

GPEI Post-Certification Strategy: *Frequently Asked Questions*

What is the Post-Certification Strategy (PCS)?

The Post-Certification Strategy (PCS) is being developed to define, at a global level, the technical standards (or “polio-essential functions”) that will be needed in order to sustain a polio-free world after global certification of wild poliovirus eradication. Development of the PCS was initiated in early 2017 and will be completed when presented to the World Health Assembly in May 2018.

For example, the PCS will propose recommended standards of acute flaccid paralysis (AFP) and environmental surveillance required after bivalent oral poliovirus vaccine (bOPV) withdrawal, for a world in which only inactivated poliovirus vaccine (IPV) will be administered. The PCS will also include the global recommendations for implementing post-eradication IPV vaccination schedules, according to guidance from the Strategic Advisory Group of Experts on Immunization (SAGE).

While the Polio Eradication and Endgame Strategic Plan 2013-2018 (PEESP) defined the objectives and steps to achieve polio eradication, the PCS will inform the era that follows the PEESP, with a focus on maintaining eradication.

Why is the PCS being developed by the Global Polio Eradication Initiative (GPEI)?

The Global Polio Eradication Initiative (GPEI) partnership will be dissolved at the time of global certification. However, standards and guidance for polio-essential functions must be defined to ensure that the world sustains polio eradication in the post-certification period. It is the PCS that will define such polio-essential functions.

Drawing upon expertise from within the GPEI, forthcoming guidelines developed by the GPEI,¹ and recommendations from SAGE and other relevant technical authorities, the GPEI Strategy Committee (SC) is overseeing efforts to develop the PCS. The SC will coordinate the planning activities for global implementation of the PCS and will engage all relevant stakeholders, both within and outside of the polio programme.

Will all countries be impacted by the PCS?

Yes. All countries should be aware of the requirements set out by the PCS to maintain polio eradication.

For countries that may be deemed “high-risk” for the re-introduction of poliovirus after global certification, sustained high surveillance standards and a robust outbreak response capacity will be recommended.

¹ For example, the Eradication & Outbreak Management Group (EOMG) within the GPEI is currently developing a “Global Polio Surveillance Strategic Plan” that will cover the post-eradication era.

How is the PCS being developed?

