
MEETING REPORT

WORKSHOP ON TRANSITION PLANNING AND IMPLEMENTATION

Global Polio Partners Group (PPG)

Friday, 8 December, 2017

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

The Global Polio Partners Group (PPG) held two in-person meetings at WHO Headquarters in Geneva on 8 December 2017. The Workshop on Transition Planning and Implementation (technical/programmatic level) took place during the morning, and a high-level meeting (Ambassadorial level) took place in the afternoon.

PPG co-chair Ambassador Shino began the workshop on polio transition planning by welcoming attendees, who included representatives from core GPEI partners, as well as member-states representatives, technical experts, and stakeholders from international organizations and foundations. Co-chair Dr. Jon Andrus noted that the goal of the PPG workshop is to foster stakeholder engagement in support of transition planning efforts, especially at the national level. The first session of the workshop offered updates on overall progress in transition planning, as well as a country-level perspective on this work. The second session focused on transition management among GPEI partner organizations WHO and UNICEF. The third session featured a roundtable discussion among non-polio global health actors. The purpose of their discussion was to highlight the potential impact GPEI ramp-down may have on other global health agendas.

Mr. Mike McGovern, Chair of the GPEI Transition Management Working Group (TMG), provided an overview of transition planning efforts among 16 priority countries. He shared that significant progress has been made in the past year, but that none of the priority countries have finalized transition plans. Eight countries have draft plans, but they are unequal in quality. Mr. McGovern discussed four challenges to transition planning: timing, country ownership, quality, and sustainability. He noted that transition planning is taking longer than expected, but a new deadline of June 2018 has been set for finalizing country plans. He also pointed out that plans are being developed at a technical level and that additional high-level buy-in from government officials is needed. He commented on balancing the need to “move quickly” with the need to “ensure quality” in transition plans. Regarding sustainability, he flagged that budget development and financing strategies have been particularly challenging issues, and that the TMG regularly reiterates that external funding will not continue indefinitely.

Dr. Emmanuel Maina, Director of International Cooperation, Ministry of Health Cameroon, shared a country perspective on transition planning. Dr. Maina described Cameroon’s national transition working group, whose responsibility is to establish a framework that defines the functions of a national polio programme, identifies activities needed to support those functions, develops a budget to support the programme, and creates a financing strategy to support the budget. Throughout his presentation, he emphasized that transition plans will build on the country’s past successes in advocacy, human resource development, capacity building, and material resource mobilization. Dr. Maina concluded by sharing Cameroon’s goal to increase the proportion of

the Ministry of Health budget for the Expanded Programme for Immunizations (EPI) from 2% in 2016 to at least 10% in 2021 to ensure that gains are sustainable.

Dr. Robin Nandy, Principal Advisor & Chief of Immunization, UNICEF, offered a perspective on transition planning among GPEI partner organizations. He explained that the UNICEF Immunization Roadmap 2017-2030 signifies a shift toward reintegrating polio into the larger vaccine preventable disease agenda. UNICEF's three priorities are to eradicate polio, protect a polio free world through routine immunization, and strengthen routine immunization and other health services. To achieve these goals, UNICEF will maintain critical capacities at headquarters and country/regional offices until global eradication is certified, and carefully examine polio assets in each country to determine the criticality to scale-up immunization and other activities. UNICEF will also dovetail the Immunization Roadmap with the Post-Certification Strategy (PCS) to ensure successful OPV cessation and management of vaccine stockpiles. Dr. Nandy indicated that transition planning presents an important but challenging opportunity to realign talent and other polio assets to strengthen broader health services. He concluded by stressing the importance of tracking progress and documenting lessons learned, and using extensive social mobilization networks to generate demand for vaccines in the future.

