

Enhancing UNICEF Polio Outbreak Response Towards Ending Polio

Terms of Reference

Background

Preventing outbreaks in non-endemic countries requires two simultaneous activities: 1) sustaining sufficient population immunity to ensure that transmission cannot be re-established and, 2) as far as possible, limiting the spread of poliovirus from endemic areas. Each of the index countries where the major regional outbreaks started in 2013 experienced a build-up of susceptible due to poor routine immunization and lapses in SIAs caused by either government decisions (Cameroon and Madagascar) or fighting and the collapse of health systems (Somalia and South Sudan and Syria). Aside from the long-term effort to sustain high EPI coverage, the key lesson on preventing outbreaks is the need to ensure the quality of all pre-emptive SIAs. Equally important to success is to ensure a rapid and effective response to polioviruses re-introduced into polio-free countries from the remaining endemic countries or another polio outbreak country. As the number of polio endemic countries and overall number of polio cases detected continue to fall, additional resolutions have been adopted increasing the speed and quality expectations of polio outbreak response activities and readiness of countries at risk of reinfection.

As of January 2016, all tOPV using countries have either already introduced or made formal commitments to introduce at least 1 dose of IPV into their routine immunization programs. Consequently, step 2, the globally coordinated switch from tOPV to bOPV (e.g. OPV2 cessation), is on track to proceed between 17 April and 1 May 2016 in all countries using trivalent oral polio vaccine. Following OPV2 cessation, population immunity and especially intestinal immunity and secondary spread of type 2 OPV-related viruses will decline, which will increase the risk of an outbreak if exposure to a type 2 poliovirus occurs.

The global polio eradication partners recently updated the standard operating procedures (SOPs) to standardize a systematic outbreak response in the post switch phase. This new release of the SOPs is an important guiding document. GPEI is currently implementing rolling out the SOPs on regional level. Additionally, UNICEF is undertaking an intensive capacity building initiative that organized back to back with the regional SOP training, aiming at strengthening regional and CO level understanding of global guidelines and tools and their application as per the new SOPs especially for countries with higher risk of virus importation or where the risk of reinfection is high.

Should a report of a poliovirus event happens in any given country, the GPEI will mobilize and rapidly deploy (surges) experienced professionals to join the country/outbreak areas as part of the Response Team to perform the six critical functions in outbreak response, as required. This is accomplished using a partner-wide, interregional surge mechanism consisting of qualified staff from partner organizations or qualified consultant databases. The objective of the surge policy is to improve GPEI's capacity for effective polio outbreak response by strengthening the agencies' ability to staff the immediate response to a polio outbreak and to ensure a smooth transition to the response's longer-term staffing. Recognizing the challenges of meeting surge requirements, the GPEI follow a two-phase surge process:

Rapid Response Phase (Rapid Response Team – “Team A”): Within 72 hours of the outbreak notification, on a no-regrets basis, the GPEI surges pre-identified, trained and experienced professionals with multiple expertise. The team is drawn primarily from existing GPEI staff on a rapid response deployment roster with pre-negotiated approval for deployment of up to one month.

Surge Response Phase (Surge Team – “Team B”): Within three weeks of the outbreak notification, the GPEI makes available, consistent with the outbreak grade, a multidisciplinary and trained surge team and additional surge staff as needed and outlined in the outbreak response plan.

The role of the Team A and Team B technical guidance is to investigate, assess, and monitor the situation. The poliovirus event should trigger following the below strategy to address this outbreak.¹

¹ Responding to a Poliovirus outbreak: Standard Operating Procedures (SOPs) for New Polio Outbreak in a Polio Free Country.

1. Full engagement of Governments in outbreak response
2. Risk assessment and outbreak zones
3. Conducting robust immunization response
4. Ensuring effective communication and social mobilization in order to maximize the effectiveness of the outbreak response, strategies for mobilizing communities and building demand for OPV need to be implemented and
5. Enhance AFP and Laboratory Surveillance

Among the critical components of the outbreak response is communication for development (C4D). A communication and social mobilization outbreak response plan based on available social data that identifies community perceptions, attitudes, practices and social identifies related to immunization practices, particularly OPV needs to be in place. Communication plans should identify the most critical messages and influencers for social mobilization and behaviour change communication, development of IEC materials, training of frontline workers to deliver these messages through effective inter-personal communication, and engagement of community leaders and use of mass media. The plan should prioritize targeting high risk areas / populations and systematic reporting on social indicators. It will be also important to identify media focal persons and develop media strategy to disseminate key messages talking points and media briefings.

Justification

The Polio End Game Strategy as well as several of the independent monitoring board (IMB) reports have called for the urgent need to strengthen polio program outbreak response and preparedness. Evidence is showing that the timely and quality outbreak response does not only help to control the risk of polio virus spread geographically but also ensures keeping the focus of the overall program on the key priorities, namely interrupting the virus transmission in endemic countries. Successful emergency response includes among five principles: sufficient risk reduction and preparedness capacities as well as access to the affected population. **Therefore**, UNICEF would like to recruit a communication for development specialist to support polio outbreak preparedness and response at global and RO levels; when needed, be deployed as Team A for any emerging outbreak and follow up on outbreak response implementation plans in concerned countries of outbreak.

Tasks and Expected Outputs:

No	Task	Outputs
1	During pre-outbreaks phases, support national preparedness planning and support regional offices to follow up on the prepositioning of C4D activities in high risk countries.	Every high risk country have an updated national preparedness plan inclusive of the C4D component and specific plan for prepositioning of UNICEF interventions.
2	Support the RO in strengthening the regional roster of Team A capacities of C4D and Health / Immunization staff who can be deployed in the case of an outbreak	RO have a regional roster of Team A capacities of C4D and Health / Immunization staff who can be deployed in the case of an outbreak.
3	In the case of outbreak, act as a Team A C4D outbreak respondent to support the CO while undertaking the social investigation assessment of the case in coordination with WHO CO.	Social field investigation is undertaken and a joint risk assessment report with WHO is released.
4	Contribute to the drafting of the outbreak national response plan.	National response plan and C4D component based on the global guidelines and response tools is available.
5	Review available social data and draft the required C4D strategy / plan along with HR and financial requirements.	UNICEF Specific C4D strategy and plan is developed including the detailed budget.
6	Follow up on the implementation of country plans and conduct field visit as needed to support the	Training package for vaccinators is used for the training of FLWs and the global

	implementation of high quality SIA and the training of front line workers.	communication guide is followed for the strategic planning.
7	Support the planning and follow up on OBRA	OBRA recommendations are implemented.
8	Provide regular update on the progress of activities and contribute to the final outbreak report.	Monthly progress report shared and Final outbreak report released.

Level of Consultancy

P3 to P4.

Required Qualifications

1. Post graduate studies in behaviour science, or risk communication, or sociology or other relevant studies.
2. 4-7 years' of experience in supporting health communication programs with preferred experience in polio and / or other health emergencies.
3. Familiarity of UNICEF would be an additional asset.
4. Excellent analytical, negotiation and writing skills.
5. Working knowledge of French is required.

Travel

Travel up to 60% to UNICEF RO and CO.

Supervision and Other Partners

Geographic location of the Post:

Direct Supervisor:

Other Collaborators: RO and CO of UNICEF; WHO HQ and WHO RO and CO.