

# Polio Legacy Planning *Workshop*

**Polio Partners Group**  
**October 20, 2014**



World Health  
Organization

Rotary



unicef



BILL & MELINDA  
GATES *foundation*

# Objectives of legacy workshop

**Discuss progress on legacy, gather input and address questions through:**

- Understanding the importance of mainstreaming functions and how this fits with transition activities
- Providing an overview of range of resources in the polio program
- Reviewing latest findings on how polio resources today are impacting other health and development priorities and implications for legacy planning
- Discussing potential types of transition opportunities
- Presenting select country examples on how polio legacy is being planned for and how assets are being integrated into other priorities

# Agenda

Agenda item	Time	Presenter
<b>Welcome and objectives</b>	15 minutes	<i>PPG co-chairs</i>
<b>Why is legacy important</b>	30 minutes	<i>CDC, Steve Cochi</i>
<b>Mainstreaming essential functions and legacy</b>	15 minutes	<i>WHO, Andrew Freeman</i>
<b>Resources and impacts of the polio program today</b>	60 minutes	<i>Boston Consulting Group</i>
<b>- Break -</b>	20 minutes	
<b>Future transition opportunities; case studies of pilot countries on how legacy is unfolding</b>	60 minutes	<i>Boston Consulting Group</i>
<b>Path forward and remaining questions</b>	30 minutes	<i>PPG co-chairs</i>

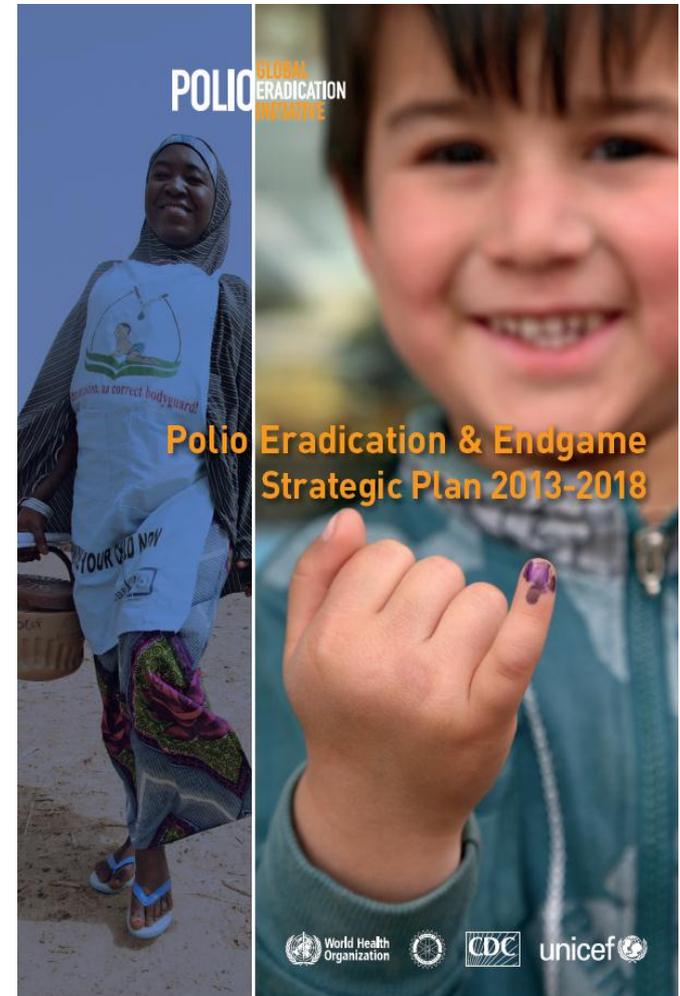
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# Polio Endgame Strategic Plan 2013-18

- **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.”*



# **Thoughtful planning will help enable a positive legacy for the global polio eradication program**

**Polio's large and complex network of assets spans across countries and includes a wide range of asset types and capabilities**

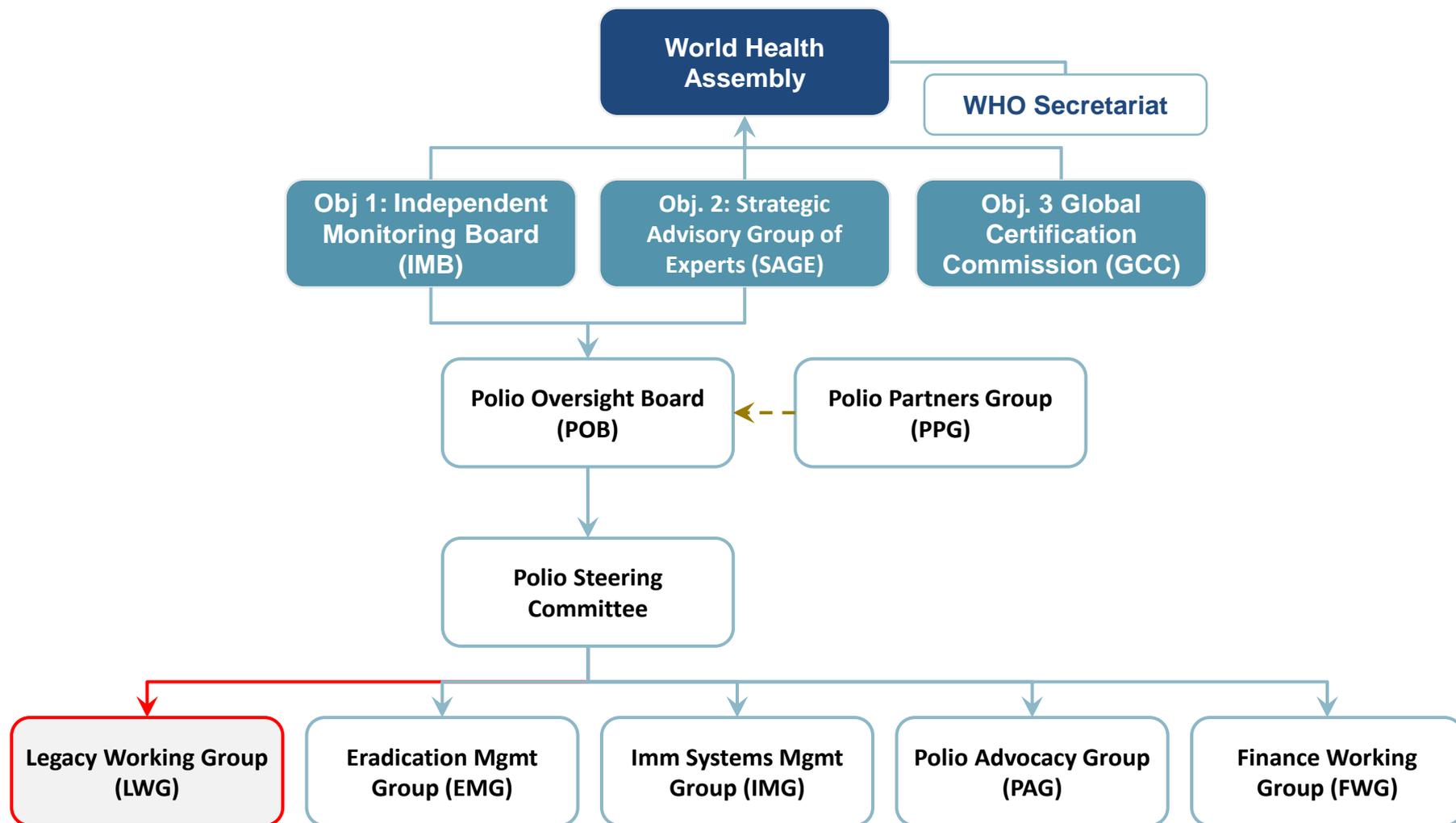
**Other global health and development programs can potentially benefit from the assets and capabilities of the GPEI**

