



POLIO Outbreak Response

Collaboration between WHO and UNOPS

"addressing the operational bottlenecks"

CONTEXT

In January 2012, the wild poliovirus disease was declared a programmatic emergency for global public health by the World Health Organization (WHO) Executive Board resolution (EB130/R10).

The current wild poliovirus (WPV) outbreak in the Horn of Africa began in April 2013; ten cases of WPV type 1 (WPV-1) have been reported in Ethiopia to date. As depicted in Figure 1, all ten cases are located in a security-compromised zone (LEVEL 4 - Substantial) in the Somali Region of Ethiopia.

ETHIOPIA embarked on an aggressive emergency response with a significant surge in operations to interrupt transmission of WPV in the complex context of Somali Region.

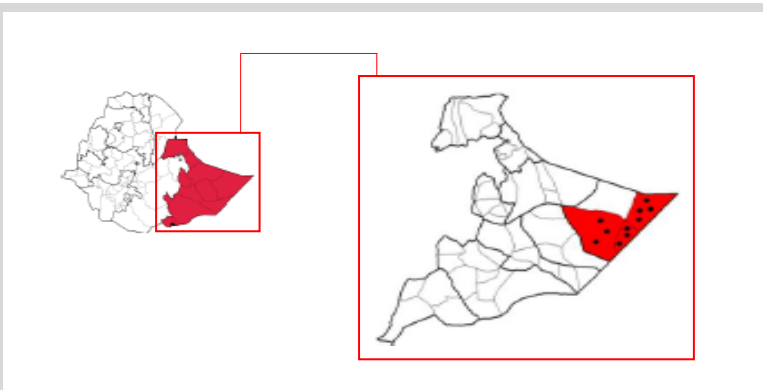
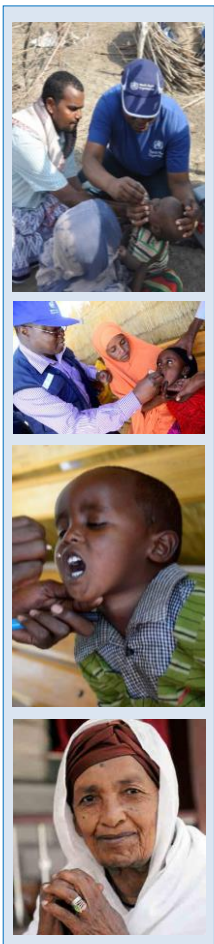
Engagement with UNOPS

In response to a programmatic emergency, WHO Country Office for Ethiopia commissioned, in July 2013, the United Nations Office for Project Services (UNOPS) to operationally support WHO polio outbreak response activities in two areas of work, namely providing transportation for WHO polio outbreak response field operations on a needs basis and administering contracts for the polio surge capacity workforce through local individual contractor agreements (LICAs).

The United Nations General Assembly Resolution A/RES/65/176, adopted at its 65th session in December 2010, recognised UNOPS' role as a central resource for the United Nations system in procurement, contract management, civil works and physical infrastructure development, including the related capacity development activities and the potential for value-adding contributions that UNOPS can make in providing efficient, cost-effective services to partners in the areas of project management, human resources, financial management and common/shared services.

UNOPS' mission is to serve people in need by expanding the ability of the United Nations, governments and other partners to manage projects, infrastructure and procurement in a sustainable and efficient manner focusing on building national capacity.

Given the extensive array of effective operational support services UNOPS provides to UN agencies located in Ethiopia (such as UNECA, UNDP, UNHCR, UNICEF, UN Women, WFP, Global Fund to Fight AIDS, Tuberculosis and Malaria as the Local Fund Agent in Ethiopia as well as to the Federal Ministries of Health and Agriculture, UNOPS is the preferred collaboration partner for WHO. Particularly significant to WHO are the following competencies UNOPS has to offer:



FIGURE_1:
Location of WPV cases



FIGURE_4:
WHO and UNOPS meeting in May 2014

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"This collaboration with UNOPS allows WHO to focus on its advisory and technical assistance role rather than dealing with operations sometimes even in a challenging environment."

Dr Pierre M'PELE-KILEBOU
WHO Representative to Ethiopia

"UNOPS is proud to partner with WHO and assist in the implementation of activities that have a significant impact on the life and wellbeing of vulnerable people."

