

Meeting of the Polio Oversight Board (POB)

1 September 2021 | 6:00 – 9:00 PST/ 16:00 – 19:00 CET/ 18:00 – 21:00 PKT

Meeting Minutes

POB Member Attendees: Chris Elias (POB Chair, BMGF); Aidan O’Leary, representing Tedros Adhanom Ghebreyesus (WHO); Henrietta Fore (UNICEF); Mike McGovern (Rotary); Rochelle Walensky (CDC); Seth Berkley (Gavi); Peter MacDougall (Donor Representative - Global Affairs Canada)

Summary of Action Items

<i>Action Point</i>	<i>Owner</i>	<i>Timeframe</i>
POB members to continue to prioritize GPEI in their donor outreach for 2022 resource mobilization	POB members	Ongoing
Share any additional budget feedback with the SC for incorporation in final 2022 GPEI budget	Meeting attendees	By 15 September
Follow up with donors regarding COVID-19 reimbursement	SC Chair	By 1 October
Define timing for 2022 GPEI Pledging Moment	RMG Chair	By 1 December

Opening Remarks

Dr. Elias thanked attendees for joining the meeting, noting the focus for the meeting on the 2022 GPEI budget and resource mobilization. The session will look closely at the GPEI program budget requirements, projected available resources, and progress on the prioritization framework. The final 2022 budget will be brought to the POB for formal decision at the 27 October meeting and the Chair emphasized the importance of all POB members being in attendance for this key decision.

The Chair also noted the complex and highly volatile situation in Afghanistan and recognized the WHO and UNICEF colleagues who have continued to ‘stay and deliver’ during this extremely difficult period.

Polio Situation Update

Presenter: Aidan O’Leary (WHO)

The following update was presented to the POB:

GPEI Strategic Goal One: permanently interrupt all poliovirus transmission in endemic countries

- There are just two wild poliovirus cases recorded to date in 2021, with one in Afghanistan and one in Pakistan. The program maintains functional AFP and environmental surveillance across the two countries, and functional reviews continue to take place to ensure there are no gaps in the system overall. Hypotheses on reasons for the low number of cases include better quality campaigns, reaching more of the persistently missed children, reduced mobility due to the

COVID-19 pandemic, and natural immunity that built up after significant outbreaks in 2019 and 2020. The program will need to continue its focus as high season begins.

- In Afghanistan, there has been a very rapid change in the conflict security dynamics over the last month. It is important to recognize the commitments, courage, and steadfastness of staff on the ground, who have continued to operate in Afghanistan through this period of high turbulence and uncertainty. The safety and security of all staff and frontline workers is a key priority within the framework of 'stay and deliver'. Another key focus is ensuring the continuity of operations. This includes the establishment of an air bridge, ensuring STOP payments and vaccine supply arrangements, and ongoing security.
- There has been ongoing contact with the Health Commissioner of the Taliban, the acting Minister of Health, and the National Emergency Operations Center, which is now open. The most recent meeting suggests there is agreement in principle to move forward with house-to-house campaigns. The program needs to be very cognizant of the broad range of issues and operational challenges that will need to be overcome to make this a reality.
- The primary concern at this point in time is the range of donor stances on freezing funding flows into Afghanistan, which impacts the overall operation of the public sector, the economy, and the functioning of the health care system. If the program is able to proceed with house-to-house campaigns, it will be nearly impossible to do so if the basic public health system has collapsed.
- Following the National Task Force Meeting that occurred during the June POB visit to Pakistan, Prime Minister Khan has continued to engage directly to support polio eradication on the ground, convening a meeting with the twenty-two highest-risk Deputy Commissioners to ensure they remain focused on the job at hand. Dr. Faisal Sultan, Special Assistant to the Prime Minister of Pakistan on Health, has also visited areas of highest risk to the program. The main challenges in Pakistan are SIA quality and missed children. More work needs to be done to strengthen the frontline management in the reservoirs to ensure that missed children are vaccinated and protected. While there have been a limited number of positive isolates, these have been concentrated in southern Khyber Pakhtunkhwa which remains a concern.

