

Polio Transition Planning

AFRO UPDATE

WHO Information Session for Member States

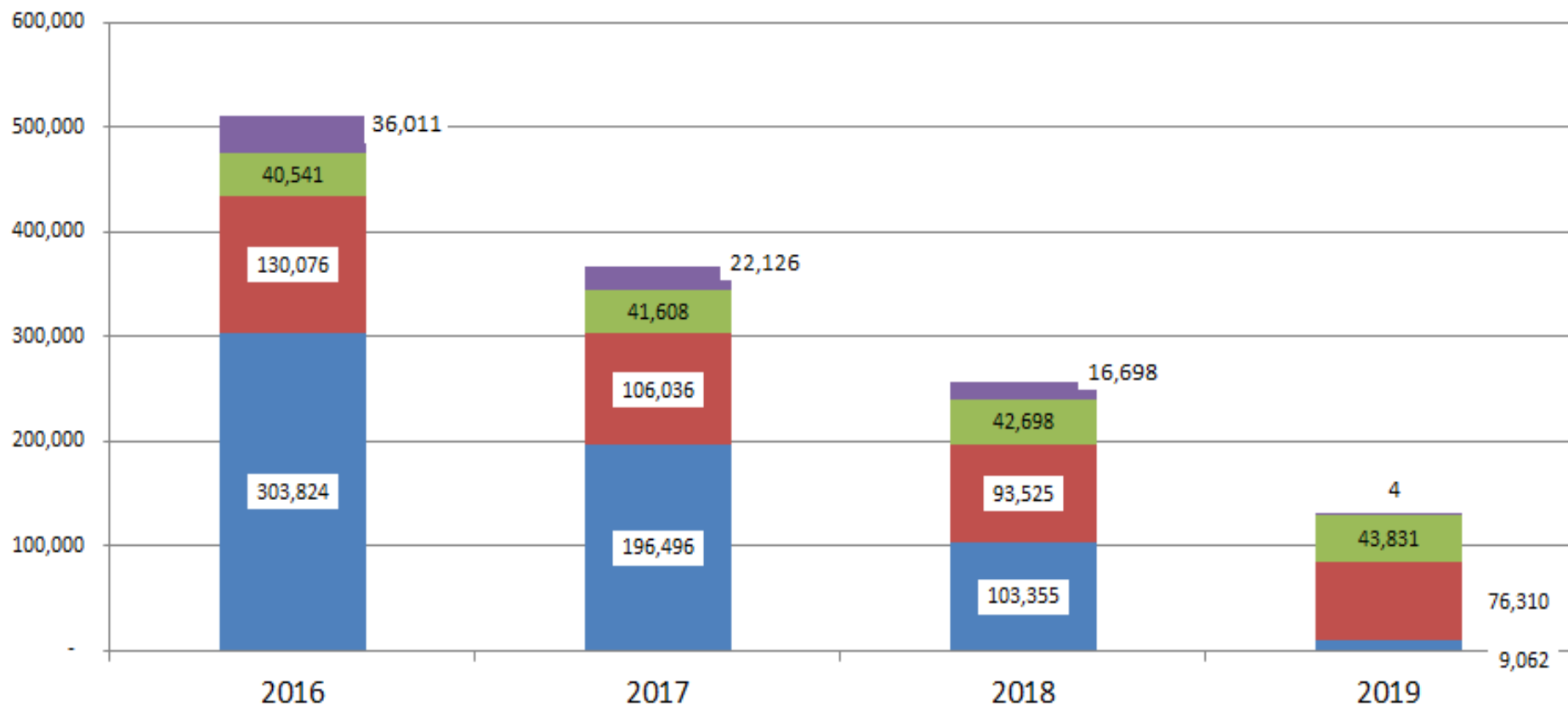
17 January 2017, Geneva



World Health
