

## Meeting of the Polio Oversight Board (POB)

12 September 2022 | 6:00 – 7:30 PST/ 9:00 – 10:30 EST/ 15:00 – 16:30 CET

### Meeting Minutes

**POB Member Attendees:** Chris Elias (POB Chair, BMGF); Aidan O’Leary, representing 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>
2022 GPEI Budget	<b>Approved increase to 2022 GPEI program budget from US \$932M to \$1.07B</b>
2023 GPEI Budget	<b>Approved increase to 2023 GPEI program budget from US \$1.005B to \$1.05B</b>

#### Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
<b>Updated 2023 budget prioritization framework shared with the POB</b>	FMG	Q4 2022
<b>Outline of programmatic tradeoffs and risks associated with the 2022 – 2023 budget adjustments shared with the POB</b>	EMU	Q4 2022
<b>Topics requested for future POB meetings:</b> <ul style="list-style-type: none"> <li>• In depth discussion on campaign quality</li> <li>• Impact and collective response to floods in Pakistan</li> <li>• Proactive approach to closing the immunity gaps in non-focal geographies</li> </ul>	POB Secretariat	Q4 2022

#### Opening Remarks

Dr. Elias welcomed attendees, noting the focus for the meeting on the 2022 and 2023 GPEI program budgets for decision, and a discussion on resource mobilization leading up to the GPEI pledging event on October 18<sup>th</sup>, hosted by Germany at the World Health Summit in Berlin.

#### Polio Situation Update

**Presenter: Aidan O’Leary (WHO)**

The following update was presented to the POB:

- The program continues to make progress in Afghanistan, with a single case and two environmental positive isolates recorded to date this year. 75% of campaigns are now using house-to-house modalities. There have been strong efforts to engage the World Food Program,

UNFPA, and other partners to bolster reach and coverage in areas that remain mosque-to-mosque and site-to-site.

- In Pakistan, the polio program is fully engaged in the flood response effort, working through the Emergency Operations Center, both at the federal and provincial level, which is in turn working with the National Disaster Management Authority to ensure the polio program inputs into the broader emergency response are synchronized. The program continues to deal with an outbreak of cases, with seventeen recorded in 2022. The major concern is that there is transmission outside of Southern Khyber Pakhtunkhwa province, with detections in Peshawar, Lahore and recently in Karachi, and the top priority is to stop this transmission from taking root.
- In the Malawi five countries (Malawi, Mozambique, Tanzania, Zambia, and Zimbabwe), there have been five cases of WPV1 to date this year. There has been progress in relation to campaigns with quality steadily improving, but it will be important for the pace of improvement to accelerate. There will be a risk assessment conducted the first week of October to take stock of the activities to date and outline the immediate next steps that need to take place. There is also work underway on essential immunization, and targeted catch-up campaigns in Q4 are being explored.
- Responses began immediately for the case in New York State and the environmental isolates in London and Israel, including the expansion and intensification of surveillance activities, and the roll out of targeted essential immunization catch-up campaigns for communities and areas that are under-immunized.
- cVDPV cases continue to rise, with 340 cases in 2022 to date. More than 90% of cases are in just three geographies- Northern Yemen, Eastern DRC, and Northern Nigeria. It underpins the importance of the work focusing on consequential geographies using non-standard approaches to address the specific challenges in each setting. More than 450 million doses of nOPV2 have been used to date.

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

- Chris Elias noted he recently attended the Africa Regional Committee meeting in Lomé where a meeting was convened for the WPV1 outbreak countries and highlighted the vulnerability the program faces due to the historic setback in routine immunization coverage over the last few years due to the COVID-19 pandemic and other disruptions. At the meeting, Zimbabwe, Malawi, and Mozambique agreed to implement synchronized immunization campaign rounds, and all countries agreed to continue quality improvement activities.
- Peter MacDougall stated donors are encouraged by the access opportunities in Afghanistan and the increasing use of nOPV2 and underscored the importance of needing to reach scale as quickly as possible in the Malawi five countries to combat outbreaks. He asked to hold time at an upcoming POB meeting to collectively discuss how the program can address the impacts of the flooding in Pakistan and support the affected communities, as well as have a deeper discussion regarding campaign quality.
- Seth Berkley noted that in response to the flooding in Pakistan, Gavi has declared an emergency to free up resources and allow a faster response. In Afghanistan, he flagged the need to ensure comprehensive vaccines for those in areas where access is still a challenge. The roll out of

essential immunization catch-up campaigns in the Malawi five countries will be important for long term sustainability and he noted Gavi's support.

