

Meeting of the Polio Oversight Board (POB)

10 June 2021 | 6:00 – 8:45 PST/ 16:00 – 18:45 CET | 18:00 – 20:45 PKT

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Henrietta Fore (UNICEF); Mike McGovern (Rotary); Rochelle Walensky (CDC); Seth Berkley (Gavi); Peter MacDougall (Donor Representative - Global Affairs Canada)

Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
POB recommendation: add indicators to the M&E framework related to the functioning of the partnership	Aidan O’Leary	By August 1
Include a discussion at September POB meeting on efforts to enhance front line worker protection	POB Secretariat	By September 1

Opening Remarks

Dr. Elias thanked attendees for joining the meeting and welcomed Mr. Peter MacDougall, Assistant Deputy Minister of Global Issues and Development at Global Affairs Canada, as the donor representative and newest member of the Polio Oversight Board.

The POB meeting directly followed the launch of the new GPEI Strategy. The Chair noted the intensive process that has taken place over the last year to identify barriers to eradication and develop a new strategy to deliver on the promise of a polio-free world. He expressed appreciation for all the work to get to this point and thanked donors, advisory groups, and the country teams for their time and support.

Dr. Elias chaired the meeting from the National Emergency Operations Center in Islamabad as part of the POB delegation visit to Pakistan. During the visit, the delegation met with Prime Minister Khan, who convened the National Polio Task Force, Chief of Army Staff General Bajwa, the Special Assistant to the Prime Minister Dr. Sultan, meetings at the national and provincial EOCs, as well as others. He noted three reflections on the visit: the urgency and the opportunity to finish the job on polio eradication in Pakistan and Afghanistan given the decline in cases and the importance of fighting complacency; the importance of government ownership; and the focus on reaching missed children as GPEI takes on the new strategy.

GPEI Strategic Goal One: *permanently interrupt all poliovirus transmission in endemic countries*

Afghanistan

Dr. Wahid Majrooh, Minister of Public Health for Afghanistan, and Dr. Mohammad Khakerah Rashidi, National Emergency Operations Center (NEOC) Coordinator, gave an overview of the situation in Afghanistan focusing on program challenges and progress to date.

- Despite unique challenges, there has been a positive trajectory in Afghanistan with only one case of wild poliovirus (WPV) in 2021. Though there has been an outbreak of circulating vaccine derived poliovirus (cVDPV) across the country, there has been rapid control of the outbreak in accessible areas. However, insecure areas remain a problem due to limited ability to vaccinate.
- Access remains one of the main obstacles to eradication, with 3.5 million eligible children missed due to the ban on house-to-house campaigns in inaccessible areas. Other challenges include limited funds for integrated services for inaccessible areas, low EPI coverage in endemic areas, poor access to basic health services, and misinformation about polio and vaccinations by prominent religious leaders and community leaders. Additionally, the program’s efforts to increase female participation have been severely jeopardized due to the attacks on female vaccinators in Jalalabad in March 2021.
- An accountability framework with clear roles has been developed to address challenges in the program. Additionally, a functional review of the EOC is underway with the government and partners committed to undertaking the recommended interventions. The integrated services plan implementation has begun with a focus on demand generation at EPI sites, and WSH, nutrition and education interventions. High levels of dialogue continue on access, however, there has been limited success.
- The government of Afghanistan is committed to eradication efforts and ensuring program neutrality, as well as continued collaboration with Pakistan to bring constructive transformation to the health program.

Asks of the POB:

- Advocate for access and promote local access negotiation.
- Support in developing and financing a VDPV response plan for inaccessible areas.
- Ensure uninterrupted funding for core polio eradication activities to capitalize on gains made to date.
- Mobilize FRR funding and other resources for the integrated services plan.

Pakistan

Dr. Faisal Sultan, Special Assistant to the Prime Minister of Pakistan on Health, and Dr. Shahzad Baig, National Emergency Operations Center (NEOC) Coordinator, presented the update on Pakistan.

