-derived polio virus type 1 outbreaks (cVDPV1) in Myanmar, Indonesia, Papua New Guinea and the Philippines, and a type 3 (cVDPV3) in Somalia.

A tailored strategy to respond to VDPV2 is being developed to: (1) Enhance outbreak response, through improved quality and speed of vaccination rounds and addressing operational/programmatic risks; and (2) Ensure supply of OPV2, through maximising production/availability of Sabin mOPV2, accelerating the development and production of novel OPV2, and securing financing.

While several of the cVDPV2 outbreaks have been seeded through mOPV2 use as part of outbreak response, the source of some emergences (i.e. Angola, Central African Republic, Pakistan) is not fully understood. In 2019, three years since the removal of type 2 OPV in April 2016, type 2 immunity is lower than ever. The situation will likely deteriorate as type 2 mucosal immunity continues to decline. It was emphasised that this is an emergency situation.

The following requests were made of the POB:

1. Ensure high level attention by affected countries
 - Visits to countries to ensure high quality campaigns
2. Call for financing
 - Countries to contribute domestic funding and mobilize funding from local donors

- Donors to finance stockpile
- 3. Advocate with all countries at risk
 - Stronger routine immunization coverage, including with IPV
- 4. Communicate to all countries and donors: This is an emergency!

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

Dr Matshidiso Rebecca Moeti (WHO/AFRO) raised several points to the POB:

- The African region has continued to sustain progress with WPV and looks forward to certification of eradication of WPV in AFRO in 2020.
- The African region currently has 14 countries experiencing cVDPV2: WHO AFRO is treating this as an emergency and is going to make a more intensive effort to engage political capacity within countries. Additionally, WHO AFRO will encourage member states to mobilize domestic funds where available.
- WHO AFRO has established a rapid response team in Brazzaville for rapid deployment to outbreaks. The Terms of Reference for the rapid response team include: to develop a plan to strengthen outbreak response, routine immunisation and surveillance and quantify risk in the surrounding areas. Additionally, some rapid response staff will remain for longer periods to work on the health services more holistically.
- WHO AFRO is encouraged by nOPV2 development and look forwards to starting to prepare member states for the regulatory aspects of nOPV2.
- **Dr Chris Elias (BMGF)** noted that a unique meeting on Human Capital Development with focus on Primary Health Care was convened by the Aliko Dangote Foundation, BMGF and the Nigeria Governors’ Forum on 12th and 13th November 2019 in Seattle, Washington, USA. Twelve (out of a total of 36 Nigerian governors) attended the meeting, and all signed a ‘*Seattle declaration*’ (Annex 2), which declared the need to improve primary healthcare, with a focus on routine immunisation and better-quality campaigns, and with close attention to the Jigawa cVDPV2 lineage.
 - Dr Elias raised the point that two essential strategic plans are required for OPV2: firstly, a roll out plan if nOPV2 materializes as planned; and secondly, a contingency plan if nOPV2 does not materialize as planned.
- **Dr Seth Berkley (Gavi)** stated that Gavi fully agrees with the need for a contingency plan in case of nOPV2 delay or failure. It was noted that when rapid response teams go into outbreak areas, it is essential that they also give support to strengthening routine immunisation in the country. Dr Berkley highlighted that technical groups need to assess a) the role of mOPV2 and IPV sequential campaigns, now that IPV supply is increasing, and b) the one-drop mOPV2 approach and the impact on number of rounds required and cost-effectiveness.
- **Dr Redfield (CDC)** highlighted that it is critical to have clear communication on VDPVs and consider how it will be perceived in countries that are polio-free. Secondly, it was raised that the GPEI needs to be very careful of declaring the African region as “Polio-free”, as circulating VDPV still leads to paralysis in people.
- **Mr Michel Zaffran (WHO)** noted that the GPEI is establishing an nOPV2 working group, co-chaired by BMGF and WHO which will work to accelerate the introduction of nOPV2, should

study results support its use. In addition, GPEI is in the process of developing a new outbreak response strategy for cVDPV2s, which should address some of the issues raised in this discussion, such as improved quality and speed of response, among others.

