

POLIO LEGACY:

PLANNING FOR A POLIO-FREE WORLD



POLIO

GLOBAL
ERADICATION
INITIATIVE

POLIO ENDGAME STRATEGIC PLAN 2013-18

OBJECTIVE 1

Polio virus detection and interruption

OBJECTIVE 2

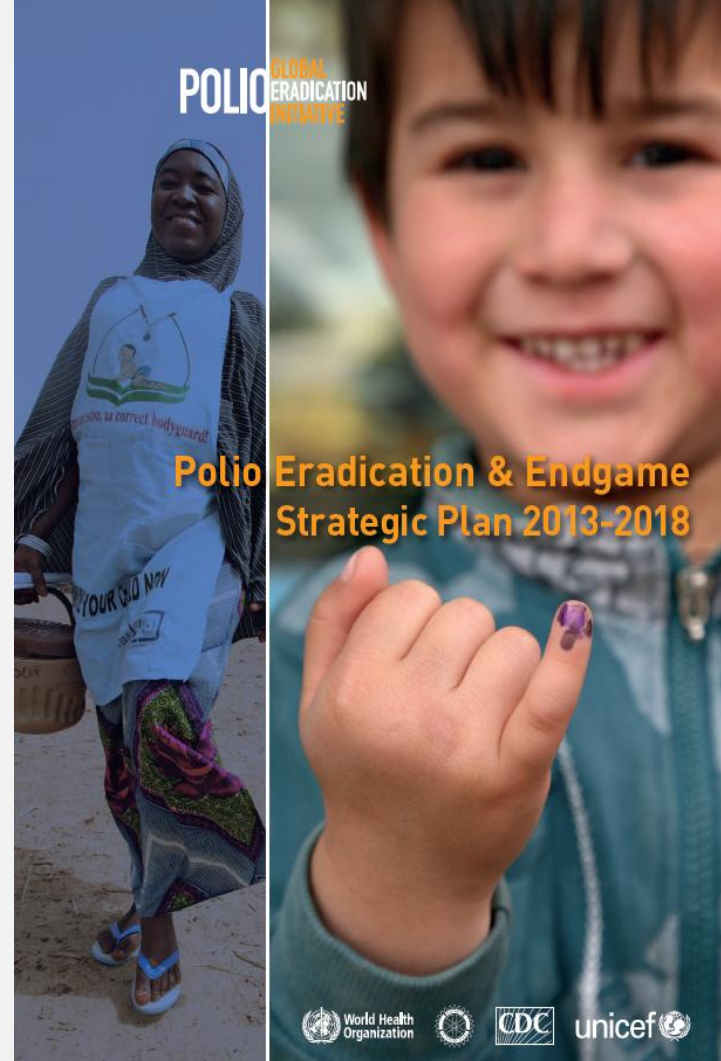
Immunization systems strengthening
and OPV withdrawal

OBJECTIVE 3

Containment and certification

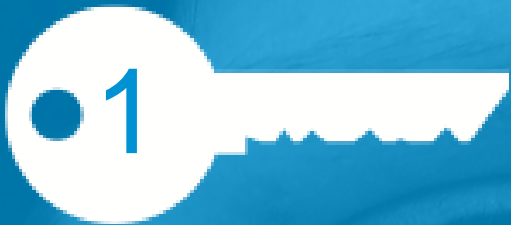
OBJECTIVE 4

Legacy (Transition) planning



TRANSITION PLANNING: GUIDING PRINCIPLES

- Polio transition planning will aim to **BENEFIT ALL COUNTRIES AND THE GLOBAL COMMUNITY**, not only countries where polio resources currently concentrated.
- Enabling long-term transitions to **COUNTRY OWNERSHIP** of basic public health functions, wherever possible, is a priority.
- Under the leadership of the national government, a **BROAD RANGE OF STAKEHOLDERS** must be involved in the polio legacy planning process at the country level, including donors and civil society.
- Beginning the process of polio transition planning early represents the GPEI's desire to **PLAN CAREFULLY AND RESPONSIBLY** for the future.
- However, **LEGACY PLANNING SHOULD NOT DISTRACT** from the current focus on interruption of poliovirus transmission and other objectives of the 2013-2018 Strategic Plan.



