POLIO TRANSITION PLANNING

ASSESSING COUNTRY PROGRESS, RISKS & AMBITION

Polio Transition in 2019 and Beyond

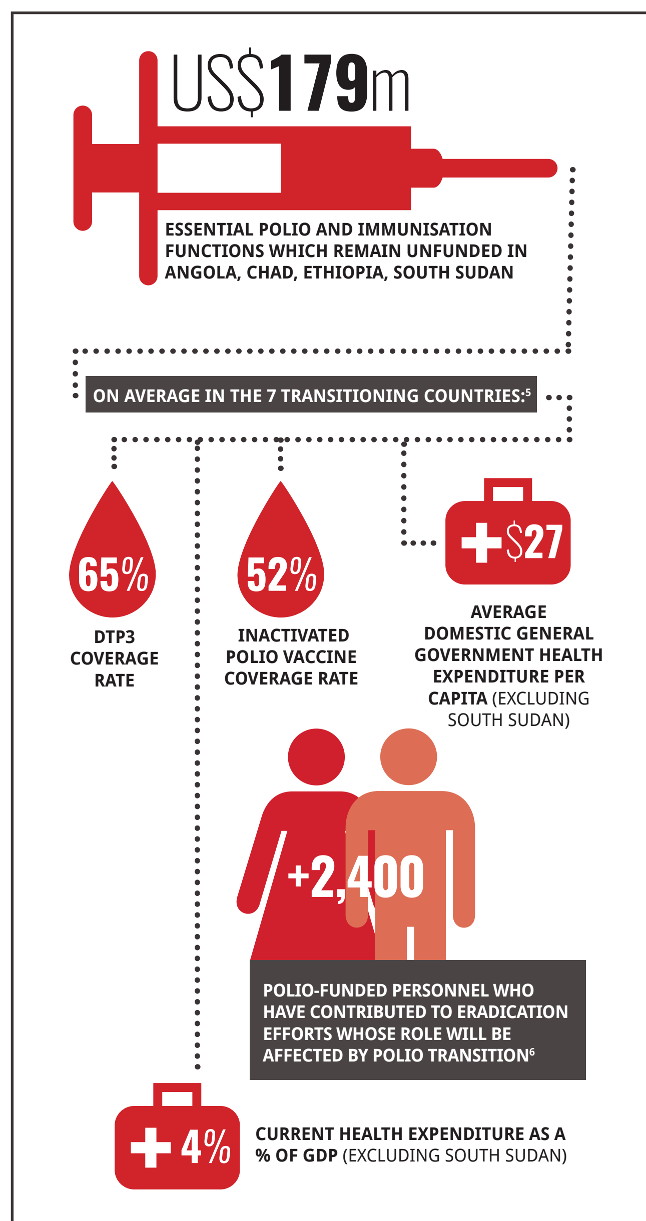
For over three years, countries have been preparing for the eradication of polio and consequently the wind-down of the Global Polio Eradication Initiative (GPEI). While we've seen remarkable steps towards eradication, cases of polio are still emerging and progress has stalled. There were 29 cases in 2018 compared to 22 in 2017.[1]

A decision was therefore made by the Polio Oversight Board (POB) in late 2018 that the GPEI will continue its work to guide and support countries on the path towards eradication for at least another four years and will not wind down as planned in 2019. Concerns already existed around the weakness of immunisation systems for eradication and the further impact withdrawal of polio funds could have on them.[2]

Since 2016, country polio transition plans have been developed by governments, with the support of the World Health Organization (WHO) and GPEI partners, to guide the process of reduction of polio funding as GPEI winds down – a process known as 'polio transition'. All 16 GPEI priority countries, excluding polio-endemic countries and Somalia, had finished drafting and costing their transition plans by the end of 2018, and all are due to come into effect at the end of 2019, when GPEI funding was expected to end.[3] These plans guide countries towards full country ownership of their polio programmes between 2019 and 2022, and most require ongoing support in this period.

