Polio Transition Planning:

Risks and opportunities of transitioning resources to non-polio public health interventions

Global Polio Partners Group (PPG) meeting

June 26, 2017

Underlying premise:

Transition to other health goals risk and opportunity

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

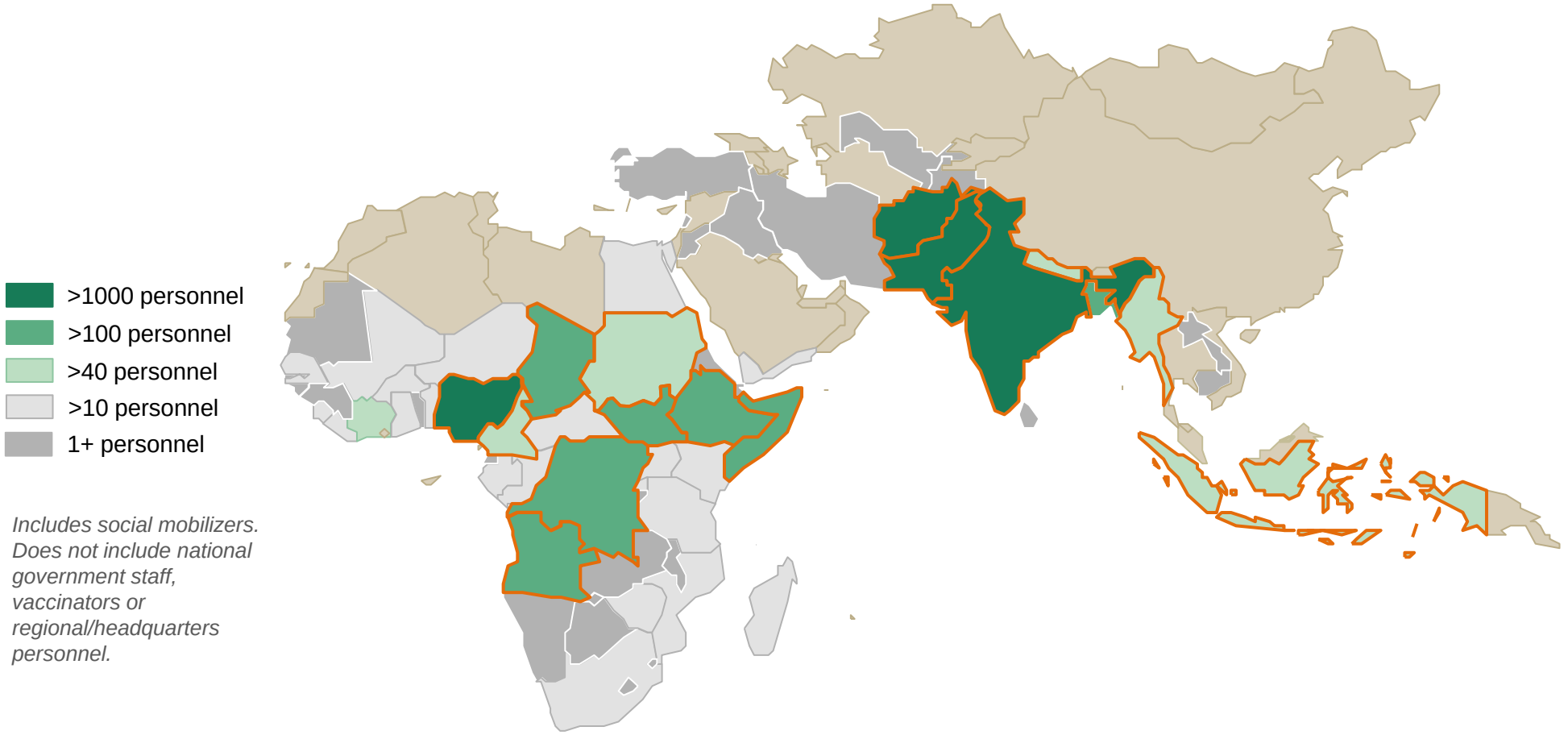
There is an **OPPORTUNITY** for current GPEI staff, assets and knowledge to further contribute to other health goals

Most Obvious Candidates for Transitioning of Polio Assets*

- Vaccine preventable-communicable disease surveillance & lab networks
- Immunization system strengthening
- Measles and rubella elimination
- GHS/IHR and Health Emergency capacity
- Maternal & Child Health interventions

*** adapted from WHO draft report on Polio Transition Planning to the 70th WHA, April 2017**

GPEI presence in over 70 countries, but 95% of personnel footprint in 16 countries



Includes social mobilizers. Does not include national government staff, vaccinators or regional/headquarters personnel.

