Meeting of the Polio Oversight Board (POB)
In-Person Meeting: Berlin, Germany
16 October 2024| 9:00 – 16:30 CET

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO, virtual); Mike McGovern (Rotary); Sania Nishtar (Gavi, virtual); Mandy Cohen (CDC); Martin Seychell (Donor Representative – EC, virtual); Omar Abdi, on behalf of Catherine Russell (UNICEF); Mike Ryan, on behalf of Dr. Tedros (WHO); Jalaa' Abdelwahab, on behalf of Sania Nishtar (Gavi)

Summary of POB Decisions

Topic	*POB Decisions*
GPEI Program Review	**Approved the GPEI Strategy Extension document and endorsed the tactical shifts set out for the extension period through 2029**
GPEI Dissolution	**Agreed the current timeline for GPEI dissolution needs to change (not dissolve at WPV1 as it stands in the 2017 PCS), and agreed to take the decision on the new milestone for dissolution in conjunction with finalizing the Post-Certification Strategy in Q4 2025**
GPEI Multi-Year Budget	**Approved the GPEI Multi-Year Budget of U.S. $6.9B for the 2022 – 2029 strategic period**
2025 GPEI Operational Budget	**Approved the 2025 GPEI Budget of U.S. $1.1B, noting the importance of prioritization to match available funding**
GPEI Gender Strategy	**Agreed to extend the GPEI gender strategy timeline to align with the GPEI strategy extension through 2029**
POB Executive Session	**Two decisions were taken at the POB Executive Session:** • **Agreed to add a seat on the POB for any donor contributing on average U.S. $100M or more per year to the GPEI** • **Agreed to extend the roles of Chris Elias as POB Chair and Mike McGovern as FAC Chair through the end of 2025**

Summary of Action Items

Action Point	*Owner*	*Timeframe*
Provide more detail on tactical steps and develop a quality improvement plan as part of the strategy extension	SC	By Q1 2025
POB to review and endorse the Post-Certification Strategy in Q1 2025	POB	Q1 2025 POB Meeting
Outline a timeline and process for conducting a GPEI governance review to inform current and future governance models	POB Secretariat	By Q4 2024

Outline a timeline and process for decision on GPEI Dissolution	POB Secretariat	By Q1 2025
Complete a 2025 budget prioritization framework once the 2025 cash gap analysis is complete	SC	Q4 2024
Outline solutions to bottlenecks in reporting on sex-disaggregated data across GPEI	SC	Q1 2025

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, Mike Ryan representing WHO, and Jalaa' Abdelwahab representing Gavi. He noted Dr. Tedros and Dr. Nishtar will join the meeting virtually for key discussions on the multi-year budget, the 2025 budget, and GPEI dissolution.

He also acknowledged the recent unexpected passing of WHO Polio Director and GPEI Strategy Committee Chair Aidan O'Leary. A brief video tribute was shared to acknowledge Aidan's tremendous contributions and honor his legacy.

GPEI Program Review and Strategy Extension
Presenters: Steven Lauwerier (UNICEF); Sir Liam Donaldson (IMB Chair)
The following was presented to the POB:

GPEI Program Review and Strategy Extension:

- GPEI operates in increasingly complex environments with active health emergencies and humanitarian crises in Gaza, Yemen, Sudan, Afghanistan, DRC, the Greater Horn of Africa, and the Sahel. Conflicts and logistical barriers continue to impact campaign operations in these regions.
- There has been a surge in cases of wild poliovirus (WPV1) in Afghanistan and Pakistan, and re-established transmission in historic reservoirs. Rising cases are concentrated along the southern corridor between the two countries, exacerbated by population movements due to Afghan resettlement programs. Environmental surveillance shows an increase in WPV1 detections since September 2023.
- In Afghanistan, the pause in all house-to-house vaccinations and switch to site-to-site vaccinations in September was a major setback. The program is focusing on making the current modality as effective as possible, and advocacy efforts are underway to potentially restore the house-to-house modality. Pakistan's "2-4-6" approach aims to reset and intensify polio eradication efforts to reverse the virological trends and interrupt transmission, with special attention on community engagement, mobile populations, and strengthened cross-border coordination.
- Consequential geographies remain key to stopping transmission of cVDPV2. The steady downward trend in cases since 2021 may be starting to slow, driven by the inability to bring the situation under control in Nigeria and the reestablished transmission in Northern Yemen. Vaccine shortages earlier in the year hindered expanded campaigns, as well as program management and operational deficiencies. Constraints in vaccine supply have been resolved and a second supplier, BioE, has been brought on board. Outbreak response priorities include

alignment of all actors behind a single national plan in Nigeria, support of all efforts to end active cVDPV1 and cVDPV2 outbreaks in DRC by the end of 2024, and implementation of phase 2 of the Health Emergency Extension Response in Northern Yemen.

