

# Immunization systems Management Group (IMG) TORs

**NOTE: The IMG is currently in hibernation, and will resume operations two years prior to OPV withdrawal. TORs will be updated at that point.**

## Purpose

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The IMG is a time-limited entity, responsible for the management and coordination of partners' activities, as outlined in the relevant subgroup work plans, in order to achieve Objective 2 as outlined in the Polio Eradication Endgame Strategic Plan 2013-2018, including:

1. Clear recognition and understanding of the rationale for and urgency of the Endgame and the Objective 2 implementation activities across their respective agencies
2. Ensuring the availability of appropriate IPV, bOPV and mOPV products
3. Introducing IPV
4. Withdrawing OPV from Routine and Supplementary Immunization Activities
5. Use GPEI resources to contribute to the RI strengthening work in 10 focus countries

## Duties

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The IMG has a joint workplan, updated annually, outlining its activities. Funding for these activities comes from GPEI fundraising, and is channeled through both Gavi and GPEI as appropriate.

The IMG's efforts are undertaken in the context of and in close coordination with other immunization activities. As such, the IMG is working to ensure that plans for IPV introduction and OPV withdrawal are an integral part of existing national immunization plans and activities.

The IMG previously supported RI strengthening in focus countries. This work concluded in 2015.

## Outputs

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- Annual workplan
- Regular reports on progress to SC
- Bi-annual reporting to SAGE
- Minutes of calls, meetings and decisions
- Decision papers, as required, for discussion and approval at SC
- Regular reporting to donors, as per Gavi business plan requirements and GPEI requests
- Tools, communications materials, guidelines and support to regions and countries?

# Composition

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## Chair

- The group is co-chaired by WHO/IVB/EPI, and UNICEF/PD. Diana Chang-Blanc and Robin Nandy fill this role, and agree between them on who takes the lead for any given period.

## Secretariat

- WHO will serve as the secretariat for the group. Simona Zipursky will be the primary focal point for Secretariat activities.

## Membership

- Core members of the IMG must attend all meetings. Recognizing the need to manage numbers to ensure good discussion, the Secretariat can invite other presenters to specific meetings as required by the agenda. These members are:
  1. *CDC/GID*: Terri Hyde (Agency Lead)
  2. *CDC/Polio*: Steve Wassilak
  3. *WHO/EPI*: Diana Chang-Blanc (Agency Lead)
  4. *WHO/POL*: Roland Sutter
  5. *UNICEF/PD/IMS*: Robin Nandy (Agency Lead)
  6. *UNICEF/PD/Polio*: Jaala' Abdelwahab
  7. *UNICEF SD*: Ann Ottosen
  8. *Rotary*: John Sever (Agency Lead)
  9. *Rotary*: Keith Barnard-Jones
  10. *BMGF/VxDelivery*: Nicolas Theopold (Agency Lead)
  11. *BMGF/Polio*: Apoorva Mallya
  12. *Gavi*: Stephen Sosler (Agency Lead)
- IMG members retain the right to have an alternate representative from their agency/organization join the call if neither of the listed members can attend.
- The IMG may decide, on a case by case basis, to invite additional partners as observers to the IMG discussions
- WHO and UNICEF regional participation in the meetings and calls of the IMG and its sub groups is welcome.
- While the following groups are not members of the GPEI partners group and therefore are not represented on the IMG, their input is critical. They will therefore be included in the sub-groups as appropriate. These groups include, but are not limited to, PAHO Revolving Fund, PATH, JHU, AMP, CHAI, JSI, IPAC, IFPMA, DCVMN, and DCVRN. Selected member(s) of the EOMG or its relevant task teams may also participate in the calls.

The IMG established 5 sub-groups in 2013, which meet as needed to achieve the goals of objective 2. The sub-group structure is revised regularly to address current needs, with groups sunseting or going into hibernation as appropriate. The status of each group as of 2018 is summarized below:

1. Routine Immunization strengthening—*GROUP CLOSED/SUNSET*
2. IPV/bOPV implementation (Co-Leads: *Alejandro Ramirez Gonzalez, WHO/EPI and Yann Folly, Gavi*)-*HIBERNATION. Subset of group continues to work on IPV supply, through IPV Task Team.*
3. Country and technical communications, tools for in country advocacy (Co-Leads: *Lisa Menning, WHO/EPI and Suleman Malik, UNICEF*)- *HIBERNATION*
4. Regulatory issues (Lead: *Roland Sutter, WHO/POL*)- *HIBERNATION*
5. Financing and co-financing for country introduction needs and vaccine procurement (Lead: *Apoorva Mallya, BMGF*)- *HIBERNATION*

Groups in hibernation are expected to return to full functioning in advance of full OPV withdrawal.

## Operating mode, Rhythm of Business

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### Meetings

- **THE IMG IS CURRENTLY IN HIBERATION.** Therefore, the IMG is not meeting regularly, and meetings are called on an ad-hoc basis as needed. Written updates are shared as needed.
- 2 years out from OPV withdrawal, the IMG will likely revert to its previous meeting rhythm:
  - Monthly 1.5 hour calls by teleconference; as needed, scheduled to precede SC meetings in order to be able to feed into the discussions of the SC
  - Twice a year in person meetings, in conjunction with other meetings when possible. Frequency to be adjusted based on need.
  - IMG members can request emergency calls outside of this schedule, coordinated through the secretariat

### Decision making

The IMG will make its decision by consensus. In the case where consensus cannot be reached, the matter will be documented and referred to the SC for resolution.

### Accountability

The IMG reports to the SC and provides input to SAGE as requested on progress against Objective 2.

### Limits of authority

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

- Appoint Chair and Co-chair of Subgroups.
- Approve Subgroup ToR and annual workplans.
- Apply for funding for IMG-related activities.
- Approve resource allocation for workplans, with the authority to reallocate funding across IMG budget lines, as per agreements with the donor.

## Approval

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This Terms of Reference has been approved by the IMG, and the SC in February, 2015.

This ToR will be reviewed annually or at discretion of the IMG Chairs.

Latest revision: March, 2019.