

Global Polio Eradication Initiative (GPEI) Independent Monitoring Board (IMB)

Established on 29 November 2010

Context

The IMB was constituted in June 2010, by the GPEI partners (WHO, Rotary International, UNICEF, U.S. Centers for Disease Control and Prevention, and the Bill & Melinda Gates Foundation) in response to the 63rd World Health Assembly's endorsement of the *Global Polio Eradication Initiative (GPEI) Strategic Plan 2010-2012*, which referenced the need for an independent body to help guide GPEI's work.

Since the IMB's inception, the number of polio cases has decreased from 1,352 cases in 20 countries to fewer than 40 cases at the end of 2016 in just three countries. This tremendous progress has been possible because of strong commitment and hard work by the millions of polio workers, community leaders, commendable leadership of the National Governments and generous contribution and support from polio partners. The IMB's independent oversight and objective guidance to GPEI and countries has helped the programme maintain its intensified focus, leading to a world that today stands on the brink of being polio-free.

With the establishment by GPEI of additional dedicated bodies to oversee several critical areas of the 2013-2018 Polio Eradication and Endgame Strategic Plan (which following the 2015 mid-term review now runs through 2019), the IMB's role is changing. Its expertise will be refocused on the most critical area, eradication of polio.

With its sharpened remit, the IMB is seeking nominations of qualified individuals interested in serving on this prestigious committee to help guide the program to its ultimate goal of polio eradication.

Terms of reference

The IMB shall monitor and guide the work of Objective 1 of the GPEI Strategic Plan, providing advice on the relevant milestones and corrective action plans to the heads of the GPEI Partner agencies.

Specifically, the IMB shall, on a semiannual basis:

- 1) independently evaluate progress towards achieving Objective 1 (Poliovirus Detection & Interruption) of the GPEI Strategic Plan as 'on track', 'at risk', 'off track' or 'missed' on

the basis of polio epidemiology, poliovirus virology, standard performance indicators, and other relevant programme data;

- 2) identify areas where corrective action plans are required by countries, partners, donor agencies or other parties for a milestone which is found to be 'at risk', 'off track' or 'missed';
- 3) evaluate the quality, implementation and impact of corrective action plans.

Membership

The IMB will be comprised of four members including the chair of the IMB, who shall serve in their personal capacity as recognized experts in their field of specialty. Consideration will be given to ensuring appropriate geographical representation and gender balance.

Eligibility: IMB members shall be recognized international experts in disciplines relevant to the IMB Terms of Reference. These could be broad public health, immunization programmes, polio eradication, epidemiology, virology, behavioral science, public health programme management, health economics, health care financing or other relevant fields.

Appointment: Appointment of IMB members is confirmed by the WHO Director-General, in consultation with the Polio Oversight Board (POB) of the GPEI. The chair is appointed by the WHO Director-General, in consultation with the POB.

Conflict of interest: Membership in the IMB is subject to completion and approval of a declaration of interest form. IMB members cannot have a financial or professional engagement with a commercial entity the use of whose products may be influenced by the IMB's decisions. They will also be asked to disclose any public positions that they may have espoused or taken on polio eradication. These members also cannot be directly or indirectly involved in the management or implementation of the GPEI, including a decision-making role on funding to GPEI. In addition, IMB members cannot be:

- a. an employee of a GPEI partner agency;
- b. a member of a regional or national Technical Advisory Group (TAG) on polio eradication, the Global Commission for the Certification of Polio Eradication, or a Regional Certification Commission;
- c. in receipt of funding from the Polio Programme.

Confidentiality: IMB deliberations are held in closed sessions and should be regarded as confidential since they are prior to the production of the IMB's public report. Upon confirmation of their appointment to the IMB, members shall be required to agree to this method of working.

Duration: Members will serve for an initial two years with the possibility of extending their service if still deemed required and agreed upon by the WHO Director-General in consultation with the POB. Membership may be terminated with a one month's notice on either side.

Operating procedures and meetings

Secretariat: The IMB chair will have local secretariat support and the Polio Eradication Department at the World Health Organization, Geneva will provide additional secretariat support as needed.

Meetings: The IMB will meet at least twice a year, and at least one meeting will be conducted in person. The frequency of meetings will be adjusted as necessary by the chair of the IMB. Decisions or recommendations will, as a rule, be taken by consensus.

