

FINAL REPORT

Global Polio Eradication Initiative (GPEI)

Governance Review

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IH ASSOCIATES

In association with SRI Executive



ACKNOWLEDGEMENTS

The team is extremely grateful for the openness and cooperation of everyone involved in this governance review – it would be invidious to name people as, from the leadership to the support cast, and everywhere in between, everyone has been unfailingly helpful and courteous, facilitating or participating in interviews, welcoming and accommodating of requests to observe meetings, and responding to multiple requests for information. We extend particular thanks to the teams and individuals providing secretariat support to each of the key bodies for their collaboration, openness to workshopping ideas, and responsiveness to requests for information or explanation even alongside peak periods. It is not unknown for a governance review to be an unpopular exercise, with an element of defensiveness or sheer exasperation with many demands on very busy people. We have experienced none of this and, recognising what a challenging time this is for the GPEI, we do not take that for granted.

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Acronyms

AfDB	African Development Bank
bOPV	Bivalent oral polio vaccine
cVDPV	Circulating vaccine-derived polio virus (type 1, 2 3)
EMU	Executive Management Unit
EOC	Emergency Operations Centre
FAC	Financial Accountability Committee
FRR	Financial Resource Requirements
FMG	Financial Management Group
FWG	Finance Working Group
GCC	Global Commission for Certification of the Eradication of Polio
GPEI	Global Polio Eradication Initiative
GPS	Global Programme Support (Groups)
IFI	International Financial Institution
IMB	Independent Monitoring Board
IMG	Immunization Systems Management Group
IPV	Inactivated polio Vaccine
mOPV	Monovalent oral polio vaccine
nOPV	Novel oral polio vaccine (nOPV type 1, 2, 3)
OPV	Oral Polio Vaccine
PCS	Post-certification strategy
POB	Polio Oversight Board
RI	Routine immunization
SC	Strategy Committee
SIA	Supplementary immunization activity
TAG	Technical Advisory Group
WB	World Bank

GOVERNANCE REVIEW OF THE GLOBAL POLIO ERADICATION INITIATIVE 2025

EXECUTIVE SUMMARY

(including summary of recommendations)

As outlined in the preliminary report of 6 June 2025, Governance of the GPEI is unique among its peer global health initiatives, in that it is functionally reliant on partnership arrangements rather than a standalone legal entity secretariat. This offers both strengths and challenges. GPEI stakeholders have long been conscious of the Partnership's unique governance arrangements, and the Polio Oversight Board (POB) has taken proactive steps to periodically review and revise these, most recently in 2020.

The GPEI has benefitted from deep commitment within the core funding partners, and others represented on the POB, Independent Monitoring Board (IMB), committees and elsewhere. It is heavily reliant on the good working and consultative practices of a relatively small number of individuals and teams. To now, reliable funding and the highest levels of diplomatic and technical advocacy have kept polio centrally on the radar as a global public good. But, there is a real challenge of maintaining this focus amidst all other global health crises, significantly reduced ODA outlooks and the unique ongoing geopolitical crises.

When envisaged late 2024, this review had been expected to develop the forward-looking governance model for GPEI to proactively prepare for sustainability of critical requirements for the end of the current Polio Eradication Strategy period (2029)¹. Given the bandwidth taken up by major shifts in the ODA environment and the rapid evolutions within central partners like WHO and CDC, in addition to the extraordinary financial and political uncertainty GPEI and its partners now face, capacity among stakeholders to engage with the review team on a vision for the future has been limited.

Appetites among stakeholders vary greatly, between a desire for minimal further disruption from a governance perspective, so that the programme can remain laser focussed on immediate eradication goals, to a desire to (in the very near term) identify, agree and implement the governance shifts needed to position the partnership for an equally strong focus on sustainable transition, alongside immediate eradication efforts. While this process has enabled the review team to offer recommendations on next steps and priorities for future governance, there has not been sufficient bandwidth or certainty among partners to enable the design of a detailed model.

The governance bodies in scope are the POB, the Strategy Committee (SC), the Financial Accountability Committee (FAC) and the IMB. In keeping with the open and collaborative culture of the GPEI, the assessment is frank. It is based on the extensive experience of the consultant team over decades in global health governance, informed by observation of two virtual POB meetings, six SC meetings (including two face to face), one IMB meeting and one FAC meeting. Most importantly, it reflects the strength of perspectives coming through 38 Key Informant Interviews (KIIs) two working sessions with the SC and one with the FAC. As those working sessions could not be scheduled until August, the full and final resulting set of draft recommendations have not yet been fully tested back with the committees and will benefit from committee member review ahead of the September POB meeting.

A summary of high-level findings and recommendations is provided below, with detailed rationale and consideration of options provided in the main body of this report. It is worth flagging that several of these recommendations are consistent with the 2020 recommendations, and that the 'diagnosis' on core issues in governance has not substantially differed. This would seem to indicate that, despite some of the changes made, there are still some significant unresolved issues, that many stakeholders feel need addressing. Or, recommendations were not addressed to the full satisfaction of current stakeholders.

¹ In 2024, the POB officially extended the [GPEI's 2022-2026 Strategy](#) to the end of 2029 and approved a revised budget of US \$6.9 billion for the extended 2022-2029 Strategy.

In the summary below, recommendations are heavily linked to the main finding to which they respond (noting some recommendations respond to several findings). In the main body of this report, the recommendations are organised around the key governance bodies, or as cross-cutting, and numbered formally for ease of review and response.

Finding 1: Clarity in decision-making, transparency, information and communication management is essential. Approaches to decision-making, information management and communication are inconsistent between the governance bodies. This is limiting line-of-sight between them and has implications for prioritization, efficiency and ease of engagement among key stakeholders and partners. There is no ‘one stop shop’ for board and committee members and the GPEI website, as the principal tool for public-facing communication, needs significant improvement to ensure the accuracy, relevance, utility and currency of its content. Modest investments in streamlining administration and communication would have a significant impact on these and myriad other ‘pain points’ across the partnership. They will also smooth transition to any future governance arrangements following certification. This should involve and build upon the excellent work and depth of experience among those team members currently providing secretariat support.

Recommendations

- **Streamline Secretariat services for the POB, SC and FAC into a single small secretariat team** (staffed by secondees/consultants from partnership agencies²) hosted within the EMU structurally, with remote working, as now, the norm. Initial change management processes and Standard Operating Procedures to be mapped and recommended by team members currently providing Secretariat support across the key bodies. Meeting coordination, agenda-setting, coordination and preparation of papers, record keeping and decision-tracking would be standardised through this team in service of all GPEI governance groups, and it would also standardise timely responses and follow up to IMB reports. This team would also provide comprehensive orientation to new representatives coming into the partnership.
- **Establish a single online portal for management of all governance information for the benefit of the POB, SC and FAC³.** This is standard practice among other multilateral partnerships and would likely be best served through a subscription platform like those used by Gavi and Global Fund (e.g. BoardEffect). Access to some parts of the portal can be locked down to certain individuals/logins so that confidential and sensitive material can be safely managed in the same online environment. It is separate and distinct from the GPEI website.
- **Establish an overall operations manual for the GPEI** (in keeping with best practice but also kept simple and right-sized for GPEI) - under which the various POB, Committee, Management Group and EMU TORs would sit as annexes - to provide clarity of accountabilities, decision-making procedures and thresholds for membership. Ensure TORs and accepted practice do not unnecessarily limit the ways in which constituencies self-organise.
- **Invest the necessary time and energy in updating the GPEI website**, including testing for utility with newer representatives within the partnership.
- **FAC to oversee and ensure the intended effectiveness and active management of changes implemented.**

² Without a legal identity, contracts must be issued by one of the GPEI partners.

³ The IMB manages its own portal/website as a fully independent body.

Finding 2: The GPEI would benefit from an enhanced challenge function or approach within the key bodies.

This is notwithstanding (and indeed builds upon) the independent function of the IMB which is seen as critical to the partnership's accountability and credibility. The SC would be particularly in view. This is consistent with the 2020 Governance Review, and the need to be conscious of the tendency toward group think.

Recommendations

- **Retention of the IMB, and full incorporation of the transition readiness agenda within its remit (merging the IMB and TIMB into one body), is a clear priority for the partnership.** The IMB is viewed as a unique asset for GPEI and as a necessary independent voice holding the full partnership to account. Planning - including succession planning if needed - to ensure membership is retained at an appropriate level and fit-for-purpose beyond 2029 would be a healthy medium-term undertaking.
- **The POB, supported by its committees, should redouble efforts to routinely develop and publish a formal and timely management response to the IMB reports, in a consistent format, reviewed regularly⁴.** Recognising the SC typically (and rightly) takes ownership most of the strategic response, IMB recommendations may sometimes require an agency response rather than a partnership response, and benefit from close engagement from the Heads of Agency on the POB. Stakeholders are keen that the IMB recommendations are as specific as possible with a clear owner within the GPEI structures or within one or more of the partner agencies. Recommendations ideally include timeframe, recommendation owner and measure of success. Where the POB (or SC on its behalf) does not feel a recommendation is implementable, this should be articulated in the management response and revisited directly with the IMB to determine the course of action.
- **Meeting management must be standardised to ensure that diversity of view is reflected and associated actions (or logic for not following up) is recorded systematically.**

Each meeting/agenda item includes reflection on divergence of opinions or interventions that may need to be tabled for a future meeting. Ensure decisions are explicitly described as such and undertake an active consensus-check on decisions before moving on from any agenda item that was 'for-decision' (linked to recommendation below on chairing).

- **SC members to commit to a practice whereby meeting interventions include reference to the desired follow up action** - whether a discussion, an answer provided offline, tabling an agenda item for a future meeting (preparation to be tasked to appropriate agency or group) to enable chair/vice chair to pick this up most effectively.

Finding 3: Asymmetry of influence in the Strategy Committee and Polio Oversight Board risks diluting the voice of sovereign donors and their confidence in the Initiative.

The addition of donor seats to the POB and SC were steps in the right direction to maximise confidence and accountability. But the approach did not account for the fact that introducing a constituency seat significantly alters the way and timeliness with which information needs to be provided, if that constituency is to engage as intended. These are the only seats that must consult beyond the incumbent's own organization, or country in the case of the Kingdom of Saudi Arabia. Lack of change to accommodate this has created significant asymmetry between the donor seat and others (our observation). Donors do not want to slow down operational management/decision making but may need higher level engagement on the issues of most strategic significance. It would be useful if the sovereign donor constituency could take greater control over how it self-organises, including the use of Alternates from within the wider donor constituency, in alignment with practice among the other partners who routinely bring their deputies to the SC meetings.

⁴ There is best practice to draw on, e.g responses to Global Fund audits, through Agreed Management Actions, monitoring and follow up. This is generally facilitated by a FAC equivalent.

Recommendations

- **Consider a second sovereign donor constituency seat on both the POB⁵ and SC** to improve equity between donor voices and others. This may be particularly important for the SC, and especially so if the recommendation below on splitting the level and cadence of meetings is not accepted. It is, of course, dependent on the capacity for additional engagement, but at least if there is provision, it can be taken up, or not, as needs dictate.
- **Revise ToRs to ensure they are not prescriptive or too limiting around how constituencies self-organise.** Recommendations associated with elevating SC discussions (Finding 5, below) are linked and would also better facilitate donor engagement in the most strategically significant programme decisions.

Finding 4: All stakeholders recognised ultimate accountability for results must be at country level and queried whether shifts in governance approach could facilitate a stronger transition.

Lack of direct and consistent country engagement in the governance is seen as highly problematic by many stakeholders. Most noted that steps need to be taken sooner rather than later to prepare for transition away from a heavily resourced, business-as-usual GPEI toward greater country ownership and domestic funding - this could include resources like IDA and necessitate near-term engagement with stakeholders not traditionally engaged in polio. There is significant engagement with countries, notably through the IMB, and at many other touchpoints including country visits and participation as invited observers in some POB meetings, but not as equal partners around the table as is the norm in most multilateral development initiatives. There remains strong appetite from within the governing group to enhance the involvement of endemic and other consequential geographies in the GPEI's governing bodies, but views varied considerably on how this should be achieved, and on whether full membership of governing bodies of implementing government constituencies would be appropriate or effective. There was less 'strength of view' on CSO engagement, recognising the complexity of identifying representative groups.

Recommendations - options for further exploration by the POB

- Near term: **Hold a dedicated POB meeting⁶ with health leaders from endemic and non-endemic outbreak countries to determine their overall interest and capacity to engage through either two potential dedicated constituency seats in the POB⁷** (full membership, which would include participation in executive sessions and active management of conflicts-of-interest) **or standing observer seats** (plenary meeting only). Seek input on ways to ensure full and robust engagement in discussions of greatest relevance to countries. Engaging with the POB through one or two constituencies may incentivise greater coordination and collaboration between polio leaders at country level but may also be seen as adding further burden/workload to senior officials who are already stretched thinly- so may not be wanted or may not be viewed as sufficiently impactful.
- Longer term (transitioning to future state): **a potential 'long tail' GPEI post-certification body** (reduced in scale, focussed on risk, profile and transition of critical functions - see later recommendations) **should undoubtably include country seats as equal decision-makers**, with emphasis on maximising accountability, sharing resources and experience. Chairing of key bodies by country representatives could then be considered.
- If near-term inclusion of implementing countries in POB and/or SC is not feasible, the POB should work closely with countries to determine how representation can best be enhanced over the long-term and, at a minimum, consider standing representation of WHO and UNICEF Regional Directors from relevant regions (non-voting), as recommended under Finding 5 below.

⁵ There is now provision for additional donor seats on the POB for any donor giving USD 100 million per annum or more.

⁶ This could be alongside consultations for drafting the Strategy for Sustaining a Polio-Free World,

⁷ We recognise the sensitivity of this for the endemics, but it makes the choice of representative clear cut

Finding 5: The Polio Oversight Board membership, leadership rotation and space for sensitive discussion should be revisited.

