

Polio Transition Planning

SEARO UPDATE

WHO Information Session for Member States

17 January 2017, Geneva



World Health
Organization

Context

- GPEI funded polio networks established in SEAR over the past nearly two decades to achieve polio eradication
- Five Member States in SEAR have GPEI funded polio networks - Bangladesh, India, Indonesia, Myanmar and Nepal
- Region has been polio-free for more than 6 years (since Jan 2011)
- Polio networks providing increasing support to other priority public health programs decided jointly with national governments
 - Measles elimination and rubella control by 2020 (regional flagship program)
 - surveillance of other vaccine preventable diseases and introduction of new vaccines
 - immunization coverage improvements by health system strengthening
 - supporting emergencies (ex: earthquake in Nepal, Ebola support to Africa)
 - Elimination of neglected tropical diseases and leprosy, where relevant
- Ramp-down and ultimate cessation of GPEI funding

GPEI funded human resource analysis - SEAR

- 1270 polio funded staff and non-staff positions in the Region
 - Only 4% of staff positions (i.e. 39 positions) funded by GPEI globally are in SEAR
- Of the 1270 GPEI funded positions in SEAR
 - 1046 positions (82%) are in India
 - Of the 1046 positions in India, only 6 are staff positions, remaining are all non-staff (SSA contracts)
 - Break-up of remaining GPEI funded positions in SEAR
 - 95 in Bangladesh, 62 in Nepal, 52 in Myanmar, 7 in Indonesia & 8 in Regional office

Implications of ramp down of GPEI funding

- Insufficient funding to support existing networks at existing scale, 2017 onwards
- No funding after 2019 to support networks with GPEI funding
- Alternative funding sources must be identified to support network, even to maintain operations at reduced scale
- Terminal indemnity risks in SEAR relatively small since most GPEI funded human resources are non-staff
- Programmatic risks to polio eradication, if appropriate actions are not taken to mainstream essential polio functions into national public health program
- Programmatic risks to other public health initiatives being supported by polio workforce

Polio transition planning in SEAR – broad principles

- Clear articulation and re-alignment of programmatic needs and priorities in consultation with national governments and partners with the underlying principles:
 - Polio eradication activities will have to be sustained until global certification and even beyond
 - Supporting national eradication/elimination targets (Measles elimination, NTD elimination, others)
- Increased engagement and ownership of national governments in the transition process
- Increased funding support from national governments and identification of additional donors to fill future funding gaps

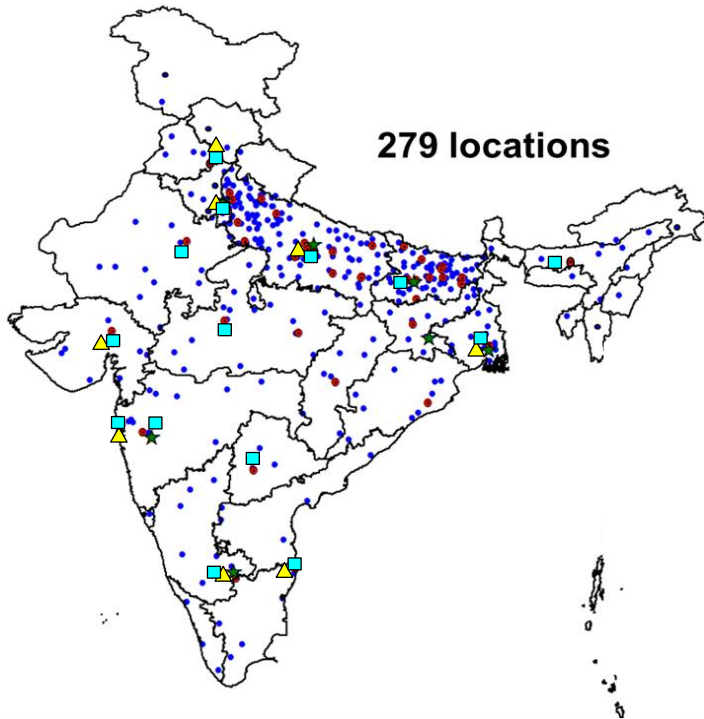
Polio transition planning in SEAR

- Four priority Member States – Bangladesh, India, Indonesia and Nepal – have initiated a systematic transition plan development
- Planning in Myanmar to begin in qtr 2, 2017
- National governments, donors and key stakeholders being sensitized to current situation and risks
- While non-GPEI resources are partially funding polio workforce in some countries, these resources have to be ramped-up
- Deliverables/ milestones identified for the transition plan development in each country
- Progress against these milestones being closely tracked

