Meeting of the Polio Oversight Board (POB)

29 June 2026| 6:00 – 8:00 PDT | 15:00 – 17:00 CEST
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); Jennifer Shuford (CDC)

Summary of POB Decisions

Topic	*POB Decision*
Financial Accountability Committee (FAC) Terms of Reference	**Endorsed the revised FAC Terms of Reference.**

Summary of Action Items

Action Point	*Owner*	*Timeframe*
Provide written responses to the POB questions on integration that could not be addressed during the meeting	JGLT Chair and EMU Chair	July 2026
Confirm dates for a POB visit to Angola in Q4 2026	POB Secretariat	Q3 2026
Include a review of outbreak response campaign quality and accountability as a future POB agenda item	POB Secretariat	Q3 2026
Include a session on GPEI evolution for discussion at a future POB meeting	POB Secretariat	By Q4 2026

Opening Remarks

Mike McGovern welcomed participants, including Dr. Jay Bhattacharya and Dr. Jennifer Shuford representing CDC. He previewed the upcoming POB delegation visit to Afghanistan and Pakistan, which will include engagement with senior leaders, frontline workers, and partners.

GPEI State of the Program- Focus on Goal 2

Presenter: Steven Lauwerier (UNICEF)

The following update was presented to the POB:

- Outbreak response has continued at significant scale in 2026, with 81 campaigns planned to reach an estimated 463 million children. 45 have been completed in the first half of the year and the remainder scheduled across the second half.
- There has been good progress this year with several outbreaks closed (Burundi, Guinea-Bissau, Uganda, and the Republic of Congo), closure assessments under way in a further group of countries, and a number of countries have recorded no cases for over a year. Enhanced processes, new standard operating procedures, strengthened collaboration with routine immunization, and expanded use of fractional IPV and nOPV2 are supporting these gains.
- Risks remain material. Funding constraints mean the program cannot respond to every detection, and weak routine immunization continues to drive type 1 and type 3 spread. This is compounded by increasing geopolitical conflicts, access constraints, spillover from the Angola outbreak into Malawi and Zambia, rising fuel and shipping costs, and competing emergencies such as Ebola in DRC and cholera in Angola. Nigeria remains a high concern, given continued transmission in the north and very low routine immunization coverage.
- The 2026 Goal 2 budget is fully committed, with a projected shortfall of around US$18 million driven largely by fuel costs, which poses a risk to implementing the Global Action Plan (GAP) strategy. Pre-planned campaign funding aligns with GAP priorities, with 60% allocated to Central and Southern Africa.
- Priorities for the second half of the year focus on three areas: improving campaign quality with new SOPs, enhanced regional quality benchmarks and pre-campaign verification, and stronger cross-border synchronization; targeted special interventions in areas of persistent transmission, aligned with SAGE recommendations, adding fractional IPV to campaigns and expanding nOPV2 use between rounds via transit point vaccinations, outreach, PIRIs, and administration at health facilities; and making every dollar count by implementing value-for-money recommendations and tracking surge personnel across all third party and partner agencies.

Requests for the POB:

- Explore additional resource mobilization opportunities for outbreak response
- Encourage country contributions and domestic ownership of outbreak response

Country Interventions

- Dr. Eusébio Manuel, Head of the Department of Hygiene and Epidemiological Surveillance, Ministry of Health, Angola: Angola has recorded significant progress and remains focused on interrupting transmission of poliovirus through quality campaigns. Improving routine immunization is a key priority and challenge. Other priorities include strengthening surveillance and laboratory capacity, improving data quality and its timely use, and reinforcing cross-border coordination given the risk of importation and regional circulation. Persistent challenges include last-mile vaccine distribution and cold-chain maintenance, uneven campaign quality in some provinces, and vaccination-team incentives that have not been adjusted to keep pace with inflation. GPEI support is crucial to eradication, with continued strategic and financial support

requested. The POB is formally invited to visit Angola in November or December 2026 to observe progress firsthand.

