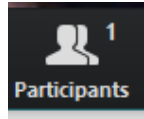
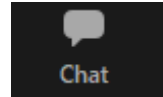


Welcome to the Polio Transition Information Session

As you join the meeting

- Please ensure you are muted unless speaking to avoid background noise
- So that we know who is who, please make sure your name follows the **‘FIRST NAME LAST NAME, COUNTRY’ naming convention.**
 - To change your name click on the “Participants” button at the top of the Zoom window. 
 - Next, hover your mouse over your name in the “Participants” list on the right side of the Zoom window. Click on “Rename”.
 - Enter your “FIRST NAME LAST NAME, COUNTRY” (i.e. Jane Cheng, Australia) and click on “OK”.

During the meeting

- Use the chat feature to ask questions and communicate with your fellow participants 
- Use the raise your hand button, if you’d like to ask a question
 - Click on the icon labelled “Participants” at the bottom centre of your screen
 - At the bottom of the window on the right side of the screen, click the button labelled “Raise hand”
 - If you want to lower your hand, lower it by clicking on the same button, now labelled “Lower hand”



Member State Information Session: Polio Transition

5th May 2021

Global Overview

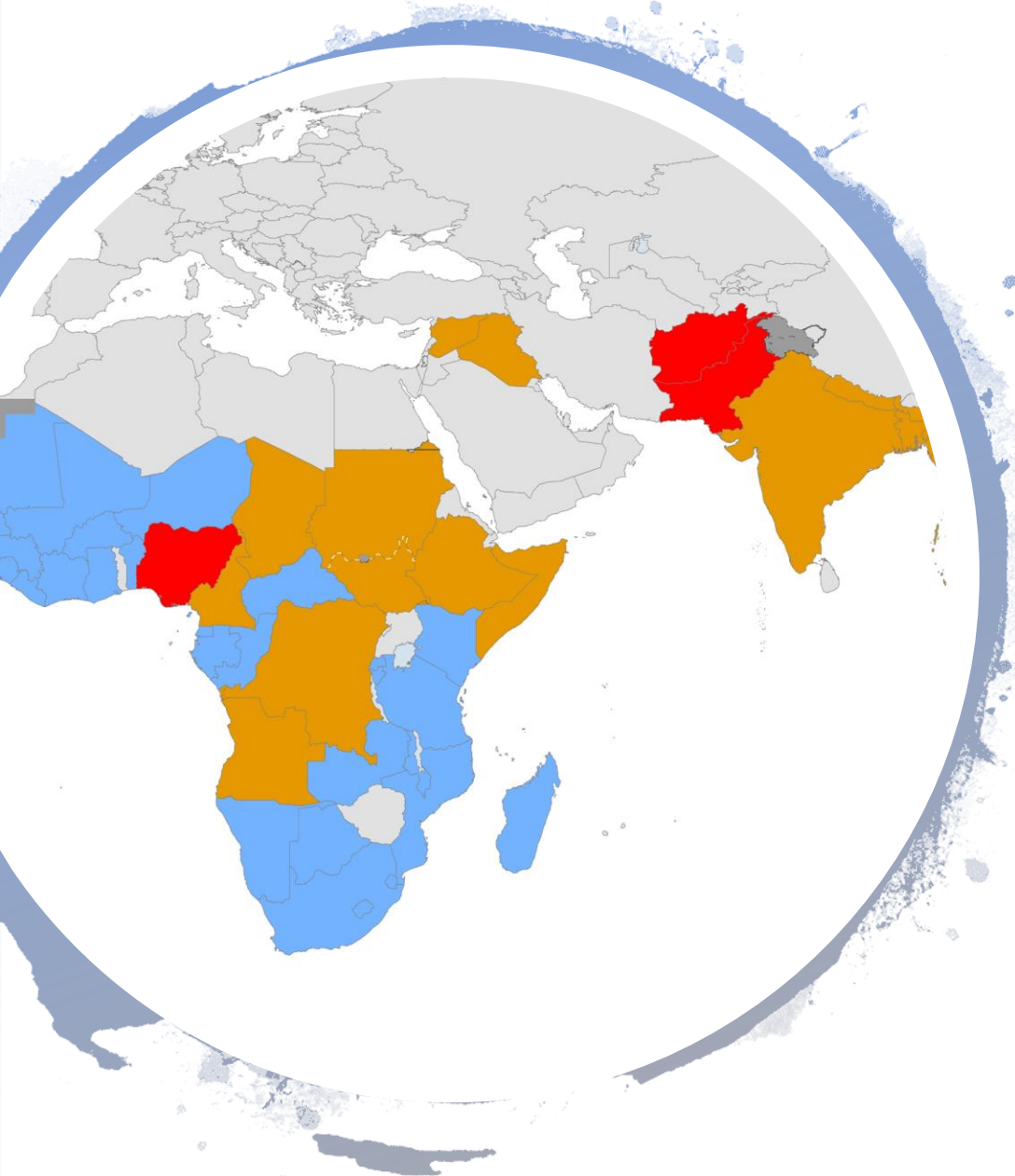
Ebru Ekeman, Polio Transition Team Lead a.i. (DDGO/PTP)

Strategic Action Plan sets the global framework for polio transition

Key Objectives of the Strategic Action Plan on Polio Transition (2018–2023):

1. To **sustain a polio-free world**;
2. To **strengthen immunization systems**, including surveillance for vaccine-preventable diseases;
3. To **strengthen emergency preparedness, detection and response capacity**.

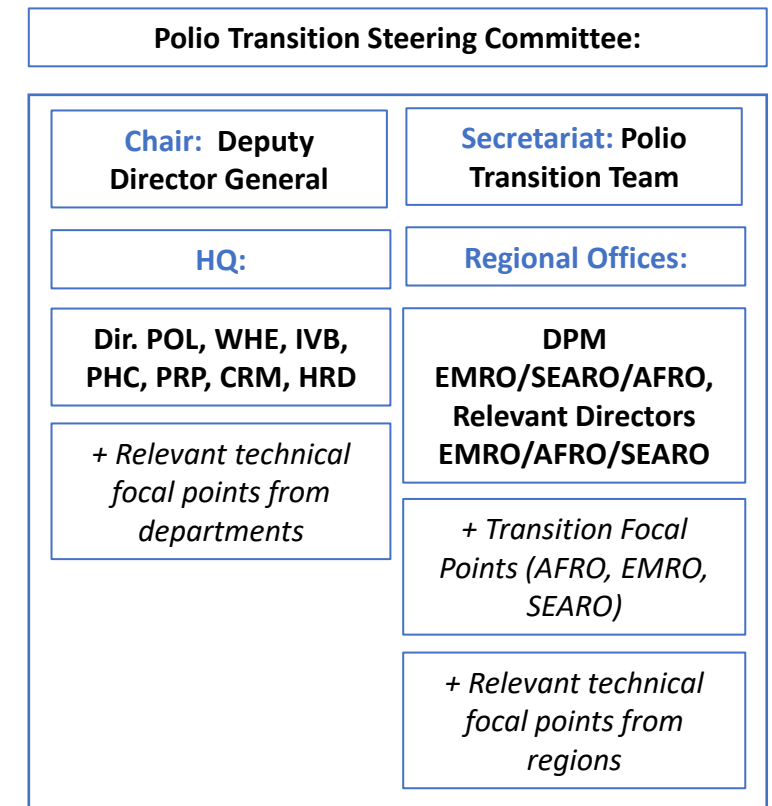
Polio transition is necessary to sustain core technical & operational capacities in countries



- As the world reaches closer to eradication, polio programme resources are declining.
- Over the last three decades, GPEI has set up an infrastructure that provides much broader support:
 - Immunization
 - Disease surveillance
 - Outbreak preparedness
 - Outbreak / emergency response
- Majority of this infrastructure is in **20 countries in AFR, EMR, SEAR.**
- **Major risk for WHO's technical and operational capacity.**
- Approx 18% WHO budget, 10% of total staff funded by polio (24% in AFR, 11% in EMR, 6% AFR).
- We need to plan carefully to ensure that **knowledge, expertise and functions** currently managed through the polio programme are sustained.