Organization

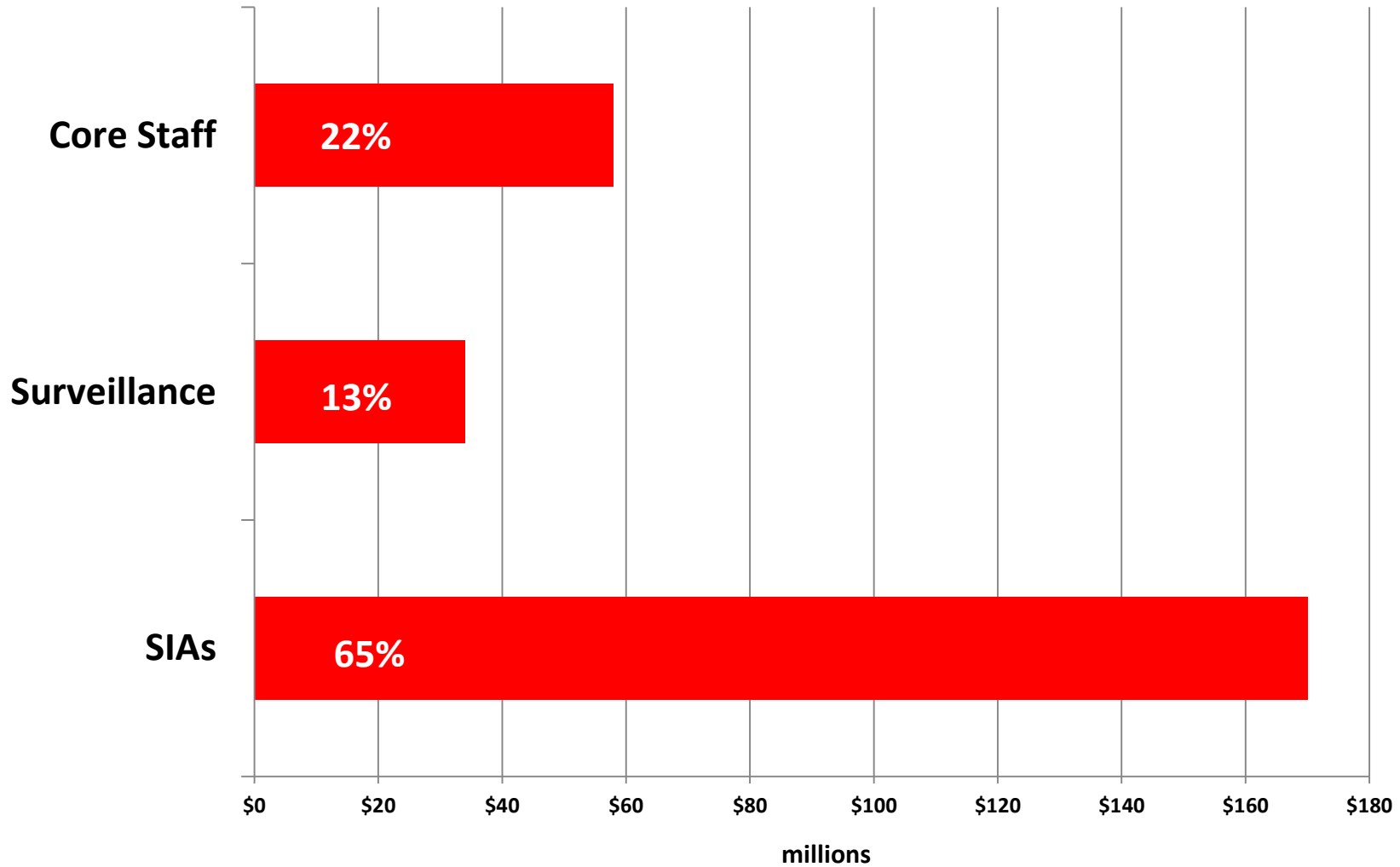
Financial & Staffing Impact of the GPEI Ramp-Down

AFR Financial Resource Budget Ceilings: 2016 – 2019 ('000)