The issue of country engagement came up often. Even though countries are invited as observers, as needed, this was not felt to be sufficient for accountability and engagement (see above finding). Stakeholders are pragmatic about the challenges of having certain countries present but feel this can be overcome through constituency type arrangements, or more structured engagement of Regional Directors as an interim step. Leadership has been through the same agency for nine of the last 13 years. This is a heavy burden on one player. The POB meetings, like many GHIs, are more 'parliamentary' in nature, which is useful for transparency but can stifle discussion on sensitive topics. Some felt that the open session agendas are still quite crowded with items for information rather than decision or strategic discussion, which meant that closed sessions could become rushed, having to 'pack too much in'. Retaining high level representation seems to be a consistent challenge but remains a high priority to ensure the partnership model works effectively through this critical eradication period, as members must be empowered to make decisions on behalf of their organisations or constituencies.

Recommendations

A series of options (see table for pros and cons) are posed for POB consideration, including:

- **To implement the system as currently designed, with regular rotation of Chair.** Successfully implementing this approach depends on centralisation of Secretariat support, willingness of the partnership to fund a Chair's adviser (typical in other Boards and separate from Secretariat) and willingness of all POB members to step into the role over time. Rotation now is a two-year term, not renewable. The POB could decide that the possibility of a one-year renewal could be offered (max. three years).
- **Establishment of an independent chair over the medium-term** - would require alternative near-term arrangement or continuation of current leadership until an independent chair was appointed. Highly dependent on finding someone of sufficient stature. Honorarium likely required. Position could usher in the post-certification arrangements.
- **Chair and Vice-Chair or Co-Chairs (likely preferable option).** Rotation would be from within the existing membership with two-year terms, with the possibility to extend for a maximum of one additional year. Enables burden sharing. Dependencies on advisor roles and centralised Secretariat report remain as described above.

Finding 6: There is an ongoing need and appetite to elevate the Strategy Committee discussions.

Our assessment is that there remains a need for the SC to find more space for the strategic deliberations on risk and strategy that need to occur well in advance of transition of core functions or sunset/dissolution of GPEI. This is consistent with the findings of the 2020 Review. There is appetite among the membership for those discussions to be more robust and given more time. This cannot come at the expense of the programme's laser-focus on its near-term targets, so steps need to be taken to create space, either through a shift in meeting cadence or by shifting some responsibilities to other parts of the partnership.

Recommendations

- **Split the SC into two meeting streams** – consistent with the 2020 recommendation:
 1. Strategy Committee with a focus on longer-term, higher-level and more complex strategic decisions and risks, with summary updates on GPS group activities and campaigns as required,

meeting quarterly⁸ (aligning with in-person meetings where possible and as is currently intended) and with in-depth pre-reads circulated at least 2 weeks in advance.

2. Strategy (Operations or Management) Committee/Group - or whatever terminology seems right to distinguish it - with a focus on detailed Global Programme Support group updates, campaign updates and week-to-week operational decisions, meeting fortnightly with pre-reads circulated 2-3 days in advance, as now.

- **Alternative chairing arrangements should be considered. The recommendation on chairing is dependent on whether the 'split' recommendation is accepted. If so:**
 - we would recommend that the SC is chaired on a rotating basis by the existing partners, with a Vice Chair to burden-share. There remains a strong case for an independent chair for this function, to enable equal engagement by all partners. But, we are not recommending it at this time. It could take up to 12-months timeframe to recruit an independent chair, and shifting to a two stream system is a sufficiently large enough change to manage within current bandwidths and resources.
 - the Strategy (Operations) Group/Committee would continue to be chaired by WHO, maybe also formalising a Vice Chair

If the 'split' arrangement is not accepted, consider alternative chairing arrangements, either independence (as recommended previously in 2020), rotation amongst SC members, or the same Chair arrangement as now (WHO), with a Vice Chair (to be determined) who can focus on ensuring equity of engagement and voice among the membership.

- **The SC should consider expanding membership to add (direct) country voice.**
- **The SC should consider expanding membership to add another sovereign donor seat, and/or allow the donor constituency to be further represented by an Alternate from within wider donor group.**
- **Shift any budget preparation and coordination function as feasible to FAC** (explore options deeply between the two committees and the FMG to see if/how FAC could take some pressure off the SC).

Finding 7: The partnership would benefit from broadening the responsibilities of the FAC to provide greater ownership of change management functions and take pressure off the SC.

Rather than removing wider accountabilities from the FAC's remit to focus it purely on finance (as has been the direction of travel in recent years), the Partnership may be better served by empowering the FAC to play a stronger role on overall accountability - including a finance coordination function to take some pressure off the SC. Expanding the FAC's remit to include facilitation of deep-dives on programme risk, as well as governance (including governance transitions) would give these priorities a clear 'home' (recognising the relevant experts would need to be invited to those deliberations and that joint FAC-SC meetings may be occasionally needed). It would also help facilitate active change management and prioritisation of the important-but-slightly-less-urgent work required to transition governance and management arrangements between the current strategic period, and the 'sustaining a polio free world' period.

Recommendations

- **Revert back to the Finance AND Accountability Committee**, building out responsibility for deep-dives on partnership-level risk, oversight and coordination/communication of management responses (including to IMB reports), and ownership over governance including ensuring change is actively managed and on-track.

⁸ Six meetings per year for this group is also an option, but our recommendation would be (if accepted) to try an initial quarterly schedule timed about six weeks before any POB meeting, papers going to the SC could then be adapted and revised in time for the POB meetings.

- **Empower the FAC to play an earlier and more active role in budget development**, as feasible, to provide some relief for the SC - explore options through a joint meeting of the FAC, SC and FMG.
- **Continue ensuring FAC members are senior management and finance representatives (ideally CFOs)** to ensure they can fully represent the positions of their organizations or constituencies, with an expert view.
- **FAC to take ownership over the formal management responses to this and any future governance review**, including tracking responses, their rationale and their implementation as part of its risk management/accountability role – explicitly documenting what recommendations are taken up (or not, and why), to ensure that issues do not ‘fall between the cracks’ in the GPEI context.
- **FAC to take ownership over formal management responses to IMB reports**, while recognising that much of the programmatic response will need to be determined by the SC, the ownership of the process by the FAC will ensure help ensure timeliness and consistency of response.
- **FAC to take ownership over improvements to internal and external communications and the streamlining processes** recommended at Finding 1.

Finding 8: The GPEI, or at least its mandate, needs to be much more central to the rapidly moving conversations on the global health architecture (GHA), to facilitate a planned and proactive governance transition, rather than having to react to rapidly moving events.

As an emergency response initiative, the GPEI is inevitably and predominantly captured by matters that are both urgent and important leading some to feel that the GPEI seems somewhat ‘inoculated’ from the broad, and very fast-moving discussions on the global health architecture. It is a mature partnership and a self-critical one, and the stakeholders we spoke with proactively reflected on the challenges at hand. But, there needs to be much more systematic engagement with the wider global health governance debates - most recently the Accra Initiative, the Lusaka agenda and much else. There is otherwise a risk that decisions are made in haste, not informed by the full and thoughtful engagement of key stakeholders in the GPEI world. Likewise, explicit transition policies (on sustainable financing etc), how functions could be rapidly transferred (and to where) if unforeseen events occur, and how polio efforts could be sustained without a GPEI umbrella, need to be on the table as early as possible.

Recommendations

These are very preliminary, as it has been challenging to get a focus on ‘future state’ and they also recognise that the near-term transition arrangements leading to ‘future state’ are nascent (e.g. the first joint Board of GPEI and Gavi only took place on 19 June 2025), but include:

- **Consider a standing item for the high level SC on intentional transition to ‘future owners/partners’** to strengthen collaboration as a top priority, and conversely, as the Gavi/GPEI joint board has already given the green light for a joint Global Action Plan on the ‘what and how’ of collaboration consider whether the **Gavi Programme and Policy Committee** might also be requested to consider a standing item on polio transition – in line with its Leap agenda⁹.
- **Consideration of some sort of fully technical group coordinated by the Gavi Board which would potentially include a polio countries seat; or coordinated through a mini GPEI led and chaired by ministers from endemic and non-endemic countries.**
- **More explicit inclusion of the International Financial Institutions (including AfDB) and other potential future owners (and funders) in the current governance of GPEI** – consider what more could be done at the annual POB face to face meetings to open the sustainability dialogue.

⁹ <https://www.gavi.org/news/media-room/gavi-statement-global-health-architecture>

A co-dependency to ensure these recommendations can be as viable as possible on sustainability, transition and accountability is that countries are more directly engaged in GPEI governance. Or, that GPEI transitions more explicitly and quickly to its future owners, who have this representation (with CSOs) in the Gavi Board, through Member States in UNICEF's Executive Board and at the World Health Assembly.

Conclusion

Our view is that there are several recommendations which could significantly improve accountability and transparency. These would be low cost to implement and could result in significant efficiencies, and a consequent confidence and level of trust in the GPEI from some key stakeholders, including major funders.

We are aware that other recommendations may be viewed as not feasible or more of a lift than is wanted during a period of considerable disruption, but it would be useful for the GPEI governance bodies to intentionally record the logic for rejecting or adapting them. We have heard that some issues have already been discussed and decided against, but we could not find minuting which could have helped newer GPEI stakeholders understand why - possibly for very good reasons - earlier governance recommendations were not taken up.

1. INTRODUCTION

- 1.1 This governance review has been conducted from March-September 2025, against the ToRs at Annex 1, but in summary the objectives are:
- Building on the findings from the 2020 governance review, assess the strengths and challenges of the current governance structure and examine the accountability mechanisms and decision-making processes in place.
 - Provide actionable recommendations for a governance model that improves accountability, agility, and operational efficiencies to achieve eradication goals.
 - Propose a future-oriented governance framework that identifies and addresses evolving roles and responsibilities for the polio certification strategic period.
- 1.2 This is the third governance review of the GPEI, with previous reviews conducted in 2020 and 2014. In scope were the Polio Oversight Board (POB), the Financial Accountability Committee (FAC), the Strategy Committee (SC) – and the advisory bodies – the Independent Monitoring Board (IMB) and the Transition Independent Monitoring Board (TIMB). The current GPEI governance structure is provided at Annex 2. This report will not repeat information from the Preliminary Report of 6 June 2025, unless essential for context. This final report builds on the preliminary findings (presented in June) and focuses on options and recommendations for the POB to consider at its 21 September 2025 meeting.
- 1.3 The methods for this review consisted of in-depth document review (list at Annex 3), more than 38 Key Informant Interviews (list at Annex 4), observation of two virtual POB meetings, two face to face Strategy Committee meetings, two virtual group discussions with the SC to socialise emerging recommendations, selective attendance at some virtual SC meetings, observation of a FAC meeting, short discussion with the FAC, and observation of a face-to-face IMB meeting.
- 1.4 The report will address some issues that are common across all the governance bodies, and specific options and recommendations for each, including on the composition and structure of the governance bodies; the altitude of board and committee discussions; accountability and decision making; procedural adherence; internal and external communications, leadership and succession planning.

2. CONTEXT AND LIMITATIONS

- 2.1 The POB decided to commission this review late 2024. Much has obviously shifted since then, and the review has been conducted during an unprecedented time for global health, with significant turmoil in all the major global health agencies and initiatives, against a backdrop of continuing geopolitical instability and funding cuts either already implemented, or on the horizon, from several major public sector donors. Several discussions had already been initiated on the global health architecture, and the need for reform. The GPEI, while initially seemingly ‘absolved’ from being part of the discourse will, inevitably and necessarily, must become more central to the debate and determine how best to coordinate or streamline with others for greater efficiency and country ownership.
- 2.2 Limitations. A survey was not planned, though almost twice the number of KIIs were conducted than initially envisaged. Principal reliance on KIIs may bias findings more towards the ‘insider and informed’ stakeholders. A survey can cast the net wider and sometimes surfaces views from stakeholders a bit more removed from the day-to-day governance. However, an extensive survey was conducted during the 2020 review, and the findings from the 2025 KIIs would indicate that the ‘problem diagnosis’ remains largely consistent. Where possible, opportunities were taken up to liaise informally with country stakeholders in the margins of the IMB meetings, and with some representatives of CSOs. However, not having direct country perspectives on governance, other than informally at the IMB meeting is a significant limitation worth flagging.

3. OVERVIEW OF FINDINGS

- 3.1 The core finding is that this 2025 review independently, and in large part, revalidates the findings of the 2020 Review. Several steps were taken to respond to some of the recommendations in the 2020 review, however many of the findings outlined in 2020 remain today. Several of the recommendations that were not taken up remain valid as ways to address issues identified as ‘mission critical’ - in other words, important for moving more quickly, and more effectively and efficiently towards the desired outcomes of the GPEI and the “Delivering on a Promise” Strategy (extension to 2029), while preventing harm. And, we would argue, that there are significant risks attached to continuing with ‘business as usual’ in GPEI’s governance.
- 3.2 There are several quotes that could be used from the earlier review, but the key one to flag, that remains very relevant is that ‘independent voices are missing from GPEI’s highest levels of governance... the POB is not maximizing the potential of its platform, and... the SC lacks important perspectives in its decision-making processes’.
- 3.3 It is important to note that there were significant efforts made after the 2020 governance review in many areas, for example building in improvements on time and capacity for document review ahead of meetings, streamlining minutes and action tracking, and ensuring items brought to POB and SC included clear decision points in pre-reads. The establishment of the EMU was a significant undertaking and has significantly streamlined coordination among the management groups and between those groups and the SC. We nevertheless observed and heard from a weight of stakeholders that further clarity and streamlining is needed given the complexity of responsibilities sitting with the governance bodies (SC in particular) and the need to simplify going forward.
- 3.4 There are multiple views on what is ‘mission critical’ for GPEI, but this review gives our independent assessment of what we have heard from key stakeholders and keeps in mind the main priority of everyone engaged in the GPEI – a polio-free world. If only one or two people mentioned an issue, it informs context but does not ‘make the cut’ as far as weight of findings or recommendations - so what is reflected here is a strength of opinion.
- 3.5 Below are listed eight (8) findings - some easier to address than others. Following that, is a set of options and recommendations for consideration. Where relevant, the 2020 Governance Review recommendation¹⁰ is noted for context – if the recommendation remains largely consistent with 2020, it can be assumed either that most of the changes did not gain sufficient traction for the intended impact, or the recommendation was not accepted. As the implementation of recommendations would have largely had to take place at the height of the COVID-19 pandemic, it is understandable that momentum and focus, at that time, would have been very challenging.
- 3.6 The intended governance outcomes that were identified in 2020 remain valid: accountability; transparency; country engagement and continuous improvement, to which we would add a fifth, which is alignment with other externally financed initiatives (for transition, sustainability and the long haul ‘future state’).

