Concept Note – Integrated Information Management Unit in Crisis-Affected Countries

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Background

In crises, information needs for the health sector are particularly important and complex, due to the life-saving nature of health services and the comparative breadth of interventions that may be required. WHO is the global lead agency for the Health Cluster, while also being the authoritative source of data[1] and information (alongside Ministries of Health) about health status and threats for affected populations, health resources and availability, and health system performance. Additionally, health information forms part of a larger inter-sector/Cluster information environment. Historically, within the various parts of a WHO Country Office including the Health Cluster unit, there have been multiple individuals (surveillance officers, EPI staff, nutrition staff, dedicated Health Cluster Information Management Officers, etc.) who work with data and information, often in isolation from one another. Multiple requests for similar information products may be addressed to different individuals. At the same time, unique skill sets such as GIS may only be present in one unit, offe ring no access to these services by the other units. The result is often considerable duplication of effort, inefficiency, and poor quality or contradictory information.

In an effort to improve public health information management (IM) in crisis-affected countries, the Information Management Task Team (previously the PHIS Task Team) of the Global Health Cluster (GHC) has issued Standards for Public Health Information Services in Activated Health Clusters and Other Humanitarian Health Coordination Mechanisms (PHIS Standards), which have been adopted by the WHO Health Emergencies Programme (WHE) for use in all humanitarian response operations. *N.B. – this concept note will not delineate the expected information products, as these are delineated in the PHIS Standards.* The purpose of the PHIS Standards is not simply to promote the individual services – indeed the primary value-added of the PHIS approach is the ***integration of all available public health information***, to engender a comprehensive awareness of the public health situation, and thus lead to fully evidence-based operational decision-making. Recognizing that, in Cluster-activated countries, the primary responsibility for PHIS service implementation lies with the Health Cluster unit, promoting access to required information for the Cluster is of paramount importance.

Through experience in the field, WHE, which includes both the Health Emergency Information and Risk Assessment (HIM) department and the Global Health Cluster Unit (GHCU), has determined that the best way to achieve these PHIS Standards is through the integration of *all* of the existing IM capacity available within WHO offices into a cohesive "Integrated Information Management Unit" (IIMU). **This model is being promulgated because of the efficiency gain and maximization of available assets to all programmes, particularly the Health Cluster.** This model is also consistent with the WHO Emergency Response Framework's Incident Management System (IMS) structure, in which all information management functions are contained within the dedicated function of "Information".

[1] Data are the raw units of knowledge, whereas information is the end result of synthesis and interpretation of data.

The purpose of effective information management is not only for communication but to drive evidence-based operational decision-making and planning.

Organization of the Integrated Information Management Unit

Figure 1 depicts the envisaged organigram. One of the key features of the IIMU is that all of the IM assets should be *physically* co-located in an "Information Management Cell" to facilitate exchange of information.