This country-level planning has been mirrored by ongoing global policy planning and discussions, including the WHO Strategic Action Plan for Polio Transition[4] and other GPEI partners' transition plans, as well as WHO Executive Board and World Health Assembly processes. National and global processes in 2019 and beyond must be aligned and adapted to the new timeline for the wind-down of GPEI; is imperative to ensure that polio transition strengthens essential and routine immunisation systems, while addressing the challenges that prevent children from being reached with polio and all other WHO-recommended vaccines. Without improved immunisation coverage rates and stronger health systems, eradication will be beyond reach and transition unsuccessful and damaging.

Given this changing environment, RESULTS UK and the ACTION Global Health Advocacy Partnership have reviewed the seven publicly available polio country transition plans (Angola, Bangladesh, Cameroon, Chad, Democratic Republic of Congo (DRC), Ethiopia and South Sudan). The authors assessed the extent to which countries are currently prepared for transition and what a change in timeline might mean for the polio transition process. This is a desk-based review of the plans only, and it does not reflect any changes within the countries that may have occurred since the plans were written. The impact of global policy discussions and new strategies will be felt most acutely at the country level; therefore, the analysis aims to highlight areas of concern that need greater attention within both country and global processes.



Analysis of Country Transition Plans

Key

- FULLY SELF-FINANCING
- INITIAL SELF-FINANCING
- PREPARATORY TRANSITION
- ROUTINE IMMUNISATION
- LOW IMMUNISATION RATES IN HIGH RISK AREAS
- STAFF CAPACITY AND TRAINING
- SURVEILLANCE
- HUMAN RESOURCES
- SOCIAL MOBILISATION
- PROGRAMME MANAGEMENT
- SANITATION

CHAD

IMMUNISATION COVERAGE[7]

41% DTP3	46% IPV	44% POL3

DECREASE IN GPEI FUNDING 2016–2019 (US$)
$18.33m → $8.1m

INCREASE IN GAVI CO-FINANCING 2019–2023 (US$)[8]
$0.74m → $1.56m

COST OF CONTINUING POLIO ESSENTIAL FUNCTIONS BEYOND 2019 (US$)[9]	FINANCIAL GAP IN TRANSITION PLAN (US$)
$335.7m (2018-2022)	$146.5m (2018-2022)

CRITICAL CHALLENGES AND RISKS

AMBITION TO STRENGTHEN ROUTINE IMMUNISATION	RISK TO POLIO & IMMUNISATION SYSTEMS[12]	IS THE PLAN REALISTIC AND IMPLEMENTABLE?
HIGH	MODERATE	PARTLY

ETHIOPIA

IMMUNISATION COVERAGE[7]

73% DTP3	76% IPV	76% POL3

DECREASE IN GPEI FUNDING 2016–2019 (US$)
$39.82m → $4.66m

INCREASE IN GAVI CO-FINANCING 2019–2023 (US$)[8]
$8.12m → $11.18m

COST OF CONTINUING POLIO ESSENTIAL FUNCTIONS BEYOND 2019 (US$)[9]	FINANCIAL GAP IN TRANSITION PLAN (US$)
$64.7m (2018-2022)	$11.9m (2018-2022)

CRITICAL CHALLENGES AND RISKS

AMBITION TO STRENGTHEN ROUTINE IMMUNISATION	RISK TO POLIO & IMMUNISATION SYSTEMS[12]	IS THE PLAN REALISTIC AND IMPLEMENTABLE?
LOW	HIGH	PARTLY

BANGLADESH

IMMUNISATION COVERAGE[7]

97% DTP3	13% IPV	97% POL3

DECREASE IN GPEI FUNDING 2016–2019 (US$)
$2.9m → $1.7m

INCREASE IN GAVI CO-FINANCING 2019–2023 (US$)[8]
$5.94m → $21.98m

COST OF CONTINUING POLIO ESSENTIAL FUNCTIONS BEYOND 2019 (US$)[9]	FINANCIAL GAP IN TRANSITION PLAN (US$)
$3.5m - $4.1m (ANNUALLY)	UNKNOWN[10]

