First Draft of the Report on Polio Transition Planning

Meeting of Member States
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;
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, and is being tracked;
- WHO post-polio Transition Steering Committee Co-Chaired by ExD/DGO and ADG/ GMG;
- Active engagement of RDs, DPMs, WRs, HQ Depts;
- Establishment of a Global HR Working Group to strengthen planning, coordination and monitoring of HR Risks and Financial Indemnities;
- Regional Committees – discussing Polio Transition Planning.
GPEI has developed and communicated Provisional Budget Decreases for 2017-2019;

Since the current GPEI budget will have to be extended to 2020, the ramp down will be accelerated for non-endemic polio-free countries in 2018-19.
Draft Report Development

- Small team within DGO to coordinate and draft report;
- Information secured from AFRO, EMRO, SEARO; WHO Country Offices; Relevant HQ Departments;
- Common Templates provided / Structured Interviews;
- The focus in this Draft Report is the identification of Programmatic Risks and potential opportunities for mitigation;
- HR & Indemnity Risks, and associated mitigation actions, are detailed in the Annex to the Poliomyelitis Secretariat Report to the 70th WHA (A70/14).
Key Summary Observations

- **Programmatic Risks**: Immunization, Emergency Operations, Maternal & Child Health, Neglected Tropical Diseases, and Health Systems at sub-national level will be impacted;

- Sustaining essential polio functions Post-Certification of polio eradication and ensuring a polio-free world;

- **HR Risks**: 1080 WHO Staff positions funded by GPEI (3% reduction since end 2016); there are >6,000 non-staff contracts; AFRO, SEARO have initiated HR process – workforce reduction, career transition support;

- **Terminal Indemnities**: estimated to be US$ 55 million; the fund established now has US$ 40 million set aside;

- **Organisational Risks**: Complexity, Capacity to support Member States, Budget & Financing.
Programmatic Risks and Opportunities
Impact on Immunization

**Risks**

- 90% of AFRO Immunization staff – funded by Polio
- **Immunization Coverage** – 60% of unimmunized (DTP3) reside in the polio transition countries. Reaching every child.
- **Measles & Rubella Elimination goals at risk** – 53% of children who did not receive measles immunization were in polio transition countries.
- GVAP 2020, Regional Goals, and new vaccine introduction targets at risk
- **Negative impact** on Vaccine Preventable Diseases Surveillance; Laboratory Support; Immunization Information Systems

**Mitigation Opportunities**

- Business Case for Securing Universal Access to Immunization in the African Continent – Addis Ababa Declaration on Immunization; AU Commitment; Joint AFRO/EMRO effort
- Achieving Measles & Rubella Elimination Goals – Priority for AFRO, EMRO, SEARO; need global consensus, financing
- National Transition Plans to Support Broader Immunization Priorities: expanded surveillance for VPDs; support for new vaccines introduction; strengthen routine immunization systems; operational support for Immunization campaigns
Impact on Global Health Security

Risks

- Delays in detection and response to disease outbreaks – polio-funded Surveillance, Data Management, Laboratory support, Emergency Operations Centres
- Lack of field staff to plan, implement, monitor large vaccination campaigns – polio-funded Technical, Operations, Administrative staff
- Lack of physical assets & logistics capacity at sub-national level to mount an outbreak response – polio-funded Vehicles, Communications equipment, Security support, Cold Chain, Sub-national Offices

Mitigation Opportunities

- Strengthening WHO Health Emergencies Programme (WHE) – review core country capacity requirements; fully implement WHE country business model to ensure capacitation is institutionalised and sustained
- National Action Plans – developed through the IHR / Joint External Evaluation Process
- Strengthening Integrated Disease Surveillance and Response (IDSR) at District level – help build national capacities, and expand AFP surveillance to other viral priority diseases
Impact on Neglected Tropical Diseases (NTDs) & Nutrition Supplementation

Risks

- **NTD 2020 Goals** - Lack of polio-funded and low cost delivery system (large Immunization Campaigns or Child Health Days) will impact ability to reach more than 270 million pre-school children with de-worming treatment

- **NTD surveillance** – Lack of polio surveillance network, and house-to-house vaccination campaigns help to conduct surveillance for Guinea worm, or other NTDs

- **Vitamin-A Deficiency** – 190 million infants & children (6-59 months) at risk; lack of vitamin-A supplementation can lead to increased child morbidity and mortality in the long term.

