

GPEI Post-Certification Strategy: *Frequently Asked Questions*

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What is the Post-Certification Strategy (PCS)?

The Post-Certification Strategy (PCS) defines, at a global level, the technical standards that will be needed to sustain a polio-free world after global certification of wild poliovirus (WPV). As a strategy, the PCS is one step in a larger process toward mainstreaming and integrating polio functions after the Global Commission for the Certification of Poliomyelitis Eradication (GCC) certifies all WPV as eradicated. At this point, the Global Polio Eradication Initiative (GPEI) partnership will be dissolved.

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What functions will be required to maintain a polio-free world after eradication?

The functions needed to maintain a polio-free world are outlined within the three PCS goals:

- *Contain poliovirus*<http://polioeradication.org/who-we-are/governance-and-structures> - Ensure potential sources of poliovirus are properly contained or removed
- *Protect populations* - Withdraw the oral polio vaccine (OPV) from use and immunize populations with inactivated polio vaccine (IPV) against possible re-emergence of any poliovirus
- *Detect and respond* - Promptly detect any poliovirus in a human or in the environment and rapidly respond to prevent transmission

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What will happen to the activities, not related to polio, that have been supported by polio staff?

Activities related to broader immunization and healthcare goals—such as measles campaigns, surveillance for yellow fever, and delivery of anti-malarial bed nets and Vitamin A supplements—will need to be transitioned to either (1) groups that will support maintaining a polio-free world, or (2) groups that have relied on polio resources to accomplish their health goals.

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What is the relationship of the PCS to the Polio Eradication and Endgame Strategic Plan?

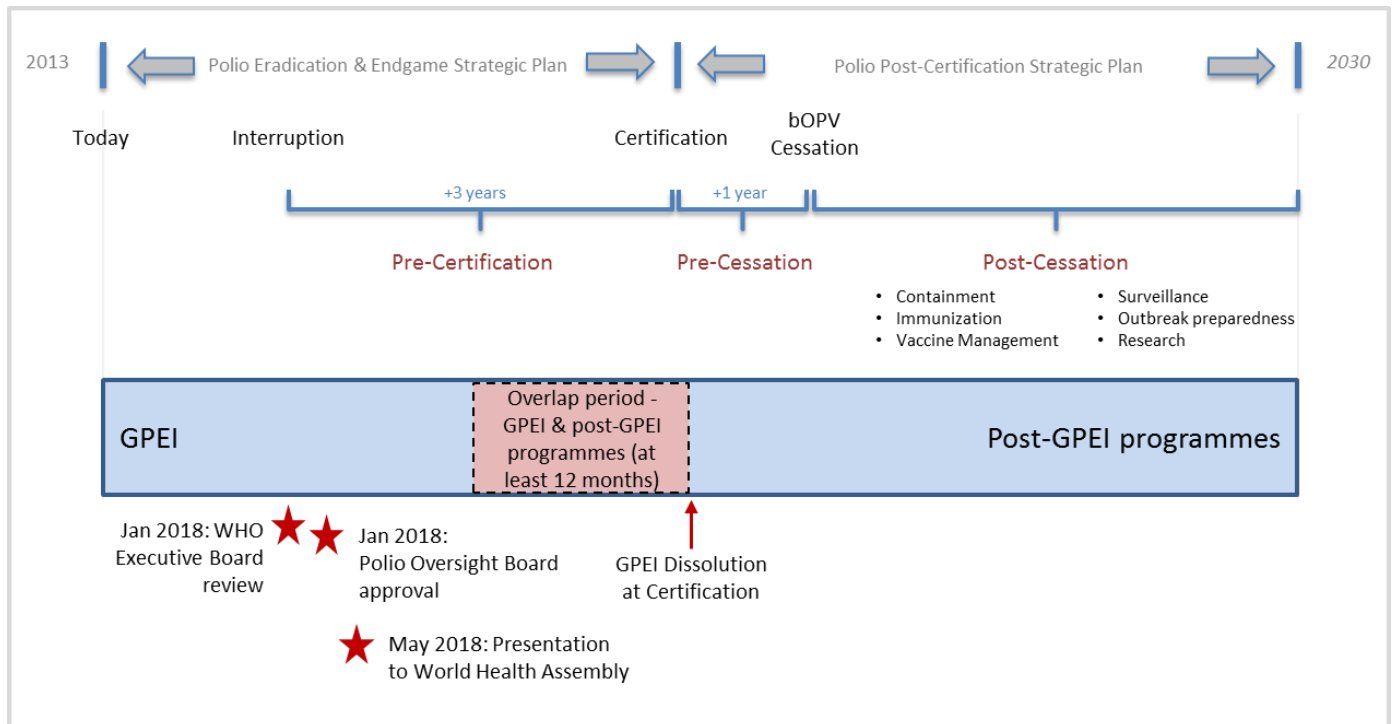
While the Polio Eradication and Endgame Strategic Plan 2013-2018 (PEESP) defined the objectives and steps to achieve polio eradication, the PCS will inform the era that follows the PEESP, with a focus on maintaining eradication. The 2013-2018 PEESP was extended by one year, to 2019, under the Mid-term Review. If further adjustments are needed to reach eradication then the PEESP will be updated and the PCS will pick up at the time of certification.