¹⁰ <https://polioeradication.org/wp-content/uploads/2020/07/GPEI-Governance-Review-Final-Report-July-2020.pdf>

4. KEY FINDINGS

4.1 Clarity in decision-making, transparency, information management and communication are essential. Approaches to decision-making, information management and communication are inconsistent between the governance bodies. This includes agenda-setting, record keeping, information management and decision-tracking. This is limiting line-of-sight between the key bodies and has implications for prioritization, efficiency and ease of engagement among key stakeholders and partners. There is no 'one stop shop' for board and committee members and the GPEI website, as the principal tool for public-facing communication, needs significant improvement to ensure the accuracy, relevance, utility and currency of its content. Modest investments in streamlining administration and communication would have a significant impact on these and myriad other 'pain points' across the partnership. They will also smooth transition to any future governance arrangements following certification. This should involve and build upon the excellent work and depth of experience among those team members currently providing secretariat support.

- 4.1.1 Accountability and decision tracking.** While decisions are generally made on consensus, there is a broad appetite for greater formality - using resolutions or decision-language (particularly for the SC and POB) - so that all are clear on accountabilities and expectations. With potential sunseting (dissolution) of GPEI on the horizon, now is the time to ensure decisions and decision paths are clear, records are maintained and accessible, and that strategic and programmatic choices are explained, for the benefit of effective transitions that do no harm and set 'future owners' up for success. The 2020 findings – and related recommendations - on information management (Rec 7) and effective communication (Rec 8) remain largely valid.
- 4.1.2 Information management.** While each governance body does have a repository for key documents and meeting records, and the SC has a detailed decision-tracker, members were unsure what they could expect to routinely access from where, or how to readily find the most important information. Orientation materials are available but not routinely taken up. Many partners and stakeholders (within and outside the partnership) do not know where to go for information, and are unaware of how decisions are tracked, or how to find out who is accountable for taking which actions forward
- 4.1.3 Secretariat services for governing bodies.** Support systems have evolved such that each of the key bodies has its own individual or small team providing secretariat services. For the POB and FAC this tends to be based on which organization is chairing but can come from another partner organisation if there are capacity constraints, while for the SC it is embedded within the EMU. Availability of secretariat support was revealed at interview to be a key factor for partner organizations in determining whether they felt they could take on a chairing role in any of the governance bodies and is therefore also clearly linked to leadership.
- 4.1.4 Retain the collaborative culture.** The challenges outlined here stem from a broadly positive place - while the GPEI operates less formally than most GHIs, one could also argue that it operates in a more intentional, collegiate and collaborative manner, even if somewhat fragmented. These important aspects of GPEI's culture can and should be retained while improving efficiency and transparency. It is important to note that all team members providing secretariat services are universally appreciated, working to high standard and at times dedicating the bulk of their full-time role (and at times more than a full-time workload) to this function. A push to improve the GPEI's approach to secretariat support is not, and should not be seen as, a critique of those individuals, whose dedication to the work and ingenuity in establishing support systems is highly professional.

4.1.5 The GPEI website is a challenge. This is the first resource stakeholders both within and outside the formal governance structures tend to go to for information - needs significant improvement. Despite updates completed in 2021 in response to the 2020 Governance Review, important parts of the website are significantly out of date or contain multiple versions of documents (making it difficult to know which is current). As the most accessible public-facing communication channel for the GPEI, the website must be taken much more seriously, with accuracy of information and ease of navigation prioritised. We suggest this finding and associated recommendation should be 'owned' by the FAC for action if it is accepted by the POB.

4.2 The GPEI would benefit from an enhanced challenge function or approach within the key bodies. This is notwithstanding (and indeed builds upon) the independent function of the IMB which is seen as critical to the partnership's accountability and credibility. The SC would be particularly in view. This is consistent with the 2020 Governance Review, and the need to be conscious of the tendency toward group think (Rec 5 – increase active engagement with endemic and outbreak countries and regions and Rec 6 – create an independent SC Chair).

4.2.1 Why is it mission-critical? Some partners feel issues of fundamental strategic significance are raised and perhaps discussed briefly, but not sufficiently or thoroughly as to ensure the risks are fully mitigated or opportunities considered. These can include issues/risks raised by members in the formal meeting discussions and can include IMB recommendations – where there is also not a 'one stop shop' where it can be easily seen which recommendations were accepted and actioned, which not (possibly for good reason). At interview, recent examples we heard referenced repeatedly included:

- Concern about lack of examination of significant unforeseen overspends in some parts of the programme that were seen to have been too readily dismissed without appropriate investigation to ensure they were not repeated (SC and FAC);
- Stakeholder interest in enhancing the partnership's overall strategic emphasis on building population level immunity through routine immunization alongside outbreak response, and by taking stronger action to integrate the two (IMB);
- Appetite to deepen engagement with countries as part of GPEI budget deliberations to facilitate discussion of potential for increased co-financing and sustainability (SC);
- Appetite for a deep dive on the quality of data driving decision-making (IMB)
- Significant concern that a more inclusive approach was not taken to determining thresholds of funding required to qualify for a standalone donor POB seat (POB); and
- Appetite for a deeper dive on how risk will be managed in cVDPV settings while the partnership redoubles its focus on endemic countries in response to budget cuts (SC).
- Insufficient effort to identify and fully understand incentives and disincentives that originate at the global level and play out through the regional and country levels through a "polio economy" of sorts - with implications for transition and integration with EPI (raised by several individuals).

4.2.2 These issues have been aired, but there is an appetite for more. Many of stakeholders we interviewed cited these as examples of where there were lingering concerns that the issues had not been given a more thorough going over, either before decisions were made or by providing space in future meeting agendas for a deeper dive. There is a clear appetite within the partnership for deeper dives by the FAC, SC and POB on matters of performance, risk and governance. This includes balancing voice and influence among decision-makers, while still ensuring decisions remain firmly driven by epidemiological evidence and an accurate understanding of relevant operating environments and political economies. Greater recognition was sought by several stakeholders of the ways in which the global programme may create or reinforce incentives and disincentives at the regional and country level. Unpacking and understanding these was seen as critical to successful integration of polio programmes with EPI programmes, and to the responsible sunseting of the GPEI.

- 4.2.3 **Creating a challenge culture.** Reflecting on the need to create more of a ‘challenge culture’, many stakeholders referred to the partnership as something of an inside ‘club’, somewhat insulated from the broader health architecture despite its membership providing opportunities for greater alignment. Several of those interviewed expressed concern that the GPEI ‘talks to itself’ a little too much, and risks venturing too routinely into group think. Those concerned often reflected on the unintended consequences of the 2016 product switch, and the need to ensure the partnership’s laser focus on emergency response and eradication does not occur at the expense of identifying and mitigating future risks, or taking up opportunities for early action, including on transition and sunseting.
- 4.2.4 **Reflection on GPEI culture.** While all stakeholders consistently emphasised their respect for all colleagues and their collegiality, alongside the ‘inside club’ reference, which came up too frequently not to mention, some also expressed a view that there are gender dynamics at play. This suggests some routinised internal reflection may be needed (as also commonly takes place in other GHIs as a part of self-assessment) on how well the partnership’s governance reflects its strategic and programmatic focus on gender equality. In our experience, this is not unique to GPEI, and that it is coming through in interviews - with both men and women - demonstrates important self-reflection.

4.3 **Asymmetry of influence in the Strategy Committee and Polio Oversight Board risks diluting the voice and confidence of sovereign/public donors.** The 2024 IMB report noted donor frustration with shifting timeframes and asked, when interruption of wild polio virus is achieved, what might the commitment of donors be to goal 2¹¹ with respect to cVDPV. Our impression from the KIIs is that donor confidence is indeed at a critical juncture, and related to shifting timeframes for wild polio eradication, but also related to GPEI governance and concern for goal 2. Future resource mobilization may be at risk, notwithstanding major ODA withdrawals occurring in the wider landscape.

- 4.3.1 **Broadening the support base.** Although not raised explicitly in every interview, most stakeholders, including those representing sovereign donors, expressed concern for goal 2, or around declaring victory before goal 2 is achieved. Some expressed particular concern about the potential impacts vis-à-vis more widespread vaccine hesitancy. Notwithstanding the geopolitical shifts that will see the Polio Programme and all its implementing partners operating in a far more resource constrained environment going forward, maintaining a broad base of support will be critical to long-term success. Our sense is, strategically, polio eradication will need more actors with skin in the game, not less, if the risks are to be mitigated and timelines achieved.
- 4.3.2 **Sovereign donor engagement in GPEI.** With respect to the overall governance arrangements, a key shift coming from the previous governance reviews was the introduction of a shared sovereign donor constituency seat on the POB and SC. This has enhanced donor visibility of the partnership and voice within it. Donor voices have added not only the perspectives, concerns and priorities of donor governments, but also enhanced the ability to take GPEI priorities into their diplomatic dialogues with implementing country partners, and to bring a perspective informed by experience in representing governments and their citizens. In this respect, the addition of a second single-donor seat (Kingdom of Saudi Arabia) is seen as a strength, with the unique ability to influence in different geographies.
- 4.3.3 **Challenges in donor engagement.** There do not appear to have been adjustments made to cadence or the timing and nature of information provided for decision-making, to account for the fact that one (and only one) of the seats at the SC and POB must operate as a constituency - with the associated obligation to consult widely, achieve consensus and arrive empowered to negotiate with respect to an agreed, shared position. Other members represent their own organizations - notwithstanding the roles played by WHO and UNICEF in helping the POB and SC understand the views of Member States. This seems to have created some asymmetry of influence, and the risk is that sovereign donor voices are not able to achieve equal weight in discussions and decisions. Current TORs for the SC (section on

¹¹ Goal 2 of the Polio Eradication Strategy 2022-2026: delivering on a promise, extension to 2029 is ‘stop and prevent type 2 variant poliovirus outbreaks’

donor selection) restricts the term limit for the donor member but does not restrict others. Burden sharing between the donor agencies - including using an Alternate/Deputy from an agency separate to the Principal member - would provide greater flexibility and matches best practice elsewhere.

- 4.3.4 **Donor confidence.** Our assessment is that donor confidence is impacted (perhaps inadvertently) by the governance arrangements, as well as programmatic concerns. While we did not hear any objection whatsoever from within the sovereign donor group with respect to the welcoming of the Kingdom of Saudi Arabia into the POB, we did hear significant discontent with a perceived lack of consultation to achieve consensus on the decision to introduce a financial threshold for entitlement to a standalone POB seat.
- 4.3.5 **Adapted ToRs and flexibility needed.** Compared with peer GHIs, the SC Terms of Reference are prescriptive with respect to how the sovereign donor group may choose to coordinate amongst itself and determine its representation. Best practice (in multilateral partnerships) and as is the case for the FAC, tends to be that the level and number of representatives are set in the TORs, but the way in which any constituency organises itself is a matter for that constituency. We recommend that current or future constituency-based seats be given full flexibility with respect to how they choose to organise and represent themselves. TORs could be adjusted accordingly.

4.4 **All stakeholders recognised ultimate accountability for results must be at country level and most queried whether shifts in governance approach could facilitate a stronger transition.** Most noted that steps need to be taken sooner rather than later to prepare for transition away from a heavily resourced, business-as-usual GPEI toward greater country ownership and domestic funding (which could include resources like IDA and necessitate near-term engagement with stakeholders not traditionally engaged in polio). There remains strong appetite from within the governing group to enhance the involvement of endemic and other consequential geographies in the GPEI's governing bodies, but views varied considerably on how this should be achieved, and on whether full membership of governing bodies of implementing government constituencies would be appropriate or effective.

- 4.4.1 **Country voice in governance – for accountability and sustainability.** This finding is entirely consistent with the 2020 Governance Review which noted that these voices at the 'highest levels of governance' can serve to challenge, broaden perspectives, but most particularly to increase accountability. This is ever more urgent when thinking about the future state and in a situation where there has already been a switch much faster than expected to a situation where resources are much more constrained. to fewer resources than anticipated. The recommendations in 2020 were to 'expand POB and SC membership to include country governments, major donors and others' (Rec 1) and to 'increase active engagement' (Rec 5) and steps have certainly been taken to partially implement these, including the addition of donor seats (see also 4.4.3).
- 4.4.2 The Programmatic reasons are well known, the IMB has stated that it is disempowering to local and national polio leaders if there are regular discussions going on between global leaders and their governments above their heads without their knowledge or involvement and this might lead to lack of transparency at field level. Where countries have access to governance forums, notably the IMB, there is significant commitment shown with very senior stakeholders sent to participate.
- 4.4.3 **Existing country engagement.** There are various ways in which country engagement currently takes place including: dedicated outreach to Ministries of Health from the Chairs of both the POB and SC; POB and SC country visits; select Ministries of Health invited to participate in POB meetings on an ad hoc basis (typically once per year aligning with deep-dive agenda items); yearly engagement through the IMB and TIMB meetings, and regular country and regional level engagement through various TAGs; EOCs (national and provincial); regional Unicef and WHO committee meetings, and ad hoc WHO member state consultations.

4.4.4 **Missed opportunities.** There were, nevertheless, several examples offered where some stakeholders felt there were significant missed opportunities, with countries brought in at a late stage to comment or endorse, rather than be engaged in the co-creation or co-authoring of key documents, for example the strategy was mentioned. With the concerns around transition and future ownership, some feel that there have to be discussions sooner rather than later on co-financing/transition policies, and these would be challenging, if not impossible without country engagement and ownership of the policy. Likewise, more systematic engagement of the IFIs at some level in the governance will be critical for ‘future state’ discussions.

