

## GPEI Political Advocacy Group (PAG)

*Ratified Terms of Reference [Approved: September 3, 2021]*

---

### Purpose

Strong ownership and accountability by country governments is critical to the success of polio eradication. To drive this key area of work in the GPEI strategy 2022-2026, the GPEI Political Advocacy Group (PAG) is being created in 2021 to ensure political momentum for polio eradication in affected and at-risk countries through coordinated political advocacy engagement across the partnership.

### Responsibilities

By virtue of these Terms of Reference, the PAG is responsible for helping build the political will necessary to achieve polio eradication goals by:

- **Developing and implementing coordinated political advocacy strategies in support of polio eradication goals**, created and adapted to evolving political context and programmatic needs;
- **Providing recommendations for GPEI leadership and a diversified set of third-party voices across country, regional and global levels for strategic engagement with political stakeholders**, and with other organizations across health and development, private sector, etc. as needed; and
- **Ensuring coordinated advocacy strategies, outreach plans and messages across country, regional and global levels of GPEI partnership** (e.g., ranging from in-country advocacy plans to coordinating country-to-country advocacy at global convenings like UNGA), with political intelligence and advocacy input from additional external partners.

As indicated by Key Performance Indicators (KPIs) in the GPEI strategy, target outcomes of these efforts include: strengthened national government ownership demonstrated through statements and other forms of political commitment; qualified staff in place to ensure rapid response in endemic, outbreak and at-risk countries; and greater domestic contributions toward polio.

### Deliverables

The following is a non-comprehensive list of key deliverables that the PAG is responsible for:

- Annual program of work and calendar of advocacy opportunities, to be updated regularly.
- Global political advocacy strategy to identify and capitalize on relevant global fora (e.g., WHA, G7/G20, UNGA) and broader health advocacy opportunities.
- Tailored strategies identifying, creating and leveraging political advocacy opportunities at:
  - National and sub-national levels (particularly in endemic and key outbreak countries); and
  - Regional levels to identify and capitalize on relevant regional platforms, accountability mechanisms and advocacy opportunities (particularly for outbreak countries).
- Mapping of third-party influencers at country, regional and global level for engagement and activation in support of political advocacy goals.
- Materials (e.g., external factsheets, internal messages and tough Q&A) for country government audiences, aligned to program narrative developed by Global Communications Group (GCG).
- Engagement requests for POB members with clearly defined advocacy asks for endemics, outbreaks, and high risk countries.

### 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 PAG 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 and Secretariat

Specific members are subject to agency decision. The PAG shall be led by a Chair and Vice Chair and shall consist of as many other Members as needed to fulfil the group's responsibilities. Each GPEI partner will have one voting member.

### Leadership

- The PAG shall be led by a Chair and Vice-Chair.
- The SC will appoint the named parties for the roles of Chair and Vice-Chair after soliciting feedback from the PAG 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.

### Membership

- **Core members:**
  - **Regional advocacy leads** will lead the design and implementation of political advocacy strategies that mobilize internal (GPEI) and external advocates at the global, regional, and country levels, as part of the regional group/with representation from:
    - Relevant regional bodies for endemic (representative TBC) and outbreak countries (AFRO partnerships officer)
    - Country advocacy colleagues as available
  - **Global advocacy leads from each core GPEI agency** will identify and manage global level advocacy opportunities; ensure coordination of advocacy outreach, messaging, materials, etc. globally, and as part of region- or country-specific political advocacy strategies; and provide support in designing and implementing political advocacy strategies, as needed
- **Additional external partners** to provide local political intelligence, health advocacy expertise and capacity

While the PAG may include broad representation of GPEI partner agencies, the division of responsibilities across individuals and agencies shall be based on capabilities and capacities rather than a principle of institutional parity.

### Membership Expectations

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

- Be familiar with the charge and work of the PAG.
- 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).
  - A committee member who misses two consecutive meetings, when the member has not made a case for exception to the Chair, may be replaced.
  - 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, outside of planned meeting times.
  - 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 PAG, 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 PAG.