- The first polio vaccination campaign in Gaza was a successful coordinated effort, reaching over 550,000 children within an active conflict zone through negotiated ceasefire hours, providing a potential model for operating in other conflict areas.
- Only eight cases of cVDPV1 have been reported in 2024, down from 134 in 2023. The program is on track to stop active outbreaks of cVDPV1 by the end of 2024.
- In July of this year, the POB approved the extension of the GPEI strategy through 2029 and is now asked to approve the strategy extension document which outlines the tactical shifts that will enable more effective implementation and accountability in the extension period. These tactical shifts include increased integration with routine immunization, enhanced advocacy, and focus on resolving operational challenges in critical geographies. Many of these tactical shifts align with recommendations from the recent IMB report.

IMB Recommendations:

- In 2023, the IMB conducted a mid-term review of GPEI's progress, identifying 20 risks that needed to be mitigated to interrupt poliovirus transmission. The most recent 23rd IMB report assesses progress on the mitigation of these risks, with the conclusion that many of these risks still persist.
- The report highlights continued risks in the endemic countries, where neither country fully owns polio eradication and efforts are hindered by transactional demands and community resistance. It also highlighted the challenges in Nigeria, urging an overhaul of the program there and stronger national ownership.
- The IMB recommendations underscore the importance of building local trust and mobilizing women in the workforce. Long-term community engagement is essential to address vaccine fatigue and resistance from communities that receive repeated door-to-door visits.
- The IMB urged a shift in strategy orientated toward immunity-building, advocating for sustained routine immunization as foundational for eradicating polio. Building strong uptake of IPV is also critical.
- Persistent inconsistencies in performance indicate the need for improved management across the program as well as the need to address a climate of fear in the program in Pakistan, which has led to false data. The IMB recommends stronger coordination with civil society organizations and implementing performance metrics to continuously improve campaign effectiveness and address access challenges.
- Rumors regarding non-sovereign donor exits after interruption of transmission are creating uncertainty, and it will be helpful to address this issue. All root causes, rather than only proximal causes, will need to be addressed in order to meet polio eradication goals.

<u>Requests of the POB:</u>

- How best can the POB engage to support efforts in Afghanistan, Pakistan, Nigeria, DRC, Yemen, and Sudan?
- Does the POB endorse the tactical shifts and priorities set out for the strategy extension period?
- Does the POB approve the GPEI strategy extension document?

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

- Chris Elias noted the comment on the uncertainty of non-sovereign donors and highlighted the Gates Foundation's sustained commitment to polio eradication. He emphasized that while the foundation remains committed, there is concern over significant reductions from sovereign donors, which limits both prevention and response activities. He also celebrated recent funding commitments from Canada, Saudi Arabia, and the European Commission, noting the need to continue to make the case for funding polio eradication.
- Mike McGovern affirmed Rotary's commitment to eradication but acknowledged the difficulty of maintaining funding as eradication timelines continue to shift. He emphasized the need for greater urgency and accountability in the program, highlighting the importance of integration with routine immunization efforts and Gavi. He expressed that while Rotary remains dedicated, stronger returns on investment are essential to ensure lasting protection for future generations. He also expressed concern around the lack of clear accountability, particularly in Afghanistan and Nigeria, where it remains unclear which entities are leading efforts to address ongoing challenges. He emphasized the need for urgent, actionable plans in these countries, and noted the positive impact of strong local leadership in DRC as a model for success.
- Ziad Memish (KSRelief) stressed the critical need for country ownership in polio eradication efforts, and noted caution that repeated campaigns can lead to vaccination fatigue and community resistance. He advocated for piloting IPV in targeted areas to improve immunity and work to bolster primary healthcare to support vaccination. He also highlighted the importance of culturally resonant messaging, recommending engagement with religious and cultural figures to promote vaccine acceptance.
- Martin Seychell, speaking for the donor community, expressed appreciation for the IMB's role and urged GPEI to address the IMB's recommendations with actionable details. He noted that key polio goals will likely be missed in 2024, which further pushes out the timeline for eradication and requires financial uplift. He emphasized the need for the development of a more effective campaign tracking system, stronger focus on integration and linkages to global health strategies like Gavi 6.0 and IA2030, and a strengthened accountability framework. He also noted that donors would like to see the GPEI develop a quality improvement plan grounded in root cause analysis to understand why current approaches aren't working and identify potentially innovations solutions.
- Mike Ryan underscored the importance of shifting from a purely vertical approach to a broader community protection model that prioritizes community needs and counters misinformation. He emphasized the value of working closely with CSOs, particularly in fragile, conflict-affected countries where health systems are under extreme strain. He advocated for a reset of the polio program's tactics to adapt to the evolving global landscape in order to finish the job. Lastly, he commended the collaborative effort behind the polio vaccination campaign in Gaza as an example of what can be achieved even in extreme conditions.
- Mandy Cohen echoed the need for adaptation, noting the importance of looking internally and examining what changes in tactics and management are needed. She highlighted the importance of holding the program accountable for areas within its control and stressed the urgency of implementing bold new tactics to meet current challenges effectively.
- Andi Fristedt (CDC) emphasized the importance of translating the IMB report and strategy extension into concrete actions with clear accountability triggers. She called for the Strategy

