

Meeting of the Polio Oversight Board (POB)

In-Person Meeting: Berlin, Germany

14 October 2023 | 9:00 – 17:00 CET

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Mike McGovern (Rotary); Aurelia Nguyen (Gavi); Omar Abdi, on behalf of Catherine Russell (UNICEF); Howard Zucker, on behalf of Mandy Cohen (CDC); Kristen Chenier, on behalf of Peter MacDougall (Donor Representative - Global Affairs Canada)

Summary of POB Decisions

<i>Topic</i>	<i>POB Decisions</i>
2023 GPEI Strategic Program Review	<p>Goal 1: agreed to continue to target the current timeline to interrupt transmission in the endemic countries in the 2024 low season and achieve certification in 2026</p> <p>Goal 2: agreed to extend the timeline for cVDPV interruption to 2025 with certification in 2028 (subject to GCC decision on certification criteria for Goal 2)</p>
2024 GPEI Budget	<p>Approved 2024 GPEI Budget of \$1.1B with the understanding a budget prioritization to fit within the estimated resource potential of \$900M will be developed by the end of 2023. Additionally, the POB included a request to have the Multi-Year Budget developed by the end of Q2 2024.</p>

Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
Develop 2024 budget prioritization for POB decision, including clear prioritization principles	SC/ FMG	By December 2023
Partners/ donors to share feedback on polio transition with SC	Partners/ Donors	By January 2024
Develop Multi-Year Budget for POB decision	SC/ FMG	By end of Q2 2024
Share specific advocacy and engagement opportunities with donors to support addressing political commitment and operational challenges	RMG/ CGC/ PAG	Q1 2024
Add in-depth discussion on female frontline worker co-design sessions in Pakistan to future POB meeting agenda	POB Secretariat	H1 2024
Meet with Gavi leadership on polio transition to ensure linkages with the Gavi 6.0 strategy development process	SC Chair	By December 2023
Include country representatives in relevant POB sessions	POB Secretariat	Ongoing

Opening Remarks

The POB Chair extended a warm welcome to all joining the meeting and thanked partners for the time dedicated to focusing on polio eradication. He noted a few of the POB members were unable to join the meeting and welcomed Omar Abdi, representing UNICEF, Kristen Chenier, representing donors, and Howard Zucker, representing CDC virtually.

2023 GPEI Strategic Program Review

Presenters: Sir Liam Donaldson (IMB Chair); Aidan O’Leary (WHO)

The following was presented to the POB:

Overview of IMB Recommendations:

- The 22nd report of the IMB is a mid-term assessment of GPEI’s progress against the two fundamental goals of stopping wild poliovirus transmission and stopping vaccine derived polio transmission. The IMB assessed Goal 1 of permanently interrupting all transmission in the wild poliovirus endemic countries as off track, and Goal 2 of stopping cVDPV transmission and preventing outbreaks as missed. For Goal 1, acknowledging that the key indicators in the endemic countries have moved in a positive direction over the past year and that achieving interruption in 2024 is possible, the IMB highlighted survived transmission during the low season and the timeframe for addressing the remaining and highly complex barriers as factors for the assessment. For Goal 2, acknowledging that the number of vaccine-derived polio cases, transmission chains, and infected districts have been reducing, the IMB noted the overall scale of outbreaks, and the complexity of the operating environments in the consequential geographies. The IMB report outlines 20 key risks and 15 recommended actions for GPEI.
- The key risks to achieving Goal 1 include the re-establishment of transmission in Quetta Block, a lack of transformative improvements in south Khyber Pakhtunkhwa (KP), a weakening influence of the EMRO Regional Subcommittee on Polio Eradication due to a change in regional leadership, ineffective resolution of community boycotts in Pakistan, re-establishment of wild poliovirus circulation in Kandahar, loss of momentum to close the immunity gap in east Afghanistan, and a continued funding block in Afghanistan. Other potential setbacks include the loss of continuity of political commitment in Pakistan, slow progress on integration, the Pakistan reservoirs reverting, the continuation of poor water and sanitation conditions, and cross-border transmission.
- The key risks to achieving Goal 2 include essential immunization coverage remaining too low, substandard outbreak responses, insufficient resources necessitating unsatisfactory prioritization decisions, large outbreaks of cVDPV1, Nigeria’s unmet primary care goals, and a collapse or major disruption of nOPV2 supply. Other potential setbacks include a weak vaccine strategy and temporary diminished commitment if 2023 goals are not achieved.
- The IMB recommended actions include mitigation plans for the 20 risks outlined, a review of the preventative vs. responsive campaign balance and funding, intensive activity to extinguish VDPV1 in the African Region, support Afghanistan to develop a health system, break the impasse on house-to-house campaigns in southern Afghanistan, and rapidly strengthen primary care in Nigeria. A people-centric approach alongside the technical processes will be needed to manage the challenges effectively, as well as an equal focus on eliminating wild poliovirus and vaccine derived poliovirus.

