

Meeting of the Polio Oversight Board (POB)—Teleconference

2 October 2017 | 7 – 9 AM PST

Meeting Minutes

POB Member Attendees:

Dr. Chris Elias (BMGF, POB Chair)

Dr. Brenda Fitzgerald (CDC)

Dr. Tedros Adhanom Ghebreyesus (WHO)

Dr. Omar Abdi, representing Dr. Anthony Lake (UNICEF)

Mr. John Germ (Rotary)

I. Opening Remarks

Presenter: Chris Elias

- The Chair welcomed the POB members, extending a special welcome to the two new members, Dr. Tedros and Dr. Fitzgerald.
- The POB Chair expressed his enthusiasm for continuing the work of the group to make progress towards polio eradication goals.

II. Discussion—Afghanistan/ Pakistan Update

Presenters: Chris Maher (WHO), Melissa Corkum (UNICEF), Abdi Mahamud (WHO)

The following update was presented to the POB:

Chris Maher (WHO):

- To date in 2017, we've seen 11 cases overall in Afghanistan and Pakistan, 5 cases with a date of onset in the past 6 months.
- Transmission in high risk mobile populations is a major risk; there is a strategy to address them in the national action plans for both countries.
- Both countries have recent serosurvey data suggesting high immunity in the sampled children.

Afghanistan, Melissa Corkum (UNICEF):

- The biggest risk for the Afghanistan program is in the Southern region: Kandahar.
- Campaign quality in Helmand and Kandahar has gaps, due to the insecurity/ inaccessibility and the limited ability to supervise implementation from the national level.
- Other risks across the country include pockets of refusals, high risk mobile populations and changes in government oversight of the program.
- The National Emergency Action Plan has been updated and the team is continuing to evolve its approach, working on multiple interventions to push progress, including:
 - Scaling up focus on high risk mobile populations and increased coordination with the Pakistan team.
 - Maintaining and increasing surveillance and the expansion of environmental sampling.

- Special project to address gaps remaining in the Southern region very high-risk districts: updating microplans with a new house-based approach, a new tally sheet to hone in on missed children, expanding remote and third-party monitoring, and developing the southern corridor access plan to strengthen campaigns with district specific plans for 15 districts of Helmand and Kandahar.
- Multiple communication approaches are having impact, as a new poll shows overall high intention to vaccinate.
- Priorities for the next six months:
 - Stopping transmission in the Southern region through increased focus on 15 districts.
 - Maintaining and gaining access in remaining inaccessible areas of the south and east.
 - Continuing in-depth reviews and focused interventions in the high-risk areas.
 - Coordinated focus on high risk mobile populations with Pakistan.
 - Interventions to further improve campaign quality, including special focus on missed children.

Ask of POB:

High level advocacy with the GoA to prioritize routine immunization, including government funding for RI.

Pakistan, Abdi Mahamud (WHO):

- As of today, Pakistan has 5 cases in 2017. We are still seeing a number of positive environmental samples.
- The Government of Pakistan continues to be highly committed to polio eradication. The new Prime Minister is fully briefed on polio and has chaired the National Task Force meeting. Additionally, NEAP 2017 – 2018 has been approved.
- The program plans to conduct nine high quality SIAs targeting 100% of all under 5 children by June 2018, with an emphasis on using local vaccinators. There is a major focus on significant improvements in SIA microplanning and implementation with associated monitoring. Additionally, the polio surveillance system has been enhanced.
- Coordination with the Afghanistan program has increased, with special attention being paid to the Southern Corridor across Pakistan and Afghanistan.
- Persistent transmission in Quetta Block, Karachi, and Rawalpindi-Islamabad continues, as well as programmatic challenges along the South FATA, South Khyber Pakhtunkhwa and South Punjab corridor.
- Priorities for the program are:
 - Synchronized efforts to stop transmission in the 3 critical hotspots of Islamabad/ Rawalpindi, Karachi and Quetta Block.
 - Special focus on high risk mobile populations in both Pakistan and Afghanistan.
 - Increasing coverage for RI in tier 1 and other vulnerable districts
 - Sustain the current commitment levels of Chief Secretaries, Commissioners, Deputy Commissioners and Health Managers until the job is fully done.

Ask of POB:

- Advocacy with the Government of Pakistan on visas and No Objection Certificates (NOCs) for staff and consultants. This issue is impacting program progress and the team requests global leadership to focus additional attention to resolve.

- Ask to advocate that the GoP continue financing efforts to close the \$30M funding gap for 2018 OPV requirement before 31 December 2017. GoP loans funding OPV will be spent by 2018 and the GoP will not be requesting any additional loans.
- As many children have not been reached for routine immunization, the team requests continued advocacy with GoP/ Gavi to strengthen routine immunization, particularly in Tier 1 districts.

