

# POLIO | GLOBAL ERADICATION INITIATIVE

## Global Polio Eradication Initiative **Polio Partners Group**

June 12, 2015



# Topics

- MTR update
- Financial Scenarios for the Polio Eradication and Endgame Strategy

# Midterm Review: Recommendations and Next Steps

## Objectives for today

1. Review the **purpose, timeline and deliverable** of the mid-term review.
2. Present **recommendations** of the review.
3. Gain **stakeholder input** and perspectives.

## Progress to date

- Only one serotype of WPV remains, no WPV3 reported since Nov 2012
- Polio-free certification of SEARO in Mar 2014 with India interruption of the virus
- End of all WPV outbreaks (Horn of Africa, Central Africa and Middle East)
- Historic progress in Africa: 10 months polio-free
- Successful use of IPV in campaigns in critical geographies such as Afghanistan, Kenya, Cameroon, Nigeria and Pakistan.
- Documentation of “Legacy in Action” with rapid response to Ebola outbreak in Nigeria
- Declaration of Public Health Emergency of International Concern (PHEIC) and Temporary Recommendations under the International Health Regulations (IHR) issued

# Last 6 months



## Midterm review objectives and scope

- **Objectives:**
  1. To provide a **comprehensive review of progress**
  2. To recommend **appropriate changes** to the goals, strategies, activities, timeline and financial implications based on the review.
  3. To **align stakeholders and donors around a shared set of lessons learned, risks and priorities** that will impact the remainder of the eradication effort.

### In-Scope

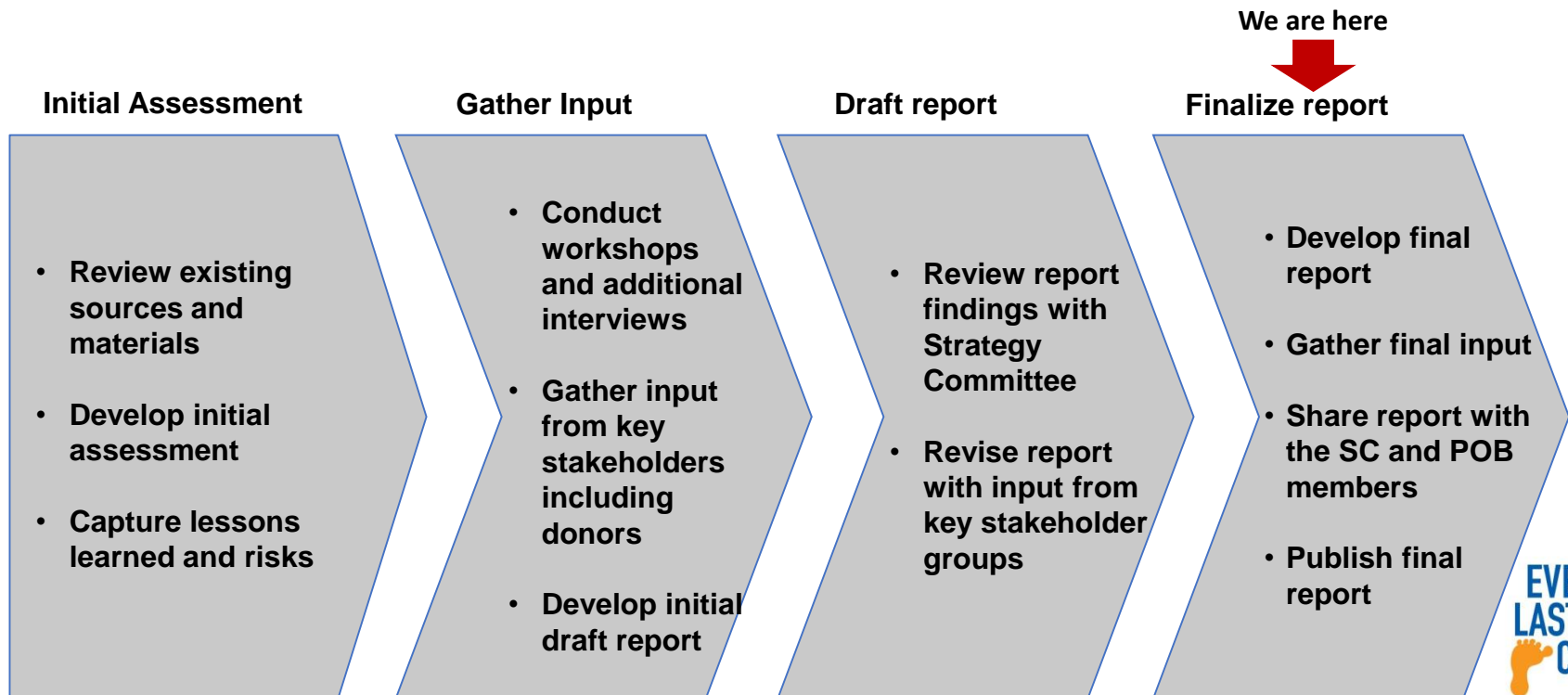
1. Progress, gaps and recommendations tied to the four objectives of the plan
2. Understand lessons learned and drivers of performance
3. Cross-cutting advocacy
4. Financial scenario planning