GPEI Response:

- The GPEI conducted a thorough review of the 20 risks and 15 recommendations outlined in the IMB report and is implementing the IMB recommendations based on priority and likely impact on interruption goals. The program believes that Goal 1 of WPV1 eradication can still be certified in 2026 and does not foresee changes to this timeframe despite interruption efforts extending beyond 2023. For Goal 2, the program agrees with the IMB assessment that the 2023 cVDPV2 goal will be missed and believes that interruption can be achieved by the end of 2025 through aggressive intensified outbreak response activities, realizing eradication by 2028, subject to the Global Certification Committee decision on criteria for certification of Goal 2.
- Insecurity, inaccessibility, and political challenges are the biggest risks to achieving eradication. Afghanistan has the world’s largest humanitarian crisis and conditions continue to deteriorate, with few international health actors left in the country. In Pakistan, the program continues to miss a large number of children in south KP due to insecurity. In the consequential geographies of Eastern DRC, Northwestern Nigeria, Central Somalia, and Northern Yemen, major challenges include banditry, armed conflict, inaccessibility, famine, other public health emergencies, and weak health systems.
- GPEI will continue to manage the risks aggressively, with particular focus on mitigating the risks of re-establishing WPV circulation in Kandahar and large outbreaks of cVDPV1 due to the high residual risk after mitigation. Mitigating the risk of cross-border transmission between Afghanistan and Pakistan is also critical as neither country succeeds until both countries succeed. GPEI has also restructured outbreak response to focus on the most consequential geographies, with tailored immunization responses in each area to stop transmission at the source. Additionally, there is increased focus on the immediately proximate countries to reduce importation.
- Integration activities will be a key support in reaching interruption. GPEI has launched an effort to develop its integration function collaborating with Gavi and the Essential Programme on Immunization (EPI), as well as with partners involved in health emergency response. Integration priorities will adjust as program goals shift from interruption to certification, but current priorities are focused on efforts to reach interruption. Countries will decide what the priorities will be for integration.
- On Transition, the post-2023 Strategic Framework will set a clear direction and align efforts to operationalize, establish roles and responsibilities, and determine accountability for polio transition. Solutions will be tailored to each region and country. As the program progresses towards GPEI sunset, there will need to be alignment on who will be accountable and own the polio essential functions.
- Resource challenges will require ongoing commitment within and beyond GPEI. The epidemiology, in combination with available resources and the capacity to implement, determines program priorities, and the budgeting process has had to adapt to unforeseen challenges faced since the strategy implementation, such as WPV1 importation and an explosive cVDPV1 outbreak. The proposed 2024 budget is a full articulation of what is needed to finish the job and includes an aggressive outbreak response that the program considers essential to achieving interruption for Goal 2 within the next two years. Once the Global Certification Committee determines the Goal 2 certification criteria, expected in November 2023, GPEI will conduct a thorough multi-year budget exercise and come back to the POB by the end of Q2 2024 with a fully costed plan.

Requests of the POB:

- Does the POB endorse how GPEI is positioning the risks identified through the Mid-Term Review and our internal risk register?
- Does the POB endorse the program's risk management and mitigation plans?
- Does the POB agree with GPEI's implementation of the above? If not, what should we do differently?
- Any other suggestions from the POB on what should be done?

