India: Update on Country Transition Planning

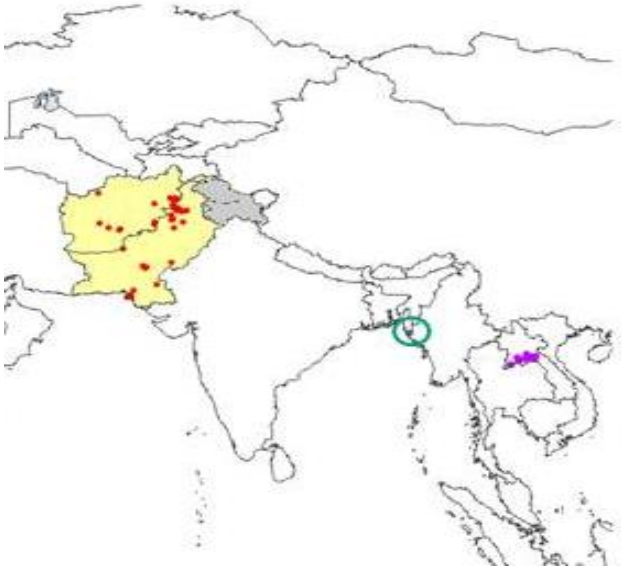
4-5 May 2017 Meeting of the Transition Independent Monitoring Board - London

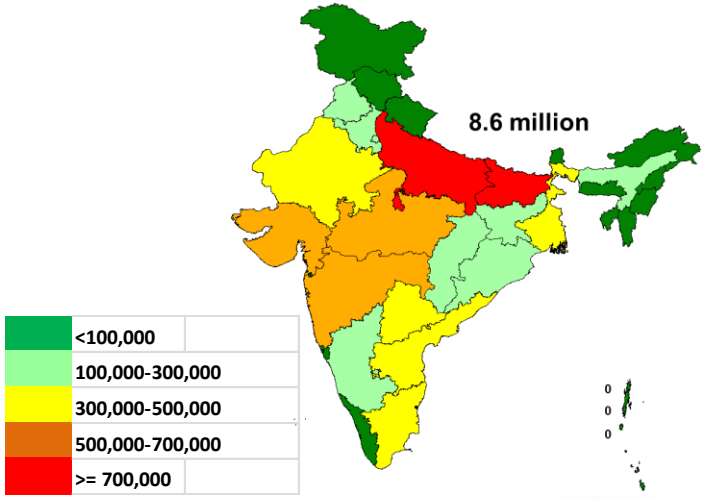
Objectives of the presentation

- Transition planning update
  - Context & country priorities relevant to transition
  - Asset mapping
  - Key lessons from polio
  - WHO transition update
  - UNICEF transition update
- Next steps by Govt
- Risks & Challenges identified
- Support needed

Context

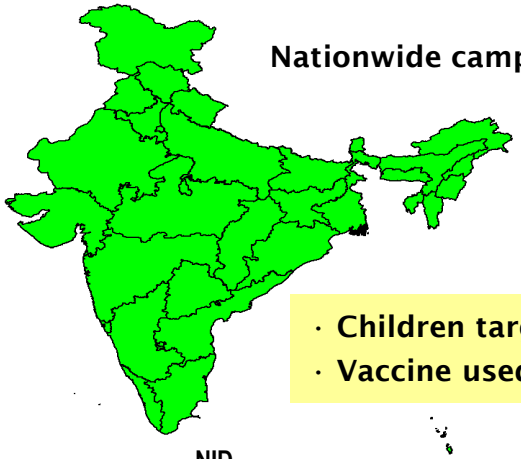
- India polio free since 2011 & certified in March 2014
  - Risk of WPV & VDPV importations from polio endemic countries (Pakistan & Afghanistan) in neighbourhood
- Estimated 8.6 million partially vaccinated or unvaccinated children in India; outbreak of measles, diphtheria
  - Full immunization India - 65%* (RSOC 2013-14)
- India committed to achieving Measles elimination & CRS control goals by 2020
  - Estimated 49,000 deaths annually
- Ambitious pipeline to introduce new vaccines in 2017
- Expanding scope of VPD surveillance