CRITICAL CHALLENGES AND RISKS

AMBITION TO STRENGTHEN ROUTINE IMMUNISATION	RISK TO POLIO & IMMUNISATION SYSTEMS[12]	IS THE PLAN REALISTIC AND IMPLEMENTABLE?
MODERATE	LOW	YES

CAMEROON

IMMUNISATION COVERAGE[7]

86% DTP3	76% IPV	84% POL3

DECREASE IN GPEI FUNDING 2016–2019 (US$)
$10.94m → $4.13

INCREASE IN GAVI CO-FINANCING 2019–2023 (US$)[8]
$4.53m → $14.60m

COST OF CONTINUING POLIO ESSENTIAL FUNCTIONS BEYOND 2019 (US$)[9]	FINANCIAL GAP IN TRANSITION PLAN (US$)
$36.9m (2017-2021)	UNKNOWN[11]

CRITICAL CHALLENGES AND RISKS

AMBITION TO STRENGTHEN ROUTINE IMMUNISATION	RISK TO POLIO & IMMUNISATION SYSTEMS[12]	IS THE PLAN REALISTIC AND IMPLEMENTABLE?
MODERATE	HIGH	PARTLY

ANGOLA

IMMUNISATION COVERAGE[7]

52% DTP3	47% IPV	47% POL3

DECREASE IN GPEI FUNDING 2016–2019 (US$)
$10.22m → $4.49m

INCREASE IN GAVI CO-FINANCING 2019–2023 (US$)[8]
Fully self-financing but requested additional support from Gavi in 2018

COST OF CONTINUING POLIO ESSENTIAL FUNCTIONS BEYOND 2019 (US$)[9]	FINANCIAL GAP IN TRANSITION PLAN (US$)
$29m (2018-2022)	$17m (2019-2022)

CRITICAL CHALLENGES AND RISKS

AMBITION TO STRENGTHEN ROUTINE IMMUNISATION	RISK TO POLIO & IMMUNISATION SYSTEMS[12]	IS THE PLAN REALISTIC AND IMPLEMENTABLE?
HIGH	HIGH	PARTLY

DRC

IMMUNISATION COVERAGE[7]

81% DTP3	69% IPV	79% POL3

DECREASE IN GPEI FUNDING 2016–2019 (US$)
$41.51m → $20.58m

INCREASE IN GAVI CO-FINANCING 2019–2023 (US$)[8]
$5.95m → $9.80m

COST OF CONTINUING POLIO ESSENTIAL FUNCTIONS BEYOND 2019 (US$)[9]	FINANCIAL GAP IN TRANSITION PLAN (US$)
$129.4m (2018-2022)	UNKNOWN

CRITICAL CHALLENGES AND RISKS

AMBITION TO STRENGTHEN ROUTINE IMMUNISATION	RISK TO POLIO & IMMUNISATION SYSTEMS[12]	IS THE PLAN REALISTIC AND IMPLEMENTABLE?
LOW	HIGH	NO

SOUTH SUDAN

IMMUNISATION COVERAGE[7]

26% DTP3	34% IPV	31% POL3

DECREASE IN GPEI FUNDING 2016–2019 (US$)
$21.86m → $3.62m

INCREASE IN GAVI CO-FINANCING 2019–2023 (US$)[8]
Co-financing currently waived by Gavi

COST OF CONTINUING POLIO ESSENTIAL FUNCTIONS BEYOND 2019 (US$)[9]	FINANCIAL GAP IN TRANSITION PLAN (US$)
$67.7m (2017-2022)	$4m (ANNUALLY FOR ROUTINE IMMUNISATION)

CRITICAL CHALLENGES AND RISKS

AMBITION TO STRENGTHEN ROUTINE IMMUNISATION	RISK TO POLIO & IMMUNISATION SYSTEMS[12]	IS THE PLAN REALISTIC AND IMPLEMENTABLE?
LOW	HIGH	NO

Methodology

Elements of polio transition were assessed using data from available GPEI asset maps from 2017, as well as the available polio transition plans from the GPEI website, with additional data from Gavi, WHO and World Bank websites. This data has been chosen to highlight the current strength of the immunisation programme; financial considerations with changing support from Gavi that affect the overall immunisation budget; and the financial changes and challenges associated with polio transition which we hope will inform decisions at country and global level.