Note: Philippines, Haiti also have between 1-10 polio funded personnel but are not displayed; no headquarters staff displayed
Source: GPEI partner HR databases, 2014

Polio Funding and WHO AFRO situation

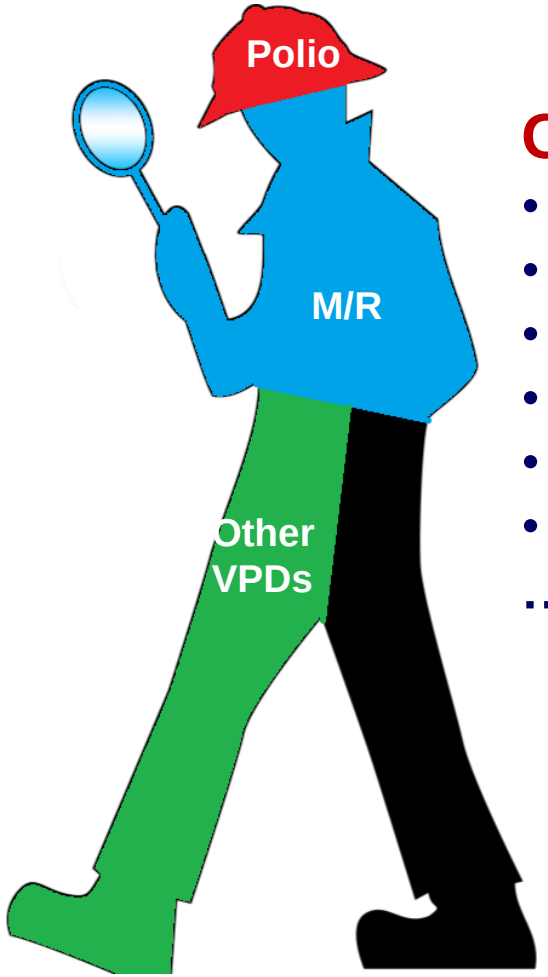
- **Overall WHO AFRO workforce:**
  - 40% of all personnel are polio-funded
  - 86% of all immunization personnel are polio-funded
- **Primary roles:**
  - AFP polio and VPD surveillance
  - Central role in the planning, implementation and monitoring / evaluation of SIAs
- **Additional support:**
  - Lead/ assist the investigation and response to other outbreaks, including cholera, meningitis, VHF, etc
  - Assist in efforts to strengthen routine immunization and in periodic intensification of immunization activities

Polio-Funded Surveillance Officer Responsibilities

Other VPDs:

- Measles/Rubella
- Yellow Fever
- Neonatal tetanus
- Meningitis
- Acute encephalitis syndrome
- Diphtheria
- Cholera
- Pertussis

…and so on



Other Communicable Diseases:

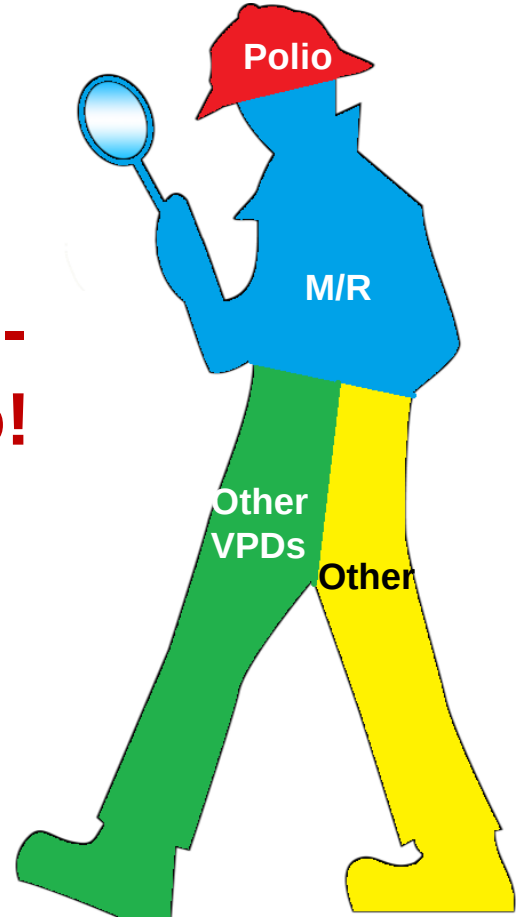
- Bloody diarrhea
- Neglected tropical diseases
- Dengue
- Viral hemorrhagic fevers
- Rabies
- Malaria

….and so on

World Health Organization

Surveillance Officer: Responsibilities (2)

Does many jobs-paid for by polio!



