Meeting of the Polio Oversight Board (POB)

16 March 2026| 6:00 – 8:00 PST | 14:00 – 16:00 CET
Virtual Meeting

Meeting Minutes

POB Member Attendees: Mike McGovern (POB Chair, Rotary); Chris Elias (GF); Sania Nishtar (Gavi); Tedros Adhanom Ghebreyesus (WHO); Omar Abdi (UNICEF); Ziad Memish (KSA); Martin Seychell (EC); John Vertefeuille (CDC)

Summary of POB Decisions

Topic	***POB Decisions***
Sustaining a Polio-Free World Strategy	**Endorsed the Sustaining a Polio-Free World (SPW) Strategy for submission to the World Health Assembly in May 2026.**
Strategy Committee Terms of Reference	**Endorsed the revised Strategy Committee Terms of Reference.**

Summary of Action Items

Action Point	***Owner***	***Timeframe***
Report back to the POB on findings and recommendations from the SC Nigeria mission	SC Chair	June 2026
Report back to the POB on progress in establishing alternative laboratory routing options for Afghanistan samples and in-country lab capacity building	SC Chair	June 2026
In coordination with Gavi, confirm the timing for the 2026 joint Gavi – GPEI board meeting	POB Secretariat	April 2026
Develop 2027 annual budget; map 2024-2025 non-FRR expenditures; refine 2028 – 2029 budget projections; outline an analytical framework and proposed scope for a revised multi-year budget	FMG	October 2026
Gender Mainstreaming Group to report back to the POB on progress against the three advocacy requests endorsed by the POB	GMG	October 2026
Circulate revised POB Terms of Reference to POB members for endorsement by email	POB Secretariat	March 2026
Present revised FAC Terms of Reference to the POB	FAC Chair	June 2026
Present revised IMB Terms of Reference to the POB	IMB Chair	June 2026

Opening Remarks

Mike McGovern opened his first meeting as POB Chair, welcoming participants. He welcomed John Vertefeuille as the interim CDC POB representative and Martin Seychell as the donor constituency representative. He acknowledged the difficult current geopolitical context, underscoring concern for all affected, while confirming that core polio eradication efforts remain operational. He observed a moment of silence to honor Karine Buisset, a UNICEF colleague killed in an attack in Goma, DRC.

GPEI State of the Program

Presenter: Steven Lauwerier (UNICEF)

The following update was presented to the POB:

- WPV1 cases fell 48% in 2025 - 51 cases in 2025 compared to 99 in 2024 - and environmental sample positivity is also declining, signaling a window of opportunity in 2026. Transmission in the northern corridor could realistically be stopped by June 2026, and the Quetta Block shows good prospects for interruption. Southern Afghanistan, South KP, and Karachi remain at risk, and unlikely to reach the June 2026 timeline for stopping transmission. House-to-house vaccination is still prohibited in southern Afghanistan, progress in South KP depends on sustained access, and operational improvements will need to accelerate progress in Karachi.
- Geopolitical developments are adding significant risk. Escalating tensions between Pakistan and Afghanistan and border closures have impacted sample shipments and timely detections, and cross border movements and internal displacement could lead to further spread of the virus.
- cVDPV2 cases fell significantly - from 448 in 2024 to 217 in 2025 - with just 13 cases recorded to date in 2026. Central and Southern Africa remain the top priority to stop transmission, with synchronized sub-regional campaigns planned. Transmission in the Lake Chad Basin remains a concern and Northern Yemen is effectively a surveillance blind spot, with no samples shipped since March 2025. cVDPV1 cases have declined with just three cases in 2025.
- Nearly 440 million children were vaccinated in 2025, with close to 1 billion doses administered. By mid-March 2026, approximately 90 million children have already been vaccinated, with a large campaign volume planned from April through June.
- Effective implementation of the 2026 GPEI Action Plan is the core priority for the year. A quarterly review is planned for April. Key areas of focus include optimized operational and social mobilization strategies in Afghanistan, overcoming access constraints in South KP, operational excellence in Karachi, aggressive outbreak response in Central and Southern Africa, ensuring rapid responses to any new detections, and high-level advocacy for Nigeria, Yemen, Chad, and Angola.
- Surveillance remains a core strategy for timely detection and response; however, quality is at risk under constrained funding. The GPEI surveillance group has been strengthening its monitoring approaches, and the SC has established a new global program support group for laboratory surveillance, working alongside the GPLN strategy coordination group to strengthen synergies between the field and laboratory surveillance.

