

# Eradication & Outbreak Management Group Terms of Reference

## Purpose

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The Eradication and Outbreak Management Group (EOMG) of the Global Polio Eradication Initiative (GPEI) is responsible for directing activities towards achieving Objective 1 of the *Polio Eradication & Endgame Strategic Plan (PEESP), 2013–2018*: “poliovirus detection and interruption”. To do so, EOMG’s Task Teams includes members of the relevant Country and Regional teams.

## Duties

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### Advisory

- To advise the SC regarding risks to achieving Objective 1, and needed technical support and resource requirements to mitigate risks and achieve this objective
- Support SC to report to the GPEI Independent Monitoring Board on progress towards eradication
- To advise EOMG Task Teams on programme strategies (e.g. when/how to effectively use polio plus, community engagement, access approaches, etc.) based on bottlenecks and risk factors that emerge from the Task Teams

### Oversight

- **Quality Assurance:** Based on global standards and guidelines, monitor polio immunization, communication for development and social mobilization activities, surveillance and other polio eradication results in priority countries and provide support where data and Task Team assessments indicate that support is required.
- **Risk Management:** Assess, monitor, analyze and propose mitigation measures for risks affecting Objective 1, based on EOC/country dashboards and risk registry data. Refer areas of critical or chronic risk to the Strategy Committee.
- **Resource Allocation:** Prioritize the allocation of global resources (vaccine supply, financial resources, surge/human resources, STOP) and support (finances, human resources, and advocacy) required for Objective 1 polio activities in priority countries to execute their plans. Coordinate country support activities across GPEI.
- **Outbreak preparedness and response:** Ensure availability of clear guidance, trained personnel and adequate processes to rapidly deploy resources per response standard. EOMG, through the Outbreak Preparedness and Response Task Team, propose mitigation measures to address identified risks; participate in preliminary assessments and post-outbreak assessments; coordinate the deployment of personnel from the global level to support countries/regions in their risk mitigation and preparedness.
- Set global **guidelines and standards** for program strategies and policies and monitor their implementation through relevant Task Teams.

## Decision-making

Review and approve:

- Allocation of Objective 1 resources within a budget line/year: Planned OPV Campaigns, Complementary Campaigns, Surveillance and Running costs, Environmental Surveillance, Emergency Response
- Reallocation between Objective 1 budget lines in a given year of up to 10% of the impacted budget lines.
- Changes to approved SIA calendar
- Acceptable Emergency Response reserve, by quarter
- Global vaccine prioritization and type of antigens available for the program
- Identification of potential Outbreak response coordinators and other outbreak response resources, for validation/selection by region
- Establish and ensure roll-out of GPEI Technical guidelines and standards

## Outputs

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- EOMG annual work plan (EOMG)
- Semi-annual risk assessment (RATT)
- Semi-annual SIA calendar (SIA Options TT)
- Quarterly vaccine supply/demand mapping (Vaccine Supply TT)
- Quarterly updates to the Objective 1 Risk Register for the Strategy Committee, based on analysis of the monthly performance dashboards from country Task Teams (EOMG)
- Quarterly updates and decision papers for SC and for POB (EOMG)
- Timely alerts and briefing notes for SC on significant program developments and emergencies (EOMG)
- Outbreak response roster (Outbreak Preparedness and Response TT)
- GPEI guidelines and standards, as required (EOMG)
- Semi-annual “partner reports” to the GPEI’s Independent Monitoring Board (EOMG-CDC)

## Composition

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### Chair and Members

- The chair of the EOMG shall be from WHO or UNICEF and serve a 12 month term; a vice-chair from the other agency will be appointed for the same duration. During the first 12 months term Jalaa’ Abdelwahab (UNICEF) will be the chair and Arshad Quddus (WHO) will be the vice-chair.
- Three members each from UNICEF and WHO. Up to two members from each of the other GPEI agencies: BMGF, CDC, and Rotary. Members may delegate their role to another member of the agency when they are unable to participate in meetings.
  - UNICEF: Jalaa’ Abdelwahab, Sherine Guirguis, Patrick O’Connor
  - WHO: Arshad Quddus, Rudi Tangermann, Vachagan Harutyunyan
  - BMGF: Michael Galway, Tim Petersen
  - CDC: Greg Armstrong, Steve Wassilak
  - Rotary: Carol Pandak, Ann Lee Hussey

## Observers/liaison

- Liaison(s) from FMT: one from each of the implementing agencies.
- Liaison(s) from PACT
- Liaison from IMG<sup>1</sup>
- UNICEF Supply Division
- Others, including regional and country representatives, as needed depending on meeting agenda.

## Member selection

Each EOMG member will be appointed by the SC representative of his or her respective agency.