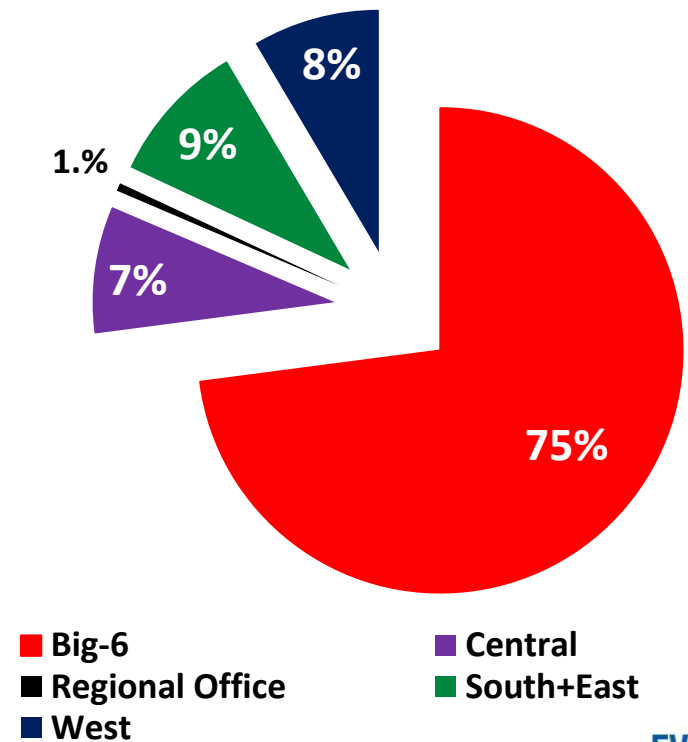
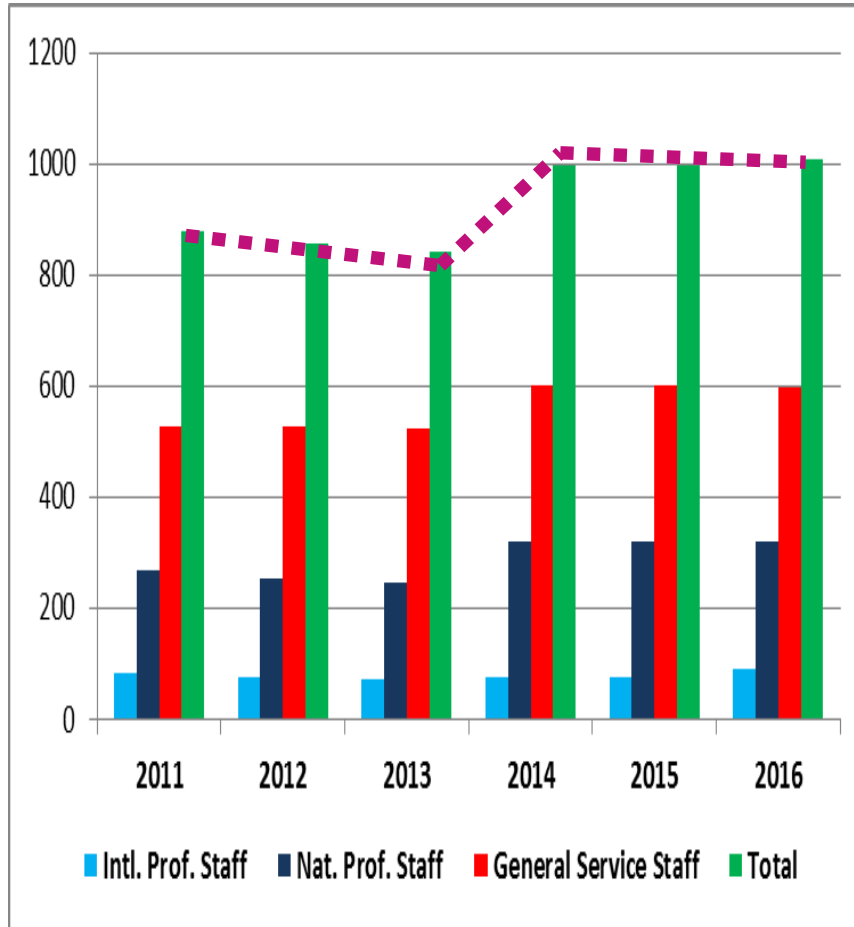
■ Immu (SIAs)
 ■ Technical Assistance
 ■ Surveillance
 ■ Others

