

Meeting of the Polio Oversight Board (POB)—Teleconference

24 March 2020 | 17h30-19h00 GVA time

Meeting Summary

The Polio Oversight Board held its first meeting of the year by teleconference to get an update on financing and governance challenges faced by the polio programme, as well as the serious implications that COVID-19 poses for operations. Dr Tedros opened the call, and then handed over to Dr Chris Elias to chair this meeting of the POB due to an urgent COVID related issue. Mr Michel Zaffran represented Dr Tedros and WHO on the call.

1. **Endorsement of Budget Decision**

Chris Elias gave POB members a brief update from the Finance and Accountability Committee (FAC) meeting and requested their endorsement of the budget revision.

- The polio eradication programme is facing an acute funding shortage for 2020-2023, which is of great concern. The shortfall is the result of the significant costs of responding to cVDPV2 and replenishing the depleted supply of mOPV2 needed to respond to outbreaks. Whilst the November 2019 pledging moment was a great success, and truly valuable for the programme, most of these pledges cannot be monetized until late 2020 at the earliest, leaving the programme with a budget shortfall in the immediate term.
- While the COVID-19 situation may lead to a reduction of polio activities in 2020, potentially alleviating some of the current funding gap, once the COVID-19 situation resolves, there will be a need to scale up activities and incur higher costs to recover from the break in polio immunization.
- The POB is being asked to endorse the budget revision (option A) as recommended by the FAC and the Strategy Committee (SC). This is also an opportunity to talk about restarting the programme and what that means. It is likely that a new budget will be needed to account for this situation, considering higher costs.

The POB was requested to consider the following budget revision:

Revision for endorsement (Option A)

- For Endemic countries:
 - Decrease Afghanistan budget by \$25m: this brings Afghanistan to their 2019 expenditure level
 - Decrease Pakistan budget by \$14m: this provides them with \$210 million for 2020 which is \$15 million more than was spent in 2019
 - No change for Nigeria- the Nigeria budget was substantially reduced already
 - Cap outbreak response budget to \$110m

- Reduce non-endemic supplementary immunization activities in Q2-Q4, saving \$14m
- Use BMGF non-FRR funding for 200mds nOPV2 (\$35m)
- Additional 15% cut across the programme
- IMPACT: Requirements reduced to \$830m, resulting funding gap is \$64m for 2020, which will need to be managed with savings, cost-shifts and cost-sharing, or new resources.

The chair opened the floor for discussion, and the following key points were made:

- Robert Redfield (POB member, CDC) stated his support for the proposed budget revision. He noted that the pause of polio eradication activities is unfortunate and significant.
- Henrietta Fore (POB member, UNICEF) also endorsed Option A. She noted that this is a time for countries including Pakistan to use up any remaining budget surplus.
- Mike McGovern (POB member, Rotary) and Seth Berkley (POB member, Gavi) both agreed with the analysis and endorsed Option A.
- Michel Zaffran (SC Chair and Director, Polio Eradication, WHO, representing Dr Tedros, POB member, WHO and POB Chair) stated that Dr Tedros favours Option A. He raised the point that budget reductions do present risks to the programme, however the recommended option is designed to minimize these risks whilst delivering the cost savings required and protecting essential activities. A reduction to the Pakistan budget offers an opportunity for us to rethink and take a deeper look at the Pakistan programme.

The following action items are noted:

- **ACTION:** The POB endorsed the FAC and SC budget recommendations to reset 2020 programme budget at \$830 million (instead of US \$899 initially approved by the POB), via the methods proposed.
- **ACTION:** The POB recommended constructing a new budget for when programme activities fully resume, noting the retained elements of the program, such as surveillance, data systems and nOPV2 development, over COVID-19 pandemic.
- **ACTION:** The POB noted the suggestion to rethink and take a deeper look at the Pakistan programme, following a reduction to the Pakistan budget.

2. Polio and COVID-19 – the way forward

Michel Zaffran gave POB members an update on how the evolving COVID-19 situation is affecting polio programme operations.

