Polio Oversight Board
Global Polio Eradication Program
20 June 2014 | 8:30 AM – 4:00 PM | Geneva
Meeting Minutes

Introduction

The Chair welcomed POB members, major donors, participants and observers to the meeting. After the unprecedented development of the 6 year Polio Eradication and Endgame Strategic Plan and development of the political and financial commitment for the strategy, the program is now one and one-half years into the plan, and it is critical to review progress and next steps.
The Chair noted important progress:

- Decline in cases in Nigeria, from 29 cases in 9 states at this time last year to 3 cases in 2 states this year. Immunization campaign quality (coverage of children with vaccine) has reached its highest levels ever in the north.
- Cases have declined last year in key outbreak areas – the Horn of Africa, Cameroon, and the Middle East.
- The last type 3 case anywhere in the world occurred more than 1 ½ years ago.
- The program is making good progress on raising the needed financial resources and can absorb an increase in SIA, IPV, and surge costs.
- IPV introduction is on track in large part due to a successful GPEI and GAVI partnership. 26 countries have applied to GAVI with plans for support for introduction.

Major challenges face the program, however, including:

- Lack of access in Pakistan and North East Nigeria (Borno) limits ability to vaccinate children.
- Transmission continues at low levels in key outbreak areas including Iraq, Somalia and Equatorial Guinea.
- Poor quality campaigns and low coverage in RI systems continue to plague endemic and outbreak countries.

This meeting provides an excellent time to review status, and carefully plan the critical next steps to reach the end of polio.

Agenda item #2: Polio Partners Group Report (Co-Chairs, Ambassador Golberg and Ambassador Lange)

The PPG Co-chairs summarized the 16 June PPG meeting and highlighted the key discussions (PPG Chairs statement). They stressed that the PPG wants to ensure transparency, accountability and two-way communication between this broader group and the program. They encouraged the program to do a better job at donor communication and expectations on outbreak responses. They noted that the POB should be cognizant of the sensitivity of some of the information they may want to share with the PPG and also asked for clarification of the type of decisions on which the PPG will be requested to engage.

The POB Chair agreed with the request of the PPG Co-Chairs that materials will be provided one week in advance of the next PPG meeting.

The POB agreed that the program needs to move quickly therefore the POB needs to exercise the option of making decisions in a timely fashion, but hearing from donors and countries for their input is critical. The POB noted that transparency is important and we "cannot have polite meetings" and also called for frankness from donors and countries because GPEI needs the feedback.

With respect to the question on type of decisions PPG will be engaged on, the Chair noted that the POB addressed this question and articulated an engagement model at the 10 Mar 2014 meeting. The Chair quoted from the minutes of that meeting:

> *"The POB will actively consult with donors on major decisions that affect the overall direction of the program, including changes to interruption of transmission timelines, major shift in strategy, changes to timelines for IPV introduction, proposals on the Global Legacy Framework, or changes to annual budget or the overall US $5.5B budget envelope. (Major donors were defined as those who committed $50M or more between 2013 and 2018 and are current in their pledge commitments. The board reviewed a list of those donors provided by BMGF with High Net Worth individual donors listed as a group as some prefer anonymity).*
> *The POB will invite major donors to in-person POB meetings and involve the PPG by facilitating its review of major issues for the POB in advance of the POB meetings.*
> *Major decisions will be accompanied by decision papers, which will be shared with donors and other partners prior to the meetings to allow time for donor/partner review and comment."*

Agenda item #3: Discussion of May IMB report (Sir Liam Donaldson)

Sir Liam acknowledged the recent death of IMB member Dr Ciro de Quadros, and noted he will be greatly missed by the global health community.

Sir Liam summarized key recommendations and conclusions from the May IMB meeting (IMB May report). The IMB wants to deliver on their responsibilities by encouraging, galvanizing and cajoling the program to meet the six year strategic plan goals. The IMB wants to create a clear line of sight from the global level to the heart of the program (in the communities) and identify a course of action that will get to the end result.

Sir Liam concluded by recommending the program focus on making "our imperfect machine" work as effectively and efficiently as possible. He specifically encouraged:

- Recognition that the program is fighting on a political front but perhaps it should be trying to position itself more on the humanitarian front.
- Countries need to think about routine immunization and integrate it more strongly with polio.
- The program should do endgame scenario planning to ensure it takes advantage of key opportunities – specifically, if we have Nigeria with no cases and the outbreaks ended by the end of 2014, and Pakistan is still infected, what are next steps?