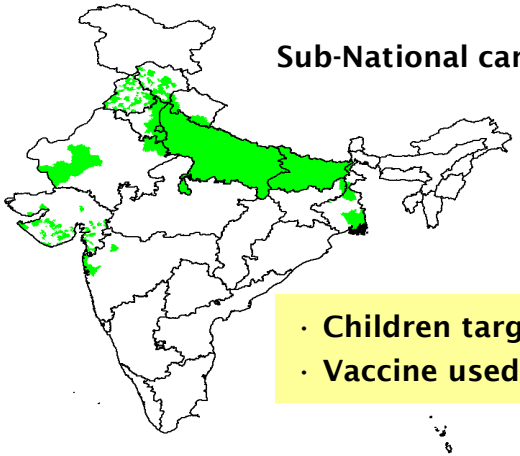
Context: Polio vaccination campaigns

POLIO GLOBAL ERADICATION INITIATIVE



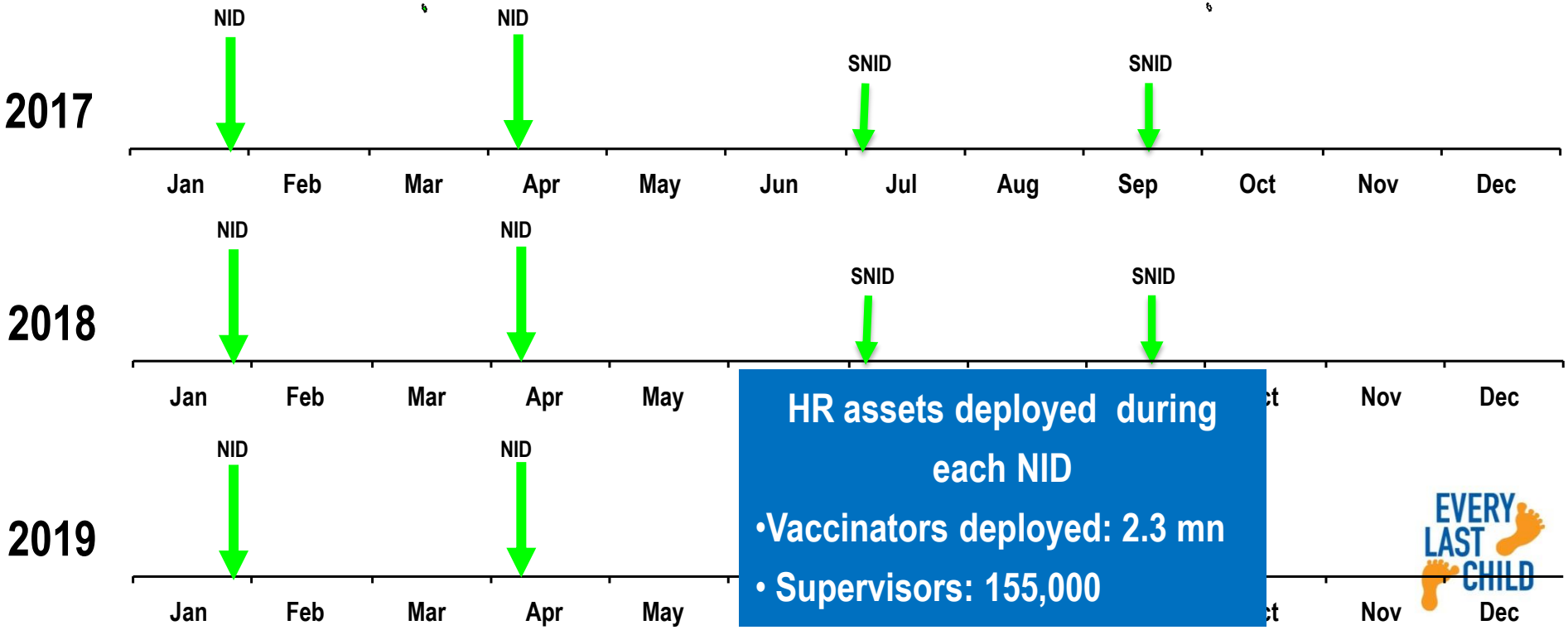
Nationwide campaigns (NIDs)

- Children targeted: ~167 million
- Vaccine used: bOPV



Sub-National campaigns (SNIDs)

- Children targeted: ~75 million
- Vaccine used: bOPV



HR assets deployed during each NID

- Vaccinators deployed: 2.3 mn
- Supervisors: 155,000

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Context: Burden of Communicable diseases

India
60% global leprosy burden
50% global kala-azar burden

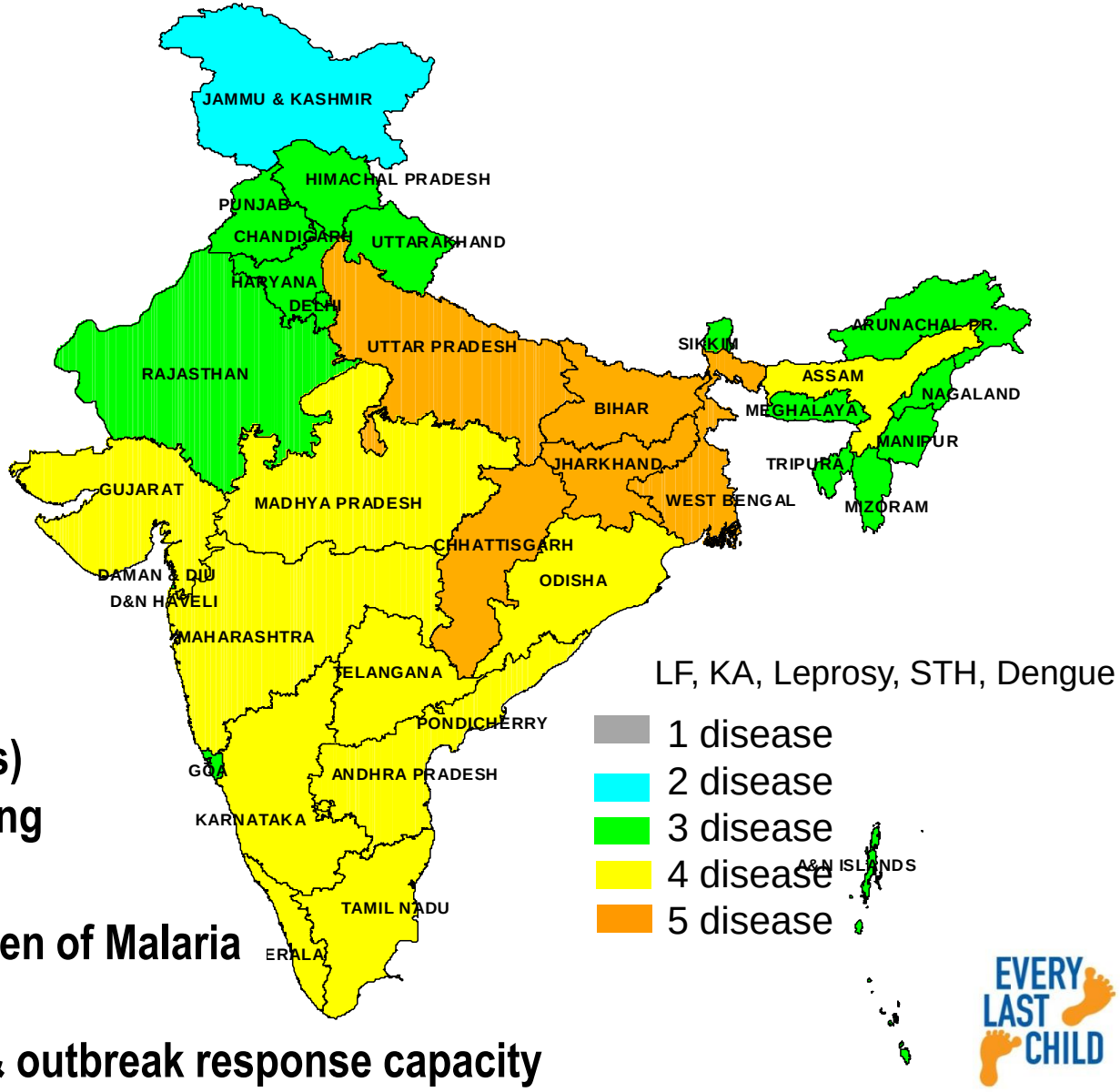
Lymphatic Filariasis
- 40% global burden of LF
- 255 districts/21 states
- Over 630 million pop at risk

