

Current major event

POLIO transition: Establishing “Integrated Public Health Teams” in priority countries

The COVID-19 pandemic has provided an opportunity for Polio, Immunization, and Health Emergencies programmes to work together collaboratively in the EMR to better utilize WHO's field presence by strengthening integration between different field-based programme areas.

Editorial note

The COVID-19 pandemic underscores the need for WHO programme areas to work in a more integrated and coordinated manner to support countries. Polio programme staff both at the national and sub-national level, are already performing a broad range of functions beyond polio eradication.

Over three decades of operation, Global Polio Eradication Initiative (GPEI) has built significant infrastructure for disease surveillance, social mobilization, and vaccine delivery; developed in-depth knowledge and expertise; and learned valuable lessons about reaching the most vulnerable and hard-to-reach populations on earth.

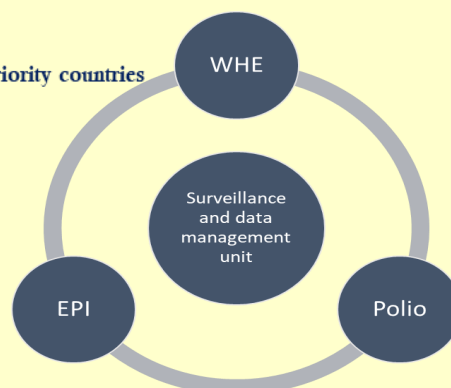
COVID-19 has provided a unique opportunity to turn the concept of “integrated public health teams” into practice. Much of this coordination is already happening on the ground in polio transition priority countries. Leveraging the COVID-19 response efforts, provides real potential to ensure that the infrastructure set up through the GPEI, which is vital to both MoH and WHO, can be more sustainably institutionalized beyond COVID-19 to strengthen disease surveillance and preparedness and response for disease outbreaks and other emergencies.

The ultimate objective of polio transition is for national governments and Ministries of Health to take over the functions so far supported through the GPEI network. In this context, establishing “integrated public health teams” in countries aims to establish linkages between polio, immunization and health emergency teams to help build the health emergency workforce. (See above)

“Integrated Public Health Teams” was endorsed by the Steering Committee on Polio Transition to move the integration agenda forward as a part of the polio transition. The Regional Technical Working Group (RTWG) on polio transition will provide technical support to the countries’

Making integration work where it matters most Creating unified units that can serve all

Operational model in priority countries



Proposed processes

- Agreement on priority countries in EMR (Afghanistan, Sudan, Somalia and Pakistan)
- Detailed mapping of existing WHO workforce (staff and non staff) and functions in priority countries (both polio / non-polio) implementing COVID19 response and other VPD/EPI/POL activities, including identification of additional needs
- Revision of ToRs
- Capacity building / training if needed
- Resource mapping and development of budgets

teams to operationalize the concept within the COVID-19 context. The “integrated public health teams” that will be set up in WHO Country Offices in polio transition priority countries will:

- take advantage of the strong polio footprint in polio transition priority countries,
- build on the collaboration that exists on the ground between WHO's polio, and immunization and emergencies teams,
- operate under the overall supervision of the WRs
- be housed in the existing Polio infrastructure; however, in conflict affected countries the teams can be housed within the WHE, but with strong technical linkages to polio and immunization
- be jointly funded by the relevant programmes (i.e. POL/IVB/WHE/HSS).

The process will be in two phases, and will be led by the WHO Polio Transition Steering Committees (HQ/RO), with the participation of all relevant programmes following the proposed steps (see proposed process).

As we come closer to achieving polio eradication, the GPEI will begin to wind down its operations. Transition planning is thus a critical part of preparing for the polio-free world as GPEI comes to a close in the post-eradication era. Key knowledge, infrastructure and functions of GPEI will thus be transitioned into ongoing health initiatives.

Update on outbreaks

in the Eastern Mediterranean Region

COVID-19 in 22 EMR countries;

Current public health events of concern [cumulative N° of cases (deaths), CFR %]

Coronavirus disease 2019 (COVID-19): 2019-2020

Afghanistan	[38 143 (1402), 3.7%]
Bahrain	[51 391 (189), 0.4%]
Djibouti	[5 385 (60), 1.1%]
Egypt	[98 497 (5376), 5.5%]
Iran (Islamic Republic of)	[371 816 (21 359), 5.7%]
Iraq	[227 446 (6891), 3%]
Jordan	[1893 (15), 0.8%]
Kuwait	[84 224 (528), 0.6%]
Lebanon	[16 275 (155), 1%]
Libya	[13 423 (232), 1.7%]
Morocco	[60 056 (1078), 1.8%]
occupied Palestinian territory (oPt)	[28 527 (146), 0.6%]
Oman	[85 005 (650), 0.8%]
Pakistan	[295 636 (6288), 2.1%]
Qatar	[118 407 (196), 0.2%]
Saudi Arabia	[313 911 (3840), 1.2%]
Somalia	[3310 (97), 2.9%]
Sudan	[13 189 (823), 6.2%]
Syrian Arab Republic	[2628 (106), 4%]
Tunisia	[3572 (76), 2.1%]
United Arab Emirates	[693 28 (379), 0.5%]
Yemen	[1950 (564), 28.9%]