- There has been significant improvement in the epidemiology this past year with only one case of wild poliovirus in 2021. It is crucially important to avoid complacency and use this success as an opportunity to finish the job.
- A high number of missed children, due to operational gaps and community resistance, has been a key challenge for the program and focus is needed on reaching these areas. Other challenges include the intense COVID-19 outbreak, in parallel with WPV1 and cVDPV2 transmission, and weak EPI services delivery, particularly in underserved areas.

- Going forward, we need to target what is required for this last mile, including a focus on localized community engagement; using an integrated approach to reach missed children; ensuring high quality campaigns with a concentration on more nuanced data; and a focus on program management and ownership with the best people deployed. Synchronizing with colleagues across the border in Afghanistan is also critical to success.
- The government of Pakistan is committed to the eradication effort, both in terms of deploying resources and any other government approaches that are required to make this happen.

Asks of the POB:

- Uninterrupted funding support for all program activities.
- Continued GPEI partner and donor support for Pakistan.
- Advocacy for access to all children across the border areas for Pakistan and Afghanistan as this constitutes one epidemiological block.
- Uninterrupted flow of vaccines to respond to both WPV1 and cVDPV2 outbreaks.
- To address any anticipated increase in cross-border movement, the program will require additional vaccines, funding, and support.

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

- Dr. Tedros thanked the Ministers for their leadership and commitment, noting that ownership at the country level is critical to eradication and the GPEI can tailor support based on country needs. He agreed that there should not be any room for complacency.
- Seth Berkley noted the importance of integration for both Afghanistan and Pakistan and emphasized this is a key part of the new strategy. Gavi's full portfolio planning process is underway, and this is a great opportunity to collaborate on integrated services and resources for inaccessible areas. He stated Gavi is committed to supporting immunization strengthening in Afghanistan, including the polio endemic areas, supporting key integration activities in the three southern provinces. There is a planning process currently underway in Pakistan and it is critical opportunity to bring everyone together to engage in this discussion. Lastly, he noted there will likely be more impact on the program from the COVID-19 pandemic and it is critical to focus in on these zero dose communities.
 - In response, Chris Elias shared that the POB delegation met with the World Bank team in Pakistan to discuss the national health sector project that is in development with the government, which follows the national immunization support program that both Gavi and the Bill & Melinda Gates Foundation supported. This is an opportunity to focus that large health sector project on some of the most vulnerable communities and optimize programming.
- Peter MacDougall expressed condolences on behalf of the donor community for the three polio workers killed in Afghanistan earlier this year. He is encouraged by the recent developments in Afghanistan and Pakistan, and echoed comments by others on the need for the program to keep up the sense of urgency. He voiced the following questions: is there confidence that the program has a good understanding of the reason for the low number of cases; how can the program move forward addressing security concerns in Afghanistan; what safeguards are being put in place to protect front line workers; what is currently being done to promote women in

higher positions of leadership in both Pakistan and Afghanistan; and when will the Afghanistan accountability framework be finalized.