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

- Hamid Jafari (WHO) shared late breaking updates on the endemic countries. A recent EMRO Regional Subcommittee meeting demonstrated consolidated commitment from key Ministers of Health and the commitment of the new EMRO Regional Director Elect to prioritize polio eradication early in her term. Regarding Afghanistan, an upcoming meeting with the Minister of Health aims to discuss potential openings for house-to-house vaccination around Kandahar City. In Pakistan, following a National Task Force meeting, the Minister of Health has put together a special Rapid Response Task Force in South KP to address security and boycott issues. Lastly, a detailed cross-border coordination meeting held in Islamabad resulted in specific local corridor level plans for surveillance, communication, and immunization, including handling the potential repatriation of up to 1.7 million Afghans that may be returning to Afghanistan.
- Howard Zucker expressed optimism amidst the program challenges, and noted CDC supports the timelines outlined of achieving the 2026 eradication milestone for Goal 1, and a 2028 target for validation for Goal 2. He thanked the teams for their dedicated efforts towards eradication but cautioned that while encouraging, the downward trend in detections is only part of the data that need to be assessed to understand progress and the path to interrupting all transmission.
- Dr. Tedros noted appreciation for the candid discussion on eradication challenges, emphasizing the necessity of such discussions for advancing commitments. He highlighted the challenges in Afghanistan of conditional support proposed by the Minister of Health and the lack of house-to-house campaigns in all regions. He also stressed the potential impact of the upcoming food aid reduction on polio eradication efforts, urging collective advocacy to address this. For Pakistan, he stressed the importance of strengthening local leader involvement to navigate security issues. On Goal 2, he noted the positive progress in Nigeria but expressed concerns regarding Somalia and Eastern DRC due to insecurity, elections, and recent access losses. He also noted a possible visit to Yemen to address challenges with direct advocacy. Lastly, he asked for clarification on the shift in the Goal 2 certification target to 2028.
- Kristen Chenier acknowledged the achievements in the first half of the strategic period despite complex contexts. She emphasized the value donors place on the IMB's analysis and recommendations, appreciating the independent insight it provides. She noted that donors welcome the inclusion of integration in the risk analysis for Goal 1 and the development of a detailed work plan on the issue. For Goal 2, she expressed concerns on the high inherent and

residual risks for essential immunization coverage and large outbreaks of type 1 vaccine-derived polio, questioning GPEI's influence on mitigating these risks. She asked for further clarification on targeted prevention efforts and the utilization of surveillance. She also highlighted internal risks, touching on operational effectiveness. Lastly, she offered donor support to address political commitment and operational challenges, looking forward to further guidance on how donors can assist.

- Mike McGovern noted that Rotary remains committed to the program, approving an additional \$45 million for polio eradication, part of a larger \$145 million commitment this year. He raised concerns on vaccine effectiveness in Afghanistan and the low levels of routine immunization globally, emphasizing the need for enhanced advocacy for routine immunization to build up immunity levels. He also noted the effectiveness of nOPV2, expressing concern over the timeline for nOPV1 and 3, and the need for a faster response to outbreaks with better diagnostic abilities. Lastly, he highlighted the need to manage expectations on timing for eradication with Rotarians and expressed appreciation for the ongoing efforts of the partnership.
- Aurelia Nguyen discussed the inevitable politicization of the polio program, suggesting a reframing and shift in approach to work with vaccine diplomacy. She proposed a more intentional mapping of interdependencies with agencies and governments to address risks impacting the program. She also raised concern about potentially losing governmental goodwill due to multiple outbreak responses detracting from routine programs, urging consideration of this risk. Additionally, she addressed the dilemma between preventive campaigns and outbreak response, noting the challenges of poor coverage in preventive campaigns and lack of timeliness in outbreak response, and the implications on budget and supply predictability. She requested further insight on nOPV2 emergencies, the link between cholera outbreaks in East Africa and the floods, how seasonality is accounted for in cVDPV1 trends, and the learnings from the tOPV to bOPV switch in terms of withdrawing OPV.
- Omar Abdi highlighted the last mile challenges in eradicating WPV and preventing re-emergence, emphasizing the need for an audit in Eastern Afghanistan to understand vaccination failures. He appreciated the renewed focus on routine immunization and stressed coordination with Gavi and other partners. He also raised concerns regarding prioritization between preventive measures and outbreak response, and potential underestimation of risks related to Goal 2. He highlighted the challenges in Nigeria and agreed the proposed trip to Yemen by Dr. Tedros and Cathy Russell will be important to address humanitarian challenges.
- Tim Poletti (Australia) highlighted the importance of focusing on the immunity gap and underscored the critical balance between outbreak response and prevention, noting that neglecting prevention could lead to significant challenges.
- Ina Von Fratzious (Germany) shared appreciation for the program's dedication and expressed concern over the variety of challenges facing eradication. She noted donors pledge to continue political support amidst growing geopolitical challenges and collaborate to ensure continued support for the program.
- Jeanne de Wendel (France) highlighted the importance of integrating polio actions within general routine campaigns and broader health programs of the impacted countries.
- Aidan O'Leary highlighted the shift GPEI has taken towards more integrated risk management and alignment with IMB recommendations. He noted that the top ask for POB members is to

have efforts in Afghanistan, Pakistan, Nigeria, Somalia, DRC, and Yemen be a central focus in each of their organizations and advocacy to close the gaps. He stated that to sustain credibility and maintain gains going forward, GPEI needs to stop WPV within the outlined timelines. He discussed budget constraints, noting that prioritization of resources is based on epidemiology rather than risk modeling, and GPEI’s approach is to target the virus at its source. He underscored the importance of integration, stating that GPEI needs to be clear on what can and cannot be done, and that decision making will be at the country level. He noted that nOPV1 and 3 are due for rollout in late 2025/ early 2026 in best case scenario, and to improve the process, the program will look at lessons learned from nOPV2 rollout, including the risk of a sole supplier. Lastly, he underscored the importance of continued coordination and collaboration of the partnership at the global, regional, and country level.