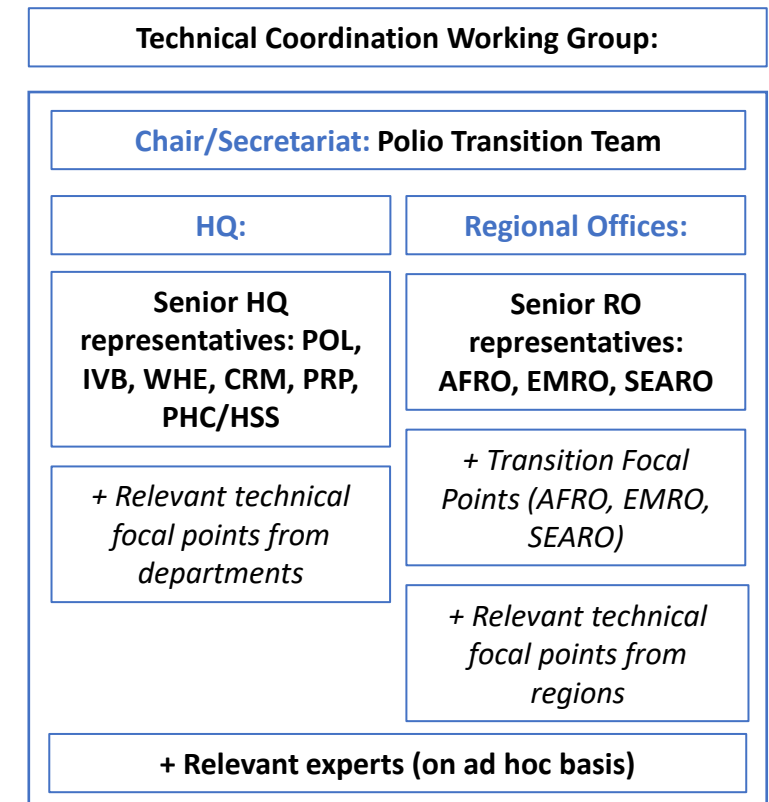
Polio transition is a corporate priority

- The Polio Transition Steering Committee meets **quarterly** to provide **strategic oversight and guidance**.
- It is overseen by the DDG and includes **directors from relevant programmatic and cross-cutting areas**.
- Similar structures exist in the three regions, overseen by the **Regional Directors**.
- Since COVID-19, **joint meetings** have been held between HQ/ROs for better alignment and coordination.
- Recent key decisions of the Steering Committee:
 - Establishment of Integrated Public Health Teams
 - Mainstreaming of essential functions into WHO base budget (PB 2022/23 planning)
 - Response to TIMB recommendations
 - Corporate Resource Mobilization



Polio transition is aligned with programmatic priorities

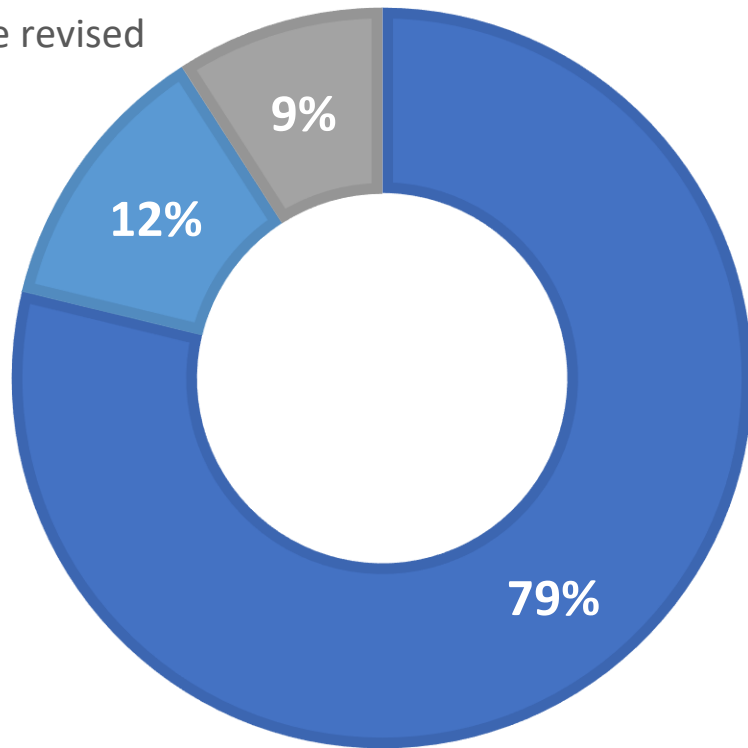
- The Technical Coordination Working Group unites HQ and Regional Offices to ensure **programmatic and technical alignment** and act as a platform for **joint decision making and information sharing**.
- Meets every **two weeks** to manage day-to-day operations, bringing together HQ/RO representatives from **programmatic and key cross-cutting areas**.
- Regional Offices have a similar structure with Country Offices.
- Recent key agenda items of the Working Group:
 - Country implementation
 - Planning issues (PB 2022/23, SPRP)
 - Technical and programmatic priorities (e.g. integrated surveillance, IA2030)
 - Strategic communications, advocacy, resource mobilization



Coordinated action and accountability

POLIO TRANSITION - JOINT CORPORATE WORKPLAN 2020-2021

- Activities completed
- Progressing / On Track
- Timeline revised



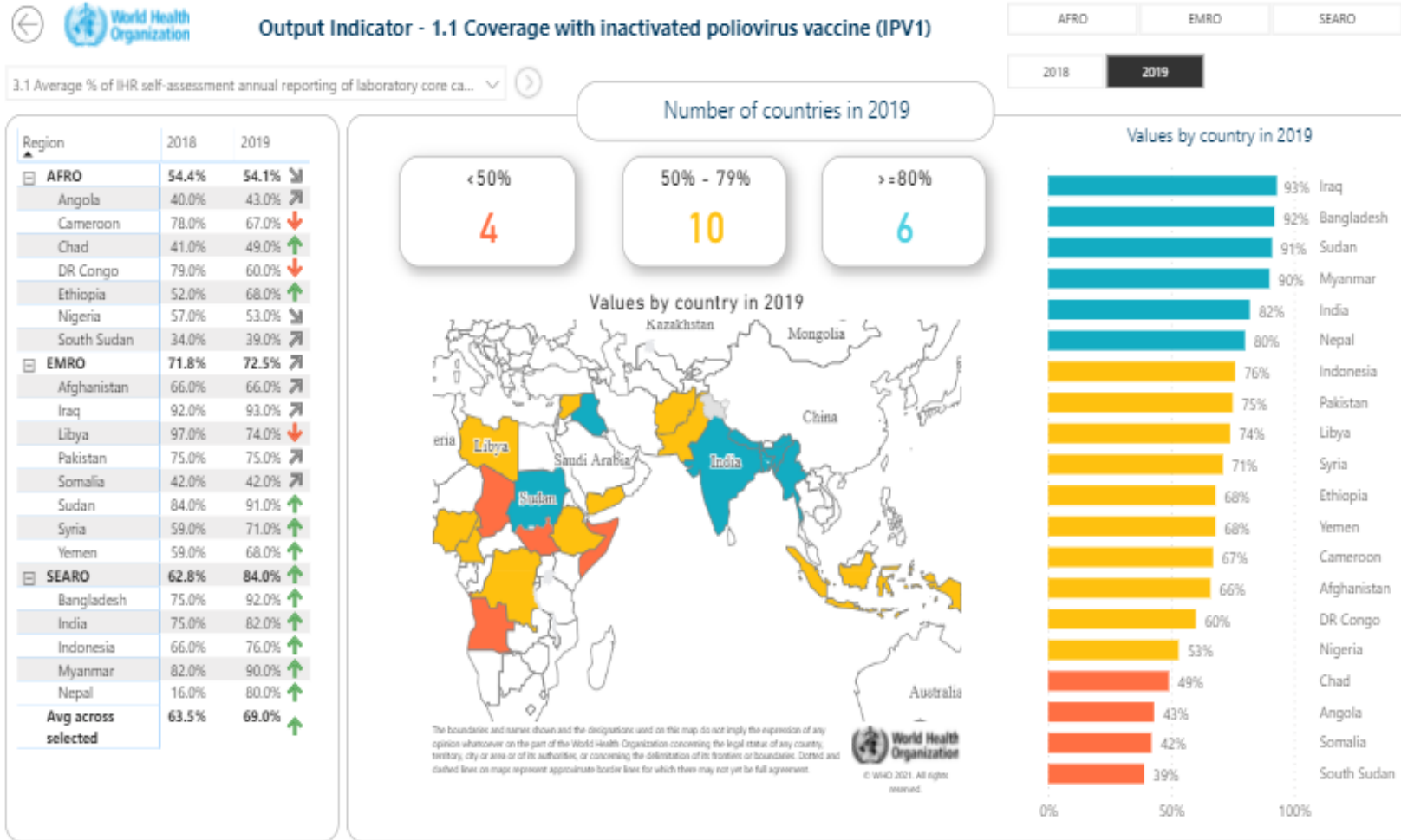
- HQ and ROs have a joint annual workplan, defining roles and responsibilities of each stakeholder.
- Deliverables are aligned with the three objectives of the Strategic Action Plan.
- Activities are tracked on a regular basis.
- 91% of activities have been either completed or are on track (as of 1 May 2021).

