

Meeting of the Polio Oversight Board (POB)

In-Person Meeting: Berlin, Germany

18 October 2022 | 8:00 – 11:00 CET

Meeting Minutes

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

Summary of POB Decisions

<i>Topic</i>	<i>POB Decisions</i>
Mid-Term Review of GPEI Gender Strategy	Approved the extension of the GPEI Gender Equality Strategy until 2026.

Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
POB members recommit to championing gender through concrete action as a GPEI Gender Champion.	POB Members	ongoing

Opening Remarks

The POB Chair extended a warm welcome to all joining the meeting. He thanked Germany for hosting the GPEI Pledging Event in Berlin as part of the World Health Summit.

Year-End Program Review

Presenter: Aidan O’Leary (WHO)

The following update was presented to the POB:

- The program is on track with the goal 1 milestones to interrupt all poliovirus transmission in endemic countries by the end of 2023 but continues to face challenges in relation to goal 2, stopping cVDPV transmission and preventing outbreaks in non-endemic countries. The critical path to zero cases lies through a limited number of sub-national areas in seven countries and these areas are the key focus for the program through the end of 2023.
- Global surveillance has improved in line with the Global Surveillance Action Plan. It is important to note that in addition to aggressive targets in low and medium risk countries to meet certification goals by the end of 2026, there is a strong focus on low-risk countries to boost performance.
- 2022 has shown progress against strategic goal 1 in the endemic countries, including shrinking genetic diversity of WPV1 to only two circulating clusters, increased access to children through

house-to-house campaigns in Afghanistan, and continued strong government ownership and commitment in Pakistan following the elections. It is critical to ensure the virus doesn't survive the next low season by targeting areas of endemic transmission with an aggressive response. Next steps include strengthening partnerships with humanitarian organizations and increased coverage through house-to-house access in Afghanistan and in Pakistan, focusing on the implementation of the South KP plan, and improving population immunity in the traditional core reservoirs.

- There has also been progress against strategic goal 2, including over 500 million doses of nOPV2 administered in twenty-three countries to combat outbreaks, and a decrease in the number of new emergences. However, delays and lack of government commitment are hampering progress, risking further spread. Key areas of focus will include further strengthening surveillance at the subnational level, increasing the speed of detection, expanding genetic sequencing, improving sample transport, and continued advocacy with outbreak countries for accountability. Another key area of focus will be the critical geographies of Northern Nigeria, South Central Somalia, Eastern DRC, and Northern Yemen for continued SIA quality improvement, ES strengthening, and integration.
- There has been an aggressive response to the WPV1 outbreak in Southeast Africa from Malawi and Mozambique, with an aim to stop the outbreak by no later than Q1 2023. However, the lack of an immunization response from Zimbabwe to date is a serious risk. A campaign is planned for later this month, and it is imperative that it moves ahead. Additionally, there is ongoing work to strengthen both surveillance and routine immunization in the outbreak geographies.
- A dynamic budget and resource management approach has enabled additional investment in East Africa WPV outbreak response, as well as a ramp up of activities in the endemics. BMGF has pulled forward funding from later years to support the rapid response to outbreaks in 2022. The program will need to continue balancing epidemiology priorities, implementation capacity, and available funding to ensure resources are invested effectively.

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

- Ellyn Ogden (USAID) asked for more detail on the elements driving the delays in response in the critical geographies.
 - Aidan O'Leary (WHO) responded that the drivers differ by geography, but the main elements include conflicts and security issues, competing public health priorities, including other outbreaks, and issues with nOPV2 supply.
- Seth Berkley noted the need for the integration of services to make the campaigns more attractive and asked what has been done to date in terms of combining resources.
 - Aidan O'Leary (WHO) responded that in the critical geographies the program is looking at a plan that goes beyond standard outbreak response, focusing on what activities are needed over the next twelve months to stop outbreaks, including multi-antigen campaigns and other coordinated interventions such as nutrition. Solutions will vary by geography but will focus on integration as much as possible.
- John Vertefeuille (CDC) emphasized that the fundamental problem in cVDPV outbreak areas is a weak immunization system, and focusing on a broader set of immunization services in the consequential geographies will be necessary for a long-term solution. He also highlighted that

there are a considerable number of countries under-performing in surveillance efforts, and it will be a significant amount of work to improve the overall surveillance picture.

