

Regional Incident Management Support Team (IMST)

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

Purpose

The EMRO/MENA¹ Regional Incident Management Support Team, hereafter mentioned as IMST exists to:

1. Support and coordinate country-led efforts to prepare for, respond to, and close polio outbreak(s)/ event(s) in EMRO countries.
2. Provide guidance to countries for outbreak preparedness and response and its closure in line with the GPEI standard operating procedures (SOPs).
3. Serve as the point of contact between country polio programs and the broader GPEI structure(s) to strengthen and streamline coordinated and collaborated support; provide technical and operational support and facilitate accountability.

Responsibilities

By virtue of these Terms of Reference, the IMST will fulfill its purpose by undertaking the following duties:

Outbreak Response

In case of any outbreak within the geographical scope, IMST will coordinate and lead in following activities as per the GPEI outbreak response SOPs:

- Assign an outbreak specific regional incident manager (RIM) as the regional point-of-contact for country coordination as soon as an outbreak is confirmed.
- Facilitate and support country for epidemiological and social investigation following isolation of any poliovirus as per the SOPs.
- Coordinate with the country to assign country Incident Manager (IM) and send initial surge for providing on-ground support.
- Coordinate with the country IM to organize 3-level calls starting at the outbreak notification to guide the risk assessment and response options, development of outbreak response plan, budget, amount of type of vaccines and surge support needed.
- Coordinate with the country IM, ORPG and other Global Programme Support (GPS) groups on support needed by country for a robust outbreak response, in all thematic areas including communication, political advocacy, social mobilization, laboratory, surveillance enhancement, funding, and vaccine management.
- Work with country Incident Management team to ensure timely flow and use of data related to outbreak response – including surveillance, vaccine management and campaign data, i.e., pre-, intra-, and post-campaign monitoring data.
- Monitor and coordinate course correction of outbreak response activities including pre-campaign preparedness, quality of vaccination response, and surveillance.
- Track progress related to an outbreak, including providing technical support for outbreak response assessment (OBRA) at recommended intervals.
- Work with country Incident Management team to coordinate with EPI and PHC to leverage opportunities for integration.
- Facilitate cross border coordination between the countries including liaising with other regional structures on cross-border coordination, e.g., coordinate with RRT AFRO with focus on two HOA

¹ WHO EMRO region overlaps with three UNICEF regions – ROSA (Endemics-Hub), MENA and ESARO (1 country Somalia). Outbreak response in the endemic countries are managed through the GPEI Hub. For outbreak in Somalia, EMRO coordinates closely with ESARO. For outbreaks in Algeria MENARO coordinates with AFRO.

Epi blocks (i.e., Block 1: Somalia, Kenya, Ethiopia, Djibouti, Uganda; Block 2: Sudan, South Sudan, Chad).

- Liaise with ORPG and GPS groups in support of country requirements including advocacy plans (with the Political Advocacy Group) and resource mobilization (Resource Mobilization Group).

Outbreak Prevention & Preparedness

- Risk assessment:
 - Undertake regular bi-annual risk assessment, to guide the risk mitigation and outbreak response preparedness in the relevant countries.
- Prevention:
 - Coordinate with ORPG, EPI in countries, and other stakeholders (EPI section WHO and UNICEF Regional Offices, and Gavi), on risk mitigation steps including intensification of routine immunization and integrated preventive campaigns as needed.
 - Country focal points of polio regional office (IMST) will work with respective focal points from EPI and Gavi on risk mitigation measures.
- Preparedness:
 - Ensure that countries have updated outbreak response plan which has been tested through outbreak response simulation exercise.
 - Coordinate and support countries on nOPV2 readiness, coordination, and subsequently for nOPV2 use.
 - Strengthen regional outbreak response capacity through identification and capacity building of surge support.
 - Liaise with OPRG and GPS groups to provide input on development of guidelines, SOPs, and protocols.

