Polio Transition Planning Global Overview

WHO Information Session for Member States

17 January 2017, Geneva

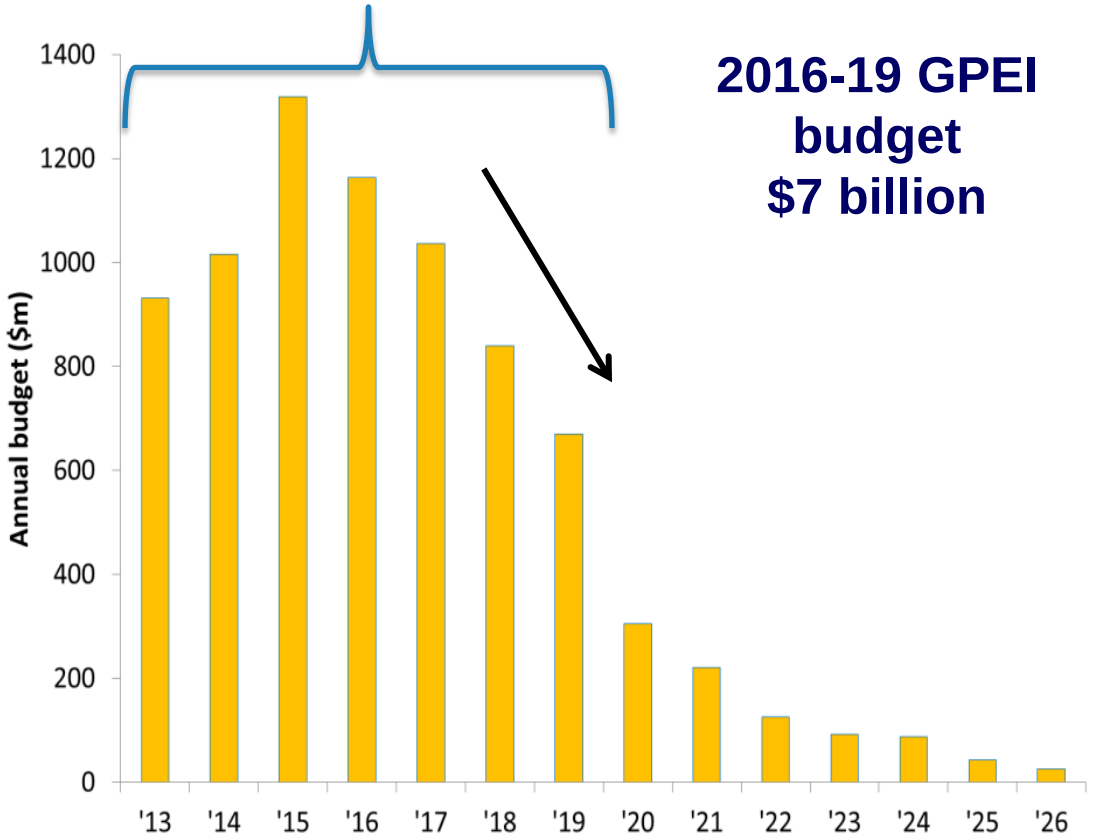
World Health Organization

Outline

- **Global Overview**
  - WHO Human Resources risk management
  - WHO Programmatic and Capacity risk management
  - GPEI Post-Certification Strategy
- **Updates from Regions : AFRO, EMRO and SEARO**
  - GPEI Budget Ramp-down: Financial and Staffing Impact
  - Transition Planning Activities
  - Country Level Transition Planning
  - Challenges/ Next Steps

Rationale for Polio Transition Planning

GPEI will cease to exist soon after global certification and funding will ramp down substantially over the coming years



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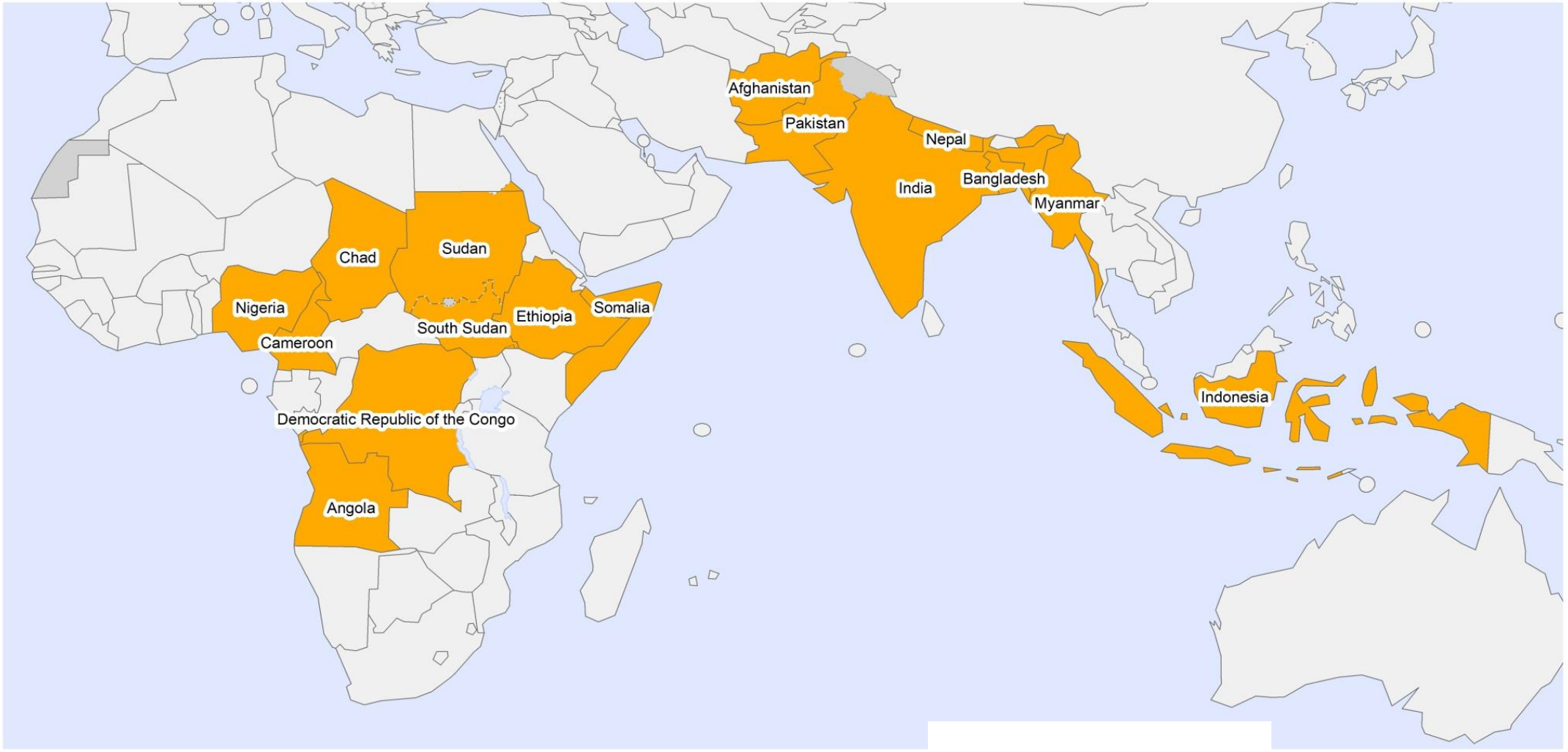
16 priority countries for polio transition planning



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WHO Transition Planning: Managing Risks & Opportunities of GPEI Closure

- **Financing Risks**:
  - 20% of WHO program budget (2016-17: $895m)
- **HR Risks**:
  - 14% of all WHO staff, and 6,000+ non-staff
  - Estimated terminal indemnity costs is US$ 55 million
- **Programme & Country Capacity Risks**:
  - In 22 countries, Polio-funded staff constitute 20-70% of WHO staff;
  - On average, polio staff spend >50% time on other programme areas
- **Opportunities**:
  - Polio funded functions and infrastructure can contribute to other critical programmes

WHO Transition Planning: Global Management

- Polio transition in an **institutional challenge**, which **requires a comprehensive response across the three levels of the Organization. The Global Policy Group** is discussing Polio Transition Planning.
- **WHO Global Steering Committee on Transition Planning** has set up at WHO HQ,
  - co-Chairs: Dr Ian Smith, Executive Director, DG's Office / Dr Hans Troedsson, ADG, General Management
  - Members: AFRO, EMRO, SEARO, HQ Departments
- Similar Regional Committees also established in AFRO and EMRO Chaired by DPMs.