Recommendations of the POB:

- POB notes with concern the alarming **circulating vaccine-derived poliovirus type 2 (cVDPV2)** outbreaks around the world and endorses the requests made, highlighting the need to move urgently, in full **emergency mode**, to rapidly end outbreaks. The POB further notes the complexity of this topic and thanked the Strategy Committee (SC) for implementing a **thorough consultation process on the new outbreak response strategy**, which must include a strong **risk communications focus**.
- The POB is optimistic about the potential of **novel OPV2 (nOPV2)** to play a key role in addressing cVDPV2 and requests the SC to ensure a thorough roll out plan, including prioritization and implementation considerations, and to provide regular updates on progress to all partners. In the context of nOPV2, WHO commits to **prioritizing Emergency Use Listing(EUL) review and fast-tracking pre-qualification (PQ)**. Noting the inherent risks with vaccine development/production, the POB also calls on the SC to accelerate a comprehensive plan for the timely and effective introduction of nOPV2 in 2020 and to develop risk mitigation plans for the potential resumption of continent-wide reintroduction of mOPV2 (or tOPV) in Africa if nOPV2 does not achieve a timely EUL.

VI. Finance and Accountability Committee (FAC) Update

Presenter: Chris Elias (BMGF)

Dr Chris Elias, Chair of the FAC, provided a recap of the Finance and Accountability Committee (FAC) meeting which took place on November 13, 2019. The FAC will have another meeting on December 5, 2019 to discuss in-depth the budget for 2021-2023; therefore, the FAC suggests the POB to delay budget approval for 2021 onwards until after this meeting.

There is a projected net underspend of ~\$100 million for 2019, which can be rolled over to 2020. There have been large underspends on operations in Pakistan and Afghanistan, due to a pause to reassess operations in Pakistan and the ban on house-to-house campaigns and other access limitations in Afghanistan. In Nigeria, there is a significant overspend of their GPEI-approved budget for outbreak response (which reduced the overall program underspend).

The projected budget requirements for 2020 and 2021 have increased to \$936 million and \$1.279 billion, respectively, due to needs to replenish depleted OPV2 stockpiles (unbudgeted) and respond to ongoing outbreaks (under-budgeted). It was noted that by mid-2020, there will be a much clearer projection for the GPEI strategy (development on nOPV2 and clearer picture of WPV1 epidemiology and a new strategy for responding to outbreaks) and therefore better-informed budget projections.

The Strategy Committee recommended for FAC consideration and POB approval to: implement budget shifts to accommodate increases for outbreak response and vaccine; keep the overall GPEI budget envelope for 2019-2023 unchanged (\$4.188 billion); and bring forward outer year budgets for increases needed in 2020 and 2021. On November 19, 2019 the pledging event at Reaching the Last Mile in Abu Dhabi mobilized \$2.6 billion, closing in on the \$3.27 billion target. It is important to note that this \$3.27 billion does not include IPV funding, which will be raised by Gavi, and there is ongoing collaboration towards this.

The following requests were made of the POB:

1. POB endorsement of the SC budget recommendation (pull-forward) requested
2. POB guidance on financing options for new requirements sought

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

- **Dr Seth Berkley (Gavi)** highlighted that the GPEI budget does not include IPV funding, which will need to be raised through Gavi's replenishment and is budgeted at \$850 million for the 2021-25 period.
 - The International Finance Facility for Immunisation (IFFIm) and its potential use for the polio program was discussed. The IFFIm uses long-term pledges from donor governments to sell 'vaccine bonds' in the capital markets, making large volumes of funds immediately available. It was stated that the polio program would be very good case for IFFIm and Gavi is interested to discuss this further.
- **Mr Danny Graymore (DFID)** agreed with the recommendations to front load resources and await further recommendation on 2021-2023 budget from the FAC meeting in December. He said the program should develop risk-based modelling scenarios and forecasting for program budget needs for 2021 and beyond. An example was given that if the assumed timelines for interruption of WPV1 do not hold, which there is a high chance they will not, a large increase in resources would be required for the additional time it would take to achieve eradication.
- **Ms Ellyn Ogden (USAID)** raised the cost-effectiveness of mOPV2 campaigns given that as the response size increases, it becomes more cost effective to combine with other vaccines.
- **Dr Chris Elias (BMGF)** noted that many countries could only pledge for a single year's funding, which will then be renewed each year, which will increase the pledged \$2.6 billion.

