TERMS OF REFERENCE: AFRO RAPID RESPONSE TEAM
Terms of Reference (Approved [September 27, 2021])

Purpose

The Global Polio Eradication Initiative (GPEI) seeks to ensure that future generations of children will be free from the threat of polio paralysis. Achieving this goal depends on interrupting poliovirus transmission in the remaining endemic countries and on ensuring rapid and effective responses to poliovirus outbreaks occurring in polio-free countries. The GPEI has recently revised its Standard Operating Procedures (SOPs) for responding to a poliovirus event or outbreak. This also implies strengthening support to polio free countries in meeting and keeping standards surveillance and immunization indicators required for to maintain polio free status.

The GPEI partnership established a multi-partner, full-time Rapid Response Team (RRT) in Africa in response to the unexpected burden, severity, and duration of cVDPV2 outbreaks. The majority of the cVDPV2 outbreaks reported globally since the switch from tOPV to bOPV have been in Africa (including the Horn of Africa), with further geographic spread of these outbreaks to countries that have not used mOPV2. The RRT is physically located at the WHO Regional Office for Africa (AFRO), with virtual and on-site participation by all partners.

Responsibilities

The RRT is responsible for the overall coordination and management of the operational response to the poliovirus outbreaks/events in the WHO and UNICEF African regions with three main focus areas;
- Outbreak response campaigns in line with the GPEI SOPs;
- Enhance surveillance and use of innovations; and
- Enhance population immunity through quality SIAs.

RRT will also support the regional surveillance team to sustain the gains made in countries and maintain polio free status, as well as guide outbreak countries against future outbreaks in provinces/districts that had no cVDPV2.

The RRT will be deploy a GPEI Outbreak Coordinator and support a 'surge' team in all countries with outbreaks to achieve the goal of interrupting transmission within 6 months of notification of an outbreak.

1. **Outbreak response campaigns in line the GPEI SOPs**
   - Coordinate, lead and guide the GPEI Coordinator and 'surge' team on outbreak response strategies and technical oversight of the response activities.
   - Lead GPEI partner calls to guide outbreak priorities and partner investments in responses
   - Work with MOH/WHO/UNICEF teams to establish EOCs and develop a national outbreak response plan, including a budget, chronogram of activities, and human resources (HR) surge plan, periodically adjusting and adapting the plan, as needed.
   - Support WHO/UNICEF country offices representatives by providing strategic and operational oversight for polio outbreak response operations, ensuring that they address the needs of the population and are aligned with the Government priorities, plans and strategies.
   - Foster close coordination with MOH, and other partners in-country, regional offices and HQs and assist in the organization of regular coordination meetings, teleconferences, and updates.
   - Represent the GPEI in-country and liaise between the GPEI partners at county and regional level, including civil society organizations; provide direct feedback to ORPG about outbreak response progress, challenges and potential solutions.
   - Collaborate with MOH/WHO/UNICEF teams to establish outbreak response structures that include the four components of outbreak response: outbreak investigation, outbreak

response immunization, strengthening AFP surveillance, and strengthening routine immunization.

- Collaborate with MOH/WHO/UNICEF teams to produce updates of outbreak response activities (e.g., SITREPS, bulletins, and newsletters) for distribution to relevant partners.
- Liaise with ORPG and GPS groups in support of country requirements including advocacy plans (with the Political Advocacy Group).
- Facilitate cross border coordination between countries, including liaising with other regional structures on cross-border coordination, e.g. coordinate with IMST EMRO/MENA.

2. **Enhance surveillance and use innovations**
   - Provision of technical support to the countries to enhance Acute Flaccid Paralysis (AFP) Surveillance, including training and orientation of WHO, National and sub-national staff in the implementation of facility-based active surveillance, as well as case investigation, and follow-up of AFP cases.

   - Build the capacity of the countries in the use of electronic surveillance, GIS coding all detected AFP cases, integrated supportive supervision (ISS) and other innovations using smart phones.

   - Build the capacity of the countries in the real time analysis of the electronic data and develop mitigation plans to address the surveillance gaps at sub national levels.

   - Participate in activities at regional, national and sub-national level to improve the quality of AFP and environmental Surveillance in the high risk areas and in special population groups.

3. **Enhance Population immunity**
   - Support the immunity boosting activities, including the identification and immunization of children never been immunized ('zero dose') and ensuring the highest possible coverage of all target children during all supplementary immunization campaigns in response polio cases.

   - Contribute to determining, annually, the number and geographical scope of preventive polio SIAs in the African Region based on risk assessment.

   - Participate in prioritized polio outbreak responses and polio SIAs in selected countries.

   - Use of monitoring data such as independent monitoring and lot quality assurance surveys (LQAS) to advise ISTs and WHO Country Offices on how to improve quality of subsequent rounds / responses.

   - Catalyze immunization strengthening in outbreak geographies following outbreak response through sharing of improved microplans and underserved communities identified during outbreak response activities with EPI.

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 RRT 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

To be developed - will include the below.

- Additionally, RRT members will also be drawn from partner agencies such as CDC and BMGF, subject to need, availability, and suitability.

Accountability

RRT Key Decisions

- Deployments of GPEI Coordinator within 7 days and surge staff within one month of cVDPV2 outbreak notification to outbreak and high-risk countries (in consultation with ORPG).
- Country surge and SIA budget allocations (shared decision with countries, ORPG, Surveillance).
- Outbreak response scope and mop-up (shared decision with countries and ORPG).
- Coordinated regional outbreak responses (in consultation with IMST).

RRT Management and Reporting Responsibilities to the Regional Offices and Strategy Committee

- Maintain a harmonized dashboard combining cVDPV epidemiology, Immunization campaign data, Surveillance and performance management data, and report on a quarterly basis to the Regional Directors in Africa for WHO and UNICEF, and the Chair of the Polio Oversight Board.
- The RRT is accountable to the ORPG for all issues related to outbreak preparedness and response for AFRO countries.
- In close coordination with the ORPG, the RRT will monitor and track key areas of SOPs and Key Performance Indicators (KPIs) related to outbreak response and preparedness (please refer to Annex B).
- The RRT will report to the ORPG, on progress against key performance indicators on a quarterly basis and as requested by the EMU.
- Maintain and manage a roster of consultants deployed by the Rapid Response Team to supplement 'surge' teams at the national level; track performance of all consultants and surge deployment through ODK on a monthly basis.
- Coordinate a semi-annual review of 'surge' requirements in outbreak and at-risk countries in conjunction with the ORPG, finalize budget requirements and ensure country deployment of 'surge' support is tracked and reported on monthly to the Regional Directors in Africa for WHO and UNICEF.
- Monitor implementation of outbreak response activities against the GPEI outbreak SOPs (e.g. 3-level call upon notification of new virus, ensure appropriate Risk Assessments are prepared within 72 hours of notification, track budget development and submission to ORPG, track submission of vaccine request forms, and development of an outbreak response plan and its implementation).
- Coordinate with Supply Division and Vaccine Supply Group through the ORPG on vaccine availability and track vaccine accountability reports from countries.

- Track budget development, approvals, and utilization in countries and report on a quarterly basis to the Regional Directors.

Rhythm of Business
To be developed

TOR Ratification

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