- Dr. Majrooh and Dr. Rashidi responded with the following points:
 - Afghanistan has a very active surveillance system in place and the program has access to almost all parts of the country for AFP surveillance. The program is looking back at qualitative surveillance as well.
 - The program is working in a much different context in the inaccessible areas. The Ministry of Health is in a difficult position and while working to maintain a neutral position in facilitating the access negotiations, the attacks on healthcare personnel have increased tremendously. Traditionally, UN partners have taken the lead in negotiations but unfortunately there has not been progress. We need to look at other possible approaches, such as including the IFRC and other partners in the negotiations.
 - Local authorities are committed to doing whatever possible to protect frontline workers, and the program is examining different campaign strategies to put more safeguards in place.
 - The accountability framework will be finalized in mid-June.
- Dr. Sultan and Dr. Baig responded with the following:
 - Developing a strong synergy between the EPI and the polio program is a top priority. The EPI team meets weekly at the NEOC and an analysis of areas with low routine immunization has begun to jointly plan for extended outreach services.
 - Last year as well as this year, the program has been able to access all areas of Pakistan thanks to the security and law enforcement agencies.
 - With the resumption of campaigns in 2020, there has been significant improvement in campaign quality, giving more confidence in the low number of cases. The program also benefited from decreased population movement as well as social distancing measures due to COVID-19.
 - The POB should consider how the program can holistically protect and support vaccination teams and include security personnel in the definition of front-line health workers.
 - There is visible female leadership in health in Pakistan, with three of the four provinces led by health ministers which are women, and women in leadership at the federal level as well. Of the graduating classes of physicians in Pakistan right now, upwards of 60 – 65% are women, and it is anticipated to see more women in leadership in the future.
- Rochelle Walensky thanked the presenters and added condolences for the polio workers killed in Afghanistan. She reiterated the importance of the quality of data and effective data triangulation to make real time decisions on the ground.
- Mike McGovern also expressed condolences on the loss of polio workers in Afghanistan and the police officers in Pakistan. He requested a presentation at the next POB meeting to better understand how the security for the front-line workers and those who protect them is being enhanced.

- Akhil Iyer (UNICEF) commented that there have been some recent improvements in reducing the overall number of missed children in Karachi and Peshawar, including refusals. He advocated for continued analysis of this trend to understand if ongoing communications and community engagement strategies are effective in beginning to overcome community resistance. Lastly, he echoed the point made by others on the importance of integration and basic service provision in helping to increase community acceptance.

GPEI Strategic Goal Two: Stop cVDPV transmission and prevent outbreaks in non-endemic countries

Presenter: Pascal Mkanda, WHO

The following statement was presented to the POB:

- Since 2020, outbreaks of cVDPVs have become widespread across Africa. To stop the spread, the program must focus on campaign quality, large-scale synchronized campaigns, and detection.
- Close to 35 million children in 17 countries have been vaccinated since November 2020, with nOPV2 used in five countries (Nigeria, Liberia, Benin, Sierra Leone, and DRC). Large-scale synchronized response campaigns using nOPV2 in three epidemiological blocks are planned for the second half of 2021.
- The continued polio program ramp down in the high-risk countries is a significant risk as funding is needed to stop the cVDPV2 outbreaks.
- Overall, the rollout of nOPV2 has been successful. No significant safety red flags have been identified to date and initial use data has been submitted to the Global Advisory Committee on Vaccine Safety to support broader use.

Asks of the POB:

- Advocacy for continued funding and revised timeline for polio transition in the 10 highest risk countries to stop cVDPV2s by 2023.
- Communicate to SAGE and the Global Vaccine Safety Committee the importance of moving to the nOPV2 broader use phase as soon as safety data supports doing so to facilitate the implementation of the large-scale campaigns in the second half of 2021.
- Ensure that ~133.3 million doses of nOPV2 needed for the upcoming large-scale responses in the region are secured once we get to broader use.
- Approve the allocation of financial and organizational resources needed to implement these large-scale responses in the context of COVID-19 and the polio program ramp down.

Dr. Matshidiso Moeti, Regional Director for WHO AFRO, presented a brief statement, noting the following:

- The discussions at this meeting will be critical for the eradication and transition planning in African countries. The work on polio is not over in the region with countries still experiencing outbreaks of cVDPVs, and we are advocating with member states to prioritize the use of nOPV2. The African region needs to be prioritized for adequate quantities of nOPV2 to ensure that the synchronized campaigns are a success.

- The program is working to ensure that polio gains that resulted in certification are sustained as part of the polio ramp down and transition process. It is critical that GPEI provides financial support to the ten high-risk countries and the staged transition approach to make sure that the region interrupts outbreaks by 2023, in line with the new strategy.
- There are variations in outbreak response efforts across countries and we need to collectively find ways to address the gaps that have been identified, including issues of ownership and accountability, technical gaps, and timeliness of campaign plans. It is also critical to ensure increased political oversight and accountability.

