Opportunities to find leverage for polio transition integration with other global health initiatives

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Polio and other health initiatives

There is a **risk** to other health goals when GPEI funding stops, as the polio infrastructure is already helping to support **results** of other health programmes.

There is an **opportunity** for current GPEI staff, assets and knowledge to further contribute to **achieving** other health goals.

Stronger health programs (i.e. stronger RI, strengthened surveillance) will become increasingly important to **maintaining a polio-free world**.
Overall Context

• Sustainable plans must be **country driven and designed**
• Navigate within an orbit of **competing/complementary global health commitments, principles and agreements**
• National goals toward Universal Health Care
  • Equity in access to health services
  • Quality of health services
  • Protection against financial-risk
• Sustainable Development Goals (health targets)
• International Health Regulations (global security)
• Transition planning is trying to broker a **bottom-up and top-down process**
<table>
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<tr>
<th>Global Initiative/Program</th>
<th>Is there interaction with GPEI today?</th>
<th>Programme components that align with GPEI functions or skills</th>
<th>Potential for future synergies</th>
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<td>Measles &amp; Rubella Initiative</td>
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<td>Microplanning and service delivery, community mobilisation, surveillance/lab, campaigns, outbreak response, political engagement</td>
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<tr>
<td>Every Woman Every Child - MNCH</td>
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<td>Community engagement, emergency preparedness, surveillance and response, water and sanitation, immunization, political engagement</td>
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<td>Immunization - GAVI</td>
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<td>Global Health Security - WHE/IHR</td>
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<td>Surveillance, data mngt, emergency and outbreak response, campaigns</td>
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<td>Scaling Up Nutrition (SUN)</td>
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<td>Social mobilization, community linkages, community based surveillance, advocacy</td>
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Polio Transition and Measles & Rubella Initiative

- 88% of estimated measles deaths occur in the 16 priority countries
- Most of the world’s rubella and CRS cases (100,000)
- Polio field staff spend nearly 1/3 of their time working on RI & MR.
- Similar functions for improving SIA quality and surveillance
  - Improve micro-planning, training, supervision of HCW
  - Vaccine management and cold chain, waste management system & injection-safety standards
  - AEFI surveillance
- Estimated $77 million (70%) of annual needs for VPD/MR surveillance are coming from polio
- Over 2500 polio-funded staff are supporting VPD/MR surveillance

16 countries with largest polio assets
Capacity challenges for absorption of functions: Example in AFR

- **AFP Surveillance:**
  - USD 33 and 43 million / year for surveillance activities and lab operations at country level in 2015 and 2016 respectively.
  - USD 0.4 – 0.6 million / year for the purchase of lab reagents and test kits.
  - Facing a significant decline in partner funding for measles surveillance/lab during the past 2 years.

- **Measles Surveillance:**
  - USD 0.5 – 0.6 million / year for surveillance and lab operations in 2015 and 2016 respectively.
  - USD 0.4 – 0.6 million / year for the purchase of lab reagents and test kits.

- **GPEI funding:**
  - 355 Polio surveillance officers/epidemiologists (WHO staff and SSA contract holders; not counting the surge-capacity staff).
  - 7 Measles-specific staff (CDC).

- **No specified funding provided by YF and MNTE programs for surveillance:**

- **3 at Regional-IST level and only 4 at country level**
Every Woman Every Child – MNCH

• Launched in 2010 and led by the UN Secretary-General
• To galvanize national and international action by governments, the UN, multilaterals, private sector and civil society to keep women's, children's and adolescents' health and wellbeing at the heart of development.
• To improve health and nutrition outcomes of women, children, adolescents
• **Global Financing Facility** in Support of Every Woman Every Child Launches Replenishment to Save Lives of up to 38 Million Women, Children and Adolescents by 2030 (Sept 2017)
  — BMGF announced pledge of $200 million

Routine Immunization supported through GAVI

- **11 of 16 GPEI countries are GAVI priority countries** (Tiers 1 and 2)
- Current examples of interaction
  - **India** – HSIS funds for bridge funding to transition WHO National Polio Surveillance Project (NPSP) and UNICEF SocMobNET
  - **Ethiopia and DRC** – short-term, ad hoc support for WHO SMOs
  - **South Sudan** – HSIS funds to support piloting Boma Health Initiative in Jubek (former Juba)
  - **Bangladesh** – Negotiations to transition SMOs to MoH (negotiating HSS3)
Global Health Security- WHE/IHR

- GPEI infrastructure and field staff on the ground collaborating with the infrastructure and staff available for the broader humanitarian emergency response.

- As one of WHO’s only operational programs, polio capacity at country level provides critical support for emergencies and outbreaks
  - **EBOLA**- In *Nigeria*, reliance on polio staff and Emergency Operations Centre to lead and coordinate the Ebola response. In *Sierra Leone*, the only staff in the WHO country office with surveillance and microplanning experience were polio-funded.
  - **PLAGUE**- The entire polio team in *Madagascar* is currently working on the plague outbreak (surveillance, microplanning, social mobilization etc). Polio has been asked to continue funding them, given their critical contributions.

- WHO/WHE trying to identify potential polio candidates for upcoming WHE vacancies in all 16 polio transition countries
Where do we go from here?

• Countries need to assess, **for themselves**, the value of the polio assets, and how essential these resources are to their programmes

• Many of these assets have the potential to contribute to maintaining polio-eradication (e.g., routine immunization)

• If they want to maintain all/some of these functions, countries will need to identify funding outside GPEI
  
  – **Domestic investments**
  
  – **Innovative financing mechanisms** – e.g., Global Financing Facility, IDA loans
  
  – **Traditional GPEI donors**
  
  – **Non-GPEI donors** – e.g., private sector
DISCUSSION

• As an independent body, should TIMB help stimulate interactions with these initiatives?
• Can the TIMB catalyse outreach to and collaboration with these other global initiatives, and still be viewed as a ‘neutral broker’?
Thank you