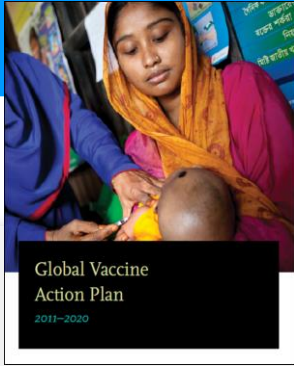




UNICEF's Polio Transition Planning Opportunities For Immunization Strengthening

**Global Polio Partners Group
Workshop on Transition Planning and Implementation
31 March 2017**

UNICEF major areas of work in support of GVAP



Goals

1. Achieve a world free of poliomyelitis
2. Meet global and regional elimination targets
3. Meet vaccination coverage targets in every region, country and community
4. Develop and introduce new and improved vaccines and technologies
5. Exceed the Millennium Development Goal 4 target for reducing child mortality

Areas of work for UNICEF in immunization

Polio eradication and MNT elimination

Coverage with equity – tactics for reaching marginalized communities

Accelerated disease control (Measles, Rubella, Meningitis, YF)

Communication for immunization

Immunization supply chain management

Immunization system strengthening and finance

Procurement and supply management

Data for immunization (e.g. equity metrics, JRF, WUENIC, home based records,...)

And other Divisions (e.g. Communication, Partnerships, Emergencies,...)

Supply Division

Program Division

Other Divisions

Immunization Roadmap – Key Shifts

- Building additional capacity in:
 - Leading the demand and community engagement agenda
 - Using equity lens in programming and tracking (e.g., urban)
 - Immunization financing & sustainability (within UHC)
- Use immunization as an entry point for broader health systems strengthening & UHC, particularly in:
 - Supply chain management
 - Vaccine procurement & market shaping
 - Demand and community engagement
 - Equity focused programming
- Building capacity to support adolescent & maternal immunization (Using HPV as an entry point)
- Adopting a clearer capacity building approach at country level (e.g., Mentoring)

UNICEF IMMUNIZATION ROADMAP 2017-2030: VISUAL SUMMARY

Vision A world where no child dies from a preventable cause and all children reach their full potential in health and well being

Impact All children and women benefit fully from their right to immunization, prioritizing those most disadvantaged

Approaches **Advocate** for the realization of the **rights** to full immunization for all children and hold stakeholders accountable
Strengthen health and community systems with the focus on disadvantaged communities
 Position immunization as the driver for **multi-sectoral interventions that improve child equity** within countries

Contexts FRAGILE STATES EMERGENCIES LOW CAPACITY MEDIUM CAPACITY HIGH CAPACITY

Global and national policies are based on evidence, addressing the immunization needs of the most disadvantaged children and women

National systems are positioned to provide immunization services and quality vaccines

Communities value and demand their right to immunization services

1. Evidence-based policies developed to promote effective and efficient immunization outcomes

2. Systems developed and implemented to timely track the status of equity in immunization across and with in countries

3. Sustainable financing for immunization programs is achieved

4. Countries have access to uninterrupted, sustainable, affordable supply of quality vaccines and immunization related supplies in the context of long-term healthy markets

