Terms of Reference
Global Preparedness Monitoring Board (GPMB)

I. Purpose

1. In view of the work of the UN Secretary-General’s Global Health Crises Task Force, the Global Preparedness Monitoring Board (GPMB, or the “Board”) is the unique platform for high-level political advocacy to forward the common objective of making the world safer from the effects and impact of health crises.

2. Comprised of political leaders, agency principals and world-class experts, the Board provides an authoritative, independent, comprehensive, inclusive global mechanism that apprises key policy makers and the world of system-wide progress towards increased preparedness and response capacity for outbreaks and other emergencies with health consequences (the “Purpose”). The Board will monitor and report on the state of global preparedness across all sectors and stakeholders, including the UN system, government, nongovernmental organizations and private sector.

3. In line with its Purpose, the Board also plays a critical role in ensuring accountability for preparedness efforts at community, country, regional and global levels, provides an alert to key stakeholders if urgent preparedness actions are required, makes specific recommendations and engages in communications and advocacy as required. While several actors such as WHO have developed robust independent oversight mechanisms such as the IOAC, other elements of the system are subject to less independent oversight.

4. The GPMB is co-convened by the Director-General of the World Health Organization (WHO) and the President of the World Bank. The Board contributes to the monitoring of the many ongoing initiatives, existing data collection efforts, and assessment frameworks.

5. The GPMB is a collaborative platform without its own legal capacity.

II. Functions

6. The functions of the Board are to:

   (a) Serve as the key, high-level body focused and advising on global health crises preparedness, monitoring and updating the world on the state of preparedness and keeping all informed of successes, challenges, progress and gaps and noting parallel or duplicative efforts.

   (b) Strategically prioritize those gaps in preparedness that require urgent attention.

   (c) Advocate at the highest political levels and across all relevant fora (e.g., G7, G20, G77, UN Security Council and General Assembly, Davos, etc.) for health crisis preparedness capacities.
(d) Develop a global health crises preparedness monitoring framework that will provide a single, authoritative roadmap for global preparedness that is easily translatable to action for policymakers, decision makers, researchers, health professionals and donors. The framework will be organized around four content domains:

i) Strengthening public health capacities as a foundation for preparedness;

ii) Monitoring progress of relevant research and development, including the work under the R&D Blueprint and other bodies, like the recently World Bank-convened International Vaccines Task Force for Strengthening Country Capacity for Vaccines Research and Development;

iii) Monitoring preparedness financing, both public and private; and

iv) Generating risk analyses, including economic and social vulnerabilities, based on reliable assessments from stakeholders and partners.

(e) Enhance global preparedness coordination and capacity.

(f) Galvanize community and national ownership, including through advocacy efforts for legislation, regulation and policies that enable and support local and national response to health crises.

The Board will deliver these functions across global, regional, and local systems, and focus most of its efforts on the highest risk environments and pathogens.

III. Method of Work

7. The GPMB will:

(a) Target specific audiences for particular evidence-based recommendations and messages arising from its prioritization of preparedness issues, rather than reporting to a single individual or organization.

(b) Meet twice per year. Board members will attend in person and are not anticipated to bring support staff to the meetings themselves. Board member alternates are not permitted.

(c) Develop and deliver strategic advocacy messages and build relationships at the highest levels to advance preparedness.

(d) Commission, through the Secretariat and in line with its Purpose, key reports, synthesizing state of art data on the status of preparedness from qualified independent academic institutions. The selection of such institutions shall be subject to the applicable rules and procedures of the Secretariat taking into account the recommendations of the Board.

(e) Publish the world’s seminal “Report on the Status of Global Preparedness for Health Crises”, with accompanying innovative communications materials to promote and popularize key messages.
(f) Be established for an initial period of 5 years, with no expectation of continuation should there be no further demand for such a Board.

IV. Working principles

8. The Board will adhere to the following principles:

(a) Preparedness is at the heart of the world’s ability to manage outbreaks and emergencies with health consequences resiliently.

(b) Given the substantial potential social, economic and political impact of such crises, preparedness must be kept squarely on the global political agenda, which requires advocacy at the highest levels.

