Polio Transition Planning
Global Overview

WHO Information Session for Member States

17 January 2017, Geneva
Outline

● Global Overview
  – WHO Human Resources risk management
  – WHO Programmatic and Capacity risk management
  – GPEI Post-Certification Strategy

● Updates from Regions: AFRO, EMRO and SEARO
  – GPEI Budget Ramp-down: Financial and Staffing Impact
  – Transition Planning Activities
  – Country Level Transition Planning
  – Challenges/Next Steps
Rationale for Polio Transition Planning

GPEI will cease to exist soon after global certification and funding will ramp down substantially over the coming years.

2016-19 GPEI budget
$7 billion
16 priority countries for polio transition planning

The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.
WHO Transition Planning: Managing Risks & Opportunities of GPEI Closure

- **Financing Risks:**
  - 20% of WHO program budget (2016-17: $895m)

- **HR Risks:**
  - 14% of all WHO staff, and 6,000+ non-staff
  - Estimated terminal indemnity costs is US$ 55 million

- **Programme & Country Capacity Risks:**
  - In 22 countries, Polio-funded staff constitute 20-70% of WHO staff;
  - On average, polio staff spend >50% time on other programme areas

- **Opportunities:**
  - Polio funded functions and infrastructure can contribute to other critical programmes
WHO Transition Planning: Global Management

- Polio transition in an **institutional challenge**, which **requires a comprehensive response across the three levels of the Organization**. The **Global Policy Group** is discussing Polio Transition Planning.

- **WHO Global Steering Committee on Transition Planning** has set up at WHO HQ,
  - **co-Chairs**: Dr Ian Smith, Executive Director, DG’s Office / Dr Hans Troedsson, ADG, General Management
  - **Members**: AFRO, EMRO, SEARO, HQ Departments
  - Similar Regional Committees also established in AFRO and EMRO Chaired by DPMs.
Post Polio Transition: WHO Strategic Road Map 2016-17

Key Elements of Risk Management Processes

1. WHO - HR Indemnity 2016 - 2019
   - Independent HR Study
   - Global HR Working Group
   - Plan, Coordinate, Management
   - Replenish Indemnity Fund
   - HR Plans & Implementation in Regions and HQ

2. WHO Programmatic & Country Capacity Risks: Jan – Dec 17
   - Global WHO Steering Committee Review
   - Indp. Analysis: Consequence & Opportunities of GPEI Closure
   - Financing & gaps; Revised 18-19 Operational Budget
   - Revised WHO Country Transition Plans / Investment Case

3. Post Certification Strategy (GPEI) Jan – Nov 2017
   - Scoping & Gather Data
   - Consultation and 1st DRAFT
   - Revision & 2nd DRAFT
   - Consultation and Final Version

A detailed Strategic Road Map will be available in May 2017, and final after incorporation of inputs from the final Post Certification Strategy, and Country Transition Plans.
WHO HR/Indemnity Risk Management
Managing HR RISKS

WHO’s polio funded personnel: (Staff – occupied\(^1\) positions only)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2016</th>
<th>(\Delta 2013-16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>HQ</td>
<td>50</td>
<td>77</td>
<td>+54%</td>
</tr>
<tr>
<td>AF region</td>
<td>837</td>
<td>826</td>
<td>-1%</td>
</tr>
<tr>
<td>EM region</td>
<td>76</td>
<td>155</td>
<td>+104%</td>
</tr>
<tr>
<td>SEA region</td>
<td>41</td>
<td>39</td>
<td>-5%</td>
</tr>
<tr>
<td>WPRO &amp; EURO</td>
<td>10</td>
<td>15</td>
<td>+50%</td>
</tr>
<tr>
<td>Total</td>
<td>1,014</td>
<td>1,112</td>
<td>+10%</td>
</tr>
</tbody>
</table>

1 Including New positions
2 While there is continued support to Objective 1 of the Polio Eradication and Endgame Strategic Plan (PEESP) – detect and interrupt polio transmission – there has been a simultaneous increase in focus on Objectives 2, 3 and 4 of the PEESP– global withdrawal of Oral Polio Vaccine type 2 (OPV2) and strengthening immunization systems, poliovirus containment & certification, transition planning

SOURCE: WHO GSM, August 2016, GPEI HR Map August 2013
Managing HR RISKS: Type of Staff contracts - higher share of continuing appointments and temporary contracts in 2016 than in 2013

GPEI Headcount (staff contracts, percent on total)