### Out-of-Scope

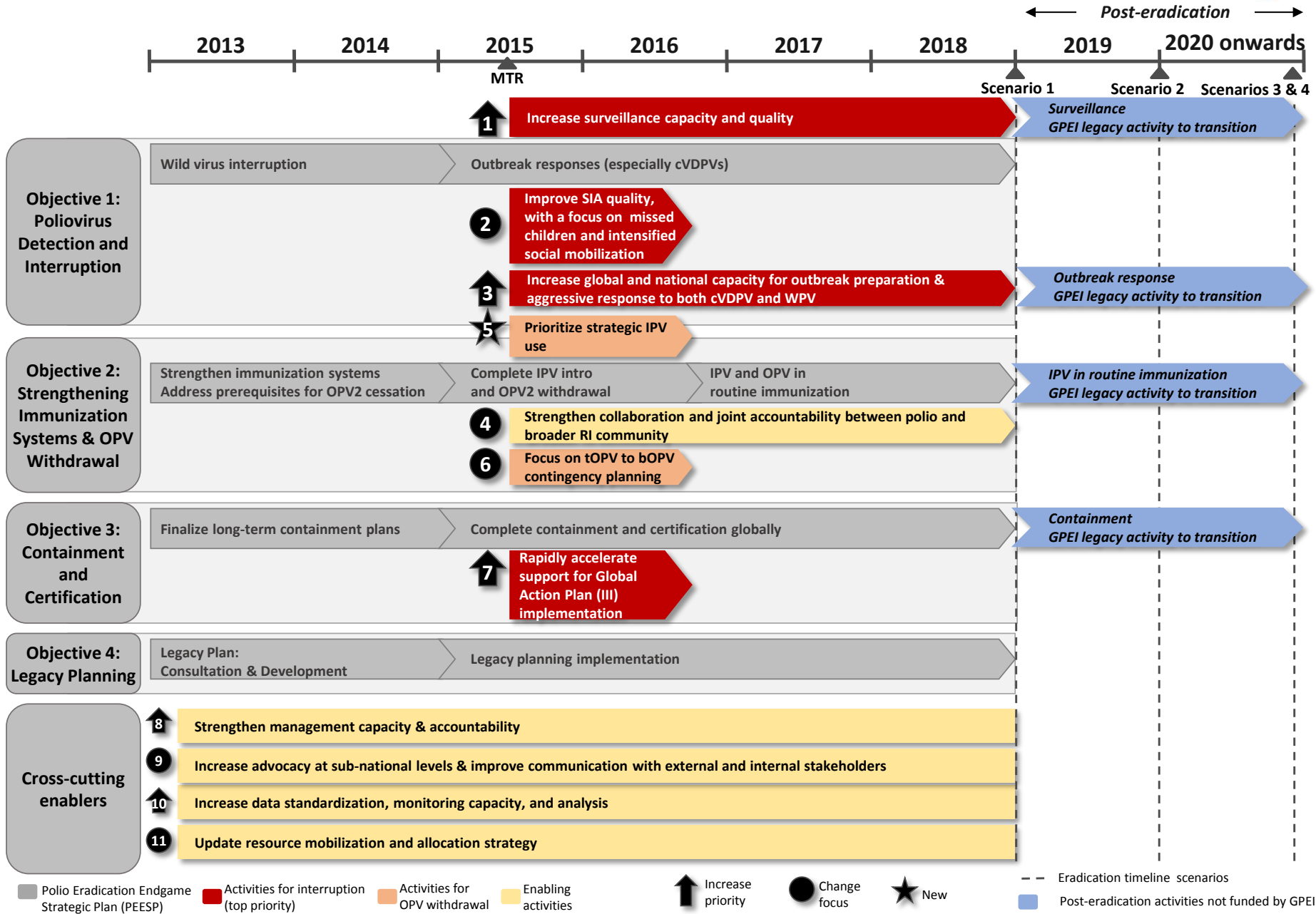
1. Management, governance and organization review
2. Evaluation of partner performance
3. Process evaluation
4. Revising the monitoring framework and the validity of the indicators
5. Refresh of cost savings (value for money) or impact analysis
6. Adjustments to country plans will be done after recommendations are reviewed and adopted

# MTR Principles and Methodology

- **Principles:**
- Transparency and collaboration.
- Strategic review NOT examination of details.
- Outside of endemics, level of review will be regional.
- Guided by original Strategic Plan and revised monitoring framework.
- Will examine trend since 2013, as well as moment-in-time performance.