This data (left) is aimed at informing all global heath stakeholders about health realities and themes that are common across the transition plans, as well as highlighting conflicting challenges with simultaneous changes in financing from Gavi and GPEI. The financial gap analysis is based on whether the country has conducted a comprehensive asset mapping with financial comparison, the level of analysis and data quality. Gaps identified are only available for plans that have a domestic resource mobilisation strategy, accompanied by a detailed explanation of foreseen total gaps and plans to address them.

Considering this data alongside a comprehensive analysis of the polio transition plans, the authors have determined subjectively their evaluation of the level of ambition and risks to polio and immunisation systems. Their assessment is based on available information and data in the transition plans (we note varying quality of data across the plans).

The ratings given have been given based on the following criteria:

- **Ambition to strengthen routine immunisation:** Based on whether a country aims to simply fill gaps left by the GPEI and maintain the norm (low), transfer assets to benefit the immunisation system (medium), or if they aim to take polio transition as an opportunity to comprehensively strengthen the immunisation systems and tackle inequities (high).
- **Risk to polio and immunisation systems:** Based on the scale of the likely programmatic impact to eradication efforts and to essential elements of the immunisation system, as well as financing that has been secured, or is likely to be secured, from government or donor sources.
- **Whether the plan is realistic and implementable:** Based on the past and current political and economic situation, challenges, stakeholders involved, geographical implications and reliance on donor funding; on external factors such as elections, population growth, instability, migration, and access to sanitation; and on the scale of the changes and financial expectations against the timeline set out. This is not intended as a reflection on a country's commitment to polio or polio transition, but as an independent assessment based on the timeline and activities set out in the plan as it stands in January 2019.

Challenges, Risks and Ambitions

The change in timeline for GPEI wind-down poses a significant opportunity to assess what progress has been made in polio transition planning. It also offers a chance to evaluate the expected impact on polio, immunisation and health systems as more information becomes available. It is important to ensure that the uncertain timeline for polio transition is managed effectively and efficiently to meet countries' health needs. New policy decisions should be made on the basis of a comprehensive assessment of current progress, risks and ambition in each country.

Although each country requires a tailored approach, **the predominant theme across the plans was the high degree of uncertainty regarding financing and the future of health systems and structures in the next four years and beyond.** In the authors assessment of the seven publicly available country polio transition plans, five recurrent areas of concern were identified within these themes that warrant further consideration by GPEI partners, donors and wider immunisation stakeholders.

1. The true cost of transition

Most country polio transition plans project the financial requirements for the continuation of essential functions from 2019 to 2022, as well as the financial expectations of donors for specific elements of the immunisation system. However, uncertainty remains around direct and indirect costs in terms of the technical and financial support needed to implement the plans. There are a number of elements that are frequently not detailed, costed or funded. These include: monitoring and evaluation of plan implementation; costs of technical experts to train field staff in the transition process and for wider epidemiological surveillance activities; capacity-building of old and new staff; vaccine stock-management and logistics; communications and advocacy; and the cost of new national policies, procedures and structures.

The true cost of transition plan implementation at a national level must be clearer for all stakeholders, so that funding can be secured and properly allocated to all essential elements required for a sustainable transition. A comprehensive investment case that accounts for the total cost of transition implementation, including accurate financial gaps and respective owners, is crucial.