Trained by polio in:

- **Surveillance**
- **Outbreak Investigation**
- **Data management, analysis & use**
- **Outbreak response**

World Health Organization

WHO-coordinated laboratory networks

- GPLN: polio
- Networks based on the Polio model:
  - GMRLN: measles and rubella
  - GYFLN: yellow fever
  - JELN: Japanese encephalitis
  - GRLN: rotavirus
  - IBD: invasive bacterial diseases
- Other
  - Influenza
  - Tuberculosis

Global Resource Dependence of VPD/MR Surveillance on Polio

- **Financial**
  - Polio FRR: surveillance/lab costs $102 million per year
  - $111 million annually needed for VPD/MR surveillance to be maintained at status quo (excluding operational costs at country level)
    - **$77 million (70%) coming from polio $$**

- **Human**
  - Over 2500 polio-funded staff are supporting VPD/MR surveillance

AFRO: AFP vs measles surveillance current staffing and funding

- **AFP Surveillance:**
  - **USD 12.5 and 16.9 million / year** for surveillance activities and lab opera
  and 2
- **Measles**
  - **USD 0.5 – 0.6 million / year** surveillance and lab operations in 2015 and 2016 respectively
  - **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

- **GPEI funding:**
  - **355 Polio surveillance officers/**
  evel
  t holders;
  city staff)
- **Measles funding:**
  - **7 Measles-specific staff** (CDC)
    - 3 at Regional-IST level and only 4 at country level

Conclusion

- Polio needs VPD surveillance and vice versa
- VPD surveillance already relies heavily on polio
  - Needs further strengthening to meet ambitious goals including measles and rubella elimination
- Careful transition planning and execution will be key to prevent backsliding of the whole polio-VPD surveillance network

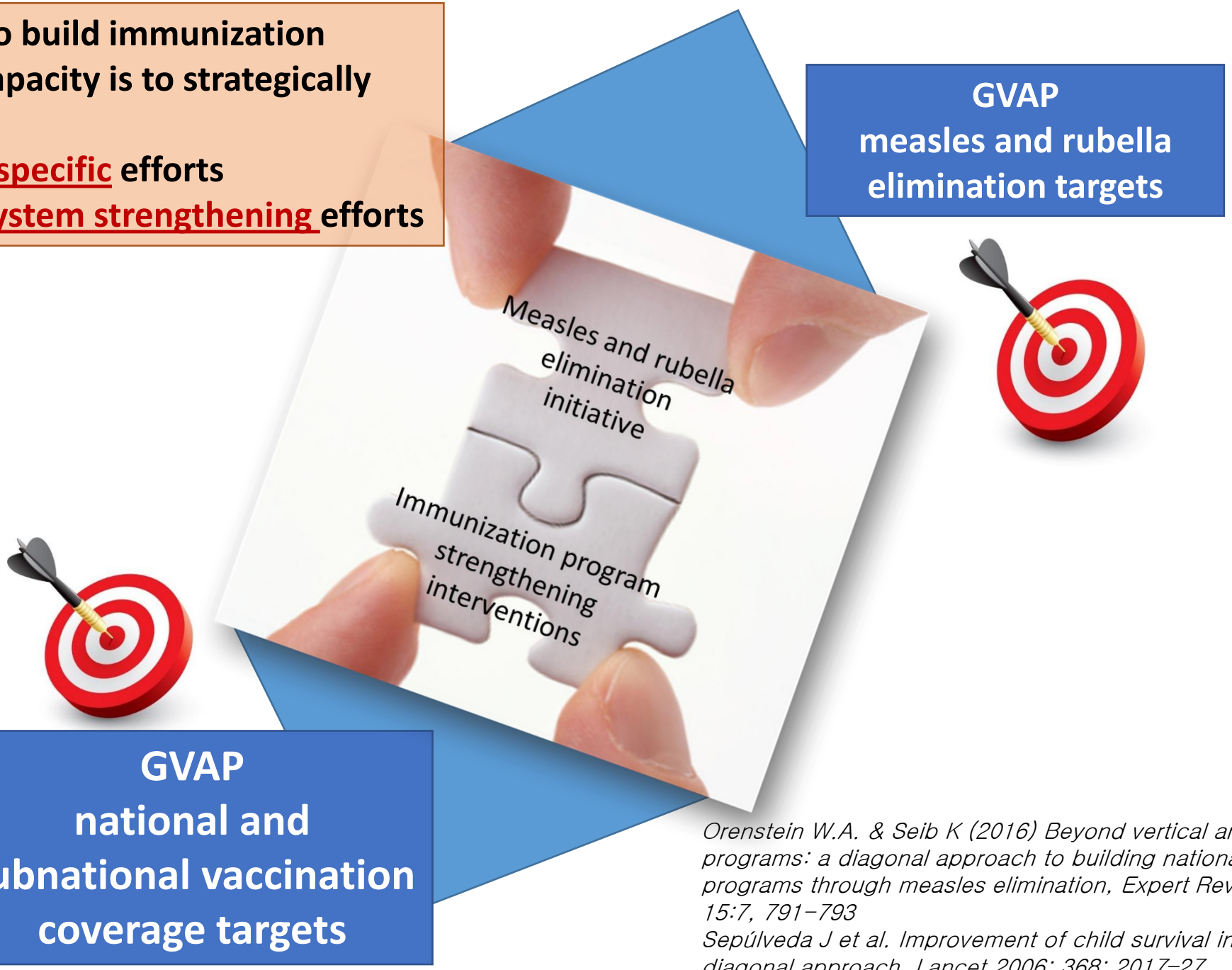
Characteristics of the 16 Priority "Polio Transition" Countries