Mitigation Opportunities

- **Identification and Evaluation of Alternate Delivery Mechanism with low marginal cost** – the cost of deworming a child is 30 times higher without polio-funded Child Health Days infrastructure

- **Expanding the Polio Surveillance Network to monitor NTDs** – Kala Azar, lymphatic filariasis, acute encephalitis syndrome, Guinea worm

- **SDG Awareness Raising** - Clean water, sanitation and end to open defecation – common driver for both poliovirus transmission and soil transmitted helminths
Impact on Maternal & Child Health Interventions

Risks

- The Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) targets – End Preventable Deaths, and Ensure Health and Well-being

- SDG Health targets 3.1, 3.2 - Reduction of maternal mortality, neonatal mortality, under-5 mortality

- Lack of Technical and Operations capacity to plan and implement Child Health Days – impacts multiple interventions against VPDs, NTDs, Nutrition, WASH, and large-scale birth registration

Mitigation Opportunities

- Monitoring Child & Maternal Mortality - Expanding the scope of Polio Surveillance Network to track maternal and child mortality data during surveillance visits

- Collect, Track and Analyse Mortality Data – Expand scope of polio data and information systems to include mortality data
Impact on Health Systems

Risks

- Impact on Achieving Universal Health Coverage (UHC) – Loss of capacity of the polio infrastructure to consistently “reach the unreached” and ensure equity in access to healthcare
- SDG Health targets 3.8 – achieve universal health coverage; access to health services; access to essential medicines and vaccines

Mitigation Opportunities

- Strengthening primary care services – using the polio infrastructure for improving the quality and accessibility of front line services as part of national UHC efforts
- Community Engagement for strengthening local health services – using polio’s significant outreach approach for integrated community health services
- Data & Information Systems – improve quality of health services and health worker performance using polio data systems and culture of data use.
- Strengthening Supply Chains and Access to Safe Medicines – improve supply chains, distribution, front line dispensing, and strengthening national medicines regulation
Organisational Risks and Strategic Challenges
Risks: Impact on WHO’s Capacity to Support Member States

1. Loss of Sub-National Polio Infrastructure: (For example, 8 provincial teams in Angola, 11 sub-offices in DRC, 37 field offices in Nigeria, 11 field offices in Nepal, and >170 district level and >500 village level workforce in Somalia).

Support to governments to implement various public health initiatives at the sub-national level, including hard-to-reach and security-compromised areas; in many countries they remain the sole capacity to detect and respond to public health emergencies at the district level.

2. Loss of Field Presence & Technical Support – Emergencies, National Priorities:

In countries with weak local health systems, polio-funded staff have been requested to support national health priorities, respond to health emergencies or natural disasters, and broader disease surveillance.
Risks: Impact on WHO’s Capacity to Support Member States

3. Loss of Service Delivery Platform

Polio-funded House-to-House vaccination campaigns or Child Health Days have been used as a low cost delivery platform to provide additional health interventions – de-worming, vitamin-A, measles, bed nets, conduct surveillance for NTDs or other communicable diseases, or engage communities to raise awareness about public health.

4. Loss of Financing Support

For the biennium 2016-17, as of 31 December 2016, following are the expenditures on polio eradication.