Committee to outline specific corrective actions for underperformance and urged GPEI to think beyond technical solutions by leveraging the collective influence of partner organizations. She also highlighted integration as essential for maximizing the impact of all investments, especially in preparation for a post-certification world.

- Omar Abdi acknowledged the program's recent progress in DRC, as well as ongoing challenges in Nigeria. He emphasized that in Afghanistan, polio eradication cannot be addressed in isolation from broader issues such as women's rights and girls' education. He also noted the issue of community fatigue in Pakistan, where repeated campaigns target the same populations, and encouraged strategies that focus more effectively on reaching missed children.
- Ina von Frantzius (BMZ) acknowledged the financial challenges facing donors, and underscored Germany's continued commitment to polio eradication despite budget constraints. She highlighted Minister Schulze's support as a GPEI gender champion and emphasized dedication to advocating for the role of women in polio eradication.
- Jalaa' Abdelwahab highlighted the need to look at IPV as an important tool in the eradication strategy. He suggested that performance management metrics for IPV could strengthen immunization efforts and support routine immunization coverage and encouraged extracting lessons from the Big Catch-Up initiative for sustained coordination and synergies.
- Ammar Abdo Ahmed (IsDB) expressed appreciation for the partnership with GPEI and highlighted the role of the Islamic Advisory Group in building vaccine confidence through religious leaders in the region. Additionally, he noted interest from member countries in producing polio vaccines locally to enhance trust. IsDB announced a $10 million grant to the Health Impact Investment Platform, in partnership with the African Development Bank and European Investment Bank, to support primary healthcare and childhood immunization initiatives.
- Clarisse Paolini (France) echoed the need to understand how the tactical shifts presented will be operationalized. She emphasized the importance of strengthened accountability, especially in a constrained budget environment, noting that clear accountability mechanisms will be essential to attract new donors and sustain current funding.
- Pavani Ram (USAID) commended the successful polio response in Gaza and emphasized the need for GPEI to examine what can be done differently to address operational issues to improve performance. She encouraged diversifying partners to reach populations that are most vulnerable and noted USAID's commitment to collaborative problem-solving.
- Hamid Jafari (WHO) noted the need to address root causes of failure to vaccinate and pointed to political and cultural challenges in areas like Northern Yemen and Southern Afghanistan, where access and local engagement require increased political and financial investment. In Pakistan, he highlighted deeper systemic issues such as a culture of fear within the Emergency Operations Centers and misaligned incentives, stressing the importance of addressing these foundational barriers to improve vaccination reach.
- Steven Lauwerier (UNICEF) responded that GPEI will work to implement the IMB recommendations, noting some constraints due to budget limits. He emphasized focusing on operational bottlenecks, with DRC serving as a model for using indicators and hands-on management. He also highlighted ongoing adaptations for fragile settings like Yemen and Sudan

and noted that while the Big Catch-Up's 45 million doses mark a valuable start, it is a gradual process to reach bigger impact and will require sustained coordination to achieve broader reach.

- Chris Elias highlighted the upcoming November visit to Afghanistan and Pakistan with the Regional Directors and senior representatives from Saudi Arabia and Qatar, noting the delegation will be small to minimize program disruptions. He also proposed a POB visit to Nigeria in late February once the new AFRO Regional Director is in place. He highlighted the Afghanistan Legacy Challenge to address broader health needs in Afghanistan, and noted the upcoming Afghanistan and Pakistan Health Dialogue meeting that Qatar is hosting in December to bring together Ministers from both countries to discuss shared concerns and health needs.