Gender Perspective

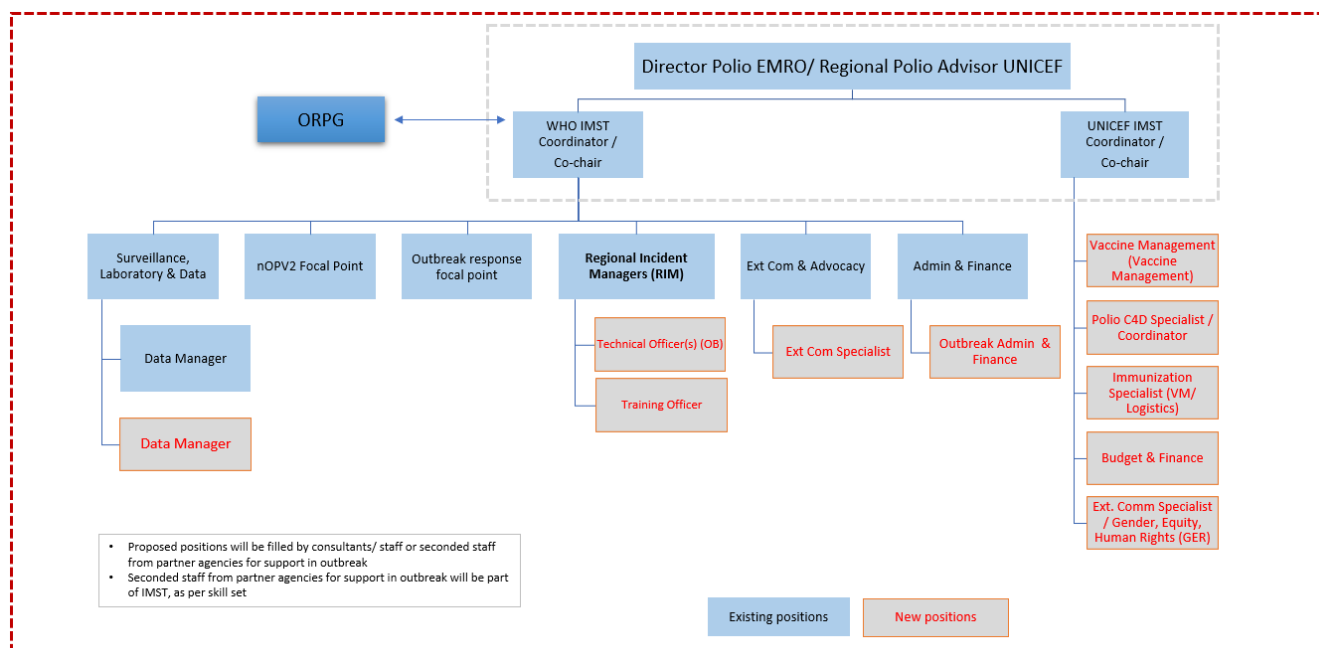
Gender mainstreaming (the process of assessing implications for women and men of any planned action, in all areas and at all levels) is an integral dimension to the achievement of gender equality, which is considered a powerful determinant of health outcomes and a major factor in the movement towards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

The IMST 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

A potential internal structure for the IMST is as follows:



Leadership

- IMST will be co-chaired jointly by WHO Regional Country Support (CST) Team Leader and UNICEF Regional Polio Coordinator

IMST Co-Chair roles

- Responsible for ensuring coordination with ORPG, different constituents of IMST, and with countries and other regions.
- The co-chairs will be working closely with members of the ORPG for decision-making purposes related to outbreaks in EMR/MENAR.
- The co-chairs will be responsible for overall coordination of outbreak preparedness and response activities in the region.

IMST members

- IMST membership is drawn from the existing WHO and UNICEF structures, supplemented by additional thematic area specific members to fill the critical need.
- IMST members will have specific roles: RIMs, Data Managers, Outbreak Response focal point, GER (gender, equity, rights) focal point, Surveillance Data and Lab focal point, External Communications, Administration and Finance focal point, Polio C4D Specialist / Coordinator, Immunization specialist (Vaccine Management), Outbreak preparedness coordinator for nOPV2, and Training officer (listed in Annex A). Additional IMST members will be recruited on staff or consultancy contracts, as per the organogram or evolving need.
- Additionally, IMST members will also be drawn from partner agencies such as CDC and BMGF, subject to need, availability, and suitability.

Coordination mechanisms

- *Internal IMST*: Coordination is led by the co-chairs, one each from WHO and UNICEF. Apart from issue-based ad-hoc calls, it will be done through bi-weekly calls on all ongoing issues.

