

Meeting of the Polio Oversight Board (POB)

10 December 2025 | 6 :00 – 8 :30 PST | 15 :00 – 17 :30 CET
Virtual Meeting

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, GF); Sania Nishtar (Gavi); Mike McGovern (Rotary); Tedros Adhanom Ghebreyesus (WHO); Omar Abdi (UNICEF); Ziad Memish (KSA); Cecile Billaux (EC); Sean Kaufman (CDC)

Summary of POB Decisions

<i>Topic</i>	<i>POB Decisions</i>
GPEI Evolution	The POB agreed to table the decision on GPEI partnership evolution, noting differing views among members. The decision will be revisited closer to key eradication milestones rather than in the immediate term.

Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
Request routine inclusion of sex-disaggregated data in program presentations to global and regional technical and governance bodies.	SC	Q1 2026
Continue POB-level advocacy on the importance of women’s meaningful participation at all levels of the polio program.	POB Members	ongoing

Opening Remarks

The POB Chair welcomed participants and noted that this meeting marked his final meeting as Chair, congratulating Mike McGovern as the incoming Chair of the Polio Oversight Board effective January 1st, 2026. He welcomed Sean Kaufman representing the U.S. CDC, and Cécile Billaux representing the European Commission and the donor constituency.

He highlighted positive momentum following the recent GPEI pledging event in Abu Dhabi, where donors committed US\$1.9 billion, including approximately US\$1.2 billion in new pledges, significantly

reducing the remaining resource gap under the 2022–2029 strategy. He thanked the MBZ Foundation for Humanity for hosting the event.

Update on GPEI Gender Mainstreaming

Presenter: Lubna Hashmat (WHO)

The following update was presented to the POB:

- Gender-responsive interventions have demonstrated clear impact in reducing missed and zero-dose children, with evidence showing that the inclusion of women frontline workers, use of sex-disaggregated data, and tailored community engagement strategies improved access and coverage. These gains remain vulnerable to political, security, and operational constraints.
- Country examples underscored how gender norms shape vaccination outcomes: in Afghanistan, women vaccinators enabled household access and reduced missed children, while in Nigeria, sex-disaggregated data informed targeted strategies— including engagement of fathers— to address refusal patterns and improve routine immunization and coverage.
- Progress was made in improving support for frontline health workers, with examples from Pakistan, Sudan, and Yemen. Interventions focused on providing identity cards, improving basic amenities at trainings and team support centers, establishing frontline worker hotlines, engaging trusted women and religious leaders to counter misinformation, and mobilizing communities through volunteers, contributing to improved access, community acceptance, and campaign performance.
- The program has continued to build gender competencies across AFRO and EMRO through targeted trainings, and has continued the Gender Champion Initiative, including the introduction of Madam Ayesha Raza Farooq as a national gender champion in Pakistan to advocate for gender equity within the program.
- Priorities for 2026 include a systematic review of missed and zero dose children in Pakistan, Afghanistan, and Nigeria, need-based technical assistance to countries for gender specific interventions, and clear articulation of how gender mainstreaming contributes to eradication outcomes.

Requests of the POB:

1. Request all program presentations by countries and regional colleagues to global and regional technical and program bodies/ committees present data disaggregated by sex.
2. Request POB advocacy on the importance of meaningful participation of women at all levels of the polio program.

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

- Chris Elias thanked the Gender Mainstreaming Group for the comprehensive update and welcomed the continued expansion of the Gender Champion initiative. He underscored the importance of routine sex-disaggregated data, highlighted contrasting progress in eastern Afghanistan compared to continued challenges in the south, and expressed appreciation for efforts to improve working conditions at team support centers in Pakistan in response to feedback from female frontline workers.