All partners supported the important contribution of the IMB, and many major donors stressed the importance of maximizing RI improvement opportunities, especially at the country level (with RI-specific statements by the US, UK, Norway, Japan, Australia, and the World Bank).

Agenda item #4a: Objective 1 – Priority actions to support endemic / re-infected countries and consolidating efforts to support Pakistan

Hamid Jafari (WHO) presented an overview of the epidemiologic situation in endemic and re-infected countries, with a focus on Pakistan, leading up to the considerations for the POB as outlined in the decision paper.

Considerations for POB

1. Endorse the plans for strengthening Prime Ministers Polio Monitoring Cell (PMPMC) to undertake the emergency coordination functions and for establishing EOCs in reservoirs.
2. Agree to additional technical, material and logistics support for strengthening the PMPMC and EOCs in reservoirs by end August 2014.
3. Agree to a review of GPEI staffing in Pakistan by mid-July, and complete recruitment of technical surge needed to staff the PMPMC, support provinces and EOCs in specific reservoirs, and constitute rapid response teams by end September 2014.
4. Approve application of emergency procedures for recruitment and deployment of human resources.
5. POB members to discuss with the Prime Minister on how best PMPMC can be further empowered and offer GPEI support for strengthening PMPMC, provincial task forces and EOCs in polio reservoirs by end July 2014.

POB decision: The POB supports the approach laid out by the team in the decision paper (above). The POB members encouraged the Pakistan team to look at lessons learned and successes from Nigeria, primarily the establishment of emergency operating centers and engagement of influential individuals in the fight against polio. Also, they stressed the importance of a clear plan going into November, 2014 as well as the successful implementation of the EOC. The team should have the major partners co-located at the EOC - this was a key to the success in Nigeria. The POB also highlighted a potentially important role of IPV campaigns going into the low season in Pakistan.

Agenda item #4b: Objective 1 – Protocol for outbreak responses

Chris Wolff (WHO) presented the current status of recent outbreaks and the approach to outbreaks. He outlined a GPEI approach to ensure high quality and rapid response to future outbreaks (detailed in the decision paper for consideration by the POB). The specific recommendations included:

1. Ensuring highest level Government and GPEI activation, with WHO RD communicating to the relevant Minister of Health and WHO and UNICEF RDs communicating to their country staff.
2. Management of the outbreak as a zone of concern with recognition and inclusion of populations at risk regardless of country borders.
3. "Full spectrum" response including GPEI resources in epidemiology, operations, social mobilization, media, finance, etc.
4. Rapid deployment of senior GPEI staff (3 days) and an outbreak coordinator (14 days)
5. Rapid implementation of first large scale immunization response (with 3 short interval rounds, 2-3 weeks apart), and consideration of expanded age group, starting within 14 days.
6. Development of draft outbreak response plan and budget (14 days)
7. 1 month assessment of outbreak response and every 3 month external outbreak assessments (until 6 months without WPV).

Considerations for POB

Endorse the proposed modifications to outbreak response procedures and ensure agency mechanisms and resources are in place to enable an effective response.

POB decision: The POB endorsed the approach that GPEI needs to respond rapidly to outbreaks, get experts on the ground faster and work closely with government to respond, leaving no barriers to timely response to outbreaks. They added that further work be done to address staffing models, ensure consistency in outbreak response by regions, and introduce necessary process changes within each partner agency to respond more quickly to an outbreak.

Agenda item #4c: Objective 1 – Protocol for risk reduction in red list countries

Greg Armstrong (CDC) summarized the approach to identification of red list countries, and a protocol for addressing reduction of risk in these countries, the key components of which are:

1. The EMG will conduct a risk assessment at least twice a year to assess countries at highest risk for importation and spread of WPV and will initiate risk mitigation measures tailored to the country's risk profile
2. A support team will be designated for each red list country, comprised of 4 people, including one each from the UNICEF and WHO regional offices, and one IMG member and one red list task team member
3. For countries in conflict, the emergency sector will be engaged
4. Specific risk mitigation strategies may include:
    - Additional SIA's
    - Improving SIA quality
    - Improving surveillance quality
    - Assessment and addressing routine immunization quality deficits
    - Improved planning for potential polio importation event
5. Allocation of additional resources for countries at higher level of risk
6. Quarterly risk mitigation report from EMG to POB