Post Polio Transition: WHO Strategic Road Map 2016-17

Key Elements of Risk Management Processes

A detailed Strategic Road Map will be available in May 2017, and final after incorporation of inputs from the final Post Certification Strategy, and Country Transition Plans

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Post Polio Transition:
WHO Strategic Road Map 2016-17

WHO HR/Indemnity Risk Management

Managing HR RISKS

WHO's polio funded personnel: (Staff – occupied[1] positions only)

	Headcount		
	2013	2016	Δ 2013-16
HQ	50	77	+54%
AF region	837	826	-1%
EM region	76	155	+104%
SEA region	41	39	-5%
WPRO & EURO	10	15	+50%
Total	1,014	1,112	+10%

1 Including New positions

2 While there is continued support to Objective 1 of the Polio Eradication and Endgame Strategic Plan (PEESP) – *detect and interrupt polio transmission* – there has been a simultaneous increase in focus on Objectives 2, 3 and 4 of the PEESP– *global withdrawal of Oral Polio Vaccine type 2 (OPV2) and strengthening immunization systems, poliovirus containment & certification, transition planning*

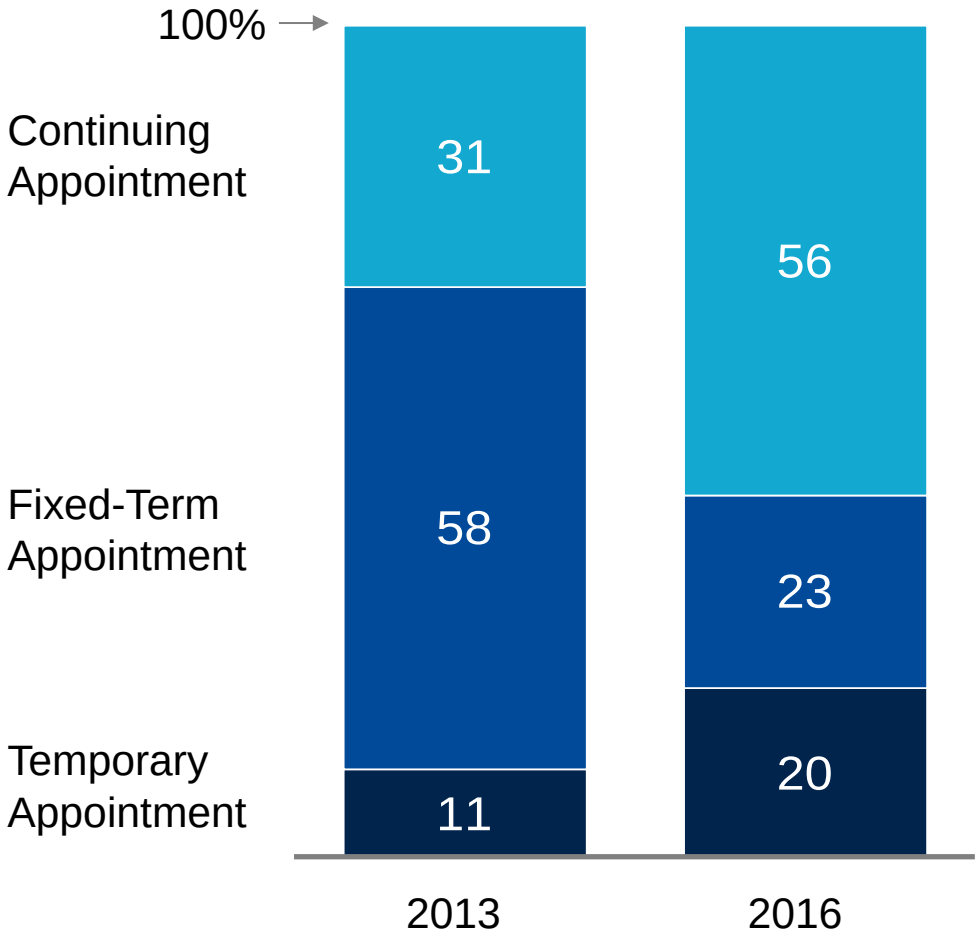
SOURCE: WHO GSM, August 2016, GPEI HR Map August 2013

Managing HR RISKS: Type of Staff contracts - higher share of continuing appointments and temporary contracts in 2016 than in 2013

GPEI Headcount (staff contracts, percent on total)

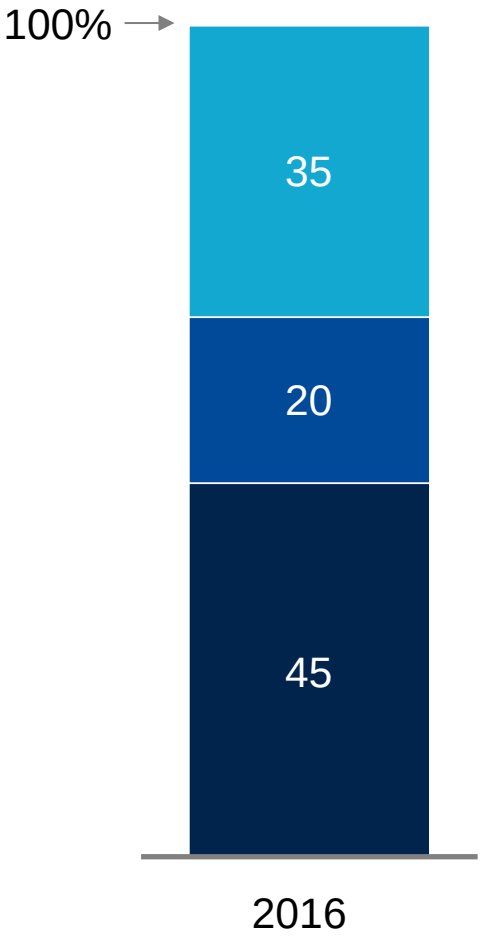
Share of temporary contracts since 2013 has increased…

All contracts, %



…with 45% of new positions filled by temporary contracts

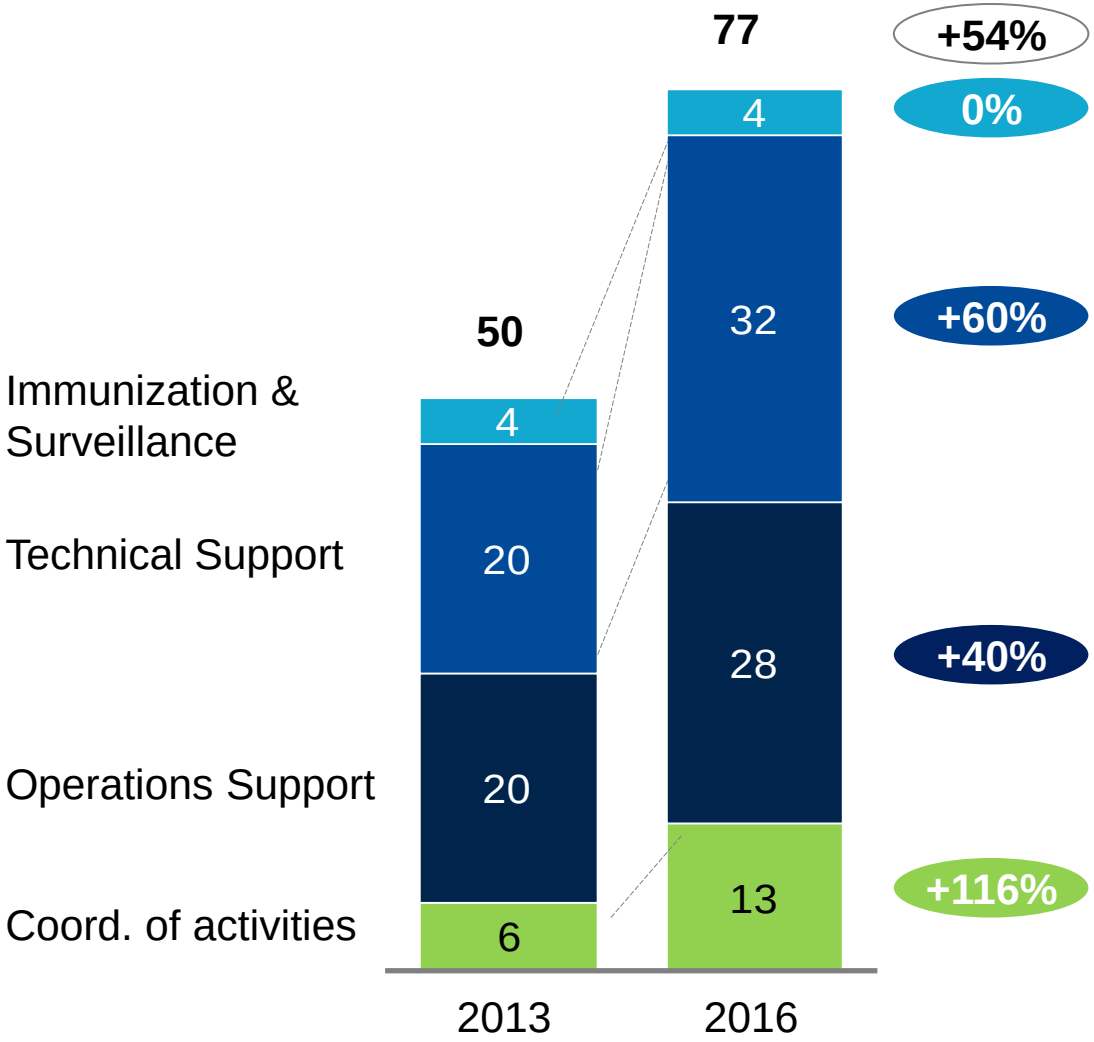
Positions filled since 2013 (339 Headcount), %