4.4.5 **CSO engagement in governance.** A clear weight of opinion for or against did not emerge. Most felt that it would be challenging to find CSOs who were truly representative and that the main challenge remains, as the IMB has noted to have CSOs fully engaged at the programme delivery level, and in the planning (and delivery of) fully integrated services. There is merit in the GPEI pursuing analytics to determine the extent to which CSOs have been involved in critical polio service delivery or other functions, where there is a risk those roles may now have lost funding due to ODA cuts, in case important co-dependencies have not been brought to light.

4.5 **The Polio Oversight Board membership, leadership rotation and space for sensitive discussion should be revisited.** The issue of country engagement came up often. Even though countries are invited as observers, as needed, this was not felt to be sufficient for accountability and engagement (see above finding). Stakeholders are pragmatic about the challenges of having certain countries present but feel this can be overcome through constituency type arrangements, or more structured engagement of Regional Directors as an interim step. Leadership has been through the same agency for nine of the last 13 years. This is a heavy burden on one player. The POB meetings, like many GHIs, are more ‘parliamentary’ in nature, which is useful for transparency but can stifle discussion on sensitive topics. While there are closed sessions, some felt that the open session agendas are still quite crowded with items for information rather than decision or strategic discussion, which meant that closed sessions could become rushed having to ‘pack too much in’. Retaining high level representation seems to be a consistent challenge but remains a high priority to ensure the partnership model works effectively through this critical eradication period, as members must be empowered to make decisions on behalf of their organizations or constituencies.

4.5.1 **Chair rotation.** There are very good reasons why the Chair has not rotated. The current Chair is highly respected for the energy and commitment to GPEI, ‘indefatigable’ was a word used often. And there are concerns from stakeholders that while rotation is healthy, it comes with challenges, as other POB members might not be able to dedicate similar time or resources. Our view is that these challenges can be overcome by separating the resourcing – which in other GHIs would come from a Secretariat and independent advisory support – from the function.

4.5.2 **POB membership.** The recommendation (Rec 1) was to expand POB membership. A donor seat was added (though the recommendation suggested two seat), but the recommendation also mentioned countries and CSOs.

4.5.3 **Cadence and conduct of meetings.** Some express the view that membership often gets delegated to the fact that the meetings are too frequent. The current cadence is three virtual meetings of two hours each, and one day face to face annually. Governing bodies of other GHIs, including those with lower budgets, meet more frequently or for significantly longer. While that might also not be the right cadence, members could be explicitly canvassed as to what is the optimal schedule to which they can commit. Agendas may also need some review to ensure that sufficient time is set aside for the more sensitive discussions, it is quite a unique opportunity to have heads of agency in the same room focusing on how GPEI can move the needle on much more than just polio. And, that any items for update are assumed to have been read, and that if any agenda time is needed, it is fully set aside for discussion, not presentation beyond the ‘two-three slides/five minutes’.

4.6 Strategy Committee discussions need to be elevated. In concurrence with the findings of the 2020 Review, our assessment is that there remains a need for the SC to create more space for the strategic deliberations on risk and strategy that need to occur well in advance of transition or sunset of GPEI. This cannot come at the expense of the programme's laser-focus on its near-term targets, so steps need to be taken to create space, either through a shift in meeting cadence or by moving some responsibilities to other parts of the partnership.

- 4.6.1 Many strengths.** These were detailed in the Preliminary Report but in summary, the SC is widely regarded as a technically strong group, with the ability to reach deeply within their respective agencies to generate action when decisions are taken. Performance reporting is detailed and helpful for course correction and rapid action. The group is more diverse than in the past with the inclusion of a donor representative.
- 4.6.2 Strategic or Operational?** While obviously not an either/or, there are concerns about the balance of efforts and time spent on issues, and that the SC is still seen primarily as an 'operational management group' (noted in 2020), spending too little time on strategic priorities and risks, despite being principally accountable to the POB for both. It is responsible for the maintenance of an intensive emergency response with rapid action required to identify and address outbreaks in partnership with countries. At the same time, it is the central driver of what is a now 37-year operation that, by virtue of having been very well resourced for a very long time, now plays a significant role within the global health architecture, including various co-dependencies with other actors at the country, regional and global levels. GPEI is simultaneously considering when and how it may 'sunset' and responsibly transition key functions to future owners in line with the WHO Polio Transition Framework, while intensively pursuing its near-term eradication targets. The recommendation in 2020 (Rec 2) was to 'restructure and rebalance the strategy and management roles to ensure the day-to-day management of programme does not impede the SC's strategy and decision-making responsibilities'. Despite significant efforts to date, this recommendation remains valid and is reiterated in our assessment.
- 4.6.3 Conduct of meetings.** In our observation of SC meetings - recognising that the partnership is in a period of rapid and high-stakes adaptation to budgetary and geopolitical shifts - there were times when stakeholders made what they had felt were important interventions - sometimes seeking a response from colleagues rather than merely making observations - and those were not discussed, nor picked up on in the summary at the end of the meeting, nor taken forward to a future agenda. This links with findings 4.1, 4.2, and 4.3. Ensuring each intervention is recognised and actioned - even if the action is to confirm the wider group does not wish to take the discussion further - is essential.
- 4.6.4 Chairing.** There is a challenge related to the dual role played by the SC Chair as both WHO's Director of Polio Eradication (head of the programme) and Chair of the partnership's most influential and active committee. The frequent cadence and wide scope of SC meetings is not comparable with any other GHI and means the need to move business forward inevitably takes precedence. We have heard from most members of the SC that there is no appetite for anyone other than the WHO Director to be the SC Chair. An independent chair was recommended in 2020 (Rec 6), but this recommendation was not taken up. Rotation has also been canvassed and not taken up.
- 4.6.5** Our assessment is that playing the dual role of SC Chair and Programme Director places extraordinary demands on the incumbent and makes impartial chairing at times impossible - this is not unique to, nor a reflection on, any individual. This is broadly the equivalent of Gavi's CEO or Director of Strategy chairing its Policy and Programme Committee, if that committee met fortnightly. It would be challenging for anyone to chair the meeting completely neutrally, while also engaging as leader of the programme responsible for the bulk of actions coming out of the meeting. The SC, in this regard, is both a committee being chaired and a team being led.

- 4.6.6 **Chairing alternatives.** We understand from most SC members that they feel the programme's influence would be diluted with any other member or independent party in the role. Our assessment, grounded in extensive experience of multilateral governance best practice, concurs with the 2020 review, that the SC would benefit from an independent chair. Nevertheless, we understand in practical terms that this will not fit with the political economy of the GPEI at this time.
- 4.6.7 **Crowded agendas.** While the Executive Management Unit (headed by WHO with staff from core partners) has taken on a significant coordination role, it is not perceived as playing the role of "strategic filter" for the SCs some stakeholders had seen as its original mission coming out of the 2020 Review. As the EMU was not in scope for this review, we can only speculate why this perception is current, but it could be that the ambition for the EMU was unrealistic with the resourcing available – it is performing the functions of much larger Secretariats elsewhere. Perhaps with the unique partnership model, the EMU needs to be empowered more to push back on the many groups which feel they need to have visibility with the SC (or POB).

4.7 **The Financial Accountability Committee (FAC) could be used more strategically, including on communication and governance.** Sitting somewhat independently of the SC, reporting directly to the POB, with members engaged for their finance and management expertise, our sense is that, rather than removing wider accountabilities from the FAC's remit to focus it only on finance and the quality assurance of financial decisions taken by the SC (the direction of travel in recent years), the Partnership may be better served by empowering the FAC to play a stronger role on overall accountability - potentially including a finance coordination function. Expanding the FAC's remit to include facilitation of deep-dives on programme risk, as well as governance (including governance transitions) would give these priorities a clear 'home'. It would also help facilitate active change management and prioritisation of the important-but-slightly-less-urgent work required to transition governance and management arrangements now and during the 'sustaining a polio free world' period.

- 4.7.1 **FAC role.** In 2020, the recommendation (Rec 3) was 'to strengthen the FAC's risk and audit role to have better alignment between programmatic and financial goals'. Efforts were undertaken around 2023 to better define the role of the FAC and update its TORs, cognisant that it had focussed predominantly on finance in recent years rather than a wider accountability remit. Despite these updates, FAC members reflected during our engagements that the overall role of the FAC was not yet fully clear, and that perhaps the GPEI was not making full use of its expert membership. There was also appetite to understand where responsibility for decision tracking and follow-up on the various partnership management responses should sit. Our observation was that the FAC members appeared to have the interest, management skills and bandwidth to consider these issues. We recognise that this might be seen as 'significant change' for the FAC, but many interviewees expressed the need for a much stronger sense of where accountabilities fit into the overall GPEI structure, and some adjustment to the FAC's ToRs and meeting cadence (or duration) could address this need. This does not mean the FAC operationalises every management response, but that it is responsible for the oversight of them.
- 4.7.2 **FAC Chairing.** As a committee largely focussed on quality assurance of financial decisions, and meeting far less frequently, the FAC does not typically experience the same challenges as the SC. The FAC is currently chaired by Rotary (broadly independent from implementation) and we understand the position of chair has rotated and could rotate more readily. Should the FAC take on more responsibilities over the near-term, priority should be given to ensuring the chair can retain this separation of duties. In keeping with good practice and management of conflict of interest, the FAC should not be chaired by organisations or agencies that receive GPEI funding. This separation is healthy in the FAC but could be seen as largely 'optics' given no such separation is possible in the SC - which currently drives financial decision-making.

- 4.7.3 **Burden sharing.** There may be scope for the FAC to take on some of the preliminary budget development and reporting responsibilities currently undertaken under the auspices of the SC, to relieve the SC of workload, while engaging the SC as required on programmatic prioritization. We would see this largely a coordination role, with feasibility to be further explored between the two committees (and the Finance Management Group) through a joint meeting. The FAC could also usefully play a slightly removed/semi-independent role in determining the appropriate response to significant over- or under-spends, if any, and recommending follow-up actions to the SC.

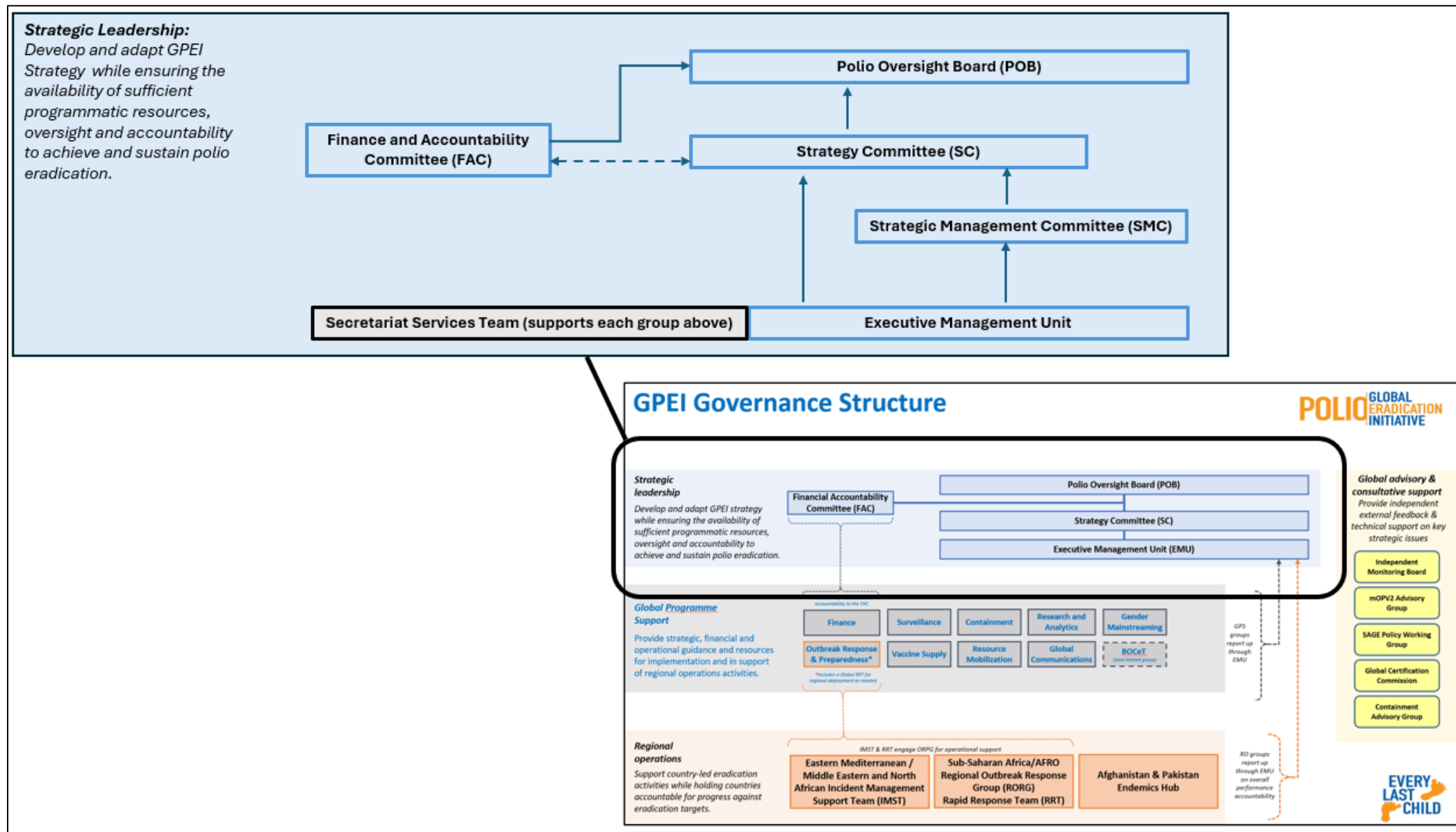
4.8	The GPEI, or at least its mandate, needs to be much more central to the rapidly moving conversations on the global health architecture (GHA), to facilitate a planned and proactive governance transition, rather than having to react to rapidly moving events.
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- 4.8.1 As an emergency response initiative, the GPEI is inevitably and predominantly captured by matters that are both urgent and important, leading some to feel that the GPEI seems somewhat ‘inoculated’ from the broad, and very fast-moving discussions on the global health architecture. It is a mature partnership and a self-critical one, and the stakeholders we spoke with proactively reflected on the challenges at hand, but there needs to be much more systematic engagement with the wider global health governance debates - most recently the Accra Initiative, the Lusaka agenda and much else. There is otherwise a risk that decisions are made in haste, not informed by the full engagement of key stakeholders in the GPEI world. Likewise, explicit transition policies (on sustainable financing etc), how functions could be rapidly transferred (and to where) if unforeseen events occur, and how polio efforts could be sustained without a GPEI umbrella, need to be on the table as early as possible.