Recommendations of the POB:

- The POB thanks the donors and PACT for the work to mobilize the \$2.6 billion at yesterday's pledging event but notes that **this amount will not be sufficient to carry out planned activities**, and that mobilizing the remaining 20% of the budget will be very challenging.
- POB acknowledges the challenge in developing a firm budget for the next five years, given the uncertainty and number of variables affecting reaching eradication. The POB approves a \$37 million increase to the 2020 budget (\$899 million to \$936 million) to fund outbreak response and vaccine stockpiles accomplished by pulling forward budget space from 2023

and requests the FAC to come back to the POB by email, after their December 5 meeting, with their guidance and recommendation on the budget for outer years. The POB endorses the remaining asks.

VII. Polio eradication and broader development goals

a. Update on Framework for Integration: Goal 2 of the GPEI Endgame Strategy

Presenter: Kate O'Brien (WHO/HQ)

Dr Kate O'Brien, Director of Immunization, Vaccines and Biologicals at WHO/HQ, provided an update on the Framework for Integration, which is aimed at operationalizing the "integration" goal of the Polio Endgame Strategy 2019-2023, and increasing systematic collaboration between polio and immunization partners. This area of work is based on two core assumptions: (1) Achieving and sustaining a polio-free world requires capitalizing on the strengths and mechanisms of broader immunization and emergency programs; and (2) The extensive assets, knowledge, and expertise which have been directed to GPEI's disease-specific eradication efforts can make significant contributions to reaching broader health immunization goals. She highlighted that this is an opportune moment to develop such a framework and highlighted the need for the **Integration Goal of the GPEI Endgame Strategy** to be aligned with the vision and priorities outlined in the **Immunization Agenda 2030 (IA 2030)** and the **Gavi 5.0 strategic plan**.

The objectives of the Global Framework for Integration for polio eradication and essential immunization are to:

- Enhance alignment and coordination among key partners on inter-related strategies on immunization (i.e. GPEI Endgame, IA2030, Gavi 5.0), so that integration is optimized.
- Effectively implement integrated strategies that are mutually beneficial for polio eradication and essential immunization efforts.

The global framework will particularly focus on specific activities to improve collaboration to help achieve: strengthening immunization and health systems; ensuring sustainable and high-quality vaccine-preventable disease (VPD) and communicable disease surveillance systems and preparing for and responding to future outbreaks and emergencies. The collaboration will be shaped around three country archetypes: polio endemic countries, countries going through an acute polio outbreak, vulnerable/high risk countries.

b. Integrated services in Polio-Priority Districts of Afghanistan & Pakistan

Presenter: Paul Rutter (UNICEF/ROSA)

Dr Paul Rutter, Regional Health Advisor for UNICEF Regional Office for South Asia, provided an update on the initiative to deliver integrated basic services in the highest-risk polio areas in Pakistan and Afghanistan. This initiative will contribute to ending polio by providing essential health, nutrition and Water, Sanitation and Hygiene (WASH) services, and thus improving community acceptance of polio vaccination. The specific objectives of the initiative are to:

1. Increase trust in the polio program and so acceptability of the polio vaccine;
2. Enhance delivery and utilization of basic services in deprived communities; and
3. Contribute to reducing transmissibility of poliovirus.

The Integrated Response Plan in Afghanistan targets Helmand, Kandahar and Uruzgan, aiming to contribute to the interruption of poliovirus transmission by raising population immunity. This initiative in Afghanistan currently has a budget of \$39 million for the first year.

In Pakistan, the packages will be tailored to the needs of 40 super high-risk Union Councils of reservoir districts in three areas/cities: Quetta, Karachi and Peshawar. This initiative in Pakistan has a tentative budget of \$40 million for three years.

Looking forward, the initiative is shifting in approach based on the lessons learned to date:

1. Expanding geographically, still focused on polio high risk districts (in Pakistan, increase to 6 and then 40 UCs).
2. Strengthening co-ordination (between ministries / departments and GPEI partners)
3. Mainstreaming (within government, GPEI agencies and national polio programs)
4. Learning - there is a need to generate more evidence and implementation research.

