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POLIO LEGACY PLANNING:

GUIDELINES FOR PREPARING A TRANSITION PLAN

2015

GLOBAL POLIO ERADICATION INITIATIVE

CONTENTS

1 INTRODUCTION: WHAT IS POLIO TRANSITION PLANNING?

1.1 OBJECTIVES: Objective 4 of the Polio Eradication and Endgame Strategic Plan 2013-2018 calls for the Global Polio Eradication Initiative (GPEI) to undertake planning to "ensure that the investments made to eradicate poliomyelitis contribute to future health goals, through a program of work that systematically documents and transitions the GPEI's knowledge, lessons learned and assets." As outlined in the plan, the key elements of this body of work include:

- Ensuring that functions needed to maintain a polio free world after eradication are mainstreamed into ongoing public health programs (such as immunization, surveillance, communication, response, and containment).
- Where feasible, desirable, and appropriate, transitioning non-essential capabilities and processes to support other health priorities and ensure sustainability of the experience of the global polio program.
- Ensuring that the knowledge generated and lessons learned from polio eradication activities are documented and shared with other health initiatives.

1.2 GUIDING PRINCIPLES: The GPEI has identified five guiding principles underlying this effort:

- Polio transition planning will benefit all countries and the global community, not only countries where polio resources are currently concentrated.
- Enabling long-term transitions to full country ownership of basic public health functions, wherever possible, is a priority.
- Under the leadership of the national government (and their subnational counterparts, where applicable), a broad range of stakeholders should 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.
- Legacy planning should not distract from the current focus on interruption of poliovirus transmission and other objectives of the 2013-2018 Strategic Plan.

1.3 EXPECTED OUTCOME: Eradicating polio in the coming years will mean that funds that have been devoted to the assets established by the GPEI over the last three decade – people, resources and systems/processes, will reduce and eventually stop. Since the role and character of the polio program varies by region and country, this process will take shape differently across the globe. In order to take local priorities and contexts into account, the polio transition planning process is expected to result in individual, customized transition plans for each region and country where polio program resources are present. National governments, GPEI partner agencies, donors and other stakeholders will also need to develop organizational transition plans taking this into account. These plans will organize all stakeholders in a given region/country towards a single, comprehensive strategy for the responsible transition of polio program people, resources and systems/processes between now and the anticipated achievement of global certification of poliovirus eradication.

DEFINING "TRANSITION": In the context of polio legacy planning, transition involves shifting current polio program resources to an agreed upon future state in a polio-free world. These resources, including those of GPEI, other partners and national immunization programs, fall into three main categories:

- **Assets:** The people, physical infrastructure, commodities/materials and financing that are used to support the program.
- **Functions:** The activities, systems and processes carried out by the polio program assets that ultimately deliver programmatic impact.
- **Lessons learned:** The successes, failures, innovations and best practices that the polio program has identified over the last three decades that enable the assets and functions to provide more efficient, equitable, high quality services, particularly to underserved, insecure, hard-to-reach or high risk communities.

If there is consensus that any of these resources can add value beyond the successful eradication of polio, then strategies for continuing them must consider potential changes in three core areas:

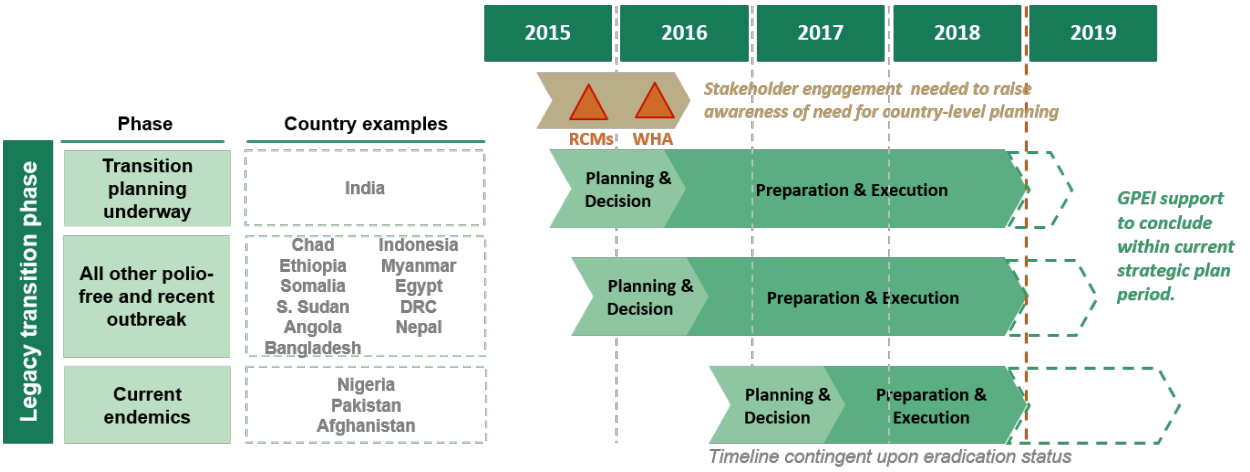
- **Programmatic focus:** What national/regional health and development priorities are polio program resources suited to address in terms of potential impact, cost-effectiveness and feasibility?
- **Governance, management and operational structure:** If polio program resources are to be continued, what shifts in governance and management are required to ensure their success in a polio-free world?
- **Funding source:** As polio program funding is terminated, what other sustainable funding sources/international mechanisms are available to support these people, activities and the systems/processes that support them?

If there is consensus, however, that any polio program assets or functions are no longer worth maintaining, then strategies for sunsetting these resources over time must be carefully developed to ensure a responsible conclusion of the program.

1.4 TIMELINE: Since developing and executing strong transition plans will take several years, it is important to start planning early. The GPEI expects and will support all high priority countries and those who have not had a wild poliovirus case in over 12 months to establish polio program transition plans by Q3 2016. In the case of endemic countries we do not want to distract from eradication activities but encourage the discussions around transition to begin immediately so that the process is seamless when transmission is halted. In these countries, transition plans should be in place no later than 12 months from the date of the last detected wild poliovirus case.

The execution timeframe for regional and country transition plans will vary according to the needs identified in the plans themselves. GPEI support for implementation and all financial resources associated with these plans will conclude within the current Eradication & Endgame Strategic Plan 2013-18. Figure 1 shows expected planning timelines by country category.

Figure 1. Expected global transition timelines



1.5 ROLES & RESPONSIBILITIES:

Country governments (along with their subnational counterparts, where applicable) are expected to lead the process of polio program transition planning, including:

- Commit to establishing a plan for transitioning polio-funded resources and activities by Q3 2016 (in the case of Afghanistan and Pakistan, continue to have ongoing discussions so that a plan is in place no later than 12 months from the last detected wild poliovirus case) using the GPEI transition guidelines
- Involve relevant stakeholders in the transition planning process, including 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, and where possible integrate the transition planning into existing plans and documentation in the specific country.

Donors and other stakeholders should play an integral role in the transition planning process, including:

- 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 in the broader donor community
- Define willingness to provide funding and support for implementing transition plans as well as post-transition activities

GPEI partner agencies and leadership will support governments in developing transition plans by:

- Ensuring that clear data is available to show the size, location, activities, etc. of the GPEI-supported polio program assets in a region or country
- Keeping the national government informed of planned GPEI technical and funding support during the transition period
- Providing technical support for the planning process, where necessary
- Supporting involvement of donors and other stakeholders in the transition planning process

2 ORGANIZING THE TRANSITION PLANNING PROCESS

2.1 STEP 1. IDENTIFY A GOVERNING BODY: The transition planning process should be led by the national government, wherever possible through existing bodies and coordinating structures. Country leadership should determine the most appropriate coordinating body for this work. In countries with a strong Health Sector Coordinating Committee (HSCC) overseeing the national Health Sector Development Program (HSDP), this may be the most appropriate coordinating mechanism. In others, the Inter-agency Coordinating Committee on Immunization (ICC) may be best positioned to lead the effort. In all cases, technical bodies such as the Technical Advisory Group (TAG), Expert Review Committee (ERC), or Expert Advisory Group (EAG) can generate input and support for the planning process. In large federated countries, planning could also be decentralized to provinces or states, in which case appropriate governance and management bodies must be created at the state/provincial level.

