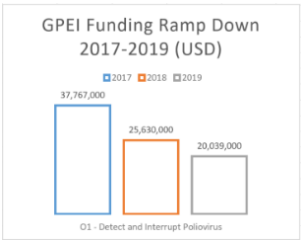
India Summary Sheet

As the world comes closer to achieving eradication, GPEI will wind down its operations, requiring GPEI-funded countries to proactively plan for a transition away from GPEI resources. This document on India intends to provide an overview of the status of planning for this transition of assets and infrastructure by the country. More information about polio transition planning is available on the GPEI web site.



Background:

India, once described as the most challenging place in the world to end polio, has been polio-free since 2011. The country was certified polio-free along with the rest of the WHO Southeast Asia region (SEAR) in 2014.

In 2019, India will receive $US 20,039,000 from GPEI, 47% less than the country received in 2017. India with an annual birth cohort of 27 million children has the largest polio eradication programme unparalleled in scale and scope. Tremendous amount of assets have been built over the years to interrupt polio transmission. The polio programme over the years has not only built national assets but also built systems to sustain the immunisation by strengthening routine immunisation, measles elimination, and VPD surveillance. The Indian government requires continued support for maintaining essential polio functions to sustain the gains of the program, as well as support for other health priorities outside of polio that have been sustained through the polio infrastructure

General Information

Demographics

Total Population: **1,342,480,790**
Birth Cohort: **25,732,835**
Surviving Infant: **24,843,532**
Infant Mortality Rate (per 1000 live births): **38**
Child Mortality Rate (per 1000 live births): **48**

Financials

GDP, 2017 (USD): **$2,088,841,000**
GDP per capita, 2015: **$1,593.3**
Total Health Expenditures (THE) as % of GDP, 2014: **4.7**
External Resources on Health as % of THE, 2014: **1**
Government Expenditure on Health per capita, 2012: **61.4**

Human Resources

MOH:
WHO: **1080**
UNICEF: **21**
Core Group:
Rotary:

Polio Funders to-date

Government of India, GAVI, BMGF, WHO, UNICEF, GPEI

GPEI Funding: Detect and Interrupt Poliovirus	2017	2018	2019
Campaigns- SIAs	**$11,567,000**	**$2,460,000**	**$492,000**
Core functions & infrastructure (mainly Technical Assistance)	**$18,755,000**	**$15,472,000**	**$11,587,000**
Surveillance & running costs (excluding Lab)	**$7,445,000**	**$7,698,000**	**$7,960,000**
Grand Total	**$37,767,000**	**$25,630,000**	**$20,039,000**

Health Priorities

India is in its 12th Five-Year Social Sector Plan, 2012-2017. Select priorities of the plan include (have excluded policy-level priorities such as regulation of medical professionals, drug regulation and health finance reform, amongst others).

For a listing of priorities, please click on 'Health Priorities' above.

Transition Planning

Country Planning Dashboard: India

Primary	Communication initiated	Coordination body established	Mapping of assets	Mapping of priorities	Transition plan drafted and costed	Transition plan finalized and funding agreed	Trans
India - UNICEF	Complete	Complete	Complete	Complete	Complete	In process	
India - WHO	Complete	Complete	Complete	Complete	Complete	In process	

Milestones_IND

Milestone	Update
Awareness raising	The Ministry of Health and Family Welfare (MoHFW) and other state officials are aware of the Transition Planning process
Coordination	MoHFW for the Government of India (GoI) formally established a Polio Legacy Transition Planning Core Group for WHO-NPSP (National Polio Surveillance Project) in February 2016
Evidence	Asset mapping (HR and physical assets) completed in April 2016. For the asset map, click on the adjacent 'Evidence' link. Lessons learned from the polio program are also fully documented.
Strategic Options	In April 2016, both the strategic transition plan and workforce strategy were developed. This included documentation of strategies for implementation, along with detailed plans for HR, communication and advocacy, and funding.
Vision for the future	Infrastructure in India's immunization programme, built through the GPEI, will be maintained and leveraged by the GoI to address immunization priorities as well as other public health needs such as the elimination of neglected tropical diseases.
Transition Plan	A draft transition plan is available and undergoing review.

Transition Strategy

India's overall strategy for the transition of polio-essential functions, is to build government capacity through 2021 while WHO and UNICEF gradually scale down operations to eventually transfer the functions to government.

The following is a summary of how polio essential functions will be maintained during this period:
• Containment – polio laboratory costs were handed over to the government of India in 2014
• Immunization – goal of 90% full immunization by 2020
• Surveillance – investigation of AFP cases is being transferred to the government with quality assurance from WHO SMOs

WHO activities between 2018 to 2021 will be ramped down and completely phased out by 2026 with an overall budget of $96M. The country government will finance these activities starting from current 10% ($ 3/30m) to at least 40-50% ($ 8-10/20m) by 2019. UNICEF activities in 2018 are estimated to cost $12.2M for which the government will fund progressively until March 2018, then states to take over activities and funding. All the activities in the India transition plans align with the national health goal of 90% full immunization by 2020.

Risks

- Sensitive AFP surveillance, and quality of polio SIAs
- Maintaining quality of core polio functions: EPRP: VDPV, Importation, IPV – risk of impairment
- Maintaining support to RI strengthening to reach FIC of 90% compromised
- Capacity building, micro planning, community mobilization affected
- Weak monitoring and supervision
- Support to Measles elimination and Rubella Control impaired
- NUVI (PCV, Rota, MR, JE) quality and coverage, likely to be impacted
- VPD surveillance roll out, risk of impairment
- Other NTDs targeted for elimination, challenged
- Legal litigation, reputational risks and public agitation
- Anxiety and demotivation of staff due to transition

Challenges

- Increasing attrition of HR, especially SMOs, SMNet Coordinators
- Capacity of govt at state & district levels to take over functions performed by NPSP ensuring maintenance of quality
- In a few states critical vacancies of government Medical Officers - making transition difficult
- Maintaining quality of core polio functions
- Pressure to respond to unfunded public health priorities
- Mobilizing sustained core funding in the face of declining GPEI support beyond 2018
- Significant funding gaps beyond 2018/2019 – leading to uncertainty regarding future
- Meetings costs of transition process: consultants, communications, admin support, legal implications, ex gratia payments, outsourcing costs

Next steps

- State Project Implementation Plans (PIP) for National Health Mission (NHM) to finance incrementally up to a maximum of: 1) Field monitors: $ 4 m/year; and 2) External monitors: $ 1.3 m/ year
- MoHFW to facilitate a cross-departmental dialogue with urban health, NTD, malaria and IDSP.
- MoHFW approved 2017-2018 co-funding of SMNet through NHM funding: Uttar Pradesh (UP), Bihar, and West Bengal (WB) states

References

For references, please click here