Outbreak Response & Preparedness Group (ORPG)

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

Purpose

The Outbreak Response & Preparedness Group (ORPG) of the Global Polio Eradication Initiative (GPEI) will function as a virtual group to be responsible for oversight of outbreak preparedness and response efforts. The ORPG exists to:

1. Serve as the singular interface for the GPEI global structure and the regions working to respond to polio outbreaks outside of endemic countries; and
   Support country- and region-led efforts to prepare for potential outbreaks.

Responsibilities

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

The ORPG will oversee the management of outbreak preparedness and response resources, including vaccines, budget and human resources (this would include deployment of the Global Rapid Response Team (GRRT) to regions without RRT capacity and within AFR+EMR countries when needed and in consultation with the regional offices of WHO and UNICEF). Outbreak response efforts encompass activities to increase population immunity through Supplemental Immunization Activities (SIAs) as well as strengthening polio surveillance to detect, track, and inform the scope (geographically and demographically) of response activities. The ORPG will lead the development of strategic documents and guidance related to outbreak preparedness and response, working in partnership with the relevant Global Programme Support (GPS) groups (communications, surveillance, finance, advocacy) and the Executive Management Unit (EMU) to ensure coordinated response and preparedness efforts to regions and countries. The ORPG will be responsible for tracking Key Performance Indicators (KPIs) related to outbreak response, the key milestones, risks and workplans as outlined in the organogram below. As necessary, the ORPG will identify and escalate critical issues as needed to the SC for advice and support.

Outbreak Response

- In accordance with polio outbreak response standard operating procedures (SOPs), the ORPG shall, within the first 72 hours of a new polio outbreak/event being detected:
  - Immediately (i.e., within 12 hours) organize a 3-level outbreak/event briefing to gather and coordinate available information and determine next steps with relevant RO/RRT/IMST and country team;
  - Coordinate with World Health Emergencies (WHE) to ensure OB grading, ensure the appointment of an Incident Manager/Coordinator and delegation of authority recommendation;
  - Follow up on the declaration of a public health emergency as per the IHR recommendations, liaising with the WHO Regional and Country Offices, and other partners as necessary to ensure declaration;
  - Coordinate across GPEI the deployment of technical support to outbreak countries in coordination with RRT/IMST/ROs to ensure effective use of resources and deployment to the areas of greatest need. In regions where RRTs are not available, the ORPG shall deploy personnel from a Global roster in support of regional response (GRRT);

- Review risk assessments submitted by the affected country and/or region;
- Determine the need and requirements for a vaccine response, including:
  - Coordinating the release of nOPV2 when required;
  - Liaising with the mOPV2 Advisory Group to facilitate mOPV2 release if it is needed (Coordinate with mOPV Advisory Group);
- Authorize the release of appropriate funding for short-term and immediate response activities/needs;
- Activate emergency advocacy plans, engaging GPEI senior management (Strategy Committee), country and/or regional leadership, (coordinate with ROs, Political Advocacy Group, Global Communications Group, SC as necessary), leveraging in-country stakeholders for coordination and to facilitate links with EPI (e.g., donors, Gavi); and
- Coordinate with broader humanitarian emergency tracking and response systems and ensure that the polio outbreak is appropriately reflected & graded in those systems through the WHE/IHR.

- Following the initial phase of outbreak response (Round 0), and in continuing to support country- and region-led outbreak response activities, the ORPG shall:
  - Authorize the release of additional funds aligned with the outbreak budget operating standards;
  - Review the Supplementary Immunization Activity (SIA) pre-campaign preparedness dashboard and recommend corrective actions when required, including possible campaign postponement (3-level coordination calls/review with CO/IMST/RRT/RO); and
  - Review post-campaign analytics to determine and recommend actions for performance improvement (3-level coordination calls/review with CO/IMST/RRT/RO);
  - Monitor implementation of surveillance strengthening activities

- **Ongoing oversight activities:**
  - Undertake regular risk analysis to guide preparedness and response activities;
  - Prepare the annual global OB budget ceilings (coordinate with ROs, Finance Management Group, Surveillance Group) based on modelling and risk data analytics;
  - Review surveillance indicators and sample analysis turnaround times for outbreaks and high-risk countries;
  - Coordinate with other relevant GPS groups and ROs as required;
  - Oversee the management of the OPV stockpile and distribution in collaboration with vaccine support group/UNICEF Supply Division; Authorize the destruction & disposal of remaining vaccines following the OB closure (Coordination with Containment Management Group);
  - Identify and deploy additional surge capacity for outbreak response if such resources are required. In certain cases, this may include the temporary deployment of ORPG staff/Global Rapid Response Team (GRRT) to high priority outbreaks;
  - Tracking and monitoring of KPIs and other outbreak response activities and regular reporting to the Strategy Committee (SC) through scheduled briefings and regular bulletins coordinated through the EMU;
  - Ensure all post-campaign deployment monitoring is implemented as required for the introduction/use of nOPV;
  - Develop outbreak specific advocacy plan which could include escalation of issues for action by the SC when required (Coordinate with the Political Advocacy Group);