Dengue in entire country

Every Indian child (1-14 years) needs one round of deworming

Third highest estimated burden of Malaria

Weak disease surveillance & outbreak response capacity

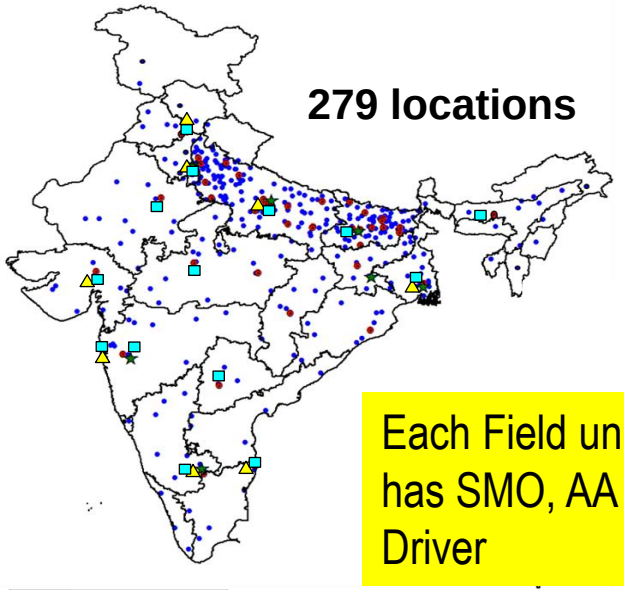


India priorities under National Health Policy 2017

- Govt of India committed to attainment of national health goals
  - Measles elimination & Rubella/CRS control by 2020
  - Full immunization 90% by 2020
  - New vaccine introductions: Rota, PCV
  - Communicable disease elimination targets
    - NTDs: Kala Azar - 2017, LF - 2020
    - Leprosy – 2018 , Malaria Cat 1 districts by 2020, TB - 2025
  - Reduction in maternal & child mortality
  - IDSP: strengthen detection & response to epidemic prone diseases

Key assets – WHO & UNICEF HR on the ground

- Polio network covers all districts in the country
- Mostly located in state government premises



Each Field unit has SMO, AA & Driver

- Regional Team Leaders (6)
- Sub-Regional Team Leaders (38)
- Surveillance Medical Officers (206)
- Polio laboratories (8)
- Measles laboratories (14)

Plus 964 field monitors in 12 states to monitor immunization activities & assist with planning

World Health Organization

unicef unite for children

7,000+ SMNet manpower in 3 states (UP, Bihar, WB)

49	123	750	6094
Sub Regional Staff	District Mobilization Coordinators	Block Mobilization coordinators	Community Mobilization Coordinators

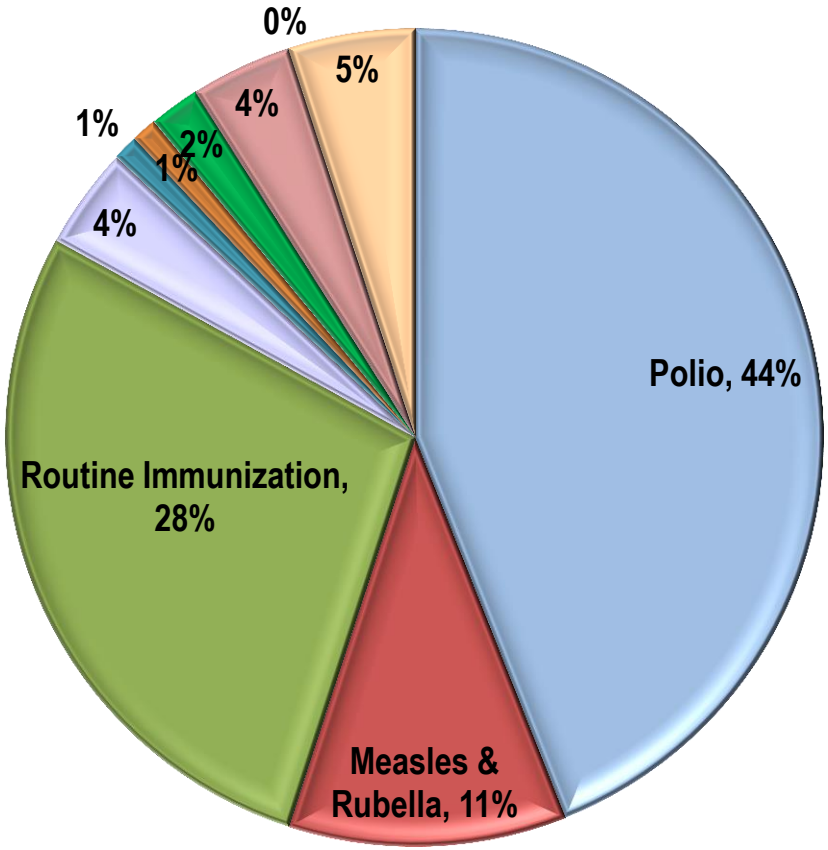
Plus
70,000 influencers
30,000 informers for migrants
85,000 children (calling groups)
2,000 religious and educational institutions
15,000 mosques

