Meeting of the Polio Oversight Board (POB)

21 September 2025| 9:00 – 15:30 EST
Kimpton Eventi Hotel
New York City, NY

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); Zakaria Sbitri (EC)

Summary of POB Decisions

Topic	*POB Decisions*
GPEI Program Review	**Endorsed the GPEI Action Plan for 2026**
2026 GPEI Operational Budget	**Approved the 2026 GPEI Budget of U.S. $786M**

Summary of Action Items

Action Point	*Owner*	*Timeframe*
In response to 2026 budget questions, share additional details on the breakdown of the overall budget reduction with Gavi.	FMG Chairs	October 2025
Convene the next joint Gavi- GPEI Board meeting around the Gavi board meeting in December.	Chris Elias/ Sania Nishtar	December 2025
Establish a systematic process to review and prioritize recommendations from IMB, TAGs, SAGE, and other advisory bodies to ensure coherence and transparency and a coordinated mechanism for tracking follow-up and progress.	SC Chair	Q4 2025
Hold a special session of the POB in Q4 to take decisions on the governance review recommendations; circulate feedback from the FAC, SC, and donor constituency in advance.	POB Chair	Q4 2025
Request to consolidate information on FRR, non-FRR, and domestic contributions into a single view to provide a clearer picture of total resources supporting eradication.	FMG and FAC Chairs	Q1 2026
Develop a multi-year budget for POB review to strengthen visibility and planning amid ongoing financial uncertainty.	FMG and FAC Chairs	Q2/ Q3 2026

Opening Remarks

The POB Chair extended a warm welcome to participants and thanked partners for their continued commitment to polio eradication. He thanked the Regional Directors for joining the discussion, as well as representatives from Pakistan, Nigeria, the Democratic Republic of Congo, and Chad. He noted that a few of the POB members were unable to join the meeting and welcomed Omar Abdi representing UNICEF, and Zakaria Sbitri representing donors. The Chair highlighted that the meeting comes at a pivotal time for the program and noted the importance of today's decisions on the GPEI Action Plan and 2026 budget amid tightening financial constraints and the need to focus resources for greatest impact to achieve eradication.

State of the Program

Presenter: Jamal Ahmed (WHO)

The following update was presented to the POB:

Program Review

- As of September, 28 wild poliovirus cases have been reported in 2025- 4 in Afghanistan and 24 in Pakistan. Transmission has declined from the 2024 peak, though circulation continues in key reservoirs including southern Khyber Pakhtunkhwa, Karachi, and southern Afghanistan. Environmental surveillance continues to detect positives across both countries. In Afghanistan, key challenges include weak political commitment resulting in poor quality SIAs, limited ownership by provincial authorities in the south region, and the ban on female community-based workers, which restricts access to households. In Pakistan, persistent inaccessibility in South KP, uneven campaign quality in historic reservoirs, and vaccine hesitancy continue to impede progress. Across both countries, low routine immunization coverage, high population mobility, and misinformation remain challenging.
- 136 cVDPV2 cases have been reported to date in 2025, compared to 448 in 2024. cVDPV2 detections from wastewater samples have also been reported in multiple European countries. DRC continues to show near-zero transmission, while the Horn of Africa, Lake Chad Basin, and northern Yemen remain key areas of concern. In Yemen, access restrictions and anti-vaccine sentiment have severely limited vaccination and surveillance, though negotiations are underway to resume campaigns and sample shipments. cVDPV1 and cVDPV3 cases remain low, with one cVDPV1 case reported in 2025 (DRC) and five cVDPV3 cases across Cameroon, Chad, and Guinea. Sustained surveillance and laboratory capacity remain essential to rapidly contain new emergences amid resource constraints.

GPEI Action Plan

- The GPEI Action Plan for 2026 operationalizes the eradication strategy extension approved by the POB in October 2024, defining the concrete actions in the critical areas required for eradication and translating the strategy into clear subnational priorities and quarterly performance reviews. The plan outlines the strategic allocation of resources and efficiencies across the program and strengthens accountability, integration, and gender mainstreaming. The

operational accountability framework will track progress through defined KPIs, with the first comprehensive review planned for Q1 2026.