KEY COMPONENTS of TRANSITION PLANNING

Maintaining and mainstreaming polio functions

Ensure that those functions needed to maintain a polio free world after eradication (such as immunization, surveillance, communication and community engagement, preparedness and response, and containment) are mainstreamed into ongoing public health programs



Source: 'Legacy Planning Process for the Global Polio Eradication Initiative' (Nov 2013)



KEY COMPONENTS of TRANSITION PLANNING

Sharing lessons learned to improve child health

Ensure that the knowledge generated and lessons learned from polio eradication activities are shared with other health initiatives



Source: "Legacy Planning Process for the Global Polio Eradication Initiative" (Nov 2013)



KEY COMPONENTS of TRANSITION PLANNING

Transition polio functions to improve child health

Where feasible, desirable, and appropriate, transition capabilities and processes to support other health priorities and ensure sustainability of the experience of the GPEI program



GPEI IS FUELED BY:

10 KEY FUNCTIONS:



Supporting tools & systems: Processes & protocols developed by GPEI

Enabling factors: Asset knowledge & relationships



Implementation and service delivery

Monitoring and data management

Disease surveillance

Planning

Communications and community engagement

Capacity building

Resource mobilization and advocacy

Policy and strategy

Partnerships and coordination

Management and operations

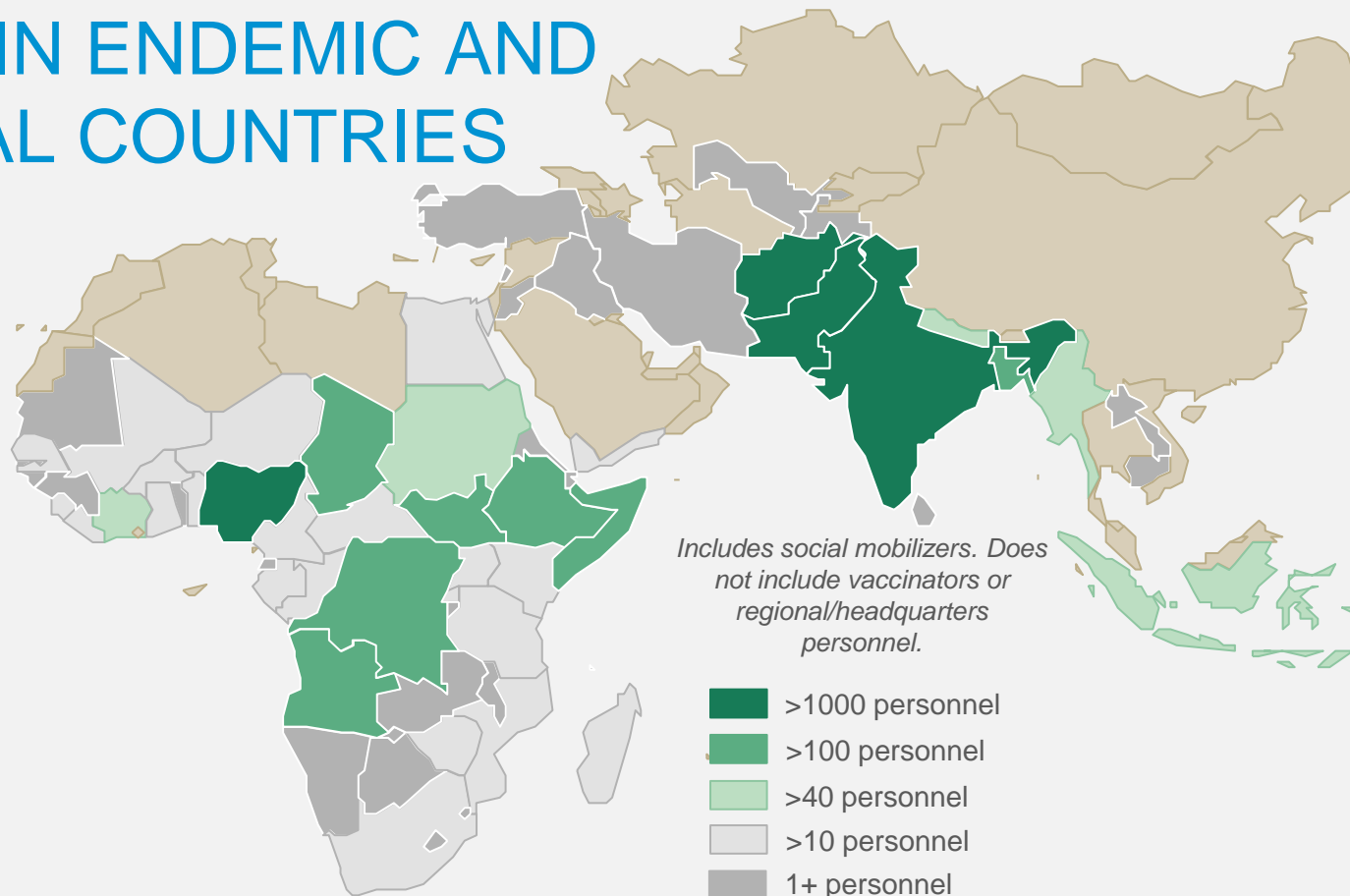
THE GPEI WORKFORCE IS FOCUSED IN ENDEMIC AND TRANSITIONAL COUNTRIES

Millions of vaccinators

Tens of thousands of local social mobilizers

Thousands of skilled technical staff

Hundreds of highly skilled technical managers/leaders





OTHER GLOBAL HEALTH AND DEVELOPMENT PROGRAMS CAN BENEFIT FROM THE ASSETS AND CAPABILITIES OF THE GPEI

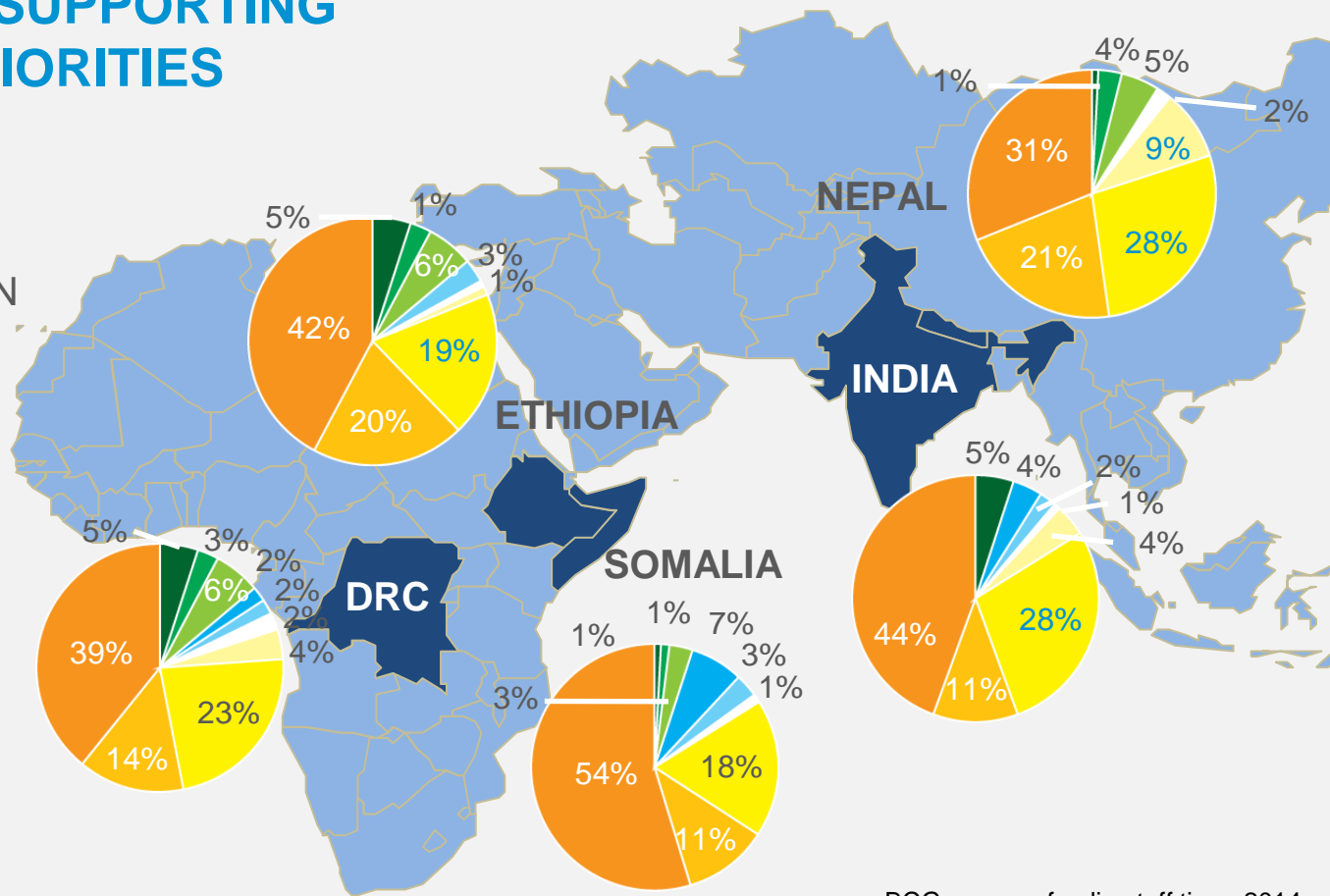
TRAINED VOLUNTEERS, SOCIAL MOBILIZERS, AND HEALTH WORKERS

UNPRECEDENTED ACCESS TO HOUSEHOLDS UNTOUCHED BY HEALTH SYSTEMS

MAPS AND MICROPLANS TO DELIVER HEALTH SERVICES TO CHRONICALLY NEGLECTED COMMUNITIES