- Integration between polio and routine immunization is gaining traction, with combined polio–measles campaigns conducted in the priority collaboration countries of Afghanistan, Pakistan, Nigeria, and DRC. There is also ongoing work to operationalize activities to improve IPV/ hexa coverage in countries with cVDPV circulation.

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

- Martin Seychell welcomed positive trends while highlighting donor concerns around the persistent challenges of large numbers of missed children in the endemic countries and risks to Goal 2 given new outbreaks detected in 2025 and challenges in Nigeria. He noted the imperative of PEI–EPI integration and boosting IPV coverage to interrupt transmission and expressed encouragement at the Karachi audit results and progress with the Emergency Operations Center in Nigeria. Lastly, he underscored the importance of collaboration and coordination with other partners and programs to strengthen surveillance.
- Omar Abdi welcomed progress in the endemic countries, while highlighting the importance of linking gains to routine immunization strengthening to avoid regression. He noted the programmatic challenges in Karachi and called for differentiated approaches to reach migrant communities.
- Chris Elias expressed cautious optimism on Goal 1, noting encouraging progress in the northern corridor and recent political commitment in Karachi. He emphasized the importance of the advocacy role of the Gulf states and continuing to engage once the regional situation allows. He called for an alternative path forward to resolve the issue of processing the samples from Afghanistan amid the escalating tensions between Afghanistan and Pakistan, noting that a previous three-month interruption in sample shipments led to a delay in case detections and response. On Goal 2, he highlighted Nigeria as central to the challenge of interrupting transmission, and raised serious concerns about data integrity following a field visit where falsified vaccination records were encountered, underscoring the need for stronger accountability across the partnership. On surveillance, he cautioned that orphan viruses in Nigeria and Chad suggest the program may be missing cases and highlighted the need to strengthen surveillance and laboratory performance to find any blind spots for the program.
- John Vertefeuille identified Karachi, northern Nigeria, and the Lake Chad Basin as the key geographies driving continued transmission and warranting intensified focus. He noted CDC is placing a full-time program director in Pakistan and increasing routine immunization focus in Karachi. He welcomed reports of improved access in South KP but emphasized the need to unpack what access means in each geography - whether it reflects regular, sustained contact with children or one-off entry - and adapt strategies accordingly. He underscored that progress in northern Nigeria is critical, highlighting the need to integrate routine immunization and polio efforts to address low vaccination rates, and encouraged the SC to keep the Action Plan dynamic as new outbreaks emerge.
- Sania Nishtar outlined changes to Gavi's country operating model relevant to polio, including an IPV indicator in the 6.0 measurement framework centered on complete coverage (three doses of hexa or two doses of IPV), campaign effectiveness as a 2026 "Must Win" priority, and guaranteed support for IPV and hexa in country vaccine budgets. She also highlighted that an analysis of all studies on integration has been commissioned to better understand constraints

on the ground and noted that most measles-containing vaccine campaigns in 2025 integrated OPV. Lastly, she confirmed the next joint Gavi-GPEI board meeting is being planned for 2026, with timing to be confirmed.

- Dr. Tedros emphasized the need to sustain political engagement with both Pakistan and Afghanistan amid the current geopolitical developments, noting that a planned visit with the EMRO Regional Director has been delayed by the conflict but that engagement with both countries will continue regardless. On Nigeria, he underscored the importance of engaging state governors ahead of upcoming campaigns. He also confirmed that Jamal Ahmed has moved to EMRO to support regional efforts, and that Arshad Quddus will be the acting WHO Polio Director for day-to-day operations. He also noted his personal oversight and commitment to fill the permanent position as quickly as possible.
- Jamal Ahmed (WHO) confirmed that the current sample backlog has been cleared via air shipment but emphasized that the longer-term risk remains significant. Three parallel measures to alleviate the issue are being pursued, including routing samples to alternative labs in Oman, London, and Atlanta, beefing up local labs within the region and accelerating KSA lab accreditation, and building in-country lab capacity in Afghanistan. He underscored that sample routing to a secondary lab outside Pakistan is the immediate priority, while building Afghanistan in-country capacity is the longer-term solution.
- Hanan Balkhy (WHO) noted that the Afghanistan–Pakistan health dialogue, in which polio was one of five priority areas, has been sidelined by the current conflict, and that a planned in-person meeting in Doha with health ministers from Qatar, UAE, and Saudi Arabia has also been delayed. She affirmed that political engagement with GCC countries is a top priority and will continue. She also welcomed Gavi's updated measurement framework and committed to working with her teams to ensure it is fully incorporated.
- Sir Liam Donaldson (IMB) focused on Karachi, noting it was clear of virus two years ago and has since regressed, and called for a clear quality-improvement response.
- Steven Lauwerier acknowledged management weaknesses in Karachi, confirming that an independent review has been completed and an improvement plan is in place, with early signs of declining detections. A similar review for South KP and southern Afghanistan is planned once security allows. On Nigeria, the SC mission next week will focus on increasing routine immunization rates as integrated approaches in the northern states are essential to interrupt transmission. He also highlighted the importance of rapid outbreak response, citing recent examples in Southern Africa, Southeast Asia, and Papua New Guinea.