- Recognizing a constrained fiscal environment, the plan works to fully leverage resources to meet strategic priorities. A FAC commissioned value for money review and targeted assessments identified savings and trade-offs while dynamic budgeting will increase agility of program response. Innovative financing will be explored to close the remaining gap.
- The program remains fully committed to ending all forms of polio; in the context of limited financial resources, the Strategy Committee reaffirmed the goal of interrupting WPV1 transmission in Afghanistan and Pakistan within the next 12 months as the most cost-efficient way to protect all countries against WPV1, while the most efficient use of resources for the type 2 polio variant will be to aim for a phased elimination.
- Special interventions to boost progress and improved GPEI–Gavi–EPI collaboration are core elements of the plan, with integrated efforts to strengthen routine immunization in high-risk areas such as South KP, Kandahar, Helmand, and Sokoto.

Requests of the POB:

1. Endorse and support the GPEI Action Plan.
2. Provide guidance on how to best calibrate engagements further in Afghanistan and Yemen.

Madam Ayesha Raza Farooq, Prime Minister's Focal Point on Polio, the Islamic Republic of Pakistan, presented a brief statement, noting the following:

- Pakistan reaffirmed its strong commitment to polio eradication, highlighting high-level government commitment and accountability, improved SIA quality, and progress under the new roadmap to zero by the end of the 2025-26 low season. Significant challenges remain in South KP and Karachi, where access and hesitancy continue to impede progress, but intensified community engagement, integrated PEI–EPI efforts, and a significant investment in planned domestic resource mobilization aim to sustain momentum toward interruption.

Dr Muyi Aina, Executive Director/ CEO of the National Primary Health Care Development Agency, Federal Republic of Nigeria, presented a brief statement, noting the following:

- Nigeria highlighted its national commitment to interrupting cVDPV2 transmission and strengthening routine immunization, reporting a 43% decline in isolates and significant reductions in high-burden states such as Kano and Katsina. Recent improvements in accountability, data quality, and community engagement have strengthened campaign performance, supported by strong political leadership, cross-border coordination in the Lake Chad Basin, and focused efforts in high-risk LGAs. Persistent challenges include insecurity, funding constraints, and missed children, but strong federal oversight, routine immunization integration, and collaboration with partners continue to drive steady progress toward elimination.

Dr Antoinette Demian Mbailamen, Director, Extended Programme on Immunization and Epidemiological Surveillance, Republic of Chad, presented a brief statement, noting the following:

- Chad remains free of wild poliovirus but continues to face cVDPV2 and cVDPV3 outbreaks, driven in part by weak routine immunization and poor campaign quality. Ongoing insecurity, displacement from the Sudan crisis, and hard to reach nomadic and island populations hinder cross-border coordination and access. Chad is focusing on adapting strategies to local contexts, expanding IPV use, and engaging traditional and religious leaders to improve community awareness and campaign reach. There is also a need for funding to strengthen surveillance, sample transport, and upcoming vaccination campaigns.

Dr Dieudonne Mwamba, Director General, INSP, Democratic Republic of the Congo, presented a brief statement, noting the following:

- The DRC highlighted sustained progress toward eradication, with near-zero transmission in 2025. Success was attributed to reactivated coordination mechanisms and close oversight, the establishment of humanitarian corridors to move vaccines, modular campaigns in insecure zones, and digital innovations for microplanning and monitoring. Persistent challenges include chronic insecurity, logistical constraints, and community resistance. DRC called for partner support around emergency funding for rapid interventions, digital expansion, strengthening logistics and reliable energy supply for vaccine storage, as well as advocacy to facilitate humanitarian access and sustain integration of the polio program into the national health system.