The PAG brings dedicated capacity to this work – with members, when possible, dedicating at least 50% of their efforts on political advocacy planning, coordination, and implementation – and ensures accountability and two-way coordination to political advocacy efforts across country, regional and global

levels within the GPEI. The group brings together political advocacy expertise from each core GPEI partner agency (WHO, UNICEF, Rotary, CDC, BMGF, Gavi), with additional external expertise and capacity from local partners.

### Secretariat

- 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 PAG in its activities.
- The Secretariat supports the PAG 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).

### Accountability

- The PAG is accountable to the SC via the EMU and will provide quarterly updates to the SC (in coordination with other relevant groups) to report on deliverables, as well as to highlight strategic issues for SC decision.
- Chair(s) of the PAG, Resource Mobilization Group (RMG), and Global Communications Group (GCG) are responsible for providing joint engagement requests to the POB.
- Designated liaison reps will be assigned to coordinate with other GPEI global support and regional groups as needed for specific areas (e.g., domestic financing with RMG, messaging alignment with GCG, programmatic asks from ORPG).
- SC members will nominate core PAG member from their agency and ensure that their workload is adjusted to ensure full participation in the group.
- The PAG will actively support the RMG in exploring new financing mechanisms, cost sharing opportunities with other programs, and leveraging C-19 investments.

### Coordination with Other Working Groups

The PAG will ensure that coordinated efforts (methods of engagement) on political advocacy are defined and implemented, especially with the RRT and IMST Working Groups.

### Reporting

- The PAG, led by the Chair, shall report progress against key performance indicators to the SC on a quarterly basis and as requested by the EMU.
- In coordination with the EMU, the PAG shall also contribute to status reports for the POB as requested.

## Key Decisions

Key decisions made by the PAG include:

- **To support Goal 1 (interrupt all poliovirus transmission in last two endemic countries):** Political advocacy strategies and recommended actions to strengthen government ownership and accountability at national and sub-national levels in Afghanistan and Pakistan, as well as engagement outside of government-controlled areas as needed (in consultation with Hub at regional level; RMG Domestic Resource Mobilization Group and GCG at global level).
- **To support Goal 2 (stop cVDPV2 transmission and prevent outbreaks in non-endemic countries):** Political advocacy strategies and recommended actions to strengthen government ownership and accountability in support of timely, high-quality outbreak response in outbreak and high-risk countries, as well as engagement outside of government-controlled areas as needed (in consultation with RRT for AFRO, IMST for non-AFRO – at regional level; RMG Domestic Resource Mobilization Group and GCG at global level).
- **To support Goals 1 and 2:** Global political advocacy strategies to identify and arrange country-to-country advocacy opportunities (both amongst affected countries and between donors and affected countries) at relevant global fora (e.g., Davos, WHA, G7/G20, UNGA) and broader health advocacy opportunities to help maintain global political commitment to polio eradication (in consultation with RMG and GCG).

Key consultations with other GPS and RO groups are noted above. Additional consultations may be recommended by the EMU in advance of decision-making.

- Day-to-day implementation of political advocacy work will be driven by the regional advocacy leads through the relevant regional bodies. Strategic advocacy decisions will be made by consensus amongst the core members, with discussions facilitated by the Chair(s).
  - All proposals made by the group that are beyond its mandate and scope will be submitted to the SC via the EMU for consideration and decision.

## Decision Making

- Unanimity is the ideal for all decisions made by the PAG 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 PAG 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.

## Rhythm of Business

- The PAG will organize weekly meetings to develop and discuss political advocacy strategies, as well as to coordinate on advocacy outreach and needs.
- The group may organize at least 2 yearly in-person meetings, at locations TBD (travel allowing) for longer term work planning.
- Liaison reps will be selected to regularly coordinate with relevant GPEI management/technical groups (e.g., RMG, GCG) and will report back to the core group at each meeting with a verbal or written update and ensure coordination across management groups.
- The number of observers and additional agency representatives at meetings will be kept to a minimum; request for extra attendees to be cleared by the 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.