- Peter MacDougall underscored the impressive house-to-house access progress in Afghanistan. He asked if the program is using diplomacy organizations in the critical geographies where conflict is a main driver of a delayed response and offered the support of donors to advocate in countries where outbreak response has been slow.
 - Aidan O’Leary (WHO) responded that diplomacy organizations are working with partners to ensure that there is outreach in conflict areas, but it will be important to continue to engage with governments as well. He also noted the need to manage expectations around Northern Yemen given the scale of challenges there. He welcomed donor advocacy but flagged the complexities of engagement in places such as Zimbabwe, Eritrea, and Northern Yemen, noting it will be critical to ensure there are no unintended consequences.
- Mike McGovern acknowledged challenges for the program on many fronts but flagged the need to do everything possible in the coming year to stop WPV transmission in North Waziristan.
 - Aidan O’Leary (WHO) responded that coming out of the recent Technical Advisory Meeting in Muscat, there is better alignment, strategy, and a clear path forward address the challenges in the critical districts of Khyber Pakhtunkhwa. There is not a standard approach, but targeted plans to address the specific challenges that are faced in each of these districts that the program will continue to adjust and fine tune.
- Chris Elias highlighted the unprecedented risk that if the WPV1 outbreak in Africa is not contained, the Africa region could lose its wild polio-free certification status. He asked if the African Regional Certification Committee has indicated next steps regarding AFRO’s certification status. He also asked if there is confidence that the program can re-establish operational capabilities quickly in Northern Nigeria as part of the focus on the consequential geographies.
 - Aidan O’Leary (WHO) responded that regarding the risk to the Africa region’s certification status, the key question will be to understand if there is indigenous transmission and how the immunization response is working, and this will inform the deliberations at the upcoming Regional Certification Committee and Global Certification Committee meetings. On Nigeria, he noted that the path forward will be a targeted focus in key states, concentrated at the community level, working closely with government efforts.
- Nassar Al Mubarak (UAE) asked if the funding for outbreak response fits within the GPEI budget or if additional resources are needed.
 - Aidan O’Leary (WHO) noted that the funding currently falls within the scope of the Financial Resource Requirements (FRR) for 2022 and 2023. Looking ahead to 2023, the program will need to ensure that vaccines are available, and campaigns are targeted in areas with the biggest impact.
- Ahmed Al-Mandhari (WHO) noted the Sub-Regional Committee on Polio took place last week and highlighted that all Ministers of Health in the region are committed to mobilizing the resources needed and implementing the GPEI plans to reach eradication. He also noted discussions at the regional level to improve access to children that have been unreachable.

GPEI Scorecard

Presenter: Moazzem Hossain (UNICEF)

The following update was presented to the POB:

- The GPEI Scorecard tracks progress towards the two strategic goals of the GPEI with 25 key performance indicators. The presentation focused on the 7 off-track KPIs and course corrections being undertaken. The off-track KPIs include: a yearly meeting of the national task force on polio eradication in Afghanistan; the percentage of outbreak countries making financial contributions to outbreak response; the percentage of all SIAs where awareness was > 90% of all households; percentage of outbreaks stopped within 120 days of confirmation; the percentage of countries implementing OBR round 1 within 28 days of outbreak confirmation; the percentage of ES sites in priority countries meeting sensitivity threshold of at least 50% of samples positive for enterovirus; and the percentage of AFP cases and ES samples in priority countries with final results reported within 35 days of onset for AFP cases or ES sample collection.
- The presentation focused on a deeper discussion around two indicators. To increase the percentage of outbreaks stopped within 120 days and improve campaign operations, corrective actions are being taken, including a quality improvement planning process across the lifecycle of outbreak response, a deeper dive into the reasons for poor performance, the deployment of additional human resources in the most difficult places, and surveillance strengthening plans in critical geographies. The POB was asked to prioritize advocacy to Mozambique, Zimbabwe, DRC, and Yemen to support these activities. Investment in lab capacity is underway to accelerate detection timelines and increase the percentage of AFP cases and ES samples in priority countries with final results reported within 35 days of onset, including sequencing capacity being expanded to new countries in the African region and two direct detection methodologies being tested in parallel. The program is unlikely to meet the 35-day target for VDPVs until the lab components of the Global Surveillance Action Plan are fully implemented.
- For next steps to most effectively use the scorecard, GPEI will focus on the following: integrating the analysis of underperformance and the development of corrective actions into routine GPEI management processes to support decision making; ensuring timebound and costed plans are developed to implement corrective actions where these do not already form part of the strategy implementation plans; further refine the indicators and scorecard based on year 1 implementation; integrate the scorecard results with the risk and financial information to provide a more holistic view of progress towards GPEI's strategic goals; and engage with technical, regional, and country level GPEI groups on the use of the scorecard in performance monitoring and improvement.