Considerations for POB

1. To endorse the proposed approach to risk mitigation in Red List Countries
2. To support the provision of necessary human and financial resources for risk mitigation

POB decision: The POB endorsed the approach laid out by the Red List Task Team in general, but noted that the need for a country support team for each red list country needed to be further thought through. The POB stressed the importance of the regional offices in managing these activities. Finally, the POB suggested that the intensified approach suggested be piloted in the top 3 or 4 red list countries, and this experience be used to guide further activities.

Agenda item #4d: Objective 1 – Interagency coordination for insecure / inaccessible areas

Anand Balachandran (WHO) and Peter Crowley (UNICEF) presented the approach to insecure and inaccessible areas utilizing four key strategies:

1. Negotiated access through engagement of all stakeholders (religious and community leaders, tribal elders, national and provincial governments, and non-state opposition groups).
2. Opportunistic vaccination campaigns in smaller scale and low profile activities. Some of these activities would include: permanent transit points, ramping up of routine EPI, self-vaccination initiatives, immunization by local NGOs, and initiatives for nomadic and displaced populations.
3. Engagement of all key relevant actors to ensure protected vaccination campaigns in order to provide protection for vaccination workers, ensure safe transit points, and provide safe areas for

vaccination. It is important to use a low approach profile with neutral branding and use existing relationships to help negotiate access for conducting safe campaigns.

4. Engage communities to build trust that will help enhance local security and maximize the potential to reach and vaccinate more kids safely with OPV and IPV and potentially provide broader health interventions.

During the ensuing discussion, POB and partners were in general supportive of the approach being suggested while some concern was expressed about the danger of politicizing or militarizing the program. A modification of the "Considerations for POB" points was made, with deletion of one point, leading to the following.

Considerations for POB

1. The POB endorses the approaches being implemented, and the need to engage with key stakeholders and relevant groups in these insecure geographies.
2. The POB supports the engagement of professional organizations and other relevant parties to act as intermediaries and assist in negotiating access with non-state actors, and local authorities in insecure areas.
3. The POB takes note of the inter-agency coordination mechanisms, and the need for a protocol for the sharing of sensitive data and analytical information.

POB decision: The POB supported the approaches proposed in the decision paper as summarized above.

Agenda item #5a: Objective 2 - Managing IPV rollout risks

Simona Zipursky (WHO) presented information on the current status of IPV introduction and highlighted the particular risk to lower middle income countries (LMICs). The partners were highly supportive of the IPV introduction initiative, the rapid progress being made, and the fruitful collaboration between GPEI and GAVI. There was general support for the approach to LMICs suggested, while some concerns were raised about (1) whether there were appropriate controls to ensure timely and appropriate use of funds; (2) whether there might be other innovative ways to support LMIC's; and (3) likelihood of sustained funding from these countries. WHO responded to these concerns by noting that (1) the money will be used for procurement through PAHO or UNICEF; (2) the program is open to other ways to support LMIC's: and (3) MOU's clearly stating the arrangement will be signed prior to any agreement, and countries will have to agree to continue to fund subsequently. After discussion of these issues, the POB addressed the suggested items for consideration (below).

Considerations for POB

1. Continue high level advocacy for IPV introduction with a focus on 'priority countries' i.e. China and India.
2. POB endorses the provision of time-limited, financial support to non-GAVI countries for IPV introduction with a maximum envelope of US$ 45 million based on: (a) those at highest need (LMICs across all tiers) and (b) those at highest risk of an outbreak (Tier 1, 2 & 3 countries).
3. The POB agrees that the remaining balance of the $45M budget envelope to facilitate IPV introduction into MICs can be used to extend support for a further 12 months to LMICs in exceptional circumstances and/or to provide special, catalytic support to other MICs which are found to be in exceptional circumstances and who might otherwise delay or compromise the timeline for global OPV2 withdrawal.

