

# Global Polio Partners Group (PPG)

## Polio Legacy Planning Workshop

20 October 2014, Geneva

### Meeting Report

The [meeting presentation](#) is available at [PPG website](#).

#### Discussion Points

- Participants expressed support for country ownership of polio legacy planning and the need to tailor the process to the individual country context. In particular, participants emphasized the need to link polio legacy planning with existing government health policies and planning processes, such as the development of national comprehensive multi-year strategic plans (cMYPs) for immunization. Within country-level planning, important roles were highlighted for donors, civil society and existing bodies, such as Inter-Agency Coordinating Committees.
- Despite the focus on country-level planning, participants raised the need to link local decisions and infrastructure with existing and potential global priorities, particularly related to immunization. Immunization goals laid out in the Global Vaccine Action Plan (GVAP) were mentioned in this context, particularly measles elimination and improved routine immunization coverage.
- Participants highlighted the necessity of continuing “essential polio functions”, particularly surveillance and outbreak response. Comments indicated that such functions should not be considered for transition along with the rest of the polio program resources, but should be planned and budgeted for separately to ensure ongoing activity needs – such as surveillance for circulating vaccine-derived poliovirus (cVPDV) even after interruption of wild poliovirus – are met.
- Beyond the essential functions, participants raised other examples of polio program capabilities that have shown broader public health value and may be desirable to continue as part of polio legacy planning transitions. In particular, instances in which polio program’s infrastructure and skills were used to respond quickly to emergencies, including Ebola (e.g., Nigeria), were highlighted. Participants also raised examples of “legacy in action”, in which the polio program has established capacity for functions beyond polio, such as ongoing measles and rubella surveillance being implemented through the polio program in Nepal.
- In addition to GPEI’s existing plans to provide countries with transition planning guidelines and establish a Global Polio Legacy Planning Framework through the World Health Assembly in 2015, participants asked for further clarity on how the polio legacy planning process would be expected to play out at the country level. Participants raised questions about how the process would be organized to ensure leadership by the country government while maintaining participation by civil society and donors. Comments also emphasized the need to establish clear accountability for various aspects of the process.

- The discussion highlighted outstanding questions related to the potential cost of polio legacy planning and who would bear the responsibility for financing polio legacy transition plans. In particular, participants asked for clarity on the extent of GPEI’s role in funding polio legacy transitions and suggested that further information be provided to countries on financing support plans. Other comments underscored the need to integrate polio legacy funding discussions into other ongoing conversations about bilateral aid and domestic health financing. GPEI representatives clarified that further work would be conducted to understand the potential costs of polio legacy planning and that the continuation of polio essential functions would need to be treated differently in terms of future financing, given its importance for maintaining a polio-free world.
- Comments also underscored challenges, however, including lack of domestic health financing, how to “right-size” the transfer of polio-funded human resources and address differing salary scales between internationally funded and government staff, and difficulties in developing momentum for the planning process. A country-level simulation exercise was suggested as a way to initiate the planning process by getting country governments and other stakeholders to strategize about the withdrawal of polio program funding and resources.
- Finally, there was broad recognition of the need for polio legacy planning and the urgency to begin the planning process at the country level. Several participants emphasized the importance of sequencing priority countries for legacy transition.

#### **PPG Co-Chairs**

John Lange, Senior Fellow, Global Health Diplomacy, UN Foundation

Catherine Palmier, Counsellor, Permanent Mission of Canada, Geneva

#### **Participants**

1. Andrew Freeman, Senior Adviser, Office of the Assistant-Director General for Polio, Emergencies & Country Collaboration, WHO/OMS (GPEI Legacy Working Group)
2. Abdullatif Fakhfakh, Permanent Mission of the United Arab Emirates to the United Nations, Geneva
3. Alberto Bertoni, First Counsellor for Health, Permanent Mission of Italy to the United Nations, Geneva
4. Anjali Kaur, Advocacy Specialist, UNICEF (GPEI Legacy Working Group)
5. Bonnie Maldonado, Stanford University, American Academy of Pediatrics
6. Carlos Cunha, Permanent Mission of Brazil to the United Nations, Geneva
7. Clare Creo, Coordinator of External Relations, Polio, Emergencies & Country Collaboration WHO/OMS
8. Monsieur Jean-Marc Hoscheit, Ambassador and Permanent Representative of the Grand Duchy of Luxembourg to the United Nations, Geneva
9. Ellyn Ogden, Worldwide Polio Eradication Coordinator, USAID
10. Emma Chastain, Associate, Boston Consulting Group
11. Gena Hill, Associate Director for Policy, US Centers for Disease Control & Prevention (GPEI Legacy Working Group)
12. Gilles Realini, First Secretary, Permanent Mission of Monaco to the United Nations, Geneva

13. Hendrik Schmitz Guinote, Counsellor, Development Policy, Permanent Mission of Germany to the United Nations, Geneva
14. Jay Bagaria, Health Advisor, DFID
15. Judith Diment, Polio Eradication Advocacy Task Force Chair, Rotary International PolioPlus & the Rotary Foundation
16. Kim Thompson, President, Kid Risk, Inc.
17. Lea Hegg, Program Officer, Bill & Melinda Gates Foundation (GPEI Legacy Working Group)
18. Marc Boisnel, Conseiller Santé, Permanent Mission of France to the United Nations, Geneva
19. Marit dahl Hjort, Permanent Mission of Norway to the United Nations, Geneva
20. Marit Van Strein, USAID Nigeria
21. Martin Remón Miranzo, Consejero, Spain
22. Meredith Davis, Permanent Mission of New Zealand to the United Nations, Geneva
23. Nellie Bristol, Senior Fellow, Center for Strategic & International Studies
24. Paul Cartier, Counsellor, Permanent Mission of Belgium to the United Nations, Geneva
25. Paul Rutter, Independent Monitoring Board Secretariat
26. Rachel Swift, Project Leader, Boston Consulting Group
27. Saima Saleem, Permanent Mission of Pakistan to the United Nations, Geneva
28. Sam Anaokar, Principal, Boston Consulting Group
29. Sara Rogge, Senior Program Officer, Bill & Melinda Gates Foundation
30. Stephen Sosler, Head – Regional Team, Country Programmes, Gavi, the Vaccine Alliance
31. Steve Cochi, US Centers for Disease Control & Prevention (GPEI Legacy Working Group)
32. Timothy Poletti, Health Advisor, Permanent Mission of Australia to the United Nations, Geneva
33. Tresja Bolt, APCO
34. Vincent Sciamia, Conseiller Santé, Permanent Mission of France to the United Nations, Geneva
35. Wendy Woods, Senior Partner & Managing Director, Boston Consulting Group