The POB and attendees thanked the presenters for the update and provided the following comments:

- **Seth Berkley (Gavi)** noted that the two previous presentations are independent work streams on integration and should be co-ordinated.
- **Jay Wenger (BMGF)** noted that the integration work is still largely in a pilot phase and will require a serious effort and additional resources to progress to scale.
- **Dr Moeti (WHO/AFRO)** suggested that the outbreaks and emergencies program should be involved in this integration effort.
- **Sir Liam Donaldson (IMB)** noted that the development program described by Dr Rutter needs to be scaled up and could be transformative; however, it was noted that this can't be funded out of mainstream GPEI budget.
- **Honourable Minister Mirza (MOH/Pakistan)** noted that the outcome of the basic services work highlighted by Dr Rutter needs to be documented as a good example. To date, we have data from Karachi Union Councils, which indicates a much higher acceptance level of polio vaccination when offered in this way.

Recommendations of the POB:

- The POB agrees with the necessity of **integration** and collaboration in endemic, outbreak and high-risk countries to ensure **basic health needs** of communities are met, which includes provision of all childhood vaccinations, including polio. The POB highlighted that success in this effort will require prioritization, developing and implementing strategies to bring new partners and new financial resources to the table, and strong collaboration with civil society.

- The POB welcomes the update on the Global **Integration Framework** and the launch of the working group and looks forward to reviewing the draft early next year.

Closing Remarks

Dr Tedros closed the meeting by thanking all the participants for the productive and candid discussions during the day. The main summary points and recommendations from the meeting were outlined (note: these are included at the start of the document, as a summary).

It was also noted that gender equality has been absent from discussions today. In the GPEI, there is a large female presence in the field; however, this does not translate into leadership and supervisor roles. All partners were encouraged to read the GPEI gender strategy and see how it can be implemented in each of the activities.

Finally, it was noted that 2020 will be a critical year for polio eradication and all partners were thanked for their collaboration and commitment to eradicating this disease once and for all.

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

A full list of participants can be found in Annex 3.

Annex 1 - Requests to the Polio Oversight Board

A. Requests from Pakistan:

1. Ensure continued advocacy for transformation and full funding of the Pakistan polio program especially maintaining community-based vaccination (CBV) and revamping communications workforce.
 2. Prioritize and support the implementation of the management review recommendations.
 3. Attract and retain top caliber GPEI teams to ensure best people in the toughest places at all levels from EOC to districts aligned with new district and Union Council structures, including the deployment of senior Pakistani experts from across the agencies.
 4. Advocate with development partners to fund the provision of basic services package including Essential Immunizations for deprived communities, with emphasis on the 40 SHRUCs.
-

B. Requests from Afghanistan:

1. Ensure full funding of the Afghanistan polio program. There should be no budget cuts applied, given the extremely challenging humanitarian situation in the country.
 - a. Deploy top calibre staff to highest risk areas, particularly Kandahar and Helmand
 - b. Ministry of Public Health will intensify the application of accountability framework
 2. Partner agencies also to apply special flexibilities in exercising staff shifting / hiring.
 3. Endorse the provision of \$39 million through the 2020 FRR to cover the basic services in high-risk and deprived communities, with emphasis on Kandahar, Helmand and Uruzgan.
 4. POB is requested to respond to the ongoing circulation with the utmost urgency by endorsing the country plan.
-

C. Requests from the Strategy Committee (SC):

1. Ensure high level attention by affected countries
 - Visits to countries to ensure high quality campaigns
 2. Call for financing
 - Countries to contribute domestic funding and mobilize funding from local donors
 - Donors to finance stockpile
 3. Advocate with all countries at risk
 - Stronger routine immunization coverage, including with IPV
 4. Communicate to all countries & donors: This is an emergency!
-

D. Requests from the Finance and Accountability Committee (FAC):

1. POB endorsement of the SC budget recommendation (pull-forward) requested
 2. POB guidance on financing options for new requirements sought
-

Annex 2 – The Seattle Declaration

2019 SEATTLE DECLARATION

November 12th – 13th, 2019

PREAMBLE

A 2-day meeting on Human Capital Development (HCD) with focus on Primary Health Care (PHC) was convened by the Aliko Dangote Foundation (ADF), Bill & Melinda Gates Foundation (BMGF) and the Nigeria Governors' Forum (NGF) on 12th and 13th November 2019 in Seattle, Washington, USA. The meeting was aimed at fostering deeper understanding of states government' development agenda within the context of the HCD and PHC framework and to harvest perspectives to better inform joint strategies for prioritization of PHC for greater impact and progress in meeting the sustainable development goals (SDG) by 2030.

