

# Polio Legacy Planning Update

**Polio Partners Group  
8 December, 2014**



World Health  
Organization

Rotary



unicef

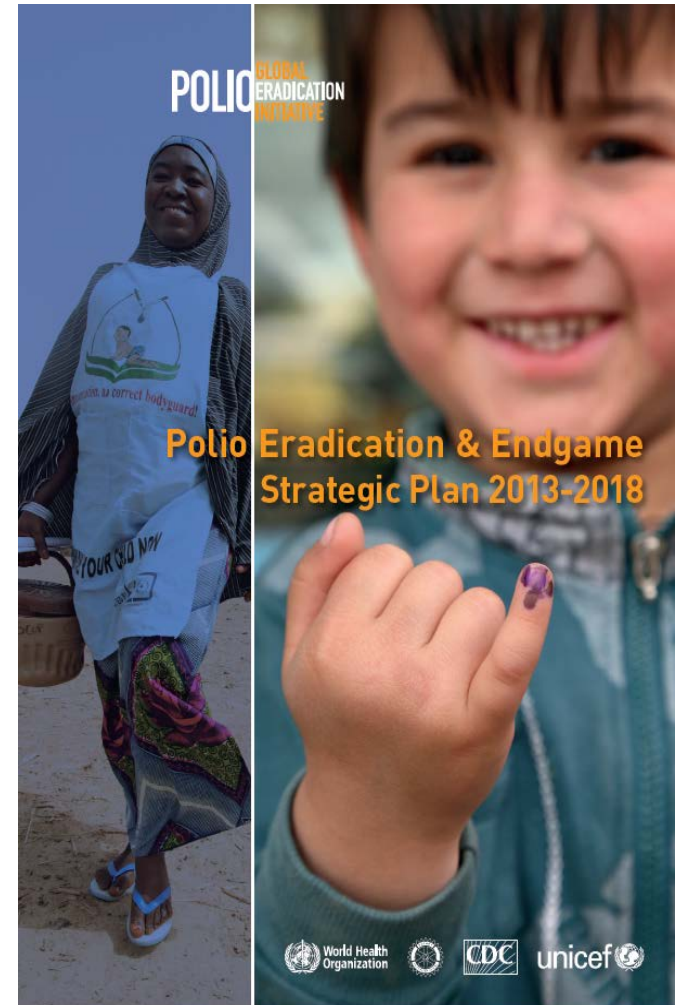


BILL & MELINDA  
GATES *foundation*

# Polio Endgame Strategic Plan 2013-18

- **Objective 1**
  - Polio virus detection and interruption
- **Objective 2**
  - Immunization systems strengthening and OPV withdrawal
- **Objective 3**
  - Containment and certification
- **Objective 4**
  - *Legacy planning*

*“...ensure that the investments made to eradicate poliomyelitis contribute to future health goals, through a programme of work to systematically document and transition the knowledge, lessons learned and assets of the Global Polio Eradication Initiative... establishment of a comprehensive polio legacy strategic plan by no later than end-2015.”*



# Progress in Legacy Planning

## Developments since PPG meeting – June 2014:

- **‘Evidence Base’**
  - *Showing Assets, Capabilities, Contributions*
- **Transition Guidelines (in process)**
  - *To guide countries in the development of legacy transition plans*
- **Pilot Planning Studies in DRC & Nepal**
  - *To learn how transition planning could work in different settings*
- **Draft Global Framework**
  - *Proposed phased approach to legacy planning*

# PPG Legacy Workshop – Report (1/2)

## Input received at the workshop, by theme:

- **Country Ownership:**
  - Tailor approach to country context & link with existing plans
  - Role for donors, civil society at country level
- **Global Priorities:**
  - Immunization, measles elimination, emergency response
- **Essential functions:**
  - Surveillance & Outbreak response
  - Require separate planning and budgeting
- **‘Legacy in Action’ examples:**
  - Ebola response & ongoing VPD surveillance