- Hamid Jafari (WHO) noted that this is the high transmission season for polio and people are congregating in a different way due to the flooding in Pakistan, which will increase the risk of the virus spreading. The biggest challenge for the program is to stop the re-establishment of transmission.
- Lindiwe Makubalo (WHO) raised that at the recent Africa Regional Committee meeting in Lomé, Ministers of Health expressed concern that the language being used for vaccine derived polio raises concern in some communities, and noted discussions are underway to think through alternate communications.
- Ellyn Ogden (USAID) highlighted the question of how the program can be more proactive in closing the immunity gaps in the non-focal geographies and raised this as a topic for a future POB meeting. She also asked how GPEI is adjusting its global communications plans in a comprehensive way given the detections in New York, the U.K., and Israel. Additionally, she underscored the importance of reaching children where access is still a challenge in Afghanistan, and the need to look at different approaches.
- Sir Liam Donaldson (IMB Chair) noted concern the virus will be more widely dispersed with the flooding in Pakistan and asked if there has been any scientific work or modeling to understand the dynamics of waterborne disease in different emergency scenarios.
  - Aidan O'Leary (WHO) noted there has been a large amount of work done with satellite imaging to understand scale and scope, and modeling work is currently underway. WHO has categorized this as a top-level emergency, and the analytics will be geared towards also understanding the medium to long term impacts.

#### **GPEI Program Budget & Funding: for decision**

**Presenters: Michiyo Shima (UNICEF), Tim Petersen (BMGF), Ikuko Yamaguchi (UNICEF)**

The following update was presented to the POB:

- The Strategy Committee recommends increasing the current 2022 and 2023 budgets to meet the GPEI's 2023 strategic milestones. The main drivers of the increase in both years are supporting an aggressive outbreak response and new opportunities to access at-risk communities in the endemic countries. Access and operational capacity have improved in the endemics, particularly in the core reservoirs, and more campaigns are being conducted than originally planned. The outbreak response budget has also seen a large increase, driven mainly by the WPV1 outbreak in Malawi and the neighboring countries. An increased budget would be accompanied by active cash management, innovative financing, and resource mobilization.
- In 2022, a budget increase of 15% is requested to fully fund priority 1 activities in the endemics and outbreak response. To offset these increases, the program has de-budgeted most of the 2022 priority 2 activities, including bOPV preventative campaigns and bOPV buffer stockpile. Efforts will continue to find savings and cost efficiencies.
- In 2023, a \$1.05B budget is requested, which is a 4% increase from the multi-year budget (MYB) estimate that was approved by the POB in Q1 2022. This is also driven by increased budgets for the endemics and outbreak response, but includes some decreases as compared to the MYB in the vaccine stockpile and non-endemics bOPV preventative campaign costs. Resources

projected for 2023 are \$750M - \$780M, which is a combination of new contributions coming in 2023 and funds estimated to be carried over from 2022. This leaves a significant gap, and the program will be updating the 2023 prioritization table, as well as continuing proactive oversight of implementation capacity.

- Key programmatic risks include failure of an effective GPEI response if there is insufficient funding available, inadequate quality of SIAs which impacts the number of rounds needed, inadequate resources to respond to expanded WPV1 and cVDPV2 outbreaks, and weak surveillance that could result in accelerated spread of the virus if detection and response are delayed. GPEI has developed a comprehensive risk register, including mitigation plans, with inputs from the global support groups as well as the Strategy Committee. The register is a living document and will be continually updated as risks are mitigated, and new risks are identified.
- As of today, the estimated funding gap is US \$4B against the 2022 – 2026 budget of US \$4.8B. Current funding projections by the Resource Mobilization Group (RMG) range from a low of US \$2.2B to a high of US \$3.5B for the full strategy period. Any increase to the 2022 budget will have to be paid with funds set aside for Q1 2023. Current 2023 funding projections total \$638M. The RMG is working to secure potential additional funding from sovereign donors, innovative financing initiatives, and domestic financing, which could range from \$37M - \$470M.
- The RMG is fully focused on donor outreach and building momentum leading up to the pledging event to maintain polio on the political agenda. The October pledging event will be co-hosted by the German Federal Minister for Economic Cooperation & Development (BMZ) and GPEI as part of the World Health Summit in Berlin. Commitment is needed from all partners at all levels to make this event a success.
- Key resource mobilization challenges include a competitive and constrained global public health financing landscape, limited capacity of the RMG to expand resource mobilization activities and markets, a dynamic outbreak situation and related budget increase, as well as a lag for the monetization of pledges and the timing of pledges.