SOURCE: GSM, GPEI HR Map August 2016

Evolution of role mix at HQ

Headcount, occupied positions



WHO staff headcount in EMRO counts 155 positions, mainly located in endemic countries

WHO's polio funded personnel (staff – occupied[1] positions only)

	Headcount		
	2013	2016	Δ 2013-16
Regional Office	14	42	200%
Pakistan	29	54	86%
Afghanistan	19	28	47%
Somalia	11	14	27%
Sudan	3	6	100%
Others	-	11	n/a
Total	76	155	104%

Observations[2]

- Overall headcount in the Region has increased given the introduction of a new regional office team in Amman
- Increase in country office headcount driven mainly by strengthening of teams in endemic countries

1 Includes new positions

2 To be further discussed with Regional teams

SOURCE: WHO GSM, August 2016, GPEI HR Map August 2013

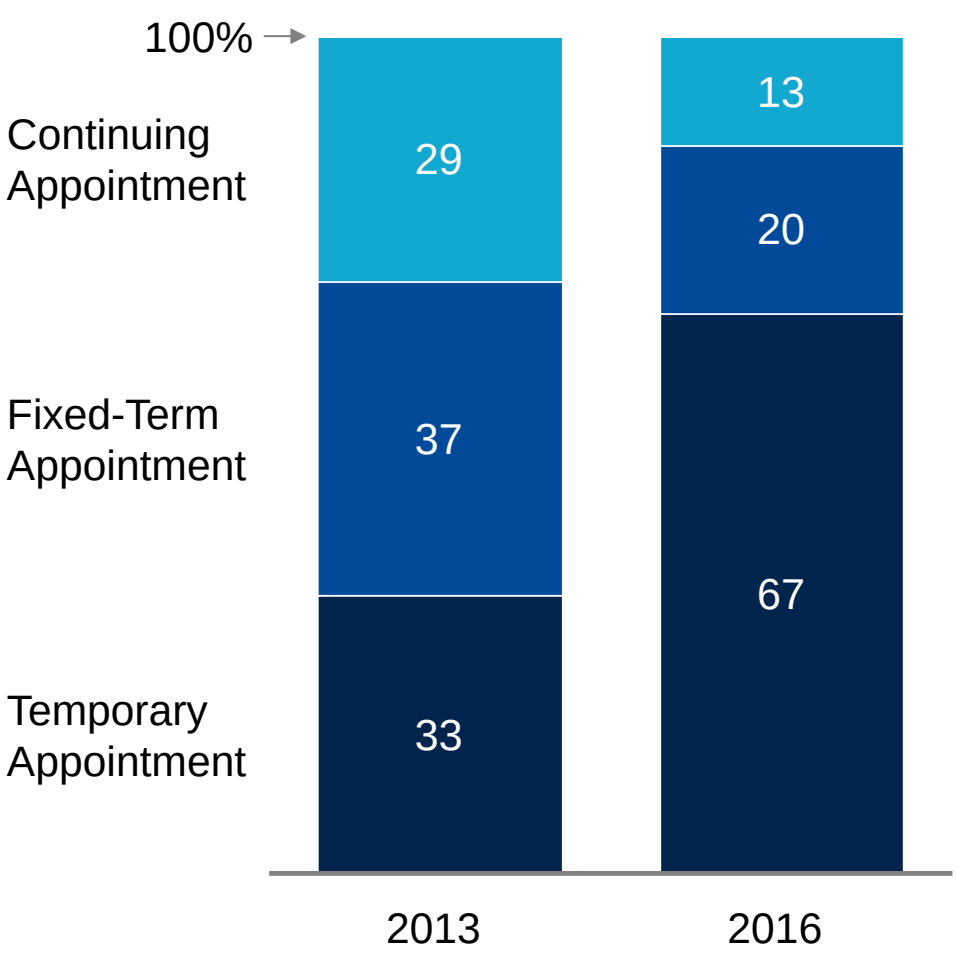
Flexibility of staff contracts – significant shift towards temporary appointment contracts between 2013 and 2016

STAFF ONLY

GPEI Headcount (staff contracts, percent on total)

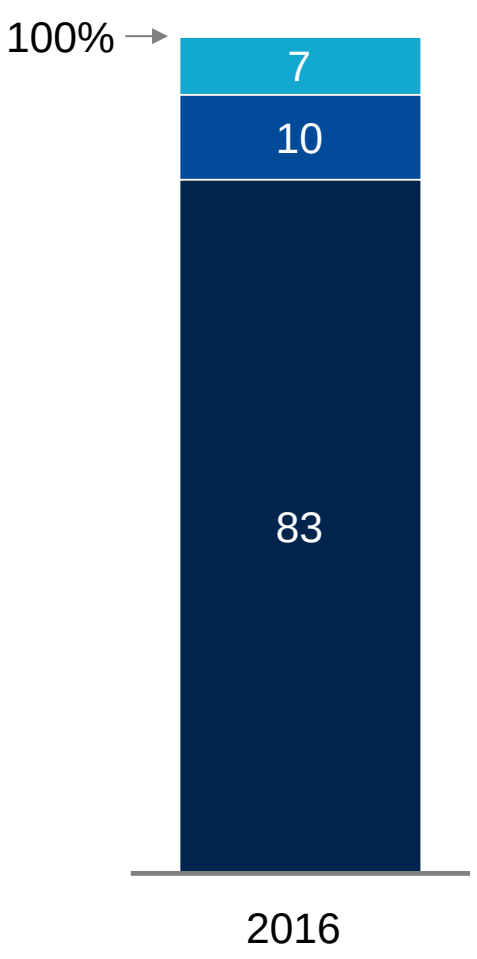
Share of temporary contracts is high and it has doubled since 2013…

All contracts, %



…with 83 % of new positions filled by temporary contracts

Positions filled since 2013 (88 Headcount), %



SOURCE: GSM, GPEI HR Map August 2016

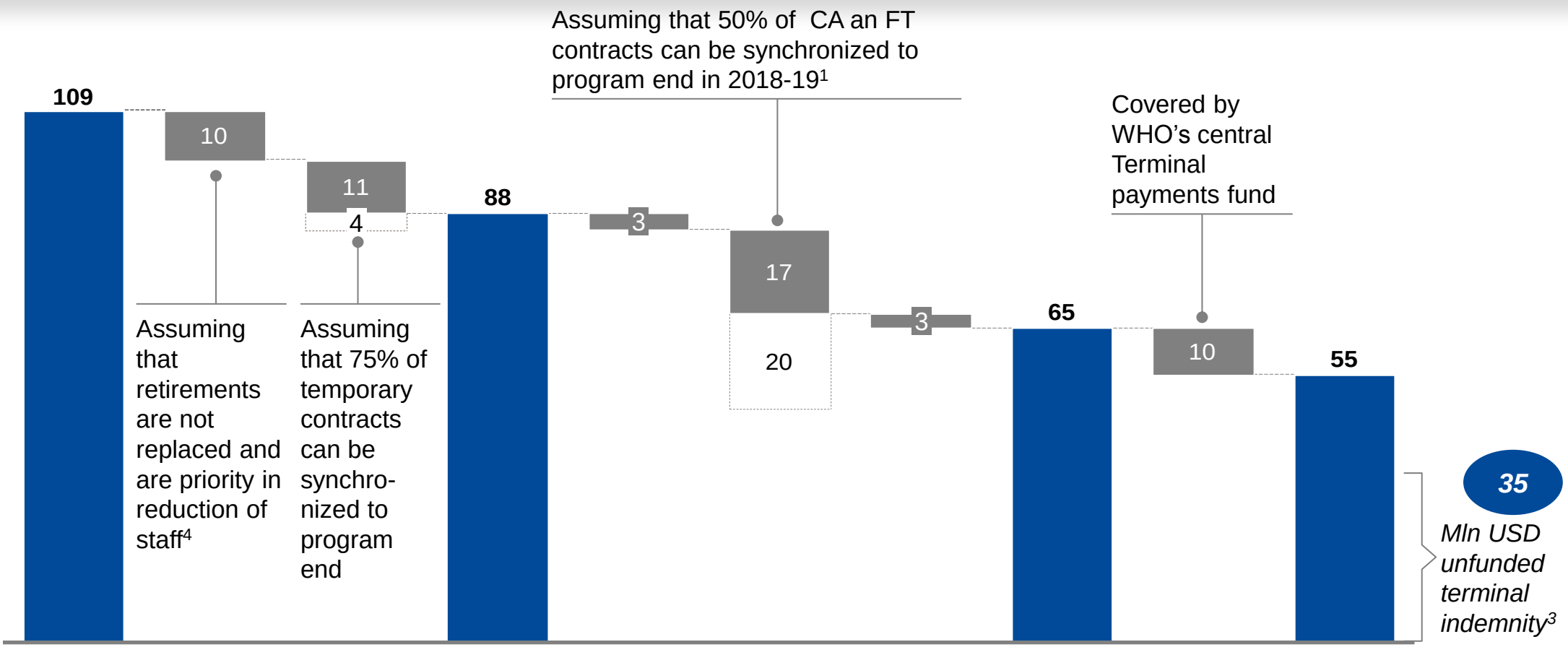
HR & FINANCIAL RISKS: Estimated Terminal indemnity costs in different scenarios