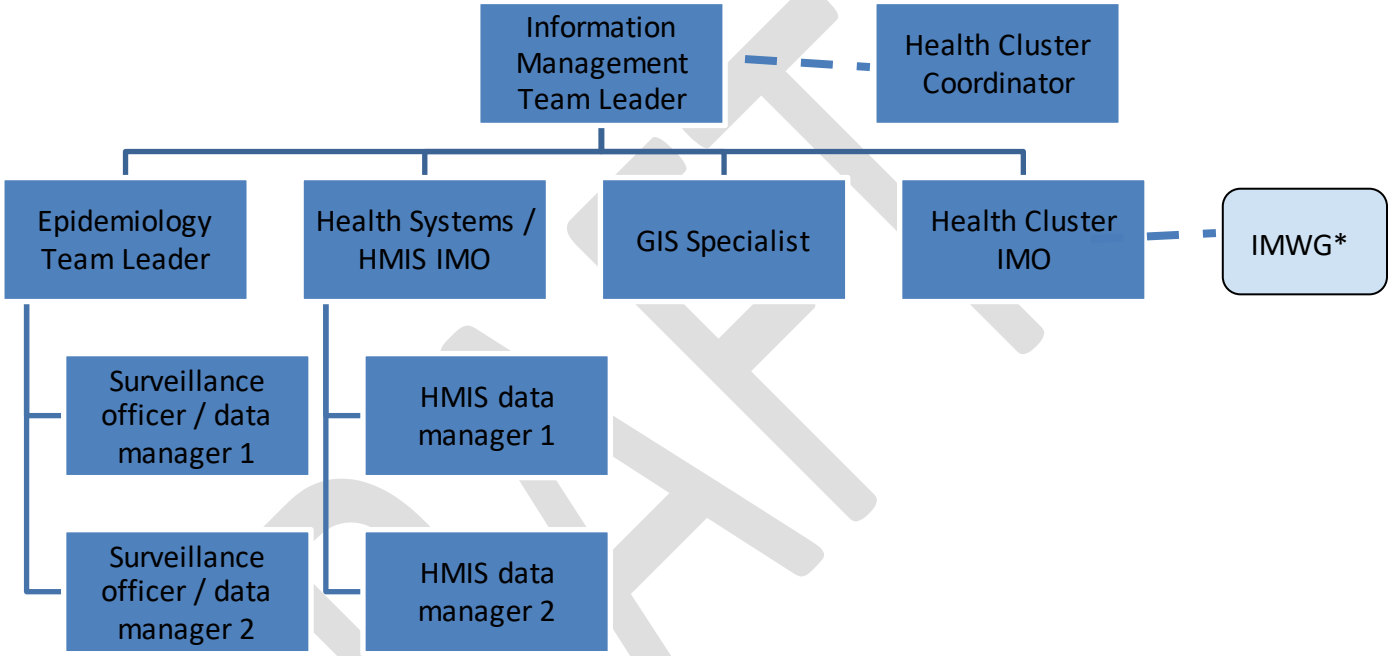


Figure 1. Integrated Information Management Unit

In this model, all of the existing information management staff members, including the Health Cluster IMO, are placed directly under the supervision of an Information Management Team Leader (IM TL)[2] (see Annex 1 for sample TORs), shown by solid lines indicating line supervision. All of the IM assets should be physically co-located in an "Information Management Cell" to facilitate exchange of information. IM area of work may remain clearly defined as in the example above (e.g., retaining titles such as HMIS Data Manager versus Surveillance Data Manager), or there may be a pool of general IM officers (without specific functional titles), with various skill sets, and products may be assigned to them according to their skills, interests, and workload (however this should not include pooling of the Health Cluster IMO, as the information needs of the Health Cluster are somewhat distinct from the information needs of the WCO; and form a direct link to inter-Cluster information management, i.e. through the Information Management Working Group, IMWG). Close consultation is expected between the IM TL and relevant Programme Managers (e.g., Health Cluster Coordinator

[2] N.B. – in WCOs adopting the Country Business Model (CBM), this position is synonymous with the HIM Team Lead position.

*Information Management Working Group (IMWG) https://www.humanitarianresponse.info/en/topics/imwg

shown above), and between Programme Managers and the IMOs producing products for them, as outlined below.

N.B. – Epidemiology, Health Systems, Health Cluster teams shown as examples of the teams that must be part of the IIMU; in practice this organigram may optionally further include other technical areas that handle information in the emergency, including but not limited to Nutrition, EPI, Primary Healthcare, Trauma, Emergency Operations, etc.