5. Efficient supply chain systems are in place for all children and women to receive potent vaccines

6. Children, adolescents and women access and use immunization services

7. Frontline workers (FLW) enabled to link immunization services with community demand.

8. Interventions to promote and sustain public demand for quality immunization services are designed and implemented.

Population Platforms

CHILDREN

ADOLESCENTS

MATERNAL

The Case For Polio-Immunization Synergy

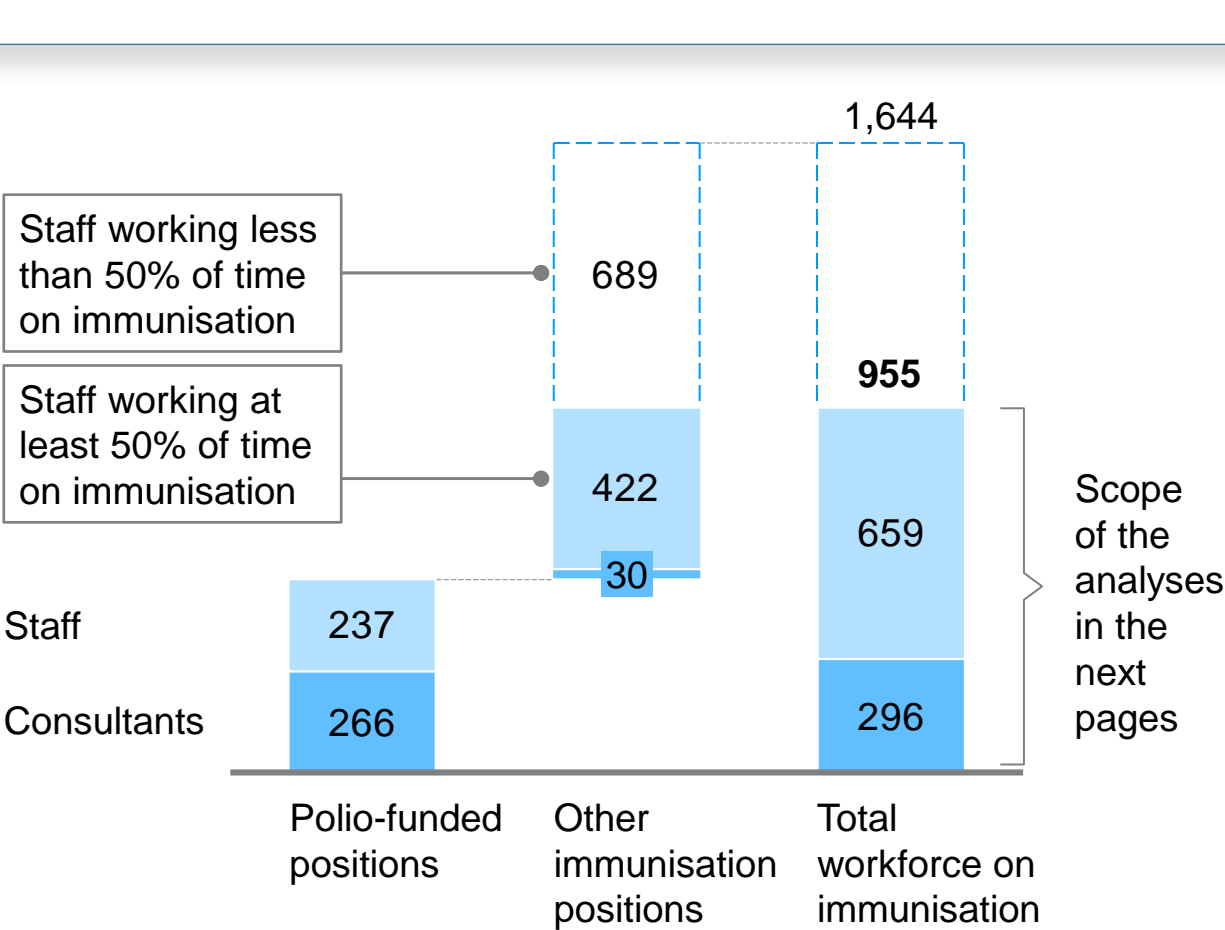
- To complete the job of interrupting polio virus circulation
- To sustain the gains of polio eradication through ensuring high population immunity
- To join forces in addressing high risk areas – a priority for both polio and broader immunization
- To build on the polio experience and the assets for immunization systems strengthening

Potential For Polio-Immunization Collaboration

UNICEF Polio Immunization Transition Focused on Functional Transition

- Demand & community engagement
 - Normative frameworks
 - Planning, budgeting and implementation
 - Evidence generation
 - Strategies for new target populations (e.g., adolescents, WCBA, 2YL)
- Human resource mapping and planning
- Emergency/outbreak response:
 - Joint work in outbreak responses
 - Using modified outbreak investigations to inform system investments to prevent future outbreaks)

UNICEF's workforce in immunisation is 955 positions, of which 237 are Polio-funded staff and 266 are consultants working on Polio



- Total immunisation workforce of 955 positions, of which
 - 31% are nonstaff (consultants)
 - 25% are Polio-funded staff
 - 44% are staff¹ working on immunisation other than polio
- Country and regional offices identified 1,111 non-polio immunisation staff, of which 422 are working mostly (≥50% of time) on immunisation activities²

1 Includes only staff indicated or estimated to spend at least 50% of time on non-polio immunisation
 2 Of which 25 have been estimated (offices for which responses are still outstanding; calculated applying average from offices that have responded)
 SOURCE: UNICEF HR system; UNICEF country office and regional offices data collection; UNICEF Immunisation and Polio HQ team

Potential For Polio-Immunization Collaboration II

- Systems strengthening in Polio priority countries
 - Are we missing opportunities? Links with the urban strategy? Co delivery of antigens along with OPV
 - When is the right time?
- Equity related work
 - Equity metrics
 - Equity approaches
 - Systems to support equity in immunization
- Resource mobilization
 - Are we competing for the same resources?
- Country support (e.g., Polio priority countries)
- Tracking progress
 - Tracking progress
 - Tracking finances