# PPG Legacy Workshop – Report (2/2)

## Input received at the workshop, by theme:

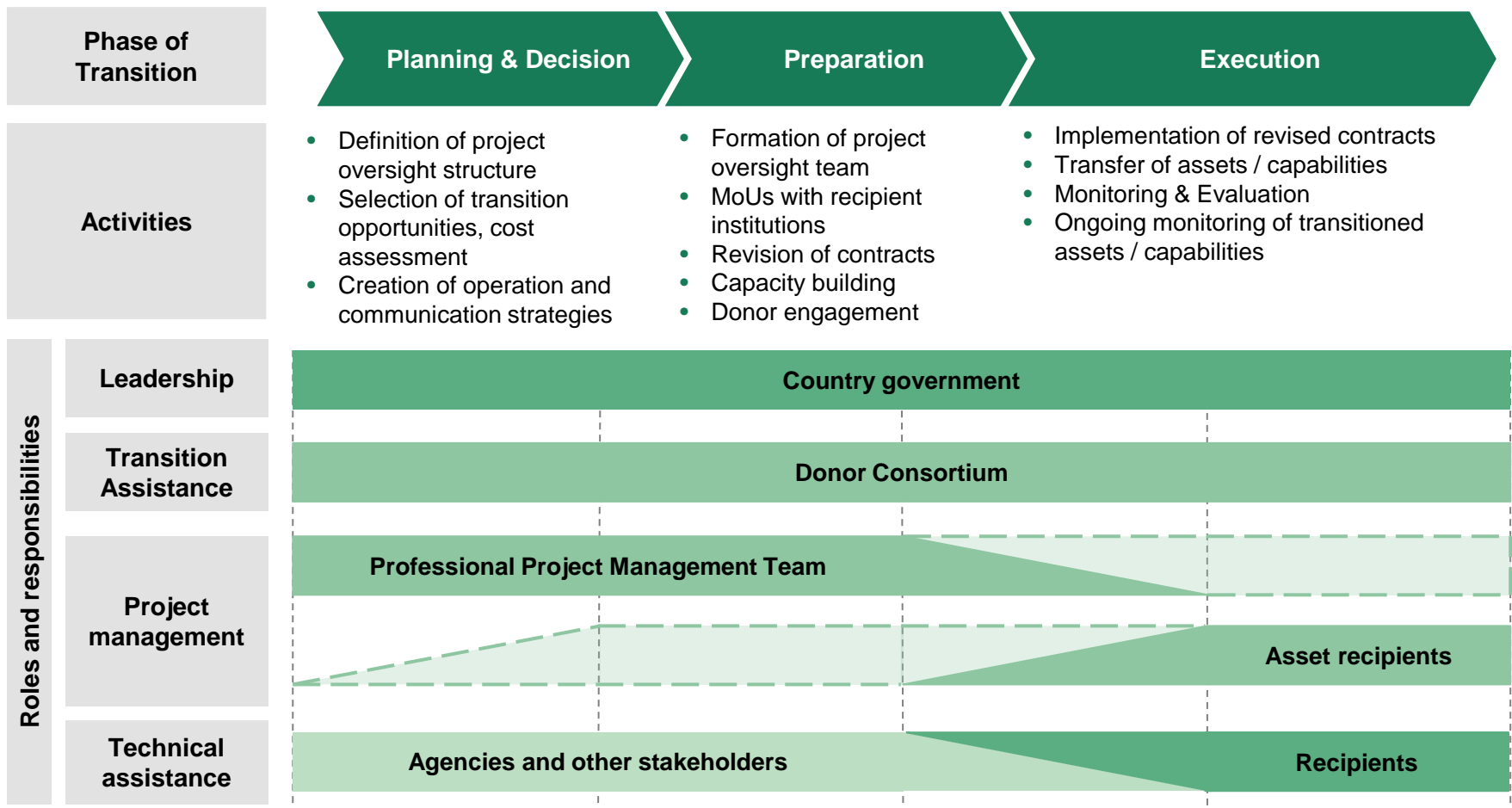
- **Clarity on Process:**
  - How will this play out at the country level?
- **Cost of legacy planning:**
  - Costs of transition planning & sources of funding
- **Challenges:**
  - Lack of domestic health financing
  - Awareness
- **Urgency & Need:**
  - Importance of beginning planning early & sequencing priority countries