- GPEI infrastructure is already helping to overcome COVID-19, in surveillance, contact tracing, laboratories, logistics, and via the deployment of the STOP consultants. Many polio programme activities are on hold, including in endemic countries and outbreak countries in Africa. The shipment of samples is also delayed in many countries due to the closure of borders. Staff movement is affected, and many meetings have been suspended or cancelled.
- The POB is asked to consider a proposal that advocates for GPEI to support efforts to respond to the COVID-19 pandemic and inviting staff at all levels to support the response. This proposal also

asks the POB to endorse the pause of all vaccination campaigns, in order to align with WHO advice on physical distancing. At the same time, there is an urgent need to maintain key activities, such as surveillance, data systems, and continue with nOPV2 development and planning for its initial use.

- It is important to note that the AFRO team preferred to encourage countries to make their own decisions on whether outbreak response campaigns should be paused given the COVID situation in their respective countries.
- This proposal refers to 'polio resources'. This does not mean financing, rather referring to the allocation of staff time and assets. The programme will be monitoring the use of resources closely to identify areas where it would be appropriate to seek financial reimbursement from the COVID-19 fund.
- The polio programme is committed to protecting frontline surveillance staff who would continue their work during this time. This includes the provision of personal protective equipment.
- The programme advocates for the creation of context specific plans for resuming all activities.

The POB was requested to consider endorsing the following recommendations:

1. The following activities should be immediately paused, and the country specific contexts should be monitored on a regular basis for any adjustments:
 - a. All preventive polio campaigns should be paused until the second half of 2020.
 - b. Non-endemic countries planning to conduct outbreak responses campaigns, should pause all campaigns until June 1, 2020.
 - i. Countries who still wish to proceed with polio vaccination should do so only after ensuring front line worker and community safety can be ensured in their specific context.
 - c. Pakistan and Afghanistan, the two remaining endemic countries with ongoing WPV and cVDPV2 outbreaks, have also reported COVID-19 cases. Both countries should also pause campaign activities until June 1, 2020.
 - i. In areas of Pakistan and Afghanistan affected by outbreaks of paralytic polio, any immunization activities to control an expanding outbreak should only be implemented after a careful assessment of risk of COVID-19 transmission among frontline workers and communities and potential impact on immunization programs¹.
 - d. Without compromising support to the COVID-19 response, country programmes should take the opportunity during the pause in vaccination campaigns to optimize and improve other elements of the programme such as strategic planning and performance management processes.

¹ This recommendation aligns with [the WHO interim guidance on Guiding principles for immunization activities during the COVID-19 pandemic](#).

2. Provide approval for GPEI to re-deploy staff and other resources (vehicles, labs, etc.) to support COVID-19 response as needed.
3. Support GPEI communication to countries on these changes, including highlighting the critical functions related to Acute Flaccid Paralysis and Environmental Surveillance that should continue, along with an update on the continuation of nOPV2 preparations for a roll out in the second half of 2020.
4. Jointly update donors on GPEI support to the COVID-19 efforts, the need for continued funding to ensure that critical GPEI activities (identified above) continue during this period, and the implications that this pause will likely lead to lengthened polio eradication timelines and increased resource needs.

The chair opened the floor for discussion, and the following key points were made:

- Robert Redfield emphasized the importance of maintaining polio surveillance activities throughout this period. The biggest challenge to the programme will be when the pause comes to an end. The programme must be ready to scale up very rapidly when this happens and must plan for the loss of significant ground in the meantime. Whilst being appreciative of the highly fluid environment created by COVID-19, the programme must do everything possible to maintain credible surveillance activities. This is a priority for CDC.
- Henrietta Fore echoed Dr Redfield's concerns, whilst supporting the proposal tabled. She emphasized the importance of maintaining the community surveillance network the programme has built up and asked the POB members for their thoughts on how the programme can ensure this happens. Ms Fore emphasized too that the programme should consider the impact of COVID-19 on primary healthcare more broadly. We must be cognizant that the COVID-19 response should not jeopardize other health programmes and stressed that donor appeals should ask for donations that are over and above the existing programmes. She supported the proposal to ask staff to redeploy for COVID-19 response. Finally, she raised the point that it is paramount that the programme maintains interest in polio eradication from key supporters, including especially Rotarians. One way to do this could be to provide examples of how polio staff are supporting COVID-19 response to Rotary clubs.
- Mike McGovern supported the proposal but stated concerns over whether Rotarians would be able to maintain energy for polio eradication during this time. Rotarians worldwide currently face problems fundraising, as many activities require social interaction. Moreover, clubs cannot currently meet in person. Rotary would appreciate communications support to maintain focus on eradication. Part of this is being careful about the language used to speak about campaign suspension – significantly we should be speaking about 'postponement' rather than 'suspension'. Rotary would like to see as part of the decision the need to have a recovery plan to sustain progress and make up ground lost. Mr McGovern noted that there could be a strategic opportunity to encourage anti-government elements to recognize the importance of health care provision and frontline workers. Finally, Mr McGovern emphasized that Rotary is supportive of measures to protect polio surveillance and use resources to support COVID-19 response.