At the end of the meeting, Governors and the two Foundations made commitments aimed at promoting stronger collaboration between the Governors, the NPHCDA, Federal Ministry of Health and Development Partners to move the needle and transform Primary Health Care (PHC) at the subnational level:

The Governors commit to:

PRIMARY HEALTH CARE

1. Fully implement Primary Health Care Under One Roof (PHCUOR) – per the recommended actions defined in the PHCUOR scorecard 2019, e.g. stronger workforce planning through the initial step of the transfer of PHC staff from LGAs, SMOH, MLG&CA, LGSC etc. to State Primary Health Care Boards (SPHCBs). NPHCDA should provide technical assistance in support of processes leading to the full implementation of PHCUOR.
2. Understand the need for a fully costed minimum service package (MSP) tailored to state realities (e.g. fiscal space, number of workers, number of facilities) as a way of attaining the ward minimum health care package – then develop and implement such an MSP.
3. Fulfil all associated Basic Health Care Provision Fund (BHCPF) state requirements (e.g. state counterpart funding) as stipulated in the 2014 National Health Act.
4. Review state PHC performance on a quarterly basis in State Executive Council meetings.
5. Attend Q1 2020 summit (on March 18th, 2020) to discuss PHC action plan – with the goal of articulating and implementing a compelling vision for sustainable PHC investment in Nigeria.
6. As listed in Abuja Commitment, active leadership and commitment of Governors re: immunization programs
 - Be personally and actively involved
 - Release counterpart funding on time – at least 1 week prior to start of campaign
 - Make sure the LGA chairman is accountable e.g. ensuring that they chair daily evening review meetings during campaigns
7. Strong and functional state task force on PHC and immunization; should involve regular meetings chaired by Deputy Governors, driving and tracking on quality of RI services and campaigns, and reporting out to the state executive council each quarter at a minimum.

8. Facilitate the engagement of traditional and religious leaders around PHC – endeavor to motivate and mobilize around PHC.
9. Advocate to the National Economic Council (NEC) to maintain Polio and RI as specific agenda items each month between now and June 2020. NEC should monitor aggressively and identify gaps, keeping the pressure on and driving the program to a successful conclusion.

STATE REVENUE

10. Sign up to state revenue action plans (via NGF)
11. Sign up to Tax for Services Model being piloted by the NGF Secretariat
12. Fulfilling the conditions under World Bank State Fiscal Transparency, Accountability and Sustainability (SFTAS) Program

COMMITMENTS FROM BMGF AND ADF

- We will be in Nigeria for the long-haul – working with NPHCDA and NGF – to finish the job on polio and ensure PHCUOR is fully implemented
- We will support with data resources and other assets for states that show interest and commitment (e.g. Institute of Health Metrics and Evaluation (IHME) resources, tracking revenue at the state level)
- We will encourage donors to consider direct funding at the state level

PROPOSED PROCESS FOR ACCOUNTABILITY

- NGF Secretariat to present to Governors, progress against commitments listed above at monthly NGF meetings
- ED/CEO NPHCDA to present to NGF on status of PHC on a quarterly basis
- ADF Chair, accompanied by ED/CEO of NPHCDA, to discuss progress with Governor biannually during NGF meeting

Immediate Actions Required by Governors

1. Direct the SSG to constitute a multisectoral PHCUOR implementation committee to accelerate the implementation of the PHCUOR key components especially the movement of staff from the MOH, LGA, MFLG&CA, LGSC to the SPHCB and the costing of the minimum service package with technical support from NPHCDA.
2. Direct the SSG/ Secretary of Council to include the review of PHC performance as an item on the agenda of the State Executive Council meetings at least quarterly.
3. Direct the Task Force on PHC and immunization, chaired by the Deputy Governor, to review the State's performance of the Abuja commitment and take actions accordingly.
4. Direct the SSG to convene a meeting on PHC with traditional and religious leaders at least twice a year.