- Jamal Ahmed (WHO) noted AFRO’s alignment with the IMB assessment, and the strong political commitment within the Africa region. He highlighted the focus on improving quality of campaigns and expressed concern regarding potential massive outbreaks of cVDPV1 in Nigeria due to insecurity and new cohorts being born. Lastly, he noted the challenge of speed in integrated responses and stressed the need for swift action in outbreak response while accommodating integration.
- Sir Liam Donaldson noted concern on the politicization of the vaccine and suggested a high-level strategic debate to discuss using integration to bring perception back to a humanitarian space. He also reiterated a previous recommendation for a dedicated director of vaccines to support GPEI.
- Chris Elias appreciated the in-depth analysis and GPEI response and underscored the challenges faced in reaching eradication that have been highlighted in his country visits, especially in the last mile. He noted that budget constraints have impacted preventive campaigns, and difficult tradeoffs will be necessary with the current budget gap. He acknowledged the exceptional engagement of regional directors from WHO and UNICEF and thanked Dr. Al-Mandhari for his incredible leadership. He encouraged open communication within the partnership on any additional support or actions needed from various agencies to collectively address the challenges faced and expressed optimism for the future despite the challenging path ahead.

Decision:

The POB agreed the following:

- ***Goal 1: agreed to continue to target the current timeline to interrupt transmission in the endemic countries in the 2024 low season and achieve certification in 2026***
- ***Goal 2: agreed to extend the timeline for cVDPV interruption to 2025 with certification in 2028, subject to GCC decisions on certification criteria for Goal 2***

GPEI 2024 Budget and Funding

Presenters: Peter Barrett (BMGF); Ikuko Yamaguchi (UNICEF)

The following update was presented to the POB:

- Available resources for the 2022 – 2026 strategy period stand at \$3.3B against a multi-year requirement of \$4.8B, leaving a current resource gap of \$1.47B. If donors maintain historical levels of funding and lapsed/ new donors provide additional funding, GPEI estimates that an additional ~\$900M could be raised through 2026. The funding outlook for 2024 is in line with recent historical trends of GPEI and its ability to secure at best an annual average of ~\$900M. The current resource mobilization environment is challenging due to a restrained donor landscape, with large ODA cuts, increasing climate change related disasters, multiple humanitarian crises, and growing global public health needs. This poses additional funding risks for GPEI.
- The 2024 budget development approach focused on balancing programmatic needs against the realities of resources and the program’s capacity to implement. The proposed \$1.1B 2024 GPEI budget allows for sufficient programmatic flexibility to address the evolving cVDPV epidemiology, potential additional resources due to 2023 underspend beyond the current forecast, implementation capacity in 2024, and a fluid operating environment in the Endemics. GPEI has the internal processes to ensure that approved activities are aligned to available resources, and underspend is regularly assessed to ensure optimal resource allocation across the budget. If budget ceilings are reached, adjustments could be considered based on the epidemiological situation and the ongoing budget management efforts to reconcile budget to resources.
- After considering the proposed 2024 budget, the Financial Accountability Committee expressed concern on approving a budget beyond the estimated \$900M resources and recommended a budget prioritization to align with anticipated resources as well as additional advocacy for increased resources.

Requests of the POB:

- Request to approve the GPEI budget of \$1.1B for 2024 with the understanding that the SC and FMG will identify a practical approach to prioritizing the implementation of the budget that reflects the program’s capacity to implement and reflects reasonable estimations of resources to be available throughout the period of implementation.

Mike McGovern, Chair of the Financial Accountability Committee (FAC), shared reflections from the September FAC meeting:

- He noted the FAC is satisfied with the dynamic budgeting approach but raised concerns over the shortfall in the budget of \$1.1B against the resource potential of ~\$900M. The committee is concerned that relying on dynamic budgeting to cover this shortfall may lead to critical activities being unfunded at the end of the year. He stressed the importance of aligning prioritization with available resources to ensure priority program activities are adequately funded throughout the year. He encouraged agencies to holistically review resource allocations between FRR and non-FRR budgets to support critical program needs. Lastly, he noted the FAC recommends the POB approve the 2024 budget while requesting a prioritization analysis to ensure alignment with available resources.