Key lessons from Polio

- Epidemiological and lab **SURVEILLANCE** of global standards
- Independent data driven monitoring (verification)
- Accountability framework – **State & district task forces**
- **Strong government ownership** developed over time
- **Seamless partnerships,** Donor & partner coordination
- Extraordinary level of **advocacy**
- **Strategy – flexible, continuously adapting to local context**
- Unprecedented **community & social mobilization** efforts locally supported by UNICEF, CORE, Rotary, WHO, other CSOs, CBOs
- WHO NPSP has credibility and trust with district, state and national government
- UNICEF, and CORE supported SMNet have ground-root presence, trust and reach to high risk communities in UP, Bihar, and WB
- Technological innovations and local scientific research, guidance by IEAG
- Strengthening government capacities & institutions

GPEI funded staff already spend time on other public health priorities

Time allocation of polio staff to support other health priorities - 2014



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Source:
Boston Consulting Group - Polio legacy survey of ten countries
Oct, 2014

WHO Transition update

Moving From Polio to Public Health

Transition Planning for WHO-NPSP: Process-Timeline

- **February 2016:** MoHFW (GoI) formally established a Core Group for Polio Legacy Transition Planning for WHO-NPSP
- **April 2016 onwards**: strategic transition plan & workforce strategy development
  - implementation of strategies, including detailed HR, communication & advocacy, and funding plans
  - Fully document lessons learned, mapping of assets
  - 7 regions reduced to 6
- **Dec 2017:**
  - Fleet of vehicles retired with non renewal of 300 SSAs & function outsourced
  - 17 field units closed

WHO NPSP Transition Options

	Phase Out	Immunization/VPD Focus	Communicable Disease (CD) Integration	CD Expansion
BENEFITS	• Focuses on core functions • Manageable workload • Significantly reduces personnel liabilities by 2021	• Support additional immunization activities • Aligns with known available funding from GPEI and Gavi • Workload likely to remain manageable	• **Utilizes NPSP expertise to address additional health priorities** • **Builds skills and capacity of workforce** • **Potential wider options for funding**	• Further expansion of workforce to address entire CD
RISKS	• High attrition with potential for loss of high performing personnel • Polio-related activities at risk and reducing the ability to respond if there are WPV/VDPV cases in-country	• Missed opportunities for expansion to other public health needs • Increase attrition of SMOs • Isolation of NPSP from other WCO activities	• **Core goals of maintaining polio free India may be compromised if program transition is rushed** • **Additional activities may overburden workforce** • **Potential for drop in quality of work due to lack of expertise in new program areas** • **Growing pains for "One WHO"**	• Risks will accentuate • Increased liabilities for WHO

Ref: Transition Plan for National Polio Surveillance Project (NPSP), WHO-India; Meg Thorley & Brent Burkholder 12 June 2016 (page No.34)

Guiding principles for transition (I)

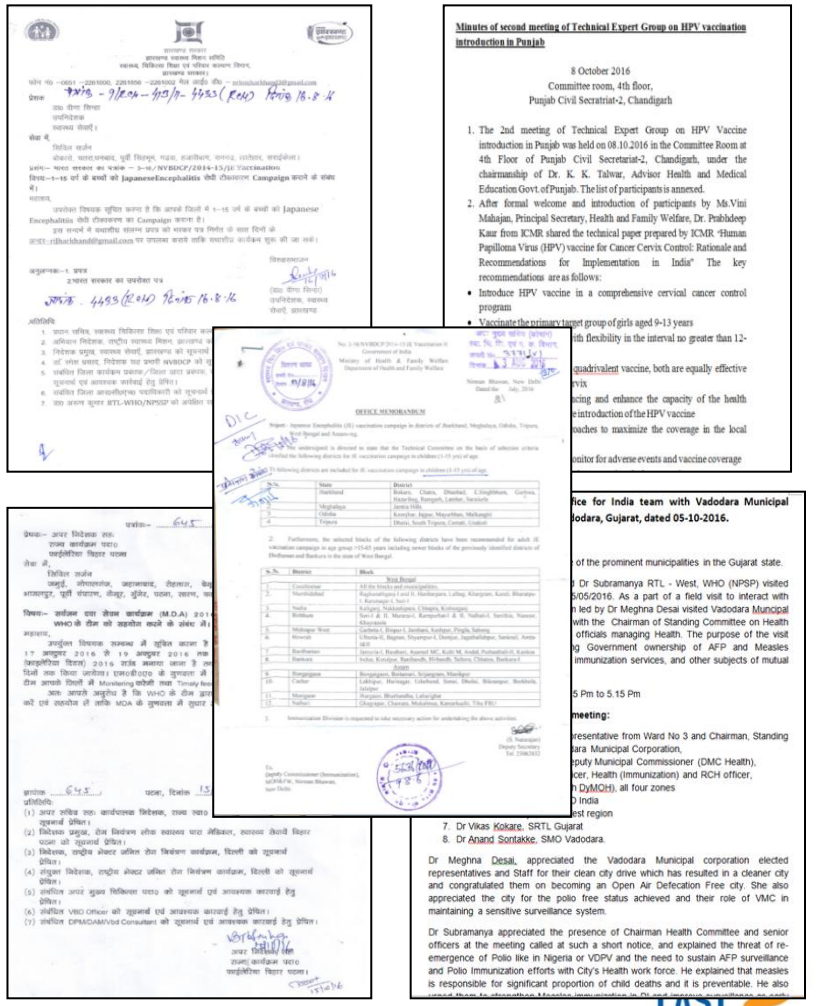
- Reduce financial & HR liabilities - **Gradual scaling down of polio operations**
  - **30% by 2019 and 50% by 2021; reduce liabilities**
  - Complete phase out by 2026
- **2017-2021 : Phase 1:** focus on building capacity in mainstreaming essential polio functions, immunisation related activities, NTDs, IDSP and Malaria
- **2022-2026 : Phase 2:** continue technical assistance for immunisation, IDSP, Malaria
- **Assessment of progress**
  - **2018:** review risks and mid-course corrections
  - **2020:** review and forward planning through 2026