GPEI Budget and Funding Update

Presenters: Ikuko Yamaguchi (UNICEF), Peter Barrett (GF)

The following update was presented to the POB:

- Available GPEI funds total US $4.25 billion following the Abu Dhabi pledging event, comprised of confirmed funds and prior commitments rolled over from the previous strategy period. Eight donors and partners have now pledged funding beyond 2026, demonstrating multi-year support. If all pledges are monetized, the remaining gap through 2029 is US $315 million. Strong donor confidence is critical to accelerate monetization and secure additional new funding.

- The underlying cash position remains fragile. US $2.3 billion in pledges still needs to be monetized, and US $700 million of that is considered at risk, due to critical donor requirements including programmatic progress and availability of funding. US government contributions and innovative financing work under exploration are not reflected in projections. Late disbursements and earmarking present additional risks.
- A revised GPEI multi-year budget (MYB) is needed - the epidemiological assumptions underlying the current MYB have continued to evolve, and what is required is a revision that is strategic and grounded in current realities. Getting that right requires the analytical groundwork that 2026 will provide. The SC has aligned on a phased approach to MYB engagement, treating 2026 as an implementation-first year focused on delivery in the highest-risk geographies. There will be a planned reassessment point in early Q3 2026 to review the updated epidemiological and operational data, determine whether timeline adjustments are warranted, and define the appropriate scope of any MYB revisions. In the interim, work will proceed on the 2027 annual budget as planned, mapping of 2024–2025 non-FRR expenditures, and refinement of 2028–2029 projections within the existing US $6.9 billion ceiling.
- There is sufficient budget space in the current MYB to allow for 2026 – 2029 steady state at ~ US $780 million per year. The purpose of the eventual MYB revision is not to create near-term budget headroom but to clarify the long-term implications of current epi timelines and funding realities.

Jamie Morris, Chair of the Financial Accountability Committee, shared the following update from the FAC:

The FAC has discussed the governance review recommendations and found strong resonance, particularly around early engagement and accountability. A small working group is being set up to update the FAC Terms of Reference accordingly. She highlighted priorities for the FAC going forward, including ensuring timely, actionable input to both the POB and SC through better meeting sequencing, and shifting reporting from a focus on actuals to a strategic decision-making perspective. She also noted a focus on gaining fuller visibility of non-FRR expenditures alongside FRR. The FAC commended the FMG's dynamic budgeting approach as well-suited to the current environment and welcomed being consulted on the MYB approach before a final position was presented, endorsing the phased approach outlined.

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

- Mike McGovern thanked donors for their pledges and particularly for multi-year commitments, acknowledging the increasing complexity of planning ahead as the epidemiological situation and global financing landscape continues to shift. He noted agreement from the POB with the MYB approach endorsed by the SC and the FAC.

2026 POB Engagement and Advocacy

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

- POB engagement in 2025 helped sustain financing momentum, reinforce political accountability, and signal unity and confidence in the program, with key events including the KS Relief signing

ceremony, the Abu Dhabi pledging event, the WHO AFRO Regional Committee Meeting, the UN General Assembly event hosted by KS Relief, and country visits in Pakistan and Nigeria.