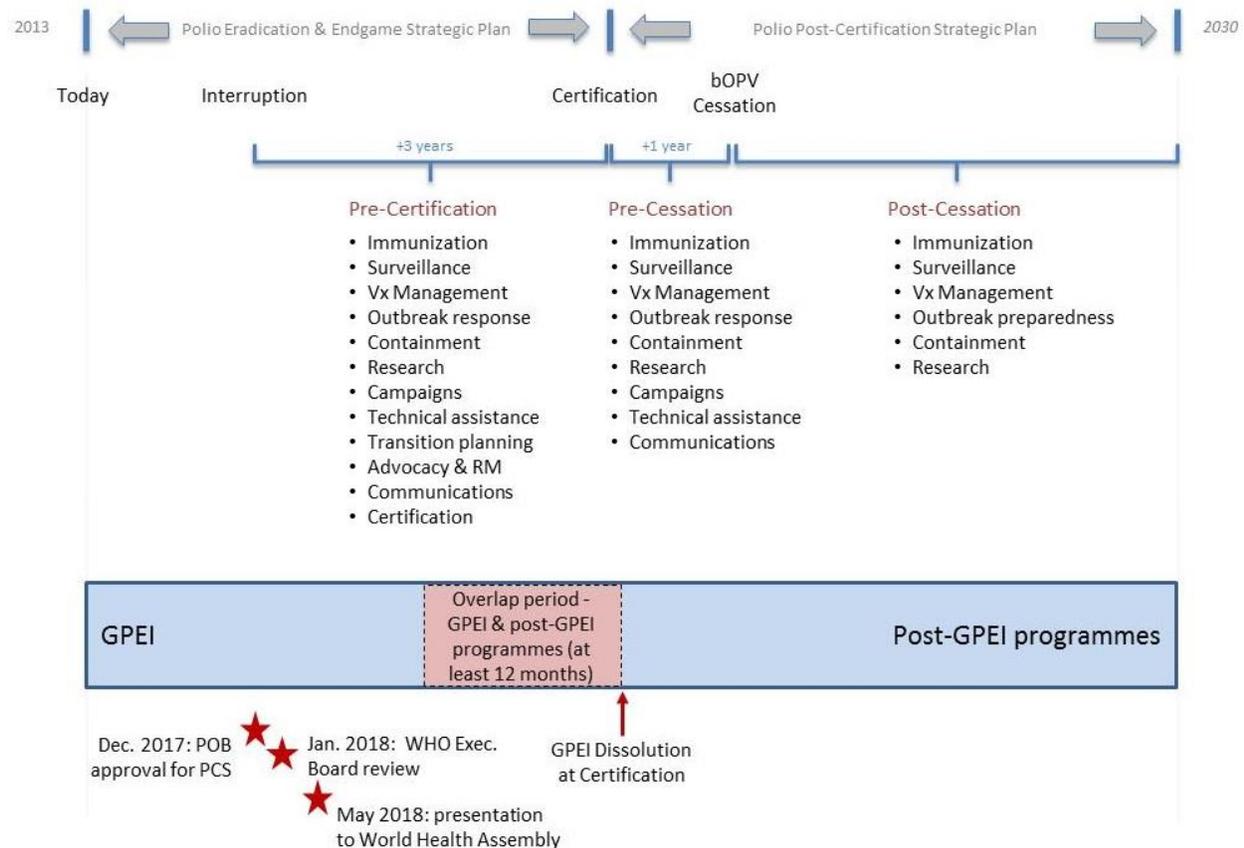
Development of the PCS was initiated in 2017 by the GPEI and is being elaborated in consultation with global and regional partners, scientific experts, donors, and other stakeholders, including the Global Commission for Certification of Eradication of Polio (GCC) and the Global Polio Laboratory Network (GPLN). In December 2017, it will be discussed at the meeting of the GPEI Polio Oversight Board (POB), then in January 2018 it will be reviewed by the WHO Executive Board, and by the World Health Assembly in May 2018.

A multi-partner PCS working group representing each of the GPEI agency partners is leading the development of the PCS. On a regular basis, the PCS working group reports on their progress to the necessary GPEI management groups, relevant stakeholders, and technical advisory groups.

How will the timelines for the PCS be defined?

The 2013-2018 PEESP was extended by one year, to 2019, under the Mid-term Review. Depending on the epidemiology of poliovirus transmission in 2017, the GPEI, donors, and country governments will need to determine the need for any adjustments in the end date of the current PEESP to achieve global certification of eradication.

In order to provide early visibility on the expected requirements for polio-essential functions after global certification, and to support timely management planning, the PCS will be fully drafted by the end of 2017.



Above: Timeline for the transition of essential functions.

What are the GPEI's roles and responsibilities in supporting implementation of the PCS?

While the GPEI is supporting the development of the PCS, the GPEI will not be involved in nor responsible for the implementation of the PCS. Indeed, the GPEI as it currently exists will dissolve at the time of the global certification of eradication. However, the GPEI is coordinating preparations to ensure a successful handover (or transition) of the polio-essential functions to the agencies and national governments that will carry them forward after certification.

Global and regional implementation of PCS

The PCS will include recommendations for the mainstreaming of polio-essential functions at the global and regional levels into existing or modified programmes outside of the GPEI. For example, the PCS will outline models in which polio surveillance reporting and outbreak response protocols can be integrated into existing global vaccine-preventable disease and pandemic preparedness mechanisms, such as the International Health Regulations (IHR) and Global Outbreak Alert and Response Network (GOARN). While the PCS will include these recommendations, the PCS will not name the specific groups or agencies that will take them forward. The specific groups will need to be identified through the internal agency and country transition-planning process.