- Hon. Charles Chilambula, MP, Deputy Minister of Health and Sanitation, Ministry of Health, Malawi: Malawi reaffirmed strong government commitment to polio eradication, having interrupted the 2022 WPV1 importation and responded rapidly to the cVDPV2 outbreak declared in January 2026. The outbreak was declared within 24 hours, and a round zero followed by three further rounds reached several million children. These achievements were sustained alongside multiple concurrent emergencies, including cholera, mpox, measles, and climate-related disasters, and were supported by strong political engagement, surveillance, and cross-border coordination, together with the introduction of a second IPV dose in 2024. Continuing challenges include declining funding, rising operational costs, immunity gaps in hard-to-reach areas, vaccine hesitancy, and porous borders. Continued GPEI partnership is essential, with Malawi requesting to be prioritized for adequate funding and for sustained support across surveillance, outbreak preparedness and response, vaccine logistics, and surge capacity.

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

- Mike McGovern thanked the representatives of Malawi and Angola and characterized the Goal 2 picture as one of real, measurable progress - declining cases, several outbreaks closed, and improving campaign quality across the African region, reflecting hard work at country level - while cautioning that the situation remains fragile, with northern Nigeria, Yemen, and Somalia the most consequential concerns. He emphasized that the priority must remain improving campaign quality, access, and consistency in the hardest-to-reach areas, where eradication will ultimately be won or lost.
- Chris Elias thanked the representatives of Malawi and Angola and welcomed their progress, noting that if the upcoming campaigns match the quality of the preparations, the program will take a big step toward the GPEI target of interrupting cVDPV2 transmission in Southern Africa. Observing that recurrent outbreaks point to an underlying immunity gap, he asked how the partnership, including Gavi, is working to improve immunization coverage and translate successful emergency response into more sustainable protection against future outbreaks. He also underscored that persistent transmission in northern Nigeria continues to seed the Sahel and Lake Chad Basin despite political commitment, a restructured EOC, a strong partnership, and the IEV strategy now under way and asked what would be fundamentally different as the program approaches the second half of 2026.
- Omar Abdi welcomed progress and flagged two additional geographies warranting close monitoring: DRC, given the risk of re-emergence amid the Ebola outbreak, and South Sudan, given a fragile health system and security challenges.
- Jennifer Shuford stressed that, in an increasingly constrained funding environment, limited resources must be prioritized for well-prepared, high-quality campaigns. She asked what steps the program could take to strengthen accountability for fund utilization and ensure campaigns are of sufficient quality to interrupt transmission - for example, what mechanisms trigger a no-go decision when readiness milestones are not met. She proposed that a review of accountability for outbreak response be considered for a future POB meeting and offered CDC's support.

- Arshad Quddus (WHO) acknowledged the strong national leadership of Malawi and Angola and emphasized that variant outbreaks are fundamentally a function of low routine immunization. Sustained interruption requires cohesive, government-led action targeting zero-dose children in close collaboration with Gavi and immunization partners.
- Dr. Tedros thanked the representatives of Malawi and Angola and concurred on the importance of routine immunization to sustaining gains.
- Ziad Memish stressed the need to strengthen vaccination-campaign quality to raise immunity in susceptible communities, suggesting that working on key performance indicators could help countries track and improve their progress.
- Martin Seychell recognized the work of both countries and, given competing global emergencies and resource constraints, asked whether countries perceive a risk of the polio agenda slipping relative to other priorities.
- Steven Lauwerier responded to questions, acknowledging strong political commitment and a restructured EOC in Nigeria, with quality-improvement plans under way at state and local levels, but noted these have not yet translated into a clear shift in results. Following a recent Strategy Committee mission to Nigeria, an independent, comprehensive outbreak and surveillance assessment has been proposed for the second half of the year to produce a concrete action plan. He noted that Nigeria's election year will require sustained political engagement to maintain momentum through leadership transitions at multiple levels. On the CDC's point, he confirmed campaigns have already been halted over the past two quarters where quality standards were not met, and that a planning checklist is now in use. He welcomed CDC's offer of support, adding that this should be approached as a partnership to improve campaign quality.