- PB 2022/23 planning
- M&E Dashboard
- Consensus to rollout IPHTs
- Technical areas (e.g. IA2030, VPD surveillance strategy, GPHG)
- COVID-19 assessment
- Oversight by HQ/RO SCs
- EB/WHA reporting

- RM/high level advocacy
- Standing agenda item on Regional Bodies

- Country support missions
- Implementation plans in AFR & EMR
- Strategic Communications Framework

Regular monitoring and evaluation



The result chain outlined in the Strategic Action Plan is monitored through a set of output and process indicators.

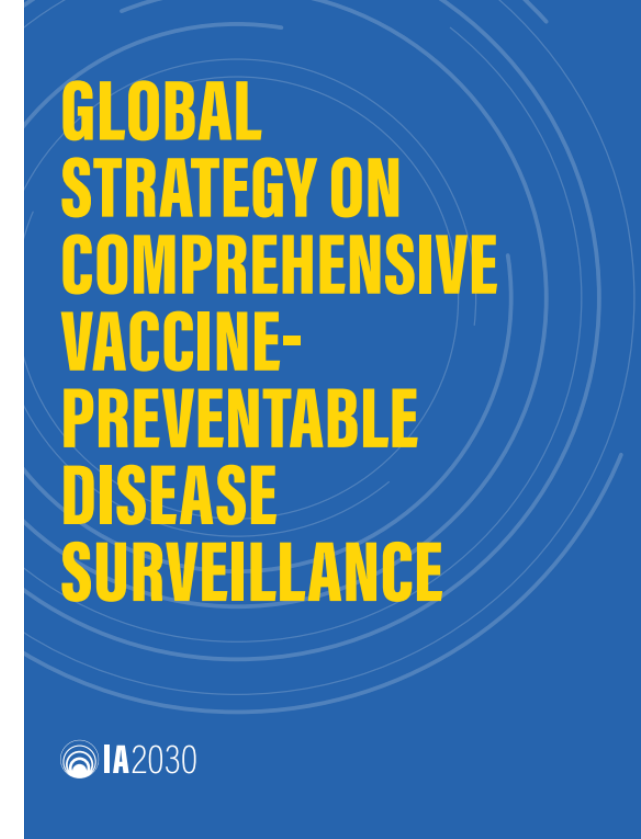
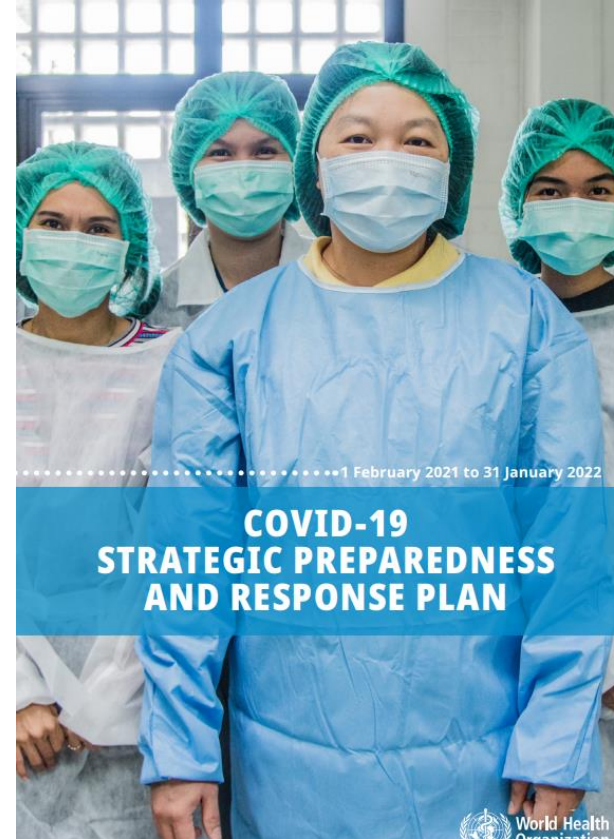
- An online dashboard ensures a transparent and regular way for stakeholders to:
 - Monitor progress towards the three goals of polio transition;
 - Monitor the quality of the polio immunization, surveillance and outbreak response activities during the transition period; and
 - Identify areas for improvement during the transition period to take corrective actions.

The dashboard is accessible through Polio Transition website: <https://www.who.int/teams/polio-transition-programme/polio-transition-dashboard>

Regions are at different stages in eradicating polio, impacting their progress in transition



- Persistence of poliovirus transmission (WPV, cVDPV) slows down progress.
- Regional context has an impact on progress:
- **SEAR** – certified free of WPV in 2014, surveillance and immunization functions have long been integrated.
- **AFR** – certified free of WPV in Aug. 2020. Wide scale cVDPV and other VPD outbreaks hamper progress.
- **EMR** – polio-endemic (AFG, PAK). Hosts 9% of world population, but 43% of those in need of humanitarian assistance. Long term support needed from development partners.
- A revisit is necessary to adjust to COVID-19 context.
- Lessons-learned from existing plans show the need to be realistic in implementation timelines (e.g. India).



Polio transition aligns with strategic and programmatic plans

- Immunization Agenda 2030
- Comprehensive VPD Surveillance Strategy
- Investment Case for VPD Surveillance in the African Region
- Interim Programme of Work for Polio / Essential Immunization (iPOW)
- Outbreak management / Leveraging COVID-19 to accelerate integration
- GPEI Strategy 2021-26

We are developing tools and guidance to support countries

- A set of **costing, planning and budgeting guidance and tool** for surveillance of vaccine preventable diseases (VPDs) is under development in consultation with regional and country offices.
- The tool aims to respond to country needs and to fill an important gap: it will facilitate polio transition countries to **plan and budget the financial resources required** (from domestic and external sources) to **sustain and strengthen VPD surveillance**.
- The project is one of the **WHO Global Public Health Goods** approved for 2020-21.
- Carried out under the umbrella of the **Universal Health Coverage (UHC) Partnership** to build country capacity.



Polio eradication assets play a crucial role in tackling **multiple health emergencies**, including COVID-19. We must sustain these capabilities to advance **national and global health security**.

Contributions of the polio network to COVID-19 response: turning the challenge into an opportunity for polio transition



CONTRIBUTIONS OF THE POLIO NETWORK TO COVID-19 RESPONSE

Turning the challenge into an opportunity for polio transition



COVID-19 shows value of polio infrastructure to support resilient health systems

Report outlines the vital role that the polio eradication network plays in global health security and argues that this infrastructure must be sustained.

24 March 2021

Related

As COVID-19 reached Somalia, Mohamed readied himself to respond. For years, he had been building strong relationships with local health officers and communities to deliver polio vaccines

Contributions of the polio network to the COVID-19 response: turning the challenge into an opportunity for polio transition



Communicating effectively and strategically

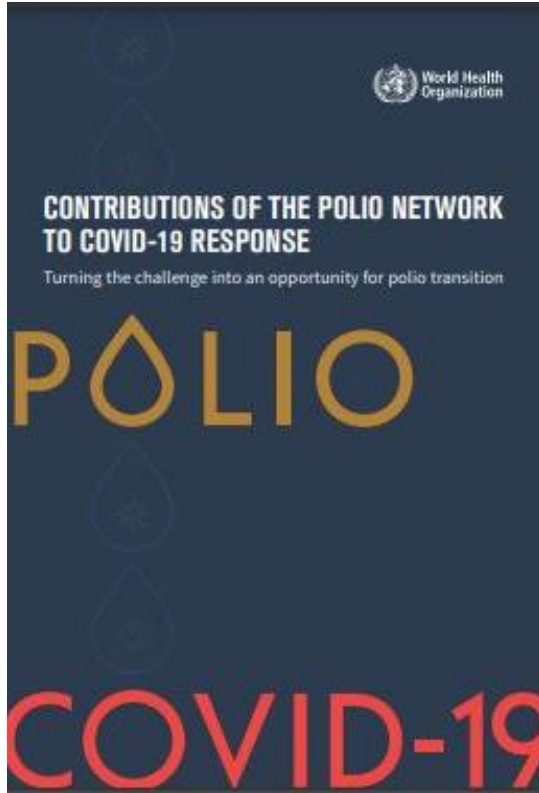
- Unlike eradication, transition is a concept not well understood – need to move from “process” to “outcomes”.
- Conscious effort to bring **polio eradication and transition narratives together**.
- Strategic communications framework supports technical programmes, regions and countries to:
 - Communicate the **value of sustaining the polio network to strengthen health systems**.
 - **Needs, risks and opportunities** associated with polio transition.
- Mainstreaming of transition narrative into **existing channels / messaging**.



COVID-19 has impacted activities & implementation timelines

- The pandemic has resulted in **delays to country activities**, including planning and advocacy missions to review country implementation.
- Country programmes remain **over-stretched** (COVID-19 response / vaccine roll-out, resumption of immunization activities and essential health services).
- **Domestic and international funding landscape** has become more challenging.

COVID-19 underlines the value of the polio network



Highly-skilled, adaptable essential public health workforce that can be quickly mobilized – **backbone of emergency response** in many countries.