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

- Mike McGovern noted Rotary endorses the GPEI action plan and raised the need for a more systematic approach to managing and prioritizing the numerous recommendations received from advisory and oversight bodies, including the IMB, TAGs, SAGE, and others, to ensure clarity on which actions are most critical, how progress is tracked, and how they collectively contribute to achieving eradication.
    - Jamal Ahmed responded that all recommendations must be evaluated for their contribution to eradication. He noted the value of external perspectives in offering holistic insights, while recognizing that some recommendations may conflict, underscoring the Strategy Committee's role in reviewing, prioritizing, and maintaining coherence while providing transparent feedback to the POB.
    - Sir Liam Donaldson (IMB) noted that while exact adherence to recommendations is not expected, the program should clearly articulate alternative plans and explanations for stalled progress, highlighting a gap in accountability when no "plan B" is provided.
- Hanan Balkhy (WHO EMRO RD) emphasized that while partners play a critical supporting role, eradication will only succeed through strong national ownership and leadership. She noted the importance of hearing directly from Afghanistan and understanding the country's challenges and highlighted efforts to strengthen political engagement to advance progress. She underscored renewed regional coordination, including reactivation of the Islamic Advisory Group to address cultural barriers to vaccination, integration of EPI and polio programs at the regional level, and continued engagement through the regional polio subcommittee and the upcoming Horn of Africa ministerial meeting.

- Omar Abdi endorsed the GPEI Action Plan on behalf of UNICEF and commended the DRC's achievements as a model for other countries. He expressed concern over the lack of progress in southern Afghanistan, seeking views on the feasibility of interrupting transmission given ongoing restrictions. He noted Pakistan's strong political leadership and stressed the need to leverage this momentum. He also highlighted the broader challenge of declining humanitarian and health-sector funding, calling for clarity on how these shifts will affect GPEI operations and future strategy.
- Zakaria Sbitri commended the comprehensive review and alignment of the Action Plan with current funding realities and endorsed it on behalf of donors. He underscored the need for a clear, realistic path to eradication or containment to avoid an outcome driven by funding shortfalls and urged deeper operational and financial integration of polio activities with EPI and Gavi programs for efficiency and long-term sustainability. He emphasized the importance of the joint Gavi- GPEI country action plans with clear accountability and oversight, as agreed at the June joint board meeting, and highlighted the underused potential of CSOs to reach hard-to-access populations.
- Ziad Memish noted KSA's endorsement of the GPEI action plan, and expressed concern over progress in Afghanistan, underscoring the need to explore new ways of engaging to advance eradication efforts. He emphasized the importance of creative, out-of-the-box solutions to address persistent challenges, calling for stronger synergy between programs, and dedicated efforts to resolve barriers systematically to prevent stagnation.
- Sania Nishtar noted Gavi's endorsement of the GPEI action plan. She reaffirmed Gavi's commitment to polio eradication and close collaboration with GPEI, highlighting funding for IPV and hexavalent vaccines, co-delivery of campaigns, joint planning, and shared advocacy. She noted that Gavi is funding four major nationwide measles campaigns—in Pakistan, Afghanistan, DRC, and Nigeria—integrating oral polio vaccine in high-risk areas as a historic opportunity to boost coverage. She urged pragmatism amid political, security, and funding constraints, emphasizing the need to align GPEI within the broader global health architecture and to continue joint efforts with other partners to ensure synergy, efficiency, and sustainability.
- Dr. Tedros endorsed the GPEI action plan on behalf of the WHO and emphasized that polio eradication must be country-owned and community-led, as lasting progress depends on national leadership and grassroots engagement. He echoed the need to hear directly from Afghanistan on challenges and progress and noted ongoing efforts to engage authorities to address barriers and vaccination access.
- Chris Elias endorsed the GPEI Action Plan on behalf of the Gates Foundation, noting its alignment with available resources and emphasizing that success will depend on effective program integration and execution. He reiterated that accountability for eradication must be driven by countries, supported by strong regional leadership and partner collaboration. He stressed the importance of the opportunity to leverage the upcoming nationwide measles campaigns integrating OPV to increase coverage and proposed holding the next joint Gavi - GPEI Board discussion around the Gavi board meeting in December to review outcomes and strengthen coordination. The Chair also highlighted the need for continued engagement and political dialogue in Afghanistan and Yemen, noting planned regional discussions and mediation efforts to improve campaign access and address operational barriers. Lastly, he introduced

Kathy Neuzil as the new Polio Director at the Gates Foundation, starting at the end of September.

Decision:

The POB endorsed the GPEI Action Plan for 2026.