- 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

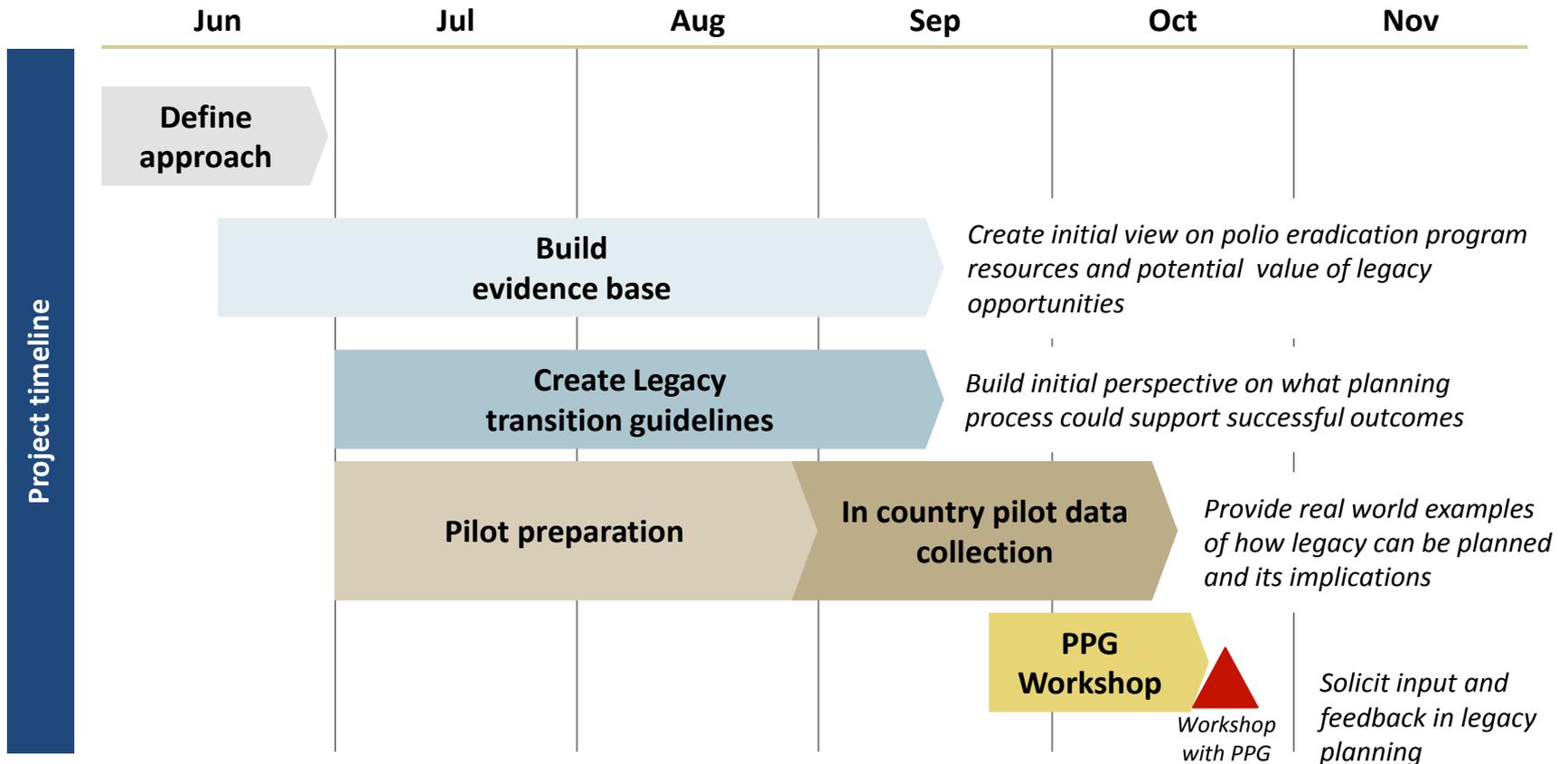
**Leveraging these assets for other priorities will require a planned, coordinated approach**

**Inadequate planning for legacy is likely to result in loss of opportunities to benefit communities and failure to document lessons learned**

# Legacy Oversight & Management



# Legacy Working Group in GPEI over past 5 months has developed initial findings to help inform legacy planning



Efforts building to contribute to global legacy framework

# Global Legacy Framework

## Content:

- Mainstreaming essential polio functions
  - Outline functions that are needed, and timeframe
- Practical guidance for transition of knowledge & assets
  - To support development of National/Regional/Inst. Plans

## Process:

- **Consultations** - Member States, & donors/stakeholders
- Development of an **'evidence-base'**
- **Pilot studies** in DR Congo and Nepal
- Develop full framework to be reported to **WHA 2015**

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# Mainstreaming one of three key components that comprise legacy planning

**Polio legacy include three key components included in its planning:**

*Mainstreaming essential polio eradication functions, such as immunization, surveillance, communication, response, and containment, into ongoing public health programs*

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

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

# Mainstreaming polio functions will require targeting key function and planning for what level of resources needed

**Some key technical functions need to be mainstreamed to ensure continued support of polio eradication strategy**

- Polio immunization (including use of IPV) and activities into national and international programs
- Surveillance/lab & response capacity
- Biocontainment of polioviruses according to agreed upon standards

**Mainstreaming planning will require GPEI partner agencies to conduct careful resources planning in conjunction with government partners and stakeholders**

- Which specific activities are included in mainstreaming functions?
- Where are they currently conducted? Where will they need to be?
- For how long are functions needed?
- What level of resources will be needed to meet these activity needs?

# Institutional Planning: WHO Executive Board

## HR Long-Term Planning:

- To engage in an HR planning exercise to define the polio-funded HR requirements for the next 10 years including beyond certification for withdrawal of bivalent oral poliovirus vaccine (2019–2023).
- In the 10 countries that comprise 90% of the WHO human resource infrastructure financed from polio-specific funds, to work with national governments and major development actors to discuss transition plans at the country level given the planned changes to the infrastructure financed from polio-specific funds.

# WHO India has already taken concrete steps to manage polio-funded resources in a post-eradication environment

## Country strategy established four key principles

- Mainstreaming critical polio eradication functions into other priority health programs
- Ensuring that best practices and knowledge are shared with other health initiatives
- Transitioning certain polio functional areas to government counterparts
- Transitioning the capacities, processes and assets created by the program to support other VPDs & strengthening health systems

## AFP surveillance has gradually shifted from WHO to government medical officers

- Share of cases investigated by government increased from 35% in 2009 to 79% in 2014

## Structural changes implemented for Medical Officers and Field Volunteers

- MOs redeployed to areas with low RI coverage, and updates made to ToRs and monthly work plans to include additional health priorities
- Field Volunteers renamed Field Monitors, workforce reduced in line with fewer polio SIAs
- Field Monitors now hired through outsourced agency, with increasing number employed directly by government
- Training and capacity building have been provided to help workers adjust to new roles

**Plan to create seven regional WHO hub with long-term goal of transitioning all NPSP workers into these hubs which will support overall healthcare delivery**

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## **Overview: GPEI has widespread set of resources already contributing to other health priorities today**

### **1 Review GPEI program resources today**

- GPEI resources today exist across a range of countries, although majority of personnel exist in polio endemic countries
- Resources go beyond just personnel to infrastructure and knowledge assets as well

### **2 Understand current contribution of polio assets to other health priorities and their importance to those priorities**

- While the asset base is designed around polio eradication, the program's skills, resources and knowledge already play a critical role in supporting other health priorities

### **3 Consider ways to improve program performance for Legacy planning** There are opportunities to strengthen local capacity and health services as part of legacy planning process to address some criticisms on parallel structures that have been created in country

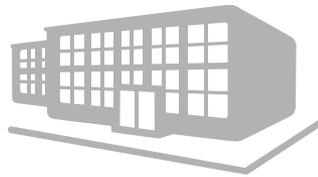
# GPEI program fueled by people, physical assets, and other supporting tools and enabling factors

## People



- Range of staff and non-staff employed by GPEI partner agencies
- ~29,000 workforce worldwide
  - Large majority in social mobilization
  - Additional large numbers of workforce in disease surveillance and immunization planning/supervision
  - Many other volunteers and monitors mobilized for duration of OPV campaigns

## Physical assets



- Key physical assets that are utilized by GPEI program
  - May be supported operationally through GPEI funds, but are owned by governments or other parties
- GPEI has supported development of Global Polio Lab Network and operations in some labs
- GPEI has also contributed to development of cold chain capacity in country