2.2 STEP 2. ENSURE DONOR AND CIVIL SOCIETY ENGAGEMENT: Fully implementing transition plans will require financial investment for both the cost of transition as well as to sustain activities post-transition. It is therefore critical to involve donors (both existing GPEI contributors and other donors) early in the transition planning process. In instances in which there is no existing forum for donor or civil society engagement (e.g., through the ICC), a donor consortium should be formally established to provide input into the planning process at key intervals.

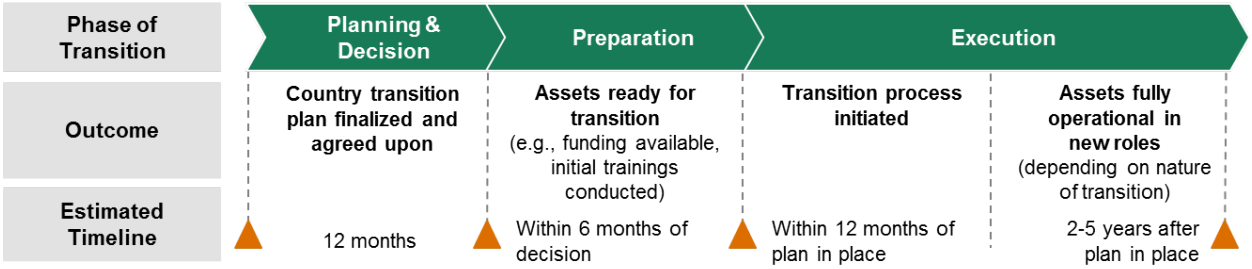
2.3 STEP 3. ESTABLISH A COORDINATION AND OVERSIGHT TEAM: A Coordination and Oversight Team is the body that will manage planning and implementation. The team should report directly to the designated governing body at least quarterly across four key responsibilities:

- *Strategic planning.* Manages the development of transition strategies and fleshes out the operational details of selected opportunities (e.g., defining the goals, timelines, budget, etc.).
- *Stakeholder coordination.* Ensures important stakeholders are engaged in the process and have the opportunity to provide input on transition options as they are developed and validated.
- *Monitoring execution.* Defines indicators to track progress against transition milestones and provides oversight at regular intervals, reporting on status to the governing body. Should identify activities that are off track and make course corrections, where necessary.
- *Communication*. Define and implement a communication strategy to support execution.

An effective team will be led by the government, with representation from each organization with a clear stake in transition planning. These members should be decision-makers in their respective agencies/organizations, with enough credibility to ensure traction for the planning process. It is important that this group not only represent those organizations who currently manage polio program assets, but also those donors and government agencies with the ability to consider future support for these assets – particularly financial, but also in terms of policy and management – if there is agreement to sustain them. Knowledge of the polio program's activities is essential. At a minimum, the team should include members with expertise covering each of the following areas: project management, strategic planning, human resource management, financial planning, advocacy and resources mobilization, and communications. To ensure that members are able to devote adequate time and effort to the planning effort, they should be given official responsibility from their respective organizations to participate.

2.4 STEP 4. DEFINE THE TIMELINE FOR TRANSITION PLANNING: GPEI has developed an indicative timeline for legacy planning. The length and intensity of the planning phase will vary by country and will be dependent on eradication status over time. And while the execution of transition plans will vary according to the milestones in the plan itself, execution should begin immediately after the plan is established. A planning checklist, with indicative timings for the planning phase, is included in ***APPENDIX A***.

Figure 2. Transition planning phases and timing



2.5 STEP 5. DEVELOP A COMMUNICATION AND ADVOCACY STRATEGY FOR THE PLANNING PROCESS: Setting up the right communication and advocacy channels early in the planning process will be critical to ensure all stakeholders are supportive of the process over time. Internally, uncertainty surrounding transition might have a deep effect on staff attrition, morale, and effectiveness of the polio assets during the transition period. Externally, the perception of the transition process by donors and other stakeholders will be critical for securing long-term support for the strategies developed. A set of key audiences for advocacy and communication around polio legacy should be considered:

- Government stakeholders, such as the Ministry of Health and Ministry of Finance, will play a leadership role in transition planning. Information about the planning process should be proactively provided to other government stakeholders, such as officials within the President or Prime Minister's office; health regulatory bodies; or legislators involved in health. Subnational government stakeholders (state officials and agencies) are equally important in federated countries where states/provinces play a distinct role in managing health and development.
- Personnel in the GPEI partner agencies may perceive transition planning as a source of risk, which can impact turnover and morale.
- Donors must be kept aware of the planning process at each step, ideally involved throughout to provide feedback and direction. Targeted advocacy may be necessary to generate understanding and interest amongst donors about the planning process.
- Civil society and other health/development agencies, such as local NGOs and civil society organizations as well as large international programs, may support or be supported by the polio program. These organizations can also champion the transition process and be an important accountability mechanism.
- Media. Transition planners should consider how legacy transitions may be perceived by the media and the general public. In particular, there may be a need to communicate with people who have benefitted in the past from polio services that may be at risk of losing this support in the future.

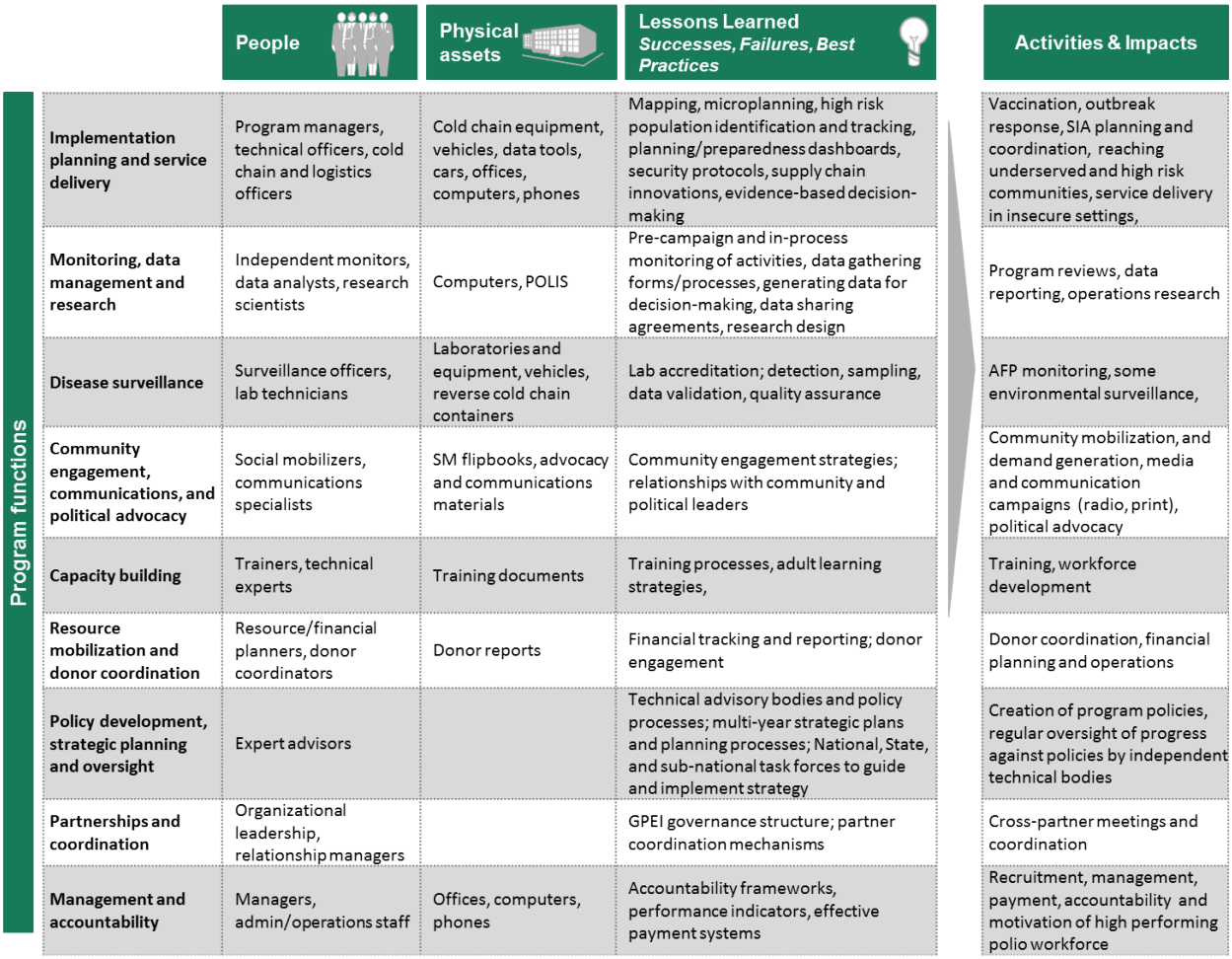
The communication and advocacy strategy should be defined in tandem with the transition strategy itself, and *cannot be fully completed ahead of a finalized transition plan*. However, it is important to start establishing a communication strategy and begin communication before planning is complete. In addition, where possible, polio legacy communications (particularly to external audiences) should be embedded within the existing, overarching communication strategies of each stakeholder and use the knowledge and experience of communication experts from within the GPEI partnership.