- Omar Abdi emphasized the critical role of gender mainstreaming in reaching missed and zero-dose children, expressed UNICEF’s support for both asks presented, and highlighted the importance of maintaining financial support for gender mainstreaming activities in 2026 and beyond.
- Cécile Billaux expressed strong donor support for the gender mainstreaming strategy, underscoring the importance of sex-disaggregated data, and confirmed donor agreement for the recommendations outlined in the presentation.
- Sean Kaufman shared appreciation for the efforts of frontline health workers. He emphasized the importance of culturally sensitive approaches and affirmed CDC’s support for strategies that enhance operational effectiveness and ensure vaccination teams can safely and reliably reach every child.
- Mike McGovern noted Rotary’s agreement with the requests to the POB and appreciation for the work of the Gender Mainstreaming Group. He also encouraged the use of the most recent data trends in future presentations to support informed POB decision making.
- Hanan Balkhy (WHO) noted that lower immunization rates among boys in some contexts reflect lack of trust and misinformation and highlighted the need for stronger efforts to dispel myths and build trust within communities. She also underscored the importance of continuing to use sex-disaggregated data to inform responses.
- Sania Nishtar expressed support for the asks presented, emphasizing the importance of systematically using sex-disaggregated data and reiterating the need for continued advocacy to promote meaningful participation of women at all levels of the polio program.
- Jamal Ahmed (WHO) conveyed WHO’s strong support for the use of sex-disaggregated data at multiple levels while taking cultural sensitivities into account, acknowledged progress in eastern Afghanistan alongside continued challenges in the south, and encouraged focused support for workstreams targeting high-risk areas with persistent transmission.

IMB and TIMB Recommendations

Presenter: Sir Liam Donaldson, IMB/ TIMB Chair

The following update was presented to the POB:

- The most recent IMB report outlines three interlinked domains shaping the remaining challenges to polio eradication—technical and epidemiological factors, geopolitical constraints, and human factors related to leadership, workforce behavior, and community trust—emphasizing that progress depends on addressing all three together rather than relying primarily on technical solutions.
- Performance across campaigns and countries remains uneven, reflecting persistent gaps between strategy and implementation, including limited accountability for results with resources continuing to flow regardless of performance, and insufficient use of systematic quality-improvement approaches. There have been areas of progress, including stronger performance in the DRC and recent epidemiological improvement, but there are continuing challenges in Pakistan, Afghanistan, and Nigeria, as well as underlying weaknesses in routine immunization, outbreak readiness, and containment.
- The recommendations highlight the need to strengthen country ownership and accountability, including through enhanced regional engagement and peer accountability mechanisms, while

maintaining global oversight. They call for revisiting financing approaches to support modern performance management that incentivizes improvement without penalizing high-risk settings. They also emphasize integration as a core strategy, including closer involvement of immunization leadership in Strategy Committee discussions to address persistent siloing between polio and routine immunization.

- Additional recommendations emphasize accelerating IPV use to reach zero-dose children in low-immunity areas, strengthening strategic responses to vaccine hesitancy, faster scale-up of direct detection technology, deeper engagement of civil society organizations, and the need to address surveillance and containment challenges in fragile operating environments.

Jamal Ahmed, Strategy Committee Chair, outlined the following GPEI response to the IMB/ TIMB recommendations:

- He expressed GPEI’s support for stronger regional ownership and accountability, while emphasizing that accountability should continue to rest at country level and that approaches must differ across regions. He noted that the Financial Accountability Committee will undertake a broader assessment of funding streams across all donors to inform program adjustments, and that while the direction of performance-based approaches is supported, implementation must be tailored to highly challenging national and subnational contexts. He highlighted ongoing work to strengthen subnational accountability and monitoring through targeted country action plans, acknowledged progress on integration with Gavi and expanded IPV use in campaigns, and underscored that delivery remains uneven in high-risk areas. Lastly, he noted the GPEI written response was included in the meeting materials and that further dialogue with the IMB will continue to ensure the spirit of the recommendations is addressed through concrete follow-up. A response to the more recent TIMB report is forthcoming.

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

- Omar Abdi emphasized that current approaches alone will not resolve remaining challenges and suggested piloting new ideas in selected contexts.
- Cécile Billaux noted that donors are open to exploring the recommendations on performance and financing, emphasizing that any such approaches should be tailored by country and subnational context and focused on concrete actions. She underscored the importance of strong surveillance to understand where the program stands and highlighted the importance of continued campaign integration. She also suggested exploring ways to share more strategic, forward-looking information with donors to better support decision-making, and raised the need to reflect carefully on the balance of attention and resources between outbreak countries and endemic countries.
- Sean Kaufman emphasized the need for clear and consistent accountability from global leadership down to local implementation.
- Sania Nishtar underscored the need for a fundamental rethink of the program to address the remaining challenges to eradication, noting that integration is one important dimension of that effort. She pointed to Gavi’s engagement through joint Board mechanisms, integrated campaigns, and Gavi Board approval of IPV and hexavalent vaccines as protected programs, while noting ongoing challenges related to country-level program structures.