GPEI Strategic Goal Two: Stop cVDPV transmission and prevent outbreaks in non-endemic countries

- cVDPV cases have decreased in 2021, with 272 cases to date this year. There are challenges with timeliness in detection, particularly in Central and Western Africa, and a surveillance action plan is being developed to address these issues. Timeliness of response is also a challenge, with competing health emergencies as well as several countries choosing to delay their response as a result of ongoing preparations to introduce nOPV2.
- The program has reached a tipping point in the shift towards nOPV2, with 40 of the 47 high risk countries identified at various stages of readiness and preparedness for nOPV2 introduction. To date, 70M+ doses have been administered in seven countries and 110M doses are in the pipeline for Nigeria, Uganda, and Ethiopia. There are challenges on the vaccine supply side for nOPV2, with the single supplier having reduced capacity since Q2 2021. 138M additional doses are scheduled to be received but the program faces a situation where there may not be any further supply until the middle of 2022. It is important to note there is no shortage of type 2 vaccine, with mOPV and tOPV available. As recommended by SAGE and the IMB, timeliness of response with the available vaccine is critical, and mOPV2 is an efficacious vaccine for this purpose. Messaging on this will be key. The program is on track to meet the milestone of moving from initial use to wider use of nOPV by the end of Q3 2021.

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

Afghanistan

- Ahmed Al-Mandhari (WHO) emphasized the message for agencies to ‘stay and deliver’ in Afghanistan, noting that WHO has more than 300 staff and over 70,000 polio workers across the country who remain committed to polio eradication. Their work ensures that critical polio activities continue, as well as providing invaluable information on the functionality of the healthcare facilities. The security and safety of these workers is the top priority. He noted that surveillance has continued, and even improved in some areas that had been previously inaccessible. He underscored the importance of the humanitarian airbridge for the sustained delivery of aid to Afghanistan, noting the generous support of Pakistan through their international airlines. Discussions with Qatar airlines are underway. Lastly, he noted the concern of donors suspending support to Afghanistan, particularly the Sehatmandhi program, which could lead to the collapse of the basic health infrastructure. He requested full flexibility from the GPEI to enable and facilitate operational visibility and maintain the program gains, noting the polio program is a core element of humanitarian assistance.
- Hamid Jafari (WHO) noted that at the recent meeting with the Health Commissioner of the Taliban and acting Afghanistan Health Minister Dr. Majrooh, the Health Commissioner communicated openness to house-to-house campaigns but was reluctant to make a firm declaration for a date to begin. More discussion is needed before the program will be able to proceed. The GPEI partners have the operational capacity to move forward once a policy decision is declared. The program will need to be deliberate in ensuring good community preparation and trust building in a time of fear and uncertainty.
- Henrietta Fore stressed the need to look at security in Afghanistan not as a nation-wide approach but rather at the provincial and district level, and the GPEI will need to do the same. As the situation unfolds, the program will need to look for openings and focus on an opportunistic approach over the coming months. In addition to the political upheaval, ongoing drought and the potential for widespread famine is threatening the country. Dr. Fore shared that the UN is appealing to donors, both for short term humanitarian assistance as well as longer term development aid. The UN is also in discussions with the World Bank on unfreezing funds to Afghanistan, and it will be important to make sure partners are aligned on messaging. Lastly, she noted the issue of whether girls will be allowed in secondary school as a space to watch, as this is going to be important for the polio campaigns as well as donors.
- Seth Berkley praised the partners on the ground in this difficult time and reiterated Gavi’s commitment to support WHO, UNICEF and other partners such as IFRC and ARCS to ensure routine vaccination continues. He noted Gavi has been in discussion with Sehatmandi service providers and is looking to reallocate HSS funding to the country, as well as reallocating other funding to UN partners. He also stated that the Gavi team has begun conversations with the World Bank, and the partners as a community will need to ensure service providers are in place so the health system does not collapse.

- Peter MacDougall applauded the 70,000 polio workers on the ground in Afghanistan on behalf of donors. He asked that if the declaration to proceed with house-to-house campaigns is made, are there logistical constraints in addition to the funding freeze for the Sehatmandi program and is there anything donors can be doing to advocate with the World Bank.
 - Henrietta Fore responded that many donors, including the World Bank, do not want funding to flow through the Taliban government but rather a separate system, and more discussion is needed to resolve this.
- Sir Liam Donaldson (IMB/ TIMB) noted that in past experience, the military commanders were the decision makers on declaring if mosque-to-mosque campaigns could move forward. He asked if the program is engaging at this level to move forward house-to-house campaigns. He also voiced concern for the polio staff that worked with the previous government. The Taliban do not currently have a strong command and control structure, and there is worry that humanitarian workers could be targeted at the local level.
 - Henrietta Fore responded that this is a reason for worry as the UN does not have an agreement with the government on humanitarian safety. It will be necessary at the local level for partners to look after the safety of staff, particularly female workers.
- Chris Elias emphasized the urgency of needing concerted advocacy to ensure aid is still reaching Afghanistan to keep the health system in place.
- Mike McGovern joined in expressing concern for the health and safety of all polio workers in Afghanistan. As the conflict increases movement out of the country, he noted the importance of maintaining vigilance at borders and ensuring the program is providing vaccines at these points.
- Rochelle Walensky underscored the concern for safety and expressed gratitude for all who are doing this work.