GPEI Budget and Funding

Presenters: Sona Bari (WHO) and Peter Barrett (GF)

The following update was presented to the POB:

- The GPEI has a total resource requirement of U.S. $6.9B through 2029, with a current funding gap of a U.S. $1.7B. The outlook projects U.S. $1–1.4B in additional funding could be mobilized between 2027–2029, though prospects remain highly uncertain amid shifting global health priorities and fiscal constraints. Resource mobilization is a core pillar of the GPEI Action Plan, emphasizing innovative financing approaches—including debt swaps, private sector and in-kind contributions, and increasing domestic co-financing—to sustain operations and strengthen political commitment at the country level. Donor pledges beyond 2026 will be essential to sustain momentum and deliver on the eradication strategy, as well as leveraging POB leadership and engagement to unlock new funding.
- The proposed 2026 operational budget is set at U.S. $786M, following a comprehensive review by the Strategy Committee and endorsement by the Financial Accountability Committee to align priorities with available resources and program goals. The budget reflects a U.S. $323M (29%) reduction from 2025 and establishes a new operating baseline for the GPEI under sustained fiscal constraints.
- The 2026 budget preserves campaign intensity in Afghanistan and Pakistan to avoid jeopardizing WPV1 interruption. To accommodate these priorities, reductions were made to outbreak response, as well as cuts to surveillance and staffing. Outbreak response funding was reduced from $438M in 2025 to $300M in 2026 but reshaped with built-in efficiencies and tighter management controls to mitigate risk. The Value for Money (VfM) analysis informed the 2026 budget process, identifying efficiency measures across campaign delivery, outbreak surge support, surveillance, and re-baselining target populations. The budget removes pre-planned population immunity–boosting rounds and limits funding for special interventions within the FRR, requiring non-FRR or domestic funding for further targeted work.
- The 2026 budget reflects GPEI's effort to ensure that eradication-critical activities are sustained within a leaner fiscal framework while balancing ambition, efficiency, and program integrity.

Requests of the POB:

- Does the POB approve the 2026 GPEI operational budget?

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

- The FAC endorsed the 2026 GPEI budget and commended the 2026 budget as a model of collaboration and consensus under difficult circumstances, noting that the process required

painful but necessary prioritization. The FAC emphasized the importance of maintaining flexibility and close monitoring to ensure resources are realized and allocated effectively.

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

- Chris Elias affirmed support for the 2026 budget and thanked donors for sustaining contributions amid tightening ODA budgets and fiscal pressures. He emphasized the need for continued resource mobilization and encouraged leveraging bilateral funding to fill outbreak response gaps, as seen in the cVDPV2 outbreak response in Papua New Guinea. He highlighted the risks from reduced surveillance funding outside endemic areas, warning that past cuts created detection gaps, and stressed the importance of maintaining surveillance quality despite fiscal constraints. He noted the importance of domestic resource mobilization, citing Pakistan's long-standing commitments and new PC1 process, and noted Nigeria's sector-wide approach as a model for integrating polio funding into broader health systems. Lastly, he asked the FMG and FAC to develop a clear multi-year budget for POB review in Q2 or Q3 2026 to strengthen visibility and planning amid ongoing financial uncertainty.
- Zakaria Sbitri acknowledged the difficult trade-offs required to develop the 2026 budget and noted donor endorsement. He voiced concerns over reductions to both surveillance and outbreak response, noting that simultaneous cuts risk delayed detection and higher containment costs, and cautioned against a perceived prioritization of Goal 1 over Goal 2. He emphasized the importance of regular budget reassessment and flexibility to adjust as needed, welcomed efforts to advance co-financing models to strengthen country ownership, and called for continued visibility on multi-year budget projections to support long-term planning and transition.
- Sania Nishtar confirmed Gavi's endorsement of the 2026 budget and requested clarification on the composition of confirmed resources, the breakdown of budget reductions, and the design of the proposed front-loading mechanism. She also asked for confirmation that country co-financing is not reflected on GPEI's balance sheet. She noted Gavi's $3B funding gap and emphasized that integration between Gavi and GPEI is now an operational imperative.
    - The presenters noted that the EIB partnership is the front-loading mechanism discussed, and ~$500M was rolled over from the previous budget. A detailed breakdown of the budget reduction will be shared separately.
- Mike McGovern noted Rotary's support for the 2026 budget and expressed appreciation to all donors sustaining the program. He noted the U.S. Congress's proposal for level funding for polio and its inclusion as one of four priorities in the State Department's new global health strategy. He encouraged continued dialogue between the U.S. government and partners to ensure effective collaboration and impact.
- Gillian Harris (Global Affairs Canada) encouraged greater country-level engagement with sovereign donors, urging regional and country teams to leverage embassy and mission networks to maintain visibility for polio and identify bilateral funding opportunities. She also advocated improving transparency by consolidating information on FRR, non-FRR, and domestic contributions into a single view to provide a clearer picture of total resources supporting eradication.
- Dr. Tedros endorsed the 2026 budget and noted that surveillance remains a top priority for WHO despite funding cuts. He acknowledged that the restructuring process has been painful, particularly with staff reductions, but emphasized that WHO is using this moment as an opportunity to refocus

