

Workshop on Polio Legacy Planning and Implementation
23 October 2015
Geneva, Switzerland

Meeting Report

Please note that the meeting presentations are available on the [PPG website](#).

- **Introduction:** Dr. Hamid Jafari, Chair of the GPEI Strategy Committee, discussed programmatic milestones such as Nigeria's removal from the endemic list and provided programmatic updates on the financial scenarios and the revised timeline for interruption of transmission and certification. Dr. Jafari noted that, as the world gets closer to and moves beyond certification, funding is going to be scaled back, and it is important that legacy planning and implementation ramp up as the financing of polio assets declines. Key questions for the session stated by Dr. Jafari included: What is the role of GPEI in legacy planning? How do stakeholders see the roles of other global health initiatives such as Gavi, the Vaccine Alliance, the Measles & Rubella Initiative, Roll Back Malaria, the Global Vaccines Action Plan and the Global Health Security Agenda?
- **Programmatic Updates from Afghanistan and Pakistan:** Mr. Azizullah Omar, Chargé d' Affaires of the Permanent Mission of Afghanistan to the UN in Geneva, gave an overview of the program's progress in Afghanistan. He discussed the National Emergency Action Plan (NEAP), which has been finalized and includes regional and provincial workshops from July 2015 through June 2016. He noted that the focus of the program is on reducing the number of missed children and confirmed Afghanistan's intention to use polio assets to support the national Expanded Programme on Immunization (EPI). Mr. Syed Atif Raza, Third Secretary at the Permanent Mission of Pakistan to the UN in Geneva, gave an overview of Pakistan's national program and reported that while vaccine coverage has increased, the job remains incomplete until every last child is reached. He also said that Pakistan is counting on international support to help reach this target.
- **Session 1, Overview of Legacy Transition Planning:** Dr. Steve Cochi, Chair of the GPEI Legacy Management Group (LMG), reviewed the objectives and key components of transition planning. He also discussed the major actions and accomplishments of the LMG since the October 2014 legacy workshop chaired by the Polio Partners Group (PPG). These accomplishments include the expansion of the Boston Consulting Group study to all 10 priority focus countries, the discussion of legacy planning in key forums (including WHO regional committee meetings and polio TAGs), the expansion of LMG membership to include regional and country representatives, and the development and dissemination of the legacy planning transition guidelines. Dr. Cochi also described the elements of the legacy planning toolkit, the GPEI priorities for transition planning, and the timeline for legacy

planning. He also showed stakeholders the LMG Dashboard, which will serve as a tool that both GPEI and countries can use to track transition planning and ensure accountability. Crucially, it was noted that the GPEI Independent Monitoring Board (IMB) now will be overseeing Strategic Objective 4 on legacy planning. It was also emphasized during this session that while legacy transition plans should be well-coordinated across countries, each country is facing different challenges and a “one-size-fits-all” approach is not feasible. Planning and ownership at the individual country level is essential. It was also noted that stakeholders should be conservative when it comes to downsizing resources and make this scale-down of GPEI assets compatible with the strategic visions of other health programs.

