Transition Planning Roundtable:
Perspectives from Non-Polio Global Health Actors

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Global Polio Partners Group
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“On average, 25% to 50% of staff funded through the GPEI spend time on non-polio activities such as routine immunization, disease surveillance, laboratory testing, and responding to public health emergencies; some countries’ health systems have been heavily dependent on polio funding for decades”

Report of Transition Independent Monitoring Board, July 2017
Synergies with other international efforts (1):

• Draft WHO Thirteenth General Program of Work (2019-2023):
  o Universal Health Coverage:
    ▪ Essential health services (including full child immunization, health-seeking behavior for child illness, and health security: compliance with the International Health Regulations)
  o Health priorities:
    ▪ Reduce rate of under five child deaths by 30%
    ▪ Eradicate polio: zero cases of poliomyelitis caused by wild poliovirus or circulating vaccine derived poliovirus
  o Health emergencies
Synergies with other international efforts (2):

• WHO Health Emergencies Program:
  o Strengthen national capacity to address health emergencies, including countries facing transition and health emergencies
  o Opportunity for integration with humanitarian sector
  o Ability to access hard-to-reach, border, migrant, refugee populations

• International Health Regulations:
  o Commitment by 196 States-Parties to prevent, protect against, control, and provide a public health response to international spread of disease
  o Wild polio virus reconfirmed to be a Public Health Emergency of International Concern in Nov 2016
  o In 2014, less than 1/3 of reporting countries (64) noted full achievement of IHR capacities
Synergies with other international efforts (3):

• Global Health Security Agenda:
  o 7 of 11 action package/technical areas directly relevant to polio infrastructure
  o 9 of 16 GHSA members are polio transition priority countries

• Related health initiatives include:
  o Immunization (routine immunization, measles and rubella, other vaccines)
  o Infectious diseases (HIV, TB, malaria, etc)
  o Child health
  o Water, sanitation and hygiene
  o Health data/surveillance
  o Human resources for health
Example: polio contributions to global health security

| Prevent | • Immunization | • In 16 focus countries, polio staff often largest source of immunization support  
|         |               | • Following 2016 discovery of WPV in Nigeria, Lake Chad region immunized 116 million children across 13 countries in days |
| Detect  | • Surveillance (laboratory, environmental, community) | • Unprecedented capacity to detect VPDs and other emerging pathogens  
|         |               | • Global Polio Laboratory Network in 92 countries |
| Respond | • Outbreak response  
|         | • Emergency Operations Centers | • Malaria response in Nigeria (2017)  
|         |               | • Plague response in Madagascar (2017)  
|         |               | • Earthquake response in Nepal (2015)  
|         |               | • Ebola response in Nigeria (2014)  
|         |               | • Flood response in Pakistan (2010) |
Considerations for discussion:

• To ensure a polio-free world, how can we help situate the Post-Certification Strategy within broader public health regulations, frameworks and programs?

• How can we generate more documentation, analysis and action around practical implications, opportunities and challenges of polio transition at country-level?

• Should we promote a coordinated approach to relevant country assessments (polio transition planning, Joint External Evaluations (JEEs), WHE assessments, etc.)?

• How can we better engage other global health initiatives regarding the potential impact of GPEI winddown on their planning, budgeting and programming efforts?
  - Global Vaccine Action Plan, Gavi, WHO Regional Committee meetings, GHSA Ministerial meetings, JEE Alliance meetings, regional laboratory networks, etc.

• What is the best way to engage donors and national governments to address gaps identified by countries through transition planning?

• How can we maximize the contributions and insights of NGO/CSO partners working in relevant areas (advocacy and programmatic)?

• What is the role of the private sector and public-private partnerships in polio transition?