# Proposed process, roles and responsibilities

Three key stages for Legacy rollout in each country, ideally completed by 2018

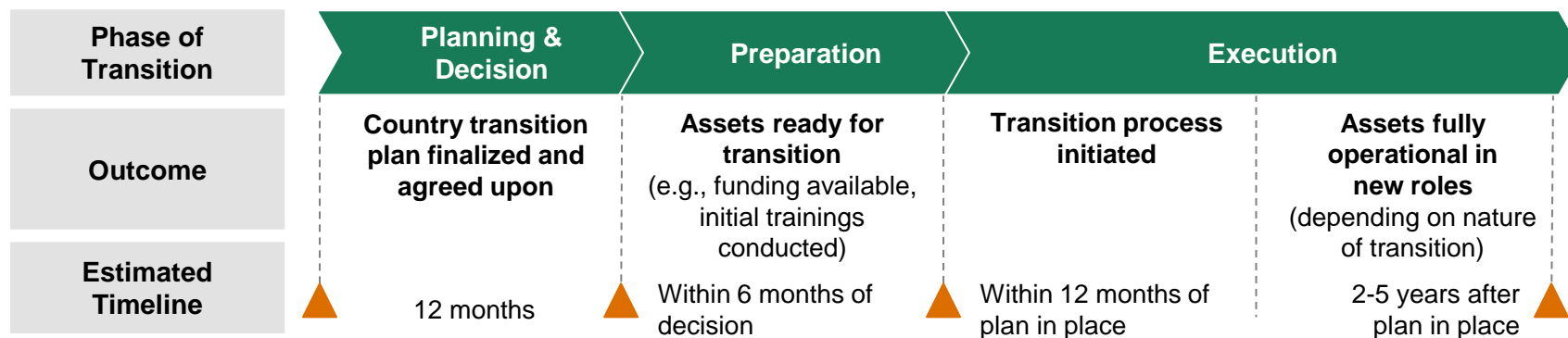
Given asset base and current epidemiology, Legacy planning may require more time for completion in certain geographies

Should be a country-level and -led process, bringing together GPEI agency offices, government and key donors/other stakeholders