Average Polio Funds: Cost Categories

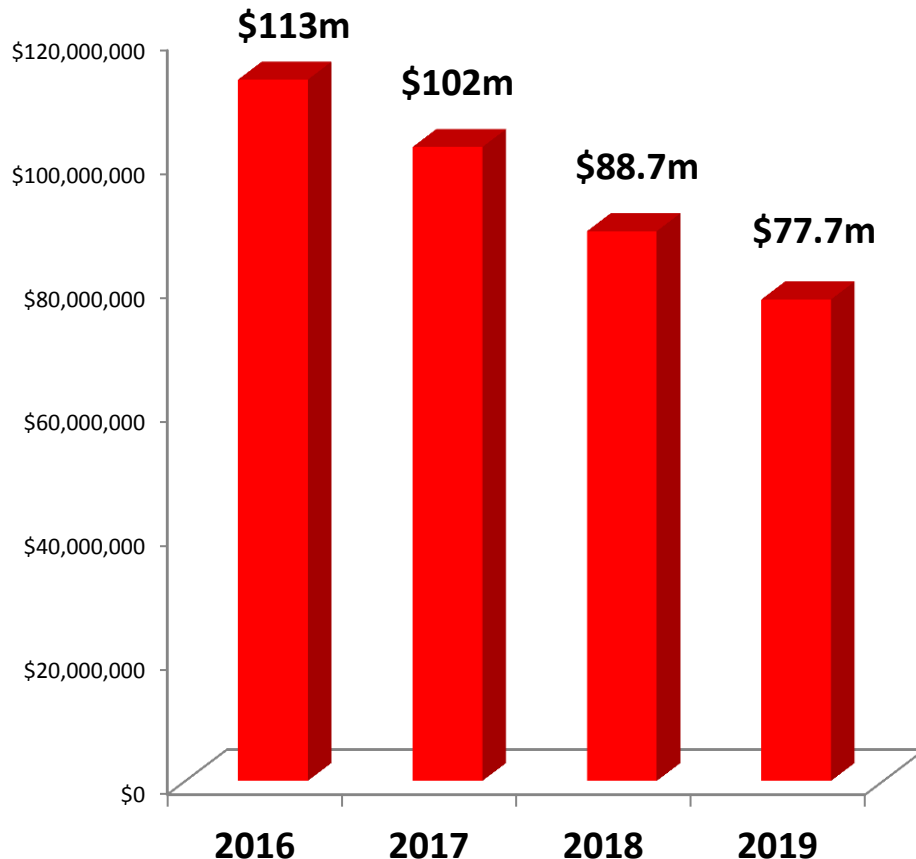


Polio-funded “core” staff numbers

staff location



Country Ramp-Down Statistics



Wave 1* (2017): 118 termination letters dispatched by end-Feb 2017 (*Lake Chad Basin countries exempt*).

Wave 2 (2018): Termination letters dispatched by end Q2-2017.

Wave 3 (2019): Termination letters dispatched by end-March 2018.

Wave 4 (2020 & beyond): What are core polio functions that remain in post-eradication era?

*Angola, DR Congo, Ethiopia, Burkina Faso, Congo, Cote d'Ivoire, Eritrea, Kenya, Liberia, Madagascar, Mali, Mozambique, Rwanda, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia

Regional Polio Transition Planning Activities

WHO/AFR Polio Transition Planning Working Group: Membership

Chair: Deputy Programme Manager (DPM)

Vice Chair: Regional Human Resources Manager (HRM)

2 Members from:

- Communicable Diseases (CDS) Cluster
- Family & Reproductive Health (FRH) Cluster
- General Management & Coordination (GMC) Cluster
- Health Systems & Services (HSS) Cluster
- Non-Communicable Diseases (NCD) Cluster
- World Health Emergencies (WHE) Cluster
- Office of the Regional Director (RDO)



Group meets monthly – during travel ban period.

Polio Transition Planning: Key Activities

- Ministerial Conference on Immunization in the African Continent (MCIA), Feb.2016 – **Polio Transition Session with all 54 Member States.**
- Side meetings held during WHO Regional Committee in 2015 & 2016 with **polio priority countries.**
- **WHO Heads of Country Offices oriented** on Transition Planning at RPM/Nov. 2015 & RPM/May 2016.
- Linking polio transition planning with **FRH & WHE Cluster.**
- **On-going support to plan GPEI ramp-down** in priority countries.
- **Hiring Regional Polio Transition Planning Officer** solely dedicated to transition planning (Dec. 2016).



WHO Business Case for Immunization – African Continent – Key Deliverables

- **Comprehensive assessment/inventory** of current WHO immunization/polio infrastructure/assets.
- ***A detailed business case*** and corresponding ***advocacy document for fundraising purposes*** to ensure sufficient commitment of resources for WHO to continue to support Member States on the African continent fully achieve all 10 of the ADI commitments as GPEI ramps-down and closes.



Challenges & Next Steps

Challenges for Transition Planning

- The ongoing polio outbreak in Borno State
- Polio post certification strategy will not be finalized until Q4-2017
- Delay in finalization of transition plans results in non-alignment with GPEI ramp-down schedule
- The need to objectively quantify the impact of the GPEI ramp-down on immunization activities & VPD surveillance
- The need to objectively quantify the impact of the GPEI ramp-down on HSS – particularly in relation to GHSA and WHE.



Next Steps: RITAG Recommendation (Dec. 2016)

- A detailed programmatic risk analysis to be conducted on impact of the GPEI ramp-down on immunization, disease surveillance and emergency outbreak response.
- RITAG recommendation to be incorporated into a broader study that is being considered by WHO Global Polio Transition Steering Committee.
- Once evidence is generated, communicate to key development and humanitarian partners to ensure crucial elements of the GPEI-funded infrastructure that service other programmes are maintained in the post-eradication era.





Questions?