Annex 3 - List of Participants

Abdi Mahamud	World Health Organization - EMRO
Abdul Wahid Zaheer	Ministry of Health, Afghanistan
Abdullah Al Ghafli	Pakistan Assistance Program, UAE
Aboubakar Kampo	UNICEF
Ahmed Al Mandhari	World Health Organization - EMRO
Aida Girma	UNICEF
Akhil Iyer	UNICEF
Alison Scott	Independent Monitoring Board (IMB)
André Doren	World Health Organization
Apporva Mallaya	Bill & Melinda Gates Foundation (BMGF)
Aurelia Nguyen	Gavi
Awad Mataria	World Health Organization - EMRO
Birgit Pickel	Federal Ministry for Economic Cooperation and Development
Carol Pandak	Rotary International
Chelsea Sayers	Canadian Embassy of Canada to Afghanistan
Chris Elias	Bill & Melinda Gates Foundation (BMGF)
Clare Creo	World Health Organization
Dan Walter	World Health Organization
Danny Graymore	Department for International Development (DFID)
David Metcalfe	Ambassador of Canada to the Islamic Republic of Afghanistan
David Salisbury	Chair, Global Commission for Certification of Polio Eradication
Dilan Küçükali	Federal Ministry for Economic Cooperation and Development
Ellyn Ogden	USAID
Ernst Peter Fischer	German Ambassador to the UAE
Fadela Chaib	World Health Organization
Ferozuddin Feroz	Minister of Public Health of Afghanistan
Gena Hill	Centers for Disease Control and Prevention (CDC)
Grace Macklin	World Health Organization
Hamid Jafari	World Health Organization - EMRO
Heather Monnet	World Health Organization
Hedayatullah Stanekzai	Ministry of Health, Afghanistan
Helena O'Malley	World Health Organization - AFRO
Hugh Green	Centers for Disease Control and Prevention (CDC)
Israr Ul Haq	Ministry of Health, Pakistan
Jay Wenger	Bill & Melinda Gates Foundation (BMGF)
Jennifer Gatto	UNICEF
Joanne Nikulin	World Health Organization - EMRO
John Butler	Vice President and Head of Global Health Strategies, Europe

John Vertefeuille	Centers for Disease Control and Prevention (CDC)
Joseph Sebhatu	High Commission of Canada, Islamabad
Kate Crawford	USAID
Matshidiso Rebecca Moeti	World Health Organization - AFRO
Michel Zaffran	World Health Organization
Michiyo Shima	UNICEF
Mike McGovern	Rotary International
Mirwias Bakhshi	Ministry of Health, Afghanistan
Mohammed Mohammedi	UNICEF
Najibullah Naseri	Director of Health Commission of the Afghanistan Parliament
Nassar Abdul Raouf Al Mubarak	United Arab Emirates
Noor Khan	Norwegian Ministry of Foreign Affairs
Omar Abdi	UNICEF
Oystein Lyngroth	Norwegian Ministry of Foreign Affairs
Palitha Mahipala	World Health Organization - EMRO
Pascal Mkanda	World Health Organization - AFRO
Paul Rutter	UNICEF
Pierre Blais	Canada
Rana Hajjeh	World Health Organization - EMRO
Rana Safdar	EOC Director in Pakistan
Rayana Ahmad Bou Haka	World Health Organization - EMRO
Rebecca Martin	Centers for Disease Control and Prevention (CDC)
Richard Mihigo	World Health Organization - AFRO
Richard Peeperkorn	World Health Organization - Afghanistan
Robert R. Redfield	Centers for Disease Control and Prevention (CDC)
Sang-Hee Min	Bill & Melinda Gates Foundation (BMGF)
Sara Al-Naqshabandi	World Health Organization - EMRO
Sara Rogge	Bill & Melinda Gates Foundation (BMGF)
Seth Berkley	Gavi
Shenaaz El-Halabi	World Health Organization
Simona Zipursky	World Health Organization
Sir Liam Donaldson	Independent Monitoring Board (IMB)
Sona Bari	World Health Organization
Steve Sosler	Gavi
Suchita Guntakatta	Bill & Melinda Gates Foundation (BMGF)
Tedros Ghebreyesus	World Health Organization
Tim Petersen	Bill & Melinda Gates Foundation (BMGF)
Violaine Messenger	World Health Organization
Zafar Mirza	Minister of Health, Pakistan
Zubair Wadood	World Health Organization - Afghanistan