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

- Howard Zucker voiced CDC's approval of the 2024 budget with the understanding that a prioritization will be put in place. He encouraged allocating resources for each budget category for at least Q1 and Q2 by November 2023 to ensure a strong start in early 2024. He reiterated CDC's steadfast commitment to financial support for polio eradication efforts and maintaining FRR support at current levels.
- Kristen Chenier noted donor approval of the 2024 budget and trusting GPEI to manage it effectively to prevent overspend. She emphasized the necessity of dynamic budgeting and ongoing prioritization, urging for transparency in these discussions via the Strategy Committee to ensure collective awareness and agreement among partners. She also encouraged GPEI to explore non-traditional approaches, including collaboration with civil society organizations and humanitarian actors. Lastly, she acknowledged the challenging ODA environment and expressed appreciation for the continuous advocacy efforts by Rotary and other partners.
- Omar Abdi agreed with the FAC recommendations, and suggested approving \$900M of the budget that is available, while allowing the Strategy Committee to have the flexibility to continuously prioritize while the program works to raise the additional \$200M needed in 2024.
- Aurelia Nguyen noted alignment with the point around prioritization, and expressed concern over adjustments being made as budget ceilings are reached. She instead suggested trigger points for budget reviews, such as the end of low season. She advocated for making prioritization principles explicit. She also highlighted the importance of not viewing funding as a zero-sum game but rather from an integration perspective, and flagged coordinating with the Gavi Full Portfolio Planning (FPP) processes to leverage opportunities for co-delivered campaigns.
- Chris Elias endorsed the 2024 budget, and echoed the need for a clear prioritization, as well as a clear articulation on what GPEI can and cannot do given available resources. He requested time at the next POB meeting to walk through the forthcoming budget prioritization in detail. He also highlighted the necessity for a multi-year budget reflecting the revised timelines, requesting its preparation by the end of Q2 2024. Additionally, he stressed the need to seek budget efficiencies amidst financial constraints, and expressed appreciation for the ongoing resource mobilization efforts, highlighting the innovative financing partnership that was recently signed with the European Investment Bank (EIB), the European Commission, and the Gates Foundation to advance polio eradication efforts and strengthen healthcare systems. Lastly, he highlighted Pakistan's financial contribution as a strong example of country ownership and its commitment to polio eradication.
- Dr. Tedros agreed with approving the 2024 budget while stressing the necessity of prioritization, recognizing the program continues to juggle epidemiology and program priorities with available resources and implementation capacity. He underscored the importance of the Strategy Committee continuing to actively manage allocation priorities, as well as continual updates to the POB on budget prioritization. He suggested including key impacted countries in the POB meetings to hear the country level perspective. He encouraged exploring other innovative financing opportunities like the recent partnership with the EIB and underscored his dedication to advocacy for polio eradication efforts.
- Aidan O'Leary highlighted that it was a conscious choice to present the budget as is to solicit feedback and inform decisions on tradeoffs and thanked the POB and FAC for their input. He

agreed with the need for prioritization, stressing the necessity to allocate the totality of resources to areas of critical importance to the program and that ramping up key activities quickly will be critical. He flagged that preventative SIAs might be deprioritized due to budget constraints, impacting multi-antigen campaigns. He noted the SC will complete the prioritization by the end of November and agreed with the timeline to develop a multi-year budget by end of Q2 2024, post clarity from the Global Certification Committee.

Decision:

The POB approved the 2024 GPEI Budget of \$1.1B with the understanding that a budget prioritization to fit within the estimated resource potential of \$900M will be developed by the end of 2023. Additionally, the POB included a request to have the Multi-Year Budget developed by the end of Q2 2024.

GPEI Gender Equality Strategy

Presenter: Alinane Kamlongera (UNICEF)

The following update was presented to the POB:

- The GPEI Gender Equality Strategy includes 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; increasing women’s meaningful participation and agency at the diverse levels of the polio program, including at the management level; and creating a more gender-equitable institutional culture and environments. A consistent, targeted approach is key for gender mainstreaming, but it also requires examples and role models. Global leaders like Jennifer Jones, the first female president of Rotary International, and Melinda French Gates, co-chair of the Bill and Melinda Gates Foundation, have demonstrated their support for female workers in the polio program to help accelerate progress toward this goal of eradication.
- A new gender-led initiative has begun in Pakistan, focused on using feedback from female frontline workers (FFLW) to better understand the barriers to achieving eradication and co-designing solutions. In Afghanistan, female workers play a critical role as part of the frontline health workforce, and respecting local gender norms and providing safe spaces for discussion helps mobilize and reach out to missed children. Another key aspect within the polio gender mainstreaming work is building alliances with men, as was highlighted in a recent visit to Nigeria.
- Critical areas to continue addressing include a strengthened Gender Mainstreaming Group (GMG), capacity building at various levels within GPEI, the disbursement and usage of the gender mainstreaming budget, a gender mainstreaming tool for performance management, and the use of the gender checklist within every outbreak response. Next steps include finalizing an open data kit tool, ensuring outbreak response assessments are engendered, creating a gender mainstreaming performance management pilot, holding an SC capacity building workshop, and implementing the FFLW co-design recommendations.