COVID-19 has accelerated **cross-programmatic integration and efficiencies**, which we are now building upon (integrated public health teams).

This infrastructure can also help to **build back better: outbreak preparedness, immunization recovery, resilient health systems**.

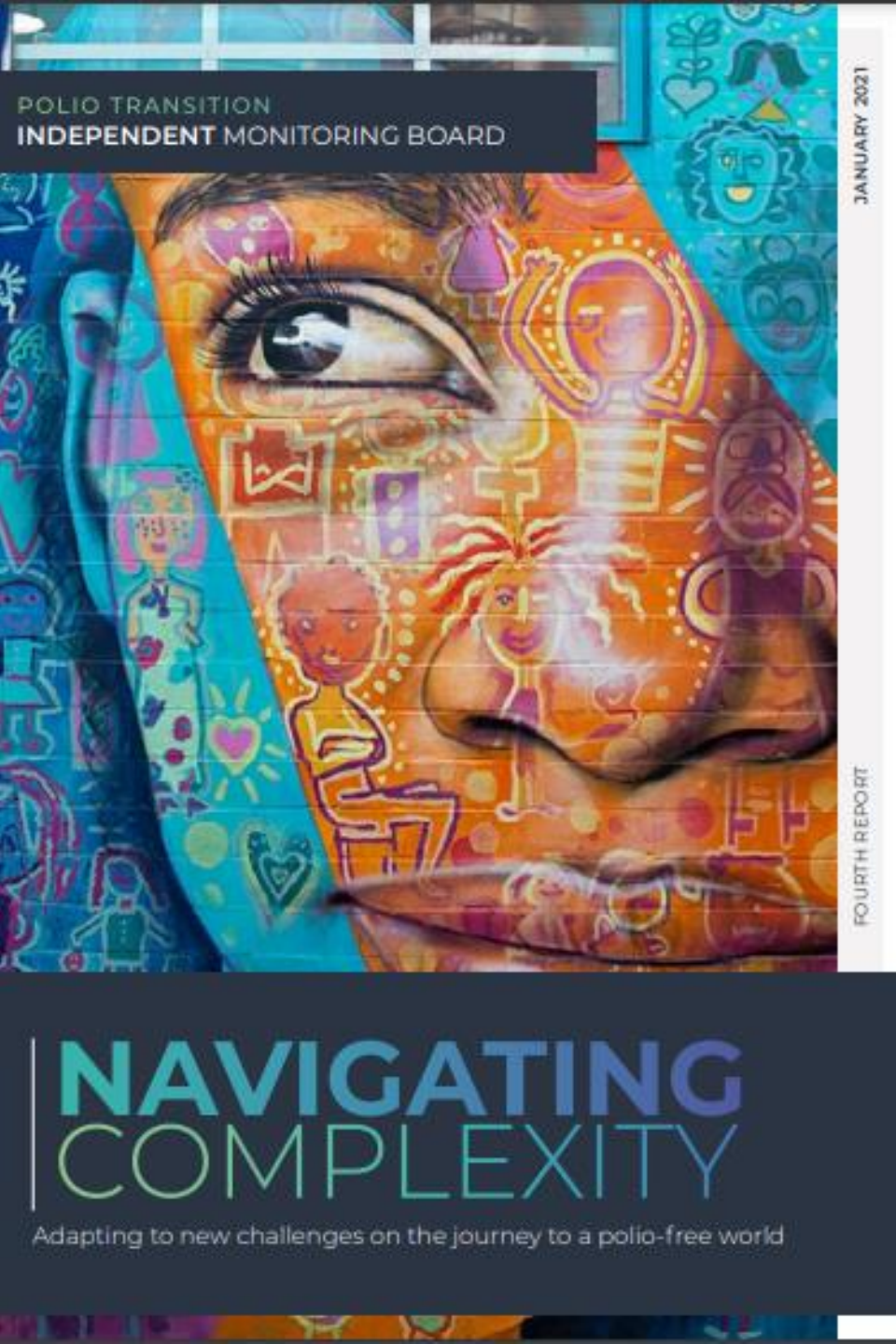
WHO has comprehensively documented the contributions of the polio network to the **COVID-19 response**. Over **4000 polio personnel in 51 countries** have contributed between **45% and 70% of their time** to pandemic response. WHO Report: <https://apps.who.int/iris/bitstream/handle/10665/336261/9789240011533-eng.pdf>

WHO is now documenting **vaccine-roll out / essential health service recovery phase** in detail. Early examples:

- **support to guideline development for vaccine roll-out,**
- **strengthening mechanisms to report / respond to adverse events,**
- **facilitating real-time reporting / data management.**

We are acting on the recommendations of the 4th TIMB report

- Polio Transition Steering Committee discussed the report in detail. **Formal response to each recommendation** sent to the TIMB Chair.
- Recommendations divided into **high priority actions**; and **actions that require further exploration/or are longer term priorities**.
- Work has begun on high priority actions, including **policy decision to shift functions**, a review of **national transition plans for the COVID-19 context** and planning for IPHTs.
- Implementation will be monitored through a detailed workplan, with assigned responsibilities and realistic timelines.
- Success requires **collective ownership** - three levels of WHO, Member States, partners.



Programme Budget 2022/23

Imre Hollo, Director PRP

Polio transition results in an increase in the WHO base budget

- Polio eradication and transition were planned under the same output in PB 2020/21.

Objectives for PB2022/23:

- Clear **delineation** of the polio eradication budget and budget for integrated public health functions (i.e. “polio transition”).
- Cost base budget requirements for the integrated public health functions, i.e. update estimates of the WHO Strategic Action Plan on Polio Transition.
- Mainstream “polio transition” output of PB20-21 into relevant technical outputs in PB22-23.

Detailed reviews conducted with six regional offices around the following principles:

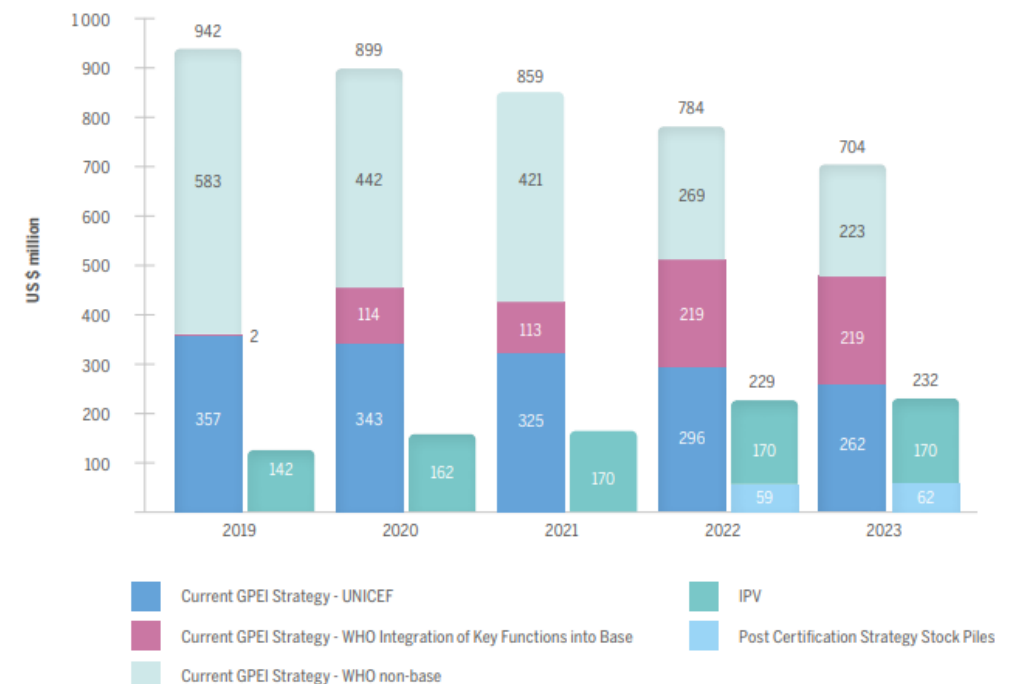
- Done in an **integrated** manner, with the **full participation** of all programmes concerned in HQ, ROs and WCOs,
- With a view to support a full range of functions to **strengthen primary health care** and **integrated delivery**.

From the GPEI 2019-2023 strategy:

2020-21: 863M non-Base + 227M Base = TOTAL 1 092M

2022-23: 492M non-Base + 438M Base = TOTAL 930M

GPEI POLIO ENDGAME STRATEGY 2019-2023 APPROVED BUDGET (IN US\$ MILLION)



Base segment - Polio Transition, US\$ million

- Total cost for transitioned functions is **US\$ 322.1 million**.
- This represents a **26% decrease** compared to the Strategic Action Plan estimates (mostly due to AFG/PAK remaining under the polio eradication segment).
- Most of the budget has been costed under **outcomes 1.1 and 2.3**.

