

POLIO | GLOBAL ERADICATION INITIATIVE

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

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Polio and other health initiatives

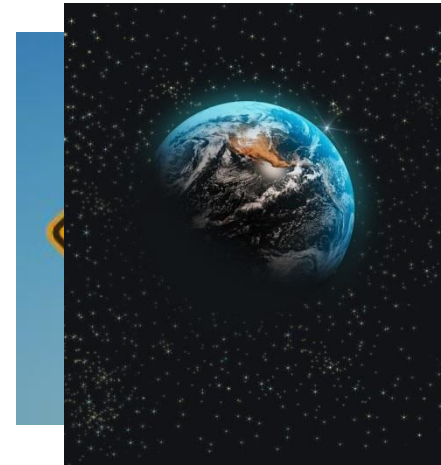
There is a **risk** to other health goals when GPEI funding stops, as the polio infrastructure is already helping to support **results** of other health programmes

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**



Global Initiative/ Program	Is there interaction with GPEI today?	Programme components that align with GPEI functions or skills	Potential for future synergies
Measles & Rubella Initiative	Green	Microplanning and service delivery, community mobilisation, surveillance/lab, campaigns, outbreak response, political engagement	Light Green
Every Woman Every Child - MNCH	Red	Community engagement, emergency preparedness, surveillance and response, water and sanitation, immunization, political engagement	Light Green
Immunization - GAVI	Green	Microplanning and service delivery, community mobilisation, surveillance/lab, data mngt, campaigns, political engagement	Green
Global Health Security- WHE/IHR	Green	Surveillance, data mngt, emergency and outbreak response, campaigns	Green
Scaling Up Nutrition (SUN)	Red	Social mobilization, community linkages, community based surveillance, advocacy	Orange
Global Fund- HIV/malaria/TB	Red	Community based surveillance, advocacy. Political engagement for more domestic financing.	Orange

Polio Transition and Measles & Rubella Initiative

16 countries with largest polio assets



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- 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

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
 - **GPEI funding:**
 - 355 Polio surveillance officers/ epidemiologists (WHO contract staff) :
 - 7 Measles-specific staff (CDC)
 - 3 at Regional-IST level and only 4 at country level
 - **Measles surveillance:**
 - 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
- No specified funding provided by YF and MNTE programs for surveillance**

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
- <http://www.worldbank.org/en/news/press-release/2017/09/20/global-financing-facility-launches-replenishment-to-save-lives-of-up-to-38-million-women-children-and-adolescents-by-2030>

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