Share of temporary contracts since 2013 has increased…

All contracts, %

…with 45% of new positions filled by temporary contracts

Positions filled since 2013 (339 Headcount), %

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Continuing Appointment</strong></td>
<td>11</td>
<td>31</td>
</tr>
<tr>
<td><strong>Fixed-Term Appointment</strong></td>
<td>58</td>
<td>23</td>
</tr>
<tr>
<td><strong>Temporary Appointment</strong></td>
<td></td>
<td>20</td>
</tr>
</tbody>
</table>

Source: GSM, GPEI HR Map August 2016
Evolution of role mix at HQ
Headcount, occupied positions

- Coord. of activities: 6 in 2013, 13 in 2016 (+116%)
- Operations Support: 20 in 2013, 28 in 2016 (+40%)
- Technical Support: 20 in 2013, 32 in 2016 (+60%)
- Immunization & Surveillance: 4 in 2013, 4 in 2016 (0%)

Total headcount: 50 in 2013, 77 in 2016 (+54%)
WHO staff headcount in EMRO counts 155 positions, mainly located in endemic countries

**WHO’s polio funded personnel (staff – occupied\(^1\) positions only)**

<table>
<thead>
<tr>
<th>Headcount</th>
<th>2013</th>
<th>2016</th>
<th>Δ 2013-16</th>
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<tbody>
<tr>
<td>Regional Office</td>
<td>14</td>
<td>42</td>
<td>200%</td>
</tr>
<tr>
<td>Pakistan</td>
<td>29</td>
<td>54</td>
<td>86%</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>19</td>
<td>28</td>
<td>47%</td>
</tr>
<tr>
<td>Somalia</td>
<td>11</td>
<td>14</td>
<td>27%</td>
</tr>
<tr>
<td>Sudan</td>
<td>3</td>
<td>6</td>
<td>100%</td>
</tr>
<tr>
<td>Others</td>
<td>-</td>
<td>11</td>
<td>n/a</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>76</td>
<td>155</td>
<td>104%</td>
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</table>

**Observations\(^2\)**

- Overall headcount in the Region has increased given the introduction of a new regional office team in Amman.
- Increase in country office headcount driven mainly by strengthening of teams in endemic countries.

\(^1\) Includes new positions

\(^2\) To be further discussed with Regional teams

SOURCE: WHO GSM, August 2016, GPEI HR Map August 2013
Flexibility of staff contracts – significant shift towards temporary appointment contracts between 2013 and 2016

GPEI Headcount (staff contracts, percent on total)

Share of temporary contracts is high and it has doubled since 2013...
All contracts, %

...with 83 % of new positions filled by temporary contracts
Positions filled since 2013 (88 Headcount), %

SOURCE: GSM, GPEI HR Map August 2016
### HR & FINANCIAL RISKS: Estimated Terminal indemnity costs in different scenarios

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Description/basic assumptions</th>
<th>Unfunded indemnity cost projection¹ - staff USD mln</th>
<th>Mitigating actions in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Abrupt closure in 2019, no proactive planning in place</td>
<td>105</td>
<td>109</td>
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<tr>
<td>2</td>
<td>Closure in 2019, some mitigating actions leveraged</td>
<td>73</td>
<td>71</td>
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<td></td>
<td>- 75% of non-staff and temp contracts synchronized to program end</td>
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<td></td>
<td>- For 30% of CA and FT contracts, notice can be given 9-12 months before program closure</td>
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<td></td>
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<tr>
<td></td>
<td>- Relocation, repatriation and unpaid annual leave are fully covered by WHO's central Terminal payments fund</td>
<td></td>
<td></td>
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<tr>
<td>3</td>
<td>Closure in 2019, all mitigating actions leveraged</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td></td>
<td>- 100% of non-staff and temp contracts synchronized to program end</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>- For 100% of CA and FT contracts, notice can be given 9-12 months before program closure</td>
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<td></td>
<td>- Relocation, repatriation and unpaid annual leave are fully covered by WHO's central Terminal payments fund</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Closure in 2019, proactive planning, progressive ramp-down</td>
<td>n/a</td>
<td>55</td>
</tr>
<tr>
<td></td>
<td>- Retirements do not generate indemnity costs (i.e. retirees are always part of the annual decrease in staff)</td>
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<td></td>
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<tr>
<td></td>
<td>- Mitigating actions are partly exploited, e.g.</td>
<td></td>
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<tr>
<td></td>
<td>- Sync of 25% of temporary contracts, 50% sync of longer term contracts⁴</td>
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<td></td>
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<td></td>
<td>- 25% of international P-staff on longer-term contracts can be re-assigned</td>
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<td></td>
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<td></td>
<td>- More than 350 positions will have to be reduced between 2017 and 2019</td>
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<td></td>
</tr>
</tbody>
</table>

