

# Immunization Systems Management Group

## Terms of Reference

### Purpose

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The Immunization Systems Management Group (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. Contributions to the strengthening of Routine Immunization in 10 focus countries through the use of GPEI resources.

### 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 as well as RI strengthening in focus countries are an integral part of existing national immunization plans and activities.

The TORs below govern the IMGs operations and mandate until the end of 2015. At that point, the necessity for the IMG coordination mechanism will be revisited.

### 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
- Guidelines, communications materials, or other tools required to provide support to regions and countries

### Composition

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## Chair and Members

- The group is co-chaired by WHO/IVB/EPI, and UNICEF/PD. Michel Zaffran and Jos Vandelaer fill this role, and agree between them on who takes the lead for any given period.
- 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*: Michel Zaffran (Agency Lead)
  4. *WHO/POL*: Roland Sutter
  5. *UNICEF/PD/IMS*: Jos Vandelaer (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*: Tasleem Kachra (Agency Lead)
  11. *BMGF/Polio*: Apoorva Mallya
  12. *GAVI*: Stephen Sosler (Agency Lead)
  13. *GAVI*: Stefano Malvolti
- 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.

## Observers/liaison

- 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.

## Secretariat

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

## Operating Mode, Rhythm of Business

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### Organization

Since the fall of 2013, the IMG operates with 5 sub-groups. The sub-group structure as described below should be seen as time limited in nature and subject to revision as needed. The subgroups report to the IMG, and their chairs participate in IMG calls/meetings.

The focus areas for the current five sub-groups of the IMG and their leads are as follows:

1. Routine Immunization strengthening (*Lead: Maya Van den Ent, UNICEF/PD*)
2. IPV/bOPV implementation (*Co-Leads: Alejandro Ramirez Gonzalez, WHO/EPI and Emily Wootton, GAVI*)\*\* *this group operates as a joint sub group of the IMG and GAVI's Vaccine Implementation Management Team (VIMT)*

3. Country and technical communications, tools for in country advocacy (*Co-Leads: Lisa Menning, WHO/EPI and Guarav Garg, UNICEF*)
4. Regulatory issues (*Lead: Roland Sutter, WHO/POL*)
5. Financing and co-financing for country introduction needs and vaccine procurement (*Lead: Apoorva Mallya, BMGF*)

## Meetings

- 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
- IMG members can request emergency calls outside of this schedule, coordinated through the secretariat

## Decision making

- The IMG will make its decision by consensus. Observers will not have decision making rights
- 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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These Terms of Reference has been approved by the IMG, and will be reviewed by the SC on 27 February 2015  
Thses ToR will be reviewed annually or at discretion of the SC or IMG Chairs.

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