## Intangible assets



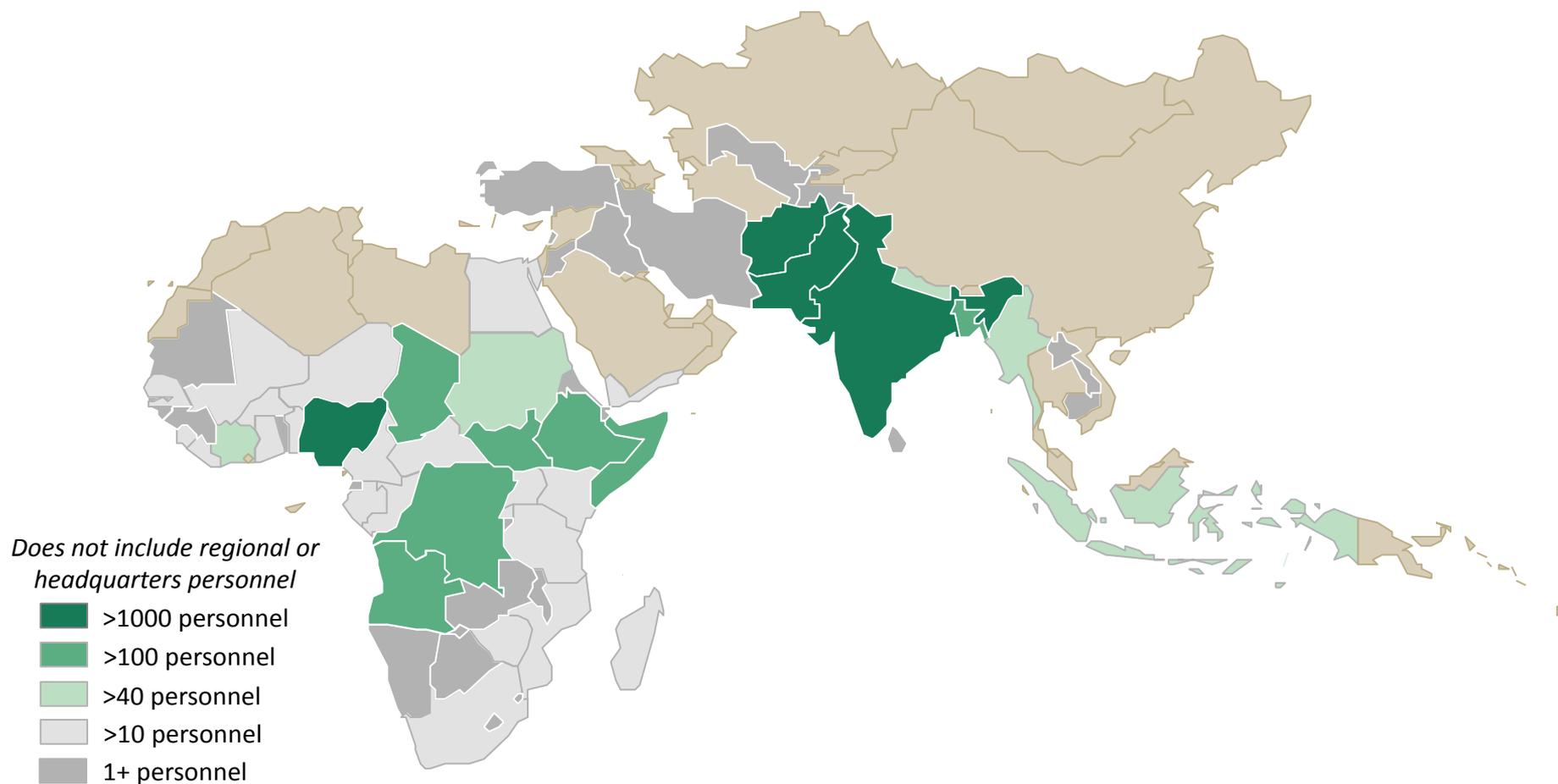
## Supporting tools/systems

- Processes and protocols developed by the GPEI program
  - Underlie the activities of the program functions
  - Include processes such as micro-planning, community engagement techniques

## Enabling factors

- Knowledge and relationships of the assets that help facilitate the activities they are conducting

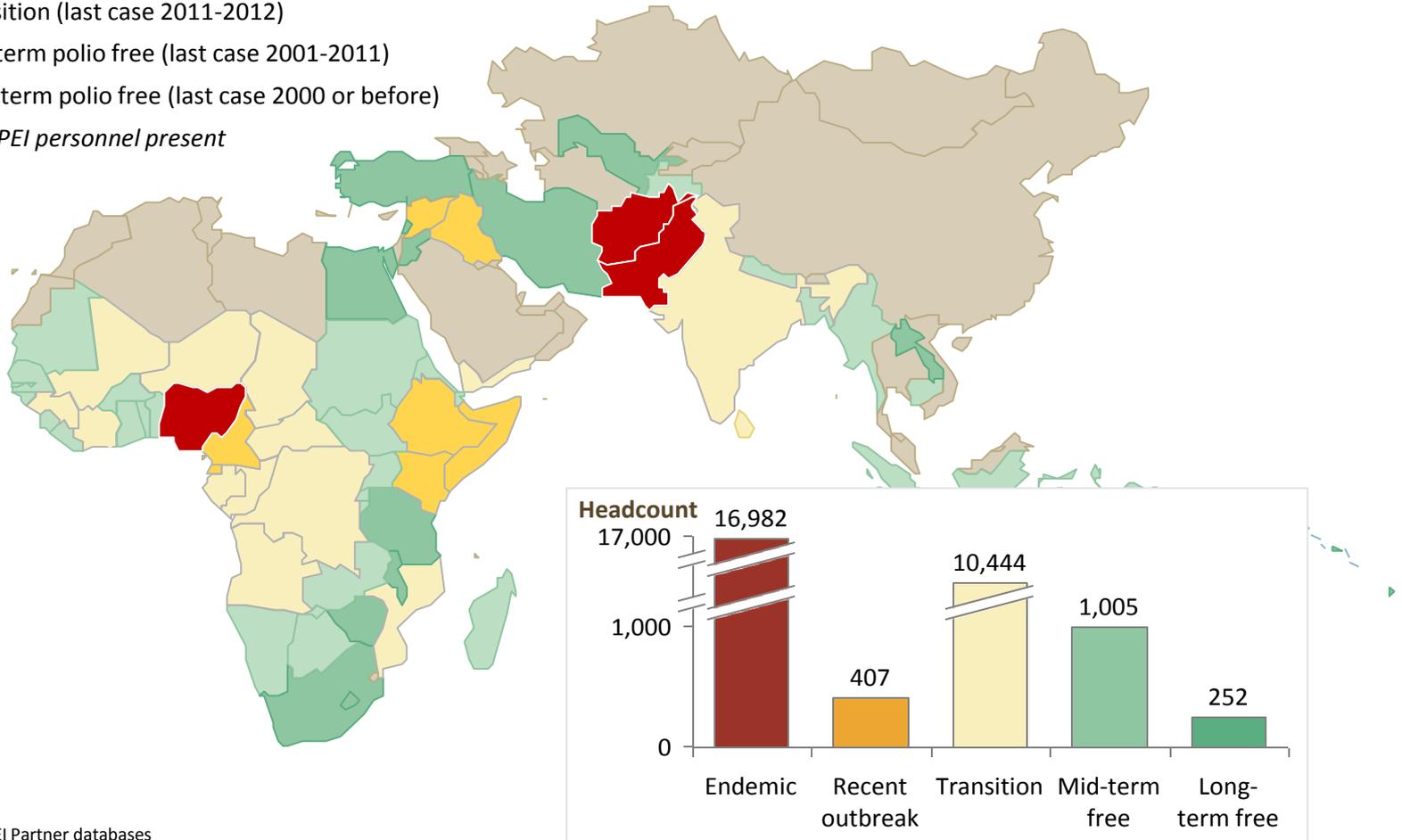
## Personnel distributed across Asia and Africa, but the majority of personnel concentrated in four countries



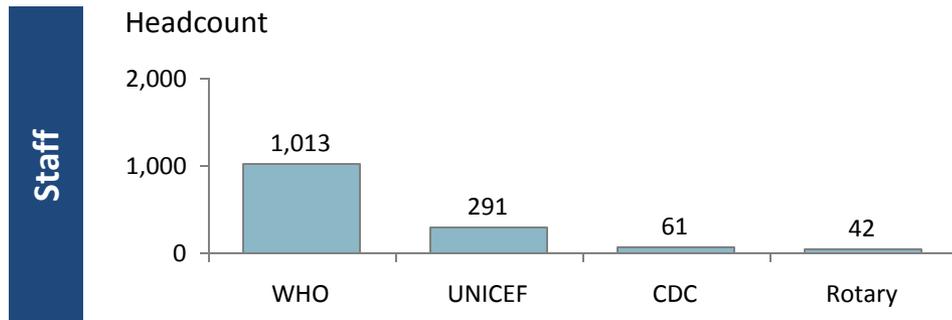
Note: Philippines, Haiti also have between 1-10 polio funded personnel but are not displayed  
Source: GPEI partner HR databases

# GPEI program personnel also focused in endemic countries and transitioning countries

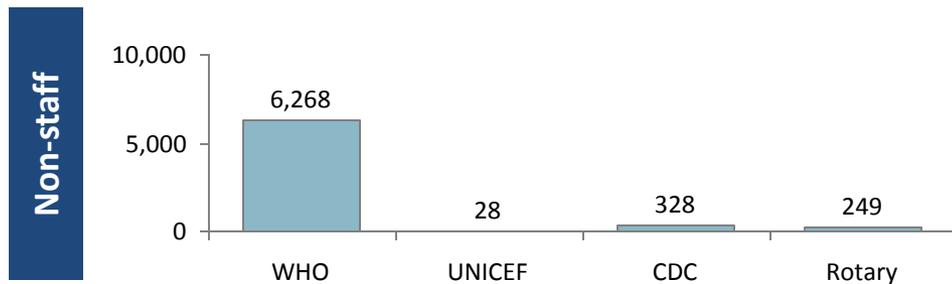
- Endemic country
- Current/ recent outbreak (2013-2014)
- Transition (last case 2011-2012)
- Mid-term polio free (last case 2001-2011)
- Long term polio free (last case 2000 or before)
- No GPEI personnel present