- Coordinate with other global emergency programs (e.g., WHE, OCHA, IOM, UNHCR, key NGOs) during the outbreak to improve responses, including in any or all of the following ways:
  - Updating outbreak grading;
  - Facilitating access to hard-to-reach populations;
  - Responding in Ebola-affected areas; and
  - Aligning polio responses with other humanitarian emergency responses;
- Continually assess the state of the outbreak response to determine when it is appropriate to close the outbreak and support planning and implementation of outbreak response assessments. Support efforts to ensure the smooth transition of outbreak-affected countries back to routine surveillance and immunization programs (Coordination with Surveillance, Routine Immunization groups, Finance).

Outbreak Preparedness in high risk countries

- In addition to its outbreak response functions, the ORPG is responsible for supporting preparedness efforts for potential outbreaks and thus shall:
  - Provide normative guidance to regions, including developing and updating SOPs as appropriate, outbreak preparedness training modules, safe implementation of polio SIA during the COVID pandemic;
  - Plan for adaptations to outbreak responses (e.g., in the context of the COVID-19 pandemic);
  - Support risk communication and advocacy engagement as needed;
  - Coordinate with the Surveillance Group on efforts to strengthen surveillance activities;
  - Deploy additional resources to strengthen outbreak preparedness capacity at the regional and country level as needed;
  - Work with other immunization partners to develop strategies and plans for immunity strengthening in high risk areas(Coordination with Integration Group and routine immunization programmes); and
  - Support country readiness preparation for the introduction of nOPV2: ensure all at risk countries have the resources and support to meet the readiness criteria for the introduction of nOPV2.

<u>Gender Perspective</u>

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 ORPG 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

Leadership

- The ORPG 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 ORPG 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 Expectations

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

- Be familiar with the charge and work of the ORPG.
- 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.

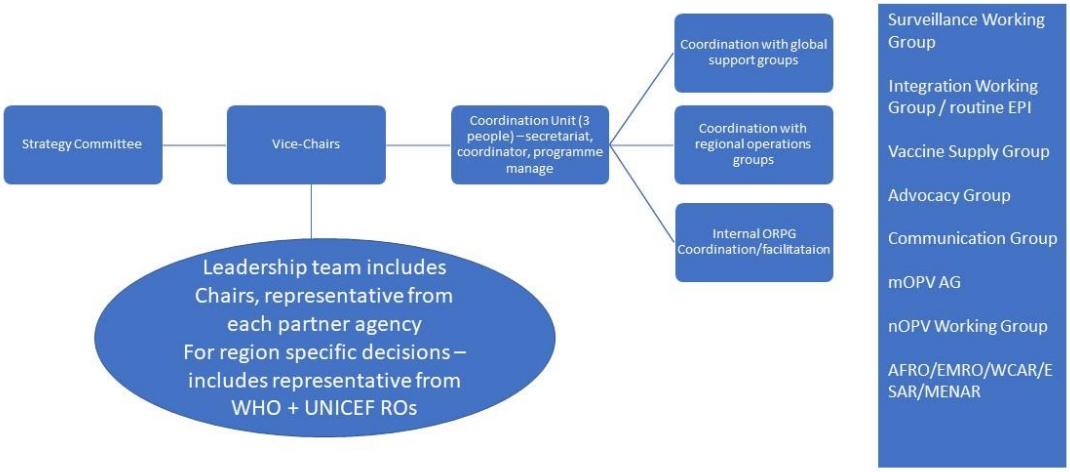
- For Non-Core Members (i.e., Supplementary or Liaison Roles), the Chair determines the responsibilities.

For partner agencies that propose individual member names to serve on the ORPG, 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 ORPG.