Mr. Anand Balachandran, Special Assignment, Polio Transition, Director General's Office, WHO, reported on transition planning efforts underway at WHO. He cited the World Health Assembly 70 Polio Transition Decision to develop a strategic action plan on polio transition by the end of 2017. The plan will identify assets that are needed to sustain core capacities of the International Health Regulations (IHR). Mr. Balachandran indicated that polio transition has so far focused on "risk mitigation," driven by the GPEI funding ramp-down, but recognized that there is a promising opportunity to align transition with the General Programme of Work 13 (GPW13). He acknowledged that transition plans will be distinct based on countries' individual capacities and vulnerabilities. This differentiated planning requires identifying polio assets at the country-level that can be used by the WHO Health Emergencies programme (WHE) and other programmes to sustain current capacities. In the short term, there will be cost sharing between polio and other programmes, but new financing will need to be identified for the post-certification era. In addition to sustaining a polio-free world, and sustaining capacities for other programmes, Mr. Balachandran highlighted discussions surrounding human resources and efforts to recruit polio staff for vacant positions (e.g. within WHE). Finally, he provided insight on budget and finance plans to absorb functions currently covered by contributions to polio eradication, and the goal of integrating polio transition planning into the GPW13.

The roundtable discussion among non-polio global health actors allowed for broader elaboration on the consequences and opportunities presented by polio transition and GPEI sunset. Ambassador John Lange, Senior Fellow, Global Health Diplomacy of the UN Foundation, moderated the discussion. He opened the roundtable by stressing the need to further operationalize the engagement of a wider group of stakeholders in transition efforts and noted that polio ramp-down could influence a variety of initiatives and health efforts, including broader immunization, the Measles and Rubella Initiative, safe water and sanitation, surveillance, and human resources, which in turn could also adversely affect IHR, WHE, and the Global Health Security Agenda (GHSA). He suggested strong representation by polio and non-polio actors to discuss these synergies at various levels, including upcoming meetings such as the workshop on Sustainable Solutions for Global Health Transitions, hosted by National Academies of Sciences, Engineering, and Medicine in Washington, DC, USA, on 14 June 2018.

The roundtable commenced with a presentation on infectious disease surveillance by Dr. David Heymann, Professor of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine; and Head and Senior Fellow, Centre on Global Health Security, Chatham House (London). Dr. Heymann stated that AFP

surveillance is clearly a global public good, and that integration of national and regional efforts would increase polio's positive impact of global infectious disease surveillance. Dr. Heymann cited best practices and lessons learned from small pox eradication, and warned against premature defunding of GPEI. He noted how the current, underfunded efforts to prevent and control monkey pox is a case in point, with monkey pox threatening to become the "new" smallpox scourge, which has potential similarities to circulating vaccine derived polio viruses (cVDPVs). He provided pragmatic insight on concerns he raised about certifying the eradication of wild poliovirus type 2 before containment or the interruption of cVDPV2 transmission had been achieved. He ended noting that WHO has to take the lead in integrating the polio transition with IHR in order to ensure that surveillance is sustained. Dr. Brad Hersh, Independent Global Health Consultant, recently retired from UNAIDS, shared several examples of how polio efforts have helped guide work in the HIV/AIDS field, including the importance of surveillance, laboratory capacity, community engagement, and goal setting. Like polio, AIDS efforts need to develop and sustain national capacity for surveillance. Of concern, HIV incidence continues to be greater than mortality, which equates to a continued growing epidemic despite remarkable case identification and treatment efforts. Finally, Dr. Eero Lahtinen, Counsellor, Permanent Mission of Finland, cited the link between polio essential functions and IHRs. He commented on the global threat of influenza, and how the world is still ill-prepared to deal with a pandemic. The Global Health Security Agenda attempts to provide a platform to coordinate complex and independent systems for the sake of improved capacities. The alliance working on the GHSA provides an opportunity to improve coordination and "pull the pieces of the puzzle together." He cited the recent responses to plague and Marburg outbreaks as important examples of best practices going forward. Dr. Lahtinen commended the PPG for providing a forum to network and integrate complex, but overlapping agendas.

Subsequent discussion centered largely on the universal need for high-quality laboratory surveillance, and the need to mitigate negative impacts that polio ramp-down may have on the current global surveillance network. While the importance of surveillance systems is widely recognized, many questions remain about how to integrate all communicable disease surveillance into one "all-seeing" system. The WHO is using the Post-Certification Strategy as a guide to map polio resources and prioritize them for integration to other programmes. There was agreement that polio ramp-down could create an opportunity to make transformational changes to improve and integrate surveillance, but premature defunding would damage these prospects.

The co-chairs thanked all the presenters and participants for attending the 6th PPG Polio Transition Workshop. They commended the stakeholders for their engagement and insightful questions that will serve to move transition agenda forward. The co-chairs closed the meeting, and encouraged participants to return for the high-level meeting in the afternoon.