(c) Verifiable, reliable identification of vulnerabilities, exposure and capacities at community, national, regional and global levels is essential to furthering preparedness.

(d) Effective preparedness requires engagement of and action from stakeholders across all sectors, public, private and civil society.

(e) Strategic, tailored recommendations, monitoring, reporting and publicizing for target audiences can and does lead to accountable action.

V. Publications and Communications

9. Regarding publications and communications:

(a) Decisions about the content, preparation and dissemination of publications concerning GMPB activities will be made by the Board on the basis of consensus. As the legal entity providing the GMPB secretariat, copyright in any GMPB publication shall normally be vested in WHO.

(b) With regard to separate publications by GMPB Members relating to GMPB activities, it is agreed that in order to avoid prejudicing proprietary rights and the confidentiality of information belonging to WHO or the World Bank, the publishing Member shall transmit to WHO and the World Bank for its review the material intended to be published at least 60 (sixty) days before a proposed publication is submitted to any editor, publisher, referee or meeting organizer. In the absence of any objection by either WHO, the World Bank or any other GMPB Member, within that 60 day period, concerning prejudice to proprietary rights or confidentiality of information, the publication may proceed. In addition to review of the content of publications as referred to above, WHO and the World Bank shall have the right to review the acknowledgement and request reasonable changes to the use of their name, or request that their name be deleted altogether.

(c) GMPB members may not use the name or emblem of WHO or the World Bank without consent or for commercial or promotional purposes.

(d) GMPB materials will be disseminated through the GMPB website, maintained by WHO on its domain and established in accordance with its rules.
The Secretariat, in close consultation with the Board co-chairs shall be responsible for issuing any public communications on GPMP activities developed by GPMB.

GPMB members shall not make public statements on behalf of WHO or the World Bank unless specifically requested to do so by these organizations.

VI. Composition and membership:

10. The Board composition is as follows:

(a) The Board comprises 7-20 high-level (e.g. agency principals, CEOs, etc.) members from across relevant stakeholders with public and/or private sector experience.

(b) The co-chairs of the Board will be appointed by WHO and the World Bank as co-conveners, and will be from an agency or other entity independent of both agencies.

(c) Members will be selected jointly by WHO and the World Bank with a view to gender balance, geographic diversity, reputation and leadership.

(d) Members shall be subject to conflict of interest assessment in accordance with WHO applicable policies.

(e) Members are selected on the basis of their professional expertise and cannot be represented by an alternate attendee. They must have demonstrated knowledge of or commit to becoming familiar with the areas covered by the scope of the Board, including public health, infectious disease, data management, humanitarian crises, emergency management, regulatory and legislative frameworks, community engagement, partnerships and development.

(f) Member terms will initially be for 2 years, with flexibility for early termination or renewability for a second period, on agreement of the co-chairs.

(g) To provide for continuity of the GPMB’s work and ensure that the complete membership does not turn over at any one point, Membership terms will be staggered. Members will be contacted 18 months after joining the Board for a discussion regarding availability and interest in continuing membership.

(h) Co-chairs will serve terms not less than 2 years, with final term determined by availability. In no event will both co-chairs’ terms end in the same year. Any member may terminate its involvement in the GPMB by providing written notice to the Secretariat. The GPMB co-chairs will review ongoing membership of any member who is unable to attend two consecutive Board meetings, after consultation with that member.
VII. Secretariat

11. The GPMB Secretariat (the “Secretariat”) will:

   (a) Subject to the availability of sufficient human and financial resources, be provided by WHO.

   (b) Apply WHO's financial regulations, rules, and practices to all funds administered by the Secretariat.

12. WHO shall not assume any liability for acts carried out by Board members regardless of whether such acts were carried out in the name of the GPMB. Furthermore, it is understood that the Secretariat may refrain from implementing any recommendation of the GPMB if in the view of WHO, such recommendation gives rise to undue financial, legal or reputational liability or is contrary to WHO Rules, Regulations Administrative practices and programmatic and technical policies.

VIII. Interlinkages with other global initiatives

13. The GPMB has linkages to, and is informed by, the work of other related initiatives (e.g. IOAC, R&D Blueprint, and the Global Coordination Mechanism).