Country-based implementation of PCS

The GPEI's Transition Management Group (TMG; represented by all GPEI agencies, GAVI, the Vaccine Alliance, and core donors) will support the country-planning process in the 16 priority countries,² as informed by the PCS – i.e., the development and monitoring of an implementation plan at the country level to mainstream polio-essential functions. To facilitate the planning process, the TMG is supporting countries with technical assistance, planning tools, and templates for the documentation and dissemination of lessons learned. The TMG is also tracking country progress, so as to mobilize any additional support as and where needed.

National governments will be expected to develop implementation plans to achieve the standards outlined in the PCS and mobilize resources to mainstream polio-essential functions.

Global and country-level planning for PCS implementation

Will the PCS include guidance on responsibilities and budget requirements for country-level activities post-certification?

No. The PCS will outline the functions required for a polio-free world, including the guidelines and technical standards for activities such as containment, immunization of populations, and polio surveillance. Countries are responsible for determining how to best implement these guidelines and fund the related activities in the post-certification period, either through national budgets or with external sources of support.

² The 16 priority countries: Afghanistan, Angola, Bangladesh, Chad, Democratic Republic of Congo, Ethiopia, India, Indonesia, Myanmar, Nepal, Nigeria, Pakistan, Somalia, South Sudan, and Sudan.

When should countries start planning to implement the requirements outlined by the PCS?

Country programs will be expected to be prepared to implement the PCS standards for polio-essential functions as soon as global certification is achieved. However, planning should begin as soon as possible to ensure that the future functions and mechanisms will be in place in a timely manner and to avoid any risks or gaps.

How will implementation of the PCS be financed?

GPEI financial support for polio-essential functions will continue until global certification. These functions include: AFP and environmental surveillance, outbreak response, containment and immunization according to the recommended schedule.

As global certification and the implementation of PCS recommendations draws near, it will be necessary for national governments, as well as technical agencies (e.g., WHO, UNICEF, CDC, etc.), to develop appropriate plans and corresponding budgets to ensure that the polio-essential functions are sustained. The PCS will include a financial model for global costs that will inform key stakeholders. The financial model will however not provide costs by country. Implementation is expected to be funded through national governments with support from regional and global stakeholders, as well as financing support from international donors.

PCS and polio transition

What is the “polio transition”?

As the world comes closer to achieving polio eradication, the GPEI is beginning to wind down its operations and will eventually come to a close at the time of global certification. Over its three decades of operation, the GPEI has built significant infrastructure for disease surveillance, social mobilization, and vaccine delivery. It has contributed to the development of in-depth expertise and has learned valuable lessons about reaching the most vulnerable and hard-to-reach populations on earth. Planning for the smooth transition of this expertise and infrastructure is thus critical to sustaining polio eradication in the post-certification era, and to maintaining progress made in programmatic areas other than polio.

There are three dimensions to polio transition:

- Mainstreaming the essential functions
- Transferring functions that are not required for polio after certification but are beneficial to other health systems
- Ramping down functions that are no longer needed for polio or other health systems

Some of this key knowledge, infrastructure, and functions of the GPEI are now being transitioned into ongoing health systems. National governments and GPEI partners, in collaboration with other stakeholders, are working together to plan and support countries through this transition process which will need to encompass all three dimensions.

What is the relationship between the PCS and planning for polio transition?

One of the goals of transition planning is to maintain and mainstream polio-essential functions after eradication has been certified, to protect a polio-free world. While the Transition Guidelines³ defined the polio-essential functions in broad terms, there is a need to develop a strategic plan to outline the technical standards for these functions and a policy framework for ensuring appropriate governance and financing to protect a polio-free world. The PCS will provide these technical standards.

The transition planning work, however, will determine how the technical standards are carried forward. At a global level, the GPEI Strategy Committee will help to ensure that the PCS is supported strategically, in collaboration with the GPEI core partner agencies. At the country level, national governments will be expected to be prepared to implement the PCS guidelines once certification is achieved.