The POB thanked the presenters and noted the commitment and courage of staff in both areas. POB members raised the following observations and questions:

- WHO acknowledged the importance of looking at Pakistan/ Afghanistan as one epidemiological block, but asked how we translate this into action.
 - The country teams responded that for some time, there has been work with the two countries to achieve a common approach. There have been meetings at local, as well as regional and national levels, to focus on transmission in common reservoirs and program alignment. Aligning strategy and sharing information between programs is much improved and is now resulting in common activities.
- UNICEF asked how we are ensuring areas that are cleared are not reinfected again. UNICEF noted that both countries mention refusals and mobile populations, and asked what the program is doing in terms of seeking support and advocacy from religious leaders.
 - The Afghanistan program responded that the team is expanding monitoring and engaging third parties to work to identify any blind spots.
 - The country teams noted that there is a strategy in place to manage refusals, including religious leader involvement, meeting with pediatricians, and an expanded immunization communications organization. The country teams have worked together to define an approach to address the 4 categories of high risk populations.
- BMGF voiced strong support of the 15 district plan in Afghanistan, and said BMGF is happy to consider adding additional resources if needed to make that plan a success. He noted that Bill Gates had strong meetings with President Hussain and Prime Minister Abassi of Pakistan. If there are specific suggestions regarding advocacy follow up needed with heads of state, please let BMGF know. He also stated that GPEI budget projections look solid and if pledges come in as planned, program needs should be covered through 2018.
 - The Pakistan team voiced thanks for the meeting with the Prime Minister and requested follow up communication to stress the urgency of the NOC issues. These are issued by the minister of foreign affairs, though the difficulty is happening somewhere at the mid-manager level.
 - The Afghanistan team requested that follow up meetings with high level government officials push for government accountability and funding in the routine systems.
- WHO affirmed willingness to advocate on the visa/ NOC issue and RI. WHO requested recommendations from the programs on any government connections the POB can make to advocate for these issues.

Action Items:

- Steering Committee to develop specific high-level advocacy asks of POB members around RI strengthening with both GoP and GoA by January 2018 POB meeting.
- In upcoming meetings with GoP, POB members to raise the issue of visas/ NOCs.
- BMGF will follow up internally to ask that the thank you letter from Bill Gates to Prime Minister Abassi reiterates the importance of addressing the visa/NOCs issue.
- At the Polio Partners Meeting in Dubai in October, there will be an in depth look at national emergency action plans and BMGF will ask the group for any specific suggestions to bring back to the POB members.

III. Discussion- Nigeria and Lake Chad Response

Presenter: Pascal Mkanda (WHO)

The following update was presented to the POB:

- No WPV or cVDPV2 cases have been reported in Nigeria in 2017. 11 VDPV2s have been reported from environmental samples this year. Overall, the program is seeing progress.
- Access in Borno remains the greatest challenge to the program due to activities under Boko Haram, both in the mainland areas and the Nigerian islands in Lake Chad. Up to 162K - 230K children remain inaccessible. Additionally, the high population movement, continued insecurity in the Lake region and SIA quality in Lake Chad basin countries pose a risk of continued WPV circulation.
- Surveillance is limited, particularly in inaccessible areas.
- Maintaining vaccine supply and political will are important issues for the programs working to reach inaccessible children.
- What needs to be done:
 - Expand Reaching Every Settlement (RES) and Reaching Inaccessible Children (RIC) activities to improve access in Borno. Accessibility is needed to have assurance that transmission has been stopped.
 - Track all children exiting Boko Haram controlled areas to ensure five immunization contacts.
 - Map all islands in Nigeria territory and Lake Chad and ensure vaccination with security support.
 - Strengthen overall integrity of surveillance data and address potential deficiencies.
 - Expand cross border planning and activities.
 - Support national drive to strengthen routine immunization.
 - Need high level GPEI advocacy in country to strengthen political leadership in immunization and polio eradication programs.

The POB thanked the presenters and members raised the following observations and questions:

- CDC acknowledged the difficulty of the situation and asked about the chances of success in reaching children in these dangerous areas.
- Rotary noted that the integrity of surveillance and reaching all children is critical to not creating a false sense of success.

- The Nigeria team responded that partners are coming up with a plan to expand surveillance as well as RI and engage local leaders to advocate for vaccines. There is a need to prioritize RI integration, targeting polio high risk areas to focus these resources. There is still work to be done in strengthening surveillance.
- BMGF noted that Bill Gates and Chris Elias met with Mr. Dangote recently, who has been an important partner in RI and Polio. Mr. Dangote pledged to follow up directly with political leaders to encourage political support.