¹ Scenario 1 includes also relocation, repatriation and unpaid annual leave that are covered by the Terminal payments’ fund
² Cumulative savings over 3 years
³ Based on budget line for Technical Assistance and delay by one year for Lake Chad basin countries; assumption is that staff decrease is aligned to budget decrease
⁴ No synchronization considered possible in 2017, as budget ramp-down assumes resources are already decreasing at the beginning of the year
Indemnity Costs: More Likely Scenario - 4 USD million, 2016 estimate for separation costs by end of 2019

Assuming that 50% of CA an FT contracts can be synchronized to program end in 2018-19

Covered by WHO's central Terminal payments fund

Maximum staff separation cost

Assuming that retirements are not replaced and are priority in reduction of staff 4

Temporal contracts

Remaining indemnity for FT and CA contracts

Lower tenure of staff leaving before and of 2019

Salary cost during notice/reassignment

Total saving if 25% of P-staff can be reassigned

Terminal indemnity

Relocation, repatriation and unpaid annual leave

Estimated Terminal indemnity

1 No sync. assumed in 2017
2 Of which, 6 mln USD in 2017, 7 mln USD in 2018, 42 mln USD in 2019
3 20 mln USD have already been set aside for terminal indemnity
4 In case retirement age is moved to 65 years (for retirements after January 2018), indemnities estimate would be 3-4 mln USD higher

35 Mln USD unfunded terminal indemnity

109 10

11 4

88 3

17 3

65 10

55

3
Managing HR Risks

- **HR Working Group** set up under the WHO Steering Committee, with Representation from WHO HQ and key Regions:
  - Develop, implement and monitor a **comprehensive HR management plan** for 2017-19, with specific milestones, aligned with the GPEI budget ramp down and to minimize WHO’s total terminal liabilities.
  - Manage the **database of WHO staff funded by GPEI** across the three levels of the Organization.
EB HR Paper / Proposed Measures

- Establishment of a monthly dashboard, with contract expirations and retirements, and new positions, to enable better planning and readjustment of resourcing levels

- Review of existing vacancies to eliminate unnecessary positions and limits to further increases

- Enhance oversight and tracking of non-staff contracts

- Engagement with other programmes to identify opportunities for internal reassignments for P staff impacted by the polio transition, and to facilitate retention of skilled staff

- Introduction of a review and approval process by Director, POL for all new longer-term contracts being considered globally using GPEI funds
WHO Programmatic and Country Capacity Risk Management
Footprint of Polio-funded Staff in Countries

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### GPEI funded workforce Activities & Roles

**WHO Headcount, staff occupied positions only**

**Activity area** | **% of staff contracts**
--- | ---

#### Immunisation & Surveillance
- Immunization campaigns: National and regional campaigns
- Routine Immunization and health system strengthening
- Active Surveillance and outbreak response

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization campaigns: National and regional campaigns</td>
<td>23%</td>
<td>26%</td>
</tr>
<tr>
<td>Routine Immunization and health system strengthening</td>
<td>56%</td>
<td>17%</td>
</tr>
<tr>
<td>Active Surveillance and outbreak response</td>
<td>19%</td>
<td>17%</td>
</tr>
</tbody>
</table>

#### Technical support
- Technical support for other polio eradication functions, mostly lab testing and data management

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical support for other polio eradication functions, mostly lab testing and data management</td>
<td>56%</td>
<td>56%</td>
</tr>
</tbody>
</table>

#### Operations support
- Operations support for other polio roles, in particular drivers and administration (incl. IT, Finance, HR)

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operations support for other polio roles, in particular drivers and administration (incl. IT, Finance, HR)</td>
<td>56%</td>
<td>56%</td>
</tr>
</tbody>
</table>

#### Coord. activities
- Coordination of activities: Prog. and campaign management

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination of activities: Prog. and campaign management</td>
<td>2%</td>
<td>1%</td>
</tr>
</tbody>
</table>
Programmatic Risks

- Studies and surveys estimate that Polio-funded staff spend >50% of their time on non-polio activities, including:
  - Immunization (Measles, New Vaccines, Routine)
  - VPD surveillance/Immunization Info. Systems/Monitoring
  - Maternal & Child Health initiatives/Child Health Days
  - Humanitarian emergencies/Disease Outbreaks
  - Sanitation & Hygiene
  - Health Systems Strengthening
Managing Programmatic and Country Capacity Risks

- **Inter-Programme Working Group** set up under WHO Steering Committee, with participation of relevant WHO HQ departments and key Regions:
  - Commission an *independent study* to analyse the *consequences of the loss of polio funding* and assets on specific programme areas and WHO’s country office capacity,
  - Develop *business cases* for integrating essential polio functions and other polio assets and engage external stakeholders
GPEI Post-Certification Strategy
Sustain a Polio Free World: Post Certification Strategy