STANDARDIZED, REAL-TIME GLOBAL SURVEILLANCE AND RESPONSE CAPACITY

POLIO PERSONNEL IN FIVE COUNTRIES REPORT SPENDING SIGNIFICANT TIME SUPPORTING OTHER HEALTH PRIORITIES



LEGACY IN ACTION: IN POLIO-FREE COUNTRIES, GPEI IS ALREADY MAKING CONTRIBUTIONS TO OTHER HEALTH PRIORITIES

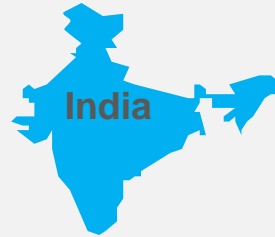


GPEI builds surveillance capacity beyond AFP (measles, yellow fever, neonatal tetanus)

Provide technical and operational support for EPI (e.g., supply chain)

Support other priorities (community mobilization for nutrition and WASH; deliver nutrition, de-worming through campaigns)

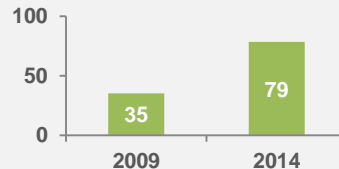
"Without polio, the whole health system would suffer"
–Partner field staff



GPEI focuses on:

- Intensified RI monitoring
- Capacity building
- Advocacy and integrated communication
- Accountability through Task Forces
- Reaching the Hard-to-Reach

The percentage of AFP case investigations conducted by government staff in India has more than doubled since 2009 as GPEI focuses on building local capacity