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

- Chris Elias noted that progress in 2021 for Africa will come from the synchronized campaigns. The latest projections suggest that the 135 million doses of nOPV2 needed for these campaigns will be available. The preliminary results in Liberia and Nigeria give us reason to be hopeful that the synchronized campaigns will show demonstrable progress in terms of the rollout of nOPV2 and reducing cVDPVs.
- Henrietta Fore agreed that the synchronized campaigns will be a game changer for the program. She asked if there is anything more the program should be doing to address wastage, and if there is anything more UNICEF can do to support community engagement.
- Seth Berkley asked to further understand the status of nOPV2 vaccine production given the global shortage of supplies for vaccines that has been seen, and if there are other risks to having the vaccine fully approved.
 - Aidan O’Leary (WHO) responded that there is supply available for the nOPV2 doses requested for the synchronized campaigns, though supply for the larger countries will be dependent on timing. The move from initial use to wider use is anticipated in Q3 and there will be an additional 100 million plus doses available in Q4. It is important to make sure all safety data from Nigeria and Liberia is submitted quickly to ensure the process to approve wider use remains on track.
- Mike McGovern agreed with the importance of continuing to invest in vaccines and noted that Rotary has provided \$37 million to fund vaccine procurement for GPEI over the past 12 months.
- Ahmed Al-Mandhari (WHO) noted that WHO EMRO will be undertaking a similar analysis of GPEI support needed for transition.
- Rochelle Walensky advised caution with the transition plan to protect gains made towards eradication and indicated CDC’s continued support to deploy personnel as the polio program ramps down. She asked for further detail on the plan for staffing assignments moving forward, as well as mechanisms for funding and oversight and accountability in the context of a more dispersed program.
 - Matshidiso Moeti (WHO) noted that AFRO is working on transitioning some of the staff into the routine immunization program and others into the epidemics and emergencies program and WHO is committed to handling this transition responsibly. Details are being worked out now, including discussions with HQ on sustaining some of these staff members in the global WHO base budget. It will be critical for partners to support the

WHO base budget going forward. There are strong contributions and innovations from the polio work and integrating this to other programs will be important in the transition.

- Peter MacDougall noted that nOPV2 is a major development and cause for optimism, underscoring the importance of safety data. In relation to the wastage data and short shelf life, he inquired how these issues will be managed.
 - Pascal Mkanda (WHO) responded that some of the wastage can be attributed to using vials with a higher-than-usual number of doses. In advance of the vaccine moving to wider use, the program is working on how best to manage wastage as this will be critical to the rollout.
- Dr. Tedros expressed appreciation for the efforts of many to introduce and deliver nOPV2, as well as the plans to address residual risk through synchronized campaigns. He noted solutions should not focus only on new vaccines but also timely detection, higher quality outbreak response, and strengthened essential immunization. He also underscored WHO's commitment to interrupt cVDPVs and maintain the region's polio free status, while also supporting an expedited risk-based transition of staffing and infrastructure to member states or other programs as appropriate.
- Chris Elias noted the initial ramp down plan was to transition all 47 African countries to the WHO base budget, however if this is done all at once there is a risk of not having enough resources available. WHO is now working on a staged transition where 10 of the highest risk countries would maintain a small, dedicated team, and this is likely where GPEI resources will need to be focused. There are still many details to be worked out and there will be deeper discussion on this topic at the next POB meeting on September 1.