3 DEVELOPING TRANSITION PLANS

3.1 STEP 1. MAP THE POLIO PROGRAM RESOURCES – ASSETS AND FUNCTIONS: Polio program resources at the country level include both "assets" and "functions". "Assets" include all of the people, physical infrastructure, financing structures established by the polio program in that region or country. Polio program "functions" are the systems, processes and activities that these program assets work together to carry out. The first step in situational analysis is to collect detailed information on the polio assets and functions in a given region, country or province/state. The data generated from this mapping exercise will ensure that all stakeholders have a common understanding of the size, structure, location and activities of the polio program in that country, along with a clear view into the financial support that enables it to function.

Human resources are one of the largest assets of the polio program, but any physical infrastructure and systems/processes are also important to document. While some assets may contribute to multiple activities, it is useful to think about categorizing these assets into the ten main functions of the polio program, shown in Figure 3, below. Example templates in ***APPENDIX B*** provide an illustration of what may be included in detailed data collection.

Figure 3. Framework for capturing polio program assets, functions and lessons learned



Program functions	People	Physical assets	Lessons Learned *Successes, Failures, Best Practices*	Activities & Impacts
Implementation planning and service delivery	Program managers, technical officers, cold chain and logistics officers	Cold chain equipment, vehicles, data tools, cars, offices, computers, phones	Mapping, microplanning, high risk population identification and tracking, planning/preparedness dashboards, security protocols, supply chain innovations, evidence-based decision-making	Vaccination, outbreak response, SIA planning and coordination, reaching underserved and high risk communities, service delivery in insecure settings,
Monitoring, data management and research	Independent monitors, data analysts, research scientists	Computers, POLIS	Pre-campaign and in-process monitoring of activities, data gathering forms/processes, generating data for decision-making, data sharing agreements, research design	Program reviews, data reporting, operations research
Disease surveillance	Surveillance officers, lab technicians	Laboratories and equipment, vehicles, reverse cold chain containers	Lab accreditation; detection, sampling, data validation, quality assurance	AFP monitoring, some environmental surveillance,
Community engagement, communications, and political advocacy	Social mobilizers, communications specialists	SM flipbooks, advocacy and communications materials	Community engagement strategies; relationships with community and political leaders	Community mobilization, and demand generation, media and communication campaigns (radio, print), political advocacy
Capacity building	Trainers, technical experts	Training documents	Training processes, adult learning strategies,	Training, workforce development
Resource mobilization and donor coordination	Resource/financial planners, donor coordinators	Donor reports	Financial tracking and reporting; donor engagement	Donor coordination, financial planning and operations
Policy development, strategic planning and oversight	Expert advisors		Technical advisory bodies and policy processes; multi-year strategic plans and planning processes; National, State, and sub-national task forces to guide and implement strategy	Creation of program policies, regular oversight of progress against policies by independent technical bodies
Partnerships and coordination	Organizational leadership, relationship managers		GPEI governance structure; partner coordination mechanisms	Cross-partner meetings and coordination
Management and accountability	Managers, admin/operations staff	Offices, computers, phones	Accountability frameworks, performance indicators, effective payment systems	Recruitment, management, payment, accountability and motivation of high performing polio workforce

3.2 STEP 2. DOCUMENT LESSONS LEARNED: The experience of the polio program, particularly the knowledge, systems and relationships developed during the eradication effort, have relevance for other programs in the region/country. Lessons learned include the valuable processes/systems and best practices developed and improved by the polio program through trial-and-error over three decades. Lessons learned should not only capture successes, but also where challenges or failure led to innovation and improvement.

Key activities for identifying and documenting lessons learned may include interviews of polio personnel and review of polio program documents (e.g., evaluation reports, existing implementation guidelines), but can also include staff surveys, brainstorming sessions and field visits. Ideas on lessons learned should not only be gathered by program leadership and management, but from field staff who have insight into operational innovations that may not be widely known at higher levels. Successful documentation will capture "how" polio learned and adapted to improve service delivery, including translating processes and systems in training materials, manuals, or operational guidelines that can be used and implemented outside of the polio program. In addition, written case studies, media coverage, video and photo

documentation, and academic journal articles are all ways to compile lessons learned in ways that can be understood by audiences outside of the polio program. Where there is interest in applying specific lessons learned (e.g., microplanning, monitoring, etc.) to other programs (e.g., malaria, measles, etc.), it may be useful to organize meetings or workshops where polio experts can discuss technical processes and address participant questions in person.

3.3 STEP 3. CONDUCT A TRANSITION SIMULATION EXERCISE: Once a clear picture of polio program assets in a region/country has been established and shared, the government, GPEI partners and stakeholders can organize a tabletop simulation exercise to help develop a better understanding of the risks and opportunities presented by polio transition planning. The exercise requires stakeholders to consider a scenario in which polio program funding is no longer available to support public health functions in the region/country. Within this scenario, stakeholders will identify critical risks to various public health activities and brainstorm scenarios for addressing these risks. For example, potential solutions could include finding alternate funding sources for existing polio program resources, transitioning polio program expertise to national ownership, or considering alternative technical strategies for achieving public health goals. A template for guiding the exercise is included in ***APPENDIX C***. The purpose of this exercise is to stimulate stakeholders to think about the impact of the eventual termination of all polio program financial resources to public health service delivery in the region/country, identify critical risks and brainstorm scenarios for how to address these risks in the future.

3.4 STEP 4. LINK POLIO TRANSITION OBJECTIVES WITH REGIONAL/NATIONAL HEALTH PRIORITIES: To be effective and sustainable, future transition opportunities for polio program resources should build from and contribute to existing regional, national or subnational health strategies and goals, particularly the country's Multi-Year Plan (cMYP) for immunization and National Health Sector Strategic Plan (NHSSP). Global Vaccine Action Plan (GVAP) objectives and Sustainable Development Goals (SDGs) should also be considered.

If not already articulated in these plans, country leadership should assess what resources are required to achieve priority non-polio goals and where polio program assets, functions and lessons learned could potentially fill gaps in terms of manpower; technical skills or capacity building; and organization and management. The financial resources required to support polio program resources to address these gaps must also be defined and trade-offs made with other strategies for achieving national goals. ***APPENDIX D*** includes a template for systematically mapping potential transition opportunities based on existing health and development priorities.

3.5 STEP 5. DETERMINE TRANSITION STRATEGIES: In the context of polio legacy planning, transition involves shifting current polio program resources to an agreed upon future state in a polio-free world. Once an understanding of the risks and opportunities of polio transition planning has been established, a clear plan must be articulated for “how” a particular polio program asset, function or lesson learned will be transitioned.

A single transition strategy could apply to the polio program as a whole, but it is more likely that subsets of assets, functions or lessons learned will have different logical transition trajectories, requiring multiple transition strategies. For example, the transition strategy needed to mainstream essential AFP surveillance functions will be different than the transition strategy for social mobilization lessons learned. Regardless, all program resources identified in the mapping phase should have either a transition strategy or sunset plan associated with them. Examples of transition strategies adopted by WHO in India is available the case study in ***APPENDIX E***.