Updates from the FAC

Presenter: Jamie Morris, FAC Chair

The following update was presented to the POB:

- Prompted by the GPEI governance review, the FAC is reorienting toward a more accountability-focused role, connecting financial reporting to strategic performance and outcomes rather than expenditure tracking alone.
- As the first early-engagement exercise under the strengthened Terms of Reference, the FAC validated the 2027 budget planning framework and the sequence through to the POB budget approval in Berlin in October and emphasized a mid-year budget assessment as a critical checkpoint on the adequacy of the 2026 budget. With real and cross-cutting cost pressures and a constrained resource mobilization landscape, an ad hoc FAC call is planned ahead of the July Strategy Committee budget discussions to examine potential prioritization and trade-offs.
- The revised FAC Terms of Reference implement the GPEI Governance Review recommendations with earlier budget engagement, a strengthened mandate covering budget adequacy, multi-year budgets, and financial risk, a new independent financial review of IMB recommendations, and clearer coordination across the POB, SC, and FAC.

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

Mike McGovern confirmed the POB's endorsement of the revised Financial Accountability Committee's Terms of Reference without objection.

Decision:

- ***The POB endorsed the updated FAC Terms of Reference***

Integration to Accelerate Last Mile Eradication Efforts

Presenters: Kate O'Brien (WHO), Andrew Kennedy (WHO)

Opening Remarks: Kate O'Brien

- Integrating the polio program with the broader immunization program has been discussed for many years, with a value proposition that runs in both directions — the polio program benefiting routine immunization, and routine immunization benefiting polio eradication. Historically, the reluctance to pursue it stemmed from concern that integration would draw time and resources away from the eradication emergency efforts, slowing polio eradication. That has now changed, driven partly by financial constraints but more fundamentally by epidemiology: broad immunity through the routine immunization program is now core to eradication, particularly in priority geographies and against type 2 variant outbreaks, where IPV is key to immunity.
- The steer from the joint Gavi–GPEI board engagement toward closer joint efforts has, over the past year, resulted in much more structured collaboration, most notably the Joint Gavi Alliance - GPEI Leadership Team (JGLT), which brings together the leadership of WHO and UNICEF, on both polio and routine immunization, with the Gavi Secretariat, CDC, the Gates Foundation, and other partners to provide dedicated joint direction. The Gavi 6.0 strategy, with its country-driven decision-making, is a key opportunity and strategic period for integration, with early priority on Nigeria, DRC, Pakistan, and Afghanistan.
- Integration efforts are happening, but they don't happen automatically. With budget constraints and country prioritization decisions in play, collaboration must be specific, disciplined, country-driven, and monitored and measured. Early signals are encouraging, with countries wanting closer, government-led collaboration that builds on existing systems.

Presentation: Andrew Kennedy

- Integration spans four areas: campaign "plusses," such as hand soap and clean water provided alongside polio campaigns; co-delivery and multi-antigen campaigns; routine immunization strengthening; and integrated service delivery in otherwise inaccessible settings. There is increasing focus on routine immunization strengthening and IPV coverage. On campaigns, 14 of 22 first-quarter campaigns were integrated, reflecting considered decisions about where integration adds value.
- Gavi has taken a number of important steps to enhance collaboration with GPEI in the design of Gavi 6.0. Polio-specific guidance has been included in Gavi's country application materials. IPV and hexavalent vaccine are designated core vaccines within the guaranteed budget, which is largely sufficient to meet demand, though provision still depends on country-level prioritization. Further opportunities include targeted facility-focused interventions to improve missed opportunities for vaccination, a key challenge for polio; systematizing and extending integrated outreach to vaccinate underserved populations; and embedding polio performance indicators as

disbursement triggers in joint financing agreements with development banks in countries at risk for polio.

- GPEI's structures and expertise can support all five areas of Gavi's new campaign-optimization approach. A potential Gavi co-financing waiver could be a major incentive for countries to integrate campaigns. On the IPV coverage target, Gavi has proposed 80% IPV coverage in at least 50% of Gavi-supported countries by 2030, and GPEI is working with Gavi to ensure the target also captures the 13 countries most critical to eradication.
- GPEI should engage actively in the Gavi application process, so that GPEI and RI efforts come together at the country level and integration is reflected in the applications.