- Seth Berkley emphasized that it is critical that surveillance activities continue during this period, as these systems are difficult to rebuild. Echoing Mr McGovern’s comments, he stressed that Gavi is concerned about the programme’s setback during this period. This said, response to COVID-19 presents an opportunity to strengthen health systems and to think about the programme becoming more serious about integrated vaccine activities. This would mean ensuring SIAs are truly integrated. This is especially relevant in a context several months from now, where it is likely that the world will see outbreaks of multiple diseases as a result of immunization campaign pause. UNICEF has already contacted vaccine suppliers to gather information on possible procurement delays, and while manufacturers/vaccine supply lines remain open, transport and logistics issues are anticipated. 24 countries have not yet completed IPV catch up, which is a source of concern. Most of these activities should be carried over to next year but are in jeopardy now given the Covid-19 situation. Gavi is also considering when the second dose of IPV may be introduced given the current circumstances. Overall, Gavi feels that the proposal tabled is the best option in difficult circumstances and fully supports the recommendations. The situation also provides a valuable opportunity to rethink GPEI’s long-term strategy and multi-year budget.
- Michel Zaffran emphasized that Dr Tedros would like to endorse the proposal. Dr Tedros offered to highlight the contribution of the polio programme to COVID-19 response during meetings with Governments and major donors. GPEI will fully resume polio activities as soon as possible.
- Chris Elias stated that BMGF supports the recommendations but emphasized the need for clear communications to the donor community. This includes speaking of the measures as a ‘postponement’ rather than as a ‘suspension’. He also noted that BMGF supported the WHO African Regional Office in their position that countries should take their own decisions about campaign pause, as opposed to adopting a top down decision. However, Dr Elias did note that he understood the reasons for taking a top down approach, including the reputational risk to the programme and other immunization campaigns if they were to continue, which is to emphasize how we are protecting our frontline health worker population, especially in the context of a global shortage of personal protective equipment. Dr Elias underlined the importance of the programme speaking diplomatically, but firmly about how countries act to achieve polio eradication when compared to their COVID-19 response. He particularly emphasized the need to have firm discussions about whether some innovations introduced for COVID-19 (such as PM Khan chairing the National Task Force; sharing data on movement of people between states; and fostering fruitful collaboration between chief ministers of various provinces in Pakistan) can be adapted for polio eradication in the future. Dr Elias noted however that the closure of the Afghanistan/Pakistan border due to COVID-19 may help limit the spread of WPV1 and cVDPVs during the time of campaign pause. However, without the full SIAs schedule, as we come out of the low season, a large increase in cases may be expected within Pakistan. He also emphasized that the pause on activities may represent an opportunity for the programme, for instance to reset the fatigue and reputational damage the programme has suffered in Pakistan. The programme should work with countries to use this period of pause in campaigns to boost the positive community perception of the polio workforce, built through the

engaging of polio staff in COVID-19 response. This would help people understand what these workers do, not just for the final steps of polio eradication, but for the general public health and welfare of their country. Finally, Dr Elias commented that the new budget that will be developed in the context of COVID-19 should involve a firm re-evaluation of programme strategy and a hard look at programme governance and structure. Simply restarting pre-COVID-19 programme will not be the preference of donors.