- **Session 2, Legacy in Action:** This session featured multiple examples of the current or planned transition of GPEI assets.
 - **India:** Nicole Deutsch of UNICEF/India discussed an example from India, a country in which 1/3 of children are not vaccinated and the slow rate of increase in immunization has been a challenge. “Mission Indradhush,” or “Operation Rainbow,” is an innovative health initiative which aims to vaccinate every child against 7 vaccine-preventable diseases. The initiative applies polio program strategies such as microplanning and social mobilization to routine immunization. The network of health workers and resources used to combat polio is now being used to fight measles and rubella. Finally, communications strategies that were successful in the polio program are now being used to encourage parents to vaccinate their children.
 - **South Sudan:** Dr. Richard Mihigo, WHO/AFRO, described how South Sudan is in a time of conflict, and routine immunization (RI) is weak. Both the polio eradication initiative and the national EPI are crucial and completely donor-dependent. Approximately 70% of the polio funded staff's time is allocated to support other programs, and the national polio infrastructure was used to coordinate the response to some of the recent public health emergencies including the cholera outbreak, measles, meningitis, hepatitis E outbreaks, etc. Polio program-funded staff and microplanning techniques are used to support RI. Dr Richard Mihigo also described the risks to the immunization and health systems if the polio infrastructure and assets are withdrawn without a proper transition plan.
 - **Sudan:** Dr. Nada Gaafer Osman Ahmed discussed the ways in which polio assets are already assisting other health programs. Polio staff training procedures, as well as surveillance and social mobilization strategies, are already being used for measles campaigns. Monitoring and surveillance techniques that have historically been used for polio are now being used for the surveillance of other vaccine-preventable diseases (VPDs), and polio staff participate in integrated vaccine-preventable disease surveillance. Polio National Immunization Days (NIDs) have provided experience that has proved valuable in planning and implementing other disease initiatives and campaigns, including measles, meningitis A, and yellow fever.
 - **Global Health Security Agenda (GHSA):** Dr. Rebecca Martin, CDC, noted that, in many ways, polio eradication is global health security. She stressed the importance of the surveillance, outbreak response, and biocontainment and biosafety strategies developed and employed by the polio program in advancing the Global Health Security Agenda.
- **Session 3, Donor and Stakeholder Perspectives on Legacy Transition Planning:**
 - **Perspectives expressed by representatives of other Global Health Programs:**
 - **Roll Back Malaria:** Stressed the need for integrated disease surveillance and noted that polio has contributed much to this area of global health.

- **Gavi:** Agreed with the suggestion that Gavi could consider developing its own polio legacy transition strategy and plan which outlines needs for those countries that will lose GPEI assets. The question of whether polio assets are "fit for purpose" requires a nuanced response, as it depends on the type of staff, but there is clear evidence that polio resources and staff on the ground can be impactful in improving RI.
 - **GHSA:** CDC noted that polio has much to offer in the area of emergency response programs.
 - **CORE Group:** Asked participants to consider the role of civil society organizations (CSOs) and community health workers in legacy planning and implementation, and asked stakeholders to ensure that CSOs are represented at every level of the planning process. It is important that NGOs, CSOs, and GPEI share information on this.
 - **Sabin Vaccine Institute:** Noted that there will be a decline in GPEI funding and asked participants to pay close attention to the rate of change of that decline. Also emphasized that country technical needs should dictate budgets.
- **Perspectives expressed by representatives of GPEI, Donors, and Other Stakeholders:**
 - **DFID:** Reiterated support for the transition/legacy process and asked stakeholders to think about what we can learn from the governance structure of GPEI.
 - **Canada:** is looking to get more engaged in legacy. Expressed interest in receiving guidance from GPEI with regards to donors' role in legacy planning both at the global and country level, and if donors should be leading discussions with governments. Also pointed out that countries without a donor presence or clear mechanisms for donor financing (e.g. Chad) risk falling through the cracks post-GPEI if not addressed adequately.
 - **Germany:** Asked stakeholders to consider how we can integrate polio assets from now on and think about practical steps that we can take now. We need to consider moving donor payment levels closer to what national governments can afford and providing incentives for integration of polio assets.
 - **Indonesia:** Said that every country needs to examine its holistic global health challenges and focus on the most feasible and economic options. Reiterated government support for the polio endgame strategy and also reiterated that the budget for the upcoming tOPV > bOPV switch must be prepared by each individual country and supported with adequate human resources.
 - **Monaco:** Monaco emphasized that the solutions for the legacy transition will need to be tailor-made for each country. Monaco also stated that the World Health Assembly (WHA) should be used as a platform for such discussions among Member States.
 - **Bill & Melinda Gates Foundation:** Stressed that every stakeholder should become familiar with legacy planning and with transition guidelines and envision his/her organization's role in the planning process. Also issued a call to action by asking stakeholders to develop their own strategic visions by early 2016 because this is the time when country planning will reach a stage where business plans for transition are shared. If donors and other global health stakeholders are prepared with strategies, they can respond realistically to those transition plans. Donors cannot look to GPEI to provide the full vision and must provide input themselves. Also asked donors to be flexible, because new funding mechanisms may be necessary to transition resources over time.
 - **USAID:** Stressed that a critical part of GPEI's success has been strategy, indicators, and well-defined goals. These success factors must be carried into the transition program. We need to think broadly about GHSA, containment, and RI. There must also be further exploration