Major Office	Strategic Action	22-23 WHA draft	
	Plan on Polio Transition (2018-2023)	PB for Polio transition (US\$ M)	Change
AF Africa	159.9	159.9	0%
AM Americas	0.9	1.0	8%
SE South East Asia	73.1	73.1	0%
EM Eastern Mediterranean	123.3	52.1	-58%
EU Europe	2.5	2.5	0%
WP Western Pacific	2.1	3.1	51%
HQ Headquarters	75.7	30.4	-60%
Grand Total	437.5	322.1	-26%

Major Office	01.001	2.002	02.003	Grand Total
AF Africa	119.9	-	40.0	159.9
AM Americas	1.0	-	-	1.0
SE South East Asia	73.1	-	-	73.1
EM Eastern Mediterranean	35.6	4.3	12.2	52.1
EU Europe	1.5	-	0.9	2.5
WP Western Pacific	2.4	-	0.7	3.1
HQ Headquarters	19.0	-	11.4	30.4
Grand Total	252.6	4.3	65.2	322.1
	78.4%	1.3%	20.2%	

PB22/23 Budget: Polio Eradication

- Within the overall WHO budget, polio eradication currently accounts for **US \$558.3 million** (a 35% reduction).
- This figure will change following the finalization of the new GPEI strategy.
- Changes will be reflected during operational planning (after the upcoming WHA), and during the update for the May 2022 WHA.

Budget segment	2020-2021	2022-2023	2022-2023	Change
	Approved PB (US\$ M)	EB draft PB (US\$ M)	WHA draft PB (US\$ M)	
Base programmes	3,768.7	4,477.5	4,364.0	16%
Polio eradication	863.0	444.7	558.3	-35%
Special programmes	208.7	208.7	199.3	-4%
Emergency operations and appeals	1,000.0	1,000.0	1,000.0	0%
Grand Total	5,840.4	6,130.9	6,121.7	5%

Regional Updates

AFRO/EMRO/SEARO

Update on polio transition in the African Region

Dr Joseph Cabore, Director of Programme Management, AFRO

Dr Pascal Mkanda, Coordinator, Polio Eradication Programme, AFRO

The vision for polio transition in the African Region



**AFRICA
KICKS OUT
WILD POLIO**

- AFRO was **certified** free of wild poliovirus in **August 2020**
- The region is committed to capitalize on these gains and sustain polio assets
- Polio transition is a good investment to deliver outcomes towards the **GPW13 triple billion goals**:
 - ✓ **Pillar 1 / UHC** – *Increase immunization coverage and reach rural communities towards UHC*
 - ✓ **Pillar 2 / Health Security** – *Prepare for and respond to health emergencies*
 - ✓ **Pillar 3 / Health Promotion** – *Deliver health messaging and broader services*
- The performance of polio teams provide good lessons for **accountability** – which will be used across other programmes

Meaningful progress has been made at the country level, but challenges remain

Progress

- **Six out seven country** plans have been **endorsed**
- Alignment with the **functional review of WCOs**
- Functional **Polio Transition Steering Committee**
- Polio transition is a **standing agenda item** in the African **Regional Committee**.
- **Advocacy missions** to priority countries

Challenges:

- **cVDPV outbreaks** in **20 African countries**
- The **COVID-19 pandemic impact**
- **GPEI ramp down after 2021**
- At the national level, **insufficient capacity for resource mobilization.**

Sustaining polio transition momentum in the context of COVID-19

- **Joint AFRO missions** to priority countries comprising polio, immunization and planning teams.

	Country mission	Planned period	Status
1	Democratic Republic of Congo	26 – 30 April 2021	Conducted
2	Ethiopia	3 - 7 May 2021	Currently, underway
3	Nigeria	10 – 14 May 2021	As planned

- The missions aims to review **timelines and resources for implementation of transition plans with M&E frameworks,**
- **Follow-up joint missions** in future to evaluate actual implementation.

Status of polio ramp-down in the African Region

- The WHO African region **commenced abolition** of polio funded posts **in 2017**
- By December 2020, a total of **237 positions** had been abolished
- In **March 2021**, notification of abolishment of the remaining **529 GPEI funded positions** and finalize **termination of posts by December 2021**
- All the **seven high priority countries** for polio transition are among the 10 very high risk countries for polio transmission
- **This is the first step towards the two-phased transition planned in the Region**

WHO AFR Polio ramp-down process and deadlines

	Action	Due date	Status
1	Issue post abolition letters to all GPEI polio funded staff	March 2021	Done
2	Submit names of abolished post to the global and local reassignment committee	April 2021	Done
3	Feedback from the reassignment committees	September 2021	
4	Issue termination letters to those not successful with reassignment	September 2021	
5	Programme closure	31 December 2021	
6	Commence / continue integrated approach of polio functions into other programmes	1 January 2022	

Planned implementation of WHO AFR polio transition in 37 polio low risk countries

Rationale: Accelerate implementation of polio transition and use lessons learned from these countries for the 10 polio high risk countries

	Major Polio Eradication Programme function	Integrated into	Activities
1	Polio surveillance	UHC Pillar 1 (Immunizations)	Integrated vaccine preventable diseases surveillance
2	Polio outbreak response	UHC Pillar 2 (Emergency Preparedness and Response)	<ul style="list-style-type: none"> • IDSR • Integrated Public Health Teams • Outbreak Response Brigades
3	Polio Eradication Programme Management	Polio Transition and Coordination Unit	Ensure smooth transition / integration process of functions and institutionalization of the Accountability Framework

- Commence implementation by **January 2022**
- Activities to be funded by **other sources than GPEI**

Planned implementation of WHO AFR polio transition in 10 polio high risk countries & AFRO

- **Rationale:** *Continue “polio transition-in-action” and accelerated interruption of all forms of polio, including cVDPVs, by 2023 then transition:*
 - Continue to implement **polio surveillance integrated** with other vaccine preventable diseases and respond to **circulating vaccine derived poliovirus (cVDPV) outbreaks**
 - Continue to support **routine immunization strengthening**
 - Continue to support **responses to other outbreaks & health emergencies** (64% of polio staff already spending >50% of their time on COVID-19 response)
- To mitigate the risks, **GPEI will continue to support human resources and activities in the 10 countries & AFRO polio transition coordination unit**
- **Graduate from “polio-transition-in-action” in 2023 to full transition by 2024**

Aligning polio transition with functional reviews in country offices

- **Functional Reviews of the 47 WHO Country Offices** to be responsive to the **evolving priorities of Member States** and **expectations of partners** commenced in September 2017 and were approved by September 2020
- **Member States and partners consensus** was that WHO has a unique role, among others, in:
 - *Supporting the strengthening of the health system and functionality of district health teams,*
 - *Investments in emergency preparedness and addressing determinants of health*
- The implementation of the **polio ramp-down and polio transition offers an opportunity** for the affected polio funded staff to compete for **functions identified in the WCO functional reviews**
- **Accelerated Implementation of the Human Resources component of the Functional Review**
- The Region will require US\$ 314.5 million to have these new competencies in place

WHO polio transition planning in the African Region (2022 – 2023)