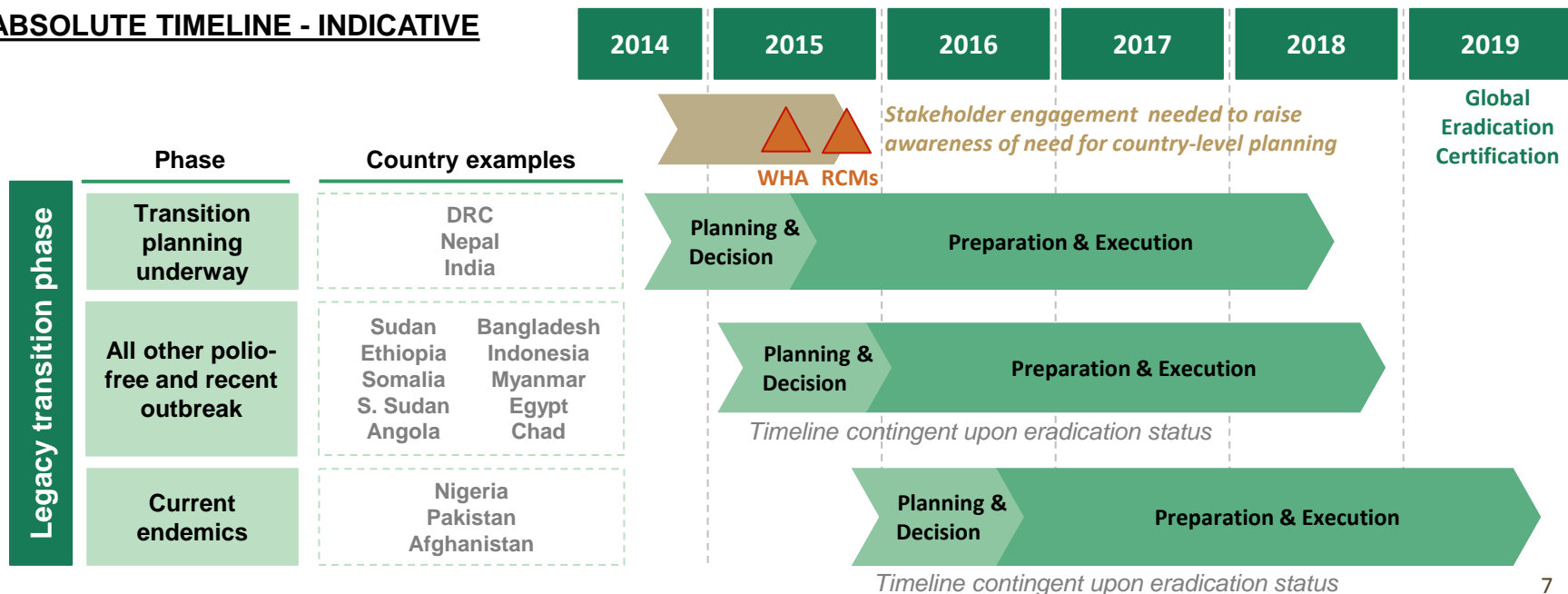


# Potential transition timing: Must link with broader organizational timelines for polio asset support

## RELATIVE TIMELINE - PROPOSED



## ABSOLUTE TIMELINE - INDICATIVE



# Key Decisions on Legacy Planning

- National-level only planning process **or** include global priorities
  - e.g. Ebola/emergency response
- How should legacy be led at country-level
  - Donor and stakeholder involvement in the process
- Funding support for transition planning
- Legacy - Routine Immunization synergies



# Further Information

## **PPG Meeting report:**

[http://www.polioeradication.org/Portals/0/Document/Aboutus/PPG/PPG\\_Mtg20141020\\_Report.pdf](http://www.polioeradication.org/Portals/0/Document/Aboutus/PPG/PPG_Mtg20141020_Report.pdf)

## **PPG Full Presentation:**

[http://www.polioeradication.org/Portals/0/Document/Aboutus/PPG/PPG\\_Mtg20141020\\_PolioLegacyWorkshop.pdf](http://www.polioeradication.org/Portals/0/Document/Aboutus/PPG/PPG_Mtg20141020_PolioLegacyWorkshop.pdf)