Decision:

The POB approved the GPEI Strategy Extension document and endorsed the tactical shifts set out for the extension period through 2029.

Post-Certification Strategy Update

Presenter: Suchita Guntakatta (BMGF)

The following update was presented to the POB:

- The Post-Certification Strategy (PCS) team, co-led by BMGF and WHO on behalf of the GPEI, comprises ten working groups focused on technical and operational areas, including bOPV cessation, surveillance, transition, cost estimation, and communications. A draft of the PCS document was distributed to stakeholders for review at the end of September with request for feedback by 1 November.
- The previous PCS timeline was developed in 2017, and updates include the changes that need to be considered as the two eradication strategy goals are now on different timelines. The updated timeline includes key milestones for all poliovirus elimination and bOPV cessation, which will be governed by triggers endorsed by SAGE, including certification of WPV1 and cVDPV2 elimination, no persistent circulation of cVDPV1 & 3 longer than six months, sufficient stockpiles of polio vaccines, and all countries must have established two dose IPV in RI schedules for a minimum of two years prior to cessation. The team is also reviewing lessons learned from the 2016 tOPV to bOPV switch to determine what other mitigating factors need to be considered.
- The key goals of the PCS remain the same: to protect populations, detect and respond to any poliovirus, and contain polioviruses in laboratories, vaccine manufacturing, and other facilities. The main epidemiological risks during the PCS period include VDPV emergence leading to cVDPV outbreaks, community spread of iVPDV viruses and spread from containment breaches. The PCS proposes mitigation strategies to address risks over each of the three strategic phases: pre-cessation, post-cessation, and post-certification.
- A new governance and accountability chapter outlines core principles to ensure continuity, clarity on roles and accountability, readiness, and realistic transition timelines. There are four proposed governance models ranging from fully centralized to fully decentralized structures, with feedback on these models requested to ensure effective oversight following GPEI dissolution. Member state accountability and technical oversight and monitoring will be needed regardless of which partnership model replaces GPEI.

- Following a series of stakeholder consultations, a finalized PCS document, inclusive of a cost estimate, is planned for endorsement by the POB in Q1 2025, aiming for WHO Executive Board review in Q4 2025 and noted at the 2026 WHA.

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

- Sir Liam Donaldson (IMB Chair) raised key considerations for the bOPV withdrawal process, cautioning against optimism bias and underscoring the need to address cultural and decision-making factors, as well as lessons learned from the tOPV to bOPV switch. He also highlighted the importance of involving future program owners, stressing the need for increased country capacity to maintain polio functions post-transition.
- Martin Seychell noted that donors would like to see the strategy outline specific steps for transitioning GPEI from a vertical model to one where key functions would be deconcentrated across different agencies. He highlighted that donors oppose establishing a new organization to manage the PCS period and advised a clearer distinction in the draft PCS between the post-certification vision and the transition steps required to achieve it. Lastly, he emphasized linking PCS to other health strategies and noted the importance of strengthening primary healthcare to maintain high immunity levels against polio.
- Pavani Ram (USAID) emphasized the need for active country involvement in developing the PCS, stressing that country readiness is essential for effective implementation. She underscored the need to think about PCS from the lens of a global health emergency and highlighted the importance of population immunity as a critical trigger for the PCS period.
- Andi Fristedt (CDC) highlighted the importance of considering the right timing for GPEI's transition to ensure eradication goals are met. She emphasized the need for detailed joint accountability measures and to clearly outline the risks in eventually moving to a decentralized structure. Lastly, she stressed the importance of preparing future program owners effectively, given the condensed timelines.
- Jalaa Abdelwahab flagged that PCS success will rely on country ownership, resources, and effective governance. He recommended a smaller, more agile oversight structure than the Gavi board for future governance, looking at the Measles and Rubella Partnership under IA2030 as a potential model. He also highlighted looking at hexavalent and the potential risk if Gavi's IPV co-financing were to end, suggesting that these risks be articulated as part of the PCS.
- Ina von Frantzius (BMZ) suggested renaming the PCS to improve clarity for communication purposes and emphasized the ongoing need for country and institutional ownership post-certification.
- Mike Ryan cautioned against assuming other entities are prepared to take over polio responsibilities post-certification, drawing parallels to smallpox, where minimal resources have maintained containment. He underscored the need for sustained commitment and realistic planning to prevent gaps that could pose future public health risks.