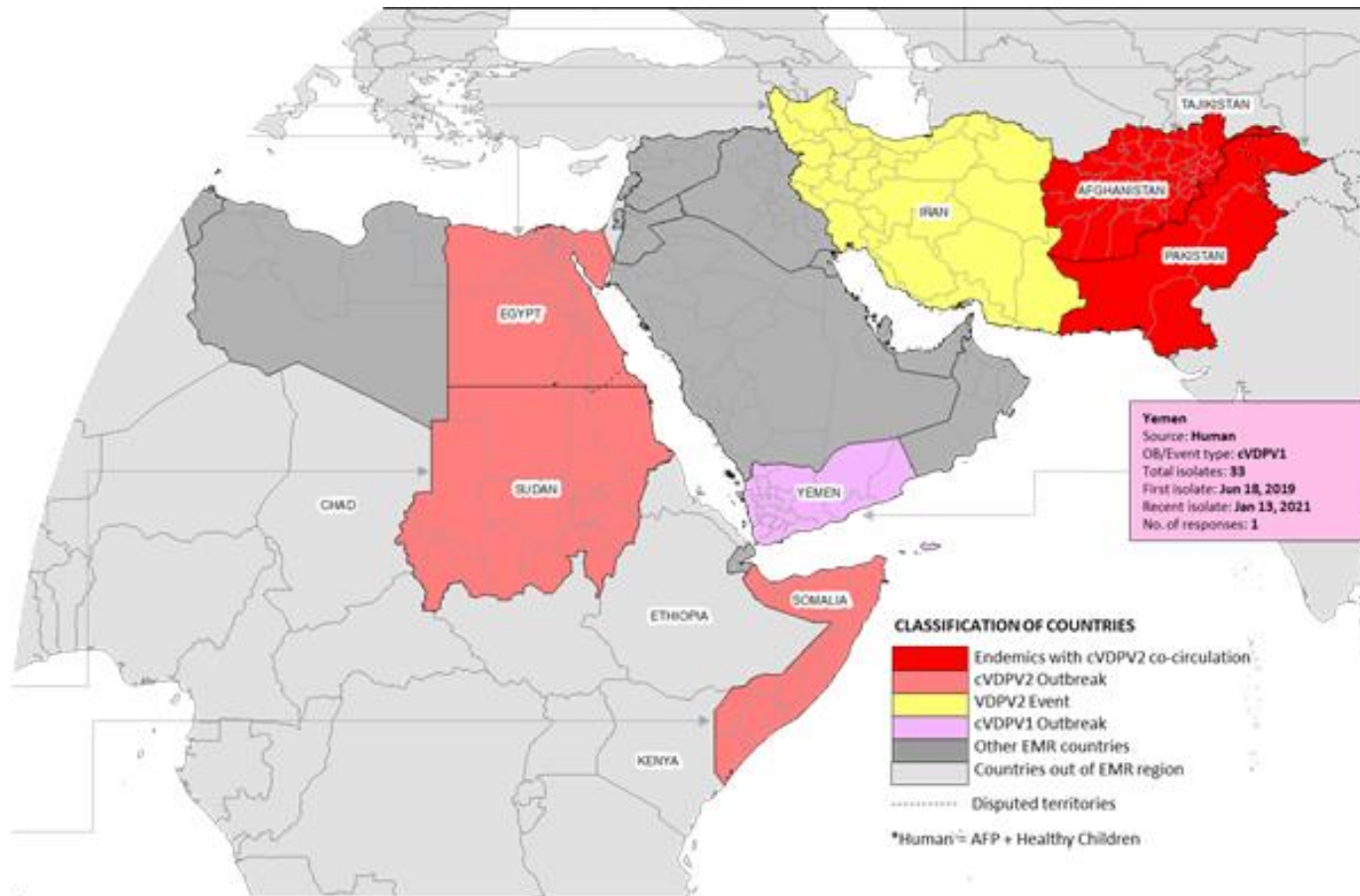
Summary and way forward

- **GPEI resources** will significantly decline after 2021 and will be prioritized for endemic and **selected polio high risk countries**.
- The African region is taking actions to **reduce liability costs to the organization** by accelerating **polio ramp-down**
- The region will implement a **phased approach of polio transition** taking into account the **current cVDPV risks, dwindling funding situation and COVID-19** context
- **The Region is implementing / accelerating:**
 - **Resource mobilization efforts** to fund national polio transition plans
 - **Alignment of polio transition** with outcomes of **functional reviews**
 - Full **integration of functions in a horizontal manner** across clusters, with a primary health care / UHC lens.

Update on polio transition in the Eastern Mediterranean Region

Dr Rana Hajjeh, Director of Programme Management, EMRO

Regional Context



8 Priority Countries

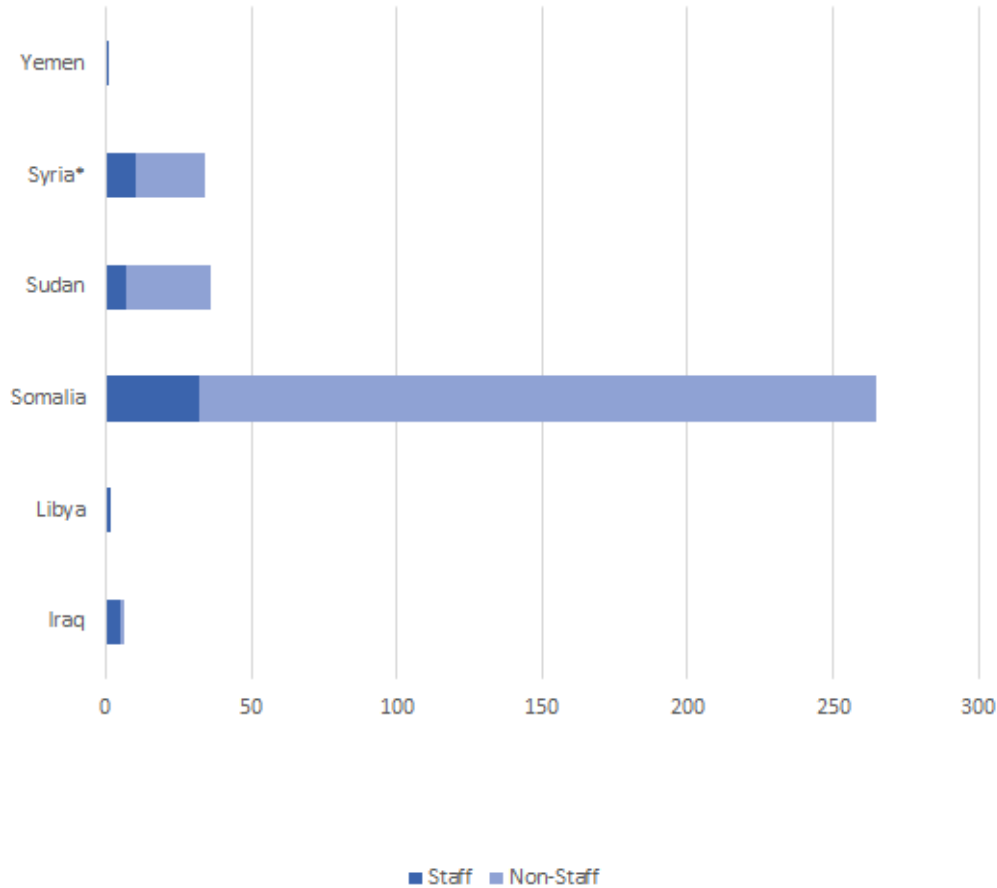
2 Endemics (Afg-Pak)

3 Outbreaks (Somalia, Sudan, Yemen)

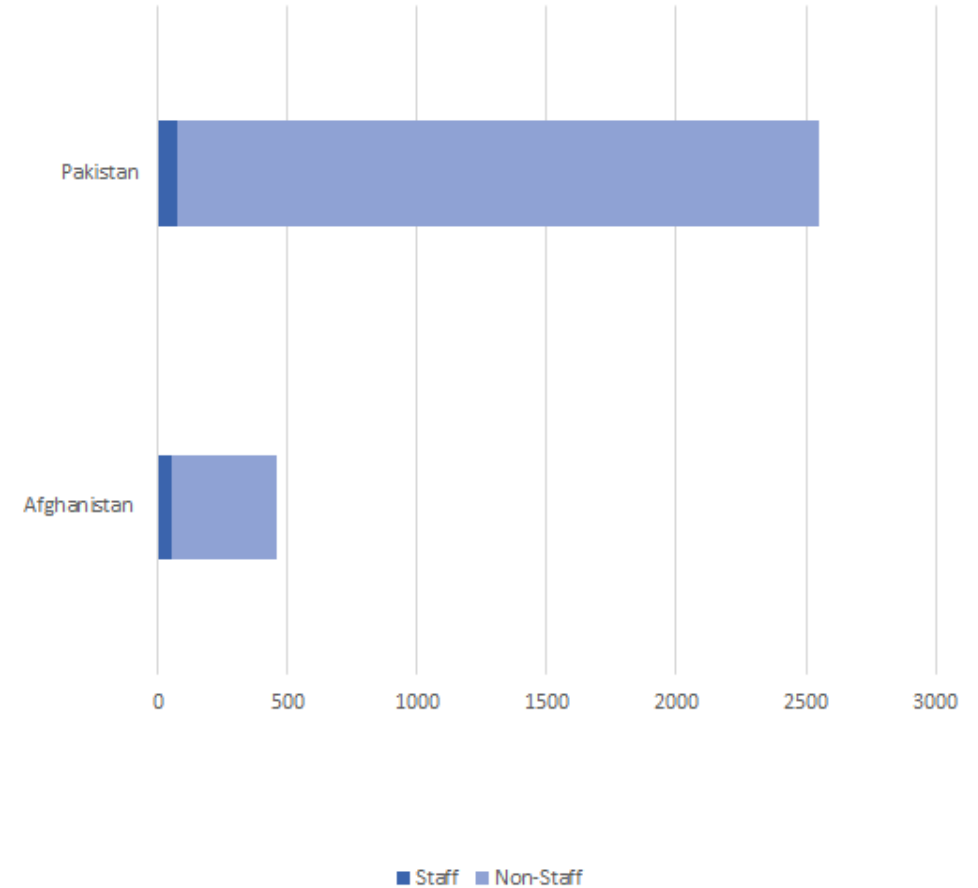
3 (Iraq, Syria and Libya) non-endemic, no-outbreak, but high risk, and with ongoing conflicts

Polio Workforce in EMR

Non-endemic countries: Polio HR Mapping
n= 344 (57 staff positions)



Endemic countries: Polio HR Mapping



Role of polio assets in COVID-19 response

- Polio assets supported COVID-19 response: Surveillance, laboratory services, data management and communications.
- Polio workforce: 283 infected and 4 died.
- Polio support to COVID-19 vaccine roll-out:
 - In Somalia, polio staff supported MoH team in conducting community dialogue sessions on COVID-19 vaccinations.
 - In Sudan, polio staff supported COVID-19 vaccination activities.



