

Meeting of the Polio Oversight Board (POB)

24 March 2025 | 6:00 – 8:00 PST/ 9:00 – 12:00 EST/ 14:00 – 16:00 CET

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Tedros Adhanom Ghebreyesus (WHO); Sania Nishtar (Gavi); Mike McGovern (Rotary); Martin Seychell (Donor Representative – EC); Omar Abdi (UNICEF); Ziad Memish (KSA); Cecile Billaux (representing EC)

Summary of POB Decisions

Topic	POB Decisions
Polio Certification Strategy Document	<i>The Gates Foundation, Rotary, and WHO formally endorsed the Polio Certification Strategy Document. The remaining POB members committed to review the document and submit feedback by 18 April.</i>

Summary of Action Items

Action Point	Owner	Timeframe
Review and provide feedback on the draft Polio Certification Strategy (PCS) for incorporation ahead of Member State consultations	POB Members	By April 18
Participate in at least one media interview and two in-person events to advocate for polio eradication in 2025	POB Members	Ongoing
Coordinate with GPEI communications, resource mobilization, and gender mainstreaming teams to identify strategic advocacy opportunities throughout the year	SC	Ongoing

Opening Remarks

Dr. Elias opened the meeting, welcoming Dr. Ziad Memish to his first meeting as a member of the POB. He thanked the Kingdom of Saudi Arabia for its five-year commitment of U.S. \$500 million to GPEI, noting the recent signing of the agreement at the Riyadh Humanitarian Forum. Dr. Elias also welcomed Jamal Ahmed as the new Director of the WHO Polio Program and Chair of the Strategy Committee (SC), and thanked Steven Lauwerier for serving as interim SC Chair role following the passing of Aidan O’Leary.

The Chair introduced Carole Presern and Lucy Phillips, who will lead the GPEI governance review this year, and encouraged all to take the time to meet with them and share candid feedback as they begin outreach to stakeholders.

State of the Program

Presenter: Jamal Ahmed (WHO)

The following statement was presented to the POB:

- The program has seen a resurgence of WPV1 in Afghanistan and Pakistan, with 99 cases reported in 2024 and seven cases to date in 2025. While case numbers appear to have peaked in late 2024, a surge of detections in environmental surveillance signal ongoing transmission.
- Progress has been made in reducing cVDPV2, particularly in the DRC. Challenges persist in conflict-affected areas including Northern Nigeria, Somalia, Yemen, Sudan, and Gaza. Notably, cVDPV2 has also been detected in several European countries, linked to transmission in Northern Nigeria. There has been positive progress on cVDPV1 transmission, with no detections in 2025.
- Despite earlier supply constraints, the program has steadily scaled up outbreak response campaigns and now has sufficient vaccine supply to meet projected needs in 2025.
- Geopolitical shifts are impacting the wider global health system, including the polio program. The Strategy Committee has begun a four-part plan: assessing budget and resource mobilization impacts, identifying opportunities to streamline and increase agility, strategically reallocating resources, and strengthening integration with essential immunization and Gavi. GPEI currently faces a \$2.25B resource gap for 2022–2029. As the global health landscape continues to change, longer-term programmatic adjustments may be required to align to a new fiscal reality. 2025 is a critical year to reassess funding challenges and potential implications to the strategy, with a focus on scenario-based planning and prioritizing high impact activities within funding limits.
- Key priorities for 2025 include improving program efficiency under a changing geopolitical paradigm, maximizing support in endemic countries, overcoming challenges in the Lake Chad Basin and horn of Africa, and combating misinformation to address vaccine hesitancy, and advocating for long-term donor commitments.

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

- Ziad Memish asked for additional details on the underlying drivers of the recent detection of poliovirus in wastewater across Europe. Jamal Ahmed noted that the detections in Europe are genetically linked to transmission in West Africa, likely spread via migratory routes. He noted that IPV-only use in these countries leaves some susceptibility to cVDPV2, and that response efforts are focused on boosting IPV in routine immunization as well as surveillance, with continued coordination underway with WHO European Regional colleagues.
- Omar Abdi raised the question of how the program is preparing to ensure high-quality coverage for upcoming campaigns across Africa. He inquired as to what steps countries are taking to improve efficiency amid global financial constraints and whether any new approaches are being implemented beyond business as usual. Jamal Ahmed responded that progress in Nigeria and

the Lake Chad Basin has been limited, prompting increased government engagement and targeted efforts to reach missed children through the IEV strategy (identify, enumerate, and vaccinate). Upcoming campaigns in April and May will benefit from improved microplanning and enhanced cross-border coordination and synchronization.