Transition planning in India – progress so far (1)

- Has largest GPEI funded polio workforce in SEAR
- Is leading the process of transition planning in SEAR
- Strategic framework & road map for transition planning developed
- National government fully sensitized to the need, risks and opportunities associated with polio transition planning
- Coordination and oversight group established – led by national government
- Mapping of polio funded assets completed

Mapping of assets (HR & infrastructure) completed



- GPEI funded technical, admin., support staff & field monitors identified by location
- GPEI supported polio laboratories
- Offices fully/partially funded using GPEI funds
- Office equipment & other assets
- Vehicles
- Others

Transition planning in India – progress so far (2)

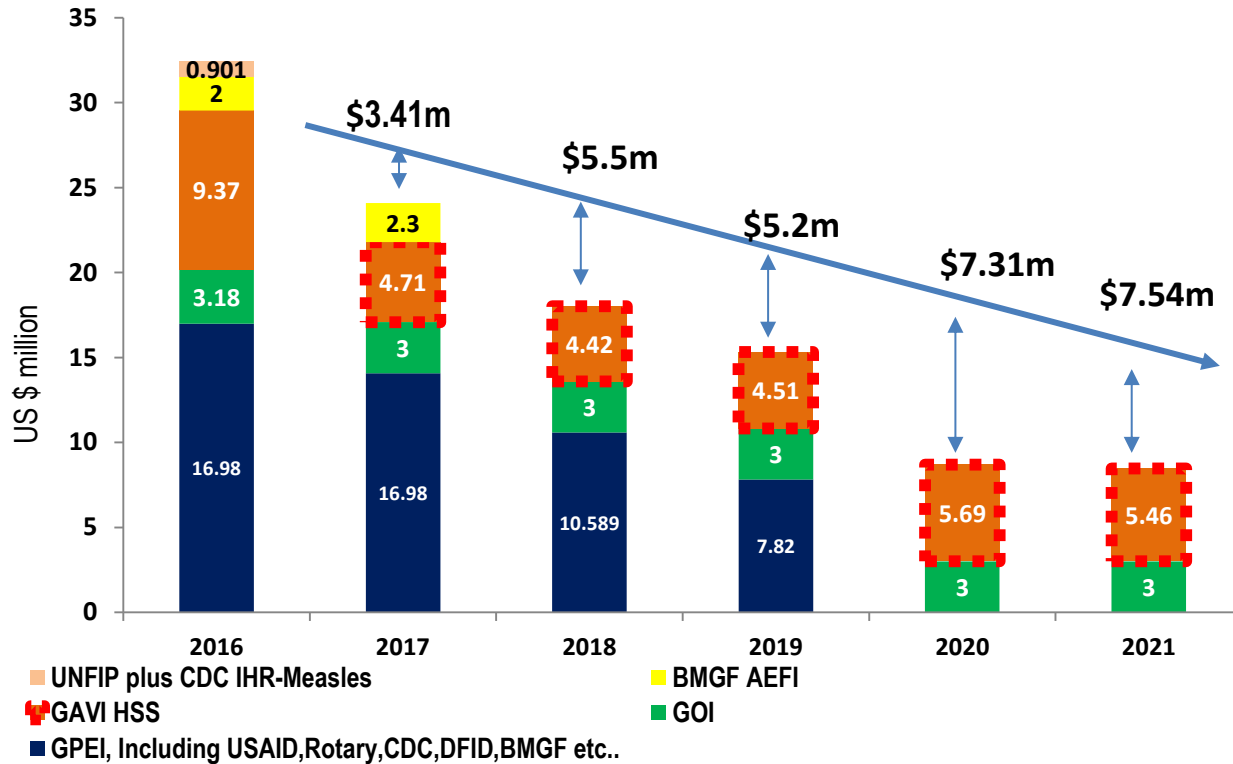
- Priority public health needs for potential support by polio workforce - identified jointly by government and WHO