The vision for polio transition in the Eastern Mediterranean Region

- Despite being an endemic region, EMRO is carefully balancing eradication efforts with transition, and prioritizing both.
- As the region that hosts many conflict affected countries, integration among WHO programmes and a smooth handover from polio to other WHO programmes is as equally important as transition from WHO to the government, which will require a longer timeframe.

EMRO Strategic Action Plan for Polio Transition

Attended by staff from key technical departments POL, VPI, WHE and UHS

Objectives and outcomes

- Identify concrete actions and activities for cross departmental integration of functions at regional and country level
- Address challenges that hinder implementation of transition plans, propose solutions at regional and country level
- Agree on priority actions to be translated into the regional workplan 2021 and the relevant M&E framework

Objectives: To take stock of 2020 polio transition activities, challenges and discuss priorities for 2021

Expected outcomes:

- Endorse the key action points to move forward for polio transition plan in 2021
- To develop PT regional action plan for 2021

Objectives: To provide update on Polio Transition activities and to present the Polio Transition Regional workplan for 2021

Expected Outcomes:

Endorsement of Polio transition Regional work plan focusing on 5 workstreams:

- 1- Developing national polio transition plans
- 2- IPHT Operationalization
- 3- Resource mobilization
- 4- Integrated VPD surveillance
- 5- Coordination and monitoring

Polio Transition Retreat
Dec. 2020

Polio Transition Steering
committee meeting
Dec. 2020

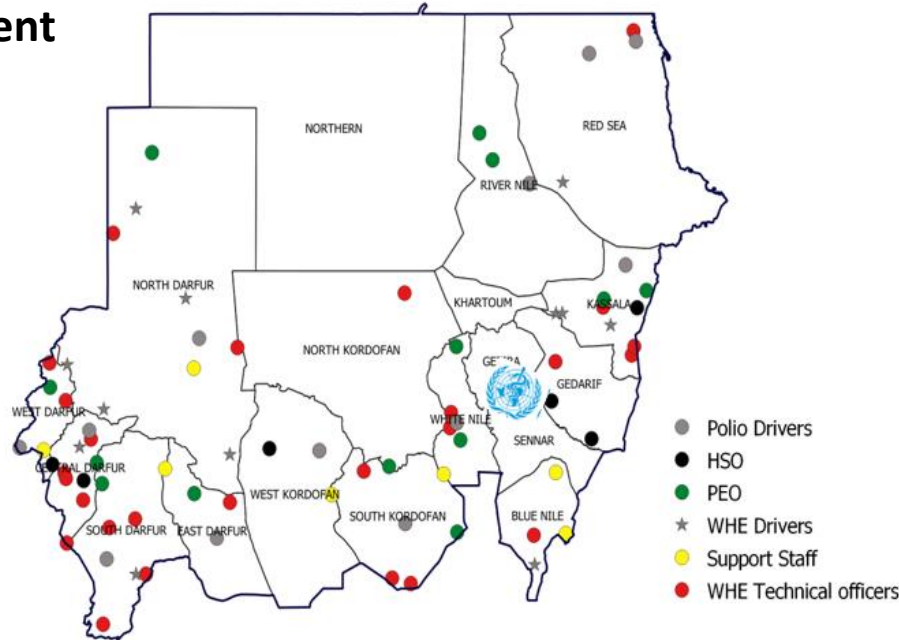
Polio Transition Steering
committee meeting
Feb. 2021

Integrated Public Health Teams in EMRO

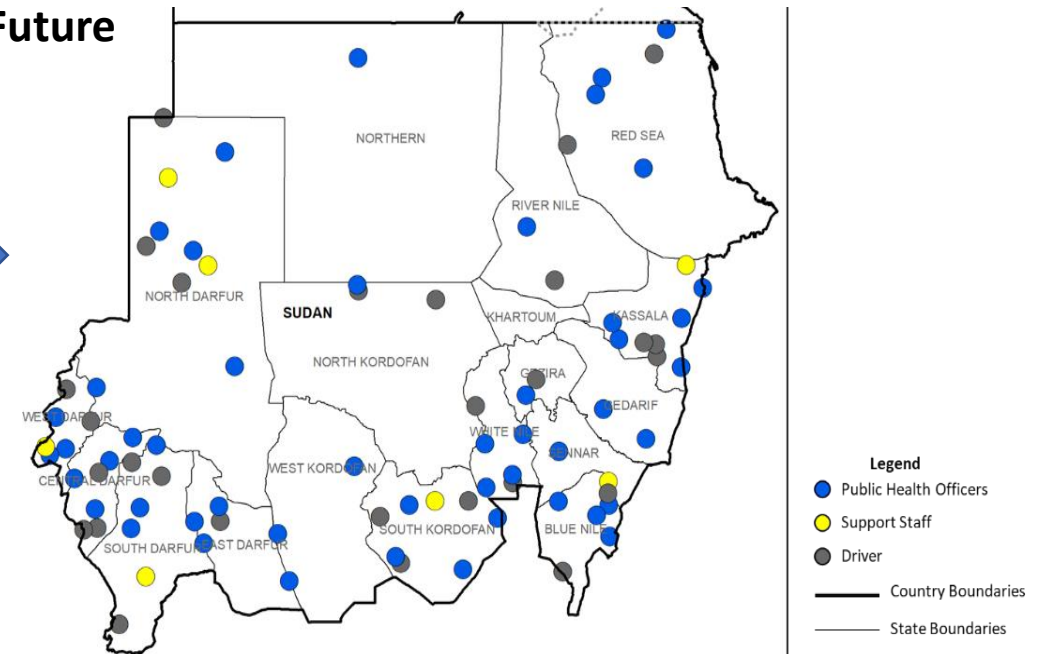
- EMRO hosts the most conflict affected countries, which might impact polio transition, in addition to COVID-19 added burden on countries.
- IPHTs are an important interim measure to sustain support of WHO for essential polio functions until the functions are systematically integrated into countries' health systems.
- WHO took pivotal steps through extensive planning exercise with the countries, as part of PB 2022-23, to integrate essential polio functions in WHO relevant programmes.
- Organizational culture shift to integrate polio functions and use the opportunities to foster cross programmatic integration.
- IPHTs roll out:
 - With 6 countries (Somalia, Sudan, Yemen, Syria, Iraq, and Libya) introduction of the concept and discussion of feasibility of implementation.
 - With Sudan, detailed planning underway to implement roll out of IPHTs.

IPHTs: Sudan Rollout Example

Present



Future



- Operationalization of IPHTs to expand functions of field staff to a wider range of public health functions supporting polio, EPI, WHE, and other programmes such as HS and nutrition.
- Develop common ToRs for “PH officer” and reporting mechanisms.
- IPHT operationalization plan drafted.
- Planned timeline for roll-out: June - Dec 2021.

Sudan beyond IPHTs: 2022-23 priorities

- Strengthen surveillance capacity for high risk VPDs/ IDSR.
- Strengthen routine immunization to ensure high and equitable coverage of all vaccines.
- Rapid response to outbreaks and other health emergencies, health emergency coordination.

Challenges

- COVID-19 pandemic.
- Political instability and conflict leading to disrupted health system with 43% of the population relying on immediate and ongoing humanitarian assistance.
- Long term sustainability need appropriate levels of financial investment.
- Advocacy with government to increase the annual contribution during the period 2021-25.
- Advocacy among non-regular donors to raise funds to strengthen immunization.

Country specific challenges (Sudan):

- Simultaneous polio and GAVI transition and its implication.
- Recurrent outbreaks of communicable diseases and VPDs.

Way Forward

- Support countries in developing national plans and operationalizing IPHTs.
- Working with the Member States to take over the responsibility of the essential functions without compromising the quality.
- Address TIMB recommendations.

Update on polio transition in the South-East Asia Region

Dr. Pem Namgyal, Director of Programme Management, SEARO

Regional Context - 1/2

- WHO South-East Asia Region (SEAR) certified polio-free in March 2014.
- A *'single integrated network'* since inception, providing support for:
 - Polio eradication
 - Measles and rubella elimination
 - Surveillance for vaccine preventable diseases (VPDs)
 - Strengthening immunization systems to achieve coverage and equity goals, and
 - Support during emergencies
- First steps for financial sustainability taken before GPEI's call for transition planning in 2016.
 - Government of India funding secured for the polio laboratory network in India (2013/2014).
 - Infrastructure costs co-shared with non-GPEI sources (2014/15).