Additional ORPG Member Selection & Roles

- A core leadership team will be comprised of four individuals, including the Chair, Vice-Chair, and one member from each of the remaining member agencies (WHO, UNICEF, CDC & BMGF) for decision making. The membership of the ORPG with be defined by the Chair and Vice-Chair in discussion with the ORPG agency leads (WHO, UNICEF, CDC, BMGF) and in line with the technical functions to enable full implementation of the TORs. When there is a decision to be made related to a particular country/region, representatives of the WHO and UNICEF regional offices will be engaged in the decision-making process.
- The ORPG will be supported by a Coordination unit which includes a secretariat (3 people), together with a number of core staff, to support data, analytics, budget and finance
- The ORPG shall include representation from all GPEI partner agencies, although the division of responsibilities across agencies shall be based on capabilities and capacities rather than a principle of institutional parity. RRT, IMST and other regional offices will be included in the ORPG representation as needed[i].
- As the ORPG will need to be able to make the full range of GPEI decisions required to support regional outbreak responses, it is expected to able to draw on the broader agency staff to engage individuals responsible for the following functions on an as needed basis (including standing liaisons from other Global Program Support (GPS) and Regional Operations (RO) groups as appropriate) across the following areas of work:
    - Surveillance
    - Advocacy
    - Data management, analysis and modeling
    - nOPV readiness support
    - Monitoring and evaluation (2 people)
    - Vaccine deployment and supply management
    - Mobile rapid response capacity support (Global RRT)
    - Other functions as determined by the Co-Chairs and leadership team
- To facilitate swift and seamless communication, the ORPG shall also include standing representatives from the sub-Saharan African region, the Middle East and North African region, and any other region that is experiencing an outbreak at the time.

ORPG functioning and coordination



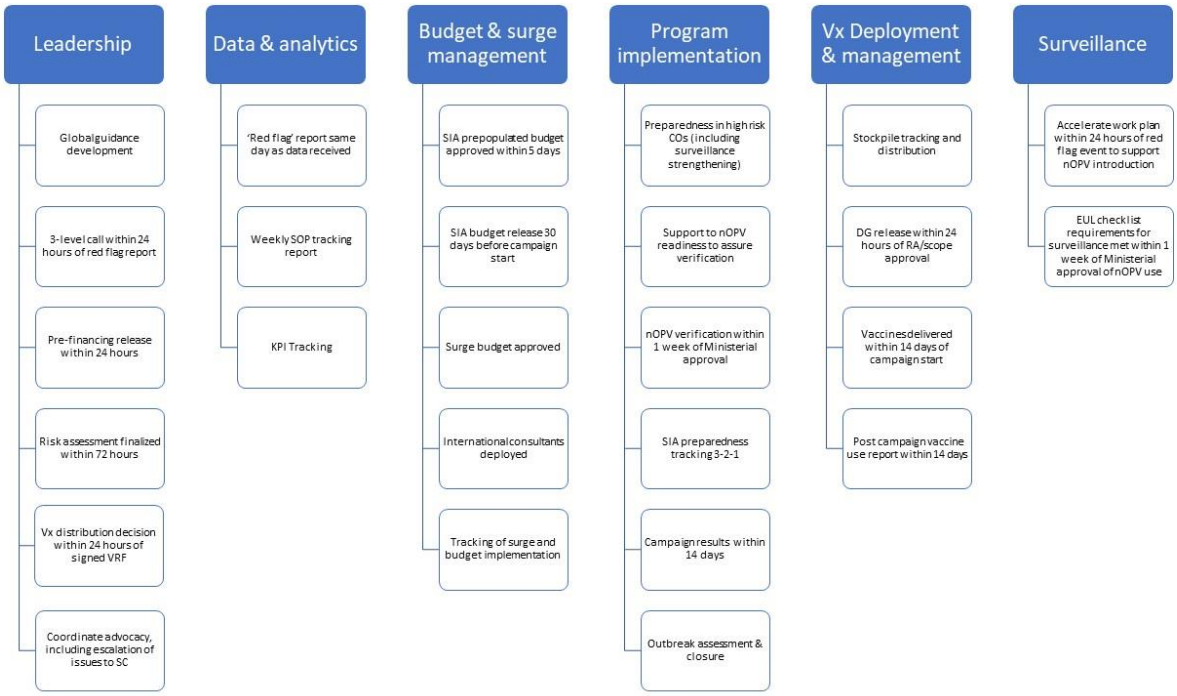
<u>Coordination Unit</u>

- As outlined above, a coordination unit will support the coordination and decision making within the ORPG as well as the coordination with and between regional operations groups and other global working groups.

<u>Secretariat</u>

- 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 ORPG in its activities.
- The Secretariat supports the ORPG 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 materials).

The following diagram outlines potential thematic areas of work as a priority for the ORPG. Small working teams would be organized from within and across the GPEI to support implementation and tracking. Additional areas with be developed as necessary and be time limited.



Accountability

Accountability

- The ORPG is ultimately accountable to the SC via the EMU.
- Individual ORPG members serve in their roles at the nomination of the SC and the ORPG Chair.

