Global Communications Group (GCG)
Ratified Terms of Reference [Approved: September 3, 2021]

Purpose

The Global Communications Group (GCG) brings together multiple GPEI technical communication streams focused on brand and reputational risk management, crises and emergency risk communication, communication for development (C4D), communication research, innovation and interventions, and internal communication. The GCG exists to:

1. Lead the development and implementation of a cohesive global communication strategy, along with associated products and tools;

2. Provide technical assistance and support the development of tailored resources for regional and country teams based on their programmatic needs; and

3. Advise the Strategy Committee (SC) and other GPEI management groups on communication implications of technical decisions and program shifts, including recommending mitigation measures across the communication spectrum.

Responsibilities

By virtue of these Terms of Reference, the GCG is empowered and expected to do the following:

1. **Lead the development and implementation of a cohesive global communication strategy, along with associated products and tools. The GCG shall:**
   o Proactively set the overarching communications narrative for GPEI to shape media coverage, public presentations, and donor confidence in the polio program;
   o Package and position communication content for media and key polio eradication stakeholders and influencers;
      ▪ Collaborate closely with the Resource Mobilization Group (RMG) on communication strategies and tactics that specifically affect resource mobilization and donor confidence in the program;
   o Ensure stakeholders across the partnership have the information and tools they need to communicate about the program to target audiences;
   o Provide clear, coherent guidance across communication platforms and technical assistance to global, regional and country teams (external communication and C4D) that contributes to confidence in the program at all levels and acceptance of polio vaccines by safeguarding against and mitigating misinformation. To this end, GCG:
      ▪ Monitors, evaluates, and provides risk assessments of public perceptions as well as environmental, political and social barriers in the global context to support risk mitigation at regional and country levels;
      ▪ Conducts digital data collection, analysis and engagement research, including tactics in support of infodemic management and other communication interventions.
   o Develop key communication products for global, regional and affected-country audiences, including:

- Global program narrative documents; strategies for programmatic milestones (e.g., World Polio Day); and other related content (e.g., fact sheets, tough Q&A, donor-market media materials that can be tailored to specific audiences); and
- GPEI website content as well as social media strategies and content.
  - o Facilitate global support to manage high-profile crisis events originating in the field and develop coherent communication response measures; and
  - o Prepare partners to effectively respond to any crises that have the potential to negatively impact the program.

2. **Provide technical assistance and support the development of tailored resources for regional and country teams based on their programmatic needs. The GCG shall:**
   - o Translate scientific information into language suited for key lay audiences that can be adapted at country and community levels; and
   - o Develop communication guidance, protocols and templates to support regional and field communication approaches around innovation, milestones and public health events (e.g., novel oral polio vaccine introduction during the COVID-19 vaccine infodemic)
   - o Identify communication interventions and technical capacity to effectively resource regional and country teams in responding to emerging or unresolved communication challenges.

3. **Advise the SC and other GPEI management groups on communication implications of technical decisions and program shifts, including recommending mitigation measures across the communication spectrum. The GCG shall:**
   - o Regularly monitor and establish a common understanding of communication risks related to the environment within which the GPEI strategy is being implemented, advising the SC and other GPEI management groups on the potential public and social barriers of the decisions;

Gender Perspective

Gender mainstreaming (the process of assessing implications for women and men of any planned action, in all areas and at all levels) is an integral dimension to the achievement of gender equality, which is considered a powerful determinant of health outcomes and a major factor in the movement towards polio eradication.

The GCG is responsible for supporting gender mainstreaming and the GPEI gender strategy within the group by:

- Dedicating time to develop and undertake activities to mainstream gender in their respective group, in conjunction with the Gender Mainstreaming Group (GMG), on an annual basis, and ensuring completion of activities (e.g., training via webinars, coaching, and/or mentoring).
- Leveraging technical support from the GMG, where feasible and applicable, throughout the course of activities (i.e., across program planning, design, implementation, monitoring, evaluation) to ensure that a gender equality lens is being applied.
- Being aware of GPEI's Gender Equality Strategy KPIs and implementing actions to help meet the expected results, leveraging support from the GMG, where needed.

Composition & Secretariat

<u>Leadership</u>
- The GCG shall be led by a Chair and Vice-Chair, one with external relations expertise and one with C4D/behavioral science expertise.
- The SC will appoint the named parties for the roles of Chair and Vice-Chair after soliciting feedback from the GCG members, using coordination support from the SC Secretariat. It is recommended that the individuals nominated to these two roles do not come from the same organization.
- The term for each role is 12 months, with the option for rotation (preferred) or renewal at the discretion of the SC.

<u>Additional Group Member Selection & Roles</u>
Additional membership of the GCG shall consist of as many individuals as the Chair and Vice-Chair deem necessary to efficiently and effectively fulfill the group's responsibilities. Recommended membership is as follows:

- Core global membership from the following partners:
  - WHO HQ
  - UNICEF HQ
  - CDC
  - Rotary
  - BMGF
  - Gavi
- RMG liaison / focal point: Global Health Strategies (GHS)
- Core regional members (WHO and UNICEF HQ shall bring in regional members regularly and/or as needed, at least once per month):
  - WHO EMRO regional focal point
  - UNICEF MENA regional focal point
  - WHO AFRO regional focal point
  - UNICEF West and Central Africa / Easter and Southern Africa focal point
  - Afghanistan and Pakistan Endemics Hub communications focal point
  - Islamic Advisory Group communications lead
- Advocacy with engaged publics by the following partners:
  - UN Foundation
  - PATH
  - Global Citizen
  - Results

<u>Project Teams</u>

The donor communication function serves as the regular liaison between the RMG and GCG. As needed, the GCG will support other GPEI management groups in their sector-specific needs through the establishment of dedicated multi-disciplinary project teams, composed of communication experts from within and outside of GPEI. These project teams, reporting to the GCG on a regular basis, will drive

communication on specific areas of work, milestones, or events, with deliverables for the workplans of the relevant GPEI groups and information flowing back to the global group for coordination and overall strategy alignment. Examples of project teams include ones for AFRO certification, nOPV2 roll out and GPEI strategy launch.