GPEI Dissolution

Presenter: Chris Elias (BMGF)

The following overview was presented to the POB:

- In 2017, the POB decided to dissolve the current GPEI partnership at WPV1 certification. The current epidemiological changes require a shift, as the timing of the two goals have diverged and cVDPV2 elimination is now projected later than WPV1 certification.
- There are three potential milestones for GPEI dissolution: elimination of cVDPV2, bOPV cessation, or certification of all poliovirus types. Setting a timeline is crucial to allow future program owners sufficient time to build capacities, budgets, and strategies for post-GPEI functions and ensure a sustainable transition. The question for the board is whether a new dissolution timeline needs to be decided today or if this happens at a future date. The decision must be made prior to submission of the PCS to the WHO Executive Board in Q4 2025.

The following observations and questions were raised:

- Sir Liam Donaldson (IMB Chair) noted the need for a formal global entity to oversee the post-GPEI phase, cautioning that devolving responsibilities solely to existing agencies may undermine donor confidence. He stressed that ongoing accountability at a global level is essential for securing sustained donor investment and ensuring effective performance management.
- Martin Seychell conveyed that donors agree the decision on GPEI dissolution needs to be reconsidered, but there is currently no consensus on the precise timing or nature of dissolution and donors would recommend deferring this decision until a broader consensus can be reached. He requested the Secretariat propose a timeline and process for coming to a decision on dissolution. He noted that donors do agree that GPEI should continue as long as a global institution of any kind is needed and do not wish to see the establishment of a new institution. Lastly, he suggested a partnership governance review to ensure GPEI institutional arrangements remain fit for purpose.
- Mike McGovern agreed on deferring the GPEI dissolution decision until a later date, emphasizing the need for further consultation to establish a clear, actionable plan. He noted that while immediate decisions may not be necessary, it is important to set a definitive path toward sunsetting the organization.
- Andi Fristedt (CDC) agreed with taking the GPEI dissolution decision at a later date, noting we will need to maintain GPEI's structure at least until WPV and cVDPV2 are eradicated. She highlighted the risk around political will in terms of dissolving the GPEI too early, and the need to clearly articulate the changes and maintain a strong partnership to ensure eradication is met and sustained. She also stressed the importance of a clear and actionable exit plan, even without a final dissolution date.
- Sania Nishtar agreed on the need to revise timelines without setting a specific date yet. She also flagged the importance of institutionalizing polio vaccination into the EPI program as part of the planning and leveraging the synergies with RI at the country level.
- Dr. Tedros agreed with previous comments on deferring the dissolution decision and emphasized the value of continued consultations to determine the best path forward.
- Omar Abdi agreed to hold off on the dissolution decision until 2025 and encouraged discussion on the topic as part of the PCS consultations with Member States.
- Chris Elias proposed deciding on GPEI dissolution in alignment with the finalization of the PCS strategy, noting the decision must be taken in 2025. All POB members agreed.

Decision:

The POB agreed that the current timeline for GPEI dissolution at WPV1 certification needs to change and agreed to take the decision on the new milestone for dissolution in conjunction with finalizing the Post-Certification Strategy in Q4 2025.

GPEI Multi-Year Budget

Presenters: Sona Bari (WHO); Simmi Sharma (WHO)

The following update was presented to the POB:

- Available funding and pledges for the 2022–2026 period total U.S. $3.8 billion against a multi-year requirement of U.S. $4.8 billion, and it is estimated that an additional $930 million could be raised through 2026 if donors maintain historical contributions. The GPEI estimates that $700 million annually could be mobilized for the 2027 – 2029 extension period, however no funding commitments have been made for these years. The highest risk is in the next two years, with projected contributions significantly lower than the budget requirement in the revised multi-year budget.
- In July, a 2022 – 2029 extended multi-year budget of $6.6 billion was presented to the POB, and concerns were raised around the sufficiency of funding for preventive campaigns. The revised multi-year budget now includes increased allocations for population immunity-boosting activities, with additional adjustments since July to reflect 2024 budget increases for endemic and outbreak response, as well as updated projections that replace previous 2025 assumptions. The revised multi-year budget totals $6.9 billion. This budget sustains high campaign activity for both endemic countries until expected interruption in 2025, and surveillance efforts through certification. For outbreaks, the budget supports aggressive response activities until interruption in 2026, followed by a rapid decrease, leaving funding primarily for potential cVDPV1 and cVDPV3 responses. The budget does not include costs related to post-certification activities such as stockpiles and bOPV pre-cessation campaigns. These costs will be outlined in the revised post-certification strategy.
- Securing funding for 2025 and 2026 is critical to the program's success as these years are essential for demonstrating programmatic progress and achieving eradication goals. Prioritizing flexible and sustained funding in this period will help mitigate risks and build support for the remainder of the strategic period.