on its core mandate, strengthen its convening role, and expand collaboration through its network of centers and the Berlin Pandemic Intelligence Hub. He also highlighted ongoing efforts to broaden the donor base and increase member state contributions to enhance sustainability and improve financial stability.

- Dr. Muyi Aina (Nigeria) expressed appreciation for GPEI's continued support and emphasized that countries must now increase their own financial commitments. He highlighted Nigeria's sector-wide approach to improve efficiency and coordination and noted Nigeria is expending the use of domestic resources to support frontline delivery and accountability.
- Omar Abdi endorsed the 2026 budget.
- Ziad Memish noted support for the 2026 budget.

Decision:

The POB endorsed the 2026 GPEI budget.

Statement from Sir Liam Donaldson, IMB Chair

Sir Liam Donaldson, Chair of the IMB, shared the following:

- The IMB Chair outlined three interlinked domains shaping eradication challenges—geopolitical, human, and technical factors—stressing that progress requires managing all three with equal rigor rather than treating technical delivery in isolation.
- He noted that campaign performance remains inconsistent and urged adoption of modern management and quality-improvement systems to strengthen technical delivery, citing variable results in Pakistan and persistent challenges in Nigeria. He also commended DRC's rapid outbreak detection capacity but warned that without consistently high immunity, reservoirs will repopulate, calling for renewed technical excellence and stronger accountability, linking funding to performance.
- He called for bold systemic reforms, including mechanisms to rapidly increase routine immunization coverage, integrate IPV into emergency response, and scale up rapid-detection technologies. He cautioned that while eliminating wild poliovirus remains critical, the program must give equal priority to vaccine-derived poliovirus, which now accounts for most paralysis cases globally.
- The IMB recommendations propose transferring oversight for wild poliovirus eradication in endemic countries to the WHO EMRO Regional Subcommittee for Polio Eradication, to foster regional peer accountability, local ownership, and depoliticization of the program.

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

- Mike McGovern recognized the value of strengthening regional leadership but emphasized that decision-making and accountability must ultimately be solved at the country level.
- Chris Elias highlighted that existing regional structures, such as the EMRO Polio Subcommittee and the Polio Legacy Challenge Executive Committee, already play a geopolitical role and provide platforms for peer-level engagement. He suggested exploring how regional coordination could be strengthened without creating new bureaucratic layers.

- Jamal Ahmed (WHO) emphasized that both wild poliovirus and variant poliovirus are managed with urgency, with modeling used to balance risks and guide response. He noted that IPV is a valuable but limited tool, most effective when used strategically alongside bOPV and nOPV2 in targeted areas.
- Gillian Harris (GAC) welcomed discussion on regional ownership but underscored that polio eradication is a global resolution, and maintaining global accountability is essential to donor confidence and continued political support.

GPEI Governance Review Recommendations

Presenters: Carole Presern & Lucy Phillips, governance review consultants

The following update was presented to the POB:

- The GPEI governance review examined the effectiveness of current governance structures, accountability mechanisms, and decision-making processes, with the objective of identifying practical reforms to improve efficiency, transparency, and agility. The review, the third since 2014, drew on interviews, document analysis, and observation, and was conducted at a pivotal moment of change in the global health landscape.
- Key findings from the review include:
    - Governance is functional but lacks standardization, with fragmented administrative systems and limited visibility across bodies.
    - Decision-making can be insular, emphasizing the need for a stronger challenge function and broader inclusion of perspectives.
    - Opportunities exist to broaden representation within governance, with an additional donor seat proposed to enhance diversity of perspective and ease the coordination burden across sovereign contributors, while country voices could be engaged more systematically beyond current ad hoc participation.
    - GPEI risks being reactive in the wider global health landscape and should strengthen its visibility and leadership in shaping future integration and transition.
- Recommendations focused on strengthening accountability and overall governance effectiveness:
    - **Polio Oversight Board (POB):** Broaden representation through an expanded role for countries and a second sovereign-donor seat; re-introduce rotation or co-chairing to distribute workload and ensure continuity, supported by independent governance functions.
    - **Strategy Committee (SC):** Split into a high-level strategic forum and a strategic management committee to improve efficiency and focus; add a second sovereign-donor seat and include EPI leaders to strengthen integration with immunization and transition planning.
    - **Financial Accountability Committee (FAC):** Re-establish as the Finance and Accountability Committee with an expanded mandate for financial, risk, and accountability oversight, including systematic tracking of management responses to IMB and other review recommendations.
    - **Independent Monitoring Board (IMB):** Retain its independent challenge role as a trusted accountability mechanism, while improving the specificity of its recommendations and ensuring timely, transparent follow-up.
- Reform should focus on strengthening existing structures rather than replacing them, ensuring that any changes are practical, affordable, and mission driven. Modest administrative improvements—such as developing a shared governance portal, improving decision-tracking, and updating the

public-facing website—were identified as low-cost steps to improve efficiency and transparency across the partnership.

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

- Chris Elias thanked the governance review consultants for the comprehensive report and recommendations. He noted that the recommendations were presented for discussion and feedback and proposed that the POB hold a dedicated session in the coming weeks to review the findings in detail and take formal decisions at that time. He emphasized the need to distinguish between near-term adjustments to optimize the existing GPEI structure to reach eradication, and what governance model will sustain core functions post-eradication. He noted that the December POB meeting will include a decision on the evolution of the GPEI partnership model, and the importance of defining the POB position ahead of the presentation of the *Sustaining a Polio-Free World Strategy* at the May 2026 World Health Assembly.
- Zakaria Sbitri emphasized that now is the time to adjust and reform, noting that several issues identified in the 2020 review persist. He welcomed the Chair's proposal for a dedicated session to discuss the findings in depth, including an assessment of the resource implications of potential changes, and noted that the donor constituency would use this time to consolidate its position. He supported elevating the level of strategic discussion within the Strategy Committee and proposed establishing a forum to consider transition and dissolution pathways. He underscored the need for stronger tracking of decisions and accountability and highlighted the importance of country ownership and direct participation in discussions.
- Omar Abdi suggested that the Strategy Committee first review the options in detail and provide recommendations to the POB. He emphasized that polio eradication remains an emergency program requiring flexible, rapid decision-making and cautioned against adding bureaucratic layers that could slow progress. He underscored the need for a lean governance structure with frequent, focused touchpoints to maintain agility and momentum toward eradication.
- Sir Liam Donaldson noted agreement with combining the IMB and TIMB. He referenced the new U.S. Global Health Strategy, noting its focus on transitioning funding responsibilities to countries and the potential implications for polio and other health programs, and suggested the POB revisit this at a future meeting. He also called for a clear process on how recommendations are handled across GPEI, emphasizing that when a recommendation is not adopted, an alternative course of action should be defined to address the underlying issue.
- Sania Nishtar noted that the future structure of GPEI will depend on broader shifts in the global health architecture, the design of the eradication endgame, and how the program is ultimately institutionalized within health systems. She emphasized that as a vertical emergency program, polio must balance accountability with country ownership and co-financing. She agreed with leadership rotation and commended the current Chair, noting the importance of ensuring future leadership has the knowledge, bandwidth, and commitment required. She also was supportive of the proposal to split the Strategy Committee into operational and high-level forums to improve focus and efficiency. Lastly, she noted that conflicts of interest must be managed, especially given overlapping institutional roles.
- Dr. Tedros thanked the Chair for his leadership and echoed Dr. Nishtar's remarks. He agreed it would be helpful for the Strategy Committee to review the recommendations before they return to

the POB for decision, while emphasizing that all members should also review directly to ensure collective understanding and ownership of the outcomes.

Closing Remarks

The Chair thanked the attendees for their time, and shared appreciation for the partnership and strong engagement. He noted the next meeting of the Polio Oversight Board will take place on 10 December.