- For resource mobilization, there are four key areas of POB advocacy for 2026, including supporting monetization and renewal of pledges in bilateral donor conversations, positioning polio within broader global health architecture and financing discussions, encouraging appropriate integration of polio with other health delivery efforts, and promoting domestic financing and innovative financing mechanisms in priority countries.
- On country and regional advocacy, key areas for POB engagement include framing polio within broader national priorities, engaging in advocacy mindful of humanitarian and financial country contexts, and sequencing engagements to reinforce consistent messages. Priority countries are Afghanistan, Pakistan, Nigeria, Angola, DRC, the Lake Chad Basin, the Horn of Africa, and Yemen.
- On communications, the 2026 priority is sustaining belief that eradication is urgent and achievable and linking eradication to health security and economic value. POB leadership plays a critical role in signaling confidence publicly through strategic media moments, digital amplification, and credible messaging during uncertainty.
- On gender mainstreaming, three asks were presented: advocate with Ministries of Health to institutionalize sharing of sex-disaggregated data between routine immunization and polio programs; advocate with Emergency Operations Centers to integrate gender norms mapping into sub-national planning and operations; and advise the EMRO Regional Director on ensuring gender parity and expertise in advisory bodies, including technical advisory groups (TAGs).

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

- Chris Elias committed to continued engagement in country delegations and donor advocacy and highlighted the importance of positioning GPEI within the broader global health architecture. On gender mainstreaming, he supported the EOC ask and pushed for additional levers to translate gender analysis into microplanning and campaign operations.
- John Vertefeuille confirmed that congressional appropriations for polio remain consistent and that polio is present in the America First Global Health Strategy as well as front and center in the work at the CDC. He noted the U.S. government is looking at different ways of doing business but remains committed to polio eradication and highlighted the integration of routine immunization and polio investments as an opportunity, underscoring that without progress on RI, a polio-free world cannot be sustained.
- Hanan Balkhy (WHO) committed to working towards gender parity in the TAG composition and flagged frontline worker compensation as a concern that warrants attention.
- Mike McGovern highlighted confirmed plans for POB visits to Pakistan and Afghanistan and underscored the importance of advocacy in the Lake Chad Basin. He noted Rotary's recent visit to Washington and welcomed the recent US $265 million appropriation for polio eradication from the U.S. government. He thanked Dr. Tedros for WHO's parliamentary engagement in London and stressed that POB advocacy must extend beyond polio eradication to include RI, which is essential to polio eradication efforts. He also confirmed that the POB endorsed all three gender mainstreaming asks without objection.

Items for POB Endorsement

Sustaining a Polio-free World Strategy (SPW)

Presenter: Suchita Guntakatta (GF)

- The SPW is a revision of the post-certification strategy approved at WHA in 2018, developed through 18 months of extensive consultation with regions, countries, civil society, and the immunization community. It covers three stages through bOPV cessation, cVDPV1/3 elimination, and global certification of all poliovirus types, with three goals: protecting populations through bOPV cessation and long-term vaccine access; detecting and responding to any poliovirus through sensitive surveillance; and containing polioviruses safely in certified facilities. A three-year Implementation Planning Period is proposed to run concurrently with the current strategy. Outstanding decisions on the governance model and GCC criteria for cVDPV1/3 elimination will be addressed during this period.

The following observations were raised:

- Zakaria Sbitri (EC) noted donor appreciation for the document while flagging two concerns for the record. First, while the document defines the critical functions, it does not yet address the "who" and "how" of future governance arrangements — and crucially, these discussions cannot wait until certification milestones are reached, particularly given the broader reform of the global health architecture. Second, the SPW and the 2026 Action Plan cannot be considered in isolation given slipping timelines and strained budgets.
- Mike McGovern confirmed endorsement of the SPW strategy by the POB members, with the donor remarks noted for the record.

Strategy Committee Terms of Reference

- Mike McGovern confirmed the POB's endorsement of the revised Strategy Committee Terms of Reference without objection. He noted that the POB Terms of Reference will be updated to reflect recent feedback and circulated to members for endorsement by email, and that the FAC and IMB Terms of Reference will be discussed at the Q2 POB meeting in June.

Decisions:

- ***The POB endorsed the Sustaining a Polio-free World Strategy***
- ***The POB endorsed the updated Strategy Committee Terms of Reference***

Closing Remarks

The POB Chair thanked all participants for their time and engagement and confirmed the schedule for upcoming POB meetings: a Q2 virtual meeting on 29 June; a full-day in-person meeting on 10 October in Berlin, prior to the World Health Summit; and a Q4 virtual meeting on 15 December.