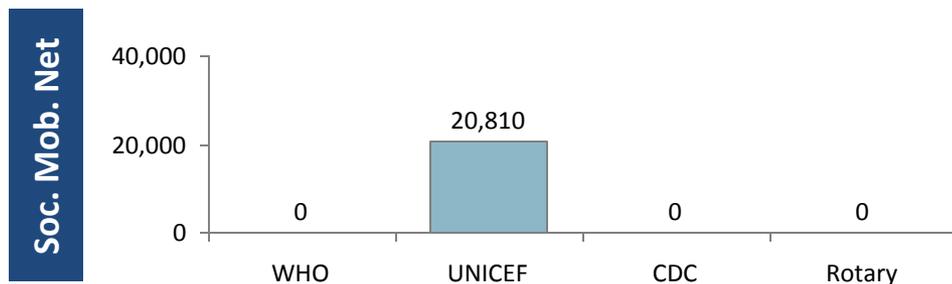
# Majority of personnel are contracted through WHO and UNICEF



- Large majority of staff contracts are WHO technical experts providing capacity in country
- Some UNICEF staff, particularly in communications and cold chain/vaccine management



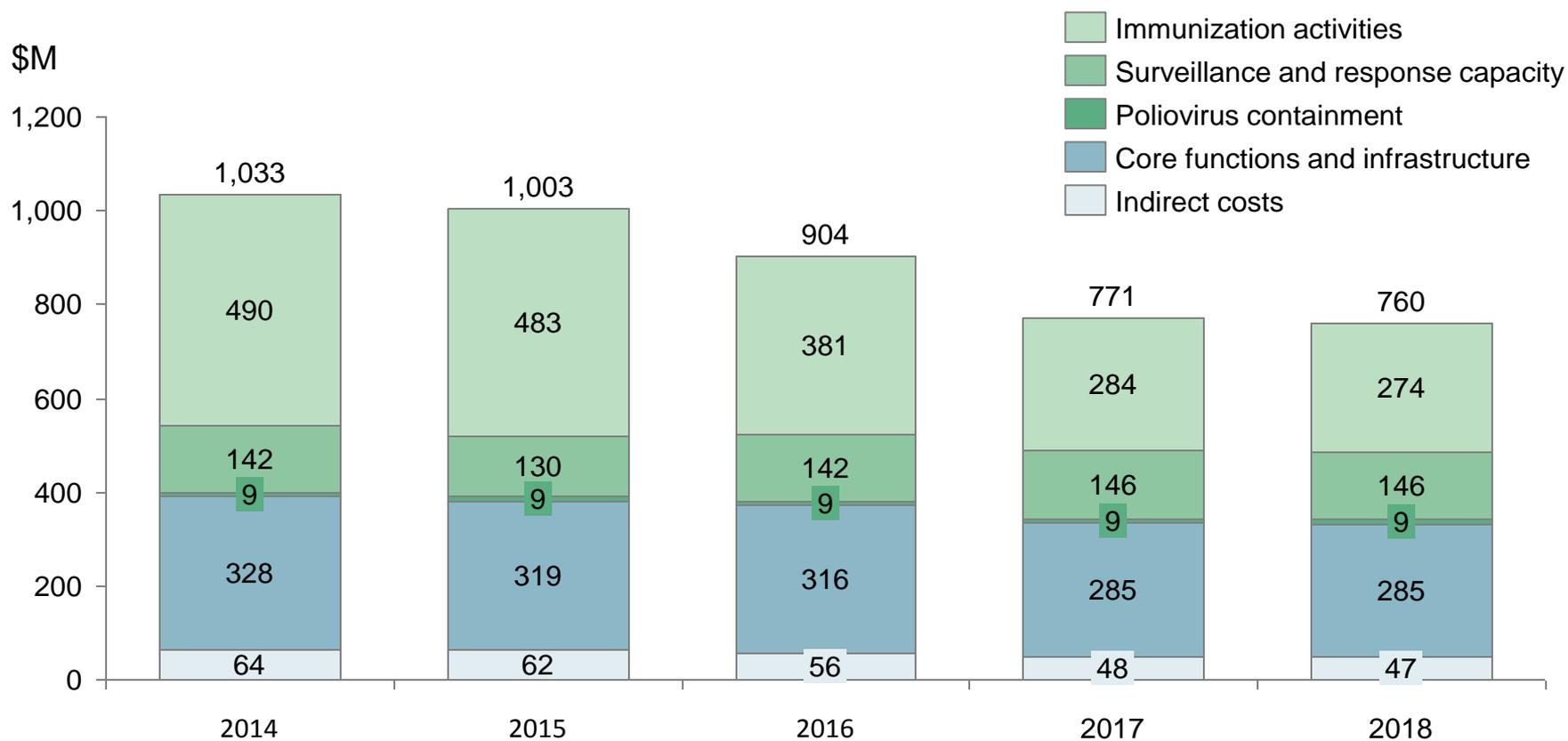
- Does not include social mobilizers
- WHO has large number of non-staff contracts, across various functions and in surge capacity
- CDC non-staff include STOP assignees, and Rotary non-staff PolioPlus volunteers



- UNICEF manages polio-funded social mobilization networks in three endemic countries
- Paid through third parties rather than as UNICEF staff directly

# GPEI funding primarily supports immunization activities and core functions

## GPEI Financial Resource Requirements, 2014-2018



# GPEI resources have specific capabilities that contribute to the variety of functions that enable polio eradication

## People



## Physical assets



## Intangible assets

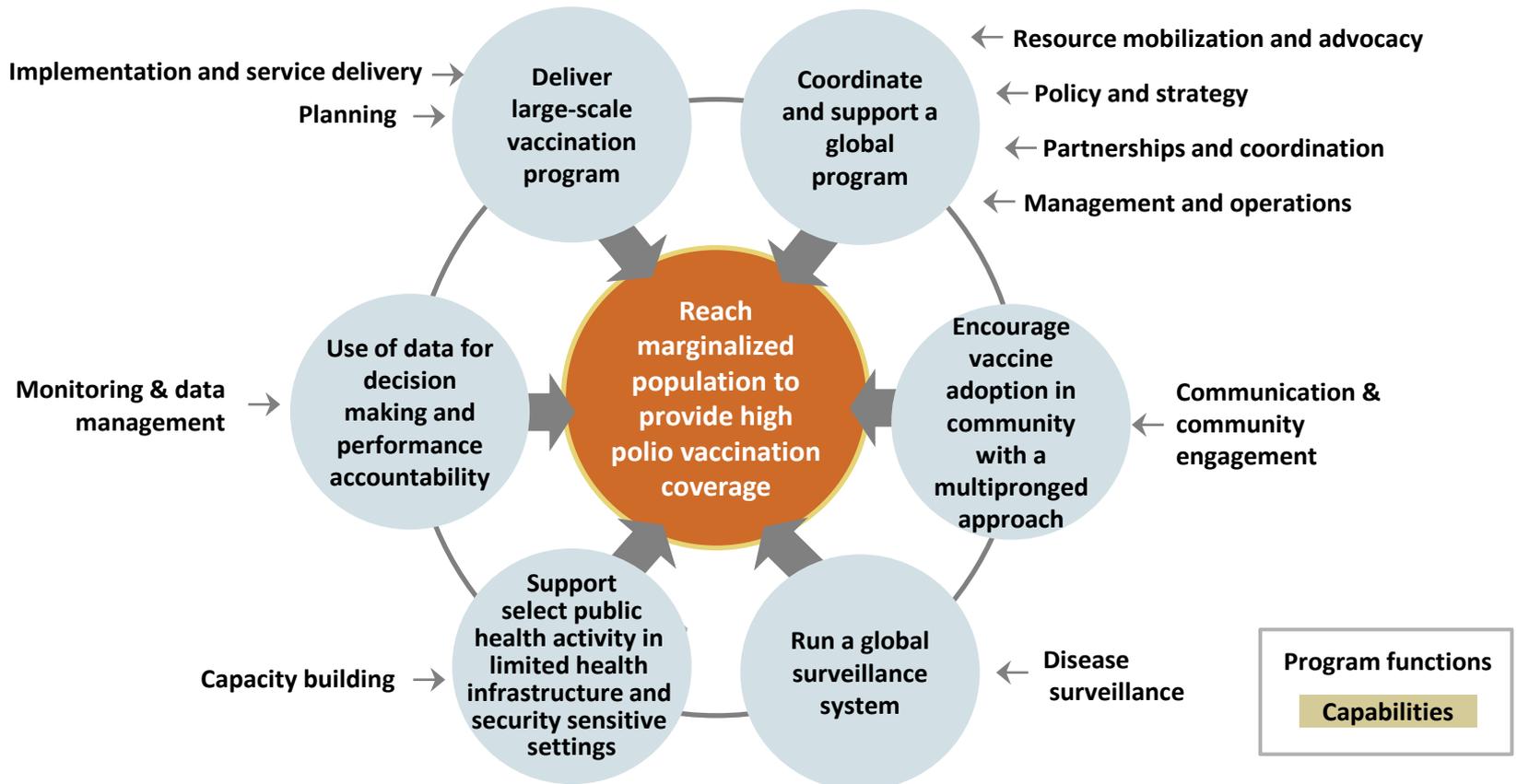


**Beyond the value of individual assets on their own, the combination of asset types and experiences into systems and functions provides even larger value**