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

- Kristen Chenier highlighted the crucial role of measuring success in gender-related initiatives and asked for clarity on how the program plans to measure, monitor, and communicate progress. She also stressed the need for a clear narrative that allows donors to hold the partnership accountable to ensure that gender-focused objectives are being met and contributing to the broader goal of polio eradication.
- Aidan O’Leary underscored that for healthcare to be effectively and efficiently delivered, it is essential to have the maximum number of women working in the program in order to reach the populations that need to be served. He also emphasized the importance of gender champions and involving traditional male leaders in regions like Northern Nigeria to overcome gender-related hurdles. Lastly, he noted the ongoing concern of preventing sexual exploitation and harassment, advocating for continuous top-level leadership engagement to proactively mitigate risks.
- Hamid Jafari expressed the importance of rooting gender strategy within the core objectives of the program, focusing primarily on addressing gender-related barriers to immunization and surveillance. He cited the increased numbers of female frontline workers in eastern Afghanistan despite challenges as a positive example of this approach.
- Aurelia Nguyen emphasized the importance of building a robust evidence base and advocated for gender champions at not just the top level, but all levels. She noted a significant area of opportunity is the engagement with men to address vaccine hesitancy. While discussing Afghanistan, she highlighted that the healthcare sector remains a vital lifeline for women to work and urged a broader perspective beyond the technical view. Lastly, she flagged exploring the intersection between gender-related barriers and climate crisis in immunization strategy, especially in climate-sensitive geographies.
- Howard Zucker expressed gratitude to GPEI for efforts on gender issues and underscored that engagement with female frontline workers is essential to eradication efforts.
- Mike McGovern noted the need to ensure equal pay for equal work across the program and ensure that pay levels aren’t influenced by traditionally gendered job roles. He also highlighted the initiative to increase the number of women working across all levels of the program and emphasized the importance of the direct disbursement mechanism to ensure financial equity.
- Chris Elias highlighted the FFLW Co-Design Initiative, which led to actionable recommendations, such as ways to address pay equity. He raised concerns on managing long-term aspirations of these workers, especially regarding upskilling for their future beyond the polio program, suggesting a need for further discussions to address this.
- Omar Abdi noted a community health delivery partnership is being launched, which will be an avenue for polio workers to transition after eradication and contribute to overall health and nutrition. He asked if the program is giving sufficient attention to the safety and protection of women that are working in difficult places and suggested the IMB closely evaluate the gender aspects of the program in their next report.
- Alinane Kamlongera thanked the POB for their feedback, noting the importance of defining success and the program’s focus on both quantitative and qualitative information to do so. She recognized the concern on managing expectations for the FFLW Co-Design Initiative, noting the co-design nature of the solutions helps in aligning understanding and feasibility. Lastly, she

highlighted the importance of a collective approach and leveraging other stakeholders to address gender-related challenges.

Integration to Accelerate Last Mile Eradication Efforts

Presenter: Andrew Kennedy (WHO)

The following update was presented to the POB:

- In late July 2023, GPEI launched a renewed effort to develop the GPEI integration function, engaging with global, regional, and country stakeholders. Stakeholder input noted that despite considerable integration efforts at the country level, the formal GPEI structure to support and manage integration is insufficient. Findings cited a lack of management at the global level, limited alignment on priorities, weak coordination processes, inadequate communication to partners and donors, and siloed tendencies of individual immunization programs.
- To establish an integration function that supports global, regional, and country activities, GPEI will work to clarify integration priorities and develop an implementation roadmap, complete an inventory of integration activities, improve program management and coordination through defined roles and processes, and enhance communication and information sharing. Current integration efforts will focus on plusses, co-delivery and multi-antigen campaigns, routine immunization strengthening, and integrated service delivery. As the program moves toward certification and post-certification, there will be increasing focus on preparing surveillance systems and emergency response capacity for transition. Priorities will be driven at the country level.

Requests of the POB:

- Feedback requested on the assessment of the current state of integration activities of GPEI and partners.
- Endorsement requested of the proposed next steps: recommended integration focus areas and evolution over time, and the plan to enhance the development of the integration function.
- Request for POB advocacy and support for increased focus on effective integration within their agencies and during country visits.