Scenario	Unfunded indemnity cost projection[1] - staff USD mln 2013	2016	Description/basic assumptions Mitigating actions in place
1 Abrupt closure in 2019, no proactive planning in place	105	109	✗ ▪ No proactive planning, no mitigating action leveraged
2 Closure in 2019, some mitigating actions leveraged	73	71	▪ Mitigating actions partly exploited: – 75% of non-staff and temp contracts synchronized to program end – For 30% of CA and FT contracts, notice can be given 9-12 months before program closure – Relocation, repatriation and unpaid annual leave are fully covered by WHO's central Terminal payments fund
3 Closure in 2019, all mitigating actions leveraged	44	42	✓ ▪ Mitigating actions fully exploited: – 100% of non-staff and temp contracts synchronized to program end – For 100% of CA and FT contracts, notice can be given 9-12 months before program closure – Relocation, repatriation and unpaid annual leave are fully covered by WHO's central Terminal payments fund
4 Closure in 2019, proactive planning, progressive ramp-down	n/a	55	✓ ▪ Progressive ramp-down of resources starting at the beginning of 2017, based on top-down budget targets by Region provided by the Global Polio team[3]; programme closure at the end of 2019 ▪ Retirements do not generate indemnity costs (i.e. retirees are always part of the annual decrease in staff) ▪ Mitigating actions are partly exploited, e.g. – Sync of 25% of temporary contracts, 50% sync of longer term contracts[4] – 25% of international P-staff on longer-term contracts can be re-assigned – More than 350 positions will have to be reduced between 2017 and 2019

[1] Scenario 1 includes also relocation, repatriation and unpaid annual leave that are covered by the Terminal payments' fund 2 Cumulative savings over 3 years
[3] Based on budget line for Technical Assistance and delay by one year for Lake Chad basin countries; assumption is that staff decrease is aligned to budget decrease
[4] No synchronization considered possible in 2017, as budget ramp-down assumes resources are already decreasing at the beginning of the year

Indemnity Costs: More Likely Scenario - 4

USD million, 2016 estimate for separation costs by end of 2019



1 No sync. assumed in 2017
2 Of which, 6 mln USD in 2017, 7 mln USD in 2018, 42 mln USD in 2019
3 20 mln USD have already been set aside for terminal indemnity
4 In case retirement age is moved to 65 years (for retirements after January 2018), indemnities estimate would be 3-4 mln USD higher

Managing HR Risks

- **HR Working Group** set up under the WHO Steering Committee, with Representation from WHO HQ and key Regions:
  - Develop, implement and monitor a **comprehensive HR management plan** for 2017-19, with specific milestones, aligned with the GPEI budget ramp down and to minimize WHO's total terminal liabilities.
  - Manage the **database of WHO staff funded by GPEI** across the three levels of the Organization.

EB HR Paper / Proposed Measures

- **Establishment of a monthly dashboard**, with contract expirations and retirements, and new positions, to **enable better planning and readjustment of resourcing levels**
- **Review of existing vacancies** to eliminate unnecessary positions and limits to further increases
- **Enhance oversight and tracking of non-staff contracts**
- Engagement with other programmes to **identify opportunities for internal reassignments** for P staff impacted by the polio transition, and to facilitate retention of skilled staff
- Introduction of a **review and approval process by Director, POL for all new longer-term contracts being considered globally** using GPEI funds

Post Polio Transition:
WHO Strategic Road Map 2016-17

WHO Programmatic and Country Capacity Risk Management

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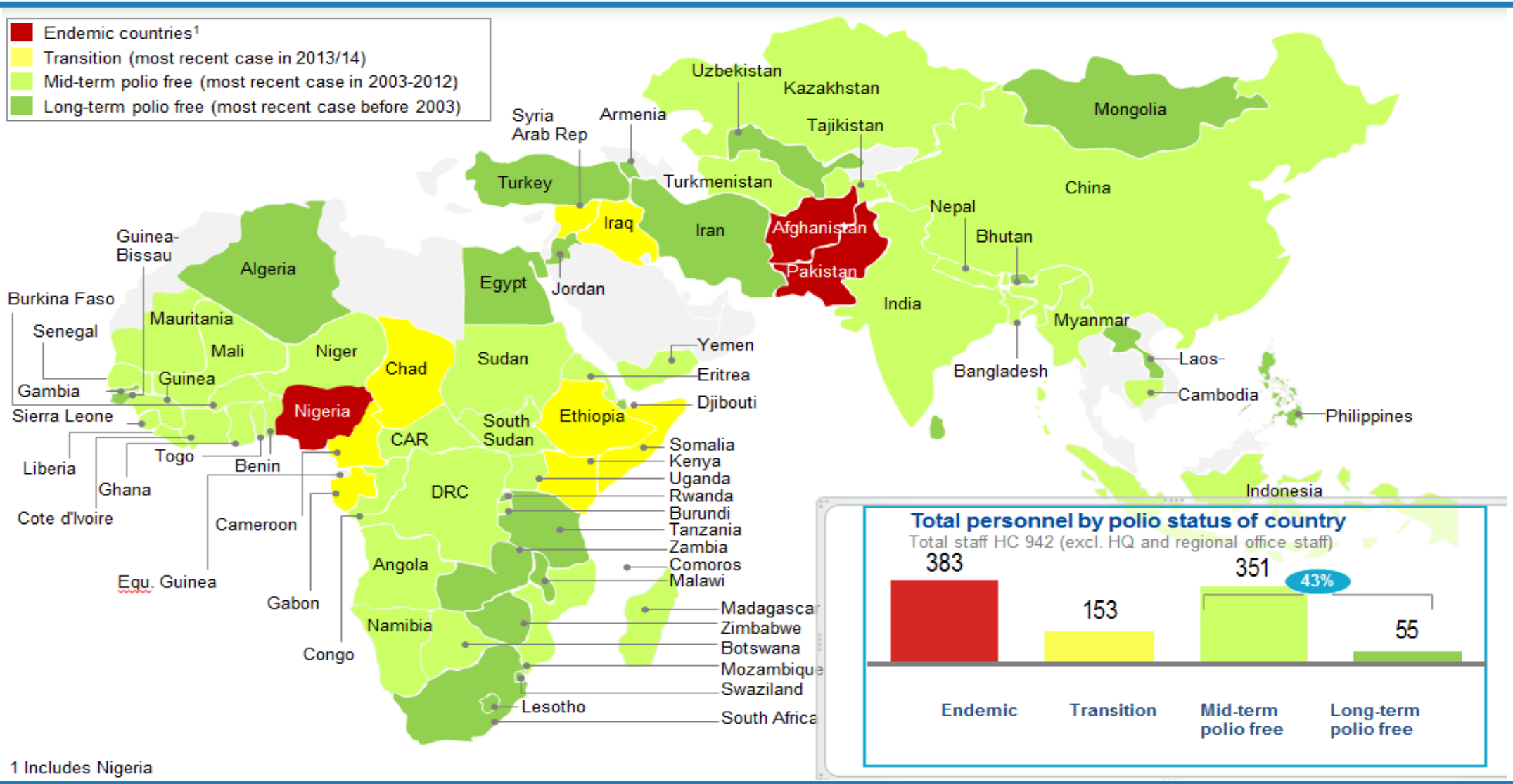
Footprint of Polio-funded Staff in Countries