- The Secretariat role for the IMST shall be filled by the regional Outbreak Response focal point of IMST. This focal point will be responsible for tracking key outbreak activities and progress, maintaining action items and follow-up, and organizing knowledge and information management for IMST.
- *IMST with countries*: A dedicated Regional Incident Manager (RIM) will be assigned for each outbreak. RIMs will act as the focal person for the country and will coordinate with and provide support to the countries' responsible. This will include weekly call of IMST with the affected countries.
- *IMST with ORPG*: ORPG-IMST coordination will occur through weekly planned meetings and issue-based ad hoc meetings. Three-level calls will be organized on need basis to streamline coordination and support to countries.
- *IMST with cross-regional*: IMST will engage in cross-regional coordination based on epidemiological and response/preparedness needs. IMST will coordinate with RRT at chair level on monthly basis and for HOA coordination will be done through weekly Epi block calls between relevant countries and focal points from IMST and RRT.
- *IMST with other groups*: IMST will engage with other GPS groups on issues such as Surveillance, communication, advocacy etc. IMST will determine the best mode and rhythm of engagement with the relevant GPS groups in the next 3-6 months.
- *IMST with GPEI partner agencies*: IMST co-chairs will engage with regional focal points of GPEI partner agencies (BMGF, CDC).

Advocacy

- IMST will leverage regional advocacy mechanism by engaging country representatives of WHO and UNICEF. Regional Directors of WHO EMRO and UNICEF MENA/ESARO will be regularly engaged with quarterly update. Regional Polio subcommittee will be also be regularly engaged in outbreak preparedness and response.
- For specific advocacy needs, IMST will stepwise escalate the issue to two representatives, regional programme leadership, the two Regional directors and Regional polio subcommittee.
- IMST will coordinate with PAG for higher level advocacy, including engaging Polio Oversight Board.

Secretariat

- The Secretariat role shall be determined by the Co-Chairs.
- Outbreak Response Focal Point of IMST is designated as the primary contact for the Secretariat.
- The Secretariat supports the IMST with the following, as needed:
 - Facilitating work in collaboration with the Co-Chairs;
 - Assisting in IMST technical meetings (with support from designated administrative support staff), e.g., scheduling, planning logistics, compiling agendas, sharing meeting materials (pre-reads and post-discussion)
 - Tracking action items and coordinating on progress to closure of action items;
 - Scheduling and preparing progress reports, in conjunction with the Co-Chairs;
 - Coordinating with other groups; and
 - Maintaining responsibility for knowledge management / information management, e.g. files, dashboard, etc.

Accountability

- The IMST is accountable to the SC in collaboration with the ORPG for all issues related to outbreak preparedness and response for EMRO/ MENA countries.
- The IMST also reports to the WHO Regional Polio Director and UNICEF Regional Polio Advisor, and through them to the two Regional Directors. In close coordination with the ORPG, the IMST will monitor and track key areas of SOPs and Key Performance Indicators (KPIs) related to outbreak response and preparedness (please refer to Annex B).
- Individual IMST members serve in their functional roles and performance is assessed through their organization's performance management system and standards.
- IMST will review thematic area wise performance twice yearly to suggest corrective measures to the respective organizations, if needed.

Reporting

- The IMST in collaboration with the ORPG, 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 IMST contributes to status reports for the POB as requested.
- The IMST shall regularly report progress and challenges to the Regional Sub-Committee on Polio Eradication and Outbreaks and the Regional Certification Commission during their meetings.

Decision Making

- Decision-making authority for the IMST resides with the Co-Chairs. As appropriate, this authority may be delegated to other individuals within the IMST to facilitate efficient decision-making.
- In case of disagreement, the Polio Director will arbitrate and make the final decision.

IMST will coordinate and shares decision making with ORPG on the following:

- Outbreak response options proposed by respective countries including scope and type of vaccines
- Outbreak response budget, vaccines, and other resource requirements
- Surge support need and deployment
- Identification and deployment of Regional Incident Managers
- Nomination/ deployment of country incident managers
- Outbreak response assessment and closure

Rhythm of Business

Meeting Scheduling & Participation

- IMST Outbreak calls at regional level will be conducted twice a week focused on support to the outbreak countries.
- IMST-Country calls: Regular (weekly up to end of R1 or fortnightly thereafter) with individual countries and regional colleagues, convened by RIMs.
- IMST-ORPG call: weekly; 3-level calls held at start of OB, pre/post campaign to review preparedness and quality indicators for corrective measures.
- nOPV2 regional working group (RWG): Weekly calls with all the countries preparing for nOPV2. Reassess frequency after preparedness is verified.
- AFRO RRT-IMST Calls: Monthly.