Guiding principles for transition (II)

- WHO to take additional responsibilities only if needs and demands are **matched with adequate resources**
- **Discussion with donors**:
  - Govt of India
  - BMGF, Global Fund, US CDC, GAVI, Sasakawa,
  - USAID, DFID
- **Close collaboration and partnership with government for a smooth transition**
  - **Government to increasingly finance the program** from current 10% ($ 3/30m) to at least 40-50% ($ 8-10/20m) by 2019
- **Focus on building government capacity**

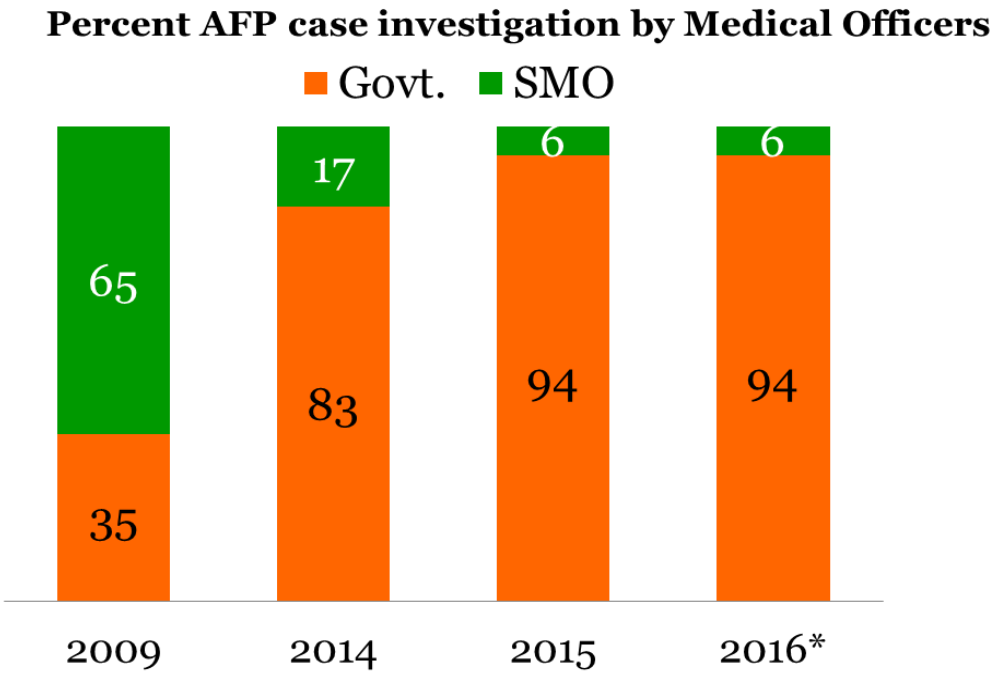
Demands to WHO/NPSP for Transition to Public Health

Sample of National Program/ State Requests in 2015/2016
NTD – Kala Azar
Union MoH requested NPSP engagement in monitoring indoor residual spray (IRS) for Kala Azar
Lymphatic Filariasis Elimination
State government requests MDA monitoring in Bihar
Leprosy Elimination
National Program request for assistance with post-leprosy case detection campaign evaluation in 14 States (44 districts)
Non-Polio Immunization Requests
Mission Indradhanush (for RI), Measles/Rubella, HPV, PCV, Japanese Encephalitis, AEFI surveillance
Malaria Control and Elimination
Union MoH requests NPSP engagement in malaria elimination
State government, Goa
Vadodara Municipal Corporation, Gujarat
State government, Andhra Pradesh
NVBDCP requests to assist in Assam
Zika
National government request to report GBS from AFP surveillance data



Handing over select functions to the government

- Polio laboratory costs ($3 million/yr) handed over to government Jan 2014 onwards
- Investigation of AFP cases being transferred to Govt