POB decision: The POB endorsed items #1 and #2 above. The POB, however, did not endorse item # 3 and requested that decisions on any further support (beyond the initial 12 months) for non-GAVI countries be brought back annually to the POB for approval and asked that the program look at the budget envelope as a maximum figure.
Action Item #1: The POB further requested an update on RI strengthening activities at the next in person POB meeting

Agenda item #6a: Objective 3 - GAPIII revisions to align with 2013-18 Polio Eradication and Endgame Strategic Plan

Nicoletta Previsani (WHO) outlined the current status of the GAP III (global action plan for the containment of wild polioviruses, 3rd edition) guidelines and presented a case for revision to align it with the 2013-2018 Endgame Plan. Re-alignment is critical since the original guidelines were prepared when GPEI strategy called for elimination of wild polio virus (WPV) and stopping vaccination with all three OPV strains simultaneously. The 2013-18 Endgame Strategic Plan introduces a phased withdrawal of OPV strains beginning with type 2 (specifically, elimination and containment of WPV2 and cVDPV2 with the tOPV -> bOPV switch and IPV introduction). The outline of a high level plan with safeguards and timelines were reviewed, as well as the process and timeline for revision of the plan.

Considerations for POB

1. POB endorsement of, or adjustments to, the proposed process and timeline for revising the long-term poliovirus containment plan (i.e. '*GAP III*') to align it with the strategy, activities and timelines of the *Polio Eradication & Endgame Strategic Plan*.

POB decision: The POB recognized the urgency of revision, and supported the proposed process and timeline for finalizing GAP III.

Agenda item #7: Financial and Budget Update

Jen Linkins (WHO) presented the budget update, noting the increased costs associated with changes in activities recommended (in SIA calendar, IPV introduction and surge capacity) and ways to absorb these costs within the current $5.5 billion budget envelope. She noted this spending was associated with risks of reduced flexibility in future years.

She also noted that in response to recent IMB and PPG/donor recommendations encouraging greater transparency and communication of the GPEI budget, the Finance Working Group (FWG) will update the FRR to provide more details on expenditures and cash gap against specific budget line items, clear reporting on domestic contributions, and delineation of polio and routine immunization activities, while WHO and UNICEF will develop reports on budgets to actuals.

In the follow up discussion, donors supported approaches to increased transparency, and would like more information on costs for the various activities; more information on what is included in the FRR and how it gets accounted for; more information on expenditures as well as budgets; and easy availability of audit reports from WHO and UNICEF. Each of these elements would better enable technical representatives of donor countries to convince their government to support the program. Both WHO and UNICEF committed to making their audits available. The PPG noted that it would be very helpful for the Co-Chairs to receive a report of the outstanding pledges so they can follow-up with the respective donors.

The POB chair noted that FWG should develop ways to provide more clarity both in reporting and communication on expenditures, future funding and cash gaps, including a more detailed breakdown of the gaps, the projected contributions that could close the gaps and the risks to realizing the projected contributions.

Considerations for POB

1. The POB to review risks associated with reduced budget flexibility versus the benefits arising from budget increases and reaffirm that the risks are acceptable in return for being able to stay within the original $5.5B budget envelope.
2. The POB to request GPEI management groups to ensure rigorous oversight and cost control measures to mitigate future budget overruns.
3. The POB to request a semi-annual budget and cash flow review during their meetings.

POB decision: The POB supported the three positions put forward for their consideration above. Specifically, the POB acknowledged the risks due to the reallocation of future budget flexibility to current activities and agreed that the risks were acceptable.

The POB made two additional recommendations based on the discussion:
Action Item #2: WHO and UNICEF should make audit reports available to donors.

- Link to one of the UNICEF reports: http://www.unicef.org/transparency/

Action Item #3: GPEI should provide more detailed and regular financial reporting to donors, including financial expenditures.

Agenda item #8: GPEI management and oversight review update

The POB Chair introduced the review which was approved by the POB in March 2014. Price Waterhouse Coopers (PwC) was selected to perform the review after a selection process involving the POB. The contract is being managed by a department of the Bill and Melinda Gates Foundation separate from the polio program, and the review will be managed by the POB members. PWC then presented a brief summary of the project.

The POB Chair highlighted the independent nature of this review which is critical to the success of this effort. Focal points from each of the five partners have been identified to liaise with PwC. These focal points will serve to ensure the necessary individuals, documents, and information are available to the firm. The Polio Steering Committee (PSC) are key stakeholders and will be interviewed to get their input and perspective, however they will not review or vet recommendations and information before it goes to the POB.