- Most of the world's unvaccinated and under-vaccinated children
  - **53% of the 20.8 million infants who did not receive measles vaccine in 2015 are in the Big 6 priority measles countries**
- Most of the world's measles cases and deaths **(88% of deaths)**
- Most of the world's rubella and congenital rubella syndrome **(100,000 CRS cases)**

Consequences of losing polio assets – risk that EPI progress in these countries and globally will be reversed !!!

KEY STEP to build immunization program capacity is to strategically link:

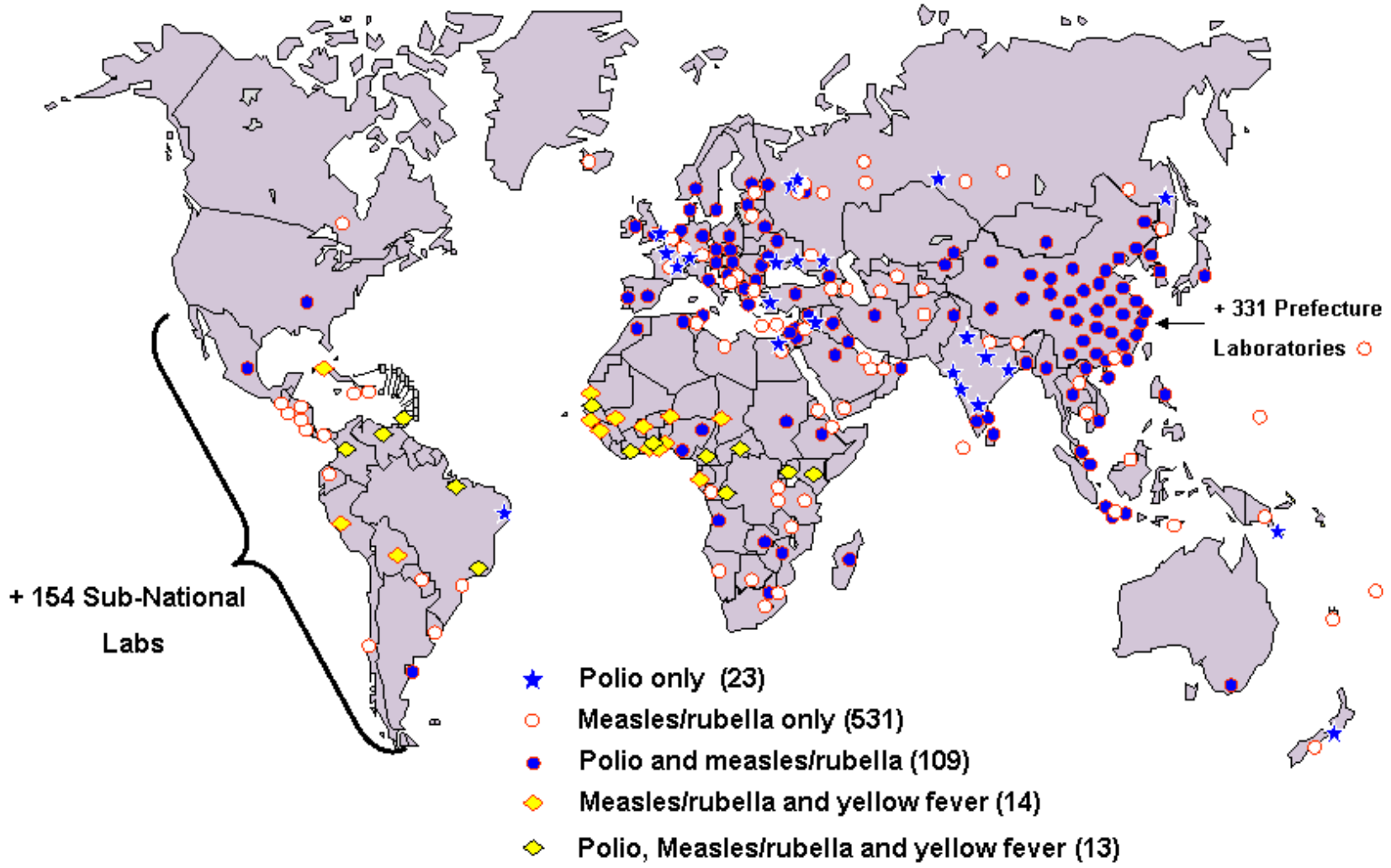
1. **disease-specific efforts**
2. **health system strengthening efforts**