5. RECOMMENDATIONS - NEAR TERM

- 5.1 Recommendations have been tested for feasibility through interviews and working sessions with the committees and the committee Chairs. They are based on a combination of these conversations and the review team’s experience and understanding of effective or best practice in similar partnerships - while recognising GPEI’s unique structure as a partnership without a standalone legal entity.
- 5.2 Some recommendations seem uncontroversial and have a reasonable chance of being implemented. We recognise that others will be seen as less viable given complexities in the current moment, but we have not filtered any out unless they have been ruled out thoroughly in conversation with the bulk of stakeholders. We have been asked to give views on governance best practice but, more importantly to canvass a wide range of opinions about what needs to change, so these recommendations are largely ‘reflecting you back to you’.
- 5.3 While some recommendations are straightforward and we are suggesting they are implemented as a package, we were explicitly asked by the POB and SC to provide options with pros and cons for any that might be seen as particularly challenging, or for which there was not an obvious consensus view from among the stakeholders, with commentary on the level of change or lift required from a change-management perspective. Those in the ‘straightforward’ category are presented plainly, while those for which options were required are presented in table format.
- 5.4 The team notes some, but not all, specifics of the recommendations have been workshopped at committee, given the recency with which those sessions were able to be scheduled (late July and as recently as 25 August) so more revision and testing may be required. Structurally, the key proposals are illustrated as an edit to the Strategic Leadership section of the current GPEI Org Chart at Figure 1.

Figure 1: Proposed Shifts in Governance Structure



CROSS-CUTTING RECOMMENDATIONS

Recommendation 1: Streamline secretariat services, with standard operating procedures, in support of the POB, SC and FAC.

Linked to Findings: 4.1; 4.2; 4.3; 4.5; 4.6; 4.7; 4.8

Operationalised by:

- 1.1. **A single, small, centralised secretariat team** (staffed by 2-4 secondees/consultants from partnership members¹² including a nominated Team Leader) – most logically hosted structurally within the EMU¹³ - reporting to the FAC Chair on performance, with remote working, as now, the norm. The number of team members suggested is based on understanding of the current servicing requirements across the key bodies, and the likelihood that some staff may only be able to serve the Secretariat on a part time basis). This would likely be equivalent to 2-3 FTE including the Team Leader.
- 1.2. Develop a set of **Standard Operating Procedures** on: agenda-setting practices; formalised and standardised minutes (similar formats across governance bodies); clear reporting lines between the governance bodies; formal resolutions for decisions and consistent approach to documenting asks/tasking of different groups/actors on next steps (should include roles and commitments of different actors both within the partnership and within their own institutions as relevant). Meeting coordination, preparation of papers, record keeping and decision-tracking would be standardised through this team in service of all GPEI governance groups, and it would also standardise responses to IMB reports. This team would also provide comprehensive orientation to new representatives coming into the partnership.
- 1.3. Initial **change management** process and Standard Operating Procedures to be mapped and recommended by team members currently providing Secretariat support across the key bodies (who may intuitively come together to initially form the Secretariat team).
- 1.4. **Decision-tracking** to be explicitly reported in an aggregate, standardised and easily-accessed format, maintained within the governance portal.
- 1.5. **A online governance portal** to be established as an urgent priority for the POB, SC and FAC¹⁴, separate and distinct from the GPEI website. This is critical for transparency and ease with which busy partnership members and ‘governors’ access information. This is standard practice among other multilateral partnerships and would likely be best served through a subscription platform like those used by Gavi and Global Fund (e.g. BoardEffect). Access to some parts of the portal can be locked down to certain individuals/log-ins so that confidential and sensitive material can be safely managed in the same online environment.
- 1.6. **Establish an overall operations manual for the GPEI** (in keeping with best practice but also kept simple and right-sized for GPEI) - under which the various POB, Committee, Management Group and EMU TORs would sit as annexes - to provide clarity of accountabilities, decision-making procedures and thresholds for membership. Ensure TORs are not prescriptive around how constituencies self-organise and ensure they do not entrench inequities.

Recommendation 2: Invest the necessary time and energy in updating the GPEI website, including testing for utility with newer representatives within the partnership.

Linked to Findings: All

Operationalised by:

- 2.1 **Secretariat** team (initially POB Secretariat team until single team is formed) to consult partnership members and wider stakeholders on use and utility of website - updates to be prioritised and implemented by WHO communications team as host (under instruction by WHO DG in role as GPEI POB member).

¹² Without a legal identity, contracts must be issued by one of the GPEI partners.

¹³ “Hosted within” does not mean co-located or even necessarily under the same leadership. It could be more cost effective to use consultants than staff. The main point is to have support using the same processes and systems.

¹⁴ The IMB manages its own portal/website as a fully independent body.

RECOMMENDATIONS AND OPTIONS PERTAINING TO THE POLIO OVERSIGHT BOARD

Recommendation 3: Expanded role for implementing countries in the POB as GPEI's chief governing body

Link to Findings: 4.4; 4.8

Option	Pros	Cons	Comments
3.1 Expand formal membership to include implementing countries on a standing basis (level of change: 3/3 High)	Mirrors any other GHI ¹⁵ – reflecting that countries are not just key stakeholders, they are ultimately (and currently) accountable for all progress and for the solutions needed to address challenges, including sustainability of financing and programming.	<p>It can become 'performative' if the environment and tone is not set early. This can be mitigated by accepting the need for more closed and frank sessions.</p> <p>To avoid the 'delegating down' trend, the participants would need to be of sufficient status to be accepted as POB peers - governments may struggle to service this at ministerial/senior official level.</p> <p>Would require governments to work through constituency arrangements, involving a level of behind-the-scenes lift for coordination that would need to be tested with country counterparts.</p>	<p>Key recommendation in 2020, not taken up.</p> <p>Perspectives from government counterparts were not able to be tested through this process</p> <p>Some feel that the load of POB meetings is too intense. But, with only four meetings a year (three of which are virtual for about two hours each, and one face to face - all much shorter than the days long meetings held by other GHIs with full country membership), this does not seem too onerous for a US\$1 billion programme.</p> <p>Option should include non-endemic countries from the outset. Some felt the option may be more attractive when implementing the "Sustaining a Polio-free World" Strategy. If the POB finds this approach desirable, it should be incorporated into transition planning toward future governance arrangements for the polio program.</p> <p>There was not a strength of opinion about CSO engagement at this level.</p>
3.2 More routinely invite endemic and non-endemic country representatives to attend POB meetings and participate in discussions (level of change 2/3 Moderate).	Provides countries with the option to inform deliberations and hear discussions directly, while avoiding the lift and complexity of full membership through constituencies.	<p>Does not achieve equality of membership for decision-making purposes that some stakeholders feel is mission-critical.</p> <p>Countries may be less likely to send their most appropriately senior representatives to participate in a forum of which they are not voting members.</p>	<p>Builds on current practice whereby countries are selectively invited to attend meetings (and participate in discussions) based on relevance of agenda items.</p> <p>May require an adjustment to operating procedures and length of meetings to both incentivize and accommodate interventions.</p> <p>Care would need to be taken to avoid the POB becoming a forum in which statements are read in place of discussion - any country wishing to submit a written statement could do so in advance. This may require papers to be shared with countries more than the current requisite 2 weeks in advance, so statements could be received, circulated and read ahead of the meeting.</p>

¹⁵ Gavi has 28 Board Members including five implementing country board seats, of the 18 representative seats, WHO and UNICEF also have permanent representative seats. There are also nine seats for independent members, all are equal members. The Global Fund has seven country constituency seats of the ten implementer seats (the other three are two CSO seats, and one for affected communities), these have equal voice and vote to the ten donor seats (20 voting members in all). WHO, other UN bodies, Partnerships etc have observer status.

Recommendation 3: Expanded role for implementing countries in the POB as GPEI's chief governing body

Link to Findings: 4.4; 4.8

Option	Pros	Cons	Comments
3.3 Establish a standalone consultative forum for both endemic and non-endemic countries to provide input to POB on an annual basis (level of change 2/3 Moderate)	Offers a country-led forum for engagement whereby countries could play a significant role setting the agenda.	Requires significant additional 'lift' in terms of coordination and agenda-setting. Could become 'performative' if there is not scope to influence decision-making at POB. Does not achieve equality of membership for decision-making purposes that some stakeholders feel is mission-critical.	This would be additional to current approaches to outreach and country visits.
3.4 Retain membership 'as is' while in the near-term taking steps to consult with health leaders from endemic and non-endemic outbreak countries to determine their overall interest and capacity to engage. In doing so, test viability of options outlined above, and also chart a vision for future governance that involves a formalised role for countries under the "Sustaining a Polio-free World" Strategic Period. (level of change 1/3 - but requires consultation)	Proactively commits the POB to taking the steps necessary (well in advance of the transition between strategies) to consult with countries and establish a vision for formal engagement in future governance, while minimising disruption to current approach to POB meetings and GPEI leadership.	Does not achieve equality of membership for decision-making purposes that some stakeholders feel is mission-critical.	Likely the minimum viable approach.
3.5 (not mutually exclusive with other options) Add 2 non-voting seats for WHO and UNICEF Regional Directors to bring a 'closer to country' voice to POB deliberations (level of change 1/3 - Low)	Brings a 'closer to country' voice to the POB more formally. May enable closer engagement from heads of WHO and UNICEF who currently struggle to attend full length of each meeting, by allowing a more focussed engagement.	May conversely act as disincentive for Heads of Agency to attend all POB meetings. Does not achieve equality of membership for decision-making purposes that some stakeholders feel is mission-critical.	RDs are already invited to observe POB meetings and may be called on for input from time to time. This arrangement would broaden their role while retaining only a single 'vote' with Heads of Agency. This option can be implemented irrespective of other options taken up.

Recommendation 4: Add an additional public sector or “sovereign” donor seat on the POB and the SC (to reflect historical and current contributions) and enable the use of an Alternate in both forums.

Link to Findings: 4.3; 4.5

Options	Pros	Cons	Comments
4.1 Additional sovereign donor seat on the POB and SC (level of change 3/3: High)	Acknowledges the balance of voice amongst key partners and recognises challenges associated with being the only member engaging through constituency arrangement. May help in advocacy for resources.	It might be challenging to find donors with the bandwidth to take on the role Increases numbers for gains yet to be assessed.	Public sector donors would probably prefer country engagement to this option, but if Option 3 is not on the table, reflecting their overall 62% contribution to the GPEI might be a compromise, allowing them to feel that their voice is sufficiently represented, including country perspectives they can bring through diplomatic engagement.
4.2 Additional sovereign donor seat on SC only (level of change 2/3 Moderate)	As for 4.1	Donors might find it challenging to fill an additional seat – for most donors GPEI is only a part of a much broader health portfolio.	Focuses on where greatest asymmetry of influence was observed, recognising POB receives papers far longer in advance, so constituency arrangement is less of a disadvantage as in the SC. <i>This is the review team’s recommended approach given balance between desired effect and appetite for change among stakeholders.</i>
4.3 No addition to donor seats but adjustments made as necessary to TORs to enable stronger use of Alternates (level of change 2/3 Moderate)	Steps are still taken to address asymmetry of influence. Providing scope for an Alternate from another donor country / agency is an easy win and would address an existing inequity at the SC level in particular. This does not add a vote but does strengthen donor voice and bring the donor constituency into line with other SC members who routinely bring their deputies to meetings.	Dependent also on uptake of Recommendation 1.6. Strengthening of donor ‘voice’ is less guaranteed, and less within control of donor constituency as compared with 4.1 or 4.2	Changes to improve representation of sovereign donors and address asymmetries would instead be more operational and achieved through two-tier SC recommendation (see Recommendation 6.1). And, allowing for the designation of a Deputy/Alternate, who can come from any member within the constituency – it should not have to be from the same country as the principal representative to the SC (as we understand is currently the case).

Recommendation 5: Renew leadership of the Polio Oversight Board

Link to Findings: 4.2; 4.5; 4.8

Options	Pros	Cons	Comments
5.1 Independent Chair (level of change 3/3 High)	Mirrors best practice in other GHIs (which we recognise are not directly analogous) and allows for a Chair with no extant agency/constituency affiliations to play a challenge function.	<p>Finding someone of sufficient stature who could be a peer to this high-level group, could be challenging.</p> <p>Without historical, or recent ties to an agency invested in GPEI it could be challenging for someone who might not know what levers need pulling to generate action at speed.</p> <p>It would probably require an extensive, and potentially expensive search to find a suitable candidate – query whether the ‘lift’ required is commensurate with how long GPEI may continue to run.</p>	<p>Should the future global polio governance involve a “long tail” version of the GPEI, independent chairing would be a strong option for that future governance, and steps should be taken toward the end of the current Strategic Period to embed the desired approach, including an executive search for independent chair if wanted.</p> <p>An honorarium would likely need to be provided, and independent advisory support, as is usual in similar Chair positions.</p>
5.2 Rotating single chair (as is) (level of change 1/3 Low)	Limited change or disruption	<p>While some stakeholders prefer current Chair is retained long-term (bandwidth to represent the partnership) most felt renewal was needed.</p> <p>Any change will require an approach through which secretariat resources can be provided consistently irrespective of who is in the Chair role.</p>	<p>Not seen as feasible or preferable by most partners (despite universal appreciation of current Chair and desire for his continued strong leadership and advocacy role for the polio effort as a whole). Current limitations around workloads for Heads of Agency remain.</p>
5.3 Rotating co-chairing arrangement (level of change is 2/3 Moderate)	Co-chairing arrangement would allow for burden-share in terms of meeting preparation and representation with implementing countries, including lead of POB visits. We understand this would make it more feasible for most current POB members to take on the role over a 1-2 year term.	<p>Does involve some change management - any change will require an approach through which secretariat resources can be provided consistently irrespective of who is in the Chair role (not strictly a con but must be recognised and resourced).</p> <p>Although offering a burden-sharing arrangement, some felt rotation simply would not be feasible given workloads already carried by some Heads of Agency.</p>	<p>Frequency of rotation and scope for renewal to be negotiated by the parties. The approach ultimately decided upon should be informed by a discussion among members as to what they could commit to.</p> <p>Vice Chair is another possible model – but with this high level of representation might not be acceptable for protocol reasons.</p> <p><i>Rotating co-chairing is the review team’s recommended option for near-term as it balances appetite for renewal with stakeholder wish to redouble commitment among current POB members.</i></p>
Other option canvassed but excluded for near-term: POB to be co-chaired by WHO and UNICEF Regional Directors	Would bring accountability and leadership ‘closer to country’ and help ensure POB is fully tuned in to challenges related to transition.	While some stakeholders were attracted to this approach, they felt it may skew leadership too far toward the partners in receipt of GPEI funds, or that it may act as a disincentive for Heads of Agency to retain their current level of commitment (or ideally redouble their commitment).	Option is referenced here given level of stakeholder interest, but ultimately not recommended at this time.