# Additional Slides

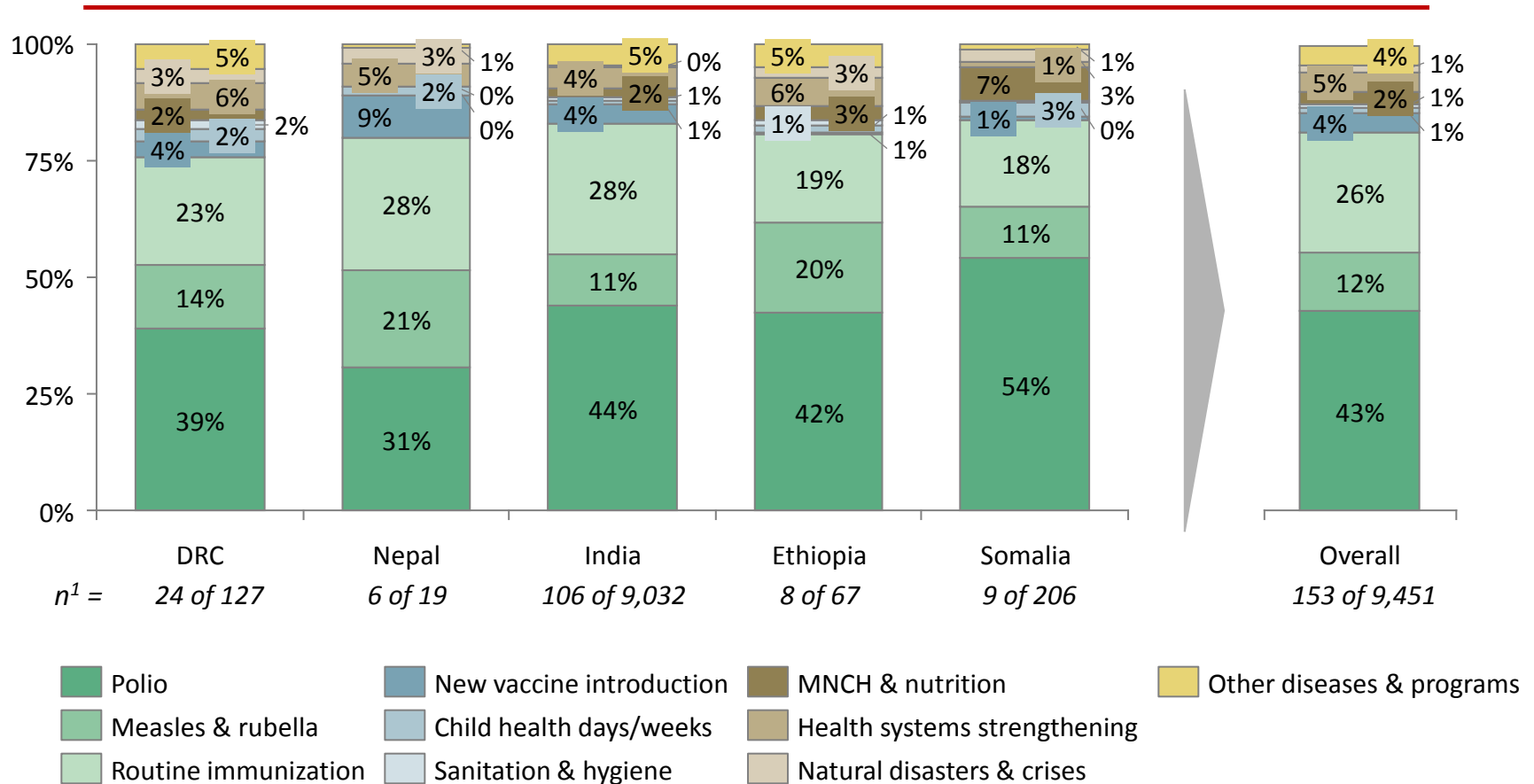
# PPG Legacy workshop – 20 October 2014

## The workshop aimed to address the following:

- The importance of mainstreaming essential functions and how this fits with transition activities
- Review of GPEI Resources and Capabilities
- Understanding of the current contribution of polio assets to other health priorities and their importance to those priorities
- Discussion of potential types of transition opportunities
- Consideration of ways to improve current GPEI performance
- Select country examples on how polio legacy is being planned for and how assets are being integrated into other priorities
  - Nepal
  - DRC

# Survey of country-level polio program managers in 5 countries shows significant time spent supporting other health priorities

## Estimated time allocation of polio workers by country



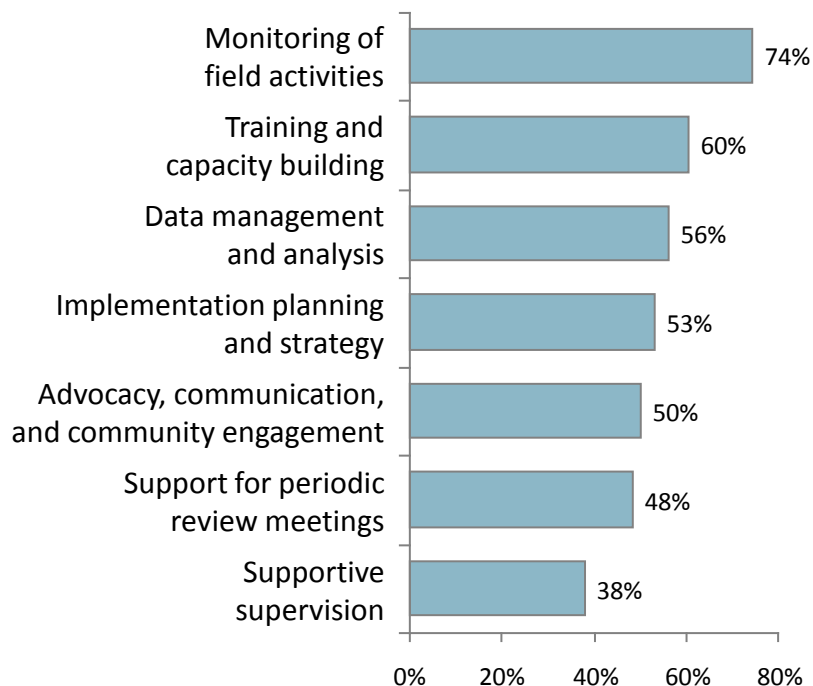
1. Eligible population excludes assistants, secretaries, drivers, clerks, back office support (e.g. HR, finance, IT), and Rotary volunteers  
 Source: Polio Legacy Survey