The POB Chair addressed IMB recommendation #11 from their May 2014 report recommending an additional advisory board to review the recommendations. After discussion with Sir Liam Donaldson, it was decided that a four person advisory group will be incorporated into the review and the POB will work closely with PWC to identify the four individuals.

During the discussion session, POB members and partners highlighted the importance of a number of issues including (1) keeping the review independent of the program, and not controlled by any individual organization; (2) interest of PPG and all donors and partners in engaging in the process; and (3) key role of the additional independent experts (and delineation of how that would occur).

The Chair noted these concerns, and reiterated that the POB is the client and sponsor. He also noted that the inception report will include more details on how the other stakeholders will be engaged (and assured that the set of stakeholders identified (PPG, IMB) and others will be well integrated into the process and on the mechanism for involving the expert advisory group.

POB Recommendation

The POB recommended that PwC incorporate the input and feedback from the POB into their inception report which will be provided to the POB end of June.

Agenda item #9: Communications – end game milestones

Sona Bari (WHO), presented for the Communications Working Group (CWG) on a proposed approach to address the situation that at least one country is not on track to meet the 2014 goal of interrupting transmission. There is a risk that the perception that the GPEI is missing another deadline will threaten confidence in the program. The key components to manage this risk include emphasizing the feasibility of the 2018 goal and that the plan is about more than ending transmission, while explaining reasons for interim milestones.

There are many potential communication opportunities to keep progress in the forefront: Africa / Nigeria are on track, IPV rollout, IHR temporary recommendation, and additional supporters from the Middle East (Islamic Dev Bank, local voices). We will need to actively manage other risks of the program such as outbreaks, insecurity, and cVDPV2. Best practices to follow in the communications strategy include (1) be transparent about feasibility and challenges; (2) actively communicate efforts and solutions developed to address key challenges; (3) respond quickly to unplanned challenges; (4) celebrate major milestones; and (5) speak to all four objectives of the plan.

During the discussion, partners noted the importance of country-owned communications plans and stronger messaging regarding RI strengthening.

Considerations for POB

1. Agree that our public communications messages should: (1) note that the endgame plan is about ending transmission and more; (2) focus on communicating the urgency of interrupting transmission as soon as possible; (3) indicate that the Endgame Strategic Plan allows sufficient margin for lagging countries and the certification process.
2. Endorse partnership strategy to use the following opportunities for pro-active external communications: (1) Nigeria progress (Summer, 2014); 2 years since WPV3 (Fall, 2014); IPV Introduction Milestones (Fall, 2014); Third-party voices milestones (e.g. Islamic Advisory Group declarations) (Summer, 2014); GAVI Replenishment/Linkage to GPEI (Fall, 2014); World Polio Day/Jonas Salk's Centennial (Fall, 2014)

POB decision: The POB endorsed the approach presented. The Chair observed that the progress this year (end of 2014) will dictate how we proceed with the messaging and the need to focus on the 2018 date.

Agenda Item #10: Chair succession plan and proposed meeting calendar of 2014/15

The POB unanimously endorsed Dr. Tom Frieden, US CDC Director, as the next Chair of the POB. His 12-month term would begin January 2015.

The POB agreed on the importance of having another in-person meeting in 2014. Holding the PPG, GAVI Board Meeting and POB all in one week was helpful for many of the participants and donor partners, and it was agreed to use a similar format going forward. The next face to face meeting is tentatively scheduled for Dec 12, 2014. An estimate of the timeline is as follows: Dec 8 – PPG meeting; Dec 9-11 – GAVI Board meeting; Dec 12 – POB meeting.

The PPG Co-Chairs asked that the POB management review recommendations be presented to the PPG in their October session if timing of the review and scheduling permit. Additionally, the Co-Chairs requested having the decision papers out 2 weeks in advance of the POB so the papers are made available to the PPG members a week in advance of their meeting in December. This will allow time for review and input to the POB prior to the POB meeting.

The Chair closed the meeting by thanking the members, participants and presenters for making the POB meeting successful.

POB Recommendation

Action Item #4: Schedule the next PPG and POB in-person meetings during the week of December 8, 2014.