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

- Chris Elias shared his appreciation for all of the hard work done by the M&E team to develop the scorecard. He noted that it will be an important management tool for the Strategy Committee to track progress and take any necessary corrective actions to get back on track and when necessary, escalate to the POB for support.
- Rochelle Walensky also extended her gratitude for this work and asked for more detail on tracking integration activities in the scorecard.

- Claire Moran (UK) noted the importance of using the tool in a dynamic way across the partnership to drive accountability and management and underscored the request to see more detail on integration.
- Mike McGovern highlighted the need to have a better mechanism for accountability to increase progress against goals, emphasizing the program must improve the speed of outbreak response.
- Seth Berkley applauded the efforts of the team, noting the importance of having the data needed to understand challenges and course correct where necessary. He emphasized that the work is in complex geographies and more needs to be done across the GPEI partners in terms of coordination and integration. This will be critical for success and important to track progress on integration in the scorecard.
- Ellyn Ogden (USAID) noted the importance of focusing on integration in areas outside of the consequential geographies to maintain gains towards eradication, including population immunity and surveillance.
- Hamid Jafari (WHO) flagged that integration will be key to making progress in complex areas such as northern Yemen but noted that fast moving financing and support has been a challenge, and partners must be ready to put in the resources through an emergency process.
- Moazzem Hossain (UNICEF) noted there are five indicators on integration included in the scorecard, with the most sensitive indicator being the percentage of zero dose children in polio high risk areas. He flagged that the definition of zero dose used in the scorecard has been updated and going forward will be consistent with the definition used for overall routine immunization.

Mid-Term Review: GPEI Gender Strategy

Presenter: Heather Monnet (WHO)

The following update was presented to the POB:

- In 2017, the GPEI began a process to analyze gender equality in the scope of polio eradication, followed by the design of the gender equality strategy in 2018. The gender equality strategy was approved by the POB in May 2019 to guide the GPEI's work to mainstream gender and has served to inform the development of the new eradication strategy, as well as other global immunization efforts. The strategy called for a mid-term review, which was conducted by an independent gender specialist with the support of the partner agencies through the Gender Mainstreaming Group (GMG). The GMG worked extensively with the M&E group to finalize additional KPIs to measure the mainstreaming of gender and related outcomes.
- The mid-term review outlines progress to date and sustainability, focused on four objectives: integrating a gender perspective into various aspects of the GPEI's programming as well as organizational structures; supporting countries in addressing gender-related barriers and opportunities to increase vaccination coverage; working towards greater gender parity across the partnership, including at the management level; and creating a more gender-equitable institutional culture and environments. Three of the four objectives are mostly or partially achieved; however, the gender parity objective is currently off track. With the continued support of the POB and Strategy Committee, progress will continue to be made.

Requests of the POB:

- POB members recommit to championing gender through concrete action as a GPEI Gender Champion.
- Approve the extension of the GPEI Gender Equality Strategy until 2026 to align with the new Eradication Strategy and allow for continued progress.