#### **Requests for Approval:**

- 2022 GPEI budget increase from US \$932M to \$1.07B
- 2023 GPEI budget increase from US \$1.005B to \$1.05B

Dr. Bernhard Braune, Head of the Division for Global Health Policy and Finance, BMZ, presented a brief statement on behalf of Germany as host of the upcoming GPEI Pledging Event:

- He underlined the importance of the GPEI Pledging Event for the Federal Ministry of Economic Cooperation and Development, with Minister Schulze participating. He also emphasized Germany's commitment to push polio forward on the global agenda, noting the global cases underscore the point that no one is safe until everyone is safe.
- He noted the World Health Summit is a convention of more than six thousand global health experts and is a valuable international forum for connecting different silos in global health. The GPEI Pledging Event is a stand-alone session on October 18<sup>th</sup> that will be an opportunity to tell the story of the program's work to end all forms of polio and the broader benefits of GPEI while providing a strong platform for donors.

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

- Chris Elias thanked the team for the work and endorsed the increases to the 2022 and 2023 budgets. He noted the program is mortgaging the future in terms of bringing forward funding to meet the goals over the next two years, and it will be important to seize this moment or risk donor fatigue if we don't succeed. This means it will be imperative for the POB members to focus on resource mobilization as much as possible over the coming weeks leading up to the October pledging event.
- Mike McGovern thanked the team for their work on behalf of the Financial Accountability Committee (FAC) and noted the FAC endorses the increases to both the 2022 and 2023 budgets. He recognized that the program is in a fragile period, and it is critical to ensure the resources are available to support program needs. The FAC shared concern regarding the funding gap and underscored the importance of continued focus on prioritization. On behalf of Rotary, he also endorsed the 2022 and 2023 budget increases.
- Peter MacDougall noted that donors endorse the 2022 and 2023 budget increases, contingent on GPEI having a robust and transparent prioritization framework in place, and that the programmatic tradeoffs and impacts of de-budgeting activities are fully outlined, along with the projected capacity to implement planned activities. He also recognized that many donors would continue to be constrained over the coming years and budget, planning and program decisions will need to be made in that context.
- Rochelle Walensky endorsed moving forward with the 2022 and 2023 budget increases and looked forward to joining GPEI partners and donors at the pledging event in Berlin.
- Seth Berkley endorsed both the 2022 and 2023 budget increases. He underscored the concern that bringing funds forward leaves the program exposed further on and expressed it will be critical to continue making trade-offs. He noted the quality of SIAs needs to continue as a priority to make progress. He also flagged the importance of outlining a process for prioritization if there are significant resource gaps following the pledging moment. Additionally, he noted that starting in 2019, Gavi took on IPV costs and it will be important to show this as the program fundraises since donors are funding it. He asked for the support of GPEI in encouraging countries to make the request to Gavi for IPV2.
- Omar Abdi (UNICEF) noted UNICEF's endorsement of the budget requests for 2022 and 2023 on behalf of Cathy Russell. He highlighted it will be critical that the campaigns in Pakistan are integrated with the emergency response that is taking place.
- Aidan O'Leary (WHO) stated WHO's endorsement of the budget increases for both years on behalf of Dr. Tedros. He noted Dr. Tedros is concerned with the difficult resource mobilization environment and ultimately the hard tradeoffs. It is important that the program continue to deliver and focus on both prioritization and the capacity to implement. He expressed that if the program is going to succeed, we cannot allow the virus any more time to circulate and this is a critical time to sustain efforts.

**Decision:**

*The POB approved increasing the 2022 GPEI program budget from US \$932M to \$1.07B, as well as increasing the 2023 GPEI program budget from US \$1.005B to \$1.05B.*

### **Closing Remarks**

The Chair thanked the attendees for their time and discussion. He highlighted the upcoming in-person POB meeting, taking place on 18 October in Berlin prior to the GPEI pledging event, and hoped to see attendees at both the POB meeting and the pledging event. The meeting was followed by a 30-minute closed executive session.