Quality Assurance by WHO SMOs

** Data as on 20 August 2016*

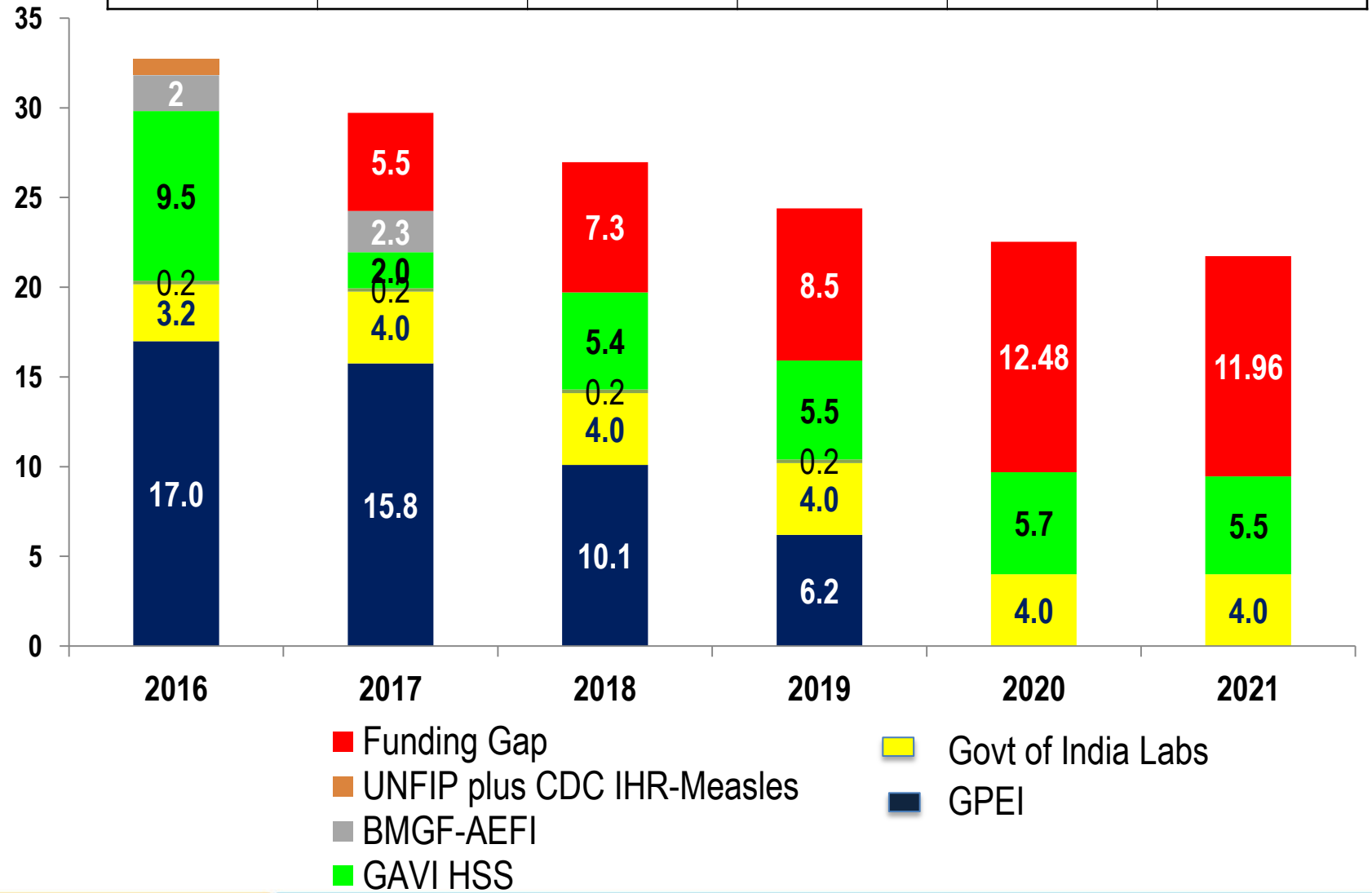
Building new capacities to move to public health

- Going beyond polio, but SURVEILLANCE remains core
- Greater focus on building capacities of government staff including transfer of best practices
- Building capacity of Surveillance Medical Officers (SMOs):
  - Epidemic Intelligence Services training in partnership with CDC to prepare for IDSP & outbreak investigations 75 MOs over three years
  - ALL SMOs for transition to public health with geographical focus on specific diseases
  - Leadership and management training
- Building capacity and career transition for AAs

WHO: Budget requirements and anticipated resources, 2016–2021

Budget requirement					
2016	2017	2018	2019	2020	2021
30.83	29.73	26.97	24.41	22.5	21.7

US$ millions



WHO NPSP request to Govt of India for funding support

Summary of funding gap for WHO-NPSP activities for the year 2017-2021

Description of the activity	2017	2018	2019	2020	2021
	(mil USD)	(mil USD)	(mil USD)	(mil USD)	(mil USD)
Field Monitors cost	1.72	2.18	2.63	2.08	1.51
External Monitors cost	1.30	1.35	1.40	1.46	1.53
Training cost	0.86	0.85	0.61	0.54	0.53
Remuneration for Medical Officers	1.60	2.88	3.84	8.40	8.40
Total	**5.47**	**7.26**	**8.48**	**12.48**	**11.96**

EVERY LAST CHILD

UNICEF Transition Update

- Discussions National & State government 2013-2016
- Deloitte Evaluation 2013-2014
  - SMNet relevant, effective, efficient/value-for-money, sustainable and had critical **impact** contributing to the larger goal of polio eradication through changing behavior in an efficient, flexible, dynamic manner".
- Mapping, Lessons and Transition Study (PWC 2015- Jan 2016) - fed into discussions
  - lessons and critical factors, mapping geography and roles (current/future potential) and proposed scenarios for consideration. Fed into state discussions.
- National Agreement Nov 2015
- States Plans (PIP) development early 2016

- SMNet Convergent work, gradual - since 2009 RI+ Other MCH interventions (breastfeeding, diarrhea management, handwashing)
- SMNet refocusing on RI particularly, and some broader health, nutrition, sanitation, as per states' request.
- TORs revised as per discussions with State Govt, WHO, UNICEF (Programmes as per current TORs in SMNet states given below)

Uttar Pradesh	Bihar	West Bengal
• Routine Immunization • Polio Campaigns • Mother & Child Tracking System registration • Use of ORS/ZINC in CMC areas	• Routine Immunization • Polio Campaigns • Capacity Building of Field Level workers	• Routine Immunization • Polio Campaigns • Support in other Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCHA) services

Transition of Polio Programme Assets- UNICEF

- Discussions over several years, culminated in November 2015 agreement between GOI and UNICEF

Structural & Human Resource Transition:

- GOI & UNICEF agreed ,UNICEF continue to manage through 3rd party & offer technical support
- Changes in roles of SMNet cadre to fit new priorities (new TORs)
- Results based – agreed performance indicators
- **[UNICEF Staff- 19 staff in 3 offices reduced in 2016 to 9, integrating into health. Change management process supported]**