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

- Howard Zucker agreed with the assessment presented, noting CDC's targeted investments in Nigeria, DRC, and Ethiopia, focused toward reaching zero dose children while building population immunity and strengthening VPD surveillance. He also endorsed prioritizing opportunities to integrate by linking to multi-antigen campaigns in Nigeria.
- Mike McGovern highlighted recent integrated work with health camps in six countries, where the program was able to deliver services to 310,000 people, including polio drops. He noted the improved integration structures will provide additional opportunities for community engagement and further polio eradication efforts.
- Aurelia Nguyen appreciated the increased specificity in integration approach and planning since the topic was previously discussed with the POB and encouraged the program to continue to

build this function, acknowledging the effort it takes. She emphasized the need for better coordination with countries regarding different health needs. She also noted the importance of considering the future roles of female workers so the workforce can evolve alongside the program.

- Hamid Jafari (WHO) stressed the importance of integration even in advocacy, noting the barriers to access aren't unique to polio. He also outlined the need for an accountability component to the integration framework to ensure aligned prioritization of resources and coordination on timelines and scale.
- Jamal Ahmed (WHO) cited examples from DRC and Guinea where governments leveraged polio outbreak response campaigns to deliver integrated activities, in part due to resource constraints. He noted two improvements that would be beneficial to integration at the regional and country level- a mechanism to enhance the cooperation between the different entities that are funding and supporting different pillars of the health system, and an intermediary mechanism between traditional Gavi support and the rapid polio response framework.
- Kristen Chenier noted donors are pleased to see integration being embedded intentionally rather than opportunistically. She expressed appreciation for the increased attention to co-delivery of multi-antigen campaigns and routine immunization strengthening, noting the onus is not just on GPEI but on all health partners. She highlighted the need to be clear what resources are required and expressed sovereign donors' willingness to identify opportunities to support. Lastly, she asked for clarification on how donor-funded integration activities contributing to eradication efforts can be included in the financial resource requirements (FRR).
- Sir Liam Donaldson raised concerns regarding the integration management philosophy being adopted by GPEI. He questioned if the approach on integration is too narrow, solely aiding virus eradication and elimination, or if it will broaden to benefit other related initiatives.
- Chris Elias noted the importance of specifics and urged for detailed and realistic planning of what is feasible and what is not, underscoring the need to outline how we best integrate among the GPEI partners. He also noted the need to look at integrating the activities of the core partners outside the FRR. Lastly, he emphasized the importance of being intentional about integration planning with an eye on transition for the future and called for more granularity in planning to ensure the current integration efforts lay a solid groundwork as GPEI sunsets.
- John Vertefeuille (CDC) flagged the need to understand the root causes that are hindering progress and focus on a collaborative approach to build resiliency and deliver against shared priorities.
- Omar Abdi stressed the need for clarity between integrating existing services versus delivering integrated services to communities where polio is the only service reaching them. He noted the importance of focusing on the latter and adding a more comprehensive package than just polio drops to gain traction in these geographies.
- Aidan O'Leary highlighted the phased approach encompassing interruption, certification, and post certification to ensure continuity in efforts, and stressed the focus will be on the endemic zones and consequential geographies. He noted the importance of transparent planning, prioritization, and ensuring ownership at the country level.

GPEI Sunset/ Maintaining a Polio Free World

Presenters: Sir Liam Donaldson (TIMB Chair); Ebru Ekeman (WHO)

The following update was presented to the POB:

Overview of TIMB 2023 Meeting

- At the TIMB meeting in April 2023, three core components of polio transition were the focus: achieving a polio-free world by preventing outbreaks and quickly building resilience through routine immunization, countries holding and effectively utilizing polio assets, and leveraging polio transition as a springboard for broader health systems strengthening, particularly routine immunization. Unlike eradication, polio transition has lacked global management, day-to-day leadership, and a binding partnership to drive it forward. There was consensus that the language and terminology of polio transition needs to be changed to make the purpose and endpoints of the different transition elements clearer.
- Concerns were raised about the ability of countries to take on the resources and funding of polio assets, the potential “budgetary cliff” following the cessation of GPEI funding, and the imperative for a robust and accountable management structure to ensure the world remains polio-free and take advantage of the benefits the polio assets have produced.
- The TIMB recommendations include setting up a new multi-partnership organization responsible for coordination and oversight, setting up a formal WHO workforce plan, a POB decision on a phased transfer of responsibility of managing cVDPV outbreaks to WHE, the development of a WHO monitoring and accountability framework, and comprehensive resource mapping for the next decade.