Polio Eradication Endgame Strategic Plan (PEESP)

Activities for interruption (top priority)

Activities for OPV withdrawal

Enabling activities

↑ Increase priority

● Change focus

★ New

-- Eradication timeline scenarios

Post-eradication activities not funded by GPEI

# Lessons, Risks and Recommendations (I/III)

## ACTIVITIES FOR INTERRUPTION

Risks	Recommendations
<p><b>1. Risk</b> Multiple sub-national surveillance gaps present risk for missed poliovirus cases that threaten achieving all the objectives of the PEESP.</p>	<p><b>1 Increase surveillance capacity and quality</b> Example actions include rapid finalisation of the global surveillance plan, increased investment to implement recommendations from previous surveillance reviews ensuring sufficient qualified staff in high-risk areas, and full implementation of the ES expansion plan.</p>
<p><b>2. Risk</b> Sub-optimal quality in many areas and lack of appropriate targeting, particularly in Afghanistan and Pakistan, reduce the SIA effectiveness in stopping polio transmission.</p>	<p><b>2 Improve SIA quality with a focus on missed children and intensified social mobilisation</b> SIA strategies should be reoriented to focus on chronically missed children and other vulnerable subpopulations with targeted use of the most effective SIA strategies. The programme also needs to develop consensus criteria with countries for rational frequency, vaccine selection and scope of SIAs.</p>
<p><b>3. Risk</b> Incomplete follow-up to risk-reduction recommendations and lack of prompt and aggressive response have led to extended outbreaks of WPV and cVDPV. Multiple countries remain at high risk for outbreaks.</p>	<p><b>3 Increase global and national capacity for outbreak preparation and aggressive response to cVDPV and WPV</b> Future actions for endemic and high-risk countries include development of national rapid response plans, strengthening of accountability, identification and training of national rapid response teams and regular review of the SIA schedule along with intensified monitoring of SIA quality. For post-outbreak countries, follow-up is needed on implementation of risk-reduction recommendations.</p>
<p><b>7. Risk</b> Challenges to meet new GAPIII requirements imposed by sequential withdrawal of OPV threaten meeting criteria for the switch from tOPV to bOPV in 2016.</p>	<p><b>7 Rapidly accelerate support for GAPIII implementation</b> National government regulatory agencies and vaccine manufacturers must significantly accelerate their activities to meet the timelines in the revised Global Action Plan (GAPIII). Within the next six months, the GPEI, principally WHO, should assist by organising regional GAPIII implementation/certification workshops, developing specifications for containment certifications and training rosters of experts to carry out facility visits for verification of GAPIII compliance.</p>

# Lessons, Risks and Recommendations (II/III)

ACTIVITIES FOR WITHDRAWAL	
Risks	Recommendations
<p><b>5. Risk</b> Introduction of IPV in an unprecedented number of countries in a short time period is an ambitious goal that is extremely challenging and threatened by limited IPV supply.</p>	<p><b>5 Prioritise strategic IPV use</b> The Immunisation Management Group (IMG) and the Emergency Operations Management Group (EOMG) are working together to mitigate the impact of IPV shortage. Given this reality, the programme should review and update existing guidelines, provide clear decision-making criteria on when and how much IPV to use in campaigns, determine how many doses will be set aside to address new cVDPVs and ensure compliance with these decisions.</p>
<p><b>6. Risk</b> Planning around the OPV2 cessation timeframe continues to be challenging due to uncertainties of cVDPV2 eradication and in-country preparation for switch implementation.</p>	<p><b>6 Focus on tOPV to bOPV contingency planning</b> The IMG has initiated contingency planning for a worst case scenario of delaying the switch in the case of unsuccessful cVDPV2 eradication. In the next six months, the programme should accelerate and increase the breadth of its contingency planning in order to address any residual cVDPV2 risk and determine next steps for vulnerable countries that may not have introduced IPV due to supply constraints.</p>