1 Includes Nigeria

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GPEI funded workforce Activities & Roles

STAFF ONLY

WHO Headcount, staff occupied positions only

Activity area		% of staff contracts 2016	% of staff contracts 2013
Immunisation & Surveillance	▪ **Immunization campaigns**: National and regional campaigns ▪ **Routine Immunization and health system strengthening** ▪ **Active Surveillance and outbreak response**	23%	26%
Technical support	▪ **Technical support** for other polio eradication functions, mostly lab testing and data management	19%	17%
Operations support	▪ **Operations support** for other polio roles, in particular drivers and administration (incl. IT, Finance, HR)	56%	56%
Coord. activities	▪ **Coordination of activities**: Prog. and campaign management	2%	1%

SOURCE: GSM, GPEI HR Map August 2016

Programmatic Risks

- Studies and surveys estimate that Polio-funded staff spend **>50% of their time on non-polio activities**, including:

  - Immunization (Measles, New Vaccines, Routine)
  - VPD surveillance/ Immunization Info. Systems/ Monitoring
  - Maternal & Child Health initiatives / Child Health Days
  - Humanitarian emergencies / Disease Outbreaks
  - Sanitation & Hygiene
  - Health Systems Strengthening

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Managing Programmatic and Country Capacity Risks

- **Inter-Programme Working Group** set up under WHO Steering Committee, with participation of relevant WHO HQ departments and key Regions:
  - Commission an **independent study to analyse the consequences of the loss of polio funding** and assets on specific programme areas and WHO's country office capacity,
  - Develop **business cases** for integrating essential polio functions and other polio assets and engage external stakeholders

Post Polio Transition:
WHO Strategic Road Map 2016-17

GPEI Post-Certification Strategy

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Sustain a Polio Free World : Post Certification Strategy

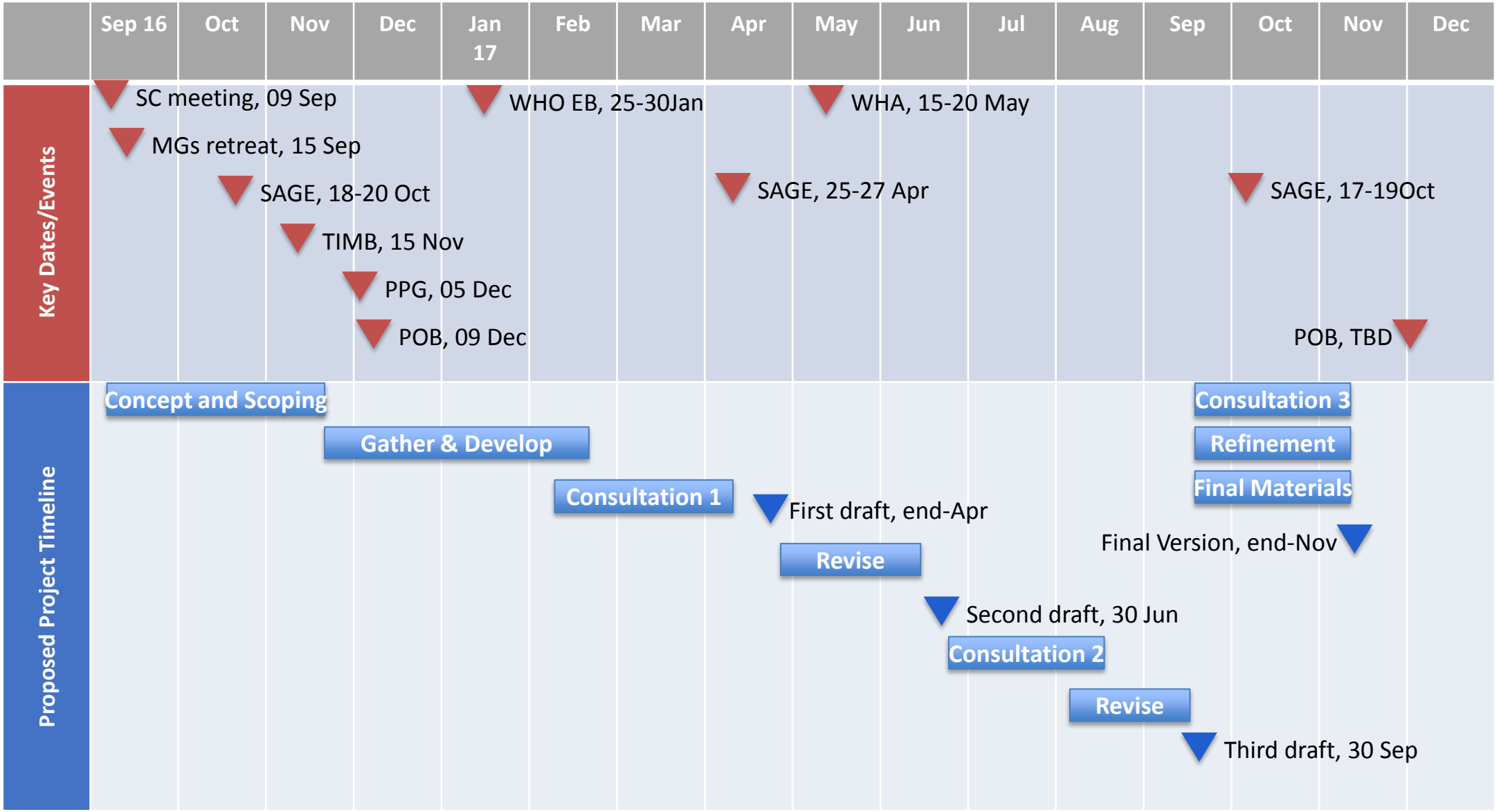
- Need to detail the specific functions, policy decisions, the mechanisms and the associated financial requirements to sustain a polio-free world;
- The **Post-certification Strategy** development process will consult extensively and be highly inclusive
- **Timeline**: expected to be finalized **by Q4 2017**

Post Certification Strategy Goals

Purpose: Define how a polio-free world will be sustained

Goal 1: Contain Polio Sources	Ensure potential sources of poliovirus are properly controlled or removed
Goal 2: Detect and Respond	Detect any poliovirus introduction and rapidly respond to prevent transmission
Goal 3: Protect Populations	Immunize current and future populations against unanticipated polio events
Goal 4: Manage Effectively and Monitor	Ensure polio is embedded in existing or develop new mechanisms to sustain the goals of polio post-certification

Post-certification Strategy: High-level Timeline



Thank you

Additional Slides

WHO staff headcount in AFRO counts 826 positions

WHO's polio funded personnel (staff – occupied[1] positions only)

	Headcount		
	2013	2016	Δ 2013-16
Regional Office	61	39	-36%
Nigeria	279	301	8%
DRCongo	87	85	-2%
Angola	77	76	-1%
Ethiopia	71	69	-3%
Chad	42	37	-12%
Niger	16	25	+56%
Others	204	194	-5%
Total	837	826	-1%

Observations[2]

- Regional office headcount has significantly decreased
- Total country office headcount is quite stable, however there is significant variability across countries

1 Includes new positions

2 To be further discussed with Regional teams

SOURCE: WHO GSM, August 2016, GPEI HR Map August 2013

Flexibility of staff contracts – share of continuing contracts doubled while temporary contracts increased only slightly