2. Assumption of donor support

Country transition plans frequently make assumptions around continuing or new donor support. Although most of the plans identify actors for potential future support (largely Gavi, The Vaccine Alliance), sections exist with no details regarding funding sources to maintain essential elements of the polio and immunisation system. While country ownership is a priority, transition plans must be realistic, especially in countries like DRC and South Sudan, where high birth rates, unstable political environments and economic instability pose challenges to increasing national health expenditure and conducting environmental surveillance to protect children from preventable diseases.

Open communication between countries and donors about mutual expectations and short- and long-term financial needs are overdue. Country and donor collaboration and commitment, especially in the implementationof transition plans, is key to using the opportunity created by imminent polio eradication to strengthen rather than to weaken immunisation systems.

3. Unpredictable timelines

Country transition plans have been developed based on communication from GPEI that funding would end in 2019, and many have already begun holding donor round-table meetings to raise funds for identified financial gaps. Yet countries have now been made aware that GPEI will continue providing support until 2023, though what resources will be allocated to which activities is unclear at this time. Uncertainty and unplanned-for changes increase the risk of successful implementation of polio transition plans that have been developed on a strict timeline (2019–2022).

This is therefore a critical moment to evaluate progress towards implementation of transition plans and to allow time for countries and donors to adapt to this changing landscape, based on the current needs of a country's immunisation system. The risk is high that momentum towards country ownership could be lost if not managed correctly. GPEI must provide clarity on future support as soon as possible to allow countries to adapt accordingly and to progress on a path towards full, long-term country ownership.

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4. The programmatic risk for immunisation systems

It is clear from the polio transition plans assessed that vital elements of each routine immunisation system are at risk once GPEI winds down. This is particularly the case for elements of surveillance (community and national level) and human resources. In Angola, for instance, once GPEI winds down, programme management, data processing and analysis, and monitoring and supervision of activities will be at highest risk. With only one in five people having access to adequate sources of drinking water and only 53% of households having a sanitary installation at home, more children will be vulnerable to contracting infectious diseases. The timeline for action to ensure these elements are not affected is critical.

Furthermore, Inactivated Polio Vaccine (IPV) coverage is well below what is required. No country reaches more than 76% of children, and some have coverage rates as low as 13%. As such, essential routine immunisation systems require serious attention. The risks to immunisation coverage rates are substantial if these challenges are not tackled immediately.

5. A lack of ambition

The seven polio transition plans all identify strengthening routine immunisation systems as one of their main challenges; however, they lack activities and initiatives to address it. Most plans aim to transfer or integrate assets to maintain functions, but they do not focus on improvements to reach more children with more core WHO-recommended vaccines. With DTP3 rates lower than 50% in four of the seven countries, for example, it is urgent to consider how to reach more children and tackle inequities. In many countries, once GPEI winds down, there will be no resources for political, social, and community engagement for polio and immunisation.

To truly improve essential immunisation systems, deliberate efforts are needed for priority setting. Although deeper analysis and planning will cost more, it will lead to more efficient and effective use of existing and future funds. To leverage GPEI wind-down as an opportunity to improve immunisation systems, transition plans must focus on improvement, scale up, and innovation of these to reach more children with life-saving vaccines and not be limited to maintaining the norm.

Recommendations

> **We now have a unique opportunity to end polio – and build a more effective global health system. But... the world must take the long view on what is at stake. Short-term funding constraints and a lack of foresight cannot trump doing what's right when it comes to protecting the health and futures of the world's children**
>
> SIR LIAM DONALDSON
> CHAIR OF THE TRANSITION INDEPENDENT MONITORING BOARD (TIMB)[13]

To achieve polio eradication and subsequent certification, immunisation and health systems need to be strengthened. While the polio transition process is an opportunity to do that, current country-level challenges with transition planning and implementation require global-level attention to make that a reality. We call for the following actions:

- **A global governance mechanism** to guide and oversee polio transition from now until polio is eradicated, and for 10 years afterwards, to ensure good implementation and coordination of transition plans at a country and institutional level.