- Mike McGovern requested an update on the effectiveness of current strategies in Afghanistan and Pakistan, including site-to-site vaccination in Afghanistan. Hamid Jafari (WHO) reported signs of progress in Pakistan, with the February campaign reaching the highest quality since 2016, though access remains a challenge in parts of Khyber Pakhtunkhwa due to rising militancy. In Afghanistan, the east region is showing strong results with site-to-site vaccination and improved microplanning, while the south continues to face barriers, particularly restrictions on female workers and limited visibility into unvaccinated children, prompting efforts to engage government, community, and religious networks to strengthen outreach.
- Sania Nishtar asked how confident the program is in achieving its stated endpoints across the endemic countries and outbreak-affected countries, and what the potential consequences would be if those goals are not met.
- Chris Elias underscored that progress in Northern Nigeria and the broader Lake Chad Basin will be the key determinant of success in 2025. He reflected on the recent POB mission to Nigeria with the WHO and UNICEF Regional Directors, where high-level political engagement and commitment were evident. While major gains have been made in DRC and across Africa, persistent transmission in Northern Nigeria, now linked to detections in Europe, remains the program's most urgent challenge. With sufficient vaccine supply and financial resources available in 2025, he stressed that this is the year to interrupt transmission. Failure to make progress would have serious implications for both programmatic outcomes and future financing.
- Gilles Fagninou (Regional Director- UNICEF WCARO) emphasized the importance of close field-level monitoring in areas with high transmission. He noted strong government momentum is critical and shared that UNICEF will deploy additional staff to support the upcoming campaigns.
- Dr. Chikwe Ihekweazu (Interim Regional Director- WHO AFRO) underscored that delivering high quality campaigns after Ramadan will be critical for the future. He highlighted the strong commitment from Nigeria's current leadership and emphasized the need for all partners to focus on supporting the government to deliver.
- Cécile Billaux (EC) noted the donor community's interest in a deeper understanding of government engagement and actions being taken in high-risk countries to accelerate progress. She also highlighted the importance of coordination with Gavi and expressed strong support for the upcoming joint Gavi–GPEI board meeting as an opportunity to align efforts and strengthen integration.

Polio Certification Strategy- for endorsement

Presenter: Suchita Guntakatta (GF)

The following update was presented to the POB:

- The Polio Certification Strategy (PCS) is a technical strategy outlining essential functions to be sustained after certification of WPV1 eradication and elimination of cVDPV2, with three goals: to protect communities with polio vaccinations, detect and respond to any remaining polio, and ensure full containment. The document is not an implementation plan but will inform one. The

proposed timeline includes a three-year overlap (2027–2029) between the current strategy and PCS to allow for transition planning. The PCS will be noted at the 2026 World Health Assembly.

- Extensive stakeholder feedback (over 800 comments) was received, largely focused on implementation planning, country readiness, stronger framing within the global health architecture, contingency planning if eradication goals are delayed, and GPEI dissolution and future governance.
- In response, a four-phase roadmap has been developed:
 - Phase 1: the "What" – revising the PCS, led by the PCS Working Group.
 - Phase 2: the "How" – development of a transition framework, led by the WHO Transition Team.
 - Phase 3: the "Who" – defining future owners, governance, and funding mechanisms, to be led by future owners and funders.
 - Phase 4: "Sustain" - Monitoring and Evaluation, led by future owners.
- Outstanding questions include: the timing and leadership of phases 2–4, POB decision on GPEI dissolution, and guidance from SAGE and GCC on vaccination timelines and certification requirements.
- POB members are invited to provide their review and endorsement by 18 April, with the goal of incorporating feedback prior to Member State consultations in May. Final review and submission to WHA is planned for 2026. Communications materials and FAQs will also be developed to support the consultation process.

For POB Decision:

- Review and endorse Draft 2 to go forward for Member State consultations by 18 April

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

- Cécile Billaux (EC) expressed donor support for the approach and noted that the donor constituency is preparing formal comments ahead of the 18 April deadline. She emphasized the importance of updating cost estimates and a focus on efficiency, given the increasingly constrained global health financing landscape. Lastly, she underscored the importance of aligning the PCS with learnings from the GPEI governance review and broader global health efforts—such as the Lusaka Agenda—to ensure accelerated implementation and look for synergies across related initiatives, especially during the more complex phases 2 and 3.
- Sania Nishtar thanked the PCS team for the clear overview and confirmed Gavi will submit formal feedback by April 18. She expressed support for the strategy's emphasis on integration with the broader global health ecosystem, encouraging alignment and continued engagement with donors and partners. She reiterated Gavi's support for polio eradication through IPV, hexavalent vaccines, and routine immunization, while noting that in Gavi's 6.0 strategic period, trade-offs will be required. She emphasized the importance of promoting country sustainability and urged greater collaboration with multilateral development banks to support vaccine financing in the coming years.
- Sir Liam Donaldson (IMB/ TIMB Chair) noted that the concept of "future owners" remains vague and emphasized the need to identify and engage potential new actors early and meaningfully. He questioned assumptions about achieving higher immunity levels in the pre-cessation period and