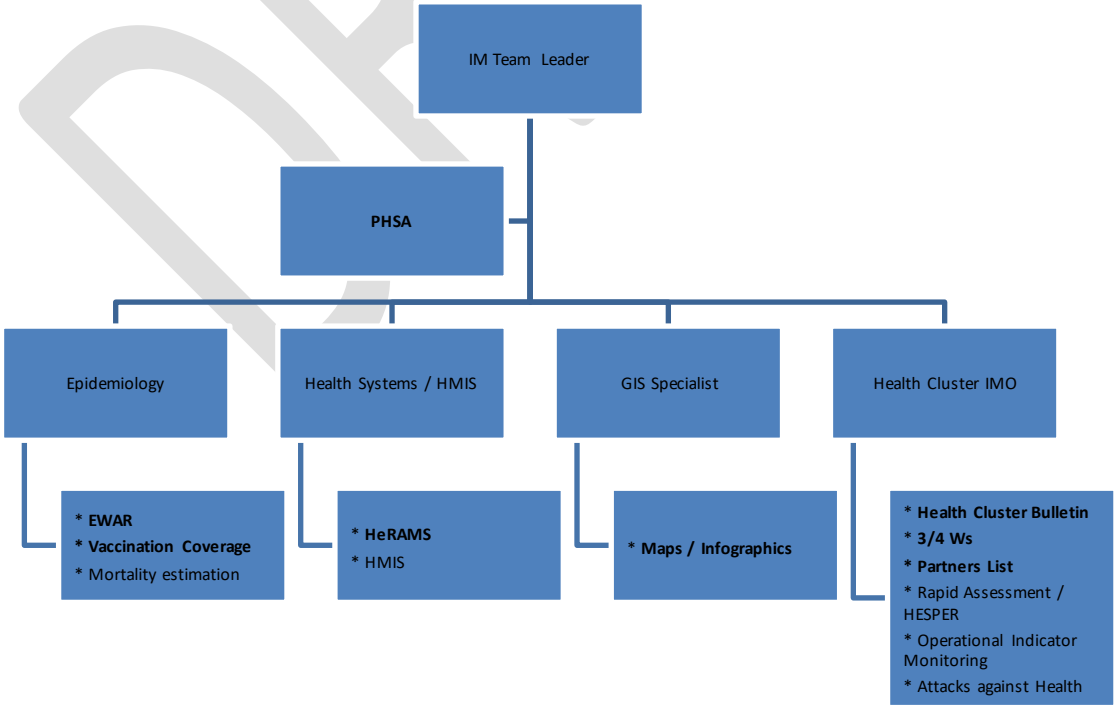
Key Ways of Working for Integrated Information Management Unit

Coordination: The IIMU should hold regular team meetings chaired by the IM Team Leader, to discuss assignments, troubleshoot issues, and improve data sharing. The IM Team Leader should also meet with Programme Managers (particularly the Health Cluster Coordinator) on a regular basis, to plan and review requests and troubleshoot any issues.

Assignment of tasks: Tasks are assigned by the IM Team Leader according to officers' skills, Terms of Reference, interests, and workload. Depending on TORs, certain IMOs may be predominantly focused on specific tasks (e.g., Health Cluster products).

Regular products: For efficiency, it is expected that regular products be consistently created by the same staff members (see Figure 2 for suggested assignment of regular products), with others cross-trained on them for periods of absence or in order to reduce monotony. The IM Team Leader and relevant IMOs should strive to improve existing data products, based on information management and presentation best practices, and the functional requirements of the relevant Programme Managers.

Figure 2. Example of Division of Responsibility for Regular PHIS Products



N.B. Key products in **bold**

Ad hoc requests: All requests for ad-hoc information products are channelled to the IM TL for triage to the appropriate staff member. It is critical that the IM TL serve as a customer-oriented "one-stop shop" for information requests from all parties, particularly for the highly unpredictable needs of the Health Cluster; rather than being a bottleneck to the production of information products. However, ad hoc requests should be kept to the minimum necessary, in order to reduce distraction from existing work; and, where possible, ad hoc requests should be made with sufficient lead time to allow incorporation into the IIMU workflow with minimum disruption.