GPEI Revised Structure Implementation

Presenter: Aidan O'Leary (WHO)

The following update was presented to the POB:

- The UK is now the donor representative to the Strategy Committee (SC) and the SC welcomes Alice Gilbert and Louise Kemp.
- Since April, the SC has moved to a new format encompassing a more strategic focus, with the two strategic goals discussed at alternate meetings to focus on performance against targets and how the program can best support country needs.
- The need for regionalization has been enforced during the POB visit to Pakistan, and the delegation has clearly heard the request for coordination at the country level as well as a "one team approach" at the HQ and regional levels. The HUB model will be retooled to a bottom-up approach and will be demand driven by the countries regarding support needs from the partnership.
- At the global support level, the terms of reference for these groups are being revised, and an effort is underway to streamline decision making to empower these support teams and increase efficiency.
- The SC has endorsed the terms of reference for the Executive Management Unit (EMU). While the lead for this group is being finalized, Aidan O'Leary will support the interim EMU in operationalizing this function. Key areas of work for the EMU in the coming period will be

around budget, key performance indicators, and risk management to ensure the processes that have been outlined in the new strategy are rolled out as effectively and efficiently as possible.

The POB thanked the presenter, and no questions were raised.

GPEI Monitoring and Evaluation Framework

Presenter: Moazzem Hossain (UNICEF)

The following update was presented to the POB:

- The new Monitoring and Evaluation framework will track progress and adjust to unforeseen risks, and will include key performance indicators (KPIs), the risk monitoring framework, and the accountability framework. There will be a clear definition of the indicators the program will measure against the outcomes as defined in the strategy. The GPEI strategy has quantifiable milestones that will hold all partners, including governments and GPEI agencies, accountable for their commitments and responsibilities. There will also be a separate risk register that maps interrelated threats to the success of the new strategy.
- There will be 4-8 KPIs to measure each of the five strategic objectives in the GPEI strategy, supporting the two eradication goals.
- Risks are cross-cutting and closely aligned with the four pillars of GPEI risk management: operational, government engagement, donor/ stakeholder confidence, and community/ civil society engagement.
- One of the important features of the GPEI strategy is that gender considerations are explicit in both KPIs and risks. The partnership will measure performance against KPIs and risks on a regular cadence and use the results to inform program adjustments.
- Next steps include further validating KPIs and risks, further developing accountability frameworks to be added to the strategy as a living document that the program can adapt over time, establishing an M&E team under the EMU, and to begin implementing the performance, risk, and accountability frameworks as soon as the program is ready.

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

- Peter MacDougall expressed appreciation from the donors for the effort that has gone into reinforcing risk management, the M&E framework, and KPIs. He acknowledged the emphasis on gathering quantitative measurements, with the assumption that the program will also ensure a strong qualitative analysis. He asked how the Independent Monitoring Board (IMB) recommendations will be used as tools to measure performance.
 - Moazzem Hossain (UNICEF) responded that there are qualitative indicators under the community engagement objective, and while there is not yet a clear definition of how qualitative data can be analyzed, one of the recommendations is to manage it at both the national and sub national level.
 - Aidan O’Leary (WHO) noted that in addition to the engagement with the IMB on specific reports, the program is looking to mainstream performance management and risk

management as a major part of the work going forward, which addresses a number of issues that have been consistently raised by the IMB team.

- Chris Elias noted that the M&E framework reflects the programmatic areas of the strategy well and recommended including some indicators related to the functioning of the partnership, including the new governance structure, financial management, resource mobilization, donor confidence, and partner capabilities.
- Aidan O’Leary (WHO) encouraged POB members to put forward suggestions on areas where the program needs to have more emphasis as we move forward. He also highlighted that the program would begin implementing the M&E framework this year and will not wait for 2022.