- **Need** to detail the specific functions, policy decisions, the mechanisms and the associated financial requirements to sustain a polio-free world;

- The **Post-certification Strategy** development process will consult extensively and be highly inclusive

- **Timeline**: expected to be finalized by Q4 2017
## Post Certification Strategy Goals

**Purpose:** Define how a polio-free world will be sustained

<table>
<thead>
<tr>
<th>Goal 1: Contain Polio Sources</th>
<th>Ensure potential sources of poliovirus are properly controlled or removed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goal 2: Detect and Respond</td>
<td>Detect any poliovirus introduction and rapidly respond to prevent transmission</td>
</tr>
<tr>
<td>Goal 3: Protect Populations</td>
<td>Immunize current and future populations against unanticipated polio events</td>
</tr>
<tr>
<td>Goal 4: Manage Effectively and Monitor</td>
<td>Ensure polio is embedded in existing or develop new mechanisms to sustain the goals of polio post-certification</td>
</tr>
</tbody>
</table>
Post-certification Strategy: High-level Timeline

**Key Dates/Events**
- **SC meeting**, 09 Sep
- **MGs retreat**, 15 Sep
- **SAGE, 18-20 Oct**
- **TIMB, 15 Nov**
- **PPG, 05 Dec**
- **POB, 09 Dec**
- **WHO EB, 25-30 Jan**
- **WHA, 15-20 May**
- **SAGE, 25-27 Apr**
- **SAGE, 17-19 Oct**
- **POB, TBD**

**Concept and Scoping**
- **Gather & Develop**
- **Consultation 1**
  - First draft, end-Apr
  - Revise
- **Consultation 2**
  - Second draft, 30 Jun
  - Revise
- **Consultation 3**
  - Third draft, 30 Sep
  - Final Version, end-Nov
- **Refinement**
- **Final Materials**
Thank you
Additional Slides
### WHO staff headcount in AFRO counts 826 positions

### WHO’s polio funded personnel  
(staff – occupied\(^1\) positions only)

<table>
<thead>
<tr>
<th>Headcount</th>
<th>2013</th>
<th>2016</th>
<th>(\Delta) 2013-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Office</td>
<td>61</td>
<td>39</td>
<td>-36%</td>
</tr>
<tr>
<td>Nigeria</td>
<td>279</td>
<td>301</td>
<td>8%</td>
</tr>
<tr>
<td>DR Congo</td>
<td>87</td>
<td>85</td>
<td>-2%</td>
</tr>
<tr>
<td>Angola</td>
<td>77</td>
<td>76</td>
<td>-1%</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>71</td>
<td>69</td>
<td>-3%</td>
</tr>
<tr>
<td>Chad</td>
<td>42</td>
<td>37</td>
<td>-12%</td>
</tr>
<tr>
<td>Niger</td>
<td>16</td>
<td>25</td>
<td>+56%</td>
</tr>
<tr>
<td>Others</td>
<td>204</td>
<td>194</td>
<td>-5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>837</td>
<td>826</td>
<td>-1%</td>
</tr>
</tbody>
</table>

### Observations\(^2\)

- Regional office headcount has significantly decreased
- Total country office headcount is quite stable, however there is significant variability across countries

---

\(^1\) Includes new positions

\(^2\) To be further discussed with Regional teams

SOURCE: WHO GSM, August 2016, GPEI HR Map August 2013
Flexibility of staff contracts – share of continuing contracts doubled while temporary contracts increased only slightly

GPEI Headcount (staff contracts, percent on total)

Share of temporary contracts is still low but it has slightly increased since 2013…

All contracts, %

...with 28% of new positions filled by temporary contracts

Positions filled since 2013 (141 Headcount), %

SOURCE: GSM, GPEI HR Map August 2016
### WHO staff headcount in SEARO counts 39 positions, mainly located in India

**WHO’s polio funded personnel (staff – occupied\(^1\) positions only)**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2016</th>
<th>(\Delta) 2013-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Office</td>
<td>18</td>
<td>5</td>
<td>-72%</td>
</tr>
<tr>
<td>India</td>
<td>-</td>
<td>23</td>
<td>n/a</td>
</tr>
<tr>
<td>Bangladesh</td>
<td>6</td>
<td>7</td>
<td>17%</td>
</tr>
<tr>
<td>Nepal</td>
<td>5</td>
<td>2</td>
<td>-60%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>5</td>
<td>1</td>
<td>-80%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>7</td>
<td>1</td>
<td>-86%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>41</td>
<td>39</td>
<td>-5%</td>
</tr>
</tbody>
</table>