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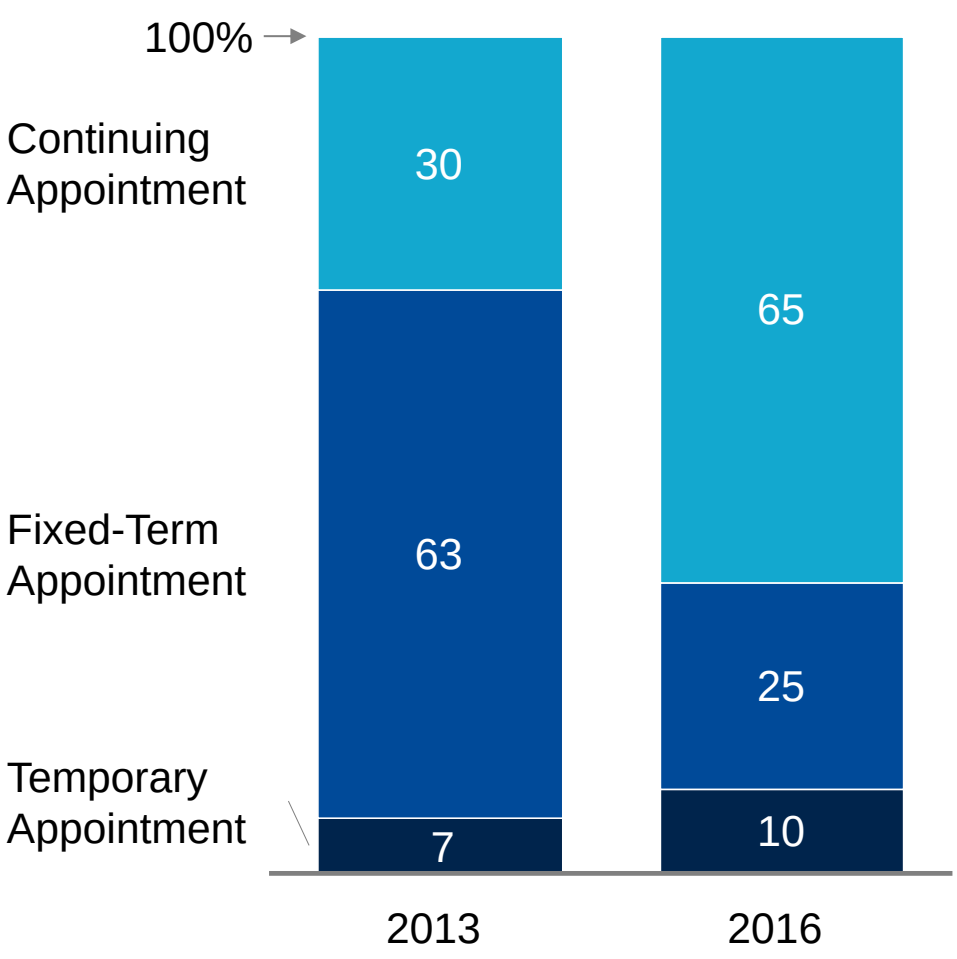
GPEI Headcount (staff contracts, percent on total)

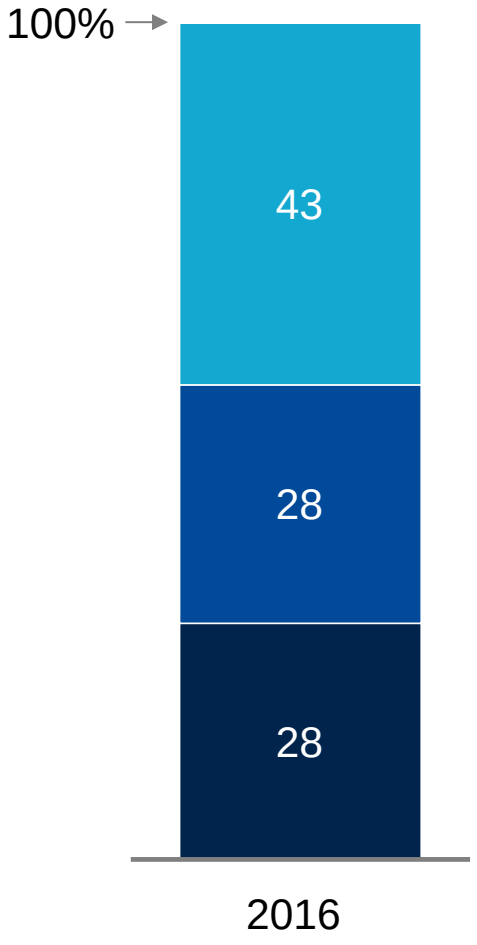
Share of temporary contracts is still low but it has slightly increased since 2013…

All contracts, %



…with 28% of new positions filled by temporary contracts

Positions filled since 2013 (141 Headcount), %



SOURCE: GSM, GPEI HR Map August 2016

WHO staff headcount in SEARO counts 39 positions, mainly located in India

WHO's polio funded personnel (staff – occupied[1] positions only)

	Headcount		
	2013	2016	Δ 2013-16
Regional Office	18	5	-72%
India	-	23	n/a
Banglades h	6	7	17%
Nepal	5	2	-60%
Myanmar	5	1	-80%
Indonesia	7	1	-86%
Total	41	39	-5%

Observations[2]

- Overall headcount in the Region has slightly decreased

1 Includes new positions

2 To be further discussed with Regional teams

SOURCE: WHO GSM, August 2016, GPEI HR Map August 2013

Flexibility of staff contracts – comparable contract structure for SEARO in 2016 and 2013, with slight decrease of temporary appointments

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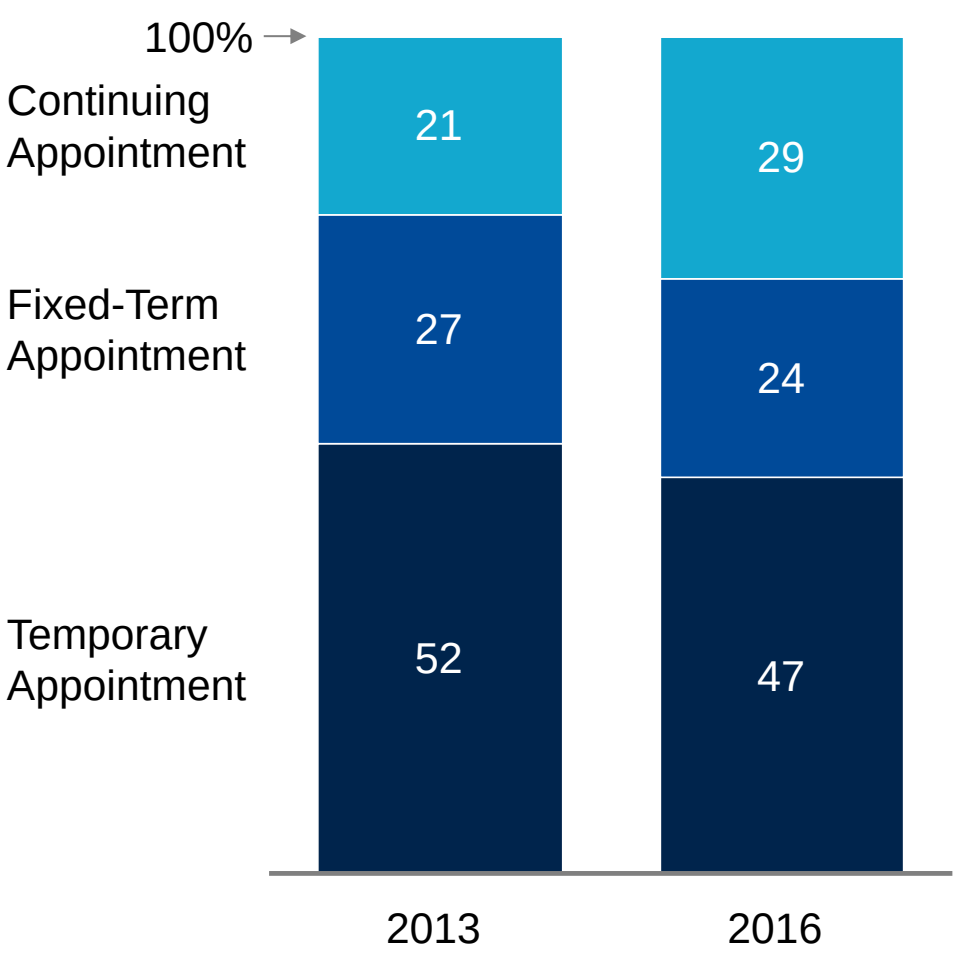
GPEI Headcount (staff contracts, percent on total)

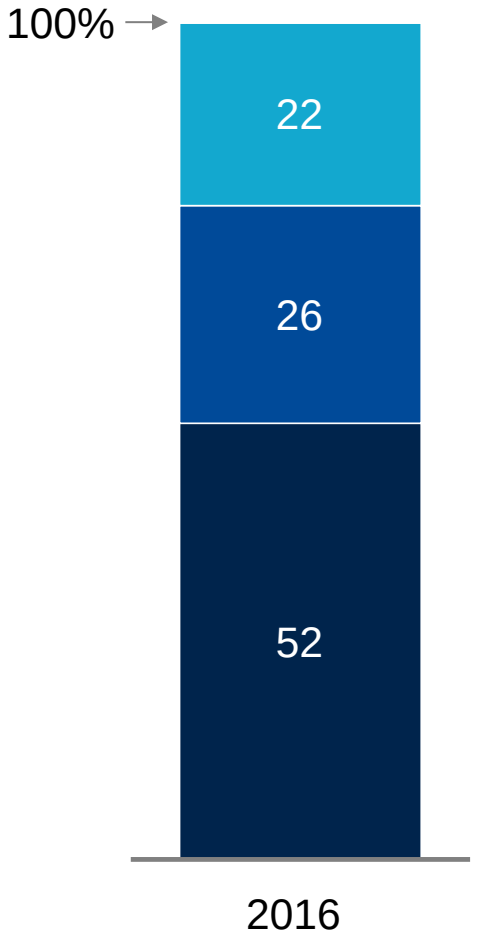
Share of temporary contracts since 2013 has slightly decreased…