- AFRO spent $297 Million (44% of total expenditure);
- EMRO spent $172 Million (43.5% of total expenditure);
- SEARO spent $37 Million (24% of total expenditure);
- WHO-GLOBALLY spent $587 Million (27% of total expenditure).
Organizational Challenges Complexity

Complexity – of Actors, Processes, Timing, Oversight

GPEI Polio Transition Processes underway
- 2017-2019 Polio Budget decrease figures provided; accelerated decreases for 2018-19
- GPEI Transition Management Group; GPEI Strategy Committee; GPEI Polio Oversight Board
- Transition Independent Monitoring Board (TIMB) – Oversight mechanism established

Country-level Polio Transition Processes underway
- Reduction of polio-funded workforce;
- Polio Assets Mapping; National priorities; National Polio Transition Plan development

WHO Polio Transition Processes underway
- Corporate Risk - Engagement of all three levels of the organization
- Management of HR Risks and Financial Indemnities; Develop Mitigation measures
- Management of Programmatic Risks; Develop Mitigation measures
- Development of an Overall Vision, and Strategic Plan of Action
Organizational Challenges
Budget & Finance

Programme Budget (2018-19) (2020-21)
- Polio Programme is outside of the Programme Budget Categories
- DG re-programming flexibility available to increase budget space in Programme Budget 2018-19 to integrate polio functions or infrastructure
- Zero-sum game; increase of budget space in one programme area might result in the decrease of space for another area
- PB 2020-21 (to be adopted in May 2019) should include cost of integrating polio-essential functions into non-polio areas

Financing
- Explore feasibility of domestic resources to cover short-term financing gaps after polio funding withdrawal
- Key programme areas impacted by the polio downsizing face financing gaps for their current budgets
- To mitigate gaps in Programme outcomes (2018-19), options for additional financing should be explored
GPEI Post-Certification Strategy: Developing a strategic plan (by end 2017) to detail the polio-essential functions, policy decisions, mechanisms and financial requirements to protect a polio-free world.

- **Sustaining Polio-Essential Functions**: Guidance on technical definitions, scale/duration, and financing of these functions at all three levels of the organization; impact of current and planned polio downsizing on ability to sustain these functions.

  **Integration**: POL is engaged with IVB, WHE to transfer essential functions in the next 2 years while GPEI funding is still available;

  **Mainstreaming**: Options to mainstream functions into national health systems being considered in many countries;

- **Sustaining a Polio-free world**: Clear identification of WHO programme areas mandated to manage the risks and public health response associated with events due to a IHR notifiable disease; and securing core budget financing to ensure sustainability of functions.
Actions Taken & Proposed Way Ahead
Actions Taken

- **Active High-level Oversight at all three levels**: Engagement of the Global Policy Group (GPG) consisting of DG, DDG and RDs; networks of Directors of Programme Management (DPM) and Directors of Administration and Finance (DAFs); relevant Assistant Director Generals (ADGs); WHO representatives (WRs) in 16 polio countries

- **Coordinated Human Resources Planning & Tracking**: Stabilization of HR baseline; verification of non-staff figures; development of processes to track polio transition HR data

- **Support for Country-level Transition Planning & Implementation**: Technical support for development and implementation of national polio transition plans

- **Stakeholder Engagement**: Engagement of Member States, Donor community, Scientific and technical bodies, NGOs, and other Stakeholders
Proposed Actions: June – December 2017

- **Active High-level Oversight:** Briefing of Director General-elect; Regular communication to external and internal stakeholders; Sustained GPG and DGO oversight of organization-wide polio transition efforts; Designated DGO team tasked with development of Strategic Plan of Action and options; Polio Transition Planning webpage.

- **Coordinated HR Planning & Budget Management:** Regular dissemination of HR transition data; HR Plans for staff retention, re-training, and terminations; Internal Staff communication; Operational Planning for PB 2018-19 to consider capacity for integration of polio functions; Advance planning for development of PB 2020-2021.

- **Development of Strategic Action Plan & Options:** Additional data gathering on HR, Financial and Programmatic risks; Identification of critical gaps; Prioritization of critical areas for mitigation; Develop options and timeline for Mitigation measures; Develop implementation & monitoring framework.
THANK YOU