Mr Bamidele ILEBANI
UNOPS Operational Hub Director for Ethiopia, Djibouti & Sudan

- UNOPS has a proven track record to complement a specialized UN technical agency like WHO through the expertise and capability to handle rapid human resource surge deployments including hiring and deployment of local workforce in security-compromised zones, as well as providing hired vehicles to the polio surge-capacity workforce to increase active AFP surveillance and planning, implementation and monitoring of polio supplementary immunization activities.
- Although UNOPS has been mostly in charge of hiring personnel pre-selected by WHO and managing their contracts, the agency also has the capacity to manage the entire recruitment process, provided that this is requested by WHO and that UNOPS' rules and regulations are followed.
- As a committed and responsive partner rather than contractor, UNOPS' modus operandi is the delivery of quality services at a reduced cost given it utilizes a not-for-profit business model.
- Both UNOPS and WHO Country Office for Ethiopia meet on a regular basis to deliberate on collaboration; periodically assess services provided; and agree on ways to further improve efficiencies where possible.
- Due to some obstacles emerging in terms of providing WHO with hired functioning vehicles in the Somali Region in both a timely and reliable manner, UNOPS recruited a local service provider to be based in the Somali Region whose key priority is to provide high-quality operational service to the polio surge workforce based in this security-comprised zone.
- UNOPS provides WHO with quarterly financial reports based on certified reports received from UNOPS Headquarters summarizing the funds received, actual expenditure and commitments (open purchase orders (POs)).
- With regard to UNOPS' financial control systems, the agency applies, like all other UN agencies, the single audit principle whereby external and independent audits are conducted by the United Nations Board of Auditors (UNBoA) in accordance with acceptable financial control standards.

- In terms of transparency and accountability, UNOPS has an open and interactive online data platform (data.unops.org) which is open to user consultation, that presents UNOPS project and expenditure information.
- The scope of engagement of UNOPS by WHO has since expanded beyond polio emergency response support to include recruitment of Technical Assistants for the Federal Ministry of Health to facilitate routine immunization program strengthening at field level.
- UNOPS further undertook an extensive inventory of WHO assets in preparation for a move to a new office facility.



FUTURE endeavours

- Taking into account the crucial role UNOPS currently plays in supporting the WHO Country Office for Ethiopia to efficiently manage the polio outbreak response activities, and in an effort to determine the cost and time effectiveness of this endeavour, a correlation analysis is being conducted to assess normalized spending levels and timeliness factors between WHO's current emergency outbreak response operational support mechanisms and outsourcing certain operational outbreak response support activities to UNOPS. The analysis, once completed, will be shared with countries where UNOPS is operating.
- As a result of the fruitful working relationship between WHO and UNOPS in Ethiopia in terms of adequately responding to the current polio outbreak, a concept note has been developed to further strengthen/broaden work relations between the two UN agencies by working in unison to assist national authorities improve the quality of health services in Ethiopia.
- Ethiopia is a geographically diverse country with over 86 million people and multiple health challenges. UNOPS, as the operational arm of the United Nations, has the capacity to alleviate WHO's operational workload related to procurement and recruitment of consultants, thus enabling WHO (150 technical staff in Ethiopia) to focus on its technical advisory role to support the Federal Ministry of Health to address these challenges.



FIGURE 5:

(left to right)

Dr. Pierre MPELE-KILEBOU, WHO Representative to ETHIOPIA • **Mr. Garry CONILLE, UNOPS Regional Director for AFRICA** • **Mr. Bamidele ILEBANI, UNOPS Operational Hub Director for ETHIOPIA, DJIBOUTI & SUDAN.**

CONCLUSION

Given WHO Country Office for Ethiopia does not have the necessary additional administrative capacity on hand to effectively manage disease outbreak responses or humanitarian crises situations as they occur, the option to utilize UNOPS services in such circumstances is of great benefit to the Organization. Such an arrangement allows WHO to focus on providing high quality technical support, whilst enabling a UN agency specialized in operations to engage in administering and supporting the operations components of the response.

In countries where UNOPS is operational, WHO country offices should consider outsourcing key administrative/operational services to UNOPS in and out of times of public health emergencies.