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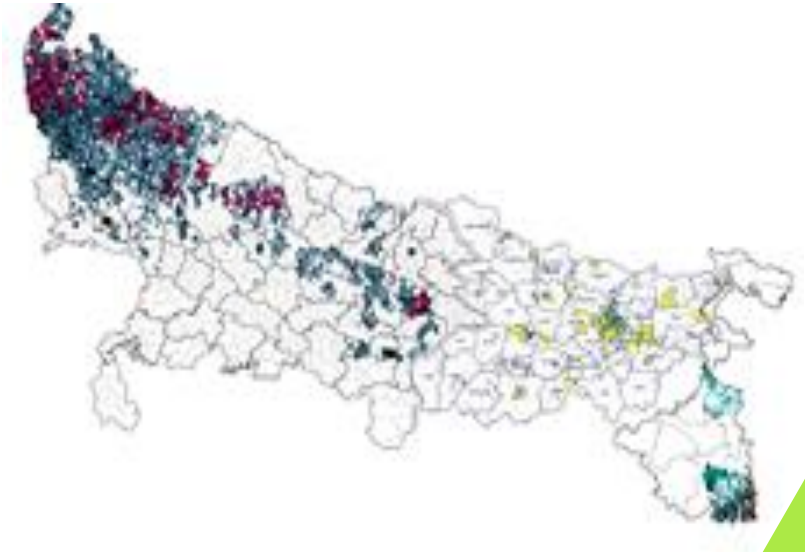
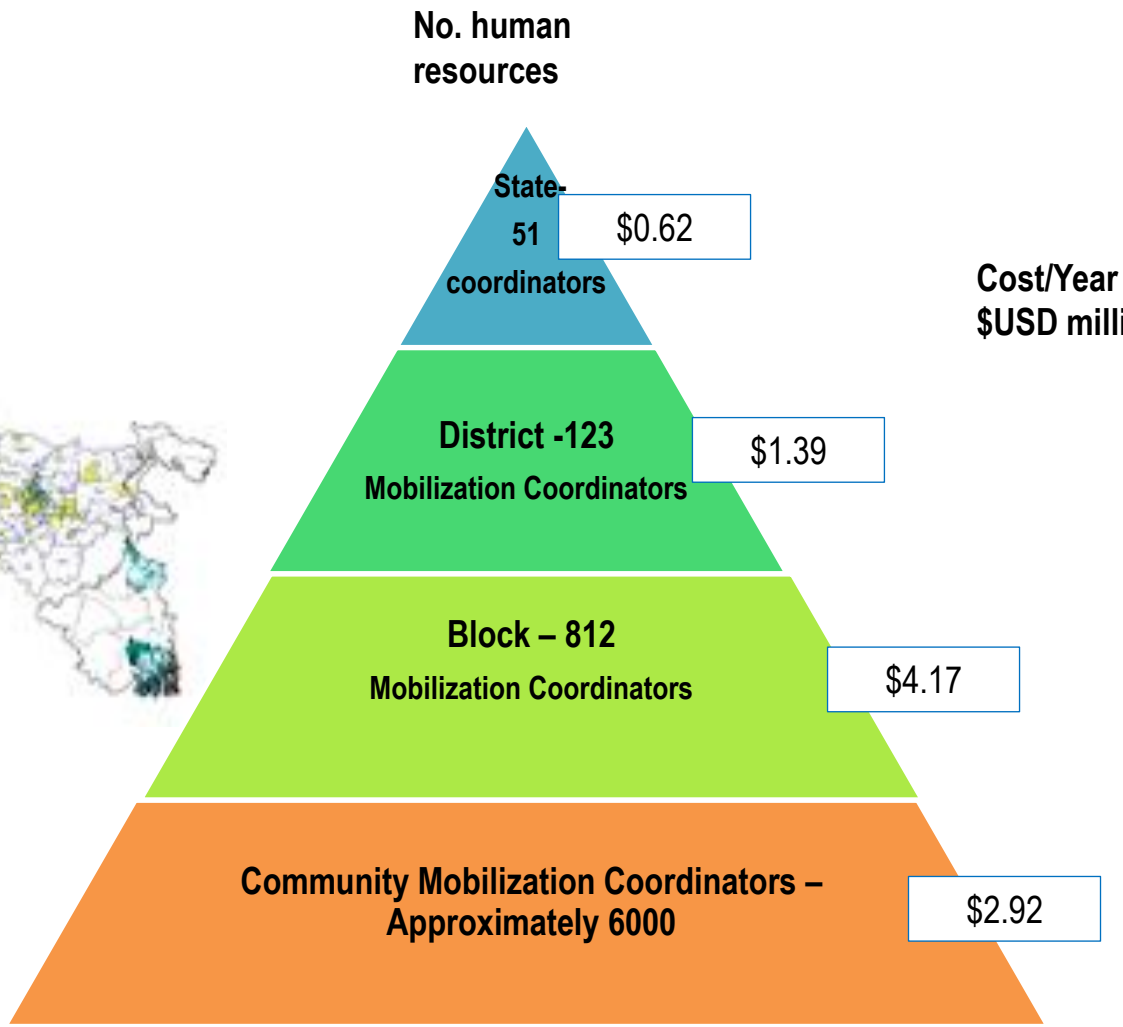
Government Engagement Funding & Ownership:

- GOI agreed to fund SMNet progressively until March 2018. Thereafter states to take over/determine funding and role
- States included plans in their Programme Implementation Plans (PIP): UP 2015-2016 (USD .8m); UP & Bihar 2016-2017 (2.1m & 1.5m) & 2017-2018 (4m & 1.9m)
- Specific SMNet (eg Block Mobilization Coordinators) identified to be funded
- In West Bengal - UNICEF will contribute 40% (USD 215,000) of the cost and state will provide 60% (USD 320,000) of the total cost).