Requests of the POB:

- Does the POB approve the GPEI Multi-Year Budget of $6.9 billion for the 2022 – 2029 strategic period?

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

- He noted the FAC endorsed the proposed multi-year budget and stressed the importance of prioritization given funding uncertainties for 2025 and beyond. He emphasized the need for accountability in spending and finding efficiencies to ensure we can meet essential program needs with limited resources.

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

- Martin Seychell noted donor support for the multi-year budget and the additional funding for population immunity building activities. He requested a comprehensive view of costs, including the PCS and non-FRR resources to ensure value for money and help donors make the internal justification for continued funding. He also encouraged GPEI to explore synergies and cost-sharing with other programs.
- Mandy Cohen endorsed the proposed multi-year budget, noting appreciation for the increased emphasis on preventive efforts.
- Dr. Tedros endorsed the multi-year budget and highlighted the importance of program progress to build donor confidence. He underscored the importance of dynamic budgeting to ensure unused funds are rapidly redirected to where they are needed most to optimize available resources.
- Sania Nishtar expressed approval of the revised multi-year budget and acknowledged the critical balance needed to align program ambition with financial realities. She appreciated the added allocation for population immunity-boosting activities and noted the need to maximize efficiencies and maintain the agility to adapt to challenges as they arise.
- Omar Abdi endorsed the multi-year budget, emphasizing efficiency, value for money, and the importance of flexibility. He thanked both long-standing and new donors for their support.
- Chris Elias voiced support for the revised multi-year budget and acknowledged the challenging funding environment due to reductions in global ODA. He highlighted the importance of demonstrating program success to support resource mobilization, citing achievements in Gaza, DRC, and YB3C elimination. He also emphasized the urgency of early disbursements for 2025–2026 to address the looming cash gap and sustain momentum.

Decision:

The POB approved the GPEI Multi-Year Budget of U.S. $6.9B for the 2022 – 2029 strategic period.

GPEI 2025 Budget and Funding
Presenter: Simmi Sharma (WHO)
The following update was presented to the POB:

- The proposed 2025 operational budget is set at U.S. $1.1 billion, following extensive consultations with key program groups and the Strategy Committee to align priorities with GPEI's goals. This budget reflects adjustments based on cost drivers, implementation capacity, and incorporating the cash reality through robust prioritization. Given the constrained funding landscape, the budget employs a tiered framework, prioritizing critical activities in priority one and allocating resources to lower-priority activities as funds become available. This approach aims to maintain flexibility and allow for responsive adjustments throughout the year.
- The proposed 2025 budget incorporates reductions from initial program requests, with cost-saving measures to right-size and prioritize needs for all budget categories. A prioritization framework will be finalized in the coming weeks to help allocate resources effectively in response to real-time needs.

- Estimated funding for 2025, including new pledges and projected carry-forward, totals approximately $950 million. However, anticipated funding shortfalls in the first half of the year highlight the importance of early disbursements and dynamic budgeting to mitigate risks.

Requests of the POB:

- Does the POB approve the 2025 GPEI operational budget of $1.1 billion with the understanding that a prioritization framework will be developed once the cash gap is available?

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

- The FAC endorsed the 2025 GPEI budget, with a request for engagement as prioritizations are made since this will be critical to match program ambition to available funding. The FAC also underscored the importance of finding efficiencies to ensure effective use of funding.

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

- Sania Nishtar approved the 2025 GPEI budget and encouraged exploring integration opportunities for bOPV and other campaigns.
- Andi Fristedt (CDC) expressed support for the 2025 budget but noted concern around the sufficiency of the outbreak response line. She emphasized the need for a strong prioritization framework and careful monitoring to ensure adequate resources, particularly for preventive rounds. She also highlighted the importance of managing the Pakistan budget closely, with offsets needed to address any emerging needs.
- Martin Seychell expressed donor support for the 2025 budget, appreciating the investment in gender programming. He encouraged disbursement to countries in support of rapid outbreak response, as well as ensuring clear guidelines for managing overspend, particularly in Pakistan. He also highlighted that a focus on quality assurance could save money in the longer term.
- Dr. Tedros endorsed the 2025 budget, acknowledging the extensive work behind the rightsizing and prioritization process. He emphasized the importance of continued prioritization, especially if funding constraints intensify, to ensure essential program needs are met.
- Omar Abdi endorsed the 2025 budget on behalf of UNICEF.
- Pavani Ram (USAID) highlighted the limited immediate allocation in the budget for population immunity-building despite its importance to eradication efforts and suggested further discussion to clarify the strategy and what actions can be taken with available resources.
    - John Vertefeuille (CDC) noted that the preventive budget follows a risk-based strategy, with annual campaign planning based on population immunity assessments. He flagged that while preventive efforts are prioritized, endemic transmission interruption, outbreak response, and surveillance remain top funding priorities.
- Hamid Jafari (WHO) discussed efforts to address budget discipline in Pakistan, where spend has sometimes been driven by political factors. He highlighted that achieving significant cost reductions, such as in community-based vaccination, will require clearly outlined expectations and commitment from the government.