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When will the activities defined by the PCS begin?

Implementation of the high-level guidance contained in the PCS will not begin until global certification, with the exception of specific activities required earlier in preparation for bOPV (bivalent oral polio vaccine) withdrawal. However, the planning efforts for PCS implementation will need to begin as soon as possible.

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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 advisory groups and non-GPEI groups). A multi-partner PCS working group representing each of the GPEI agency partners leads its development. The GPEI Strategy Committee (SC) oversees the PCS working group and engages all relevant stakeholders, both within and outside of the polio programme.

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When will the PCS be finalized?

In January 2018, the PCS will be reviewed by the WHO Executive Board and the GPEI Polio Oversight Board (POB). In May 2018, it will be presented to the World Health Assembly.

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Who will own the PCS going forward?

The PCS is one step in a larger process toward identifying leadership within and beyond the GPEI partnership for preserving the gains of the polio eradication effort. While the strategy will not name specific groups or agencies that will own PCS functions, it will include recommendations for mainstreaming or integrating functions 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).

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How will PCS implementation be addressed by the GPEI?

While the GPEI is supporting the development of the PCS, the GPEI will not be responsible for the implementation of the PCS but will support the planning efforts since the GPEI as it currently exists will dissolve at the time of the global certification. However, the GPEI is coordinating preparations to ensure a successful handover (or transition) of polio functions to the agencies and national governments that will carry them forward after certification.

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Will the PCS include financial estimates?

No. The PCS will not include financial estimates, though financial modeling for both the immediate post-certification period leading up to bOPV cessation and the longer-term post-cessation period are currently underway and will be shared with the future owners of PCS implementation. They will also provide the basis for an investment case, to be developed in 2018 by GPEI.

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Will all countries be impacted by the PCS?

Yes. All countries will be expected to develop implementation plans to achieve the standards outlined in the PCS and mobilize resources to mainstream polio-essential functions. Countries that may be deemed “high-risk” for the re-introduction of poliovirus after global certification, will be recommended to sustain high surveillance standards and a robust outbreak response capacity.

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Will the PCS include country-level guidance?

No. The PCS will offer guidelines and technical standards for activities such as containment, immunization of populations, and polio surveillance at a global and regional level. 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. GPEI is providing support to develop transition plans for 16 high-risk priority countries.

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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. Some activities for bOPV cessation will begin prior to certification.

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What is the expected process for defining the budgets and financing for PCS implementation?

GPEI financial support for polio-essential functions will continue until global certification. As global certification 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 support PCS functions. 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.

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How will fragile countries be supported?

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. The TMG facilitates the planning process through 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.

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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.

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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 Guidelines¹ 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.

¹ Polio Transition Guidelines (March 2015): <http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/transition-planning/country-transition-planning/>

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, immunization according to the recommended schedule, etc.

Country governments can expect that the PCS will provide guidance on the necessary quality of polio-essential functions. 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.

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.

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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. As risks change, the PCS will need to be updated and as is expected today of countries they will need to adopt any new policy or guidance. 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.

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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, the GPEI needs to support the future owners of PCS to develop the coordinating, management and governance structures. This has to be led by the future owners. 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.

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