To ensure alignment and technical coherence, the GCG will coordinate with the relevant GPEI management groups and task teams and call up on members and experts in epidemiology, vaccine manufacturing and rollout, logistics and management. On an ad hoc basis, the GCG may also involve immunization and communication experts from the broader polio partnership to provide insights into development of communication strategies and tactics.

<u>Membership Expectations</u>

In general, individual members of the GCG have the following responsibilities:

- Be familiar with the charge and work of the GCG.
- Have pertinent expertise (e.g., epidemiology, business) and/or represent the perspective of an agency or stakeholder group.
- Attend 70% of all meetings (and for the entire duration of the meetings).
  - o A committee member who misses two consecutive meetings, when the member has not made a case for exception to the Chair, may be replaced.
  - o If replacement of a member is required, the Chair will flag the issue with the pertinent agency and make the request.
- Be actively engaged at all meetings and provide relevant and focused comments (e.g., ensure that you have read circulated pre-read materials and have developed perspective on the topic area prior to attending the meeting).
- Dedicate time to participating in and/or leading work/activities, <u>outside</u> of planned meeting times.
  - o The specific amount of time is to be estimated by the Chair and Vice-Chair and discussed with individual members at the start of the year but is generally expected to range from 10 to 20 hours/month.
- Demonstrate flexibility in unanimity building discussions and take different perspectives into account.
- Relay discussions and updates on work undertaken, back to the member's respective agency, to ensure coordinated efforts across GPEI and the agency (e.g., to minimize duplicative activities).
- Efforts will be made to guarantee gender balanced representation of members (ideally 50% women and 50% men) and to alternate among different level positions (to avoid appointing only junior positions).
- All core members will be offered additional gender training opportunities according to their needs/competencies.

For groups that have distinguished Core Members vs. Non-Core Members in their respective TOR:

- For Core Members, the above applies.
- For Non-Core Members (i.e., Supplementary or Liaison Roles), the Chair determines the responsibilities.

For partner agencies that propose individual member names to serve on the GCG, the above must be taken into consideration. The recommendation is to discuss capacity with the potential candidate, prior to a proposal to serve on the GCG.

<u>Secretariat</u>

- The Secretariat role shall be determined by the Chair.
- There shall be one individual designated as the primary contact for the Secretariat, regardless of how many individuals actively work to support the GCG in its activities.
- The Secretariat supports the GCG with the following, as needed:
  - Facilitating work in collaboration with the Chair and Vice-Chair;
  - Scheduling meetings;
  - Planning logistics;
  - Compiling agendas;
  - Distributing meeting materials (pre-reads and post-discussion), including meeting minutes;
  - Tracking action items and coordinating on progress to closure of action items;
  - Scheduling and preparing progress reports, in conjunction with the Chair and Vice-Chair;
  - Coordinating with other groups; and
  - Maintaining responsibility for relevant documents (e.g., knowledge management / information management/online portal for sharing documents).
- The Secretariat role for the GCG shall be supported by Global Health Strategies.

Accountability
<u>Accountability</u>

- The GCG is accountable to the SC via the EMU.
- Individual GCG Members serve in their roles at the pleasure of the SC.

<u>Reporting</u>

- The GCG, led by the Chair and Vice-Chair, shall periodically report progress to the SC, as requested by the EMU.
- In coordination with the EMU, the GCG shall also contribute to status reports for the POB, as requested.

<u>Decision Making</u>

- Unanimity is the ideal for all decisions made by the GCG and should be pursued wherever possible.
- If unanimity cannot be reached, a majority vote will be the deciding factor. Each agency stipulated in the TOR with voting rights (e.g., core member) gets one vote.
- If a majority vote cannot be reached, the Chair of GCG will escalate to the EMU. The EMU will determine the appropriate next step on the escalation path (e.g., mediation attempt, escalation to SC).
- For decisions with significant strategic impact, if a member dissents with a particular decision, escalation may be made to the EMU. The EMU decides whether a further review is required by the SC, on a case-by-case basis; if escalated to SC, their decision will be final.
- Quorum shall be defined as the presence of at least two-thirds of the GCG core members. No decisions may be made in the absence of a quorum.

Rhythm of Business
<u>Meeting Scheduling & Participation</u>

- The GCG core group will organize bi-weekly meetings via teleconference or video conference.
- In-person meetings will be organized, as needed, at locations and with sufficient notice to allow adequate participation.
- Project teams shall meet, as required, and will liaise with relevant GPEI management groups as needed. A designated member of each project team and the donor communications liaison shall report back to the GCG at each meeting via a verbal or written update.
- The number of observers and additional agency representatives at meetings shall be kept to a minimum. Requests for additional attendees may be granted at the discretion of the GCG Chair and Vice-Chair.

TOR Ratification
- By February 28, 2022, this TOR is to be reviewed by the Chair and Vice-Chair; this timing equates to ~6 months after initial ratification by the SC.
- Post-February 28, 2022, this TOR is to be reviewed by the Chair and Vice-Chair, on an annual basis, at minimum.
- After reviews by the Chair and Vice-Chair, any proposed amendments to the TOR must be submitted to the EMU, for approval by the SC. Amendments can be submitted on an as needed basis.