Update on Transition Progress

- The April 2023 Global Vision for Polio Transition meeting provided an opportunity to stock-take and discuss the post-2023 strategic direction. Takeaways from the meeting include the need to modify the approach based on lessons learned; solutions need to be country specific; the post-2023 strategic framework needs to be visionary, flexible, and context-specific; the fragmented landscape has implications for governance and funding; and ownership and accountability needs to be defined as the program moves toward GPEI sunset.
- The post-2023 strategic framework is a more structured approach, including a global vision that is a clear articulation of strategic and operational outcomes, regional strategic plans that are tailored to a regional context, country action plans that outline a differentiated approach, and an M&E framework to measure both performance and progress. The framework has four strategic outcomes: essential immunization, surveillance, preparedness and response, and containment. It also includes four cross-cutting operational outcomes: governance, performance, finance, and intermediate transition to safeguard polio essential functions by WHO and other partners until countries can effectively manage these resources. Emerging thinking on accountability and funding through GPEI sunset and beyond was outlined, including landing zones for the three phases of interruption, certification, and post-certification.

Requests of the POB:

- Request for feedback on the post-2023 strategic framework and the TIMB report, in particular the proposed new multi-partner entity.
- Request for feedback on the draft WHO accountability framework and the “landing zones.”

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

- Chris Elias expressed concern that the transition discussions have been WHO-centric and suggested a need for a broader perspective to ensure continued collaboration and support from all involved partners in maintaining essential polio functions post-eradication.
- Aurelia Nguyen flagged the possible conflation of programming and funding for further discussion, noting accountability for programming can be different than where the financing is landing. She highlighted the important opportunity through Gavi’s FPP process for discussions on transitioning essential immunization functions to countries and suggested exploring the option of time-limited support from Gavi as a bridge towards sustainable sources of support. She urged linking conversations with the Gavi 6.0 strategy development since this will set the direction for Gavi through 2030. Lastly, she noted the omission of the Pandemic Prevention, Preparedness, and Response (PPPR) in system strengthening discussions, identifying this as an area with a good deal of momentum and funding, and flagged this as an opportunity for further exploration.
- Kristen Chenier emphasized the importance of a proactive, intentional process for long-term success post-eradication and commended the contextualization of transition with equitable and resilient health systems. She noted concern regarding the historical ambiguity in accountability and responsibilities, underscoring the need for a clear articulation moving forward, and emphasized that it is a collective issue, not only a WHO issue. She shared donor reservations about creating a new organization but acknowledged the need for a dedicated management function to coordinate across partners and implement an accountability framework. Lastly, she touched on leadership for this issue and the need for champions. She noted the leadership change on this work at WHO and asked if there is the capacity to effectively drive the transition process alongside the Director’s significant existing responsibilities in polio eradication.
- Omar Abdi proposed Gavi as a natural landing spot for polio transition given its established governance and financing mechanisms alongside its support for outbreak response and routine immunization. He suggested a discussion at the Gavi board meeting in December to ensure coordination with the Gavi 6.0 strategy development process.
- Howard Zucker highlighted CDC’s enduring involvement post-eradication as part of its broader work on immunization, surveillance, and preparedness and response. He advocated for a coordinated approach across all partners to leverage all workstreams.
- Hamid Jafari reinforced the need for a new mechanism for governance and accountability, noting the potential for cost efficiencies but the path to operationalizing this work with accountability is still not clear.
- Jamal Ahmed pointed out the misconception that the currently available funding for polio will follow the transition, noting this has created challenges for countries that have already transitioned. He also noted that the presentation is WHO centric at the HQ level, however at the country level, there is close collaboration happening between the outbreak response teams and their EPI counterparts, and there is a need to ensure effective delivery at the country level.
- Carol Pandak (Rotary) emphasized the importance of ensuring that the essential functions are placed within organizations or processes with the capability to effectively execute the work. She reaffirmed Rotary’s commitment to continue to advocate post-certification to support the

essential functions and underscored the need to involve all partners in the post-certification phase and GPEI sunset.

- Aidan O’Leary focused on the need for accountability for performance and the related resource mobilization components, noting the feedback suggesting a shift from numerous global health initiatives to a consolidated approach for better efficiency and effectiveness. He acknowledged the initial draft on accountability is focused on WHO, but noted the intent is to start the conversation and elicit specific feedback from partners on choices that will need to be made. He requested a consolidated response from each partner with their feedback. Regarding leadership, he noted the need to be clear on the landing zones in order to begin building relationships to have a system and organizational structure that can manage the next phase.

Closing Remarks

The Chair thanked the attendees for their dedication and joining the in-person meeting, stating it was an important discussion to frame next steps. He noted the POB and SC members will continue to discuss some of these topics in the executive session over dinner. Mike McGovern expressed appreciation to the POB Chair for his tireless efforts and leadership in polio eradication.