RECOMMENDATIONS AND OPTIONS PERTAINING TO THE STRATEGY COMMITTEE (SC)

Recommendation 6: Elevate Strategy Committee discussions

Link to Findings: 4.1; 4.2; 4.3; 4.6; 4.7; 4.8

Options	Pros	Cons	Comments
<p>6.1 Split the SC into two meeting streams – consistent with the 2020 recommendation:</p> <p>1. Strategy Committee with a focus on longer-term, higher-level and more complex strategic decisions and risks, with summary updates on GPS group activities and campaigns as required, meeting quarterly¹⁶ (aligning with in-person meetings where possible and as is currently intended) and with in-depth pre-reads circulated 2 weeks in advance.</p> <p>AND</p> <p>2. Strategic Management Committee - or whatever terminology seems right to distinguish it- with a focus on detailed GPS group updates, campaign updates and week-to-week operational decisions, meeting fortnightly with pre-reads circulated 2-3 days in advance, as now. (Level of change 2/3 Moderate)</p>	<p>Fewer meetings focusing on higher level strategic issues, major financing decisions for recommendation to the POB and risk and performance (suggest quarterly, retaining the three face to face).</p> <p>Linked with options on country engagement and donor voice, this would enable stronger engagement on issues of greatest strategic importance.</p> <p>Clear analytical papers with options and recommendations, focusing on the most important decisions (or risks) would be presented at least three weeks in advance of the high-level meetings, allowing for adequate consultations.</p> <p>Updates would be handled by the Management Committee, to which the SC membership could 'opt in' at any time - facilitation to be improved by all papers being available on a single board portal.</p>	<p>Requires a degree of change management and agreement among members as to agenda-setting approach for each stream.</p> <p>Potential for additional pressure if same chair is retained for both, however this recommendation goes with recommendation 8.4 and would be most effective if the high-level meetings were chaired on a rotating basis from within the membership.</p>	<p>This essentially reiterates the 2020 recommendation to 'restructure and rebalance the SC's strategy and management roles to ensure the day-to-day management does not impede the SC's strategy and decision-making responsibilities'.</p> <p>This has to be considered alongside recommendations on country engagement in GPEI governance and addressing asymmetries within the existing membership (strengthening sovereign donor voice in particular).</p> <p><i>This is the review team's recommended option.</i></p>
<p>6.2. Retain strategy committee 'as is' (level of change 1/3 Low)</p>	<p>Limited change to manage - low level of disruption (as some feel is appropriate at present)</p>	<p>Most 'pain points' would remain. Constituencies at a disadvantage, agendas overloaded, ability to focus on the important-but-slightly-less-urgent would remain insufficient.</p>	<p>It seems the EMU may not be staffed or empowered sufficiently to undertake the strategic filtering role envisaged when it was established. Nevertheless, if this option is selected, there should be significant revisiting of the EMU's role, allowing it to filter what comes to the SC to elevate the focus. Even if something is scheduled to come, the EMU must be empowered to determine items for update can be provided out of session through the portal if needed.</p>

¹⁶ Six meetings per year for this group is also an option, but our recommendation would be (if accepted) to try an initial quarterly schedule timed about six weeks before any POB meeting, papers going to the SC could then be adapted and revised in time for the POB meetings.

Recommendation 7: Expand SC membership to address asymmetries and connect more closely with country voice

Link to Findings: 4.2; 4.3; 4.4; 4.6; 4.8

Options (not mutually exclusive)	Pros	Cons	Comments
<p>7.1 Per recommendation 4 - add a second public sector or “sovereign” donor seat to the Strategy Committee (level of change 2/3 moderate).</p> <p>At a minimum, allow the donor constituency to nominate an Alternate from within the donor group (not strictly from the same country as the SC member) to enable stronger and more supported engagement (level of change 1/3 Low)</p>	<p>If option 6.1 is not taken up, this option could help address asymmetries caused through creation of constituency-based seat by strengthening overall weight of donor voice in deliberations.</p> <p>Providing scope for an Alternate from another donor country / agency is an easy win and would address an existing inequity. This does not add a vote but does strengthen donor voice and bring the donor constituency into line with other SC members who routinely bring their deputies to meetings.</p>	<p>Greater pressure on donor group to staff the SC (currently resource intensive and would remain so unless 6.1 is taken up).</p>	<p>Without also adopting 6.1, engaging through constituency arrangements will remain challenging.</p>
<p>7.2 Expand SC membership for greater country representation.</p> <p>7.2.1: SC could include additional representatives from countries (not limited to endemics) to enhance the accountability and the path towards ‘future owners’, with direct participation not mediated through UN agencies.</p> <p>7.2.2 Expanded membership might also consider the Directors of Immunization from both WHO and UNICEF to ‘fast track’ the integration agenda.</p> <p>(Level of change (3/3 High)</p>	<p>Greater representation of country perspectives in key decision-making body.</p>	<p>Many stakeholders felt discussions may be less frank or open resulting in agreements being negotiated behind closed doors more often.</p> <p>Some raise concerns about conflicts of interest as financial and budget issues are discussed in SC meetings.</p> <p>An enlarged committee would come with some potential opportunity cost, unless agendas are stringently filtered.</p> <p>Bandwidth among senior officials from countries, and Directors of Immunization from WHO and UNICEF may be too limited if 6.1 is also not adopted (in which case they could engage in the high level forum).</p>	<p>Without also adopting 6.1, engaging through constituency arrangements will remain challenging.</p>

Recommendation 8: Consider de-linking Chairing of SC from leadership of programme

Link to Findings: 4.2; 4.3; 4.6

Options	Pros	Cons	Comments
<p>8.1 Independent Chair (Level of change 3/3 High)</p>	<p>Mirrors ‘best practice’ in other GHIs (which we recognise the GPEI is not, without a legal identity), Global Fund and Gavi both have independent strategy committee (or equivalent) chairs not aligned to any constituency</p> <p>A fully independent chair, without agency allegiance may be viewed as able to caucus and consult in a way that is strictly neutral and with no perceived conflict of interest. This would also help address the finding around the need for a greater challenge function within the key bodies.</p>	<p>It can be a lengthy, time-consuming process, usually involving a search firm to ensure the net is ‘cast wide’.</p> <p>The Chair would normally be offered independent part time advisory support (a person of their choosing), and this comes with a cost, and the complexity in GPEI’s case, of who would do the contracting.</p> <p>An honorarium might need to be offered to compensate for the complexity of the role</p> <p>Many stakeholders felt WHO’s role as programme lead would be somehow altered or weakened if they were not also the Chair of the SC.</p>	<p>Recommended in 2020. Not documented why it was not taken up.</p> <p>If GPEI dissolution takes place anytime within the next few years, this level of disruption might not be worth the potential upheaval.</p> <p>Review team recognises the broadly held perspective within the SC that the Chair must also be the Programme Lead from within WHO to afford both positions full influence with stakeholders (including within WHO itself). This is not analogous to other similar bodies, but we nevertheless recognise that is the political economy of the polio operating context that has been described to us.</p>
<p>8.2.1 Rotate Chair (every one to two years) and/or appoint a Vice-Chair (normally a Deputy or Alternate from a different constituency or agency) OR 8.2.2 have a meeting facilitator supporting the Chair from within the EMU (similar support role to Vice Chair but without authority to act as Chair if Chair is absent). (Level of change 2/3 Moderate)</p>	<p>The Vice Chair support role (burden sharing) can be valuable – ensuring that summaries are provided for the Chair, decisions intentionally minuted, dissenting voices recorded etc. supporting the Chair to ensure all voices are equally heard, while the Chair is concentrated on moving the program forward on a week-to-week basis.</p> <p>Rotation and ‘new blood’ in a chairing positions is healthy and takes the pressure off the Chair/VC to have to take on and off ‘chair’ and ‘agency’ hats repeatedly, as there would be an agency ‘seat’ which is separate.</p>	<p>This might be seen as over-elaborate for SC needs at this stage of the GPEI</p> <p>If WHO is both Chair and facilitator (if that option is chosen, and it’s the EMU), there could be a significant ‘optics’ issue, particularly if WHO were also POB Chair.</p> <p>Members would have to be willing to ‘step up’ into the VC role and would need assurance that support would be provided as it is currently from the EMU, through UNICEF.</p>	<p>This is again, best practice, to have rotation, ensuring a balance between continuity and institutional memory, and ‘fresh eyes’.</p> <p>UNICEF stepped up as Chair in 2024, precipitated by the tragic passing of Aiden O’Leary.</p> <p>Some argue that it is necessary for the key agency receiving the most funds, and responsible for the heavy implementation lift to be the Chair, as it is necessary to have the leadership position to ensure agency action in key areas. Gavi, which also operates as an alliance partnership, has independent member Chairs in all committees.</p>

Recommendation 8: Consider de-linking Chairing of SC from leadership of programme

Link to Findings: 4.2; 4.3; 4.6

<p>8.3 WHO as standing Chair. (no change)</p>	<p>There is significant trust and confidence from several partners that WHO is best placed for this role.</p> <p>Stability and institutional continuity.</p>	<p>It is a heavy load on the incumbent, who has the lead responsibility for implementation of WHO's programme responsibilities, but also must undertake a significant governance load.</p> <p>Several respondents have highlighted what they observe as 'group think' in the SC, or GPEI more generally. Whether fair or not, it is always useful to address perceptions head on.</p> <p>Is less able to speak for their agency as Chair role 'neutralises' this ability, unless the Chair 'hat' is being taken on and off repeatedly.</p>	<p>Some argue that it is necessary for the key agency receiving the most funds, and responsible for the heavy implementation lift to be the Chair, as it is necessary to have the leadership position to ensure agency action in key areas.</p> <p>As above, Gavi, has independent member Chairs in all its committees.</p> <p>While recognising that the Global Fund is a different sort of partnership, it manages its committee leadership through selecting from existing constituencies – the Committee Chair and Vice Chair are then independent. They may or may not have another person from their constituency in the actual committee.</p>
<p>8.4 If Recommendation 6.1 is taken up:</p> <p>WHO as standing Chair of the Operational or Strategic Management Group (meeting fortnightly) with the Chair of the High-Level Strategy Committee (meeting quarterly) to be rotated among the membership. (level of change 2/3 moderate)</p>	<p>Would ensure WHO retains full leadership of the group enabling the day-to-day governance of the Partnership, while enabling greater independence in the Chairing of the high-level SC meetings, in which WHO could fully represent its own interests and perspectives as strategic partner without balancing this with the need to secure a rapid and specific outcome from the meeting. This would also help address the finding around the need for a greater challenge function within the key bodies.</p>	<p>Similar to change management load described at 6.1 with further need for bandwidth and willingness to chair from within the wider membership.</p>	<p><i>Balancing best practice with pragmatism and noting feedback, this is the recommendation of the review team.</i></p>

RECOMMENDATIONS AND OPTIONS PERTAINING TO THE FINANCE ACCOUNTABILITY COMMITTEE (FAC)

Recommendation 9: Broaden responsibilities of the FAC to provide greater ownership of change management functions and take pressure off the SC

Linked to Findings: 4.1; 4.2; 4.7

Operationalised by

- 9.1 Revert back to the **Finance AND Accountability Committee**, building out responsibility for deep-dives on partnership-level risk, oversight and coordination/communication of management responses (including to IMB reports), and ownership over governance including ensuring change is actively managed and on-track.
- 9.2 Empower the FAC to play an **earlier and more active role in budget development**, as feasible, to provide some relief for the SC - explore options through a joint meeting of the FAC, SC and FMG.
- 9.3 Continue **ensuring FAC members are senior management and finance representatives (ideally CFOs)** to ensure they are able to fully represent the positions of their organizations or constituencies, with an expert view.
- 9.4 FAC to take **ownership over the formal management responses to this and any future governance review**, including tracking responses, their rationale and their implementation as part of its risk management/accountability role – explicitly documenting what recommendations are taken up (or not, and why), to ensure that issues do not ‘fall between the cracks’ in the GPEI context.
- 9.5 FAC to take **ownership over formal management responses to IMB reports**, while recognising that much of the programmatic response will need to be determined by the SC (ownership of process by FAC will ensure help ensure timeliness and consistency of response).
- 9.6 FAC to take **ownership over improvements to internal and external communications and the streamlining processes at Recommendation 1**.

RECOMMENDATIONS AND OPTIONS PERTAINING TO THE INDEPENDENT MONITORING BOARD (IMB) AND WIDER CHALLENGE FUNCTIONS WITHIN THE PARTNERSHIP

Recommendation 10: Take proactive steps to ensure the IMB support for the global polio effort can continue beyond the current strategic period

Linked to Findings: 4.2; 4.8

Operationalised by

- 10.1 Retention of the IMB as is in the near-term, and full incorporation of the transition readiness agenda within its remit¹⁷.
- 10.2 Include update to ToR, membership and succession planning amidst activities to finalise **future governance model**.
- 10.3 The POB, supported by its committees, should redouble efforts to routinely develop and publish a formal and timely **management response to the IMB reports**, in a consistent format, reviewed regularly¹⁸.
- 10.4 Stakeholders are keen that the **IMB recommendations are as specific as possible** with a clear owner within the GPEI structures or within one or more of the partner agencies. Recommendations ideally include timeframe, recommendation owner and measure of success.
- 10.5 Where the POB does not feel an IMB recommendation is implementable, this should be **articulated in the management response and revisited directly with the IMB as needed, to determine the course of action**.