Pakistan

- Chris Elias noted that since the POB visit to Pakistan in June, the program has continued to see the strong commitment from the highest levels of government translating down to more local levels. There are still threats to the eradication efforts, including the potential for another humanitarian crisis if there is a large flow of refugees moving into Pakistan. Another is complacency- in looking at the data, there is particular concern about the number of missed children in the core reservoirs, particularly Karachi. He asked what it would take to move the needle on this issue and reach more children.
 - Hamid Jafari (WHO) responded that a joint plan with the national EOC is being developed to create teams dedicated to the Tier 1 districts in Pakistan and start building management and analytic capacity of these teams to empower them to identify and implement solutions at the local level. He also noted that Pakistan has shifted to a “mopping up” approach so that as soon as any circulating virus is detected, there is a rapid and aggressive response. He highlighted the cross-border coordination with Afghanistan in the new context to support community acceptance, communications, and ongoing cross-border vaccination. Lastly, he noted the fragile security situation in KP and flagged this as an area which will have more focused followed up, both for advocacy purposes and closer tracking to understand the challenges.

- Seth Berkley agreed that complacency is a concern, and the program will need to balance the work of eradication with longer term planning on how these essential functions are sustainably incorporated into the healthcare system.

Outbreaks

- Chris Elias noted the special session on polio he joined last week that was part of the Regional Committee for the AFRO Region, coinciding with the one-year celebration since the AFRO region was certified wild polio free. He highlighted the strong and consistent messaging from the meeting that advised countries to use the type 2 vaccines that are currently available and not wait for nOPV2 given the supply shortage. The partnership is coming together around a clear prioritization for the use of nOPV2 and Dr. Elias stressed the need for continued advocacy with countries to press the importance of this.
- Joseph Cabore (WHO AFRO) thanked those who attended the Regional Committee special session on polio and noted the high level of participation of health ministers in the meeting. It was an opportunity to strongly advocate for polio to continue to be considered a public health priority and the need for high quality campaigns. He advocated strongly for continued funding to the ten high-risk AFRO countries, as well as securing the nOPV2 doses needed for the upcoming large-scale responses in the region.
- Rochelle Walensky commented on the necessary expediency to respond to these outbreaks in real time and echoed the need for timeliness of response with vaccines that are available.

Finance & Resource Mobilization Update

Presenters: Aidan O’Leary (WHO), Michiyo Shima (UNICEF), Tim Petersen (BMGF), Ikuko Yamaguchi (UNICEF)

The following update was presented to the POB:

- The budget development discussions are grounded in the program requirements, capacity to implement, and projected available resources to enable the program to interrupt WPV transmission and stop cVDPV transmission in two years. The projected resource requirements to fully implement the strategy in 2022 are ~\$1.04B, however estimated available resources total ~\$762M. The program has outlined a prioritization framework based on the budget need, a description of the risks associated with not fully funding essential program functions, and the resource mobilization successes required to fully fund the GPEI strategy in 2022.
- A bottom-up approach was used, with countries and regions submitting budget requests and collaborating with the global level to analyze submissions and prioritize activities to which available resources would be allocated. The prioritization framework looks at potential trade offs if the program is not fully funded next year.
- Activities have been broken out under two priority headings. Priority 1 budget lines are the essential functions required to achieve eradication, including immunization, vaccine supply, surveillance, and TA/ infrastructure, with resources concentrated in the endemics and non-endemic high-risk countries. Priority 1 activities include innovations in surveillance, gender mainstreaming activities, as well as integrated campaigns and integrated services delivery. Priority 2 budget lines are the portions of the Afghanistan, Pakistan and outbreak response budgets that exceed historical implementation capacity, however moving these activities to Priority 2 risks a loss of full operational capacity.