- Ziad Memish emphasized the value of introducing novel ideas to address persistent challenges, and noted that several IMB recommendations have already advanced, including engagement with the Gavi Board, expansion of IPV and multi-antigen delivery, and efforts to strengthen surveillance and improve campaign quality. He cited intensified efforts in Pakistan to improve campaign quality and questioned how best to engage decision makers in Afghanistan.
- Hanan Balkhy described sustained EMRO engagement on polio, including increased political and diplomatic efforts, and highlighted progress on integration at the regional level while emphasizing the need to embed polio within broader health priorities in Afghanistan to support access, trust and sustained engagement.
- Chris Elias underscored the value of the IMB in consistently surfacing core program challenges, including performance, accountability, quality, and integration, and noted the need to translate these themes into concrete, context-specific actions in priority geographies, particularly in a constrained funding environment. He highlighted Afghanistan as a setting where translating high-level recommendations into practical action remains particularly challenging.
- Sir Liam Donaldson welcomed continued dialogue with the GPEI and noted that Afghanistan continues to face challenges from parallel power structures, which he identified as a fundamental issue complicating clear accountability and program delivery.
- Dr. Tedros outlined ongoing political outreach to Afghanistan’s de facto authorities, including preparations for a potential visit to engage senior leadership on issues critical to eradication progress, and referenced the recent Abu Dhabi pledging event as a positive signal of continued commitment.

GPEI Governance Review Recommendations

The POB Chair shared the following update:

- The POB held a special session in November to take decisions on the governance review recommendations presented at the September POB meeting. The review assessed the effectiveness of governance structures, accountability, and decision-making, with the aim of identifying practical reforms to improve efficiency, transparency, and agility. Feedback from the FAC, SC, and donors informed the Board’s decisions.
- On POB-related recommendations, the Board endorsed the proposal to more routinely invite country representatives to attend POB meetings to strengthen engagement and agreed to continue the single rotating chair model for the POB.
- On FAC-related recommendations, there was broad agreement on the need to strengthen accountability and clarify roles, but limited support for expanding the FAC’s remit as proposed. The POB agreed to broaden responsibilities to include providing formal input on the governance review and IMB recommendations, reporting back to the POB. There was also strong support for empowering the FAC to play an earlier and more active role in budget development.
- On the SC recommendations, the board agreed to retain the strategy committee “as is” with key changes to clarify the SC’s strategic and operational functions. The SC will adopt clear, separate streams of discussions for strategy and operations to ensure focus on critical risks and decisions without adding unnecessary complexity or new structures. WHO will continue as SC Chair for the time being, with this arrangement to be revisited in six months. The Board also agreed to

extend standing invitations to the WHO and UNICEF Immunization Directors to strengthen integration with immunization efforts.

- The Board agreed to merge the Independent Monitoring Board (IMB) and the Transition IMB.
- A formal POB response to the governance review recommendations is posted on the GPEI website, and an implementation plan is being developed to operationalize the agreed changes.

No comments or questions were raised.

GPEI Evolution

The POB Chair outlined the following context:

- In 2017, the POB took a decision to dissolve the GPEI partnership at certification of a polio-free world, at a time when global certification was understood to apply to all poliovirus types and widespread cVDPV outbreaks had not yet emerged.
- The eradication context has since changed, with vaccine-derived poliovirus now likely to represent the final eradication challenge, and the discussion has shifted to evolving the partnership to ensure the right partners and governance arrangements are in place to protect a polio-free world.
- The development of the Strategy for Sustaining a Polio-Free World (SPW)—shaped through extensive consultation with regions, countries, civil society, and the broader immunization community and scheduled for consideration at the World Health Assembly in May 2026—has highlighted the need to clarify future governance arrangements, as endorsement of the strategy raises questions about which partners and structures will be responsible for sustaining a polio-free world.
- The decision before the POB focuses on when and how the GPEI partnership should evolve, with three possible milestones identified for transitioning to a new governance model—following cVDPV2 certification, following bOPV cessation, or following global certification of all poliovirus types—alongside a period of shared ownership to enable a managed transition.