stressed the importance of applying lessons from the challenges of the 2016 switch to ensure stronger outcomes. He highlighted the absence of a mechanism to rapidly scale up essential immunization coverage and the risk this poses to eradication efforts post-cessation. Lastly, he reiterated the recommendation for a unified entity to succeed GPEI, noting that without an organized body to hold countries accountable and coordinate resources, eradication could be at risk.

- Omar Abdi asked whether the PCS includes an interim phase after eradication—prior to full integration into broader health systems—with dedicated governance and funding to safeguard progress and address risks during the transition.
- Mike McGovern expressed appreciation for the PCS team’s work and confirmed Rotary’s endorsement of the PCS document. He emphasized the importance of securing CDC input as the process advances, given that the strategy assumes their continued engagement and considering the rapidly shifting geopolitical landscape.
- Chris Elias thanked the PCS team for their work and confirmed the Gates Foundation’s endorsement of the PCS document. He noted the importance of planning for the future beyond eradication, even as the program remains focused on achieving WPV1 eradication and cVDPV2 elimination under the current GPEI strategy. He noted that the PCS has brought valuable clarity to what must happen post-eradication, prompting critical discussions about who will take on essential functions, what governance will look like, and what it will cost. He stressed the need to define the “what” clearly so that future owners and funders understand what they are signing up for. He also highlighted the importance of the proposed three-year overlap period (2027–2029) to ensure a gradual, well-managed transition, and encouraged POB members to review the strategy in depth.
- Dr. Tedros thanked the team for their work and confirmed WHO’s endorsement of the PCS document and continued support. He highlighted the importance of involving the World Health Assembly in shaping and supporting future ownership, underscoring that this is a global effort, not limited to GPEI partners alone.
- Suchita Guntakatta (GF) thanked members for their feedback and acknowledged the uncertainties ahead. She noted that the PCS incorporates lessons from the 2016 switch and outlines key risks, including the need for sustained high routine immunization coverage. She emphasized that sustaining a polio-free world in the future cannot happen in isolation and will need to be part of the broader global health ecosystem that reflects the evolving context. She noted that the most complex work lies ahead, after the technical strategy is finalized.

Decision:

- *The Gates Foundation, Rotary, and WHO endorsed the Polio Certification Strategy Document. The remaining POB members committed to submit feedback by 18 April.*

2025 POB Engagement and Advocacy

Presenters: Sona Bari (WHO), Fabrice Ramadan (UNICEF)

The following update was presented to the POB:

- POB engagement and advocacy in 2024 played a critical role in building donor confidence for GPEI, securing new commitments (e.g. the Kingdom of Saudi Arabia and Canada), demonstrating political leadership, and building awareness and support for the eradication effort.

- In 2025, POB engagement will be critical as the program faces rising detections, evolving geopolitical dynamics, and shifting donor priorities. POB support is needed to help secure sustainable and diversified funding, strengthen advocacy and the public narrative, and enhance equity, country ownership, and accountability. Targeted advocacy opportunities will be shared throughout the year.
- Global communications in 2025 will focus on shaping a strong public narrative that emphasizes the urgency and feasibility of eradication, raising key country stories to global audiences, building and maintaining confidence in the GPEI among donors, and positioning the GPEI as continually relevant and necessary within the broader global health architecture. POB members are encouraged to participate in at least one media interview and attend at least two in-person events for polio eradication.
- Key gender advocacy asks this year include advocating for women's and men's roles in eradication, advancing gender parity in leadership, ensuring the safety of female frontline workers, advocating for the collection and use of sex-disaggregated data, maintaining funding for gender-focused activities, and incorporating gender metrics into program reporting.

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

- Chris Elias underscored the importance of continued collaboration with the communications and resource mobilization teams to maintain polio eradication as a top global health priority. He underscored the importance of a successful Gavi replenishment in June, noting that Gavi 6.0 includes significant support for both the current GPEI strategy and the post-certification strategy. He also affirmed that the recent POB visit to Nigeria reflected the key advocacy messages highlighted in the presentation, and noted a POB visit to Afghanistan and Pakistan is being planned for later in the year.

Closing Remarks

The Chair thanked the attendees for their time, noting the next meeting of the Polio Oversight Board will be on June 30. The meeting was followed by a 30-minute closed executive session.