Agendas: The IMB agenda will be set by the IMB chair, in consultation with the GPEI. Input for IMB meeting agendas may be sought from Ministries of Health, GPEI's spearheading partners, core donors, and/or regional and national TAGs.

Documentation and background materials: The IMB will be assisted in its work in several ways. Information to facilitate IMB deliberations will include:

- a) a semiannual compilation of basic data on key Objective 1 indicators provided by WHO and UNICEF on behalf of GPEI partners;
- b) a semiannual assessment of risks to the quality of polio surveillance and overall immunization activities including supplementary immunization activities (SIAs) compiled by the Eradication and Outbreak Management Group (EOMG) and submitted by the Strategy Committee (SC) on behalf of the GPEI partners;
- c) reports from relevant regional and national polio eradication TAGs including recommendations and risk assessments for polio-free areas;
- d) special reports on cross-cutting and/or country-specific issues from relevant Ministries of Health, partner agencies, donors, or technical experts, as requested by the IMB; and
- e) reviews, reports and/or assessments on the risks of polio outbreaks following poliovirus importations or by emergence of VDPVs that have been conducted for or in WHO Regions which have been certified polio-free;

To the degree possible, all materials that are to be presented to the IMB will be posted on the GPEI website at least 5 working days prior to each meeting. Materials which are available only at the time of an IMB meeting will be posted at that time.

Reports and reporting: IMB reports will be written by the IMB itself; if requested, an external writer, selected by the IMB, will be made available. A short summary of the IMB's findings will be reported, within 3 weeks of each meeting, directly to the WHO Director-General and other POB members. The IMB report will then be published in electronic format on the GPEI website (www.polioeradication.org). The main findings of the IMB report will also be published in the WHO Weekly Epidemiological Record (WER). IMB findings will be incorporated into the reports on polio eradication to the WHO Executive Board and the World Health Assembly.

Corrective action plans: For Objective 1 milestones which are found to be 'at risk', 'off track' or 'missed' and for which the IMB recommends corrective action plans, the WHO Director-General will immediately inform the relevant Ministry of Health and donor and partner agency for corrective actions as soon as possible or within timelines recommended in the IMB recommendations. If and when appropriate, regional and national polio TAGs may be engaged by the relevant party to facilitate the development of corrective action plans. Once available, corrective action plans will be posted on the GPEI website. The implementation and impact of corrective action plans will be assessed during each of the IMB's subsequent semiannual assessments until such time as the milestone is deemed to be 'on track' again.

Relationship to other Polio Eradication advisory bodies: For polio-endemic and outbreak countries, the IMB may engage regional or national polio TAGs prior to or during its meeting to discuss issues of local strategy, priorities and programme operations. The IMB's findings will be presented to the WHO Scientific Advisory Group of Experts (SAGE) on Immunization at each of SAGE's semiannual meetings.

Solicitation of expert technical opinions: For specific technical and/or programmatic issues, the IMB may solicit additional expert opinion by inviting recognized experts to submit their perspectives (in person or in writing), requesting GPEI partner agencies to convene an ad-hoc expert consultation, consulting with relevant standing technical committees (e.g. the Polio Research Committee, SAGE Working Group on Polio) or through other mechanisms as the IMB deems appropriate.

Participation of non-IMB members in meetings & teleconferences: The participation in open and closed sessions of IMB meetings, either as active participants or observers, will be at the discretion of the IMB chair, in consultation with IMB members. Depending on the issue, and subject to IMB agreement, it is anticipated that participation may include representatives of Ministries of Health of polio-infected countries, GPEI partner agencies, donors, other GPEI stakeholders, and/or technical experts. Participation may be in person or by telephone, contingent on IMB agreement.

Additional roles: In addition to participation in the IMB meetings/teleconferences, IMB members may be requested to interact by e-mail, review documents or participate as observers in other important GPEI or WHO meetings (e.g. SAGE, World Health Assembly).

Remuneration: IMB members will not be remunerated for their participation in the IMB; however, reasonable expenses such as travel expenses incurred for attendance at the IMB or related meetings will be compensated.

Life span of the IMB

The IMB will operate at least through mid-2020 to allow for validation of the GPEI's Polio Endgame Strategic Plan 2013-2019 milestones. Any extension of the IMB will depend upon programme requirements and be decided upon by the WHO Director-General in consultation with the POB.