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

- Sania Nishtar noted that GPEI is one of the key partnerships Gavi is prioritizing, and underscored Gavi's commitment. Gavi has placed IPV and hexavalent vaccine in the guaranteed budget, signaling guaranteed financing to countries. The Programme and Policy Committee has recommended a 50% co-financing incentive for countries that integrate two-antigen campaigns, with management to recommend that polio campaigns be included; if approved by the Board, this would be a tangible incentive for integration. For the IPV coverage indicator, she noted alignment on targeting 13 high-risk countries for polio, with details still being worked through.
- Chris Elias welcomed the growing specificity and asked about follow-up to the April JGLT letters, including whether countries have responded, timelines for joint country action plans, and whether the same process is being extended to all priority countries, not just the highest-priority ones. He identified the lack of an RI coordination structure equivalent to the polio EOC as a critical gap and asked whether RI intensification is being systematically linked to cVDPV detections and harmonized with OPV responses, noting that a detection is itself a signal of RI gaps in that area. He supported mainstreaming the nOPV2 PIRI work in Nigeria and standardizing fractional IPV co-administration with measles across more settings and pointed to hexavalent as a major opportunity to raise IPV coverage and reduce delivery costs. He also stressed that integrated services are the only feasible approach in humanitarian settings such as Somalia, Yemen, and Afghanistan, and called for mutual accountability in GPEI's participation in the Gavi process.
- Martin Seychell reaffirmed the donor constituency's high priority on integration, and stressed that, while processes and plans are in place globally and regionally, progress depends on accountability for integration results at the country level. He noted concern that joint country action plans are not yet in place in any of the four priority countries, and that shrinking budgets could lead countries to deprioritize IPV and hexavalent vaccines. He welcomed the proposed Gavi IPV coverage target, asked what mitigating measures GPEI is planning to keep IPV a priority in high-risk countries, and emphasized that teams will need to work jointly on in-country advocacy to deliver on the targets.
- Jennifer Shuford supported the direction of the work, noting that success will depend on collective action and country leadership. In support of integration, she highlighted that an immediate next step would be supporting GPEI countries to include IPV and hexavalent vaccine in their immunization programs. She added that integrated campaigns should be pursued

opportunistically but judiciously, when they make programmatic and financial sense, to ensure high-quality campaigns.

- Arshad Quddus (WHO) supported the integration approach, noting that the joint Gavi - GPEI board had helped move both programs toward it, and stressed that policy and strategy must translate into vaccination of children in the field. He observed that the 13 high-risk countries for polio are also where most major vaccine-preventable-disease outbreaks occur and where health and immunization systems are weakest, so an integrated approach should both raise IPV coverage and strengthen those systems. He called for accountability to be built into country-level joint planning.
- Ziad Memish affirmed support for integration and hexavalent introduction in at-risk countries, despite budget constraints, and welcomed Dr. Nishtar's support and continued partnership with Gavi.
- Sir Liam Donaldson welcomed the progress and emphasized the importance of continued POB leadership. He highlighted the absence of performance management and ring-fenced budgets for routine immunization and suggested exploring a donor initiative to create a pooled fund that could be rigorously applied to raise RI coverage in targeted areas during the final eradication period. He noted that integrated programs help dissolve barriers to access, including community hostility to the polio vaccine, since communities welcome the wider set of vaccines.
- Mike McGovern noted strong alignment among partners on the importance and necessity of integration and stressed the need to translate discussion into action.

Closing Remarks

The Chair flagged the unresolved question of GPEI's evolution and its successor arrangement, which the POB was unable to reach consensus on last year, noting the POB should return to it at a future meeting. He thanked participants for joining, and the presenters and representatives of Angola and Malawi for their contributions. He confirmed that the next POB meeting would be a full-day, in-person meeting in Berlin on 10 October.