All contracts, %



…although 52 % of new positions were filled by temporary contracts

Positions filled since 2013 (23 Headcount), %



SOURCE: GSM, GPEI HR Map August 2016

Managing HR and Financial RISKS:
Headcount reduction included in budget ramp-down estimates for 2017-2019

	2017	2018	2019
AFRO	-76	-128	-76
EMRO	-9	-13	-9
SEARO	-7	-5	-4
HQ	-12	-10	-7
Total	**-104**	**-156**	**-96**

PRELIMINARY

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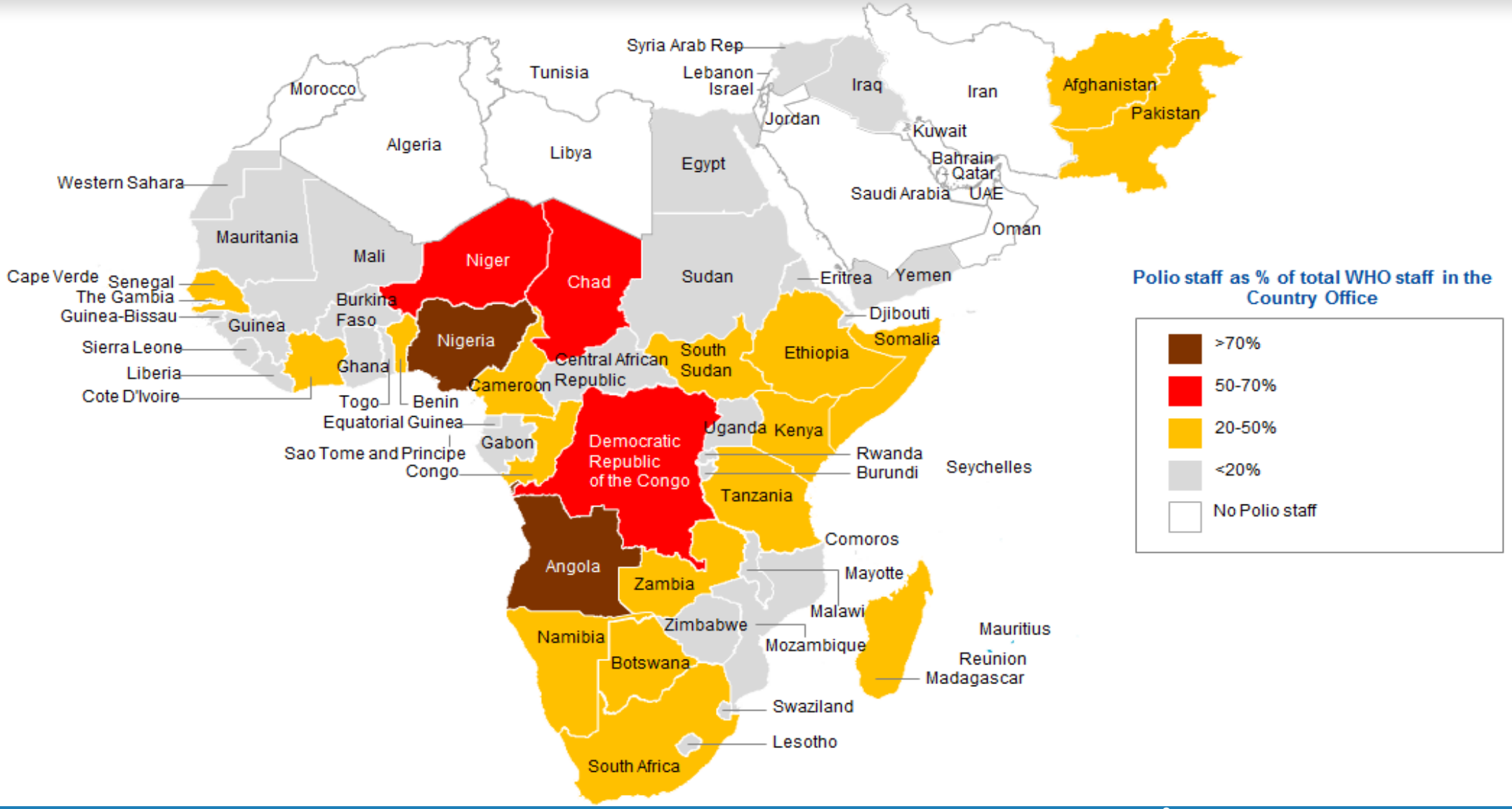
Polio funded staff as % of Country Office staff

Headcount (staff contracts, occupied only – only Country Office staff, AFRO and EMRO)