- Dan Walter (WHO) addressed timely funding for outbreak response, noting that GPEI now ensures funds are available within 48 hours of campaign approval. With recent vaccine supply issues resolved, he noted the program can expect more timely outbreak responses next year.
- Mandy Cohen acknowledged improvements in rapid funding mobilization at the global level for outbreak response but flagged the need to accelerate this process at the country level in Africa. She expressed appreciation for Dr. Tedros's leadership in this area, noting the importance of doing as much as possible to speed up this process.
- Chris Elias endorsed the 2025 budget, highlighting prioritization as a key management tool considering potential funding gaps. He reiterated the need to frontload disbursements in order to meet the ambitious eradication timelines. Regarding the speed of outbreak response, he noted improvements in supply security with a second manufacturer and increased capacity.

Decision:

The POB approved the 2025 GPEI Budget of U.S. $1.1B, noting the importance of prioritization to match available funding.

GPEI Gender Strategy Update

Presenter: Lubna Hashmat (WHO)

The following update was presented to the POB:

- On behalf of the Gender Mainstreaming Group (GMG), an update was shared on GPEI's gender strategy, informed by partner contributions, country visits, and survey data. Local gender norms around access and decision-making are fundamental barriers impacting polio vaccination acceptance and access to missed children. Gender-specific interventions targeting these barriers have the potential to be transformative for the program. Achieving meaningful change requires moving beyond symbolic gender efforts to implement data-driven interventions and expanding the collection of sex-disaggregated data. This data is essential for identifying specific access issues by gender, allowing GPEI to concentrate efforts where they are most needed.
- Gender analyses are underway in seven countries, with gender-specific interventions active in seventeen countries. Gender considerations are now embedded in critical planning documents, such as National Emergency Action Plans and Surveillance Action Plans, and the voices of female frontline health workers have been captured to address challenges. Additionally, training sessions are planned to look at gender-responsive programming across GPEI partners.
- There is progress on building supportive leadership and systems for gender-responsive programming, including the GMG's role in coordinating gender focal points across partners and the impactful work of the Gender Champion Initiative. Key performance indicators have been introduced to track gender-responsive programming but challenges persist, particularly around the safety and timely compensation of female frontline health workers in high-risk areas. Though there is increasing representation of females in the EOCs and international GPEI surge teams, there is more work to do in moving GPEI closer to gender parity and increasing women's participation at all levels of the partnership. Visibility and presence of female frontline health workers is increasing, and the program recognizes the importance of their role for increasing access.
- To address community-level challenges, GPEI has launched targeted initiatives, including mobilizing male community leaders, supporting female health worker safety, creating mother

support groups, and developing gender-specific educational materials. Key challenges for the program include a weak broad-based understanding of the significance of gender integration for the success of the polio program across teams, and the unavailability of sex-disaggregated data of missed and zero-dose children.

Requests of the POB:

- Extend the timeline of the GPEI Gender Equality Strategy in alignment with the extension of the broader GPEI strategy.
- Hold the program accountable for reporting and acting on gender-specific inequities for the success of the polio program.
- All POB Members who serve as gender champions oversee accountability for the implementation of the gender strategy and sex-disaggregated data of missed, zero-dose children.