- Michel Zaffran affirmed that country ownership and decisions on campaigns is the way the programme would ideally like to work. However, many countries may have initially underestimated the presence of COVID-19 in their populations. He cautioned that if the polio programme is seen as pushing campaigns at all costs, this might aggravate the pandemic and backfire not only on the polio programme, but on all immunization activities.
- Henrietta Fore favoured the term ‘pause’ over either ‘postponement’ or ‘suspension’. The programme should be prepared to resume operations country by country and avoid unnecessary centralization. She further noted the importance of retraining polio staff so they are equipped for COVID-19 response, and suggested that UNICEF puts together a team to work on a cellphone training course, to equip polio frontline workers with the necessary skills. Concerned about the potentially limited fundraising outreach opportunities open to engage Rotarians and other donors, Ms Fore asked the group to consider creating videos featuring polio workers talking about COVID-19 response. She emphasized that the time for a plan and a strategy for this is now. Regarding the post-COVID-19 recovery plan and strategy, she called for the group to think beyond vaccines to nutrition and general healthcare, as measures that would appeal to parents bringing their children for vaccination. Finally, Ms Fore encouraged POB members to talk to different audiences about how polio FLWs engage their skills to fight COVID-19, and requested the group consider how to maintain strong community-based surveillance, as this is one of the hallmarks of the programme.
- On nOPV2,
 - Chris Elias responded that nOPV development is still on track despite the pandemic. However, BioFarma, the company responsible for vaccine production, may yet be impacted by COVID-19 restrictions.
 - Michel Zaffran agreed that WHO will closely monitor the situation with COVID-19 in Indonesia, where Biopharma operations are. Mr Zaffran emphasized the need to monitor the nOPV2 initial use process. This is critical to be able to field test the vaccine.
 - Robert Redfield cautioned that the programme should not underestimate the potential for vaccine production complications.

The following action items are noted:

- **ACTION:** The POB unanimously endorsed the Strategy Committee proposals whilst noting their regret that these necessary measures must be taken. The group also noted that the “pause” is used to describe the current situation for SIAs and it is not a pause on eradicating polio.

- **ACTION:** GPEI to maintain high quality surveillance systems throughout the pause on activities, including, to the extent possible, community-based surveillance, to ensure that these networks are not lost.
- **ACTION:** GPEI to ensure the development of novel Oral Polio Vaccine type 2 is at full speed.
 - **ACTION:** GPEI to monitor the situation in Indonesia, where Biopharma has operations, and ensure rapid testing of the new vaccine at country-level.
- **ACTION:** GPEI to develop context-specific plans for resuming activities so that the programme is ready to rapidly scale up operations as soon as activities can be resumed. The plan should include integrated vaccine activities, nutrition and general healthcare.
- **ACTION:** GPEI to proactively develop communications updates and guidance for the donor community.
- **ACTION:** GPEI Hub to explore how innovations and commitment Pakistan has shown for COVID-19 should be carried over for polio eradication at the restart of the programme.
- **ACTION:** GPEI to re-evaluate the strategy and the governance structure, including a revision to the programme operations and budget.
- **ACTION:** GPEI to consider creating communication materials and a distribution plan to highlight the role of polio personnel in COVID-19 response.
- **ACTION:** UNICEF to develop a cellphone training course for polio frontline workers to learn about COVID-19 response.

3. GPEI Governance Update

Aurelia Nguyen gave POB members an update on the GPEI Governance Review.

- Following the donor statement at the POB in-person meeting in Abu Dhabi in November 2019, and after consultation with several donors, the Strategy Committee launched a process to evaluate whether the structure and governance of the programme is fit for purpose and understand from stakeholders if the governance arrangements are optimal for current risks and challenges.
- The GPEI developed a targeted review focusing on the key structures of the SC, FAC and the POB, looking at decision making, information sharing, risk mitigation strategies and planning. This review is intended to give recommendations for these three groups.
- A 47-question survey was provided to 150 stakeholders at all levels. This looked at interactions with the aforementioned management groups, their delivery and performance, and trust and fairness. The survey involved rating statements on a 1-5 scale, as well as some free text formats. 68 respondents provided over 500 written answers, and identified main areas of concern. These were further confirmed in a workshop with donors held on 12 February 2020:

- *Accountability for the decisions that are being made*
The participants wanted more clarity on when, where and how decisions have been made and on tracking implementation of decisions. They commented on poor information flow and unclear decision-making processes between various GPEI management structures.
 - *Country-level engagement*
Stakeholders felt that the SC and POB should be more engaged with regional and country offices in order to improve the effectiveness of the programme and address emerging challenges.
 - *Capabilities of the SC and POB*
The respondents would like the SC to have a stronger management arm to execute and implement decisions. POB engagement among agency heads needed to be more equal and they should advocate for a sense of urgency.
 - *Addition of the EMRO Hub*
Stakeholders expressed that GPEI should clearly define how the Hub fits into the current GPEI structure, in particular whether the structures that sit beneath the SC need to be re-evaluated in light of the position of the Hub.
- The next steps of the governance review process include targeted interviews of select stakeholders, followed by the second and last workshop with the donors that will take place virtually on 15 April 2020. A report with recommendations will come to the SC, and then to the POB in mid-May for consideration. The SC will hold a session with stakeholders to respond to the final set of recommendations and outline how the partnership is taking forward the actions and next steps.

The POB was requested to provide guidance on the following questions:

1. What are your thoughts on the feedback received so far?
2. How do you want to acknowledge to stakeholders that you have heard the feedback and are preparing to ensure that the changes are implemented?

The chair opened the floor for discussion, and the following key points were made:

- Henrietta Fore commended the quick launch of the review and the approach taken and noted that the recommendations were consistent. She suggested that the programme could implement easy management and structural changes immediately.
- Seth Berkley agreed that the review findings were consistent and needed serious attention. Following the COVID-19 response, there is likely to be additional pressure on GPEI governing bodies from the donors. The solution to management challenges isn't necessarily to put a donor on the POB. Rather, a stronger solution is needed. Dr Berkley gave an example of a similar process that has taken place in Gavi over the last few years, resulting in more effective management, risk assessments and accountability across Alliance partners and stakeholders.

- Michel Zaffran expressed the wish of Dr Tedros to seek input from regional and country levels to ensure they are heard in this discussion. There is a need to understand the situation in the countries better and for the POB to be more engaged at this level. Individually, POB members have visited the countries and had good interactions. The issue of strong management has been discussed a lot and Dr Tedros proposes that he would personally acknowledge the results of this survey when he meets bilaterally with some GPEI donors to reassure them that the programme takes it very seriously and is prepared to consider and implement recommendations.
- Mike McGovern welcomed the recommendations so far. It is clear that these issues need to be addressed. He would like to see the broader report, and fully agrees that transparency in programme decision making is important. Full donor engagement is especially important now, when decisions are more difficult and we will be looking to restart the programme. Mr McGovern further proposed to use available technology, to organize monthly or other regular sessions where donors could ask questions to the POB.
- Chris Elias acknowledged the high response rate that shows that people care and would like to see this programme succeed. The donors are committed, but they do not feel they get timely or transparent information, or the level of direct participation present in other forums. Dr Elias echoed Mr McGovern’s suggestion to use video platforms for effective communication. He proposed to link the revised strategy and budget to the governance discussion. A closer look at what can be improved in the Amman Hub is needed as well as reflection on whether a similar hub would be useful in Africa to ramp up cVDPV2 response.
- Aurelia Nguyen (Managing Director, Vaccines & Sustainability, Gavi) noted alignment from POB members. She referred to Ms Fore’s suggestion of introducing quick changes in some ‘low hanging fruit’ areas, that could include circulation of minutes or tightening the language on decision points. She also pointed out that trade-offs, such as between transparency and the speed for decision-making, will be further discussed at the workshop and will be tabled for further reflection with the SC. Finally, she acknowledged the potential need to look at deeper structural changes vis-à-vis official donor representation and decision making.
- Michel Zaffran confirmed that the POB Chair letter would include what has been discussed on this call, as related to COVID-19 as well as the governance review.
- Seth Berkley thanked Aurelia Nguyen for her team’s hard work on the review, which has been done over a short period of time and in addition to other duties.

The following action items are noted:

- **ACTION:** SC to identify ‘quick wins’ from the first workshop for immediate implementation.
- **ACTION:** Dr Tedros to personally acknowledge the findings of the survey in meetings with donors.
- **ACTION:** Update from this meeting to be included in Q1/2020 POB letter.
- **ACTION:** POB to further explore the idea of having regular virtual Q&A session with donors.
- **ACTION:** POB to consider linking the revision of the strategy and budget to the governance review.

The Chair thanked the participants and closed the meeting.