Recommendation 11: Take proactive steps to enhance the challenge function or approach within the other governance bodies

Linked to Findings: all

Operationalised by

- 11.1 Meeting management to be standardised to **ensure that diversity of view is reflected** and associated actions (or logic for not following up) is recorded systematically. Each meeting/agenda item to include reflection on divergence of opinions or interventions that may need to be tabled for a future meeting. Approach should ensure decisions are explicitly described as such and undertake an active consensus-check on decisions before moving on from any agenda item that was 'for-decision' (linked to recommendation below on chairing).
- 11.2 Board and Committee members to commit to a practice whereby **meeting interventions include reference to the desired follow up action** - whether a discussion, an answer provided offline, tabling an agenda item for a future meeting (preparation to be tasked to appropriate agency or group) to enable chair/vice chair to pick this up most effectively.

¹⁷ The TIMB is a sub-committee of the IMB, and, according to the updated ToRs of Jan 2020, the TIMB had a lifespan until 31 Dec 2021, with 'the necessity to be reviewed before that time'.

¹⁸ There is best practice to draw on, e.g responses to Global Fund audits, through Agreed Management Actions, monitoring and follow up. This is generally facilitated by a FAC equivalent.

6. FUTURE GOVERNANCE MODEL

Governance arrangements fit for sustaining a polio free world (previously post-certification strategy)

- 6.1 Referenced earlier in this report, given radical shifts in ODA and the wider geopolitical environment, most stakeholders were reluctant to engage in detail on a specific vision for future governance given the many unknowns and unknowables, and stakeholders' current focus on determining how to achieve GPEI's immediate goals with fewer resources and less predictable partnerships.
- 6.2 As an emergency response initiative, the GPEI is inevitably and predominantly captured by matters that are both urgent and important. The members we spoke with generally recognised the partnership has struggled to create sufficient space for matters that are important but not as urgent. As a partnership of some 37 years, rapidly approaching a point of transition over which it will have less control than anticipated (given ODA cuts) the latter category of "important but not urgent" must be prioritised despite emergency footings and reduced budgets. All partners recognise this. It is a mature partnership and a self-critical one, and the stakeholders we spoke with proactively reflected on the challenges at hand.
- 6.3 While the current Strategy emphasises collaboration with other GHIs, some respondents noted that GPEI seems somewhat 'inoculated' from the broad, and very fast-moving discussions on the global health architecture. Our sense is that GPEI, or at least its mandate, should be more central to these conversations.
- 6.4 GPEI was mentioned at the Africa Health Sovereignty Summit (Accra, 5 Aug 2025, convened by HE John Dramani Mahama), and a High-Level Presidential Panel on 'a reimagined global health architecture' will be launched at the UNGA and will include representation from other geographies including Asia and Latin America, 'to strengthen coordination with development partners', and to refocus the balance of power in external assistance and governance.
- 6.5 Since this review was initiated there has also been a joint Board meeting between GPEI and Gavi (June 2025). Reportedly, this took a very long time to plan and to pull off, which might be inevitable for a first occasion. But, this collaboration would need to be significantly systematised, and GPEI's mandate needs to become a routine part of the Gavi Board and/or Committee discussion, particularly as very broad conversations are going on about possible mergers, sunseting of other key players, and much else. Of course, this is for the Gavi Board, but its CEO has publicly published on the topic¹⁹ and the post replenishment press release explicitly mentions GPEI²⁰. An Action Plan is being developed, which needs to be fully embedded in the governance monitoring of both organizations.
- 6.6 Given the heavy reliance on parallel systems (especially environmental surveillance), it seems critical that the global polio programme (or at least the UNICEF/WHO components) are part of the wider discussions taking place across the strategy committees in Gavi, Global Fund, Global Financing Facility (GFF), on how to better coordinate - particularly as there are several 'members in common'- if not the individuals in most cases the partners or agencies are significant players in all these governance bodies. Some suggestions were made about how tools being used in other GHIs (e.g. disruption analysis by the Global Financing Facility) could be used proactively to support integration and transition in a measured way, before they become urgent or resources drop off a cliff.
- 6.7 In the wider context, some things will not change substantially – the World Health Assembly will continue to be the forum where polio is discussed by all Member States, and it will continue to be the locus for the core normative guidance on polio – including on surveillance. In the same way as UNICEF will continue its role in vaccine supply, distribution, campaigns and much else. And, both will continue to have the key role in ensuring that polio and the Expanded Programme on Immunization are integrated as rapidly and responsibly as possible.

¹⁹ [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(25\)01177-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(25)01177-8/fulltext)

²⁰ <https://www.gavi.org/news/media-room/gavi-statement-global-health-architecture>

- 6.8 The IMB noted in Sept 2024 a growing worry that GPEI may end prematurely, leaving countries to deal with vaccine-derived polio without a strong coordination entity (which would likely lead to new outbreaks). This concern was echoed by some respondents. We heard from many stakeholders GPEI would need a ‘long tail’ of sorts, and intentional risk management as the transition is occurring, to explicitly learn lessons from the switch in 2016/2017 and to ensure that these lessons are consciously folded into forthcoming strategic transitions, particularly with respect to country engagement and accountability for sustaining programmes. And, to recognise that GPEI could rapidly turn back into an emergency programme
- 6.9 This is perhaps one step before the *Intermediate Transition* approach described in the WHO Polio Transition Strategic Framework, which has the ‘tail’ predominantly managed and overseen through the WHO system. Maintaining political focus and momentum is essential, and the ability to engage with donors directly and draw on the convening power of key players (e.g Gates, Rotary International etc) should not get lost in a too rapid (or perhaps too insufficiently planned) transition to ‘future state’.
- 6.10 Some respondents noted the challenge, which is relevant to governance, of the missed opportunity to integrate polio with EPI in WHO’s restructure, some felt that this makes the transition/sunsetting and integration more challenging – some likened it to a possible ‘cliff’ rather than a ‘slow glide’. The merging of the EPI and Polio teams within EMRO was hailed by many as a long-overdue yet pioneering effort that others should learn from and replicate across the partnership agencies and organizations where those functions remain separate.
- 6.11 Stakeholders also frequently referenced the obvious potential roles for Gavi going forward, subject to views of the Board and ability to resource - whereby key emergency response functions and stockpiles could be resourced similarly to cholera and Ebola (noting there is very much a technical threshold, including accessibility and pricing, at which that would become feasible/desirable). Gavi could presumably play a role in overseeing supply and pre-empting shortages through its relationships with manufacturers.

Recommendations for future governance

- 6.12 The Polio Transition Strategic Framework²¹ provides the country level theory of change (provided for reference at Annex 5) for transition of polio eradication and the functions on which it depends and rightly places WHO and its partners at the heart of supporting countries to manage change. Our engagement with stakeholders has therefore focussed predominantly at the global level.
- 6.13 Recent consultations on the draft Sustaining a Polio-Free World Strategy note stakeholders favour an initially centralized model for quality surveillance, and a centrally coordinated outbreak response, shifting after key milestones to a more decentralised option. The role of the International Financial Institutions supporting countries to domestically finance key health systems functions on which the polio effort depends must be incorporated into any future model. Several other GHIs are looking intensively at the role IFIs, particularly the World Bank, can play in funding health systems strengthening efforts going forward, and GPEI needs to be part of those conversations. The consultation report also notes questions raised about how governance may relate to resource mobilization, particularly as the approach becomes increasingly decentralised. This is a critical question, as governance and resource mobilization are intimately linked. We have made some suggestions below as to how this could be addressed, based on discussions with stakeholders to date, and hope this may inform further development of the POB’s vision for both.
- 6.14 Recognising that the near-term transition arrangements leading to ‘future state’ are nascent, recommendations (or perhaps considerations) include:
- As a first step - likely drawing on recent value-for-money analysis undertaken to inform budget development with reduced funding - it will be essential for the GPEI partnership to have (and be able to communicate on) a clear map of what GPEI funding goes into at the global, country and regional levels.

²¹ Polio transition strategic framework: global vision to use polio investments to build strong, resilient and equitable health systems. WHO, 2024.

That is, being clear on where dependencies are in health systems. Fully mapping functions will be a critical prerequisite to making informed decisions on governance.

- The consultation draft of the Sustaining a Polio-free World Strategy outlines a phased planning process that begins by outlining the essential functions that will be needed to support a polio-free world, with additional phases focussed on how they will be transferred or transitioned, and who will become critical partners to implementing future efforts. Our suggestion is that, at a macro level, the mapping of those essential functions will need to begin sooner rather than later, and likely within the current Strategic period.
- Explore the feasibility of a standing agenda item on polio transition with Gavi's Programme and Policy Committee (and likewise the High Level GPEI SC) to maximise scope and pace of collaboration and to map out any joint analytics that may need to be undertaken (including with WHO, UNICEF and countries). This would involve a regular focus on intentional transition to 'future owners/partners'.
 - An early joint priority could be exploration of data quality and availability for decision-making, HSS and surveillance. Several MDBs and GHIs are focussed on these, and the polio programme needs to be part of any collective efforts across affected countries. GPEI partners will need to think about how to incentivize this, potentially in collaboration with the MDBs and other less traditional partners for the program.
 - At the same time, WHO, UNICEF and the Gates Foundation (all of which are also represented on the Policy and Programme Committee of Gavi) could bring polio expertise and discussion into the Gavi Alliance Partners Technical meetings to start ensuring that group is informed and thinking about transition.
 - The two bodies (PPC and SC) could develop metrics to determine how each potential stage of transition may be triggered. This is feasible with a long-tail of funding and resourcing through GPEI or some other resource mobilisation mechanism, but may need to happen more quickly if a more sudden funding cliff is anticipated.
 - WHO or UNICEF could potentially similarly lead this analytical process, with sufficient buy-in from other partners under the auspices of GPEI, subject to sufficient ownership being developed in parallel within Gavi around functions it may be expected to take on over the longer-term.
- If the partners are seeking to retain scope to mobilise new resources for Polio at the global level, there may be a case for transitioning to a future model sooner rather than later, noting it is difficult to hand over any governance arrangements without first having determined where resource mobilization will take place.
- Some stakeholders felt WHO would be the obvious 'home' for future resourcing, or that WHO and UNICEF would ultimately take on all key functions and decision-making with direct bilateral support from donors if available. However, this feeling has shifted as ODA cuts have played out, and there is a sense that a standalone resource mobilisation effort may be needed and feasible (or at least worth testing) subject to ongoing or new donor interests. Some also felt there may be a risk of lost profile under such an arrangement.
- One option may be to consider the development of a window within Gavi to which funds for polio could be earmarked by interested donors.
 - This would provide a 'home' for global polio resource mobilization where key stakeholders already engage, where conflicts of interest are managed, where countries are expected to provide co-financing, and where some future functions will likely need to sit under any scenario (e.g. stockpiling for outbreak response).
 - A standalone window to which funds are earmarked could provide a platform while avoiding a situation in which oral polio vaccines, polio SIAs and polio-specific systems strengthening efforts must compete for Gavi core funding (noting Gavi's Vaccine Investment Strategy is predicated on

prioritising vaccines that can save the most lives over a given year or strategic period, so core funding to polio cannot likely be expected beyond current levels).

- Shared governors would likely need to advocate for ongoing prioritization of IPV, and ultimately Hexavalent vaccine, through Gavi's core budget (as currently) to ensure that long-term value-for-money, efficiency, (linking polio to DTP3 efforts) and population level immunity remain in scope for Gavi from a routine immunization perspective.
- Another option may be to retain a "long-tail" version of the GPEI in which outbreak countries play a more central role in the governance and leadership. Some felt in a context of declining resources, this may generate unhelpful (and unavoidable) conflicts of interest for the UN Agencies, as well as countries, but that it may also be necessary to retain the programme's profile and political weight if other options are not immediately feasible.
- Some stakeholders felt much work would be needed in the medium-term to ensure a Gavi-led governance model would be able to mobilise action on future polio outbreaks with the same level of urgency as the GPEI currently facilitates (seeing this option as a risk without that capacity having been confirmed). As WHO and UNICEF are key players under any arrangement, one expects they would be instrumental in establishing fit-for-purpose protocols. None of the potential approaches described above negate the need for WHO and UNICEF to dedicate their own core resourcing to critical polio functions to the extent feasible and aligned with their mandates. The same can be said for countries funding critical functions through domestic resources.
- A co-dependency to ensure the future state is informed on sustainability/accountability is that countries are more directly engaged in GPEI governance, or, that GPEI transitions more explicitly and quickly to its future owners, who have this representation (with CSOs) in the Gavi Board, and through Member States at the World Health Assembly. The Polio Transition Strategic Framework has already recommended that 'a strategic discussion should take place between all polio transition stakeholders on the governance model beyond the GPEI ... national governments must assume the primary responsibility for sustaining the polio essential functions ... and make key decisions to make the transition happen. In an intermediate transition, partners will play a key role to ensure the continuity of polio essential functions'.
- If the future state is a 'long tail' GPEI, countries should be included as formal future POB members (likely predominantly non-endemic countries). This could draw on resources like the Regional Subcommittee for Polio Eradication and Outbreaks established by the EMRO RD and co-chaired by Qatar and the UAE. In this case, the longer-term recommendations from previous sections (including independent chairing of the POB) should be planned for.
- Early prioritization should also be given to more explicit inclusion of the IFIs (including AfDB) and other potential future owners (and funders) in the current governance of GPEI – consider what more could be done at the annual POB face to face meetings to open the sustainability dialogue. This could build on the growing role of IDA in funding health systems strengthening as part of domestic resources.

