Global Polio Eradication Initiative (GPEI)
Independent Monitoring Board (IMB) and Transition
Independent Monitoring Board (TIMB)

Established on 29 November 2010 with revised terms of reference in January 2020.

Context
The IMB was established 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 the GPEI’s work.

In a series of reports stretching to 16 since its inception, the IMB has played a classic “speaking truth to power” role. Its critiques and insights have helped to reshape the approach and working methods of the Polio Programme and encouraged the adoption of innovations in technical areas, organisational structures and data presentation.

At the 72nd World Health Assembly (WHA), the GPEI launched the Polio Endgame Strategic Plan 2019-2023, which aims to address ongoing risks, leverage best practices, introduce improvements that will have an impact, and put forward innovations that, taken together, can achieve and sustain wild poliovirus eradication and stop circulating vaccine-derived polio outbreaks.

In view of the extension of the GPEI until 2023 and the importance of the IMB’s contribution to achieving a polio-free world, consistent with its original terms of reference, the IMB will operate for one year following the identification of the last poliovirus isolate. In addition to focussing its expertise on the most critical area, eradication of polio, the IMB will also incorporate the independent monitoring of Polio Transition; including the Strategic Action Plan for Polio Transition (endorsed by the WHA in 2018) and Goal 2 – Integration of the Polio Endgame Strategic Plan 2019-2023. The Transition Independent Monitoring Board (TIMB) will be reconstituted as a subcommittee of the IMB but will hold its own meetings and issue its own reports. The TIMB will be chaired by the Chair of the IMB.

Terms of reference
The IMB shall monitor and guide the work of Goal 1 - Eradication of the GPEI Strategic Plan, covering the period 2019-2023, providing advice on the relevant milestones and corrective action plans to the heads of the GPEI Partner agencies.

The IMB shall:

1) Independently evaluate progress towards achieving Goal 1 (Interrupt transmission of all wild poliovirus (WPV) and stop all circulating vaccine-derived poliovirus (CVDVPV) outbreaks within 120 days of detection and eliminate the risk of emergence of future VDPVs) 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.

The TIMB shall:

i) Independently evaluate how the integration of public health services is contributing to polio eradication, as well as the progress made towards achieving the three objectives of polio transition, as outlined in the Strategic Action Plan for Polio Transition:

a. sustaining a polio free world
b. strengthening immunization and VPD surveillance
c. strengthening outbreak preparedness and response capacity

by reviewing progress made on transitioning assets, functions and funding from GPEI to country governments and/or other health programmes, including monitoring the completeness, timely and successful implementation of country polio transition plans;

ii) Provide recommendations to governments, partners and other relevant stakeholders in polio transition planning;

iii) Assess progress towards sustaining essential functions necessary to keep the world polio-free (polio surveillance, capacity to respond to a polio outbreak, immunization with IPV, poliovirus containment);

iv) Provide advice on options for future governance of the post-certification phase.

Membership
The IMB will have up to five members including the Chair of the IMB. They will serve in a personal capacity as recognised experts in their field of specialty. Consideration will be given to ensuring appropriate geographical representation and gender balance.

The TIMB (operating as a subcommittee of the IMB) will have up to five members including the Chair of the IMB, who will also fulfil the role of the Chair of the TIMB. Members will be appointed to serve on the TIMB and not also be co-opted to the main IMB (unless specifically requested to do so).

Eligibility: Members shall be recognised international experts in disciplines relevant to the Terms of Reference. These could be broad public health, immunisation programmes, polio eradication, epidemiology, virology, behavioural science, public health programme management, health economics, health care financing or other relevant fields.

Appointment: Appointment of members is led by the Chair of the IMB and 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.
Conflicts of interest: Membership in the IMB and TIMB is subject to completion and approval of a declaration of interest form. IMB and TIMB members cannot have a financial or professional engagement with a commercial entity the use of whose products may be influenced by the Boards' decisions.

They will also be asked to disclose any public positions 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 and TIMB 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. a Minister or official of a Member State’s Ministry of Health or other government department;
d. in receipt of funding from the Polio Programme.

Confidentiality: IMB and TIMB deliberations are held in closed sessions and should be regarded as confidential since they are prior to the production of the Boards’ public reports. Upon confirmation of their appointment, 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 recommended by the Chair of the IMB 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.

Probit: Members can have their appointments terminated after due deliberation if they are involved in any incident or events deemed to be capable of calling into question the standing, integrity or reputation of the IMB.

Operating procedures and meetings
Secretariat: The IMB Chair will have local secretariat support to maintain its independent status. The Secretariat will organize and process payments related to duty travel of IMB/TIMB Board members and country Ministers. Meeting venues and logistics related to IMB/TIMB meetings will be organized by the Secretariat. The Polio Eradication Department and Polio Transition Team at the World Health Organization (Geneva), may provide additional secretariat support as needed.

Meetings: The IMB and TIMB will normally each meet twice a year.

Decisions or recommendations will, as a rule, be taken by consensus. The meeting agendas will be set by the IMB/TIMB Chair and Secretariat. Input for meeting agendas may be sought from Ministries of Health, GPEI’s spearheading partners, core donors, and/or regional and national TAGs.

Reports and reporting: IMB and TIMB reports will be written by the IMB itself and submitted directly to the WHO Director-General and other POB members. The IMB and TIMB reports
will then be made publicly available and published in electronic format on the GPEI website (www.polioeradication.org). IMB and TIMB findings will be incorporated into the reports on polio eradication and transition to the WHO Executive Board and the World Health Assembly.

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

**Lifespan**

**IMB**

In view of the extension of the GPEI until 2023 and the importance of the IMB’s contribution to achieving a polio-free world, consistent with its original terms of reference, the IMB will operate for one year following the identification of the last poliovirus isolate.

**TIMB**

The Polio Transition IMB is established for an initial period of 2 years, from 1 January 2020 to 31 December 2021, with the necessity to continue to be reviewed before the end of that time.