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

- Mike McGovern noted that available data shows near-equal vaccination coverage of male and female children and inquired whether this balance might differ in areas where the data isn't available.
- Omar Abdi voiced support for extending the gender equality strategy to match the program's timeline and recommended that the Strategy Committee address bottlenecks in reporting and identify concrete solutions to address the issues with sex-disaggregated data.
- Hamid Jafari (WHO) stressed the importance of framing gender-related efforts through a programmatic lens rather than a gender lens, to prevent perceptions of social engineering that would hinder program progress. He noted that local teams are already aware of social dynamics affecting vaccination, even if not labeled as gender issues, and recommended refining the strategy to identify and address these barriers within the context of program goals.
- Jalaa Abdelwahab emphasized the importance of sex-disaggregated data, noting that while AFP data can provide interim insights on gender discrepancies, direct data on missed children remains critical. He thanked the presenter for highlighting persistent issues with timely payments to frontline workers and expressed concern that this challenge remains despite efforts to address it. He also noted Gavi's health system strengthening strategy, which includes gender equity elements, and looked forward to leveraging Dr. Nishtar in her role as a gender champion to further these goals.
- Sir Liam Donaldson (IMB Chair) expressed discomfort with limiting gender equity discussions to polio objectives alone, as it might sideline broader rights for women and girls. He also inquired about the prevalence and scope of gender-based violence within the program, citing past reports of violence against women for permitting vaccinations. Lastly, he asked what strategies could effectively mobilize female health workers in highly conservative communities, particularly noting the unique gender dynamics within Pashtun communities, which account for a significant proportion of polio cases.
- John Vertefeuille (CDC) supported extending the gender strategy to align with GPEI's timeline, acknowledging the significant structural barriers to gender equity in polio-endemic regions. He appreciated the presentation's focus on gender-related impediments to vaccination efforts and

asked how the program can effectively balance addressing broader gender issues with achieving eradication goals.

- Ziad Memish (KSRelief) emphasized the importance of addressing social, cultural, and religious barriers in polio vaccination, noting particularly in Muslim regions where gender norms limit female interactions with male health workers. He suggested increasing female workforce representation and exploring options such as all-female vaccination teams or designated female-only vaccination days. He also noted the need to quantify the impact of these barriers on vaccination rates to ensure targeted solutions, and he encouraged leveraging local insights for culturally appropriate approaches.
- Pavani Ram (USAID) commended the work done to date, highlighting that these issues often stem from power dynamics and vary by context. She supported the extension and mainstreaming of the gender strategy within GPEI, emphasizing the need for place-specific approaches. She asked for additional details on translating the strategy into action and how to integrate this into the day-to-day work happening at the country and community levels.
- Mike Ryan highlighted the global challenge surrounding gender-responsive programming, noting that it sparked significant debate at the World Health Assembly. He underscored the need for a rights-based approach within GPEI, advocating that gender equity in health access is non-negotiable. He also stressed the importance of collecting sex- and age-disaggregated data as a fundamental requirement.
- Ammar Abdo Ahmed (IsDB) underscored the need for a sustainable model to retain female health workers within health systems, even after polio program support is withdrawn. He suggested institutionalizing these roles through partnership with the governments to ensure continued support for female health workers.
- Lubna Hashmat (WHO) responded that GPEI's gender strategy must be responsive to local gender norms, with tailored approaches for different contexts. She stressed that collecting sex-disaggregated data on missed children is essential for accurately identifying vaccination barriers and targeting interventions. Drawing on extensive field experience, she identified major gender barriers, such as male decision-makers influencing vaccination in Pashtun communities, cultural norms that restrict male vaccinators from accessing female children in some areas, and protective practices that limit vaccination for male children (the "golden child" concept). This data is vital to address these gender-specific barriers effectively to ensure coverage.
- Chris Elias supported extending the gender strategy to 2029 and emphasized the importance of addressing security and career stability for female frontline workers. He highlighted the need for specific, contextual solutions to ensure worker safety in high-risk areas like South KP, where violence is increasing. He also noted the need to support frontline workers' career development beyond polio, based on insights from the recent listening project in Pakistan.

Decision:

The POB agreed to extend the timeline of the GPEI gender strategy to align with the GPEI strategy extension through 2029.

AOB

The following updates were shared at the meeting:

- The Chair outlined decisions made at the POB Executive Session dinner the previous evening:
    - **The POB agreed to add seats to the board for donors contributing on average U.S. $100 million or more per year.** This decision was taken after individual consultation with each of the POB members, as well as collective discussion at the POB executive session dinner. Additionally, after consultation with the donor community, the POB donor representative provided written input that was read to the POB at the executive session dinner. The donor feedback included the request for a review of GPEI governance, and the POB agreed to this as an action item for 2025.
    - **The POB agreed to extend the roles of Chris Elias as POB Chair and Mike McGovern as FAC Chair through the end of 2025.**
- An update was shared on the recruitment process for the WHO Polio Director. The process has been fast tracked, and a panel is in place to review candidates once the posting closes in a few weeks. A decision is expected by the end of the year.

Closing Remarks

The Chair thanked the attendees for their dedication and for joining the in-person meeting. Mike McGovern expressed appreciation to the POB Chair for his efforts and leadership in polio eradication.