Polio Legacy Planning

High Level Meeting of the Global Polio Partners Group (PPG)
16 June 2014
Overview

• Principles & Lessons

• Global Framework Development
  – mainstreaming long-term polio functions
  – transitioning polio assets to other programmes

• Consultations & Timeline

• Questions
Guiding Principles

• Polio legacy planning will aim to benefit all countries and the global community

• Enabling long-term transitions to country ownership of basic public health functions, will be a priority.

• Beginning early represents desire to plan carefully and responsibly for the future.

• However, legacy planning should not distract from the current focus on interruption of polio
Lessons Learned: White Paper

- describe major lessons and knowledge generated, including application to other initiatives
- disseminate for review and input
- finalize and use to inform other health programmes

**Categories of lessons**

- Mobilizing political and social support
- Policy development and strategic planning
- Partnership management and donor coordination
- Program operations and tactics
- Oversight and independent monitoring
Global Legacy Framework - Overview

Process:
- Member State & donors/stakeholders consultation
- Evidence-base and transition 'landscape'
- Pilots in a small number of countries
- Full framework to be reported to WHA 2015

Two principal streams of work:
- Mainstreaming Long-term Functions
- Transitioning Redundant Assets

Guidance for:
- National, Regional, (Global) Legacy Plans
- Institutional Legacy Plans
Mainstreaming Long-term Polio Functions  
*especially within institutions (e.g. WHO)*

**Long-Term Polio Functions:**
- routine immunization
- surveillance/lab & response capacity
- biocontainment

**Resource Planning**
- Which functions?
- Where?
- For how long?
- What level of resources?
Transitioning Assets

esp. to governments & other programmes

Priority target programmes:

• Immunization strengthening
• Disease surveillance (incl. lab) & response

Planning required across 3 main areas:

• Policy setting & strategic planning processes
• Partnership management, financing & donor coordination
• Operational approaches (surveillance, access, etc...)
Keys to successfully transitioning assets

**Identify opportunities for transition**
- Assess polio assets & capabilities
- Gauge value of assets for other health priorities

**Establish credible plan to implement the transition**
- Define transition framework and guidelines
- Test the approach to ensure feasibility
Approach to develop Framework

1. Develop **comprehensive assessment of assets & capabilities**
2. Prepare **transition landscape report**: top-down assessment of asset value & 1-2 country-specific assessments
3. Establish **Legacy transition 'proof of concept'** in pilot countries
4. Create **global Polio legacy transition playbook** to guide countries on transition planning and execution
5. Draft **global polio legacy planning framework** for WHA, outlining potential health & economic impacts of transition
Comprehensive assessment of GPEI assets will draw on data from multiple sources

### Approach to data gathering

<table>
<thead>
<tr>
<th>Baseline of existing assets and capabilities</th>
<th>Evaluation of GPEI support for non-polio health priorities</th>
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<tbody>
<tr>
<td><strong>Collect internal data from GPEI partner organizations</strong></td>
<td><strong>Perform critical analysis of available data</strong></td>
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<tr>
<td>• Headcount and salary expense by function and geography</td>
<td>• AFRO IVD staff survey</td>
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<tr>
<td>• Location and value of physical assets</td>
<td>• Middlebury study</td>
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<tr>
<td><strong>Supplement with historical third-party analyses</strong></td>
<td>• TORs and operational data</td>
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<tr>
<td>• <em>Increasing Value for Money</em> report</td>
<td><strong>Conduct primary research to fill in gaps</strong></td>
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<td>• Long-term HR planning report</td>
<td>• Survey targeted at specific geographies/functions</td>
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<td></td>
<td>• Interviews with polio program managers</td>
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<td>• Shadowing/observation of in-country polio personnel</td>
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Evidence based assessment of legacy will include country-based pilot plans

<table>
<thead>
<tr>
<th>Candidate countries</th>
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<tr>
<td>India</td>
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<td>Nigeria</td>
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<td>Afghanistan</td>
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<td>Pakistan</td>
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<td>Indonesia</td>
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<td>Myanmar</td>
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Prioritization criteria and considerations

- Include an example from more than one region
- Ensure examples have representative assets from UNICEF, WHO, Rotary and CD
- Eradication or recent outbreak status and risk of importation (exclusionary criteria)
- Local & regional willingness to participate

2 pilot countries for 'proof of concept' & to distill learnings for future pilots
Stakeholder Consultations

To date:

- Interviews with major donors during HR planning project, 2013
- Presentations/Q&A at September POB and November PPG, 2013
- Initial discussions with World Bank, DFID, Canada, Japan, USAID, 2014

Early feedback: Stakeholders support legacy planning & want to be involved. Goal is to seek future opportunities AND address future risk.

2014 Plans:

- Additional donors: Australia, Germany, Norway, IDB, UAE, BMGF, Rotary
- Country Governments, through WHO Regional Committees
- Other initiatives: GAVI, MRI, MDG Health Alliance, Carter Center, GFATM
- Other CSOs/agencies: UN Foundation, CHAI, Save the Children, PATH, etc.
- October workshop with PPG
### Stakeholder Consultations: Example

**Which GPEI funded capabilities are most valuable to you?**

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<tr>
<td>Surveillance</td>
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<td>Laboratories</td>
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<tr>
<td>Social Mobilisers</td>
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<td>Ability to reach disenfranchised people</td>
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<tr>
<td>Managerial</td>
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<td>Campaigns</td>
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<tr>
<td>Resource mobilisation</td>
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<tr>
<td>RI &amp; system strengthening</td>
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<tr>
<td>Communications</td>
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</tr>
<tr>
<td>Operations support</td>
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Spontaneous perception of value (multiple responses allowed; Not linked to specific future option. Number of references (N = 30)

“Critical assets of the polio program are **surveillance and laboratories**. Polio is monitoring better than any other program – no other program is able to match the polio program in terms of **data, lab analyses, reporting and monitoring**.”

“The Polio program is one of the best managed programs worldwide – therefore its **managerial skills** could be easily transferred to another program.”

“The level of awareness among the general public of GPEI is astonishing, and the **drive and resources** they have been able to mobilise in response to this is really impressive.”

Data collected by an independent firm in 1:1 interviews during Q2 2013.
To characterize the value of polio program capabilities and understand future considerations.

To inform framework and plan development.

**Milestones:**
- **Regional Committees**
- **WHO EB January**
- **WHA May**
- **Regional Committees**
- **WHO EB January**
- **WHA May**

**Activities Timeline**

- **2013**
  - Q4: HR LT Planning Study

- **2014**
  - Q2: Stakeholder Consultations
  - Q3: Evidence Base Development; Capture Lessons Learned

- **2015**
  - Q4: Mainstreaming Essential Functions

- **2016**
  - Q1: Global Legacy Framework Development
  - Q2: Communicate with Key Stakeholders
  - Q3: National/Regional Legacy Plan Development
  - Q4: Report to GPEI & EB to inform future planning

**Mainstreaming Essential Functions**
To establish and plan for sustainability of functions that MUST be maintained post-2018 (e.g., surveillance).

**Evidence Base Development; Capture Lessons Learned**
Gather feedback on evidence base, refine.

**Global Legacy Framework Development**
To characterize the value of polio program capabilities and understand future considerations.

**Communicate with Key Stakeholders**
For WHA approval.
Questions

• what additional analyses/evidence would help inform PPG engagement in legacy process?

• what would you consider a successful investment in the legacy?

• how can we strengthen stakeholder engagement?

• would a PPG working session on the evidence base at the time of the next meeting be helpful?