GPEI-supported elements of the polio transition process			
	FUNCTIONS NEEDED TO MAINTAIN ERADICATION	FUNCTIONS THAT WILL NO LONGER BE NEEDED	FUNCTIONS TO TRANSFER TO NON-POLIO EFFORTS
GLOBAL / REGIONAL	Responsible: GPEI, via the Polio Post-certification Strategy (PCS). Timeframe: Before closure of GPEI	Responsible: GPEI core partner agencies Timeframe: 2017-2020	Responsible: GPEI core partner agencies' non-polio divisions and other health initiatives Timeframe: Being initiated
	Agency-specific polio transition plans, including non-polio initiatives (owners: each GPEI partner agency and non-polio organisations)		
COUNTRY	Responsible: each Ministry in consultation with partners from all levels Role of GPEI: to facilitate transition planning, with a focus on 16 priority countries Proposed deadline for draft national transition plans: December 2017		
	Country health plans and polio transition plans e.g., National Health Sector Strategic Plan (NHSSP) and comprehensive Multi-Year Plan (cMYP)		

How will the PCS influence the development or scope of country transition plans?

As shown in the 2016-2019 budget, GPEI financial support for polio-essential functions will continue through global certification. These functions include: AFP and environmental surveillance, outbreak response, containment, and immunization according to the recommended schedule.

Country governments can expect that the PCS will provide guidance on the necessary quality of polio-essential functions, regional and global reporting requirements, and the regional and global structures that country programmes can expect to interact with after the closure of the GPEI. The PCS will not, however, provide detailed guidance or recommendations for how polio-essential functions should be mainstreamed or funded within national health systems at the country level. Similar to other existing global guidance documents, such as the *Global Strategy to Eliminate Yellow Fever Epidemics*, the PCS will provide recommendations that country programs will be expected to implement using their own resources.

³ Polio Transition Guidelines (March 2015): <http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/transition-planning/country-transition-planning/>

The GPEI recognizes that a number of countries currently receiving GPEI support for polio-essential functions do not have the capacity to fully mainstream polio-essential functions in the absence of donor financial and partner agency technical support, particularly those with the lowest income level, fragile health systems, emergencies, and conflict. Consequently, country transition plans should be aimed at identifying strategies for mainstreaming and financing these functions through a progressively greater percentage of a country's health budget in national systems over time and/or through long-term capacity building.

Implementation of these long-term mainstreaming strategies should begin as early as possible to allow for gradual, high-quality transitions to take place in coming years. A critical goal of these plans should be to ensure that national management of polio-essential functions within integrated surveillance and outbreak response systems is strong enough to adopt and implement the high-level guidance provided in the PCS, as is expected of all countries globally.

Should countries continue to develop and implement country transition plans or wait until the PCS is finalized?

Countries should continue to develop and implement their transition plans. The development of the PCS is an iterative process, and regions and countries will have opportunity through consultation to provide input and understand the approaches and elements of the strategy as it evolves. Discussions with regions and countries will take place through regularly scheduled meetings for groups such as Technical Advisory Groups (TAGs) and Regional Committees (RCs), as well as sessions focused on the PCS.

What is the expected process for defining the budgets and financing for the implementation of the country transition plans and the PCS?

The budget for country transition plans will be developed and refined at the country level as part of their individual country planning processes. Because country plans are expected to focus on building national capacity to take on key public health functions, securing domestic financing for transition execution and sustained programme implementation should be a priority. Country governments may choose to seek external funding, however, to support transition.

What are the transition responsibilities of the GPEI?

The GPEI is taking the responsibility for defining the essential functions and policy decisions required to maintain a polio-free world post certification. At the global and regional level, this includes both the development of financial scenarios and the identification of technical infrastructure needed to adequately support international coordination of these functions at the global and regional levels. It does not, however, identify the owners of those activities. Partner agencies and national governments will be responsible for transitioning or mainstreaming these essential functions and personnel to the agreed-upon future governance and management structure.

It is not the responsibility of the GPEI to transition these functions or personnel to other health programmes.