Clearance of products: All products should be cleared by the IM TL before being released from the IIMU, in order to ensure quality of presentation and because the accountability for the products lies with the IM TL. It is expected that the IM team will defer to programme areas on the accuracy of the data content, unless clear inconsistencies are identified, in which case these must be brought to the attention of the Programme Manager immediately. Any Programme Manager may institute an additional clearance step through themselves if so desired; this additional clearance step may be particularly relevant through the Health Cluster Coordinator, as Health Cluster data represent not only WHO but all Cluster partners.

IM staffing: All programme areas are responsible for fundraising for IM staffing and activities, and these funds may either be used to support specific staff members or may contribute in a pooled way to the IM work-plan. Performance review and signoff on hiring of new IM staff is the responsibility of the IM Team Leader, but should take into consideration the views of Programme Manager end-users of IM services. Requests for additional IM staffing should be made by the IM Team Leader to his/her supervisor (usually the Incident/Emergency Manager or WHE Lead), based on gaps in IM capacity, and in consultation with Programme Managers where relevant.

Attendance at meetings: The IM Officer responsible for the development of a product/products presented at a meeting may be required to be present at said meeting in order to either present or explain the methods behind the product(s). It may occasionally be necessary for an IM Officer to be present at other meetings in which it is anticipated that additional requests for information may be made during the meeting, for which the primary attendee does not likely have the information (although it is best practice for Programme Managers to keep up to date with the most recent information pertaining to their area of work). Beyond these situations, IM Officers should not regularly attend meetings as this distracts from development of products.

Inter-Cluster information management: The Health Cluster IMO has specific duties in relation to inter-Cluster information management (such as participation in inter-agency Information Management Working Groups [IMWGs], development of Common Operational Datasets, needs assessment questionnaire development and analysis, and contribution to inter-sectoral dashboards and reports), for which the officer must have dedicated time and resources, or which the IIMU as a whole must deliver.

Other tasks: IM Officers' time should be protected for development of information products. They should not, for instance, be used for taking minutes at meetings (for which an Administrative, Support or Communications Officer can be engaged).

Note about sub-national teams: Wherever possible, sub-national teams should replicate the structures and processes above, with a local IMTL (or functional equivalent), and similar reporting

lines between sub-national IMOs and their local IMTL. The sub-national IMTL will report to the sub-national Field Coordinator (or functional equivalent), but should coordinate closely with the national IMTL to avoid duplication of effort.

Annex 1 – TORs for Information Management Team Leader

Position Title:	**Information Management Team Lead**
Grade:	**P4**
Unit/Team:	
Major Office:	**WCO**
Duty Station:	Multiple duty stations
Organization:	**WHO Health Emergencies Programme (WHE)**
Nature of Position:	
First Level Supervisor:	Emergency Manager
Second Level Supervisor:	Head of WHO Country Office

1. Background and Justification

* Purpose of the Position

In the context of the WHE's business model in countries affected by acute and/or protracted emergencies, the incumbent will lead WHO's information team and supervise the respective functional areas, at the country level. Provide authoritative advice to the emergency team on risk analysis, , strategic information policy, procedures and best practices, monitoring, information and data management. The incumbent will be deployed to emergency operations when required.

2. Job Description

*Objectives of the Programme and of the immediate Strategic Objective

The mission of the WHO Health Emergencies Programme (The Programme) is to help countries, and to coordinate international action, to prevent, prepare for, detect, rapidly respond to, and recover from outbreaks and emergencies.

Organizational context (Describe the individual role of incumbent within the team, focusing on work environment within and outside the organization)

Reporting to the Emergency Manager and under the leadership of the Head of WHO Country Office, the incumbent acts as an advisor to the WHO emergency team on data and information management activities, enabling the development, implementation, and monitoring strategies that maximize the individual and collective impact of WHO throughout the full cycle of the emergency, in the country of deployment. S/he will engage with the local authorities, UN partners and non-health actors to establish strategic partnerships in respect of multi-dimensional information management processes. The present position under WHE (which is a single programme across the Organization) may be relocated to another duty station, including at Regional or Country level, based upon the technical needs of the Programme.