# Lessons, Risks and Recommendations (III/III)

ENABLING ACTIVITIES	
Risks	Recommendations
<p><b>4. Risk</b> Lack of clarity on the role and contributions of GPEI in RI will continue to result in suboptimal deployment of polio assets, both financial and human, throughout the remainder of PEESP.</p>	<p><b>4 Strengthen collaboration and joint accountability between polio and broader RI community</b> GPEI has so far set its own expectations for how it contributes to RI, often measured through the amount of polio worker time spent on non-polio activities. Greater clarity is needed from the GVAP partners regarding GPEI’s specific role in enhancing RI prior to eradication and the GVAP’s role in leveraging polio assets post-eradication.</p>
<p><b>8. Risk</b> Lack of adequate management system for the selection, training, supervision and prompt payment of workers negatively affects programme credibility.</p>	<p><b>8 Strengthen management capacity and accountability</b> The programme should strengthen performance management systems in endemic, outbreak and high-risk geographies. The programme should ensure sub-national ownership of the polio eradication activities especially for managing FLWs. Likewise, it should ensure strong training, supervision, and prompt payment is provided to FLWs.</p>
<p><b>9. Risk</b> Lack of national and subnational commitment and ownership can undermine program impact.</p>	<p><b>9 Increase advocacy at sub-national levels and improve communication with external and internal stakeholders</b> The programme should develop and operationalise national and local advocacy plans that strengthen national commitment to polio eradication and allocation of domestic resources in endemic, outbreak and high-risk geographies.</p>
<p><b>10. Risk</b> Lack of standardized data, poorly conducted monitoring, and lack of thorough analysis or limited sharing of data.</p>	<p><b>10 Increase data standardisation, monitoring capacity and analysis</b> It needs to ensure robust global, national and sub-national level data analysis, wide spread sharing of results, and increased capacity at various levels to support real-time, data-informed decision making.</p>
<p><b>11. Risk</b> Lack of coherent strategy, supportive data, and regular communication can adversely affect resource mobilisation.</p>	<p><b>11 Update resource mobilisation and allocation strategy</b> It should fully implement POB commitment to transparency in use of resources and increased communication with donors to build trust in the programme and encourage donors to provide more flexibility and predictability in funding to respond to evolving needs.</p>

## Next steps

A formal published report will be shared soon.

The Strategy Committee will be meeting with the Management Groups to discuss implementation.

The program will be monitoring the epidemiology in the coming months to help inform the selection of a financial scenario.

The POB in-person September meeting will be used for us to align on a financial scenario.

# Financial Scenarios for the Polio Eradication and Endgame Strategy

# Background: Midterm review driving refresh of original cost model to reach certification

In 2012 the Polio Eradication and Endgame Strategic Plan (PEESP) was developed and the cost to reach global certification by 2018 was estimated to be \$5.5B.

This spring the Strategy Committee has conducted an internal 'Midterm review' (MTR) on GPEI's progress against the endgame plan, which will include an assessment of the total cost to reach global certification.

Given that Pakistan and Afghanistan have not interrupted transmission as of 2014, as well as other escalating costs such as increased security costs, IPV costs, and surge costs a review of the cost to eradication is a necessary part of the MTR. Additionally, coming from the MTR, recommendations will be considered and incremental, approved recommendations will be incorporated into the cost estimate for eradication.

# Basic model approach



## Pre-interruption

- SIA Calendar
- TA, SocMob, Surveillance
- Surge
- IPV introduction
- tOPV/bOPV switch
- Outbreaks
- Other FRR costs



## Post-interruption<sup>1</sup>

- How long after interruption maintain pre-interruption intensity
- Drop rate for factors to the left
- When factors to left go to zero



## Ongoing post-global certification

- Surveillance
- Lab
- IPV
- Stockpile

<sup>1</sup> post-regional interruption



# Shifting date of global certification requires us to shift thinking from 2013 – 2018<sup>1</sup> window to a total cost to certification

Scenario:	1	2	3	4				
	Optimistic	Intermediate (A)	Intermediate (B)	Pessimistic				
<b>Nigeria interrupts:</b>	• 2014	• 2014	• 2014	• 2015				
<b>Pak/Afg. interrupt:</b>	• 2015	• 2016	• 2017	• 2017				
<b>All other assumptions:</b>	• Optimistic	• Intermediate	• Intermediate	• Pessimistic				
<b>Global interruption:</b>	• 2015	• 2016	• 2017	• 2017				
<b>Global certification:</b>	• 2018	• 2019	• 2020	• 2020				
<b>Post-certification costs:</b>	• 2019-2025	• 2020-2026	• 2021-2027	• 2021-2027				
	'13 – cert.	Post-cert.	'13 – cert.	Post-cert.	'13 – cert.	Post-cert.	'13 – cert.	Post-cert.
	\$5.7B	\$0.8B	\$7.0B	\$0.8B	\$7.8B	\$0.8B	\$8.8B	\$1.2B