It is important to distinguish between assets, functions and lessons learned: In a given functional area, it may be valuable to transition only the assets (e.g., skilled personnel), not their current function (e.g., activities they carry out). In other instances, it may be too expensive to transition polio program human resources, but important to maintain the activities they do. In all cases, wherever there is agreement that any combination of assets, functions, and lessons learned can add value beyond the successful eradication of polio, transition strategies must consider potential changes in three core areas:

- **Programmatic focus:** What national/regional health and development priorities are polio program resources suited to address in terms of potential impact, cost-effectiveness and feasibility?
- **Governance, management and operational structure:** If polio program resources are to be continued, what shifts in governance and management are needed to ensure their success in their new role?
- **Funding source:** As polio program funding is eventually terminated, what other sustainable funding sources/international mechanisms are available to support these people, activities and the systems/processes that support them?

3.5A TRANSITION STRATEGIES FOR ESSENTIAL POLIO FUNCTIONS – "MAINSTREAMING": Countries and institutions will need to ensure that "essential polio functions" critical to preserving a polio-free world are sustained, even beyond the global certification of polio eradication. These include:

- Continued polio **immunization** (utilizing IPV) with related communications activities as part of national immunization programs, targeting the existing GVAP goals of improving overall immunization coverage and reducing inequities in vaccine access by 2020. The timeframe for continuing immunization with IPV will be determined by appropriate international bodies.
- Appropriate **polio surveillance and outbreak response** capacities, preferably integrated into national and global disease alert and response mechanisms.
- Appropriate **biocontainment of polioviruses** according to agreed international standards, regulations, and protocols in those countries that choose to maintain residual poliovirus stocks.

The resource mapping and simulation exercise should have generated a range of potential options for mainstreaming polio essential functions. In close consultation with GPEI implementing agencies and donors, regional and country leaders must then select a single strategy for mainstreaming these functions that maximizes quality over time, links with existing regional/national health goals, prioritizes local ownership of essential public health functions and is feasible based on available financial and organizational resources.

Mainstreaming essential polio functions does not necessarily require keeping the polio program assets currently supporting them in place indefinitely. Different transition options that could be considered:

- **Maintain minimal assets and structures.** Define the minimum level of existing polio assets needed to continue essential polio functions in the future and maintain core structures. Even if the infrastructure for continuing essential polio functions remains unchanged, alternative funding sources to support this work may need to be identified over time.
- **Transfer responsibility for conducting essential polio functions to government.** Since essential polio functions like surveillance are an integral part of any public health system, government ownership should be prioritized and may allow for greater long-term sustainability. Building government capacity to carry out high quality essential functions may require an additional investment in capacity building at the outset of the transition process and permanent funding through local health budgets will need to be secured. In this scenario, existing polio program assets will be phased out incrementally as government operational capacity is established.

- **Transfer responsibility for conducting essential polio functions to an alternate implementing partner, or to a new organizational structure.** As above, this may require building the capacity to conduct essential functions within a new organization, but could present an opportunity for long-term sustainability or cost savings, depending on the nature of the recipient organization.

3.5B TRANSITION STRATEGICS FOR NON-ESSENTIAL POLIO PROGRAM FUNCTIONS: Beyond the essential functions, polio program assets and functions may be contributing or have the potential to contribute to health goals beyond polio. Potential transition strategies for these that may be considered:

- **Maintain polio program functions and assets to contribute to other health/development priorities.** This requires a shift in program focus, but not necessarily a change in governance, management or operations if alternative sources of funding for current GPEI implementing partners are identified. However, capacity building plans may be needed to train existing assets to conduct non-polio activities.
- **Build local capacity to take over management and implementation of polio program functions while phasing out polio program assets.** There may be value in transitioning capacity and knowledge of polio program resources without transitioning actual assets. Such cases may require building significant program management capacity and identifying alternate sources of funding to maintain activities in the long term. Ensuring that the organizational knowledge of the polio program is transferred effectively to the recipient organization is particularly critical in this scenario, since polio personnel with first-hand understanding of these lessons learned will be phased out.
    - **Transfer polio program functions to government.** As with the mainstreaming of essential functions, described above, this strategy pay potentially require government to develop appropriate policies, pass legislation and/or establish new line items in public budgets to support. Capacity building of government staff will be required, both in terms of organizational capacity to manage the functions, as well as technical skills of individual staff.
    - **Transfer polio program functions to an alternate implementing partner, or to a new organizational structure.** This strategy may also require building the capacity to conduct essential functions within a new organization, but could present an opportunity for long-term sustainability or cost savings, depending on the nature of the recipient organization.
- **Discontinue polio program functions but retain high performing individuals.** In some cases, there may be no desire to continue specific polio program functions, but the personnel supporting them are particularly high performing or possess special skills that the region/country would like to retain. The goal of this strategy would be to retain these individuals within a different division of a partner agency, or ensure they are successfully integrated to key roles within the government or other organizations. These individuals may require training to take on new functional roles.
- **Discontinue polio program functions and sunset assets.** Polio program assets may not be cost-effective to either continue or transition, or may simply have no identified use beyond their role in polio eradication. As with other transition options, sunsetting these assets will require careful, staged planning and strong communication to existing personnel and potentially community members so that reliance on polio program assets can be reduced responsibly over time.

- **Discontinue both assets and functions, but ensure lessons learned are integrated into other health/development programs.** Transition plans should include clear activities aimed at documenting and disseminating knowledge through meetings, trainings, articles, workshops how-to guides, integration into other plans, etc. Working closely with other programs to understand how they can incorporate best practices will help ensure further success. Some examples include: dedicated exchange platforms such as the India Polio Learning Exchange (www.iple.in), scientific publications, websites, direct outreach to health programs that may have interest, information through in-country coordination bodies (e.g. TAGs)

3.6 STEP 6. BUILD A BUSINESS CASE FOR SELECTED TRANSITION STRATEGIES: Once potential challenges have been identified and trade-offs assessed, it should be clear which transition strategies have the most support from key stakeholders. It is helpful to develop a business case document for these "top" transition strategies, to ensure all stakeholders have a common understanding of the details of that strategy, and the justification for moving forward. It will also provide a common reference document for collecting feedback that can be refined over time. A business case should present a logical argument for a particular transition strategy (including sunsetting of assets, where relevant). Where there are a number of different opportunities, carefully assessing trade-offs and prioritizing opportunities will help decision-makers understand what is at stake. ***APPENDIX F*** includes a business case template.

3.7 STEP 7. MOBILIZE RESOURCES: As GPEI moves closer to eradication, it will be important that donors and transitioning countries work together to identify needs and potential funding sources to support transition efforts. National government and donor support must be committed to support transition strategies, particularly those that require ongoing funding or a significant up-front investment in capacity-building. Even when the top transition strategies have been agreed upon from a programmatic and/or governance perspective, there will most likely be significant work to do to mobilize resources to fund the strategy. Wherever possible, the development of legacy funding strategies should be closely linked with the development of government budgets as well as GPEI partner funding processes.

- **Understand GPEI funding commitments**. Transition strategies must capture how current assets and functions are currently funded, and on what time horizons. In collaboration with GPEI partners, countries should understand the share of GPEI funding that is committed and assess the likelihood and timeframe of future funding reductions.
- **Link with national/state funding priorities.** The transition planning process provides an opportunity to establish sustainable funding support for specific aspects of the polio program through inclusion in national, state or other government budgets. Proactive discussions with key government departments, agencies and officials should be undertaken to explain the value of polio program resources to other health priorities, and build support for local funding for transition strategies, particularly mainstreaming of essential functions as core components of government public health programs.
- **Engage with donors, partners and new government funding agencies**. Donors and potential funding agencies should ideally be involved throughout the planning process to provide an ongoing sense of financial feasibility where new funding streams are expected to play a role. Presenting the business case to these stakeholders for input is particularly important, to help them assess the trade-offs of committing funding. Beyond current GPEI funding partners, it is important to think creatively about new donors to engage, including those who are funding non-polio health priorities affected by the transition, or those with a geographical interest in the region/country/state.