The following observations and questions were raised:

- Mike McGovern noted that Rotary supports evolution of the partnership after global certification of all poliovirus types. He emphasized accountability and cautioned that repeated timeline extensions without progress risk undermining credibility.
- Cécile Billaux noted that donors do not yet have a unified position on GPEI evolution, but emphasized the importance of regular review, alignment with available financing and strong integration with Gavi and other global health actors. She welcomed the commitment to a co-ownership period and underscored the need to broaden the partnership given constrained future donor resources.
- Omar Abdi noted UNICEF’s preference for GPEI evolution after certification of cVDPV2, while indicating flexibility to align with Rotary’s position of the global certification of all poliovirus types milestone.
- Sean Kaufman noted that CDC is still reviewing the proposed milestones and is not ready to commit to a specific option, while reaffirming CDC’s commitment to continued collaboration with partners through eradication and beyond.

- Ziad Memish expressed personal support for maintaining the current GPEI structure until global certification of all poliovirus types and cautioned against changing structures before eradication is achieved, noting further consultation is needed before providing an official position.
- Sania Nishtar highlighted that the questions of what a future governance structure should look like and when it should be activated are distinct and underscored that governance transitions are complex and time-intensive with implications across agencies. She advised early planning and analysis, independent of timing decisions, to ensure preparedness amidst ongoing partner restructuring and external uncertainty.
- Dr. Tedros expressed support for maintaining the current GPEI governance structure until global certification of all poliovirus types, noting that this would provide a clear and stable endpoint for eradication before any governance change. He supported allowing additional time for partners to form positions and indicated that the Strategy for Sustaining a Polio-Free World (SPW) could proceed to the World Health Assembly with governance questions kept open for further discussion rather than settled in advance.
- Chris Elias shared that the Gates Foundation leans toward evolution of the partnership following cVDPV2 certification, noting the foundation will continue to be engaged in polio eradication after this point but that a broader set of partners will be needed to move through bOPV cessation and global certification of eradication of all polioviruses. He summarized that consensus across partners was not yet possible and proposed tabling the decision while focusing on the current strategy and revisiting governance evolution closer to eradication milestones. All POB members concurred.

Decision:

The POB agreed to table a decision on GPEI partnership evolution, noting differing views among members. The decision will be revisited closer to key eradication milestones rather than in the immediate term.

Debrief on Joint Gavi- GPEI Board Meeting

The POB shared the following reflections:

- Chris Elias reflected on the recent joint Gavi–GPEI Board meeting, noting that the discussion moved beyond general endorsement of integration toward country-specific implementation and accountability. He noted progress on joint campaign integration, and highlighted contributions from the Minister of Health of Pakistan and the Executive Director of Nigeria’s National Primary Health Care Development Agency, who provided updates on progress and remaining challenges in implementing integrated approaches over the past several months. He added that there was broad agreement to continue focus on Nigeria, Pakistan, Afghanistan, and DRC, with a pivot to the development of country action plans. He underscored commitment from both Boards to continue joint oversight, learning, and accountability.
- Sania Nishtar reaffirmed Gavi’s commitment to close collaboration with GPEI at both planning and operational levels, including continued support for integrated campaigns and routine immunization strengthening. She noted that following Gavi’s recent recalibration process, IPV and hexavalent vaccines were approved by the Gavi Board for guaranteed funding, highlighting this as an important development for continued joint planning.

Closing Remarks

The POB Chair thanked members for their time and engagement and expressed appreciation to the Regional Directors for their continued participation in POB discussions. He noted that this meeting marked his final meeting as Chair and thanked donor representatives for their contributions across GPEI governance bodies and confirmed GPEI donor representation for the coming year, noting that Martin Seychell (European Commission) will continue as the donor representative on the POB, Gillian Harris (Canada) will continue on the Strategy Committee, and Tim Poletti (Australia), Lea Stromowski (Germany), and Nefra Faltas (United States) will serve as donor representatives on the Financial Accountability Committee. He closed by thanking members for their continued commitment and day-to-day efforts in support of polio eradication.

The incoming POB Chair expressed appreciation for Chris Elias's leadership, highlighting his stewardship through multiple complex periods for the program. He underscored Chris' inclusive and steady leadership and conveyed the Board's collective gratitude for his dedication and commitment to polio eradication.