Polio Transition Planning

SEARO UPDATE

WHO Information Session for Member States

17 January 2017, Geneva
Context

• GPEI funded polio networks established in SEAR over the past nearly two decades to achieve polio eradication
• Five Member States in SEAR have GPEI funded polio networks - Bangladesh, India, Indonesia, Myanmar and Nepal
• Region has been polio-free for more than 6 years (since Jan 2011)
• Polio networks providing increasing support to other priority public health programs decided jointly with national governments
  – Measles elimination and rubella control by 2020 (regional flagship program)
  – surveillance of other vaccine preventable diseases and introduction of new vaccines
  – immunization coverage improvements by health system strengthening
  – supporting emergencies (ex: earthquake in Nepal, Ebola support to Africa)
  – Elimination of neglected tropical diseases and leprosy, where relevant
• Ramp-down and ultimate cessation of GPEI funding
GPEI funded human resource analysis - SEAR

• 1270 polio funded staff and non-staff positions in the Region
  – Only 4% of staff positions (i.e. 39 positions) funded by GPEI globally are in SEAR

• Of the 1270 GPEI funded positions in SEAR
  – 1046 positions (82%) are in India
  – Of the 1046 positions in India, only 6 are staff positions, remaining are all non-staff (SSA contracts)
  – Break-up of remaining GPEI funded positions in SEAR
    • 95 in Bangladesh, 62 in Nepal, 52 in Myanmar, 7 in Indonesia & 8 in Regional office
Implications of ramp down of GPEI funding

• Insufficient funding to support existing networks at existing scale, 2017 onwards
• No funding after 2019 to support networks with GPEI funding
• Alternative funding sources must be identified to support network, even to maintain operations at reduced scale
• Terminal indemnity risks in SEAR relatively small since most GPEI funded human resources are non-staff
• Programmatic risks to polio eradication, if appropriate actions are not taken to mainstream essential polio functions into national public health program
• Programmatic risks to other public health initiatives being supported by polio workforce
Polio transition planning in SEAR – broad principles

- Clear articulation and re-alignment of programmatic needs and priorities in consultation with national governments and partners with the underlying principles:
  - Polio eradication activities will have to be sustained until global certification and even beyond
  - Supporting national eradication/elimination targets (Measles elimination, NTD elimination, others)

- Increased engagement and ownership of national governments in the transition process

- Increased funding support from national governments and identification of additional donors to fill future funding gaps
Polio transition planning in SEAR

- Four priority Member States – Bangladesh, India, Indonesia and Nepal – have initiated a systematic transition plan development
- Planning in Myanmar to begin in qtr 2, 2017
- National governments, donors and key stakeholders being sensitized to current situation and risks
- While non-GPEI resources are partially funding polio workforce in some countries, these resources have to be ramped-up
- Deliverables/milestones identified for the transition plan development in each country
- Progress against these milestones being closely tracked
Transition planning in India – progress so far (1)

- Has largest GPEI funded polio workforce in SEAR
- Is leading the process of transition planning in SEAR
- Strategic framework & road map for transition planning developed
- National government fully sensitized to the need, risks and opportunities associated with polio transition planning
- Coordination and oversight group established – led by national government
- Mapping of polio funded assets completed
Mapping of assets (HR & infrastructure) completed

- GPEI funded technical, admin., support staff & field monitors identified by location
- GPEI supported polio laboratories
- Offices fully/partially funded using GPEI funds
- Office equipment & other assets
- Vehicles
- Others
Transition planning in India – progress so far (2)

- Priority public health needs for potential support by polio workforce - identified jointly by government and WHO

<table>
<thead>
<tr>
<th>Public health needs</th>
<th>Area identified by</th>
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<tbody>
<tr>
<td>Polio</td>
<td>GoI, WHO</td>
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<tr>
<td>Routine immunization, introducing and scaling up new vaccines &amp; health system strengthening</td>
<td>GoI, States</td>
</tr>
<tr>
<td>Urban health</td>
<td>GoI</td>
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<tr>
<td>Measles elimination &amp; rubella control</td>
<td>GoI, WHO</td>
</tr>
<tr>
<td>VPD surveillance</td>
<td>GoI</td>
</tr>
<tr>
<td>NTD: Kala Azar, Lymphatic Filariasis, etc.</td>
<td>GoI, Affected states</td>
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<tr>
<td>Leprosy</td>
<td>GoI, Affected states</td>
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<tr>
<td>RMNCH+A</td>
<td>GoI</td>
</tr>
<tr>
<td>Malaria</td>
<td>GoI, Affected states</td>
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<tr>
<td>IDSP</td>
<td>GoI/NCDC</td>
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<tr>
<td>Dengue, Chikungunya, Zika</td>
<td>GoI?</td>
</tr>
<tr>
<td>Emergency/Disaster preparedness</td>
<td>State government</td>
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Transition planning in India – progress so far (3)

• Linking of identified priorities to transition strategies currently underway

• Assessment of human resources requirement to support identified public health priorities completed
  – Gradual scaling down of human resources – 86% reduction in HR by 2021

• Reduced funding requirements over years to match reduced operations
  – Reduction of polio operations from annual US$ 30 million to US$ 20 million by 2019

• Clarity on funding gaps/additional requirements for each year
Negotiations with national government and other donors for alternative sources of funding ongoing
Transition planning in India – way forward

• Finalization of negotiations with government and donors
  – Agreement on priorities for support by polio workforce
  – Commitment for assured funding to meet requirements

• Assessment of progress in 2018 to review risks & mid-course corrections; and in 2020 for forward planning

• Continued focus on building government capacity

Percent AFP case investigation by Medical Officers

<table>
<thead>
<tr>
<th>Year</th>
<th>Govt.</th>
<th>SMO</th>
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<tbody>
<tr>
<td>2009</td>
<td>65</td>
<td>35</td>
</tr>
<tr>
<td>2014</td>
<td>83</td>
<td>17</td>
</tr>
<tr>
<td>2015</td>
<td>94</td>
<td>6</td>
</tr>
<tr>
<td>2016*</td>
<td>94</td>
<td>6</td>
</tr>
</tbody>
</table>
Progress in remaining SEAR countries

- **Bangladesh:**
  - Draft strategic plan developed, negotiations ongoing with national government and other stakeholders to build consensus on transition activities and commitments for funding support
  - Finalization of plan likely by mid-2017

- **Nepal and Indonesia:**
  - Preliminary work initiated; consultant arriving in Jan 2017 to support development of strategic framework
  - Finalization of plan likely by mid-2017

- **Myanmar:**
  - Risks are limited – majority of non-staff seconded from government; will return to government after completion of term
  - Transition planning work to begin in qtr 2, 2017
  - Finalization of plan likely by qtr 3, 2017
Transition planning in SEAR: Challenges

• National governments supportive of polio funded workforce, but stronger leadership and engagement of government required to support transition planning by:
  – mainstreaming essential polio functions into national public health program
  – linking national public health priorities (non-polio) to transition planning process
  – additional funding commitment to support polio-funded assets
  – management of assets, going forward

• Generation of adequate financial resources from new donors, including from governmental sources, to support work in priority non-polio areas - formalization of commitments
Summary

• Urgent need for transition planning in countries with GPEI funded assets
• Transition planning progressing well in SEAR – India on track to finalize plan very soon; other countries making progress as well
• Non-polio priorities being identified and linked to transition process
• Additional funding sources being tapped into – short and long term commitments being negotiated
• Greater involvement and ownership of the national governments will be critical to ensure successful transitioning
Thank You