3.8 STEP 8. FACILITATE STAKEHOLDER AGREEMENT ON FINAL TRANSITION STRATEGIES: When disseminating transition strategy business cases for review and input, it is helpful to lay out a clear timeline for decision-making or finalization. These timelines should provide enough time for internal deliberation and feedback, but maintains accountability and momentum for the process by ensuring that stakeholders have a deadline for formalizing organizational or funding commitments. Scheduling review workshops, bilateral discussions and/or pledging events may help to incentivize stakeholders to formalize their commitments.

Ultimately, the governing body should meet to consider inputs on each business case and make an official determination of the transition strategy to be pursued. The group's decision should be documented in meeting minutes, official correspondence, or other formal means so that there is no ambiguity about the agreement reached and the path forward.

Finally, formalizing transition strategies in either a Memorandum of Understanding (MoU) and/or official policy (national/state budgets, NHSSPs, etc.) is an important way to confirm stakeholders' shared goals for the transition process, funding and management commitments, roles and responsibilities for implementation, execution plan (see below) and expected timelines.

3.9 STEP 9. FINALIZE EXECUTION PLAN(S):

The execution plan should translate the business case and stakeholder commitments into an actionable plan for implementing and monitoring the transition itself. Execution plans may need to be adjusted over time as progress is monitored and lessons learned along the transition pathway, but should be available throughout the process to ensure clarity, consistency and oversight.

The main elements of a useful execution plan include:

- Human resource plans
- Capacity assessment and capacity-building plans
- Communications plans
- Monitoring and accountability framework, with timelines
- Detailed execution budget
- Transition governance framework, with roles and responsibilities of key stakeholders
- Execution work plan

APPENDIX G provides a more detailed overview of each element of the execution plan, with guidance on critical considerations.

APPENDIX A PLANNING CHECKLIST

Steps to transition	Actions required	Evidence of achievement	Suggested timeframe
Organizing the transition planning process	Governing body identified	Transition planning included in governing body TOR or regular meeting agendas	Month 1
	Donor and civil society engagement structure in place	Transition planning included in donor consortium TOR or regular meeting agendas	Month 1
	Coordination and oversight team established	TOR and membership for coordination and oversight team available	Month 2
	Scope and timeline for transition planning defined	Decisions on scope and timeline documented in governing body meeting minutes or communications	Month 2
	Communication and advocacy strategy in place	Written communication and advocacy strategy document available	Month 2
Developing transition plans	Mapping of polio program resources (all assets, functions, etc.) completed	Resource mapping data available and disseminated	Month 2
	Strategy for capturing and operationalizing lessons learned established, documentation efforts begin	Written strategy document for capturing and disseminating lessons learned available	Month 3
	Transition simulation exercise conducted	Written simulation exercise report available	Month 3
	Coordination strategies established for linking transition planning with regional/national health priorities and related planning processes (cMYP, NHSSP, etc.)	Governing body reviews and endorses coordination strategies	Month 3
	Mainstreaming strategies for essential polio functions developed	Written list of mainstreaming strategy concepts available	Month 4
	Transition strategies for non-essential polio program functions developed	Written list of transition strategy concepts available for non-essential polio functions	Month 4
	Transition opportunities prioritized	Minutes of governing body meeting identifying top priority transition strategies to be pursued	Month 5
	Business case for top priority transition strategies available	Costed business case available for each set of transition and mainstreaming strategies	Month 6
	Resource mobilization strategy established	Meetings scheduled with donor consortium/bilateral donors to discuss transition business cases	Month 6
	Financing strategy in place	Donor commitments received	Month 8
	Transition strategies for all polio resources (including mainstreaming of essential functions) finalized	Formal endorsement of final transition strategies documented in minutes of governing body meeting, official correspondence to stakeholders from the government, or other formal means	Month 8
	Human resource plan in place	Written transition execution document available, including all indicated sections	Month 10
	Capacity-building strategy in place		
	Communication plan in place		
	M&E framework established		
	Detailed execution budget created		
	MOU drafted and signed	Signed MOU document	Month 12

APPENDIX B ASSET MAPPING TEMPLATES

B.1 OVERVIEW OF PERSONNEL

Description: Organizes total number of personnel into overarching groups and functions to allow high level of personnel resources in country

Name of person filling out template:	

Function	Primary sub-function	Number of personnel	Detail on types of activities done in this sub-function
Implementation and service delivery	Cold chain management/ logisticians		
	Other vaccine management		
	Central support and planning of immunization activities and campaigns		
	Field supervisors of immunization activieis and campaigns		
	Outbreak and emergency planning		
	Security planning		
Monitoring	Data analysis and reporting		
	Monitoring and evaluation		
Surveillance	Surveillance officers		
	Lab technicians and testing		
Communication and community engagement	Social mobilizers		
	Other types of community engagement		
	Media, communications, and advocacy		
Capacity Building	Technical expertise		
	Training		
Resource mobilization	Financial planning		
	Resource mobilization		
Policy and strategy	Research		
Management and operations	General management		
	General administration		
	General operations (e.g. drivers)		

B.2 PERSONNEL DETAIL

Description: Detailed person by person information needed from HR databases to understand polio personnel

Function information				Geographic location			Position and compensation information				Detail on capabilities of position			
Name	**Job title**	**Description of primary function**	**Detail on types of activities conducted**	**City or duty station**	**Region**	**Country**	**Agency/ Funding Source**	**Contract Type**	**Contract length/ completion date**	**Annual compensation**	**Education**	**Years in position**	**Past professional experience**	**Other capability notes**
Example Employee 1	*Administrative assistant*	*General administration*	*Organize financial details for office*	*City*	*District/state*	*Country*	*Agency*	*Non-staff*	*n/a*	*$10,000*	*College level*	*4 years*	*Past experience in corporate admin*	*Skilled in financial administration*
Example Employee 2	*Surveillance medical officer*	*Field surveillance*	*Active surveillance for 15 districts*	*City*	*District/state*	*Country*	*Agency*	*Staff*	*2 years*	*$40,000*	*Medical degree*	*3 years*	*Medical doctor*	*Epidemiology background*

B.3 PHYSICAL ASSETS

Description: Provides overview of large and small physical assets that may be owned by the polio program and used for eradication activities

LARGE ASSETS

Type of physical asset	Current number and location of these building types	Does GPEI *own* any of these buildings? *(Yes/No)*	If owned which partner owns these assets?	If owned, current value of these assets	If *not* owned, who owns these assets?	If *not* owned, how much funding does GPEI provide to support this asset?	Main use/purpose of assets *(e.g. these vehicles are mainly used for cold chain)*	What type of non-polio efforts do these buildings help contribute to?	Comments
Office or administrative buildings									
Laboratories									
Vaccine supply warehouses									
Other cold storage buildings									
Other building types (e.g. garage)									
Other (please list in comments)									
Other (please list in comments)									

SMALL ASSETS

Type of physical asset	Approximate number *owned* by GPEI program (not by government)	Which partner owns these assets	Original cost of these assets	Current value of these assets (with depreciation)	Main use/purpose of assets *(e.g. these vehicles are mainly used for cold chain)*	Location of assets (City, building, address where applicable)	Comments
Cars and other 4-wheel vehicles							
Motorcycles							
Refrigerated trucks							
Refrigerators or freezers (stationary)							
Vaccination tents or stands							
Computer equipment							
Satellite phones							
Other GPS devices							
Sample containers (e.g. plastic sample boxes)							
Stool sample collection kits							
Medical kits (thermometers, basic supplies)							
Vaccine carrier (e.g. coolers)							
Inking or finger marking tools							
Other (please list in comments)							
Other (please list in comments)							

B.4 LABORATORIES

Description: Provides overview of Global Polio Lab Network (GPLN) in a given country or region

OVERVIEW

Key questions to understand in-country lab infrastructure	Response
How many laboratories that are part of the GPLN reside in this country?	*Number of GPLN labs in country*
If there are ***no GPLN labs*** in country, where are AFP samples sent?	*Location of GPLN lab if not in country*
Are there other non-GPLN labs that are supported with funding from GPEI? If so how many? How are they being supported?	*Please describe other lab networks supported with polio funds in country*