<sup>1</sup> GPEI Strategic Plan period

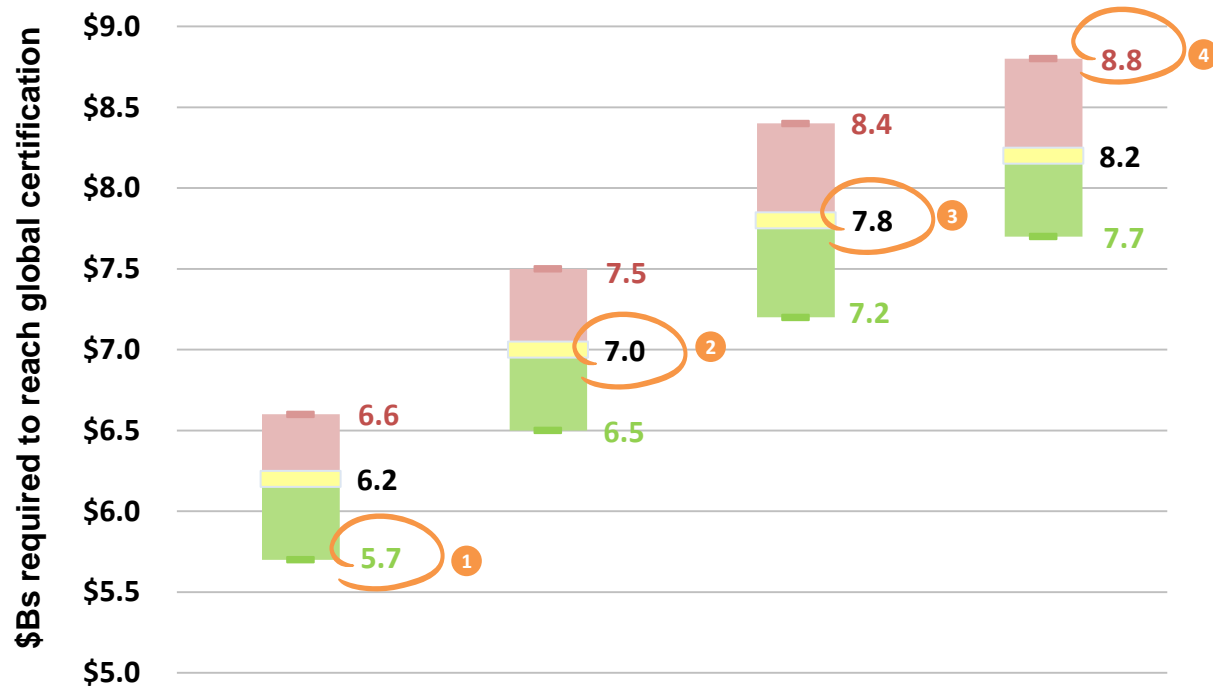
# Pakistan Delay

- The model focuses on the calendar year of interruption and does not seek to pin point interruption down the exact date or time of year
- However, it should be noted that if Pakistan slips to 2016 it will likely be a slip of approximately 3 months
- Similarly, if it were to slip further to 2017, it would likely be a slip of approximately 15 months
- Assuming that underlying costs remain in line with intermediate cost assumptions, the model would likely overestimate the additional need due to a slip in Pakistan
- The following chart depicts the ranges for a given set of interruption dates

# Given interruption dates, cost ranges affected primarily by post-interruption country behavior and other optimistic vs pessimistic assumptions

Highlighted scenario

Estimated cost to certification based on dates of interruption, behavior & demand assumptions



## Factors that will influence where costs land

- Interrupt later in the year
- Slower SIA draw down rate
- High emergency outbreaks
- Higher IPV RI dose demand

(Lower risk tolerance)

- Interrupt early in the year
- Faster SIA draw down rate
- Low emergency outbreaks
- Lower IPV RI dose demand

(Higher risk tolerance)

Nigeria Interrupts	2014	2014	2014	2015
Pak/Afg. Interrupt	2015	2016	2017	2017
Costs incurred:	2013 - 2018	2013 - 2019	2013 - 2020	2013 - 2020



# Unpacking the changes in cost to eradication from original eradication plan of \$5.5B to Intermediate (A) Scenario

\$M cost from 2013 - eradication