IV. **Discussion- Syria Outbreak**

Presenter: Chris Maher (WHO)

The following update was presented to the POB:

- There are now 40 confirmed cVDPD2 cases in the outbreak in Syria. The latest cases are the first time we've had cases with date of onset after the first round of SIAs, and it is likely that infection occurred prior to the SIA response. A positive case has been found in a child traveling from Damascus, which is cause for concern.
- The main reason for the outbreak is the significant disruption in immunization services due to the conflict starting in 2011, particularly in ISIS controlled areas. There have been limited SIAs, particularly in Deir-Ez-Zor and Raqqa. Monitoring is difficult in these areas and it is difficult to be confident of quality SIA rounds.
- The critical next step is the second outbreak response round planned for Raqqa on 7 October. It is difficult to explain how hard it is to coordinate these efforts given different military and local authorities, but the team is working hard to improve quality.

The POB offered thanks for the presentation and members raised the following observations and questions:

- BMGF asked if there is a way to accelerate the environmental sampling in Damascus to understand if the outbreak is contained. Additionally, BMGF asked if there was enough mOPV2 supply to support expanded campaigns if needed.
 - The Syria team responded that it shouldn't be an issue to move ahead with increasing surveillance in Damascus (there is approval from the government for this). There will be sites in Damascus, and hoping to have sites in other high-risk areas as well.
 - The overall requirement for mOPV2 remains relatively low, and there is strong willingness from the government to move quickly in requesting additional supplies should it be needed. If any cases are detected outside the immediate transmission zone, the team will work with the government to make the request.
- CDC offered the support of CDC colleagues, who are in place and ready to assist these efforts.
- WHO noted that the cases are a surprise, highlighting the difficulties being faced. He asked how to strengthen the surveillance system in order to avoid late detection. He also asked what further support is needed.
 - The Syria team responded that the indicators were positive in the North, and the reason for what seems to be a long delay in detection of the outbreak is unclear. The team wants to understand this better as it is unusual that the existing surveillance system would have

missed detecting the virus. There are high numbers of AFP cases being reported in Deir-Ez-Zor and many are coming back negative. The situation is extremely difficult to operate in as many of the areas are active combat zones.

- UNICEF enquired after steps to take to accelerate sampling and turnaround from the lab.
 - The team responded that once samples get to labs, the process can move relatively quickly. Getting the samples to labs is the difficult piece and is hard to coordinate on the ground.
- Rotary asked about next steps in Turkey and Lebanon to manage surveillance.
 - The Syria team responded that work is going forward to carry out remedial immunization campaigns and strengthen surveillance in border countries.

V. **Discussion- DRC Outbreak**

Presenter: Moise Yapi (WHO)

The following update was presented to the POB:

- As of today, the DRC has two separate cVDPV2 outbreaks, totaling 9 cases. In response, 2 SIA rounds were conducted in outbreak provinces with mOPV2. A third round of mop-up activity was conducted in 3 Health Zones with low performance, and actions have been taken to increase sensitivity and quality of AFP surveillance in the outbreak and other provinces.
- To manage the response, the team has undertaken the following activities: activation of response 24 hours after confirmation; improved coordination with government at both national and provincial levels as well as with partners; improved flow of funding; enhanced response plan and consistent technical support; Intense advocacy activities addressed to leaders of vaccination refusal groups; and improved monitoring and evaluation activities.
- There are many challenges to routine polio activities in DRC, including difficult terrain and logistical obstacles (impacting specimen transport times), refusals leading to areas with low immunity, as well as the lack of adequate human resources and funding for surveillance and routine immunization activities. All of this leads to increased risk of continued circulation of cVDPV2, emergence of new VDPVs and importation of polio viruses.

Ask of the POB:

- Advocacy for political and financial commitment from the Government.

The POB offered thanks for the presentation and members raised the following observations and questions:

- CDC is hosting the Minister of Health from DRC. CDC asked if there were any requests or thoughts that the CDC might convey to him.
 - The DRC team thanked the CDC and requested technical support in the field for these outbreaks.
- BMGF commented that a lot of work is being done on two separate outbreaks in two challenging environments, and asked to consider bringing in an external outbreak coordinator given the circulation outside of the campaign area.
 - The DRC team confirmed that the support of an external outbreak coordinator is needed.

Action Items:

- GPEI to follow up putting in place an external outbreak coordinator for the DRC.

- Steering Committee to develop specific advocacy asks of POB members around political and financial commitments from the Government by January 2018 POB meeting.

VI. Discussion- Finance

Presenters: Chris Elias (POB Chair), Dan Walter (FMT Co-Chair)

The following update was presented to the POB:

Chris Elias (POB Chair):

- As background for our new members, the POB strengthened our governance structures a few years ago and formed the Finance and Accountability Committee (FAC). Senior financial management staff from each of the partner organizations participate in the FAC. The usual protocol is to have the FAC meeting prior to the POB meeting, but this time scheduling was difficult. Dan Walter will provide an overview of current GPEI finances.