DETAIL

Key questions	Response
Lab Number 1	
Location or name of lab:	*Name of lab*
Who owns this lab:	*Ownership of lab (e.g. government, local academic institution, etc)*
Approximately how many AFP samples are tested annually? For which kinds of tests (virus isolation, molecular testing, intratypic differentiation, genetic sequencing, other)	*Number of AFP samples tested per testing type: (virus isolation, molecular testing, intratypic differentiation, genetic sequencing, other)*
Outside of AFP sample surveillance, what other activities or disease areas do these labs work on?	*Please list other activities and disease priorities outside of AFP surveillance*
What other types of accreditations does this lab have?	*Please list this lab's other accreditations (e.g. also part of Measles LabNet)*
Approximately how much of the lab's work is related to AFP sample testing vs. the other non-polio activities?	*Please list what % of this lab's overall work is related to AFP sample testing*
Approximately what portion of the lab's total funding comes from polio-related funds?	*Please list what % of this lab's overall funding comes from polio related funds*
How are these polio-related funds used? Is it for sample testing only? Personnel? Electricity and maintenance for lab overall?	*Please list how polio related funds are used within this lab*
Are these polio-related funds used to support other disease areas outside of polio? How?	*Please list if and how polio related funds are supporting other disease priorities beyond polio*

B.5 SUPPLY CHAIN

Description: Highlights some of the detailed questions to ask about the relationship between GPEI and a country's/state's cold chain system to understand if there are pieces of the cold supply chain that might be "at risk" during transition

Key questions to understand in-country supply chain infrastructure	Response
Where is polio vaccine stored centrally in the country? Is this a government owned warehouse? Or is it owned by another party (e.g. UNICEF)?	*Please enter information on warehouse storage and who owns these warehouses*
What types of cold chain infrastructure is purchased with polio funds? How many? Are these retained by GPEI or transferred to government?	*Please list types and numbers of infrastructure that polio-funds help to purchase*
How else do polio-related funds help support cold chain (e.g. provide money for fuel to run generators)? Is this for polio vaccine only or for other vaccine types as well?	*How else are polio funds used to support the cold chain (e.g. fuel or electricity)? Is this only for polio or for other vaccines as well?*
*If polio funds help support supply chain by **providing money for fuel and electricity***, is this *only* for polio related needs? Or does this fund the cold chain more broadly (for example, refrigerators that house multiple vaccine types)?	*Please describe if polio funds are used only for polio vaccines, or if it is used more broadly in the cold chain*
*If polio funds help support supply chain by **providing money for fuel and electricity,*** of the total money used to purchase fuel/electricity for cold chain, what *percentage* comes from polio-related funds?	*Please list the percentage of funding for fuel/electricity and maintenance from polio funding*

APPENDIX C TRANSITION SIMULATION EXERCISE

The purpose of this exercise is to stimulate stakeholders to think about the impact of future reductions in polio program resources on the public health service delivery in the region/country, identify critical risks and brainstorm scenarios for how to address these risks in the future. To prepare for the exercise, the data from asset and function mapping exercise described above should be circulated to all stakeholders. For the exercise itself, stakeholders will be asked to consider a scenario in which polio program funding is no longer available to support public health functions in the region/country. Within this scenario, stakeholders will identify critical risks to various public health activities and brainstorm scenarios for addressing these risks. For example, potential solutions could include finding alternate funding sources for existing polio program resources, transitioning polio program expertise to national ownership, or considering alternative technical strategies for achieving public health goals. To help prioritize between options, resource needs and feasibility considerations should be mapped out for each potential solution. Although each stakeholder may also benefit from conducting these analyses internally, it is most valuable if all stakeholders have the opportunity to sit down together under the leadership of the government to discuss these analyses and develop a joint vision for what is at stake in the transition planning process.

Functions of the polio program	**Current polio program assets supporting these functions** (human resources, infrastructure, systems/processes, financing, etc.)	**Activities carried out within this function** (Quantifiable, with impact)	**Necessary to continue?** (Yes/No)	**Justification for continuation** (Quantify expected contribution to documented national health/development goals (cMYP, NHSP)	**Critical risks without polio program support** (projected, post-certification scenario)	**Scenarios for addressing critical risks** (alternate funding sources, transition of expertise, etc.)	**Resource needs for alternate scenarios** (estimated)	**Feasibility considerations**
Implementation planning and service delivery	*To be filled in with data from asset map*	*To be filled in with data from asset map*						
Monitoring, data management and research	"	"						
Disease surveillance	"	"						
Community engagement, communications, and political advocacy	"	"						
Capacity building	"	"						
Resource mobilization and donor coordination	"	"						
Policy development, strategic planning and oversight	"	"						
Partnerships and coordination	"	"						
Management and accountability	"	"						

APPENDIX D LINKING TRANSITION STRATEGIES WITH LOCAL PRIORITIES

To be effective and sustainable, future transition opportunities for polio program resources should build from and contribute to existing regional, national or subnational health strategies and goals, particularly the country's Multi-Year Plan (cMYP) for immunization and National Health Sector Strategic Plan (NHSSP). Global Vaccine Action Plan (GVAP) objectives and Sustainable Development Goals (SDGs) should also be considered.

It can be useful for government, GPEI partners, donors and other stakeholders to link polio program transition opportunities with existing goals. The matrix below can help stakeholders develop a common understanding of how polio program resources could contribute to other health and development goals. Data can be drawn from existing strategic plans and the mapping of polio program resources conducted for legacy planning.

*Source: http://who.int/immunization/global_vaccine_action_plan/GVAP_Annex6.pdf

Functions of the polio program	**Top priority global, regional, national or local health and development goals/targets** (From cMYP, NHSSP, GVAP, etc.)	**Outcome indicators, with timeframe**	**Existing functional needs for achieving these goals/targets**	**Current polio program assets relevant to this priority** (human resources, infrastructure, financing, etc.)	**Activities carried out by polio assets in this functional area** (quantifiable, with impacts)	**Implications of applying polio program assets/functions to this target/goal** (operational, financial, etc.)	**Trade-offs versus alternative strategy for achieving objective/goal**
Implementation planning and service delivery	*[EXAMPLE FROM GVAP] Meet vaccination coverage targets in each region, country and community**	*By 2020, reach 90% national coverage and 80% in every district for all vaccines in national program**	*To be filled in with input from national EPI program*	*To be filled in with data from asset map*	*To be filled in with data from asset map*	*To be filled by transition planning team*	*To be filled in by transition planning team*
Monitoring, data management and research	"	"	"	"	"		
Disease surveillance	"	"	"	"	"		
Community engagement, communications, and political advocacy	"	"	"	"	"		
Capacity building	"	"	"	"	"		
Resource mobilization and donor coordination	"	"	"	"	"		
Policy development, strategic planning and oversight	"	"	"	"	"		
Partnerships and coordination	"	"	"	"	"		
Management and accountability	"	"	"	"	"		
Implementation planning and service delivery	"	"	"	"	"		

APPENDIX E TRANSITION CASE STUDY: NATIONAL POLIO SURVEILLANCE PROGRAM (NPSP), WHO INDIA

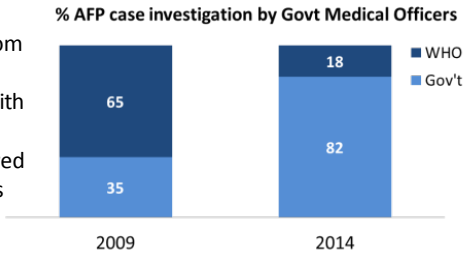
India's polio program began making strides towards successful transition even before the country was certified polio-free in 2014. Examples from WHO India include:

Mainstreaming Essential Functions –

Laboratory operational costs transferred to the national government from January 2014.

AFP case investigations gradually shifted to government medical officers, with capacity building/quality assurance from WHO.

Field Volunteers/Monitors (support surveillance and monitoring) gradually hired government, starting in 2013. As of 2015, 34% of 1,459 total Field Volunteers paid by government, with ongoing management/technical support from WHO.