7. CONCLUSIONS

The governance of global health is at a critical crossroads, so it is timely that GPEI is taking stock of its governance at this moment, there are opportunities to pivot and adapt which did not exist even a few months ago. While some of the recommendations are what we call 'just good governance housekeeping', others will be seen as more challenging because of the emergency nature of the GPEI, and of course, not all will be accepted. But, for those that are not accepted, either a pathway over time could be sought, if they are perhaps thought to be important, but just 'not yet'. Or, if completely unviable, at a minimum the GPEI should document the rationale for not following up. For the future framework, there are still many unknowns. We would suggest, as outlined above, that future state moves from an 'in the background' conversation, to a 'foreground' issue – GPEI on the front foot to proactively shape events rather than risk having to react to 'solutions' being suggested from elsewhere, by those who may be less aware of the complexity of what is needed to get to a polio-free world.

Purpose

At the October 2024 Polio Oversight Board meeting, the POB agreed to conduct a comprehensive governance review in 2025 to assess and strengthen GPEI's governance and accountability mechanisms to not only achieve current strategy objectives but to prepare for and align with the Polio Certification Strategy (PCS). Building on findings from the 2020 governance review²², the primary purpose of the governance review will be to evaluate the current governance structure's effectiveness to meet strategic goals and to identify opportunities for enhancement to ensure accountability, agility, and operational efficiency. This review will also develop a forward-looking model that proactively prepares for the sustainability of critical polio eradication requirements in the polio certification strategic period.

Objectives

The objectives of the governance review in 2025 will be to:

- Building on the findings from the 2020 governance review, assess the strengths and challenges of the current governance structure and examine the accountability mechanisms and decision-making processes in place.
- Provide actionable recommendations for a governance model that improves accountability, agility, and operational efficiencies to achieve eradication goals.
- Propose a future-oriented governance framework that identifies and addresses evolving roles and responsibilities for the polio certification strategic period.

Proposed Process

Timeline: the review is expected to take ~6 months, beginning in Q1 2025. This is to allow sufficient time for an in-depth analysis and broad stakeholder engagement.

Consultant Selection: we propose the process is led by a consultant team external to GPEI to maintain objectivity, reporting to the POB Secretariat, with expertise in governance models, accountability frameworks, and change management. After gathering input and recommendations from stakeholders, Carole Presern and Lucy Phillips were selected to lead the governance review, CVs are attached. The consultants will draw on other governance experts as needed.

Process: The consultants will design the review process including:

- an assessment to understand GPEI's current governance structure and areas for improvement
- active engagement with key stakeholders across the partnership to gather insights
- a comparative analysis with other relevant initiatives to identify best practices
- the development of actionable recommendations for both near-term changes as well as proposed future governance structures including evolving roles and responsibilities for the polio certification strategic period

²² The 2020 Governance Review Report is posted [here](#). Additional detail on GPEI Governance Review decisions can be found [here](#).

The process will include regular touch points with the POB to ensure guidance at key stages of the review process. The consultant(s) will liaise closely with the POB Secretariat to provide periodic updates and support for access to stakeholders.

Deliverables: deliverables will be outlined as part of the process, and will include a comprehensive report including assessment findings, analysis, and recommendations.

Outcomes: Preliminary findings will be presented to the POB members for discussion, prioritization, and endorsement of the selected findings. Based on final selected findings, the POB Secretariat will facilitate the development and management of a workplan to guide implementation of the recommended actions.

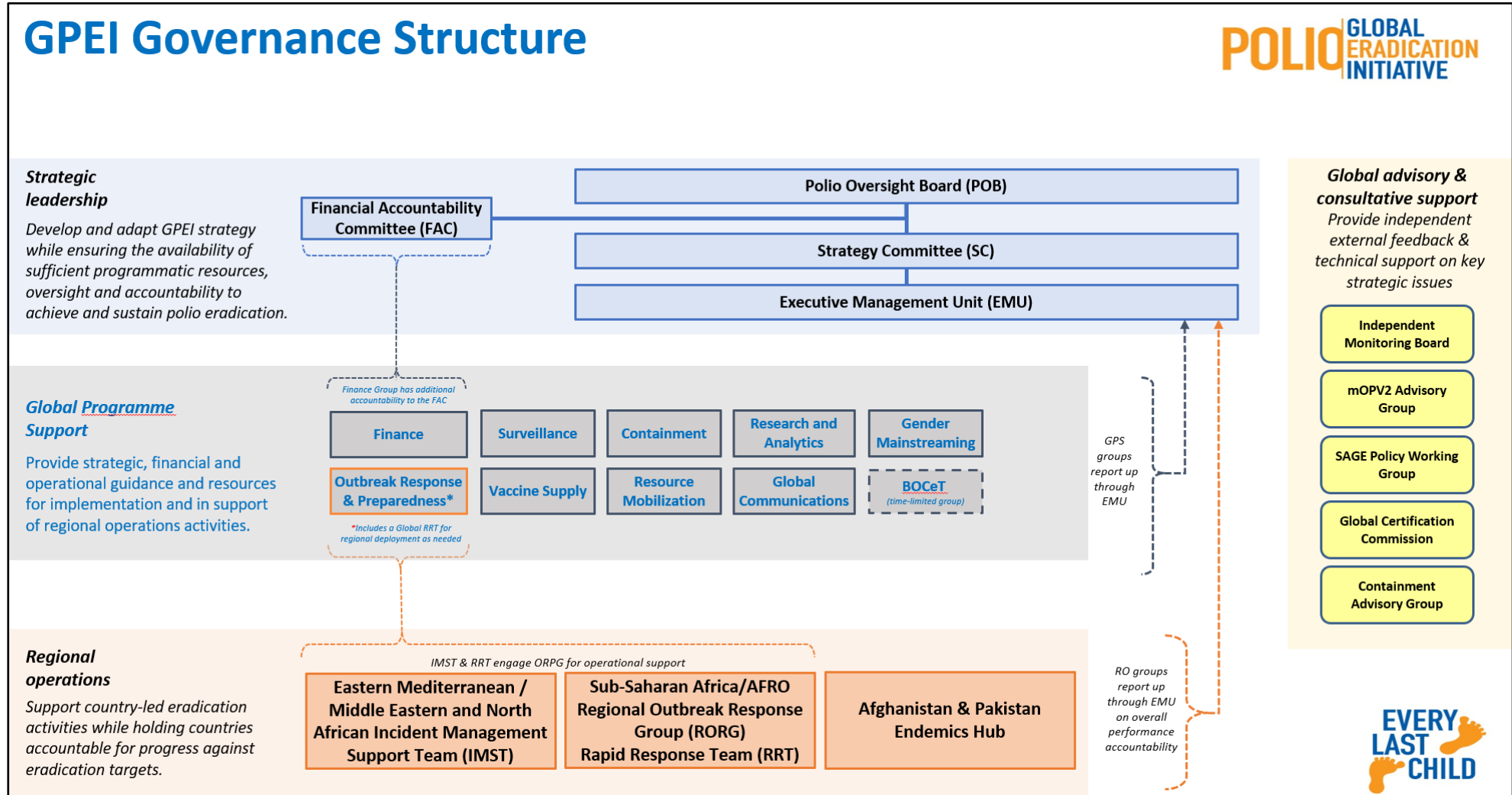
Oversight and Management

The POB Secretariat will manage the review process, coordinating with the consultant and stakeholders. This will include regular updates to the POB, SC, and key stakeholders.

Next Steps

Once contracted, the consultant will outline a work plan including key milestones, deliverables, and stakeholder engagement. The high-level work plan will be shared with stakeholders once developed. Early consultation with major stakeholders will be critical to the process to ensure diverse perspectives are heard and incorporated into a comprehensive evaluation.

ANNEX 2: CURRENT GPEI GOVERNANCE STRUCTURE



ANNEX 3: DOCUMENTS REVIEWED

Document	Year issued or published
Governance	
GPEI Structure	2025
Terms of Reference - Strategy Committee	2021
Terms of Reference - Polio Oversight Board	2021
2014 GPEI Governance and Management Review Summary	2014
2020 Governance Review POB presentations - multiple	2020
2020 GPEI Governance Review Implementation update	March 2021
GPEI Governance Review Implementation POB Discussion Deck	2021
GPEI Governance Review Final Report	2020
Overview of 2020 GPEI Governance Review and Implementation	2021
GPEI 2020 Governance Review Survey and workshop reports	2020
Statement on the First Joint GPEI-Gavi Board Meeting	2025
Polio Oversight Board	
Terms of Reference - Polio Oversight Board	2021
Polio Oversight Board meeting records (published) March, August, October 2023	2023
Polio Oversight Board 2024 Planning Meeting record	2024
Polio Oversight Board meeting records February, May, July, October 2024	2024
Polio Oversight Board meeting records March, June, Executive Session	2025
Strategy Committee	
Terms of Reference - Strategy Committee	2021
SC Meeting records: Jan-April 2021	2021
SC meeting records Dec 2024-Feb 2025	2024 & 2025
GMG Pre-reads - Gender Strategy Evaluation and Gender Update	2025
GCG Brief to SC April 2025	2025
SC Operations (overview)	2025
FMG 2026 Budget Presentation to the SC	2025
Goal 1 Assessing Progress Plans and Risks Towards WPV1 Interruption - Presentation to SC	2025
Goal 2 ORPG Presentation to the SC	2025
Finance Accountability Committee	
Terms of Reference - Finance and Accountability Committee	2023
Summary of FAC TORs Review	August 2023
Minutes - FAC Teleconference -September 26 2024	2024
Minutes - FAC Teleconference - June 21 2024	2024
Minutes - FAC Teleconference - September 26 2023	2023
Minutes - FAC Teleconference - September 18 2023	2023
Independent Monitoring Board	
Terms of Reference - Independent Monitoring Board and Transition Independent Monitoring Board	2020
16 th IMB Report - GPEI Response to Recommendations - October 2018 Report - v Sept 2019	2019
GPEI Response to IMB's 18 th Report - October 2020	2020
GPEI Response to IMB's 19 th Report - Nov 2020	2020
GPEI Responses (May 2023) to IMB's 21 st Report Recommendations (April 2022)	2023
GPEI Response to Mid-term Review 2023	2023
GPEI Statement on the IMB's Review of its 2022-2026 Strategy (2023)	2023
The Long Goodbye: Poliovirus continues to resist extinction. 23 rd report of the Independent Monitoring Board	2024
Closing in on Zero: Adapting to Complexity and Risk on the Path to End Polio. 22 nd Report of the Independent Monitoring Board	2023
Highs and Lows in the Quest for Zero. 21 st Report of the Independent Monitoring Board	2022
Strategies and Strategic Frameworks	
Polio Eradication Strategy 2022-2026: Delivering on a Promise & Strategy Extension	2022 & 2024

Document	Year issued or published
GPEI Multi-year Budget Explainer 2022-2029: A companion document to the GPEI Strategy Extension	2024
WHO Polio Transition Strategic Framework	2024
Shaping the Path to a Polio-free World and Beyond (1-page summary)	2025
Sustaining a Polio-free World: A strategy for long-term success - stakeholder consultation report June 2025	2025
Sustaining a Polio-Free World: A strategy for long-term success - Executive Summary consultation draft	2025
Other meeting records and literature	
Report of the 34 th meeting of the Africa Regional Certification Commission (ARCC) for polio eradication (Executive Summary)	2024
Polio Eradication and Current Transitions in Global Health (Kurihara, F & Matlin, SA), Graduate Institute Geneva, Global Health Centre meeting report	2020

ANNEX 4: GPEI 2025 GOVERNANCE REVIEW: INTERVIEWEES		
First Name	Last Name	Role/Affiliation
Omar	Abdi	POB Alternate UNICEF
Jamal	Ahmed	SC Chair (Director, WHO Polio)
Ala	Alwan	IMB Member
Hanan	Balkhy	WHO RD EMRO
Peter	Barrett	FMG Member
Liam	Donaldson	IMB and TIMB Chair
Chris	Elias	POB Chair (Gates Foundation)
Ayesha Raza	Farooq	Prime Minister of Pakistan's Focal Person on Polio
Tom	Frieden	IMB Member and former POB Member (Resolve to Save Lives)
Allison	Gamble-Kelley	POB Support (Donor- European Commission)
Tedros Adhanom	Ghebreyesus	POB Member (WHO)
Suchita	Guntakatta	SC Deputy (Gates Foundation)
Gillian	Harris	SC Member (Donor – Canada)
Chikwe	Ihekweazu	WHO RD (interim) AFRO (at time of interview)
Hamid	Jafari	SC Deputy (Director, Polio WHO EMRO)
Steven	Lauwerier	SC Member
Ian	MacTavish	FAC Member (Gavi)
Mike	McGovern	POB Member (Rotary)
Ziad A.	Memish	POB Member (Donor – Kingdom of Saudi Arabia)
Jamie	Morris	FAC Member (Gates Foundation)
Aurelia	Nguyen	Former POB designate for Gavi (now Deputy Director CEPI)
Sania	Nishtar	POB Member (Gavi)
Ellyn	Ogden	USAID (at time of interview)
Carol	Pandak	SC Member (Rotary)
Timothy	Poletti	FAC Member (Donor – Australia)
Zakaria	Sbitri	POB Alternate (Donor - European Commission)
Charlotte	Seeley-Musgrave	Previous FAC Member (Donor – UK FCDO)
Martin	Seychell	POB Member (Donor – European Commission)
Simmi	Sharma	FMG Member (WHO)
Stephen	Sosler	SC Member (Gavi)
Alice	Stilitz	Donor FCDO UK
An	Vermeersch	POB Alternate (Gavi)
John	Vertefeuille	SC Member (CDC)
Jay	Wenger	SC Member (Gates Foundation)
Sanjay	Wijesekera	Regional Director UNICEF ROSA

OTHER INFORMANTS/FACILITATORS		
First Name	Last Name	Role/Affiliation
Mamadou	Diallo	FAC support (Unicef)
Jen	Gatto	SC support (Unicef)
Andrew	Kennedy	EMU Lead (WHO)
Elisabeth	Mukamba	Coordinator of National PEOC Kinshasa (tbc)
Alison	Scott	IMB/TIMB Secretariat (LSHTM)
Sarah	Standard	POB support (Gates Foundation)

ANNEX 5: THEORY OF CHANGE FOR POLIO TRANSITION (AS OUTLINED IN THE WHO POLIO TRANSITION STRATEGIC FRAMEWORK 2024)