Orenstein W.A. & Seib K (2016) Beyond vertical and horizontal programs: a diagonal approach to building national immunization programs through measles elimination, Expert Review of Vaccines, 15:7, 791-793

Sepúlveda J et al. Improvement of child survival in Mexico: the diagonal approach. Lancet 2006; 368: 2017-27

Health Emergency and IHR Capacity: Building on the Polio Lab and Surveillance Network (>700 labs)

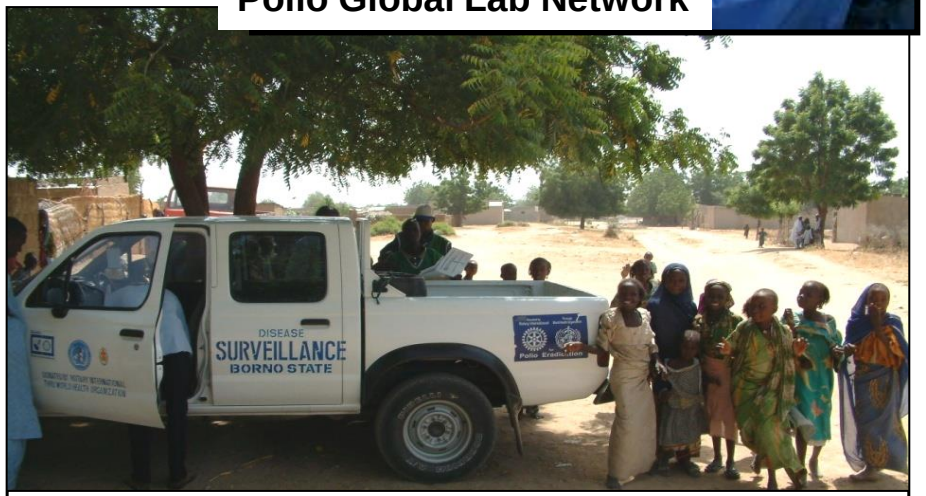


Detection and Response: Polio Surveillance and Lab Network in Action

- Disaster response: Nepal, Pakistan, India
- Measles case-based response in multiple countries
- Ebola response in Nigeria
- Zika response in Americas (measles labs)

Polio Global Lab Network

Angola: assisting Marburg fever outbreak investigation



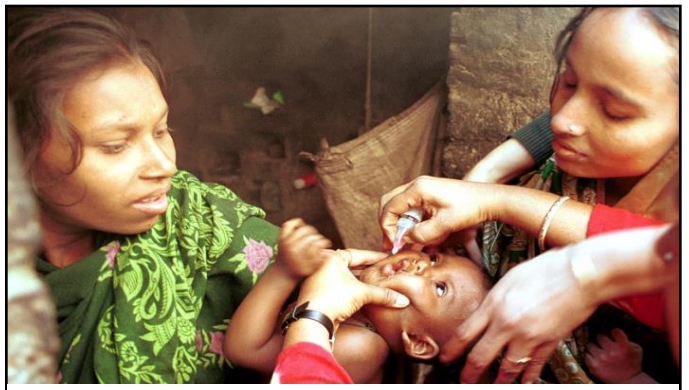
Nigeria: assisting with Avian Flu surveillance & response