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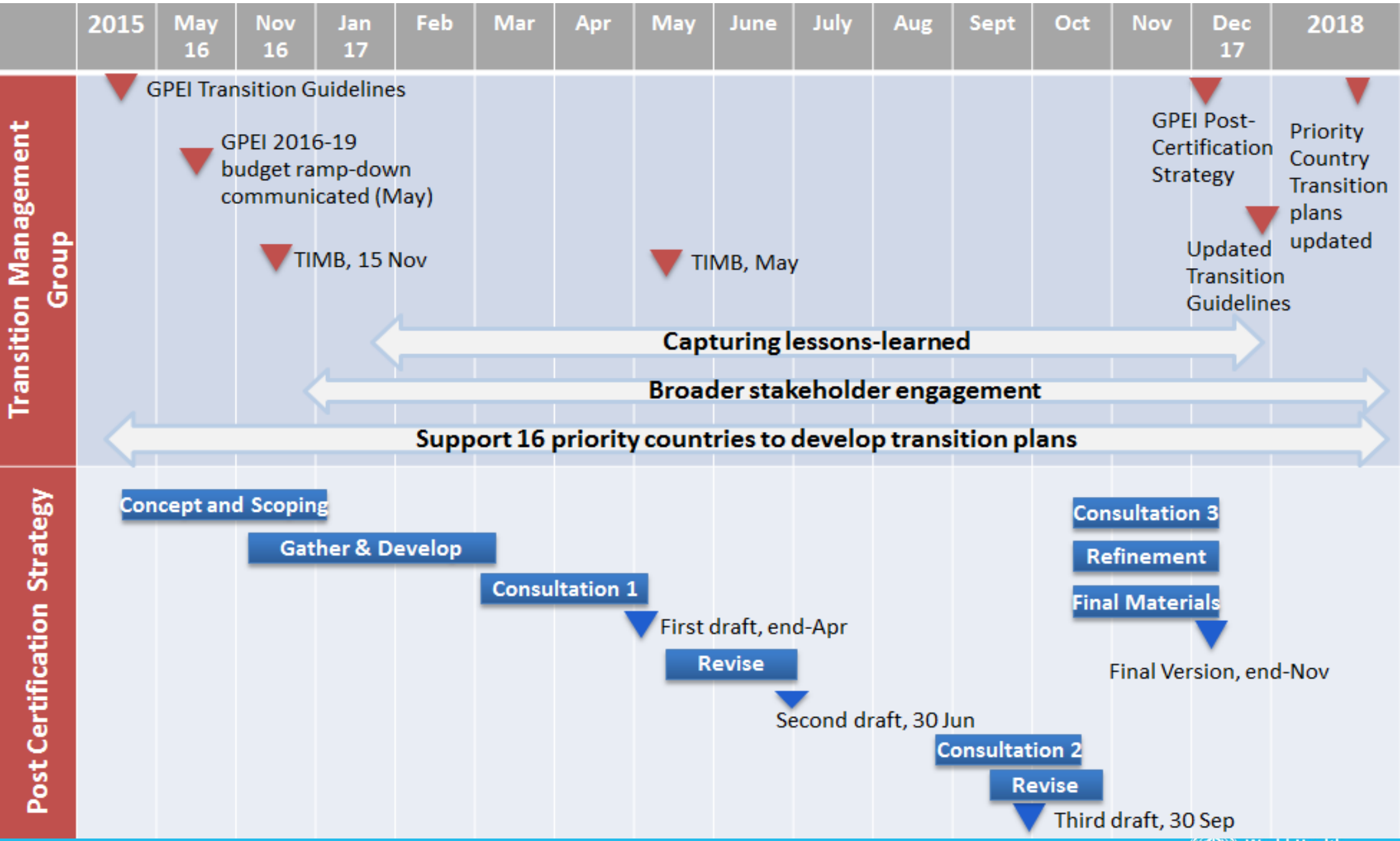
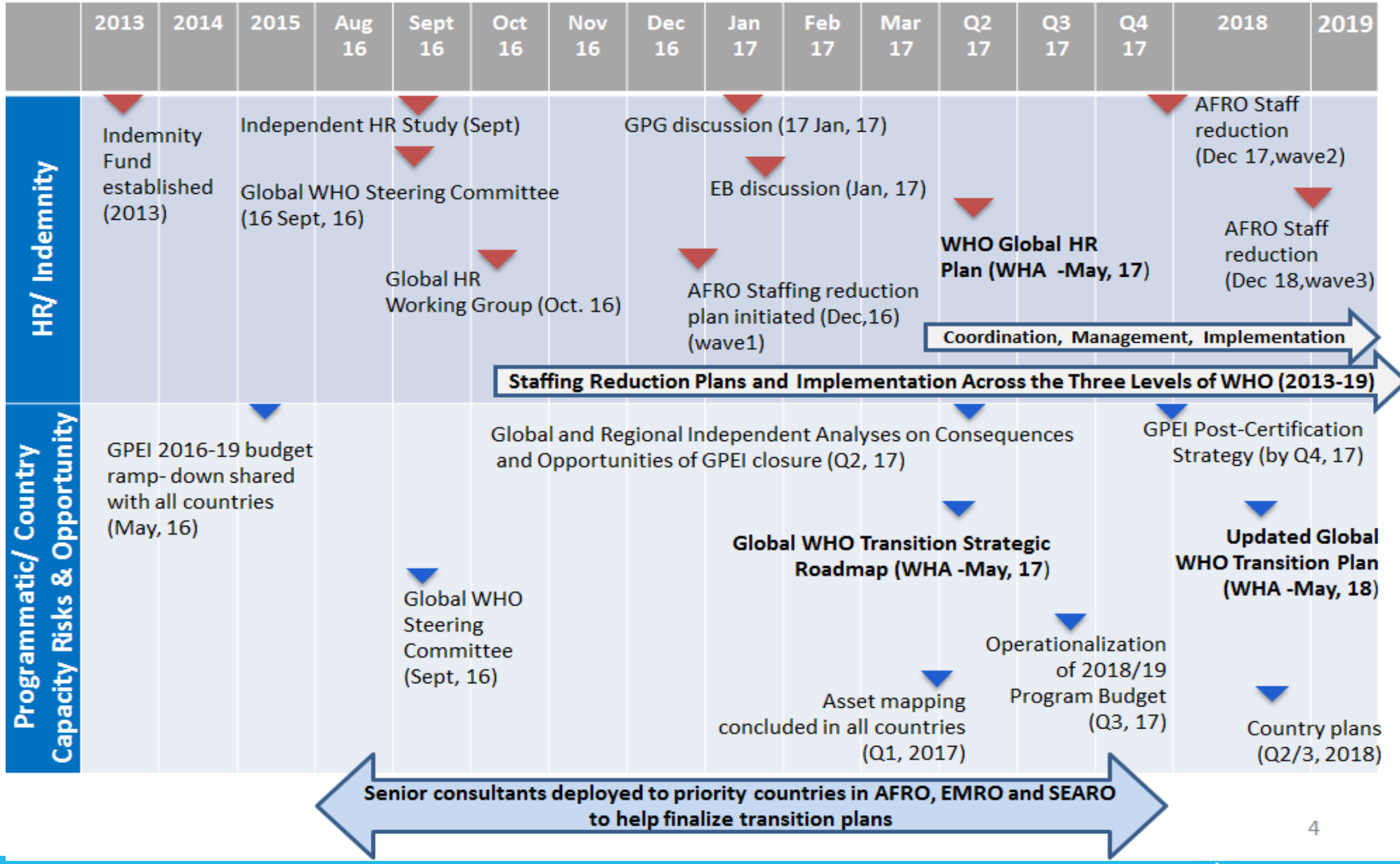
Country Capacity Risks

- Loss of polio funds and polio funded staff would have a **significant impact on some common country office operations** and **infrastructure.**
- In many AFRO and EMRO countries, polio-funded staff constitute 20% – 70% of total Country Office staff
- Polio funded staff provide significant operations capacity in countries (Administration, Finance, Data management, Security, Drivers, Logistics, IT)
- Value of “PSC/Indirect Costs” contributed by GPEI funding to WHO for 2016-2019 is approx.US$ 130 million.
- Polio funds Security Staff & assets in security compromised countries

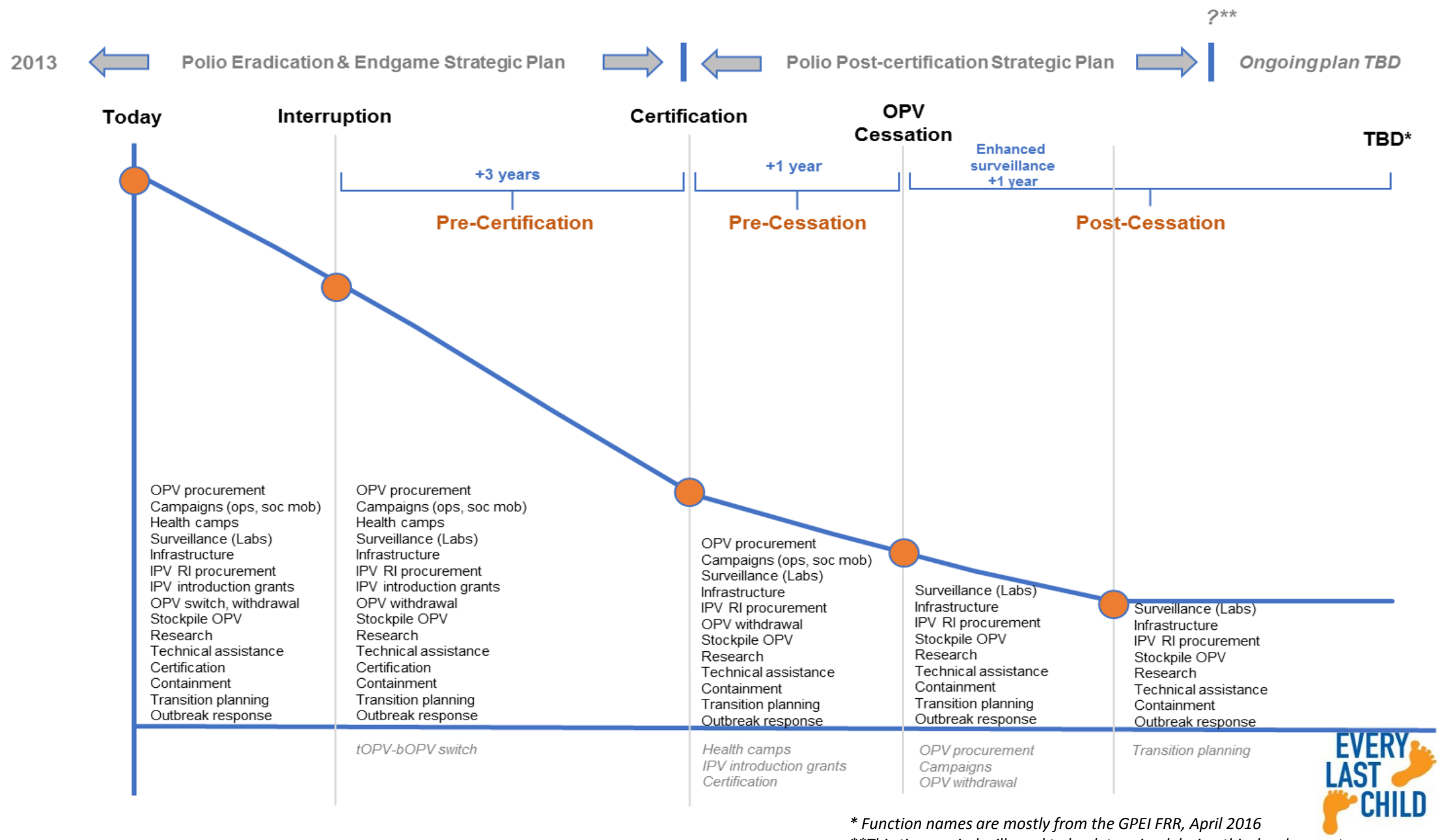
GPEI Transition Roadmap



Post-Polio Transition: WHO Strategic Roadmap 2016-19



Future Polio Milestones – ILLUSTRATIVE



** Function names are mostly from the GPEI FRR, April 2016*

***This time period will need to be determined during this development process*