Documentation

- Six monthly workplan
- Monthly situation reports (SitReps)
- IMST Outbreak Response dashboard with key data on outbreak and response

TOR Ratification

- By February 28, 2022, this TOR is to be reviewed by the Co-Chairs; this timing equates to ~6 months after initial ratification by the SC.
- Post-February 28, 2022, this TOR is to be reviewed by the Co-Chairs, on an annual basis, at minimum.
- After reviews by the Co-Chairs, 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.

Annex A: IMST members roles

- Assigned Outbreak **specific RIM** will work with country team in development of outbreak response plan, OB budget and setting up of coordination mechanism in country, work with IM from OPRTT and regional IMST members (Laboratory, Surveillance, Communication, VM&CLL, C4D, Finance and surge support) and will share regular updates to IMST, OPRTT, GPEI partners
- **Outbreak Response focal point** will work across RIMs and other IMST functional roles to track key outbreak activities and progress, maintain action items and follow-up, and organize knowledge management and information management for IMST.
- Surveillance Data and Lab focal point
 - **Surveillance & Data focal point** will provide strategic guidance and support in surveillance strengthening measures including fast tracking stool shipment, analysis of surveillance data. This group will also provide support to the countries in analysis and presentation of data from the outbreak response.
 - **Laboratory focal point** will notify IMST on new isolates and coordinate with the concerned laboratory on support for fast tracking testing, shipment of samples and coordinating support, logistics required to the lab. Increasing laboratory capacity (if in country) becomes critical and requires regional support. Lab lead will also coordinate with IM on expansion of Environmental surveillance as part of surveillance strengthening.
- **External Comms focal points**, including one serving also as a **Gender, Equity and Human Rights (GER) focal point** will provide external communication support to the country including media response, talking points etc., coordinate with HQ on notification and IHR statement, production of regional SITREP. Support to country for National SITREP as capacities for communication are strained during an OB.
- **Admin & Finance focal point(s)** will coordinate submission of the budget to OPRTT and coordination on timely release of funds to the countries – providing guidance and support in developing the budget in line with OPRTT needs and reviewing the budget before submission. S/he will also support country teams with regular guidance and fast-tracking regional level and HQ level administrative requirements becomes an essential role.
- **Polio C4D Specialist / Coordinator** will support to the outbreak countries for planning, implementation, and monitoring C4D related activities of outbreak response and support overall coordination.
- **Immunization specialist Vaccine Management (VM)** will coordinate vaccine and cold chain support, coordinate outbreak support and provide on ground support for vaccine management, particularly for mOPV2.
- **Immunization specialist VM/Logistics** will coordinate vaccine supply and logistics support including capacity building of national level staff at governmental and WHO/UNICEF level.
- **Outbreak preparedness coordinator for nOPV2** will provide technical support to countries on nOPV2 vaccine preparation and readiness, and subsequent use of nOPV2 in 2021.
- **Training Officer** will coordinate capacity-building efforts and trainings, including Polio Outbreak Simulation Exercise (POSE).

Annex B: Key Performance Indicators

The following table is illustrative of the GPEI Strategy KPIs that the IMST will track in close collaboration with countries and the ORPG.

In addition, the IMST will track process indicators via the IMST Outbreak Dashboard.

Create urgency and accountability through advocacy to generate greater political will

1.1.1: % of countries with new detection of poliovirus that declare national public health emergency within one week of outbreak confirmation

1.2.1: % of countries implementing timely implementation of surveillance enhancement and first round of response campaign following confirmation of outbreak

1.3.1: % of outbreak countries contributing domestic resources to outbreak response aggregated by income profile

Generate vaccine acceptance through context adapted community engagement

2.1.1: % of all OPV SIAs showing evidence that campaign awareness was >90% of all households (based on ICM/ PCM or LQAS)

Expedite progress towards eradicating polio and reducing zero dose children through expanded integration efforts and unified partnerships

3.2.1: % of polio priority subnational geographies where joint or collaborative investment is taking place by GAVI and GPEI

3.2.2: % increase of VPD SIAs that Co-deliver bOPV

Improve frontline success through changes to campaign operations

4.1.3: % of all OPV SIAs that show showing evidence of coverage $\geq 90\%$ (based on LQAS and/or ICM). (Goal 1 and 2)

4.1.4: % of outbreaks closed in two rounds + a mop-up. (Goal 1 and 2)

4.2.1: Average # of days between outbreak confirmation and the onset of first SIA. (Goal 2)

4.3.1: % of target countries that meet requirements for nOPV2 usage. (Goal 2)

4.3.2: Number of countries successfully rolling out nOPV2 according to the defined roadmap. (Goal 2)