Public health needs	Area identified by
Polio	Gol, WHO
Routine immunization, introducing and scaling up new vaccines & health system strengthening	Gol, States
Urban health	Gol
Measles elimination & rubella control	Gol, WHO
VPD surveillance	Gol
NTD: Kala Azar, Lymphatic Filariasis, etc.	Gol, Affected states
Leprosy	Gol, Affected states
RMNCH+A	Gol
Malaria	Gol, Affected states
IDSP	Gol/NCDC
Dengue, Chikungunya, Zika	Gol?
Emergency/Disaster preparedness	State government

Transition planning in India – progress so far (3)

- Linking of identified priorities to transition strategies currently underway
- Assessment of human resources requirement to support identified public health priorities completed
 - Gradual scaling down of human resources – 86% reduction in HR by 2021
- Reduced funding requirements over years to match reduced operations
 - Reduction of polio operations from annual US\$ 30 million to US\$ 20 million by 2019
- Clarity on funding gaps/additional requirements for each year

Transition planning in India – progress so far (4)

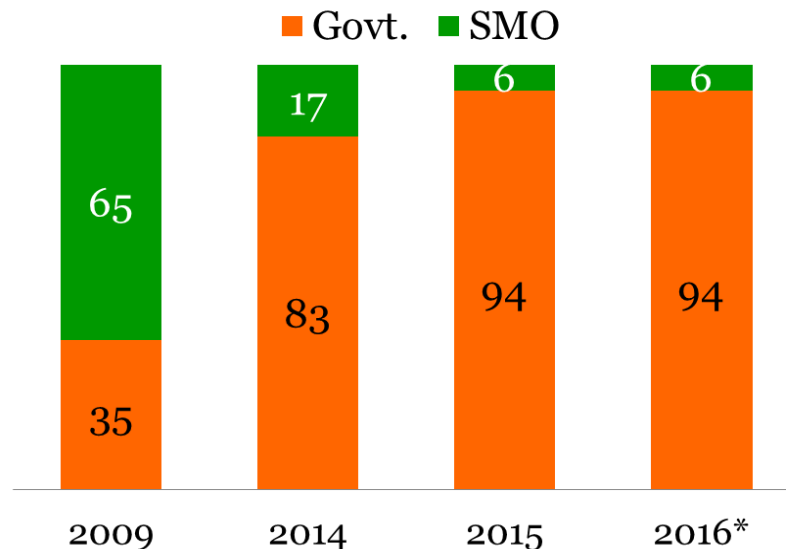


- Negotiations with national government and other donors for alternative sources of funding ongoing

Transition planning in India – way forward

- Finalization of negotiations with government and donors
 - Agreement on priorities for support by polio workforce
 - Commitment for assured funding to meet requirements
- Assessment of progress in 2018 to review risks & mid-course corrections; and in 2020 for forward planning
- Continued focus on building government capacity

Percent AFP case investigation by Medical Officers



Progress in remaining SEAR countries

- Bangladesh:
 - Draft strategic plan developed, negotiations ongoing with national government and other stakeholders to build consensus on transition activities and commitments for funding support
 - Finalization of plan likely by mid-2017
- Nepal and Indonesia:
 - Preliminary work initiated; consultant arriving in Jan 2017 to support development of strategic framework
 - Finalization of plan likely by mid-2017
- Myanmar:
 - Risks are limited – majority of non-staff seconded from government; will return to government after completion of term
 - Transition planning work to begin in qtr 2, 2017
 - Finalization of plan likely by qtr 3, 2017

Transition planning in SEAR: Challenges

- National governments supportive of polio funded workforce, but stronger leadership and engagement of government required to support transition planning by:
 - mainstreaming essential polio functions into national public health program
 - linking national public health priorities (non-polio) to transition planning process
 - additional funding commitment to support polio-funded assets
 - management of assets, going forward
- Generation of adequate financial resources from *new donors*, including from governmental sources, to support work in priority non-polio areas - formalization of commitments

Summary

- Urgent need for transition planning in countries with GPEI funded assets
- Transition planning progressing well in SEAR – India on track to finalize plan very soon; other countries making progress as well
- Non-polio priorities being identified and linked to transition process
- Additional funding sources being tapped into – short and long term commitments being negotiated
- Greater involvement and ownership of the national governments will be critical to ensure successful transitioning

Thank You