### **Organized these activities into 10 key functions**

- 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

# In turn, these functions combine to enable the key elements which the GPEI has built upon to enable core goals



Looking at both assets and how contribute to key functions enables better understanding of program's resources

# Examination of polio program activities reveals they are already contributing to other health priorities

**Examining the activities and efforts of polio resources, global polio program is contributing to other health and development priorities today**

- Recent survey and interviews suggest polio workforce in five non-endemic countries spends a significant portion of time working on other health priorities
- In a closer look at pilot countries, it becomes apparent that polio assets are not just helping build capacity for non-polio related programs, but are providing the actual capacity for these efforts
  - In some cases, polio assets are the only resource supporting functions in country
- Polio program has also been utilized in emergency response to outbreaks

**Integration of polio resources into other health priorities means that there are some critical functions that are "at risk" without polio funding**

- Implications for legacy planning around considering how resources are already integrated into existing health programs

# A multi-faceted approach was employed to assess the impact of GPEI on other health and development priorities

## Secondary Research

- Conducted detailed review of historical publications and compiled a series of case studies on impact of GPEI on non-polio health priorities

## Interviews with Polio Program Managers

- Interviewed 22 managers of GPEI partner agencies in 5 countries to understand how polio assets are contributing to other health and development areas

## Survey of Managers of Polio Personnel

- Deployed survey to mid-level managers to estimate time allocation of frontline staff to polio and 9 other health and development priorities
  - Collected 153 responses in DRC, Nepal, India, Ethiopia, and Somalia
  - Participants represented all GPEI partner organizations, with 80% from WHO
  - On average, respondents managed teams of ~41 workers
  - Respondents averaged 5 years in current position and 7 years with GPEI

## Interviews with Other Health Programs

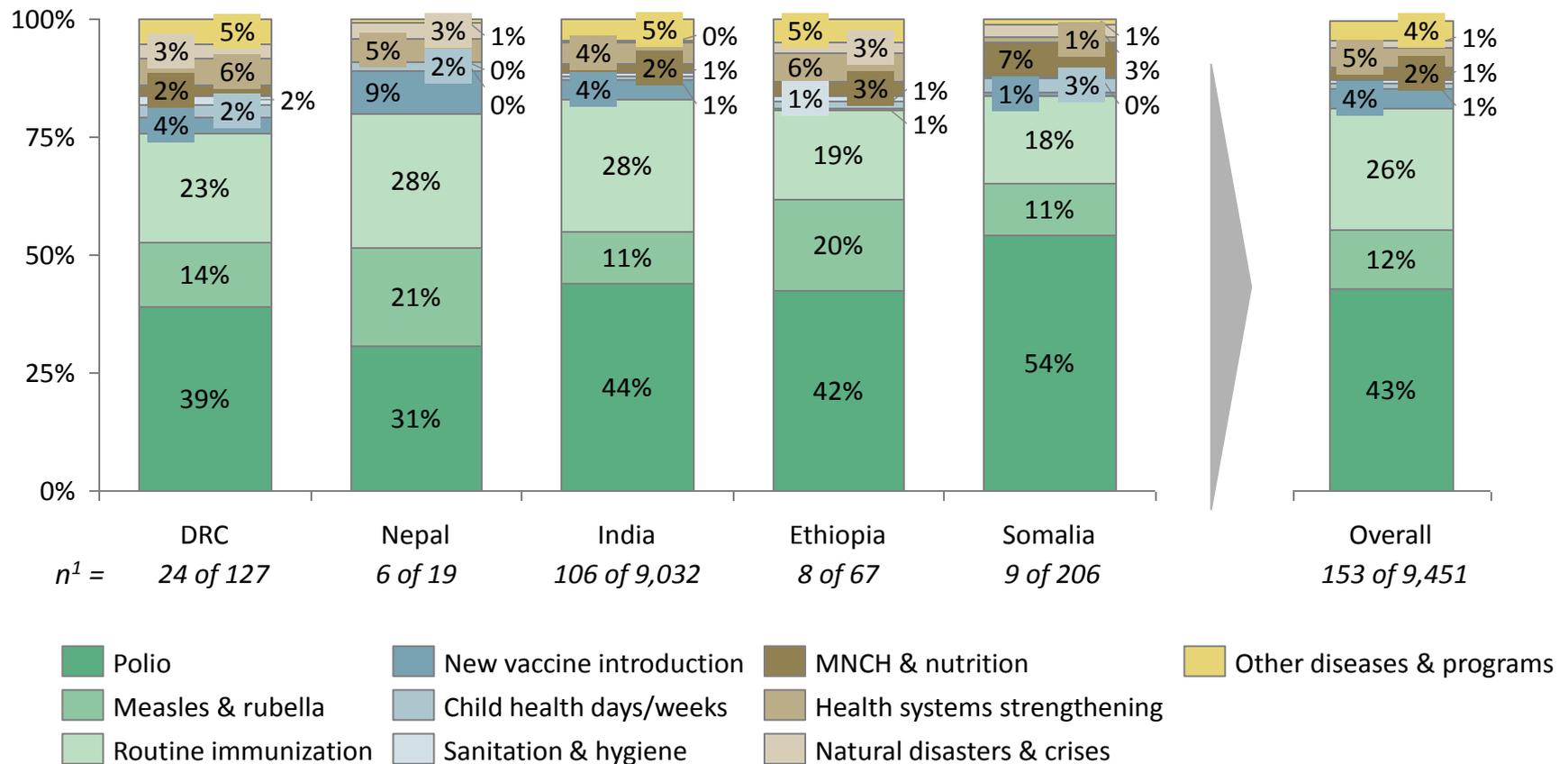
- Interviewed 17 global health experts focused on 7 health/development topics to capture their perspective on both positive and negative impacts of polio program

## Interviews in Pilot Countries

- Conducted additional interviews and field visits in Nepal and DRC to corroborate findings and understand GPEI's impact in specific country contexts

# 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



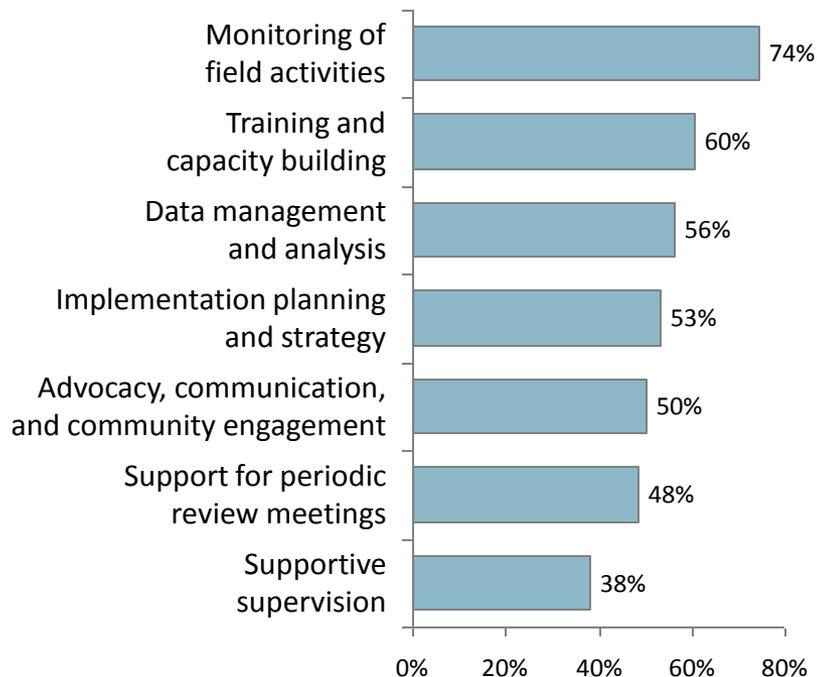
1. Eligible population excludes assistants, secretaries, drivers, clerks, back office support (e.g. HR, finance, IT), and Rotary volunteers  
 Source: Polio Legacy Survey

# Support for RI has focused on monitoring and capacity building

Under Objective 2 of Endgame Strategy, RI strengthening 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