- The program has identified risks associated with the \$762M available budget. These include the inability to fully operationalize the new GPEI strategy; lack of budget flexibility to respond to programmatic and epidemiological uncertainties; risk to outbreak detection and response capacity if the WHO base budget is unable to fund surveillance in non-endemic high-risk countries outside AFRO 10 + Somalia; impact to the program's ability to address community mistrust and ensure acceptance of polio vaccination if not able to fund community engagement activities in AFRO 10 + Somalia; and potential increases to WPV1 and VDPV type 1 & 3 transmission if not able to fund preventative bOPV SIAs and integrated multi-antigen campaigns. Mitigation measures will be important, including continued government ownership, creating new partnerships, strong coordination with Gavi and other health partners, and the need to increasingly rely on partners and funding outside of the GPEI to implement our work. Continually monitoring and reviewing risk mitigation measures will be critical going forward to inform decision making.
- The Resource Mobilization Group (RMG) will focus its efforts on operationalizing existing pledges and securing new funding, and it will be critical for donors to continue to honor their pledges and make these commitments as flexible as possible to maximize the impact of the funding. The program is pursuing all opportunities for additional funding to reduce the 2022 gap, including sovereign donors, domestic pledges, a potential innovative financing mechanism, and additional private sector funding. Filling the funding need will be challenging unless the potential opportunities come to fruition. Now more than ever, countries need to invest available resources in polio activities, especially outbreak response.
- While the program is continuing to target short term planning to meet the 2022 funding need, the RMG has kicked off the process to secure additional resources to fund the remainder of the new strategy which covers the period of 2023 – 2026. To engage donors and secure pledges, a Pledging Moment is proposed for Q3 – Q4 2022, which allows for the development of the multi-year budget as well as allowing donors adequate time to evaluate future long term funding commitments.

Asks of the POB:

- Guidance on the 2022 budget prioritization framework.
- POB member advocacy for increased resources for the 2022 budget, including allocation of core funding and reimbursement of COVID-19.
- Support for planning a 2022 Pledging Moment by amplifying in communications over the next 6-12 months and highlighting during engagement with donors.
- Alignment on the proposed timing for a Pledging Moment.

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

- Chris Elias noted that he and Mike McGovern, Chair of the Financial Accountability Committee (FAC), felt it important to have this discussion on prioritization before moving to the finalized budget that will be presented to the POB for decision in October. He thanked the team for doing the hard work of the prioritization and noted it clarifies the consequences of recent funding cuts and what this means in terms of vulnerability for the program, as well as the work the partnership needs to do to mobilize the necessary resources to fully implement the new

strategy. He also voiced support for a pledging event, noting that the timing will need to be right in a crowded replenishment season.

- Mike McGovern outlined the budget discussion from the recent FAC meeting, noting the top priorities for the FAC are the prioritization efforts, a realistic budget, and the detailed risk assessment. He expressed appreciation for the risk assessment presented but noted the FAC is looking forward to more information at the next meeting. He also emphasized the importance of the focus on gender and noted the FAC would like to see that more clearly in the prioritization. Additionally, he stated that Rotary agrees with all the asks of the POB, apart from asking for the reimbursement of COVID-19 funding. Rotary thought it was important to getting the COVID-19 efforts underway and is uncomfortable requesting that funding be returned.
 - Omar Abdi (UNICEF) reflected that reimbursement of funding that was used for COVID-19 will be challenging given donor earmarking for COVID-19 funds; the chances of reimbursement are limited so this should be considered in the budget as well.
 - Chris Elias noted the POB made a decision last year to use polio assets for the COVID-19 response and the impact has been beneficial. Given that many of the GPEI donations are earmarked for polio, he asked if there is an expectation from donors of reimbursement. This will be important in discussions with WHO on whether there is any potential for reimbursement or if needs could be met by the WHO core budget covering some of the critical transition costs.
 - Aidan O’Leary (WHO) noted that there have been requests to provide information on how resources were utilized, and a report was circulated outlining how polio assets were used for the COVID-19 response. He agreed on the challenges regarding COVID-19 funding reimbursement and noted WHO will continue to explore options.
 - Ellen Ogden (USAID) noted that USAID understands the decision to use the polio assets for COVID-19 and believes this was a valuable public health response. However, from a budgetary donor perspective, congressional appropriations to polio eradication are not allowed to be redirected but could potentially be used for an integrated approach. At the time, GPEI communicated the funds would be reimbursed at a later date so there is a donor expectation of reimbursement, particularly for donors working under specifically appropriated funds.
- Omar Abdi (UNICEF) flagged that the recent situation in Afghanistan and accompanying challenges will need to be reflected in the risk assessment.
 - Chris Elias responded that the polio budget includes integration activities in the most vulnerable parts of Afghanistan, but the GPEI’s budget is modest compared to the humanitarian crisis and will not be able to sustain the primary health care system. It will require concerted advocacy with the World Bank and other donors.
 - Aidan O’Leary (WHO) noted that the program needs to succeed in Afghanistan to interrupt polio transmission. There have been challenges in terms of capacity to implement and the team is working to develop an operational budget that provides the necessary scope to cover all activities needed. One of the key risks with the prioritization is the reduction in budget flexibility to respond to program uncertainties, and with the loss of FCDO flexible funding in particular, it will be more challenging to shift funding for opportunities that arise.