Transitioning assets/functions and applying lessons learned – WHO polio staff are now supporting many other priorities:

Strengthening routine immunization

- *Intensified RI monitoring* – UNICEF and WHO monitored 280,000 RI sessions in 2014, generating data on quality of immunization, availability of vaccines/logistics, reasons for low RI coverage and Zinc/ORS availability.
- *Accountability through Task Forces*, established in 36 states and 668 districts to review program data.
- *Capacity building of frontline workers*
- *Advocacy and integrated communication*
- *Including high risk areas in RI session planning* – 96% of high risk areas now included in RI microplans.

New vaccine introduction (Pentavalent; IPV, MR, Rotavirus) – Developing field guidelines, training material and checklists for assessing preparedness at district/state levels; conducting post-introduction and coverage evaluations.

Measles elimination and rubella control – Supported catch-up campaigns covering approximately 119 million children.

Visceral leishmaniasis (Kala Azar) elimination – Monitoring indoor residual spraying; contributing to national elimination strategy development.

VPD surveillance – Coordinating validation of MNT elimination; capacity building for lab personnel; launched lab supported surveillance for diphtheria, pertussis and neonatal tetanus with expansion planned in 2015.

AEFI surveillance – Assisting with updated guidelines; training AEFI committees; supporting electronic case reporting.

Supporting international health programs – Indian SMOs deployed to Nigeria, Sierra Leone and Liberia in 2014-15.

Executing transition –

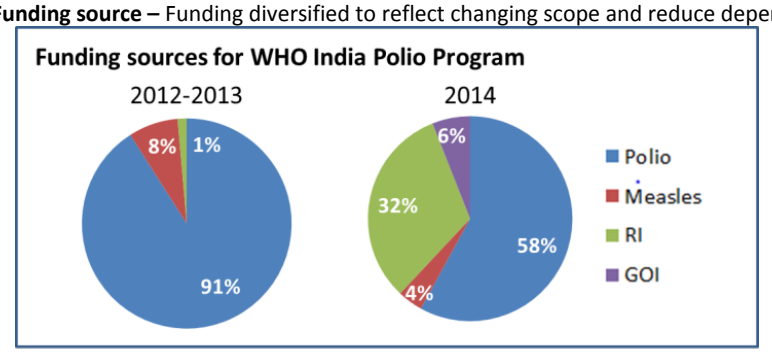
Program focus

- *Redistributed field staff,* with a 15% increase in Medical Officer positions in states with low RI coverage.
- *Revised TORs and updated work plans* for 16 staff categories to include RI and other core priorities.
- *Conducted capacity building* for 1,755 field personnel on routine immunization.

Governance, management and operations

- *Established a policy context for transition planning* by including legacy planning principles in the WHO Country Cooperation Strategy 2012-2017, developed with the Ministry of Health of the Government of India (GoI).
- Merged the National Polio Surveillance Project (NPSP, an independent entity support by both WHO and the Government of India) office with the WHO Country Office. During this transition, 13 former polio staff transitioned into communicable disease and administrative positions in the WHO Country Office.
- *Transitioned WHO staff positions to government*, with 29 former WHO SMOs now working for state government.

Funding source – Funding diversified to reflect changing scope and reduce dependence on GPEI financing:



APPENDIX F BUSINESS CASE TEMPLATE

- **Executive summary**
- **Situation analysis** –
  - **Current status** – This section draws from the ***resource mapping exercise***, by providing an overview of polio program assets and functions as they are today, including their locations, skills and current activities, impacts and funding requirements.
  - **Problem statement** – This section should describe the problem at hand, by laying out the high level objectives of transition planning (mainstream essential functions, integrate lessons learned and transition infrastructure, where feasible) and highlighting the projected impact/risk of not planning for a transition (cost, loss of lessons learned, programmatic risk, etc.). Much of this can likely be drawn from the outcomes of the ***simulation exercise***.
- **Proposed solution/strategic options** – This section describes the proposed transition strategy, clearly laying out its key elements, objectives and timeline. This should focus on a single transition option, where possible, but if multiple options still exist, clearly highlight any outstanding decision points for arriving at a final transition strategy.
  - **Justification criteria (addressing critical assumptions and risk) – Present a clear justification for why this strategy best fulfills objective decision criteria, such as:**
    - **Impact:** What is the potential for this strategy to generate impact against priority health and development goals?
    - **Linkages to existing priorities:** To what extent will this strategy support regional/national health goals (e.g., cMYP, NHSSP, GVAP, etc.)?
    - **Equity:** Will this strategy address needs in high-priority, hard-to-reach or underserved population groups or areas (based on the country's health agenda)?
    - **Feasibility:** A variety of unforeseen implementation challenges can ultimately undermine otherwise attractive transition opportunities. Possible challenges to identify and address directly in this business case may include:
      - Institutional capacity: To what extent do the organizations either managing or receiving assets/functions have the managerial and/or organizational capacity to manage high quality transitions? If not, what resources would be needed to develop needed capacity?
      - Location: Are the assets or functions located in the geographical area where they will be needed for the transition? If not, what would it take to shift the assets/functions where they will be needed?
      - Technical capacity and skills: Do the right personnel have the skills needed for an effective transition? If gaps in technical capacity are identified, what would be needed to develop that capacity over the term of the transition?
      - Policy environment: Do current policies enable the transition to take place? If not, what kind of policy changes would need to be enacted and when?
      - Contractual issues: What are the implications of terminating the assets' current contracts and forming new contracts with the recipient?
  - **Financial analysis** – This section will address stakeholder questions about, "How much will it cost, and is it worth it?"
    - **Estimated budget** – Even at the early stage of conceptualizing a transition opportunity, it is important that an indicative budget clearly shows the potential cost. Cost estimates should cover the full period of the transition: from initiation at current state to full conclusion when assets and functions have reached the desired future state. They should also indicate the operational costs of sustaining the assets and/or functions beyond the

period of the transition, since sustainability will be a key consideration for stakeholders reviewing each option. The budget should provide an estimated timeline of when costs will be incurred, and clearly indicate who will bear the costs of each of the activities (e.g., source institution, recipient, government, donor).

- **Cost-efficiency/Value for money** – Key questions to help characterize value for money/cost-efficiency include:
  - Are the capabilities of the asset available elsewhere? If so, at what cost?
  - Are the challenges to transition likely to generate significant transition costs?
  - Will the transition result in the ability to delivery public health impacts for lower costs than the current system?
  - Even if a transition opportunity shows cost efficiencies, the availability of funding from potential donors may not be forthcoming. Is there currently a funding gap and, if so, what is the current level of interest of donors/government? What advocacy would be needed to mobilize resources to support the transition option?

- **Conclusion** – Succinctly summarize the problem, solution, and justification, and requests commitment/approval.
- **Supporting material** – Provide back-up information, including data sources, raw data, technical references, working documents, etc.

APPENDIX G EXECUTION PLAN OUTLINE

HUMAN RESOURCE PLANS

To ensure that staff have the necessary job security, role clarity, and organizational support to implement successful transitions, execution plans should include a comprehensive human resource plan. Organizations involved in transition execution should re-design organizational charts, revise Terms of Reference and re-assign duty stations, and assess contractual implications of the transition. Staff orientation on the above should also be implemented so human resource plans are clear at all levels.

CAPACITY ASSESSMENT AND CAPACITY BUILDING PLANS

In order to determine if additional capacity building is needed before or during the transition, execution plans should outline strategies to assess the capacity of any personnel being transitioned to carry out their new role, as well as the capacity of any organization taking on new management of polio program people or activities. Base on this assessment time and resources to develop and implement comprehensive capacity-building plans should be accounted for in the execution timeline, budget and monitoring framework.