Decision Making

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

Reporting

- The ORPG, led by the Chair, will regularly escalate critical issues affecting outbreak response operations to the SC for possible action.

- The ORPG, 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 ORPG shall also contribute to status reports for the POB as requested.

Decisions Under ORPG Purview

Key decisions made by the ORPG include (but not limited to):

- Overall OPV supply management and release (*in consultation with Regional Ops Groups and Vaccine Supply*)
- Outbreak response resource allocation (financial and HR) to regions and countries (*in consultation with Regional Ops and Finance Groups*)
- Preparedness resource allocation to high risk countries (*in consultation with Regional Ops Groups + Surveillance Group*)
- Outbreak closure (in consultation with Regional Ops groups, Surveillance Group, EPI)

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

Rhythm of Business

Meeting Scheduling, & Participation

- To be developed by the ORPG later in 2021.

Work plan

- To be developed by the ORPG later in 2021.

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.

KPIs

Create urgency and accountability through advocacy to generate greater political will

1.1 Heightened government ownership in the form of statements and demonstration of political commitment	**1.1.1 % of countries with new detection of poliovirus that declare national public health emergency within one week of outbreak confirmation. (Goal 2)** **1**
1.2 Qualified staff in place to act swiftly and in the right localities in endemic and outbreak/at-risk countries	**1.2.1 % of medical officer and vaccination staff positions that remain vacant for three or more months in polio high-risk districts.** **1.2.2 The provincial task forces (chaired by provincial chief secretaries, governors, health ministers or provincial health directors) review the number of missed children and quality of operations after each mass vaccination campaign in the province and ensure corrective actions. (Goal 2)**
1.3 Greater domestic financial contributions towards the polio eradication programme	**1.3.1 % of outbreak countries contributing domestic resources to outbreak response aggregated by income profile. (Goal 2)**

Generate vaccine acceptance through context-adapted community engagement

Outcomes/ what success looks like	**KPIs**
2.1 Increase campaign awareness in all settings conducting SIAs	2.1.2 % of all OPV SIAs showing evidence that campaign awareness was >90% of all households (based on ICM and/or LQAS). (Goal 1 and 2)

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

Outcomes	**KPIs**
3.1 Package of integrated services, tailored to community context, delivered with a gender lens in targeted geographies (as per NEAPs) in the endemic	3.1.3 % of integrated service initiatives that are implemented with an explicit gender-balanced programme offerings and representation. (Goal 1)
3.2 Alignment between polio and immunization resulting in HSS and EPI investments reflecting polio programme strategic objectives, and polio	3.2.1 % of polio priority subnational geographies where joint or collaborative investment is taking place by Gavi and GPEI. (Goal 1 and 2) 3.2.2 % increase of VPD SIAs that co-deliver bOPV.* (Goal 1 and 2)

contributing to IA2030 and country immunization goals reducing zero dose children	*in endemic settings: co-deliver bOPV with VPD campaigns in addition to polio SIAs; in non-endemic settings: co-deliver bOPV with VPD campaigns instead of stand-alone OPV SIAs.
3.3 Continued support to broader global and national public health initiatives as a pathway towards a successful programme transition	3.3.1 Increasing the amount to PHC investments directed towards polio high-risk areas in endemic and outbreak/at-risk countries. (Goal 1 and 2) 3.3.2 Continue to track polio HR contributions towards COVID-19 response. (Goal 1 and 2)

bOPV = bivalent oral polio vaccine; EPI = Expanded Programme on Immunization; HR = human resources; HSS = health system strengthening; NEAPs = National Emergency Action Plans; PHC = primary health care; VPD = vaccine-preventable disease

4. Improve frontline success through changes to campaign operations

Outcomes	**KPIs**
4.1 Improve campaign quality, particularly to reduce persistently missed children in SIAs	4.1.1 % of campaigns where microplans were developed via integrated planning workshops (inclusive of EPI, social and GIS). (Goal 1 and 2) 4.1.2 Number of previously missed children (including those in inaccessible areas) subsequently vaccinated per quarter. (Goal 1 and 2) 4.1.3 % of all OPV SIAs that show showing evidence of coverage >=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 Ensure timely outbreak preparedness and response	4.2.1 Average # of days between outbreak confirmation and the onset of first SIA. (Goal 2) 4.2.2 % of funds available at a district level 72 hours prior to the campaign start. (Goal 2)
4.3 Successful and timely nOPV2 rollout	4.3.1 % of target countries that meet requirements for nOPV2 usage. (Goal 2) 43.2 Number of countries successfully rolling out nOPV2 according to the defined roadmap. (Goal 2)

Regional representatives will be representing regional entities during the calls and meetings and be part of the decision-making process.