Dan Walter (FMT Co-Chair):

- Thanks to the POB for the opportunity to present a financial overview, especially to the new members.
- GPEI currently has a U.S. \$7B budget for 2013 - 2019. There are five partners plus Gavi, which supports the partnership with critical vaccines. GPEI works in 80 countries with funding in 57 of these. The monthly expenditure is around U.S. \$93M.
- The 2015 midterm review of the Polio Eradication End-game and Strategic Plan prompted a new governance architecture in GPEI, including the formation of the Financial Management Team (FMT). The FMT provides transparency and accountability of GPEI financials, as well as financial coordination across and within partners.
- \$81M in funding pledges is needed to reach the \$7B target. There is still work to be done converting pledges to actual funding, but donors have been dependable. Almost half of all GPEI funding comes from three partners: CDC, Rotary and BMGF.
- The challenges are real. Extending the \$7B budget through 2020 will be difficult. Avoiding donor/ partner fatigue will be important. Managing cash flow is a big part of FMT work; funding is fully dependent on donors and timing varies. There is a large cash gap for early 2018, but the FMT is confident the gap can be filled.

Ask of POB:

- Continued advocacy with donors on funding for investment needed to get the job done.

The POB offered thanks for the presentation and members raised the following observations and questions:

- BMGF noted that the key question is whether the program will succeed in the current planned timeframe. If so, GPEI should have enough funding. If more outbreaks or setbacks occur, there could be need for additional funding.

VII. Decision: Post-certification Strategy

Presenter: Michel Zaffran (WHO)

The following update was presented to the POB:

- The Polio Post-Certification Strategy (PCS) is under development and scheduled for review at the next in-person POB meeting.
- After eradication, there are still risks to the world for reintroduction. The goals of the PCS are threefold: ensure potential sources of poliovirus are properly controlled or removed; withdraw OPV from use and immunize populations with IPV against possible re-emergence of any poliovirus; and quickly detect any poliovirus reintroduction and rapidly respond to eliminate transmission.
- The PCS team considered developing post-certification financial and governance models, but cost largely depends on how these functions are coordinated and who will be implementing. The decision was made that PCS implementation planning, including developing financial costs and necessary structures, should be developed by the future owners taking responsibility after GPEI dissolves. The PCS team will therefore focus on the technical functions after certification without presenting the financial costs and necessary structures to manage and oversee these functions.

POB Decisions Requested:

- Does the POB agree with the scope of the PCS document (exclude financial costs and necessary structures)?
- Does the POB agree that GPEI’s financial responsibility is through cessation?
- Does the POB agree that GPEI will not be the primary owner of the PCS implementation?

POB Decision: After discussion, all POB members voiced support for the scope of the PCS document, agreed that GPEI’s financial responsibility is through cessation and agreed that GPEI will not be the primary owner of the PCS implementation.

Ask of the POB:

- POB as heads of agencies, requested to designate / appoint the future owners of the essential polio activities within their agency (by proposed January 2018 in-person meeting).

The POB offered thanks for the presentation and members raised the following observations and questions:

- CDC acknowledged that current partner agencies, especially CDC and WHO, will be involved post-certification.
- UNICEF stressed the importance of the post-certification strategy document and confirmed the need for the face to face POB meeting in January to devote time to this topic. UNICEF also pointed out that implementation of this strategy will depend on successful transition plans, and expressed hope that the PCS team will work closely with the transition team.
- Rotary highlighted the importance of establishing who will be the new owners of PCS activities. Rotary stressed that this needs to be established to ensure the smooth transition to new owners, as well as understanding any fundraising needs and who will oversee raising the funding.

- BMGF voiced support for the PCS recommendations. The Chair noted that the POB discussed this issue previously, and an important decision was made at the last meeting to end the GPEI partnership at the time of certification of the eradication of the wild polio virus. He noted that the POB recognized the likely need for global coordination of PCS activities for the reasons Michel highlighted, however it is important to have organizations mainstream PCS activities into their key work. BMGF stressed that what organizations and who specifically will own the post certification activities should be the major focus of the next in person POB meeting. He recognized that the PCS is meant to prod the POB members, and their institutions, to think about each organization's role and funding needs.

Action Item:

- By the January 2018 POB meeting, members agreed to designate / appoint the future owners of the essential polio activities within their agency.

VIII. Closeout and Final Remarks

- Dr. Elias thanked the POB members for a productive meeting.
- The Chair proposed 29 January 2018 as the date for the POB in person meeting. The CDC and Rotary confirmed this date, WHO and UNICEF to follow up.

Action Item:

- POB secretariat to send invitations for in person meeting on 29 January 2018.