# Support for RI has focused on monitoring and capacity building

Under Objective 2 of Endgame Strategy, RI strengthening is key goal in 10 primary countries

## Survey shows key RI activities include monitoring and capacity building

*% of respondents ranking activity among top 5*



**91% of respondents indicated RI activities included in Terms of Reference**

## Interviews highlight varying degrees of RI support across countries

**In pilot countries, polio staff support EPI program through capacity building and technical assistance**

**Very strong support in India, where reduced frequency of polio rounds has freed up time and capacity to support RI**

**Experts in several countries recognized polio's contributions to building the cold chain, with broad benefits for immunization**

**Interviews with external global health experts reflect mixed feelings on polio support for RI**

- Praise for increasing awareness, building cold chain, and microplanning
- Concerns over distraction from other priorities, misaligned incentives, and level of commitment

# One key challenge to overcome in legacy planning is costs of polio program resources and transition

## Polio personnel are often paid higher than public sector equivalents ...

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- Polio personnel wages are significantly higher than public sector equivalents
- Securing funding for high cost polio staff will be highly contingent on who assumes these assets
  - Polio personnel have compensation levels bound to United Nations pay scales
- Likely to be challenges in encouraging highly skilled assets to accept lower paying positions
  - Polio staff may be non-nationals to the countries where they are working
  - Often highly experienced assets can find better alternatives in private sector

## ... legacy planning will require careful consideration of options to make smart cost management decisions

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- Development of creative transition options will be a key part of developing sound legacy plans
  - For example, transition plans may focus more on capacity building and transferring activities rather than on assets themselves
  - Need to carefully consider where applicable how compensation rationalization could occur over time
- Personnel costs, along with limited health funding, may limit actual personnel transfer opportunities
  - Alternative options (such as capacity building within the government, rotation of skilled personnel to other programs within WHO or UNICEF) will be helpful to consider



# In Nepal, polio-funded IPD division is backbone of surveillance activities and only surveillance for VPDs

## Immunization Preventable Disease (IPD) program provides surveillance

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IPD represents WHO polio program in Nepal, and is focused mainly on surveillance

- 15 surveillance officers, 6 technical officers, and 36 support staff

Originally focused on AFP surveillance, but expanded purview in 2003 to include other diseases (which are still monitored today)

- AFP
- Measles and rubella like cases
- Acute encephalitis syndrome for Japanese encephalitis
- Neonatal tetanus

## IPD 's network is an integral part of Nepal's public health system

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IPD is a critical part of the surveillance and data systems in Nepal

- EWARS: Early warning and reporting system tracks vector borne diseases like malaria and dengue through passive surveillance
- HMIS: Health Management & Information System (part of government) collects health data from different surveillance networks and hospital sites
- IPD: Immunization Preventable Disease program provides tracking of vaccine preventable diseases via passive surveillance, active monitoring, and case investigation

Without IPD, it is likely the coverage of VPDs in Nepal would significantly degrade

**"Without IPD, without the SMOs, surveillance would just go away in Nepal" - Government of Nepal official**



## In DRC, polio assets provide critical support to surveillance, immunization, and broader health system

### GPEI builds surveillance capacity beyond AFP

- WHO surveillance teams spend ~25% of time on other diseases
- GPEI provides tools, training, equipment, and funding for local surveillance in health districts
- Technical assistance to polio lab benefits national laboratory with best practices shared across disease areas

### Technical and operational support provided for EPI

- Polio personnel largely involved in EPI program
  - Support national planning
  - Create tools & processes
  - Provide technical assistance
  - Train national EPI staff
  - Participate in RI management at national and local level
- Polio-funded UNICEF staff help manage supply chain for broad suite of vaccines
  - Vaccine procurement
  - Cold chain maintenance

### Additional support spans several areas

- WHO sub-offices funded by polio support all health priorities at local level
- Polio campaigns leveraged to deliver range of other services (e.g. Vitamin A)
- Coordination bodies for polio also used for other priorities
- Communication plans and relationships with leaders used to spread additional messages such as WASH

**"Without polio, the whole health system would suffer"**  
–Partner field staff