- Aidan O’Leary (WHO) highlighted some of the budget cuts that have gone into the numbers presented today, including a reduced budget for WHO HQ, and cost savings such as streamlining the arrangement for vaccine procurement through WHO and UNICEF. He also emphasized the difficult choices the program faces, and noted the team is working to identify the lowest risk options that are on the critical path to eradication. He underscored that gender is a priority, and the commitment of 1% of the budget to gender mainstreaming activities is included in the tier 1 priorities. Additionally, he recognized the point made in relation to the WHO base budget, noting this is on the radar for the Director General and WHO has a corporate commitment to support at least 50% of the 2022 funding. Lastly, he noted that on integration, it is in the highest risk areas where the program is looking to build community engagement but emphasized that the scale of the GPEI funding is dwarfed by the commitments of other donors such as the World Bank, Gavi, USAID, EC, and BMGF, and it will be important to coordinate effectively together for greater synergy and impact.
 - Hamid Jafari (WHO) expressed the need for contingency planning in case the WHO base budget funding is not sufficient, as it is currently only guaranteed for six months of 2022.
 - Chris Elias stated that the GPEI’s highest priority ask of WHO is that it can follow through on its commitment to supporting the transition countries through its core budget funding. Originally 47 countries in the AFRO region were planned to transition to the WHO core budget, however the program recognizes the challenges and risk to the polio eradication gains so settled on an agreement for the 10 highest risk countries in AFRO and Somalia to continue to be included in the GPEI budget. It is important that WHO follow through on the commitment for the remaining 37 countries to sustain strong surveillance systems as well as outbreak response.
- Ahmed Al-Mandhari (WHO) highlighted the risk to the fragile countries that are facing funding difficulties and asked to look at possibilities for further support.
- Sir Liam Donaldson (IMB/TIMB) flagged the importance of prioritizing sanitation and environmental hygiene on the critical path to eradication since polio is transmitted through the fecal-oral route. The 20th IMB report highlighted the slow progress in introduction of WASH facilities into the super high risk union councils, and he noted there isn’t strength of action to mobilize other sources of funding to support this important work.
 - Mike McGovern addressed the comments on WASH, noting that Rotary has done quite a bit in this space in Karachi but will work to do more, including outreach to partners that have helped Rotary in this area.
 - Chris Elias agreed with Sir Liam Donaldson’s comments and noted that the partnership needs to use its voice to push for a comprehensive development effort in Afghanistan, both the short-term humanitarian response and the longer-term development commitment. There is a bigger opportunity for the global community to help the people of Afghanistan in both food security, immunization, the broader health sector, as well as WASH.
- Seth Berkley thanked the team for the prioritization effort and noted he was pleased to hear the support for the gender commitment. He highlighted the importance of bringing together the gender expertise in each organization to support gender mainstreaming in the program. He also

acknowledged the suggestions of where Gavi can help with integration efforts, noting that Gavi would like to ensure bi-valent OPV is co-delivered in the Gavi supported campaigns for Measles/Measles-Rubella. Communication and timely coordination will be critical.

