

Polio Transition Planning

Programmatic Challenges

Polio Partners Group Workshop
31 March, 2017.



**World Health
Organization**

EB Decision 140/4

(10) decided to request the Director-General:

(a) to present to the Seventieth World Health Assembly a report that outlines the programmatic, financial, and human-resource-related risks resulting from the current winding-down and eventual discontinuation of the Global Polio Eradication Initiative, as well as an update on actions taken and planned to mitigate those risks while ensuring that essential polio-related functions are maintained, and to present a first draft of that report to a meeting of Member States before the end of April 2017;

(b) to continue reporting regularly to the Health Assembly, through the Executive Board, on the planning and implementation of the transition process.

(Tenth meeting, 27 January 2017)



High-Level Attention

- Acknowledgement of serious programmatic impact of GPEI ramp-down at country level
- DG and DDG closely involved – Polio Transition is now among the 7 Top Principal Risks for the Organization.
- Team within DGO established to coordinate globally
- WHO post-polio Transition Steering Committee
Co-Chaired by ExD/DGO and ADG/ GMG
- Active engagement of RDs, DPMs, WRs, HQ Depts.
- Updating of HR Risks and Financial Indemnities
- Gathering Scientific Evidence; Inputs from Stakeholders



Assessment of Programmatic Challenges

Key Observations

- Surveillance/Labs, Immunization, Emergency operations, Maternal & Child health, Neglected Tropical Diseases – Most Affected programme Areas;
- Polio Infrastructure used sporadically; Each country's transition plan will be unique;
- 3 Transition Approaches – Mainstreaming; Integration; Sunsetting;
- Government capacity to absorb essential polio functions will vary;
- Other WHO Programme areas may have limited budget capacity or plans to absorb polio assets in the short term.



Country Transition Plans – More than HR Risks

- Asset Mapping (Angola, Bangladesh, Chad, Ethiopia, India, Indonesia, Nepal, Nigeria, South Sudan)
- Transition Plans – Draft plans in progress from India, Nepal, Bangladesh, Indonesia, South Sudan, Nigeria

NEPAL – EXAMPLE: Current Surveillance Network – Only 2 Staff – Rest are Non-Staff

- **16 personnel in Central Office:** 6 technical officers, 6 support staff, 4 drivers
- **41 WHO field workers in 11 field offices:** 15 surveillance medical officers, 15 drivers, 11 administration and finance clerks
- 79 active surveillance sites visited weekly, 735 sites that provide weekly reports, and 1184 informers.



WHE & Polio Transition

POLIO TRANSITION PRIORITY COUNTRIES		
RO	Priority level for WHE	Polio Priority Countries for Transition
AFRO	Priority 1	Democratic Republic of the Congo
AFRO	Priority 1	Ethiopia
AFRO	Priority 1	Nigeria
AFRO	Priority 1	South Sudan
AFRO	Priority 2	Chad
AFRO	Priority 2	Niger
AFRO	Priority 3	Angola
AFRO	Priority 3	Cameroon
EMRO	Priority 1	Afghanistan
EMRO	Priority 1	Somalia
EMRO	Priority 1	Yemen
EMRO	Priority 2	Pakistan
EMRO	Priority 2	Sudan
SEARO	Priority 2	Myanmar
SEARO	Priority 2	Nepal
SEARO	Priority 3	Bangladesh
SEARO	Priority 3	India
SEARO	Priority 3	Indonesia

- Overlap between Priority countries for both programmes
- Detailed WHE country level business model / planning process initiated by WHE
- IHR/JEE – Explore engagement in few countries & National Action Plan Guidelines (eg: Pakistan)

Immunization & Polio Transition

Challenges to reach GVAP targets 2020

- **Measles and Rubella Elimination**
 - All polio transition priority countries are in M&RI priority list
- **19.4 million infants unimmunized, 2015**
 - 60% in polio transition priority countries
- **Maternal and Neonatal Tetanus elimination**
 - 18 countries left in AFR and EMR
 - 10 are polio transition priority countries
- **Coverage and Equity**
 - 90% DTP3 at national level: 126 countries
 - 80% DTP3 in ALL districts: 54 countries



Opportunities – Support SDG # 3

3 Ensure healthy lives and promote well-being for all at all ages

- African Continent – Immunization Business Case
- Measles Elimination
- Economic Analysis – NTDs delivery system
- Maternal / Child deaths – Surveillance
- Integrated Disease Surveillance
- Exploring links - Country Core Capacity Strengthening - IHR / JEE
- Early Warning/Risk Reduction/ Response - National & Global Risks
- Programme Management Structures & Information /Data Networks



5 Strategic Challenges

1. **Essential Polio Functions to be sustained**
2. **National Absorption Capacity**
3. **WHO Programme Absorption Capacity**
4. **WHO Country Office Capacity**
5. **Sunsetting / Divestment**



Next Steps – Issues under consideration

- **Vision:** Implementation Capacity at sub-national level?
- **Approach:** Mainstreaming **Vs** Integration **Vs** Sunsetting
- **Analysis of the 5 Challenges** – Confirm approach through use of Operational Planning for Programme Budget (2018-19)
- Develop **Strategic Roadmap** to address the challenges & Opportunities
- Development of **Options** for consideration by the EB in January 2018.