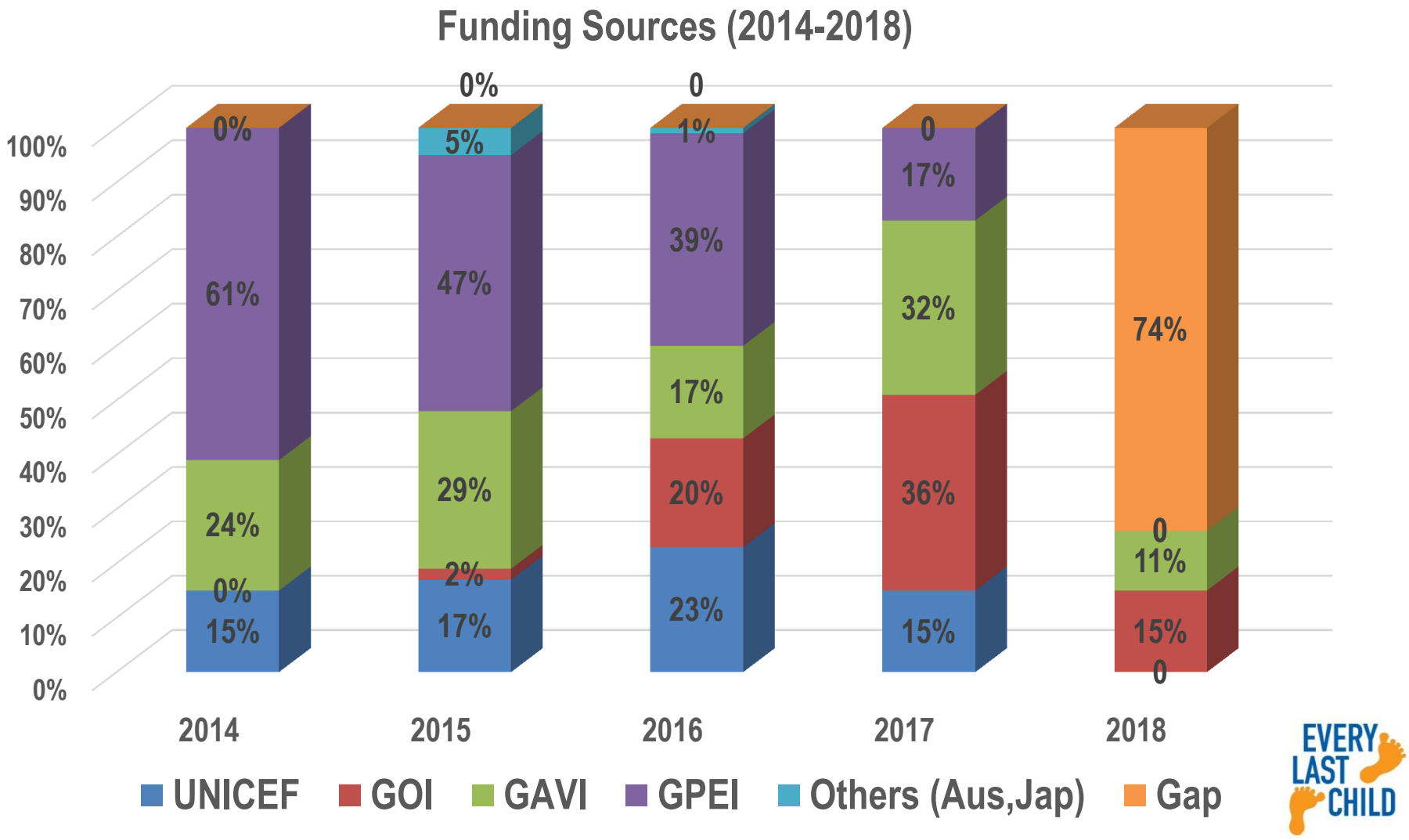
Social Mobilization Network (SMNet)

Approximately 7,000 Personnel





Funding transition



Funding Transition UNICEF

	2016	2017	2018*
UNICEF	2.7	2.29	TBC
GOI	2.08	5.4	1.8
GAVI	1.9	4.9	1.33
GPEI	4.38	2.65	TBC
Others	0.08	0	TBC
Gap	0	0	9.1

All figures in million USD

***Current GOI and GAVI funding is till March 2018.**

Next Steps

Steps being taken by MoHFW to address funding gap for WHO & UNICEF

- Direct funding support to WHO NPSP
  - Lab support: to continue @ $ 4m/year
  - Trainings/capacity building workshops: $ 1.0 m/year
  - Support increasing % of core NPSP budget from 2017

- State Project Implementation Plans (PIP) for National Health Mission (NHM) to finance incrementally up to a maximum of:
  - Field monitors: $ 4 m/year
  - External monitors: $ 1.3 m/ year

- MoHFW to facilitate a cross-departmental dialogue with urban health, NTD, malaria and IDSP.

- MoHFW approved 2017-2018 co-funding of SMNet through NHM funding: Uttar Pradesh (UP), Bihar, and West Bengal (WB) states

Risks identified

- Maintaining quality of core polio functions: EPRP: VDPV, Importation, IPV – risk of impairment
- Maintaining support to RI strengthening to reach FIC of 90% compromised
- Capacity building, micro planning, community mobilization affected
- Weak monitoring & supervision
- Support to Measles elimination & Rubella Control impaired
- NUVI (PCV, Rota, MR, JE) quality and coverage, likely to be impacted
- VPD surveillance roll out, risk of impairment
- Other NTDs targeted for elimination, challenged
- Legal litigation, reputational risks and public agitation
- Anxiety and demotivation due to uncertainty

EVERY LAST CHILD

Challenges Identified

- Increasing attrition of HR, especially SMOs, SMNet Coordinators
- Capacity of govt at state & district levels to take over functions performed by NPSP ensuring maintenance of quality
- In a few states critical vacancies of government Medical Officers - making transition difficult
- Maintaining quality of core polio functions
- Pressure to respond to unfunded public health priorities
- Mobilizing sustained core funding in the face of declining GPEI support beyond 2018
- Significant funding gaps beyond 2018/2019 – leading to uncertainty regarding future
- Meetings costs of transition process: consultants, communications, admin support, legal implications, ex gratia payments, outsourcing costs

Support Needed

- Country's needs and priorities should dictate pace of transition
- Govt of India is committed to sustaining network beyond 2019
- GoI working on arrangements to support part of core WHO NPSP requirements from 2017 to 2021
- Social Mobilization network need for support beyond March 2018
- Donors and developmental partners should help to sustain polio network beyond 2018 for: maintaining Polio free India, strengthening routine immunization, and wider public health gains

POLIO GLOBAL ERADICATION INITIATIVE

THANK YOU

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