Regional Context - 2/2

- Five countries in the Region prioritized for polio transition.
 - Bangladesh, India, Indonesia, Myanmar and Nepal
- Significant polio-funded assets to support surveillance & immunization.
 - Human workforce, surveillance/laboratory infrastructures, equipment, systems and processes
 - Models of support vary by country
- National transition plans developed in all five countries.
 - At different stages of endorsement and implementation
- High-level WHO and Ministry of Health (MoH) commitment for transition planning.
 - Ministries of Finance engaged in the process
- Polio-funded assets highly valued by countries.
 - Countries' preference for WHO to continue to manage (and finance) the integrated networks in the short to medium-term

Polio assets in the Region

Polio priority countries	Number of Field Offices	Number of Vehicles	Number of WHO EPI Personnel (Central Office and Field)				Key highlights of the Networks
			Central EPI Staff	Field Non-staff	Field Monitors	Totals	
India	283	240	31	826	1,410	2,267	Field personnel recruited by WHO - India (largest, most complex) - Bangladesh and Nepal (similar models as India, smaller in size)
Bangladesh	68	19	19	148	-	167	
Nepal	11	19	6	51	-	57	
Myanmar	17	19	7	62	-	69	Field staff on annual deputation from Govt.
Indonesia	4	-	8	13	-	21	Minimal field staff, recently recruited for VDPV outbreak
SEAR Total	383	297	71	1,100	1,410	2,581	

SEAR country updates

- Bangladesh (endorsed)
 - Surveillance and Immunization Medical Officers and part operational costs included in the government operational plan.
 - Government approval awaited
- Indonesia (endorsement awaited)
 - Status quo due to ongoing pandemic and community transmission.
- Myanmar (endorsement awaited)
 - Status quo due to current political situation.
 - RSO contracts were issued for 2021 but conclusion on hold due to current situation.
 - Implementation of polio transition plan remains at risk for considerable time.
- Nepal (endorsement awaited)
 - Status quo due to ongoing pandemic.
 - WHO to restart discussions with government in 2021 and explore the most feasible option for sustained financing to IPD for supporting national immunization program and integrated VPD surveillance.

India Update 1/2

A two-phased plan (2018-2026) 'Polio to public health'

Phase 1 (2018-2021)

- **Transition from polio to public health**
 - Measles and rubella elimination
 - Vaccine preventable disease surveillance
 - New vaccine introduction
 - Health emergencies
- **Handover of functions using a state-wise approach**
 - accelerated, measured, gradual
- **Capacity building**
- **Funding support from government**

Mid-term assessment

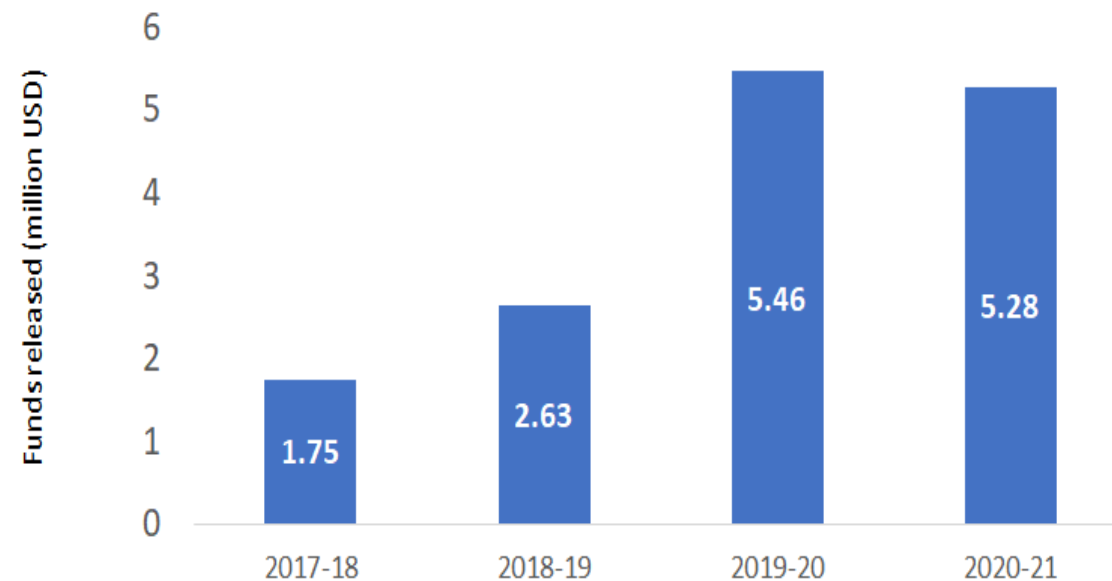
Phase 2 (2022-2026)

- Government and WHO joint consultation to define phase 2 transition plan, in 2021
- Transition to **wider public health functions**, while continuing support to immunization

India: Mid-term assessment of transition from 'Polio to Public Health', 2020

- **Programmatic and non-programmatic areas** (HR, Operations and Finance) reviewed.
- **Key conclusions:**
 - Polio transition has significantly contributed to **strengthening public health systems** in India.
 - Government's **commitment & vision** and WHO's **leadership** has placed polio infrastructure in a key role nationally and sub-nationally.
 - Increasing government **financial support** to WHO to support immunization infrastructure.
 - **Gaps identified:** Variable ownership of state governments; lack of direct interface between administration and finance teams of MoH and WHO.

Increasing government support to WHO for maintaining integrated immunization infrastructure



Approved amount for FY 2020-21 is USD 16.8 million, first tranche of USD 5.28 million released

Recent progress in India

- National Public Health Surveillance Project renamed to National Public Health Support Programme (NPSP).
 - Approved by MoHFW*, a step towards aligning the NPSP's scope of work in the future.
- Financial Sustainability (Government of India's domestic resources):
 - US\$ 12 mn recently released against FY 2020-21.
 - US\$ 66 mn (or INR 493.26 crore) Phase II financial support to NPSP requested (period up to FY 2023-24).
 - MoHFW, GoI, Secretary Health has written to Ministry of Finance, GoI.
- Recent surge in COVID-19 has stalled planned activities.
 - An internal strategic transition planning workshop (planned dates 23-24 April 2021).

* *Ministry of Health and Family Welfare, Government of India (MoHFW, GOI)*

Risks in COVID-19 context

Programmatic risks associated with continued engagement of networks for COVID-19 response:

- Backsliding of surveillance sensitivity and immunization coverage (incl. OPV, IPV).
- Delay in resumption of immunization and VPD surveillance to pre-COVID-19 levels.
- Delay in Measles and Rubella elimination by 2023.

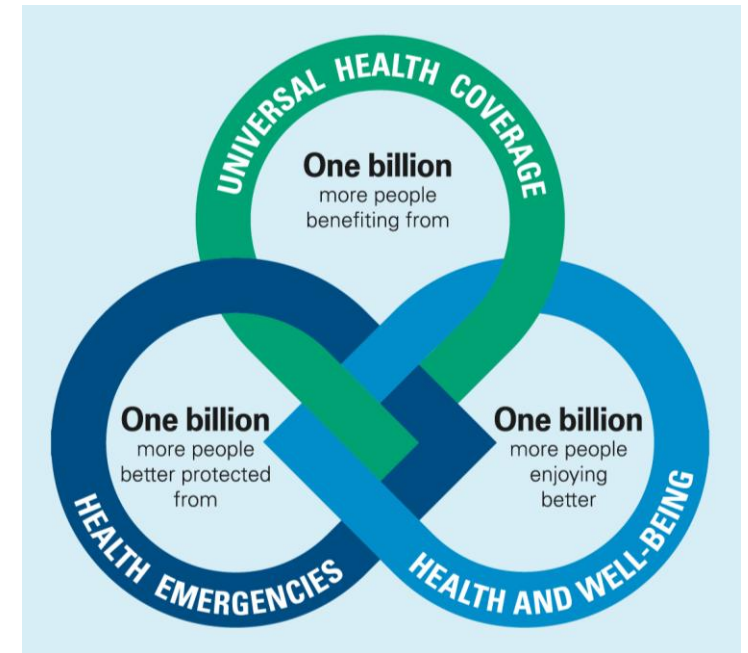
Risks to polio transition and longer-term financial sustainability:

- COVID-19 slowing down the pace in implementing transition plans.
 - Evident in country updates.
- Any re-directing of domestic resource commitments to COVID-19 response.
- Securing donor commitments for mid-term financing until eventual take-over by the governments.

In conclusion

Sustainable funding is vital for successful polio transition

- Securing domestic financing for polio essential functions is an **incremental process**.
- Polio essential functions are anchored in **billion 1 & 2 of WHO's base budget** and integrated into strengthened health systems.
- Resource mobilization for the WHO base budget is an integrated and aligned **three-level effort to ensure long term sustainable flexible financing**.



Question and Answer Session