- Peter MacDougall endorsed the need to look at the changing risk in Afghanistan and implications to the budget. Given the budget prioritization was just received, he asked that any specific donor comments could follow this call and noted that donors look forward to seeing the fully adjusted five-year budget. On resource mobilization, he stated that donors endorse the idea of a replenishment, and the program will need to think carefully about the right moment and the right advocacy strategy.
 - Chris Elias noted that the final budget materials will be shared two weeks ahead of the October POB meeting, so all attendees are able to review before the budget is presented for decision.
- Rochelle Walensky noted that surveillance is key in all countries in the Africa region and without this, the program won't have a window into what it could be missing. She advocated for finding efficiencies the program could utilize to open the window for surveillance across the different countries.
- Claire Moran (FCDO) acknowledged the impact that the uncertainty around the UK funding position generates for the GPEI and partners and offered the assurance that FCDO will work hard to communicate and narrow the uncertainty gap as soon as decisions are made through the spending review process. She echoed the comments from the FAC Chair, encouraging the program to deepen the risk analysis that accompanies the budget scenarios to have a better sense of both the likelihood and impact of risk. She also requested additional details in terms of scenario planning, including the scenario where priority 2 funding is required. Lastly, she advocated for the program to be mindful about the ability to implement and that this goes hand in hand with the strategy for resource mobilization.

GPEI Strategy & Management Implementation

Presenters: Aidan O'Leary (WHO) & Moazzem Hossain (UNICEF)

The following update was presented to the POB:

- Following the strategy launch in June, the GPEI has been working to implement a governance structure that is fit for purpose to support the new strategy. The partnership has also focused on the prioritization of risk rated activities on the critical path to eradication and worked towards finalizing a budget for 2022. These efforts have concentrated on a shift towards a results, outcomes, and a priorities-based approach.
- Since April, the Strategy Committee (SC) has moved to a new format encompassing a more strategic focus, with the two strategic goals discussed at alternate meetings to focus on performance against targets and how the program can best support country needs. FCDO now joins these calls as the donor representative.
- Rebecca Martin has left the CDC and her role as the SC representative, and the SC Chair expressed appreciation for all the work she has done in support of polio eradication. He welcomed John Vertefeuille as the new CDC representative to the SC.
- The EOMG has officially sunset. There is an interim Executive Management Unit (EMU) team in place and terms of reference are being finalized. An EMU team lead is expected to be announced no later than September 2021, with a full EMU team in place by Q4 2021.

- The terms of reference for the Global Support Groups and Regional Operations Groups are finalized and will be posted to the GPEI website. Key updates include consistent language, an additional section on gender mainstreaming across all ToRs, and clarification in areas of shared responsibility. The revised Afghanistan and Pakistan Endemics Hub ToR has been endorsed and new chairs identified.
- As agreed in the last POB meeting, a monitoring and evaluation update will be shared with POB members quarterly. The results framework will track progress on the two strategic goals and five objectives of the strategy, using four to eight key performance indicators per objective. For next steps, a GPEI team will be established to monitor and report on M&E to the SC and POB. The team will work to identify data source and collection methods for certain KPIs and address gaps in data, such as gender and integration. A standard M&E scorecard and dashboard are being developed for future reporting and this will be a living document. The group will regularly assess the relevance of KPIs and revise where needed.

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

- Chris Elias underscored the importance of the M&E work and the commitment to having a quarterly POB discussion on this topic. He noted that the disaggregation of gender data will be essential to tracking progress on the polio strategy, and lessons learned will be relevant to other efforts and areas of immunization. The Chair thanked everyone that has participated in the EOMG as this group has been important to the progress seen to date in polio eradication. Regarding the new governance structure, he asked if there is confidence that the EMU will be fully in place by the timeline identified, and if there is a contingency plan in place should this take longer, particularly for the lead role.
 - Aidan O’Leary responded that the establishment of the EMU has been a challenge given other commitments. The timeline outlined is doable and interim teams have been in place, such as the program budget task team, to ensure work continues to move forward.
- Peter MacDougall thanked the GPEI for implementing a donor voice on boards and committees. On the establishment of the new EMU and other committees, he asked if this is revenue neutral or if there are increased costs associated with the new structures.
 - Aidan O’Leary noted that the new structures are cost neutral and operating within existing cost envelopes.

Closing Remarks

The Chair thanked the attendees for their engagement and discussion and thanked the SC and FMT for the hard work on the budget prioritization. He noted the next POB meeting will take place on 27 October and materials will be shared two weeks in advance of the meeting. The meeting was followed by a 30-minute closed executive session.