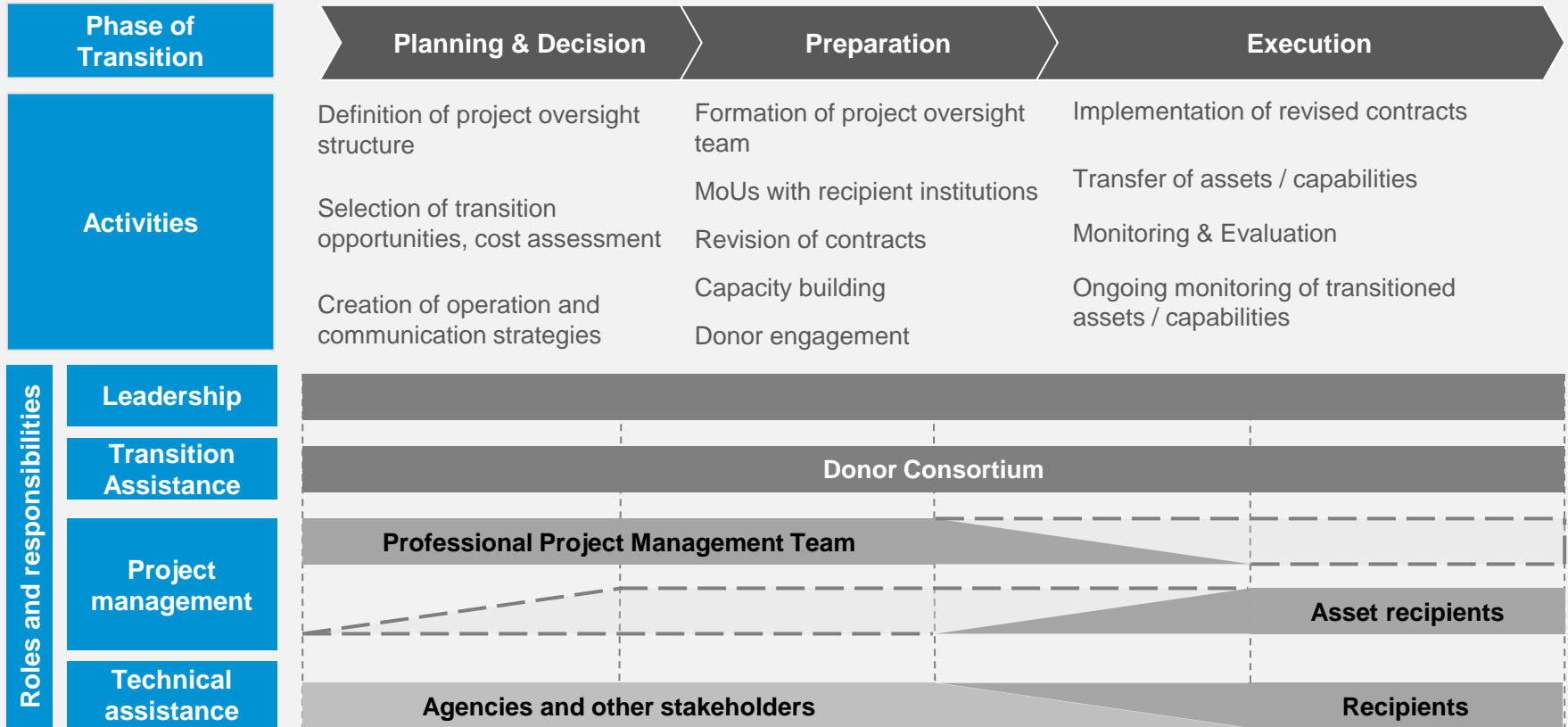


In addition to AFP surveillance, the GPEI infrastructure in Nepal also conducts surveillance for:

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

"Without [the GPEI polio program], surveillance would just go away in Nepal" - Government of Nepal official

THREE KEY STAGES FOR LEGACY ROLLOUT BY 2018



TRANSITION PLANNING TIMELINES



Timeline contingent upon eradication status

POTENTIAL TRANSITION TIMELINE



GPEI IS DEVELOPING STRUCTURES AND TOOLS TO SUPPORT COUNTRY PLANNING

Developed an 'Evidence Base' to show why legacy planning is important and what is at stake.

Conducted initial Planning Studies in DRC and Nepal to understand how transition planning could work in different settings.

Providing transition guidelines and technical support structures to guide countries in the development of legacy transition plans

GPEI PRIORITIES FOR TRANSITION PLANNING IN 2015

Raise awareness of the importance and urgency of transition planning amongst donors, country governments and other stakeholders.

Ensure all countries that have been polio free for 12 months have established transition plans by Q3 2016.

Develop greater understanding of technical models, costs and financing mechanisms for successful transitions.

Begin to rigorously capture the lessons learned from the polio eradication effort.



Priority countries for GPEI transition planning:

- Afghanistan
- Angola
- Chad
- DR Congo
- Ethiopia
- India
- Nigeria
- Pakistan
- Somalia
- South Sudan

CHALLENGES IN TRANSITION PLANNING:

Risk that valued activities currently supported by the polio program may be affected without careful post-eradication planning.

Donors, technical partners and other stakeholders must effectively support country governments to take the lead on transition planning.

Tough decisions must be made about which elements of this program are worth transitioning, how cost must be considered, and how long-term sustainability can be assured.

HOW COUNTRY GOVERNMENTS CAN GET STARTED WITH TRANSITION PLANNING

Commit to finalizing a transition plan by Q3 2016 using the GPEI transition guidelines

Meet with GPEI partner agency (UNICEF, WHO) legacy focal points in country to begin transition planning

Solicit stakeholder input into the transition planning process, including from donors and civil society

Identify the opportunities and risks of transitioning GPEI resources, and develop strong transition plans linked with national health and development priorities, where possible integrating into existing planning processes

HOW DONORS CAN SUPPORT POLIO TRANSITION PLANNING

Advocate with national/state governments and key stakeholders to prioritize transition planning, following the global framework

Actively contribute to transition planning discussions, globally and at the country level

Provide funding and/or in kind resources or capacity to ensure a rigorous transition planning process at the country level

Champion the polio legacy effort and the importance of transition planning with other donors and stakeholders the broader donor community

Define willingness to provide funding and support for implementing transition plans as well as post-transition activities

HOW GPEI PARTNER AGENCIES WILL SUPPORT POLIO TRANSITION PLANNING

Ensure that clear data is available to show the size, location, activities, etc. of the GPEI-supported polio program assets in a region or country

Keep the national government informed of planned GPEI technical and funding support during the transition period

Provide technical support for the planning process, where necessary

Support involvement of donors and other stakeholders in the transition planning process