Summary of Assigned Duties (Describe what the incumbent has to do to achieve main objectives; include main achievements expected):

1. Lead the team and be responsible for overseeing the work of the Information Management unit and/or coordinate the work of Information Management assets located throughout disparate units.
2. Manage the timely and high-quality collection, analysis, production and dissemination of data/information. This includes response specific information (what, where, who, how many, how quickly, current status), internal and external situation reports (SitReps), bulletins, rapid needs assessments, health risk assessments, and the Public Health Situation Analysis; and health inputs into humanitarian needs overviews (HNO), and strategic response plans (SRP).
3. Lead the development of project documentation based on the overall strategy and plan, for use by the emergency leadership to mobilize resources.
4. Continually adapt planning and project documents based on available information and revolving emergency situation, as required; this includes planning and management of human and material resources, expenditure, status of interventions and partner activities, progress towards achieving objectives, etc.
5. Develop and improve field information management procedures at the local and regional levels to ensure that information management in the field provides the best possible functionality and usability to stakeholders
6. In collaboration with the Health Cluster Coordinator, ensure inter-cluster communication and information sharing.
7. Oversee and design field epidemiological surveys if/where needed, such as mortality and vaccination coverage surveys, with support from epidemiologists as needed.
8. Build the capacity of team members and partners involved in the planning and data/information management process; provide ongoing technical guidance and training on data gathering and analysis, quality assurance, performance monitoring, information dissemination and management.
9. Perform any other related duties, as required by the functional supervisor.

Recruitment Profile
Competencies:
Generic

Describe the core, management or leadership competencies required. (See WHO competency model. List in order of priority, commencing with the most important ones)

1. Teamwork;
2. Respecting and promoting individual and cultural differences;
3. Communication;
4. *INSERT COMPETENCY
5. INSERT COMPETENCY
6. INSERT COMPETENCY

*Note: Position descriptions that possess supervisory/managerial responsibilities require one additional mandatory competency from the Management competencies: *"Creating an empowering and motivating environment." In addition to the above mentioned mandatory competencies, the hiring manager can select one or two additional competencies (from the Core, Management or Leadership group) that are considered essential to successfully perform the functions of the position.

Functional Knowledge and Skills

***Describe the essential knowledge and the skills specific to the position**

- Demonstrated supervisory and leadership skills, negotiation skills.
- Advanced ability to design, manage, analyze and coordinate complex information system projects, computer-based applications and databases, web-based tools
- High level of analytical skills.
- Knowledge of programme management and functioning of WHO and the UN system is an asset.

Education Qualifications

* **Essential**

An advanced university degree (Master's level or above) in Information Management, Public Health, or Epidemiology; Business or Public Administration, complemented by training in information management from an accredited/recognized institute.

Desirable

Specialization in information management systems. Specific training in humanitarian response or information management in emergencies.

Experience

* **Essential**

At least 7 years of related experience in information management, monitoring, needs assessment, project management, data management and information dissemination in the public health sector or health development sector, at national and international levels, part of which in emergency management or humanitarian context in leadership positions. Experience in developing and promoting collaborative partnerships.

Desirable

Relevant work experience in WHO, other UN agencies; experience working in relevant non-governmental or humanitarian organizations. Experience in developing countries.

Use of Language Skills

Excellent knowledge of English or French (depending on the country of assignment). Working knowledge of another WHO official language would be an asset.

Other Skills (e.g. IT)

- Advanced use of MS Office, particularly spreadsheets, data visualization and analysis tools, and databases
- Design and management of information systems
- Familiarity with geographic information systems (GIS)
- Skill in use of one or more statistical analysis programmes (e.g., R, STATA, SAS, SPSS)