# 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 one of three surveillance systems in Nepal

- EWARS: "Early warning and reporting system" tracks vector borne diseases like malaria and dengue through passive surveillance
- HIV&TB: Government/NGO program collects reports on HIV and TB cases
- IPD: Immunization Preventable Disease program provides *only* tracking of vaccine preventable diseases through both passive surveillance as well as active monitoring and case investigation

Without IPD, it is likely the coverage of vaccine preventable diseases 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

# Recent efforts to combat Ebola have shown how polio workers can assist in emergency response

**From March through September 2014, Ebola outbreak in West Africa has led to 7,000+ cases in five countries**

- WHO declared Public Health Emergency of International Concern on 8 August 2014

## **Polio personnel currently supporting key activities in Liberia, Guinea, and Sierra Leone**

- Surveillance, contact tracing, and data management
- Technical support and inter-agency coordination
- Management of logistics and distribution of supplies
- Capacity building in neighboring countries through readiness and outbreak management training

## **In Nigeria, polio-funded staff have been recognized for their help containing the outbreak**

- CDC staff and volunteers redeployed from Abuja to Lagos to oversee emergency response

**Polio assets have helped countries and international agencies manage emergencies**

# Several criticisms of polio program should be addressed in legacy planning

## Criticisms

## Opportunities in Legacy Planning

**A** GPEI has not supported routine immunization to the full extent possible

- Legacy creates an opportunity to leverage polio personnel and other assets to strengthen programs for routine immunization
  - Continue working toward goal of shifting 50% of polio worker time to RI
  - Enhance structures for monitoring and supervision to include RI
  - Utilize excess cold chain capacity where possible
- As polio program winds down, expertise and lessons should be transferred to government through capacity building

**B** Polio activities have diverted funding and resources from other health programs

- Decreased frequency of OPV campaigns will free up capacity of some workers to devote additional time to other health activities
  - Non-GPEI workers providing periodic assistance for polio will be able to redirect focus to primary areas of support
  - Some personnel trained by polio program likely to transition to new roles
- Lessons learned in resource mobilization for polio should be documented and shared with other health programs

**C** Due to vertical nature of program, polio has not always helped strengthen broader health systems

- Polio program must provide proper support to governments to assume critical activities after polio funding is withdrawn
  - Particularly in areas where polio resources deliver key health services that would not be otherwise provided
- Existing partnerships across governments, funders, and implementers should be strengthened and leveraged to support additional health priorities

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## **Overview: Transition opportunities can provide benefits, but should be considered in country specific contexts**

- 1 Provide overview of different types of transition opportunities that may take place as part of polio legacy planning**
  - In many cases, need to address personnel resources that are already contributing to other health priorities, but should also consider other transition opportunities
- 2 Review two case studies of how legacy is unfolding in country specific contexts to better understand possible benefits and challenges of transition**
- 3 Discuss some key challenges and elements that could be considered as part of legacy planning**
  - Factors such as managing cost, developing strong country-level plans, and clear project management will help enable successful legacy planning

# Three types of legacy opportunities identified that could provide continued benefits to broader health community

## Legacy transition

- 1 **Transition of assets to support new health priorities**



- 2 **Plan for reduction of polio-related funding for integrated assets**



- 3 **Use of codified knowledge**



## Opportunity

- Outside of that expertise needed to maintain support in post-eradication activities, opportunity to leverage additional capacity and experience
  - Polio assets can help support other health priorities by applying experience, knowledge, and capacity to other strategic needs
- 
- Some countries have are farther along in integration of polio assets to support other key health functions beyond polio
    - Includes majority of physical assets such as the labs and supply chain
  - May be opportunities for other health programs to support these integrated assets that critical to other health functions
- 
- Where applicable and useful, can incorporate or learn from intangible assets into existing health programs
    - E.g. microplanning techniques or partnership model

# Several different ways polio program could benefit other health and development priorities

**1** Transition of assets to support new health priorities



**2** Plan for reduction of polio-related funding for integrated assets



**3** Use of codified knowledge



- May be opportunities to continue to improve RI and measles health programs given polio workforce already supports these health priorities
- The campaign delivery formats of polio hold promise for other opportunities that may have needs for large teams campaigns (such as some NTD campaigns)
- Social mobilizers, in the polio countries where they have a presence, can play a role in awareness and education issues, an area in which many health and development priorities suffer
- Improved surveillance is a near constant need across health topics and established AFP surveillance medical officers can help build integrated surveillance systems
- Ability to periodically mobilize large groups of people (surge capacity, vaccinators) could be valuable structures for emergencies, other campaigns
- Supply chain, labs, and data effectiveness/monitoring are important, but opportunities may be more around effective handover of capacity and knowledge rather than tangible assets

**Just as critical as finding new opportunities is to protect what activities might already be ongoing in country**

# While legacy planning often involves focus on personnel, should also seek to circulate knowledge from GPEI program

1 Transition of assets to support new health priorities



2 Plan for reduction of polio-related funding for integrated assets



3 Use of codified knowledge



- Efforts to reach the last child in immunization has created **strategies around accessibility**, particularly for difficult to access population or security compromised areas
- **Work in remote regions** of developing countries has fostered innovative and cost-effective use of technology such as SMS, GPS tracking, and mobile applications
- **Strategies around social mobilization** and sensitization of communities on key topics as well as other ways to track community coverage
- **Innovations in cold chain monitoring** and infrastructure to improve vaccine management
- Country **methods/reports for data collection** and procedures for using that data for decision making
- Lessons on establishment and **operations of a global lab network** and how to use standards to ensure quality among labs
- **Collaboration among polio partners and governments** has created a model that may have learnings for other health programs

# **Transition planning will ultimately have to be considered within specific country contexts**

**With consideration of possible global guidance and regional strategies, development of specific transition and implementation plans will need to be conducted at country-level**

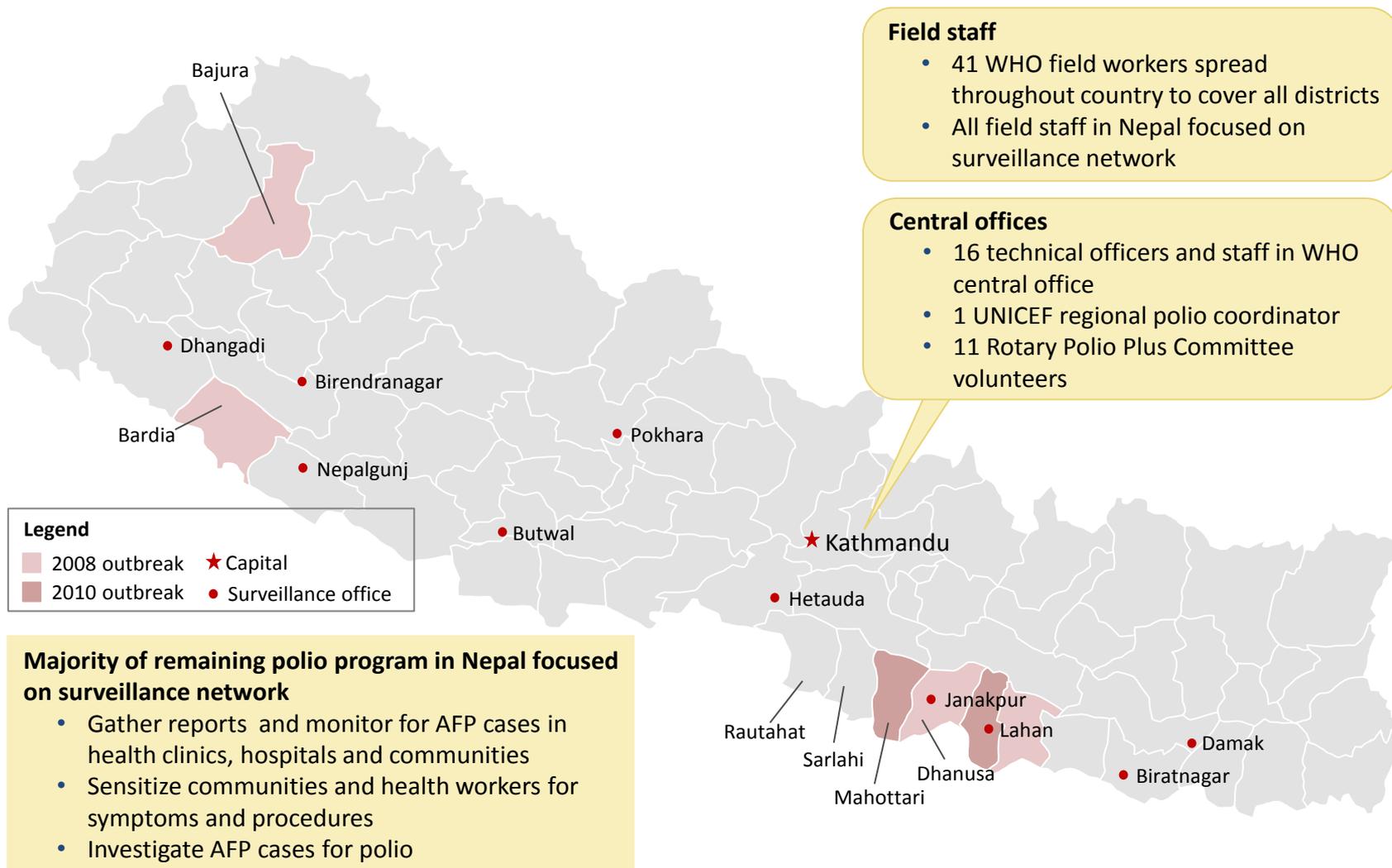
**Legacy planning need to be a country-level process due to**