## Secretariat

The EOMG secretariat will be composed of two Programme Officers (each within WHO and UNICEF) and one Technical Officer housed at agencies of the chair and vice chair (WHO and UNICEF). The secretariat will perform the following functions:

- Update the EOMG workplan
- Update the risk registry based on EOMG discussions and country dashboards.
- Schedule EOMG “meetings,” including teleconferences and in-person meetings
- Arrange logistics for these meetings (e.g. agendas, requests for papers)
- Prepare minutes from each of the meetings and circulate for comments
- Track actions through use of ‘Action Tracker’
- Carry out relevant “knowledge management” functions, including maintaining a repository of relevant documents
- Assist in the provision of needed data, analysis and mapping
- Ensure appropriate interaction with other management groups and their secretariats, as needed

The secretariats of the various GPEI bodies should be well-coordinated and aligned to avoid any duplication and discrepancies in information/data analysis. It is expected that the various secretariats would work closely together and share relevant information and resources to facilitate the work of the groups.

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<sup>1</sup> To ensure proper linkages and facilitate the work around the **utilization of polio assets to strengthen routine immunization** (Objective 2) under the leadership of the IMG RI subgroup.

# Operating mode, Rhythm of Business

## Meetings

- The EOMG will meet fortnightly by teleconference (Wednesdays at 10 AM NY time/4:00PM Geneva time for 1 ½ hours.)
- In-person meetings will be arranged at least twice per year, ideally around events at which a large number of the participants will be in attendance (e.g. IMB meetings)

## Decision making

- Decisions will be made by consensus. Observers will not have decision making rights
- When consensus cannot be reached, decisions will be escalated to the SC for resolution.

## Annual cadence, planning and execution calendar:

- CF. Annex A – EOMG Workplan

## Organization

To facilitate work and ensure adequate focus, the EOMG has constituted **task teams** with specific focus and responsibilities. These task teams will include membership of relevant Regional and Country offices and will be an important platform for engaging them. The input and perspective of the Country and regional teams will be critical for the successful work of the geographic task team.

Task Team name	Primary deliverable/ responsibility	Chair
Risk Assessment	Provide a 6-monthly view of the programmatic risks by country	Graham Tallis & Steve Wassilak
Vaccine Supply Planning	Regularly update vaccine supply/demand mapping for 6-12 months (quarterly).	Ann Ottosen and Arshad Quddus
SIA Options	Building on risk assessment and vaccines Supply, develop options for SIA calendar.	Arshad Quddus and Jalaa' Abdelwahab
Pakistan	Supporting the implementation of the low-season plan and the effective setup of National and regional EOCs	Tim Petersen
Afghanistan	Supporting country team to stop transmission in 2015	Steve Hadler (to be confirmed) - Rudi Tangermann
Outbreak Preparedness & Response	-Supporting country teams and regional response to keep outbreaks, including Africa and the Middle East polio-free in 2015 -Assist RO and CO in preparedness to respond and address mitigation risks	Fred Caillette and (pending an additional EOMG member)

**Note: For Nigeria which has a strong functional EOC, there will be one EOMG member (Michael Galway) who will act as a liaison with the Nigeria EOC and country teams.**

- The task teams have their own TORs, and meet with the frequency required to achieve their objectives. They are accountable to the EOMG and report on their work based on a roadmap/risk registry and according to the established rhythm of business (below), or upon specific, ad-hoc request from EOMG (e.g. dictated by an unplanned program development)
- The geography-focused task teams involve members of the other task teams – or functional resources with subject-matter expertise - as needed, depending on topics covered.

- The task teams are the primary vehicle for the EOMG to engage with and support the regional and country teams that are accountable for the risks identified in the risk register. The geographic task teams will also rely on monthly performance dashboards (includes EOC dashboards) which will guide the updating of the relevant parts of the risk registry.
- The outbreak calls will have participation from the respective outbreak response coordinator or their representative. These task teams will monitor and track progress based on monthly produced dashboards which will help feed into the risk registry.
- The EOMG and its task teams will coordinate field missions and to the extent possible ensure that they are joint (cross-agencies), to promote a stronger alignment.

## Accountability

- The EOMG will report to, and be ultimately accountable to the SC.
- The Chair(s) or his or her designate will report to the SC when requested by the SC and participate in SC meetings.
- All proposals made by the EOMG that are beyond its mandate and scope of delegated decision authorities will be submitted to the SC for consideration and decision.

## Limits of authority

By delegation from the SC, the EOMG is authorized to:

- Create task teams as needed to accomplish its objectives
- Approve: Objective 1 resource allocation within the limits of the annual budget; the potential reallocation of resources between Objective 1 categories to be limited to 10% of the impacted annual budget categories. Any decision impacting the GPEI annual budget or the 5-year \$5.5B needs to be escalated to the SC and POB.

# Approval

This Terms of Reference has been approved by the Polio Oversight Board in its meeting on 27 February 2015. This ToR will be reviewed annually or at discretion of the SC or the EOMG Chair(s).

## Eradication and Outbreak Management Group (EOMG)