  This mechanism should be made up of a wide range of immunisation, health and financing stakeholders to ensure that transition plans and activities from different GPEI partners, donors and countries are aligned and focused on strengthening essential immunisation systems. They need to reflect lessons learned and shared between partners. It should also set global transition goals and targets, track country transition progress, and be used for holding all global partners to account on these.

- **An investment case for polio transition** that considers national, regional and global financial requirements. This must include comprehensive projections of future total costs based on sufficient and accurate data to drive greater investment, financial ownership, technical and operational support, and planning from all stakeholders for the transition process. This investment case would build on, but not be limited to, information in existing country transition plans.

- **Global health stakeholders, including all GPEI partners, Gavi, donors and other health institutions, must increase attention and analysis to country level risks, challenges and opportunities for polio transition** to ensure that policy decisions are informed by comprehensive country needs.

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This is first in a series of RESULTS and ACTION policy briefs analysing polio transition at a country and global level.

Footnotes

1 2018 final figure available on the GPEI website: http://polioeradication.org/polio-today/polio-now/. 2017 figure available on the WHO website: https://www.who.int/features/qa/07/en/ (all websites in this document accessed 11 Jan 2019).
2 As set out in the Independent Monitoring Board Report, 'How to cut a long story short', available at http://polioeradication.org/wp-content/uploads/2018/11/20181105-16th-IMB-Report-FINAL.pdf. See also, RESULTS UK and RESULTS Australia, 'A Balancing Act: risks and opportunities as polio and its funding disappears', available at https://www.results.org.uk/sites/default/files/files/A%20Balancing%20Act.pdf
3 Polio endemic countries are not required to draft transition plans until polio had been eradicated. Somalia has also not finalised its plan.
4 WHO website: https://www.who.int/polio-transition/documents-resources/draft-strategic-action-plan/en/
5 DTP3 and IPV figures available from 'WHO vaccine-preventable diseases, monitoring system (global summary 2018)' available at http://apps.who.int/immunization_monitoring/globalsummary. Health expenditure and government expenditure from the WHO 'Global Health Expenditure Database' available at http://apps.who.int/nha/database/ViewData/Indicators/en. Average domestic general government expenditure is calculated using figures adjusted to PPP International $.
6 All polio funded personnel figures, except Cameroon, are taken from 'GPEI asset mapping' documents available at http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/transition-planning/country-transition-planning/ The Cameroon figure was taken from its polio transition plan because, in Cameroon, there are very few personnel dedicated solely to activities in the fight against polio. The activities and functions of the GPEI have been integrated into the overall functioning of the immunisation programme which suggests that over 79,000 people would be affected to some extent by a reduction in polio funding.
7 'WHO vaccine-preventable diseases: monitoring system: 2018 global summary', available at http://apps.who.int/immunization_monitoring/globalsummary
8 Figures available in Gavi's 'Country Co-financing Information Sheets' (correct December 2018). When upper and lower estimates based on approved grants versus projections based on current performance were available (in Chad, DRC, Ethiopia and South Sudan), the lower estimate has been used. Information sheets are available on the country profiles on Gavi's 'Country hub': https://www.gavi.org/country/
9 Figures taken from country polio transition plans.
10 Analysis using data from the Bangladesh polio transition plan highlights annual assumptions of future unconfirmed Gavi support is $6.55 million.
11 The gap analysis was not completed in the polio transition plan because a majority of the activities are already part of the immunisation programme and, therefore, have some funding attached. The State is responsible for funding activities as partners withdraw. Government funding increases by 132% between 2017 and 2021 (from $804,797,518 to $1,866,877,239) as IPV is currently co-financed by Gavi and will be transitioned to the State after 2019.
12 Rating given based on the authors' assessment of the transition plan's assessment of what functions will and will not be funded from 2019.
13 Quote from: https://www.euractiv.com/section/health-consumers/opinion/a-polio-free-world-is-still-possible