of "what comes next": will stakeholder focus turn to RI or to another, more vertical program like measles? Suggested that SAGE write a paper on transitioning from polio to measles. Also stressed that we must take stock of both the positive and negative lessons of the polio program and called attention that there may need to be a shift from centralized to country-level funding.

- **WHO/GPEI:** GPEI will continue to play a central coordinating role and do its due diligence, but legacy planning is not the sole responsibility of GPEI because it represents a global good. There is a country responsibility, a regional responsibility, and a global responsibility to ensure that the transition of polio assets will be successful.

- **Conclusions**

- **Dr. Cochi** noted that the LMG has representatives from the five core GPEI partners and polio-affected regions and suggested that a larger dialogue featuring a wider set of stakeholders is necessary to advance the legacy planning process.
- **PPG Co-Chair John Lange** seconded this motion and suggested that one possibility would be to create a PPG legacy working group. He proposed that the LMG present a robust strategy incorporating the discussion and feedback from this workshop to be presented to the next PPG high-level meeting in December. The proposal was accepted by the LMG representatives present.
- **PPG Co-Chair Carole Lanteri** reiterated that the polio legacy planning process is a crucial and urgent global health issue and reiterated the need for more dialogue on legacy planning as well as the newly selected financial scenario. She also encouraged participation in the next PPG high-level meeting in December.

PPG Co-Chairs

Ambassador John Lange, Senior Fellow, Global Health Diplomacy, United Nations Foundation
H.E. Mrs. Carole Lanteri, Ambassador, Permanent Representative of the Principality of Monaco

Participants

- 1) Mr. Azizullah Omar, Chargé d'affaires, Permanent Mission of Afghanistan to the UN in Geneva
- 2) Mr. Najib Babakerkhail, Official, Permanent Mission of Afghanistan to the UN in Geneva
- 3) Ms. Catherine Palmier, Counsellor, Permanent Mission of Canada to the UN in Geneva
- 4) Mr. Ashraf Hassanein, Senior Development Officer, Maternal, Newborn and Child Health Division (MNC), DFATD, Canada
- 5) Ms. Marie-Anne Mortelette, Health Counsellor, Permanent Mission of France to the UN in Geneva
- 6) Dr. Joachim Schüürmann, Medical Adviser, Health and Social Protection, KfW German Development Bank
- 7) Mr. Jan Hendrik Schmitz Guinote, Counsellor, Development Policy, Permanent Mission of Germany to the UN in Geneva
- 8) Mr. Roy Rolliansyah Soemirat, First Secretary, Permanent Mission of the Republic of Indonesia to the UN in Geneva
- 9) Mr. Acep Somantri, Minister Counsellor, Permanent Mission of the Republic of Indonesia to the UN in Geneva
- 10) Ms. Chiara Marconi, Intern, Permanent Mission of Italy to the UN in Geneva