COMMUNICATION PLAN

Communication is a critical component of transition planning and execution. The early stages of transition are when uncertainty is highest and negative rumors might undermine the process, so communication should begin early on and continue throughout the process to maintain momentum and manage stakeholder expectations. As noted above, key audiences and transition stakeholders should be identified, and communication messages tailored to their needs. In particular, staff that will be affected by transition should be particularly targeted. Key considerations for a communication plan include:

- *Communicate early.* The early stages of transition are when uncertainty is highest and negative rumors might undermine the process. Beginning communication early can help mitigate these challenges and generate support for the process from the start.
- *Communicate frequently throughout the process.* To maintain momentum and manage stakeholder expectations, a timeline for communication touch points can ensure new information is shared appropriately throughout the process. Communication can leverage milestones, such as the signature of a MoU, the commitment of a donor, or the actual transfer of assets, to achieve high visibility and generate support. Regular communication between such events can help to re-iterate key information and prevent rumors from taking hold.
- *Ensure consistent messaging.* While messages should be tailored to different audiences, core messages should be aligned to ensure clarity and foster trust. Documenting key messages in the form of “talking points” and communication briefs can be useful.
- *Refine messaging over time and reinforce positive signals.* Messages should be tested and refined to incorporate feedback. This can be informal (e.g., conversations with managers) or more systematic (e.g., 'pulse check' surveys). Support momentum around transition by reinforcing positive signals, e.g., highlighting stories of successfully transitioned personnel.
- *Ensure internal communication message addresses personal concerns.* A common pitfall is to overlook the impacts of transition over the lives of personnel. Such concerns should be proactively addressed, both through hard facts and considerations around culture and morale.
- *Select appropriate communication channels.* It is important that each audience receives relevant information through the right communication channel. Information affecting personnel transitions, for example, should be communicated directly to staff before being disseminated through media or other channels. Formal communication (e.g., government memo) may be

needed to support significant decision-points, while informal communication (e.g., discussion at ad hoc meetings, emails to stakeholders) may be appropriate for routine process updates.

RISK ASSESSMENT & MITIGATION

Large, complex transitions may have multiple risks associated with execution. The execution plan should clearly identify the most salient potential risks and proactively develop mitigation plans to ensure the transition remains on track. For example, upcoming transitions in key government leaders may significantly disrupt the execution process. Addressing this risk may require an advocacy plan, development of interim oversight measures, etc. Other potential risks to consider include: staff turnover; political and leadership changes; delays in policy development or funding availability; etc.

MONITORING AND ACCOUNTABILITY FRAMEWORK

A monitoring and accountability framework will not only allow effective tracking of transition implementation over time, but will ensure that all stakeholders hold a shared vision of the transition outcomes, timeline and milestones.

- Outcome objectives. The M&E framework should define a final outcome or a set of relevant outcomes for the execution plan: what assets are concerned, where they are transitioned to, and for what purpose. Each outcome should be associated with a timeline.
- Monitoring indicators. Establishing monitoring indicators for each outcome can be a way to track ongoing progress against execution goals and milestones. Monitoring indicators must be SMART: specific, measurable, achievable, relevant and time-bound. Indicators used to monitor the execution phase of the transition should not only track progress of implementation, but should monitor the ongoing quality of activities conducted during implementation so that gaps can be identified and addressed. Examples of indicators are shown in the template, below. A source for collecting and verifying indicator data should be specified, along with a baseline value, where relevant.
- Timeline/milestones. For each outcome, interim milestones should be defined to track progress against the outcome over time. If there are a large volume of assets to transfer, transition can be done gradually. Milestones mark interim goals and can range from key meetings where decisions are made to finalization of communication strategies. While shorter timelines may be appropriate in certain circumstances, particularly where transition is relatively straightforward, the integration of assets is generally a long process. Insufficient timelines may in assets not being fully or effectively integrated. Further, gradual processes have been identified as a success factor of transition. Examples of actionable milestones are shown in the template, below.

Figure 1. Sample Monitoring & Accountability Framework

Transition plan outcome objectives	**Outcome indicators**	**Data source**	**Baseline** *If applicable*	**Milestones** *The timeframe for monitoring progress against indicators may be quarterly, annually, or continuously, and may vary by outcome objective.*			
				Year 1	*Year 2*	*Year 3*	*Year 4*

DETAILED EXECUTION BUDGET

Once a transition opportunity is agreed upon by all stakeholders, the budget from the business case should be developed in greater detail. Each planned activity within a transition opportunity (e.g., training, logistics, executing contracts, etc.) should have an associated budget line item. Budgets should include the estimated cost of maintaining assets once transitioned to the recipient. For personnel, this includes compensation and benefits along with a share of overhead[1]. The budget should provide an estimated timeline of when costs will be incurred, and clearly indicate who will bear the costs of each of the activities (e.g., source institution, recipient, government, other).

TRANSITION GOVERNANCE FRAMEWORK, WITH ROLES & RESPONSIBILITIES OF KEY STAKEHOLDERS

Transition requires tight coordination between source and recipient of assets, as well as other stakeholders. The execution plan should lay out stakeholder funding and management commitments, with clear roles and responsibilities for implementation as well as expected timelines for completion of key activities.

EXECUTION WORK PLAN

Once the elements above have been clarified, it is useful to capture the roadmap for execution in a shared work plan, with clear demarcation for each phase of the transition (e.g., pre-handover, handover, post-handover, etc.). This work plan captures who is responsible for each activity against a clear timeline. This work plan should be linked with the M&A framework, above, but captures the operational aspects of the transition execution rather than the outcomes and quality assurance aspects. A sample work plan template is enclosed.

[1] To avoid complex allocation operations, overhead could be assumed to be equal to the average overhead per person of the recipient pre-transition.

APPENDIX G EXECUTION PLAN OUTLINE

Indicative Content Provided as Examples

PROGRAM PHASE	ACTIVITY	SUB ACTIVITY	RESPONSIBLE	ESTIMATED BUDGET	DESCRIPTION	DESIRED OUTPUT	REVIEWER/S	TIMELINE
National level planning for transition	*Establish Oversight & Coordination Team*	*The purpose and the TOR of the Team defined (including meeting frequency and agenda).*	*Ministry of Health*		*This Team would be responsible for overseeing the effective transition*	*Team established; regular meetings conducted and minutes recorded*	*GPEI partners, donors*	*Q1*
Subnational planning for transition (if applicable)	*Hiring of the Transition Manager*	*Job Descriptions developed and issued to the Transition Manager*	*GPEI partner agency*		*Job Description of Transition Manager developed to ensure smooth and timely transition*	*Detail Job Description developed; Transition Manager hired*	*GPEI partners, donors*	*Q2*
	Orient stakeholders on transition	*Ensure all partners are well aware of the transition process*	*Transition Manager*		*Training all the partner and ministry staff on the processes and objectives of transition*	*Training of all staff on the transition process completed*	*GPEI partners, donors*	*Q2*
	Develop clear milestones/ targets for transition	*Micro plans and timelines developed and mutually agreed with government and partners*	*Transition Manager*		*The clear milestones should have detailed sub activities with assigned responsible people and clear timelines.*	*Clear step by step milestone document developed with clear timeline and activities/ deliverables.*	*GPEI partners, donors*	*12 months prior to handover with 12, 6 and 3 month milestones*
Pre-handover	*Complete realignment of program components as per policy*	*Ensure that training is provided to all staff on all program components as per policy*	*Transition Manager*		*It is mainly to ensure that the staff is trained on all the program components.*	*A report on the trainings provided to staff on program components*	*Team leads*	*6-12 months prior to transition*
	Develop post-transition support package	*Discuss budget guidelines to retain critical elements of the programme to ensure impact*	*Transition Manager*			*Select staff to receive retraining and on-the-job mentoring to ensure quality*	*Team leads*	*1-2 months prior to handover*
Handover process	*Contracts developed and signed*	*Proposal development and contract signing*	*Recipient organization/agency*		*Ensure proposal, budget for the next 1 year, and performance indicators developed*	*All proposal, budget and contract signed for release of budget*	*Team leads*	*1 month prior to transition for proposal development*
	Introductory and orientation workshop for transitioned staff	*All transitioned staff introduced to new organizational structure and job roles*			*The workshop will orient staff on the structure and role, and help in addressing the issues and clarify the doubts.*	*All transitioned staff oriented*	*Team leads*	*Within 15 days of transition*
Post-handover	*System strengthening and capacity building*	*Induction training and continued capacity building for all staff on all program components*			*All the handed over staff trained on induction module*	*Training schedules and documents attesting completion*	*Team leads*	*Within 1 months after handover*
	Transition Monitoring	*Regular meetings among all the working groups chaired by Oversight & Coordination Committee*			*The committees meets monthly for the first 3 months Post-handover and bi-monthly thereafter*	*Bring issue before the committee and find solutions. Minutes of the meetings*	*Team leads*	*Monthly for 3 months and bi-monthly thereafter*