Integration with MCH Interventions

Using Polio Campaigns

Bednets/deworming with albendazole & Polio Campaign -- Niger

Measles & Polio Campaign
DR Congo



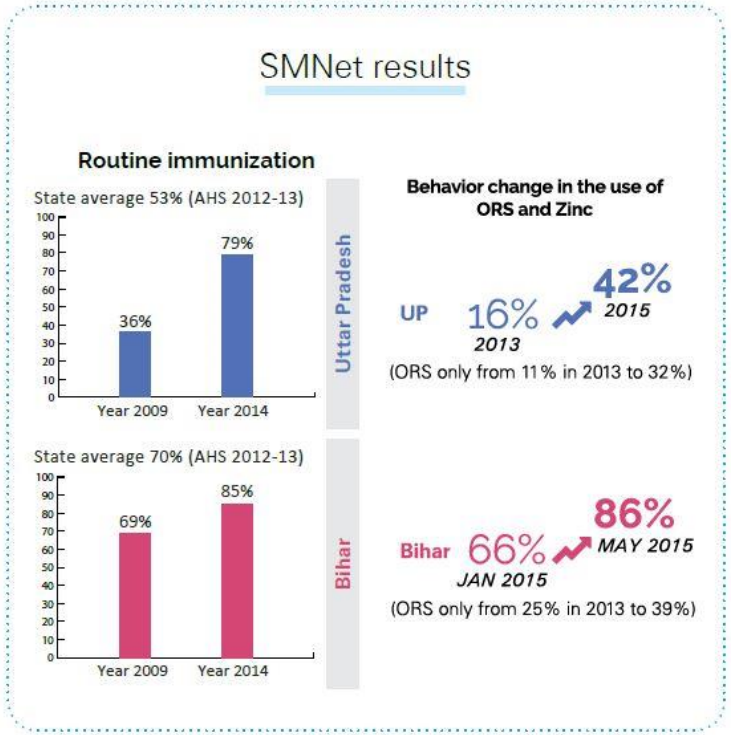
Polio Drops: >16 million
cases of paralysis prevented

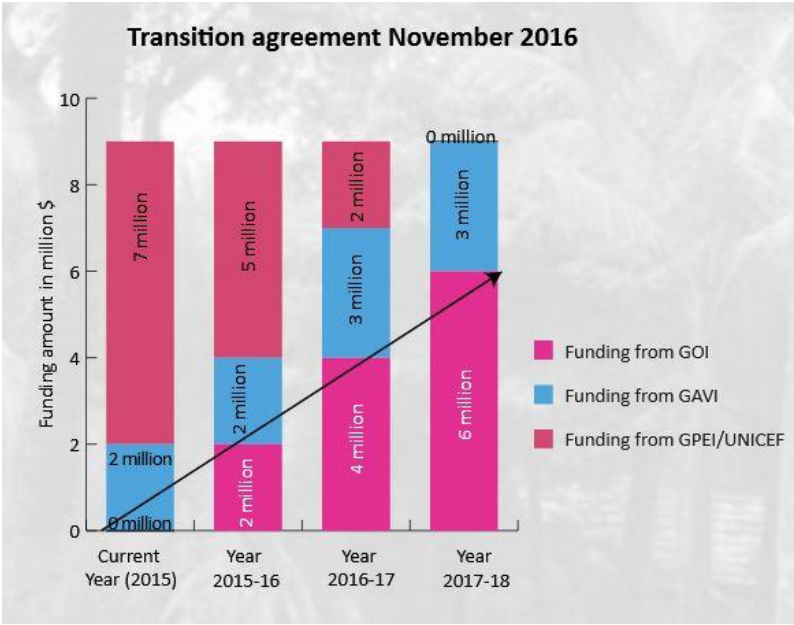
Vitamin A in Polio Campaigns
>1.5 million deaths prevented

MCH & Polio Transition in India – Role of SMNet

UNICEF and Social Mobilization Network (SMNet) staff have worked in many areas beyond polio and RI.

- Outbreaks of acute encephalitis and measles
- Messaging around early and exclusive breastfeeding, hand washing and use of oral rehydration salts (ORS) and zinc for diarrhea management
- Supporting the integrated health and nutrition days
- Track and promote toilet creation.





To maintain these gains, polio assets, including the (SMNet) are being actively transitioned to a government owned and funded setup to address routine immunization and more.

UNICEF. Beyond Polio: Legacy in Action.

Thank you