- 11) Mr. Hideaki Nishizawa, First Secretary, Permanent Mission of Japan to the UN in Geneva
- 12) Ms. Tatjana Konieczny, Policy Officer, Permanent Mission of Luxembourg to the UN in Geneva
- 13) Ms. Chrystel Chanteloube, Third Secretary, Permanent Mission of the Principality of Monaco to the UN in Geneva
- 14) Mr. Aamar Aftab Qureshi, Deputy Permanent Representative, Permanent Mission of Pakistan to the UN in Geneva
- 15) Mr. Syed Atif Raza, Third Secretary, Permanent Mission of Pakistan to the UN in Geneva
- 16) Mr. Martin Remón Miranzo, Counsellor, Permanent Mission of Spain to the UN in Geneva
- 17) Dr. Nada Gaafer Osman Ahmed, Ministry of Health, Sudan
- 18) Mr. Nicolas Alexander, Deputy Programme Manager for Polio, DFID, Permanent Mission of the United Kingdom of Great Britain and Northern Ireland to the UN in Geneva
- 19) Mr. Gib Brown, Development Advisor, USAID
- 20) Ms. Lynette Poulton Kamakura, Director of International Health and Biodefense, US State Department
- 21) Ms. Ellyn Ogden, Worldwide Polio Eradication Coordinator, USAID
- 22) Ms. Endale Beyene, Immunization Technical Advisor in the Maternal and Child Health Division, Office of Health, Infectious Diseases, and Nutrition at USAID
- 23) Ms. Lea Hegg, Program Officer, Bill & Melinda Gates Foundation
- 24) Dr. Steve Cochi, Senior Advisor to the Director of the Global Immunization Division, US Centers for Disease Control and Prevention
- 25) Dr. Rebecca Martin, Director, Global Immunization Division, US Centers for Disease Control and Prevention
- 26) Ms. Gena Hill, Deputy Director, Policy, Global Immunization Division, US Centers for Disease Control and Prevention
- 27) Ms. Tanya Hart, Evaluation Adviser, Global Immunization Division, US Centers for Disease Control and Prevention
- 28) Ms. Virginia Swezy, GPEI Senior Polio Legacy Coordinator, Global Immunization Division, US Centers for Disease Control and Prevention
- 29) Dr. Keith Barnard-Jones, Rotary International
- 30) Dr. Sahar Hegazi, Communications for Development Specialist, UNICEF
- 31) Ms. Nicole Deutsch, Chief of Polio Unit, UNICEF India
- 32) Ms. Michiyo Shima, Senior Resource Mobilization Advisor, UNICEF
- 33) Ms. Maya Vandenant, Senior Immunization Specialist, UNICEF
- 34) Dr. Hamid Jafari, Director, Polio Operations & Research, WHO
- 35) Dr. Paul Rutter, WHO
- 36) Mr. André Doren, Senior External Relations Strategist, Global Polio Eradication Initiative
- 37) Ms. Clare Creo, External Relations Coordinator, Polio Operations and Research
- 38) Ms. Heather Monnet, Resource Mobilization Officer, WHO
- 39) Dr. Fatoumata Nafo-Traore, Executive Director, Roll Back Malaria Partnership
- 40) Dr. Nihal Abeysinghe, Immunization and Vaccine Development, WHO/SEARO
- 41) Dr. Richard Mihigo, Programme Manager, Immunization and Vaccine-preventable Diseases Programme, WHO/AFRO
- 42) Dr. Peter Strebhel, Group Leader, Accelerated Disease Control, WHO
- 43) Dr. Roma Solomon, India Secretariat Director, CORE Group Polio Project
- 44) Mr. Lee Losey, Deputy Global Director, CORE Group Polio Project
- 45) Dr. Stephen Sosler, Immunization Technical Advisor, Gavi, the Vaccine Alliance

- 46) Ms. Lori Sloate, Deputy Director, Advocacy and Public Policy, Gavi, the Vaccine Alliance
- 47) Mr. Frank Mahoney, Senior Immunization Officer, International Federation of Red Cross and Red Crescent Societies
- 48) Dr. Jon Kim Andrus, Executive Vice President, Director of Vaccine Advocacy and Education, Sabin Vaccine Institute
- 49) Dr. Alan Hinman, Director for Programs in the Center for Vaccine Equity, Task Force for Global Health
- 50) Ms. Anne Marie Giangiulio, Global Health Officer, United Nations Foundation
- 51) Ms. Elesha Kingshott, Global Health Officer, United Nations Foundation
- 52) Ms. Nellie Bristol, Senior Fellow, Global Health Policy Center, Center for Strategic and International Studies
- 53) Mr. Chris Millard, Program Manager & Research Associate, Global Health Policy Center, Center for Strategic and International Studies (CSIS)