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

- Chris Elias thanked Heather Monnet for her long-standing work supporting GPEI and welcomed Alinane Kamlongera to the program as the Gender Lead for the Executive Management Unit. He recognized the progress against the gender goals but noted the GPEI still has a long road in its gender equality journey. He emphasized the importance of continuing to address the gender barriers faced by women at the country level, including concrete actions to listen to female frontline workers and ensuring sufficient female frontline workers to finish the job in Afghanistan. He voiced his support for both recommitting to champion gender at the highest levels and the extension of the Gender Equality Strategy through 2026 to ensure continued progress.
- Rochelle Walensky voiced her gratitude for this work and her commitment as a Gender Champion. She also supported extending the strategy through 2026.
- Seth Berkley also endorsed both requests of the POB.
- Mike McGovern noted the importance of GPEI continuing to focus on gender equality and Rotary's support to extend the strategy and recommit as a Gender Champion.
- Peter MacDougall shared that donors support extending the strategy and are impressed with the work to date but underscored the program should do more at the country level in terms of analysis and assessment. He asked for more detail on the objective that is off track, achieving gender parity across the partnership.
- Steven Lauwerier (UNICEF) noted this work has created positive momentum on gender in GPEI and asked what the program can do in the field to make this a reality, particularly in the difficult geographies where women have an important role to play in vaccinating children.
- Dr. Tedros endorsed supporting the extension of the strategy and noted it will be important to focus on gender parity across the partnership.
- Heather Monnet (WHO) noted that the program is off track, both in parity goals for the GPEI management structure and also at the country level, where the leadership positions are heavily dominated by men. The mid-term review included a series of recommendations, and the GMG will be working to move those forward with the various GPEI groups. Partners need to make a stronger effort on active outreach to widen the pool of candidates when recruiting, both at the global and the country level.
- Hamid Jafari (WHO) highlighted the program is working to translate the language from the global strategy to define what that means to someone working at the district level. He also noted mechanisms are being put in place to recruit more women in leadership and management positions.

Decision:

The POB approved the extension of the GPEI Gender Equality Strategy until 2026 to align with the new Eradication Strategy and allow for continued progress.

Immunization Strengthening Support in Polio Priority Countries

Presenter: Jalaa' Abdelwahab (Gavi)

The following update was presented to the POB:

- GPEI defines integration as joint efforts between the polio eradication program and a range of partners with the objective of improving immunization outcomes in targeted geographies. It is important to address the immunity gap and achieve eradication, but also critical to build trust and listen to communities that need interventions beyond vaccines.
- Gavi has different funding levers to support the delivery of key priorities, including funding for new vaccine support, cash grants, and funding to partners for technical assistance. Gavi does not have presence in-country, so relies heavily on WHO, UNICEF and other partners to implement, monitor and report against objectives.
- It is important to understand where GPEI's consequential geographies and the zero-dose agenda overlap. In looking at northern Nigeria as an example, the geographic scope of the polio consequential geographies is broader than the Gavi Health Systems Strengthening support. In Pakistan, this is the reverse. It will be important to look comprehensively at what the needs are and what we are providing these communities to actually sustain coverage.
- The full portfolio planning process (FPP) looks at the five-year planning for Gavi's investments. In Pakistan, GPEI was engaged in this process through the WHO EMRO's leadership through proposal development and planning, with the strategy and workplan development driven at the provincial level by EPI manager and leaders. Active engagement with the Alliance partners and polio teams from WHO, UNICEF, and BMGF helped facilitate learnings from the polio program. Gavi is currently assessing the FPP process to accelerate the timeline and reduce complexity.
- The proposed path forward includes the Emergency Operations Centers leading coordination between polio eradication and EPI at the country level; ensuring engagement of the GPEI country teams in the FPP processes to build on lessons learned; leveraging the IA2030 coordinating body for linkages between polio and other interventions; and working with the Strategy Committee to standardize the engagement of EPI teams across the partnership.

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

- Hamid Jafari (WHO) asked if the FPP timelines for the consequential geographies could be fast tracked so resources would be available more quickly to support EPI in these areas with an urgent need to stop remaining endemic transmission.
- Seth Berkley noted the importance of sustained planning to increase coverage and bring in emergency support where needed.
- Claire Moran (UK) voiced appreciation for this work and asked for more detail on next steps to move into more active planning, as well as the incentives and accountability mechanisms that will move this forward at the local level.