**Observations**\(^2\)

- Overall headcount in the Region has slightly decreased

1. Includes new positions
2. To be further discussed with Regional teams

**SOURCE:** WHO GSM, August 2016, GPEI HR Map August 2013
Flexibility of staff contracts – comparable contract structure for SEARO in 2016 and 2013, with slight decrease of temporary appointments

GPEI Headcount (staff contracts, percent on total)

Share of temporary contracts since 2013 has slightly decreased…
All contracts, %

…although 52 % of new positions were filled by temporary contracts
Positions filled since 2013 (23 Headcount), %

**SOURCE:** GSM, GPEI HR Map August 2016
Managing HR and Financial RISKS: Headcount reduction included in budget ramp-down estimates for 2017-2019

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
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<tbody>
<tr>
<td>AFRO</td>
<td>-76</td>
<td>-128</td>
<td>-76</td>
</tr>
<tr>
<td>EMRO</td>
<td>-9</td>
<td>-13</td>
<td>-9</td>
</tr>
<tr>
<td>SEARO</td>
<td>-7</td>
<td>-5</td>
<td>-4</td>
</tr>
<tr>
<td>HQ</td>
<td>-12</td>
<td>-10</td>
<td>-7</td>
</tr>
<tr>
<td>Total</td>
<td>-104</td>
<td>-156</td>
<td>-96</td>
</tr>
</tbody>
</table>
Polio funded staff as % of Country Office staff

Headcount (staff contracts, occupied only – only Country Office staff, AFRO and EMRO)
Country Capacity Risks

- Loss of polio funds and polio funded staff would have a **significant impact on some common country office operations and infrastructure.**

- In many AFRO and EMRO countries, polio-funded staff constitute 20% – 70% of total Country Office staff.

- Polio funded staff provide significant operations capacity in countries (Administration, Finance, Data management, Security, Drivers, Logistics, IT).

- Value of “PSC/Indirect Costs” contributed by GPEI funding to WHO for 2016-2019 is approx. US$ 130 million.

- Polio funds Security Staff & assets in security compromised countries.
GPEI Transition Roadmap

**Transition Management Group**
- GPEI Transition Guidelines
  - GPEI 2016-19 budget ramp-down communicated (May)
  - TIMB, 15 Nov
- TIMB, May

**Post-Certification Strategy**
- Concept and Scoping
- Gather & Develop
- Consultation 1
  - First draft, end-Apr
  - Revise
  - Second draft, 30 Jun
- Consultation 2
  - Revise
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- Consultation 3
  - Refinement
  - Final Materials
  - Final Version, end-Nov

**Support 16 priority countries to develop transition plans**

**Capturing lessons-learned**

**Broader stakeholder engagement**

**Priority Country Transition plans updated**
### Post-Polio Transition: WHO Strategic Roadmap 2016-19

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<tbody>
<tr>
<td></td>
<td>Indemnity Fund established (2013)</td>
<td>Independent HR Study (Sept)</td>
<td>Global WHO Steering Committee (16 Sept, 16)</td>
<td>GPG discussion (17 Jan, 17)</td>
<td>EB discussion (Jan, 17)</td>
<td>AFRO Staffing reduction plan initiated (Dec,16) (wave1)</td>
<td>WHO Global HR Plan (WHA -May, 17)</td>
<td>AFRO Staff reduction (Dec 17, wave2)</td>
<td>AFRO Staff reduction (Dec 18, wave3)</td>
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<tr>
<td>HR/Indemnity</td>
<td>Global HR Working Group (Oct. 16)</td>
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### Programmatic/Country Capacity Risks & Opportunity

- GPEI 2016-19 budget ramp-down shared with all countries (May, 16)
- Global WHO Transition Strategic Roadmap (WHA -May, 17)
- Global and Regional Independent Analyses on Consequences and Opportunities of GPEI closure (Q2, 17)
- Asset mapping concluded in all countries (Q1, 17)
- Operationalization of 2018/19 Program Budget (Q3, 17)
- Country plans (Q2/3, 2018)

**Senior consultants deployed to priority countries in AFRO, EMRO and SEARO to help finalize transition plans**
Future Polio Milestones – ILLUSTRATIVE

2013 ↔ Polio Eradication & Endgame Strategic Plan ↔ Polio Post-certification Strategic Plan ↔ Ongoing plan TBD

Today ↔ Interruption ↔ Certification ↔ OPV Cessation ↔ Post-Cessation

** Function names are mostly from the GPEI FRR, April 2016
** This time period will need to be determined during this development process