Finance & Resource Mobilization Update

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

The following update was presented to the POB:

- The Q1 expenditure analysis shows an under-implementation rate of 26%, which is the highest under-implementation rate since 2016 and can be seen across the program. The largest underspend was in SIA campaigns, outbreak response, technical assistance, and surveillance, with the main reason for under-implementation being delayed activities due to the prioritization of COVID-19 related activities. Some of the underspend can also be attributed to savings due to the decision by the endemic countries to use tOPV rather than bOPV in their planned campaigns earlier this year.
- If this trend continues, the program is likely to not implement all the activities in the remaining approved budget. However, there are indications implementation could increase in the second half of 2021, such as the large-scale synchronized campaigns that are being planned and would result in the full use of the allocated budget space for outbreak response activities.
- The cash flow analysis indicates that the program is fully funded for planned activities, however there are potential gaps in outbreak response and procurement of type 2 vaccines and WHO and UNICEF will be monitoring this closely.
- Looking ahead to the 2022 budget development process, the key considerations that need to be taken into account are the critical technical and programmatic requirements to ensure the program stays on course for eradication, the demonstrated capacity to implement, as well as the ability to fund and ensure the budget can be resourced. Landing at a budget of less than \$1B is likely, but guidance from the POB in terms of the balance between these considerations is appreciated.
- The Resource Mobilization Group (RMG) projects that it can likely secure \$608M from current pledges and additional funding, which is \$200M less than in a typical year. Recent cuts to the UAE and UK pledges, and uncertainty on IsDB funding, have exacerbated an already difficult funding outlook. Under-implementation is a concern for resource mobilization as the program can be perceived to be underperforming, therefore it is critical that there is a realistic, implementable budget that crisply articulates how newer elements of the strategy, such as integration, are addressed.
- The RMG is exploring non-traditional funding mechanisms, including increased domestic financing, in-kind contributions, and new donors, but notes that all these options will be

challenging and take time to materialize. Mobilizing significant additional funding will require heavy institutional investment from GPEI partners.

- There is room for GPEI to better position polio eradication in the context of global health and pandemic response. A new investment case is under development, backed by evidence to demonstrate value for money and underscoring the win-win when investing in polio eradication and addressing the pandemic crisis.

Asks of the POB:

- Guidance on approaches to address ongoing under-implementation within GPEI.
- Advice on striking the balance between technical requirements, funding availability, and the demonstrated capacity to implement as the budget is developed.

The POB thanked the presenters and raised the following observations:

- Mike McGovern shared his comments as Chair of the Financial Accountability Committee (FAC). The FAC is very concerned with the uncertainty of the sources of funding in 2022 and this is looking like it will be a very difficult year. This is the time for all partners to recommit to get the job done. It is also crucial to analyze the under-implementation in conjunction with the risk assessment issues to understand the impact of not fully implementing the program.
- Seth Berkley voiced his appreciation for the plan to look at a more realistic budget and advocated for clear discussions on what the tradeoffs would have to be. He also noted that as the program focuses on integration, it will be important to understand what this means for budget and timelines. Lastly, he flagged that for the integrated campaigns planned for Q3 and Q4, it will be challenging to manage these alongside other immunization and health activities planned at the same time, such as the peak of scaling up COVID-19 vaccine deliveries in most of these countries, with careful planning needed.
- Dr. Tedros underscored the need to enhance implementation in 2021 and agreed the partners need to work together to mobilize resources for 2022. He noted that the majority of WHO's core budget is earmarked, and it would be difficult to increase funding, however he will continue to investigate all opportunities.
- Henrietta Fore noted that to address under implementation, it will be important to leverage the opportunity to integrate with the upcoming COVID-19 campaigns. It will also be critical for countries to make good on their pledges and for the partnership to look to the private sector for additional funding.
- Rochelle Walensky emphasized the importance of the balance between the budget needs and what can be implemented. Recognizing the need for prioritization with COVID-19, she asked if there is a mechanism by which the program can leverage integration with these campaigns.
- Chris Elias noted that he has been heartened by what he has seen in Pakistan this week in terms of the ability to simultaneously ramp up COVID-19 immunizations at the same time as launching a well-executed polio campaign.

Closing Remarks

The Chair thanked the attendees for their engagement and discussion. The meeting was followed by a 15-minute closed executive session.