- Ellyn Ogden (USIAD) suggested working more closely with the country representatives and the WHO Representatives (WRs), who understand the landscape and timelines for immunization and can identify where the opportunities are for integration.
- Aidan O’Leary (WHO) noted there are now an estimated twenty-five million zero-dose children globally, and it is critical to concretely outline how partners will collaborate in that broader response. He also highlighted the importance of ownership at the local level.

Polio Transition

Presenter: Ebru Ekeman (WHO)

The following update was presented to the POB:

- WHO provides technical assistance to more than fifty countries that have transitioned out of GPEI support as of 2022. In line with the Global Surveillance Action Plan, WHO and GPEI will continue to monitor the quality and sensitivity of surveillance in all countries, with a focus on efforts to strengthen surveillance in East and South Africa and integrated VPD surveillance.
- As of September 2022, 67% of the WHO 2022/23 Program Budget is fully funded, with additional funding sources confirmed. WHO has finalized its investment case, with sustaining polio functions highlighted as a key area of focus. There is increased coordination between WHO and GPEI on funding to eradicate polio and sustain essential functions, with additional opportunities to mobilize funding related to the zero-dose agenda and global health security. Challenges remain to mobilize domestic resources to sustain essential functions.
- WHO has recently completed the management response to the mid-term evaluation of the Strategic Action Plan on Polio Transition, outlining detailed actions through the end of 2023. These actions will focus on strengthening regional oversight, developing a global vision and regional actions plans, revising the M&E framework, and ensuring funds for the base budget are allocated to support sustaining disease surveillance in priority countries.
- There is a need to align stakeholders around a common vision for integrated disease surveillance. In 2023, the focus will be to align on a clear articulation of a strategy for integrated disease surveillance, revise the post-certification strategy to articulate how polio surveillance will be sustained in the long-term, and use integrated public health functions as an entry point to increase national surveillance capacity at the country level.

Requests of the POB:

- As a part of the GPEI 2022 – 2026 Strategy political outreach, continue to advocate with country governments the critical importance of sustaining essential polio functions as a part of national health systems.
- Provide comments on how to effectively implement WHO’s management response, in collaboration with GPEI partners.

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

- Chris Elias underscored the importance of this work as it is critical to ensure the assets of the program are securely financed after eradication goals are reached. He noted the opportunity for working with the Financial Intermediary Fund for Pandemic Preparedness and Response, hosted

by the World Bank, which has an explicit focus on integrated disease surveillance as one of the first priorities for its financing.

- Seth Berkley emphasized surveillance and good diagnostics are crucial and the real challenge is getting domestic buy-in to strengthen these capacities at the local level.

GPEI Pledging Event Briefing

Presenter: Ikuko Yamaguchi (UNICEF)

The following update was presented to the POB:

- For today's GPEI pledging event, the current status of contributions towards the 2022 – 2026 period is \$2,570M (USD) towards the \$4.8B resourcing requirements. The GPEI has faced enormous challenges to secure commitments in a difficult global funding environment, and thanks donors for their generous support and commitment to polio eradication to make this a successful pledging moment, with a special thanks to Germany for hosting the pledging event.
- The Resource Mobilization Group (RMG) will work to operationalize pledges in the coming weeks and months, while continuing to explore additional funding to fill the remaining gap.

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

- Kirsten Garaycochea (BMZ) expressed Germany is glad to serve as host of the GPEI Pledging Event and thanked the leadership of the GPEI partners for their support in making this a successful pledging moment.
- Chris Elias noted this is an incredible achievement and asked how close GPEI would be to the \$4.8B goal if making reasonable projections on future pledging.
 - Chelsea Minkler (BMGF) responded that there are live innovative financing and domestic conversations underway, but noted if the generosity of donors continues, the program is loosely estimating a \$400 - \$800M gap for the full period.

Closing Remarks

The Chair thanked the attendees for joining the in-person meeting and looked forward to seeing all at the pledging event.