- Differences in GPEI asset base in country (both in size and types of assets)
- Resource capabilities, which may vary across countries
- Level of current integration with other health priorities and systems
- Need for technical support to help guide process and translate transition guidelines to local situation

**Two case studies of Nepal and DRC display how legacy is unfolding in practice as well need for country-specific planning**



# Polio personnel in Nepal mainly focused on providing high quality AFP surveillance





# Nepal provides an example of "legacy in action" and the benefits of capturing polio program expertise

## Integration of AFP to help other disease areas

**Approximately 10 years ago, AFP surveillance system became integrated with other critical health priorities for Nepal**

**AFP surveillance program was able to provide benefits to other health priorities**

- In 2003, WHO integrated measles and rubella, Japanese encephalitis, and neonatal tetanus into its program
- Country was able to benefit from the AFP program's existing infrastructure and expertise on how to conduct quality surveillance

**Today, Nepal's AFP surveillance network still helps track and monitor those other diseases; it is the only surveillance for vaccine preventable diseases in country**

## Other capacity building

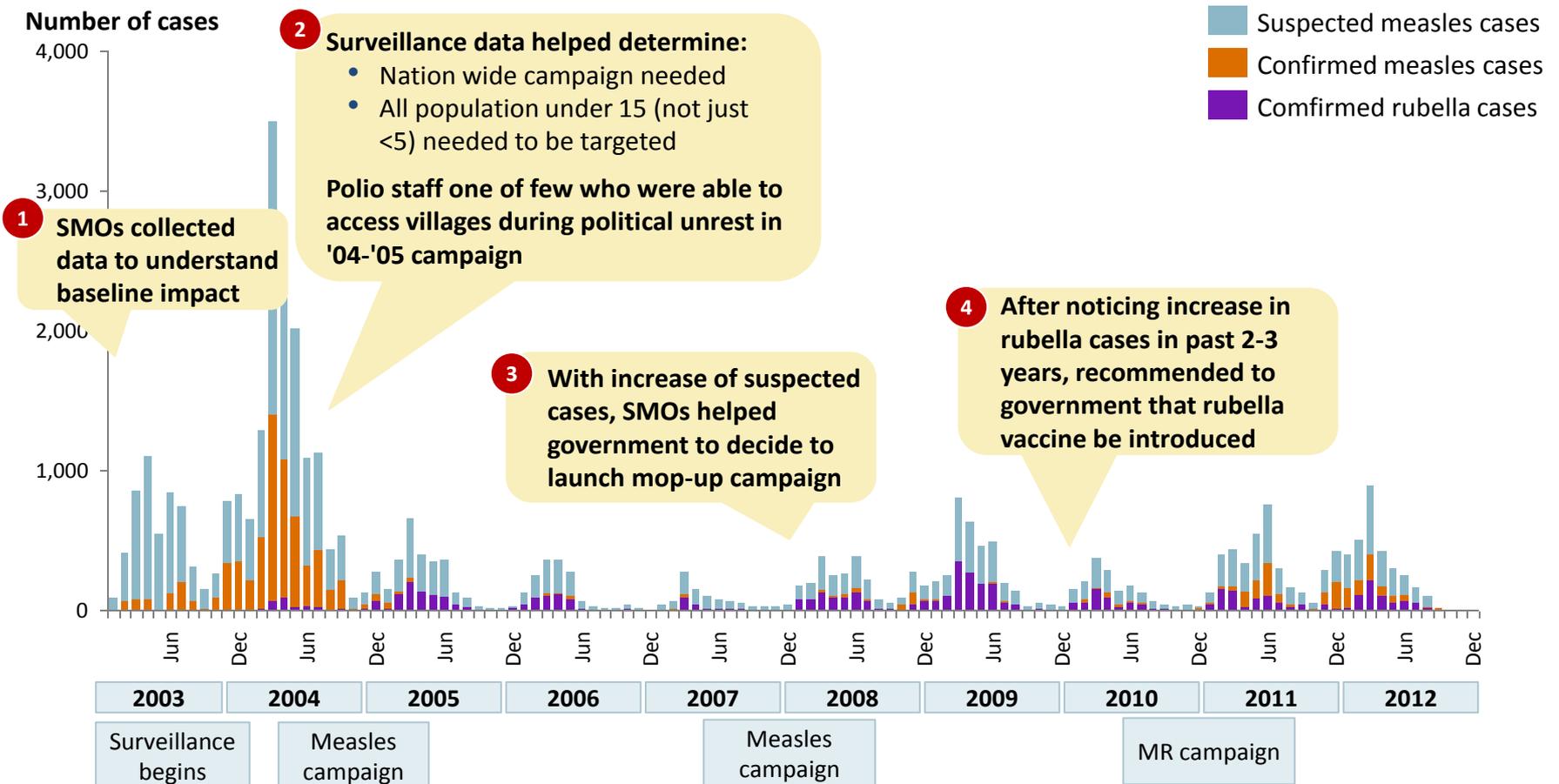
**WHO technical expertise (and the AFP network) also provides other support beyond surveillance**

- Help government develop routine immunization policy, train staff, and support district/village based ownership of RI targets
- Help introduce new vaccines through grant writing and assessments of operational readiness
- Support district teams during disease outbreaks and other emergencies



# Post-integration, benefits of polio legacy surveillance seen in measles and rubella cases in Nepal

## Measles and rubella case prevalence





# Future of surveillance network program in Nepal requires planning to avoid losing capacity in country

Past use of AFP surveillance network for other health priorities show that legacy transitions can provide real value for other programs

Various stakeholders in Nepal agree it is critical to maintain high quality AFP surveillance as well as the capacity and expertise of the existing surveillance program for other diseases more broadly

- Broad agreement on desire to have some type of government surveillance program
- Need for WHO to continue playing capacity building role and share technical expertise



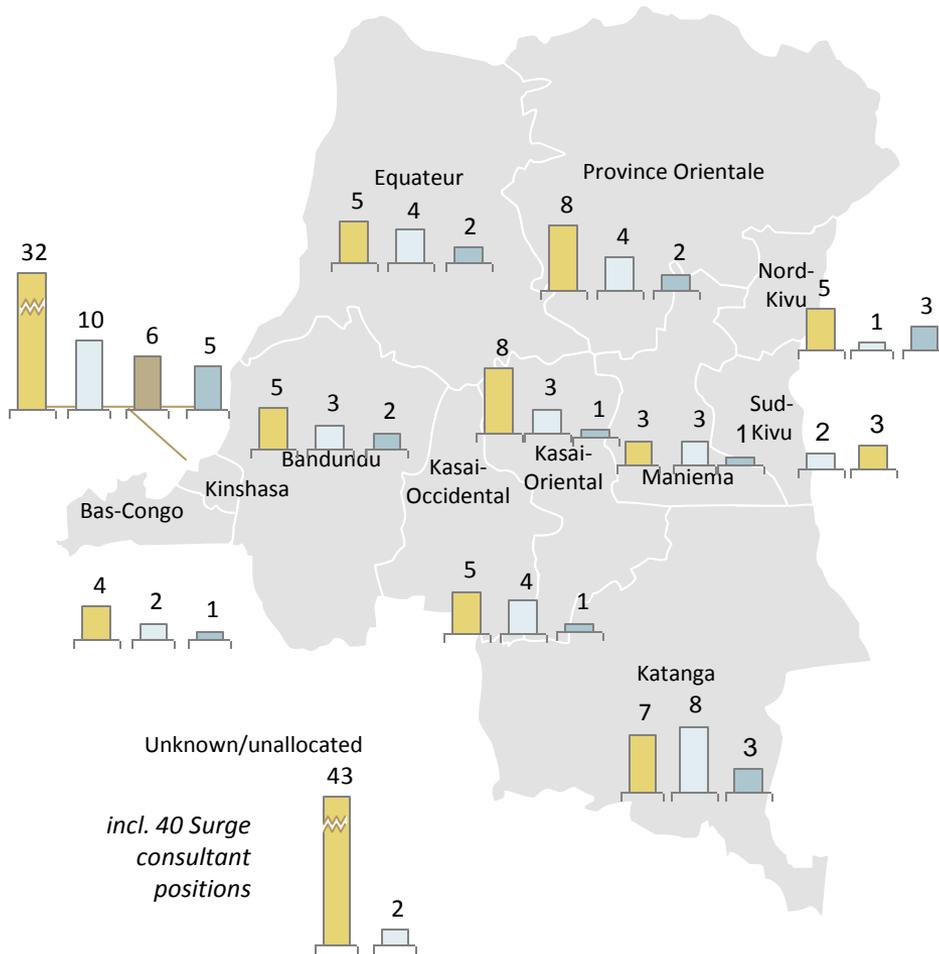
Many different ways assets can be transitioned or leveraged for building expertise, but further planning and consideration needed to address:

- Exact specifics of legacy plan and level of integration/capacity building with government
- How to ensure maintenance of high quality AFP surveillance, an essential polio function
- Agreement between key stakeholders on specifics on transition plan
- Project management and accountability for implementation of transition

**Legacy can provide real value, but also will require capacity to plan and implement**



# The DRC's extensive asset base covers all provinces



## 201 polio-controlled personnel

- 128 WHO staff and consultants**
  - Including 25 filled & 15 vacant Surge consultant positions
  
- 46 UNICEF staff and consultants**
  - Including 6 vacant staff positions & 21 consultants
  
- 1 CDC staff and 20 STOP volunteers**
  
- 6 Rotary Polio Plus Committee members**



# Polio assets in the DRC provide critical support to the health system

## Surveillance and immunization capacity

### **GPEI benefits government's capacity in surveillance and immunization**

- Polio builds capacity of measles, neonatal tetanus and yellow fever surveillance
- GPEI partners strengthen EPI through instrumental role in vaccine supply chain and management of routine immunization

## Deliver other health services

### **Other health priorities leverage polio assets**

- Polio mass campaigns used for nutrition, bed net distribution, de-worming
- Polio communication delivers messages on WASH, family practices

## Field infrastructure

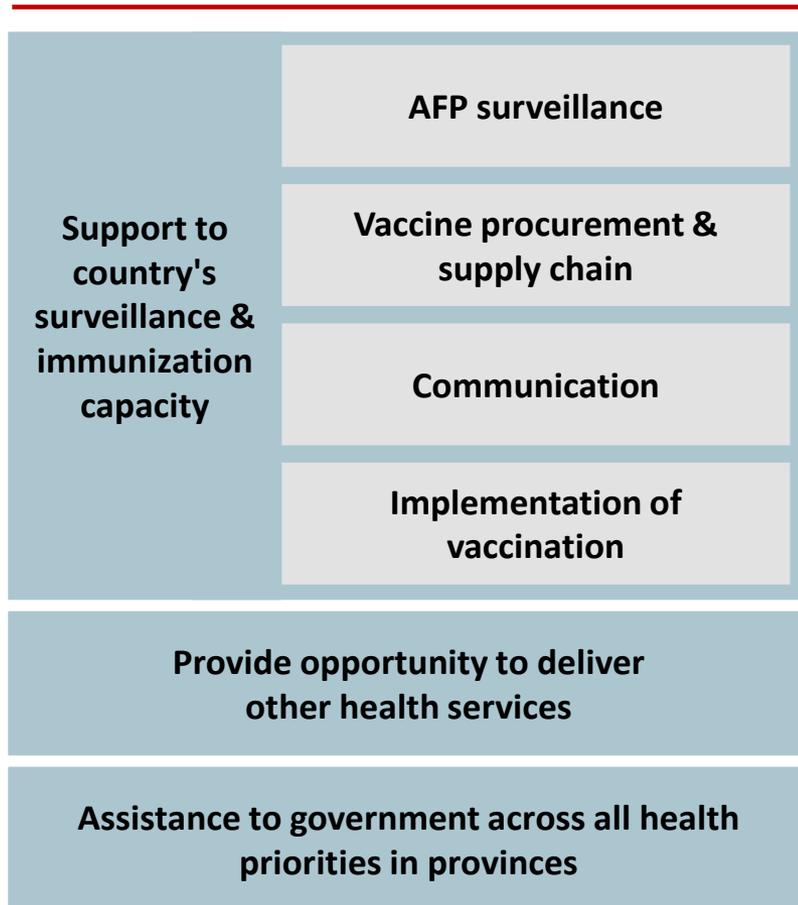
### **WHO's polio-funded field infrastructure extends assistance to government across all health priorities**

- 11 provincial sub-offices 100% polio-funded
- Assistance encompasses coordination, technical expertise and logistics support



# Without the polio assets, critical capacities in DRC would be at risk

## Support provided by polio assets



## Risks if polio assets go away

- Inability to continue essential polio functions
  - Vulnerability to virus re-importation
  - Limited capacity for outbreak response
- Decline in surveillance capacity for other diseases
- Degradation of Routine Immunization coverage
- May not find as effective a delivery vehicle as polio campaigns
- Lower capacity of local health system structures
- Weakening of coordination in provinces



# Securing a legacy of effective support to the health system will require coordinated transition planning

## Assets supporting polio functions must be maintained to preserve polio-free status and sustain the country's surveillance and immunization capacity

- Country stakeholders concerned with risk of WPV re-importation in the region
- Control of Vaccine Preventable Diseases a priority for the DRC

## Organization of health system needs to adapt to post-polio environment

- Discussions have begun among partner teams, assessing options to deliver services without resorting to polio campaigns

## A sustainable network of sub-offices could be key legacy of polio in the DRC

- Valuable vehicles to build capacity and strengthen health system in each province



## In view of complex asset base and deep integration within health system, capturing value of identified opportunities will require coordinated planning

- Establish transition management governance to ensure coordinated effort across GPEI partners and governments, at central and provincial levels
- Weigh options for transition options (e.g., maintain resources with partners, transition to government) and understand effectiveness and sustainability implications
- Align on transition timeframe and roles & responsibilities to ensure timely execution

# One key challenge to overcome in legacy planning is on 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 also issues 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 sound legacy plan development
  - 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

# Based on pilot analyses, identified some elements to be consider in developing successful country-level legacy plans

## **Drive awareness of program in country**

- Country governments and other in-country donors representatives and stakeholders will need to take an active role in developing and implementing country plans
  - Need to ensure senior leadership (e.g. decision-makers) within key stakeholders for legacy planning such as ministries of health have a clear understanding of asset capabilities and value
  - Need for communications in country to place conversations on legacy and funding within clear context and demonstrate value for money

## **Sound program management to ensure execution**

- Particularly in situations where activities but not assets will be transferred, time and program management will be needed to drive awareness, secure necessary policy and budgetary approvals for transition, and build / monitor capacity within other stakeholders

## **Develop mechanisms to provide support post-transition as needed**

- Polio personnel have created and support quality systems
- Particularly for those functions that are critical to health systems or maintaining polio eradication, need to ensure mechanisms to continue quality even transition
  - Raised in context of risks to AFP surveillance in post-transition period without clear monitoring and support

# To enable legacy planning, GPEI developing transition guidelines and WHA policy to guide countries and regions

**Moving forward, continue to gather feedback on legacy findings and process as GPEI shapes further legacy planning guidance**

- Developing transition guideline document to provide elements for consideration as individual regional and country level transition plans are developing
- Developing document for WHA spring 2015 on legacy planning to provide guidance on how process should unfold

**Current findings and other key questions will be incorporated in development of these documents**

# Agenda

Agenda item	Time	Presenter
Welcome and objectives	15 minutes	<i>PPG Co-chairs</i>
Why is legacy important	30 minutes	<i>CDC, Steve Cochi</i>
Mainstreaming essential functions and legacy	15 minutes	<i>WHO, Andrew Freeman</i>
Resources and impacts of the polio program today	60 minutes	<i>Boston Consulting Group</i>
<i>- Break -</i>	20 minutes	
Future transition opportunities; case studies of pilot countries on how legacy is unfolding	60 minutes	<i>Boston Consulting Group</i>
Path forward and remaining questions	30 minutes	<i>PPG Co-chairs</i>

## **Path forward**

- **Developing legacy transition guidelines which will be incorporated into the global framework for legacy planning - WHA 2015**
- **Countries in various states of transition planning today, but we foresee legacy planning beginning in countries with significant resources from 2015 with implementation through 2018**
- **Seeking additional input and thoughts on other opportunities – including at future PPG meetings**

## **Questions to the PPG**

**Based on what you know about polio legacy planning from the June PPG presentation or other sources, what outstanding questions do you have about its objectives?**

**Do you have examples or a perspective on how resources funded by the polio eradication effort are supporting other health priorities?**

**In your opinion, what are the top three opportunities presented by polio legacy planning?  
What are the top three risks if polio legacy planning is not managed properly?**

**What additional information, data or evidence would you like to see in order to consider polio legacy planning opportunities and risks?**

**Additional questions or thoughts on polio legacy planning?**