

Polio Transition: Information Note

Introduction

Transition planning is a critical part of preparing for, and sustaining, a polio-free world. In its time, Global Polio Eradication Initiative (GPEI)¹ has supported many countries across the world to become polio-free. Over 90% of the GPEI resources that contributed to this achievement are currently concentrated in 16 countries², all of which have been identified as a priority for transition planning.

While eradication remains a top priority, as the world comes closer to interrupting the circulation of the wild poliovirus, GPEI resources will gradually decrease, until the eventual closure of the programme at the time of certification of wild poliovirus eradication, three years after the last detected virus. These changes in financing require proactive planning by countries and agencies to ensure that activities and human resources are either responsibly concluded, or for those deemed necessary to continue, transitioned to sustainable long-term financing and management.

Why is polio transition so important?

The risks to global health and vulnerable populations in some of the world’s poorest countries are high if the polio transition process is not effectively managed. A significant portion of polio-funded staff time is spent supporting a wider range of health initiatives, such as such as measles elimination, surveillance for vaccine-preventable diseases, outbreak response from Ebola to the plague, and delivery of anti-malarial bed-nets, Vitamin A supplements, and humanitarian aid. This reflects a strong reliance on polio-funded staff in working towards broader immunization and public health targets. Accordingly, the complexity and urgency of the task ahead demands close coordination by multiple partners from within the health and development sectors, with strong planning and engagement to ultimately ensure that services are not negatively affected.

How is the transition taking place?

As outlined in the *Polio Eradication and Endgame Strategy 2013-2018*, there are three main goals to transition planning:

Goal	Technical support provided by GPEI	Implementation
Keep the world polio-free , mainstreaming the functions needed to sustain eradication.	The Post-Certification Strategy will define the global technical standards (e.g. for containment, vaccination and surveillance) that will need to be sustained after global certification of wild poliovirus eradication to maintain a polio-free world.	Transition plans are being developed by: 1) Governments of the 16 priority countries, and; 2) Partner agencies , for their programmes at a global and regional level.
Where feasible, transition the polio assets to support other broader health priorities.	Led by national governments, a process of mapping assets and reviewing programme planning and priorities will inform either the integration of polio assets into other areas of health and development, or their ramp down. A range of technical support and guidance is available to countries to assist, including the provision of expertise to facilitate local workshops and national plan development.	
Capture and transfer the lessons learned , to benefit the wider health and development community.	GPEI guidance is available to support countries to learn from the innovations, successes and setbacks that have informed continuous improvements to the polio programme since its inception in 1988. GPEI is also funding a range of projects to enable the wide dissemination of the training materials, journal articles and multimedia products.	Countries are encouraged to document and apply the lessons to help secure the gains and build capacity for other health priorities.

To ensure the engagement **of partners not typically involved in polio eradication** and help drive financial or political support, an ongoing dialogue is being strengthened among all stakeholders, with a focus on governments, civil society, and donors. This also includes coordination with other donor transition processes at the country level, including those of Gavi, the Global Fund, World Bank, Global Financing Facility and

¹ The five core partners of GPEI are: the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), the United Nations Children’s Fund (UNICEF) and the Bill & Melinda Gates Foundation

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

others. These efforts will be critical to maintaining and capitalising on the systems and skills that were created for polio eradication, but are now central to broader global disease detection and control efforts.

The Post-Certification Strategy

To maintain a polio-free world in the decade following certification, the Post-Certification Strategy was developed in 2017 at the initiative of GPEI to specify the technical standards for core functions that will be essential to sustain eradication, e.g., containment, vaccination and surveillance.

This comprehensive Strategy was developed in close consultation with global and regional partners, scientific experts, donors, and key stakeholders – with a particular focus on full engagement of the various entities who will be eventually responsible for taking on core polio functions after the dissolution of GPEI. Additionally, each GPEI partner agency is currently reviewing its respective responsibilities with regard to the PCS functions. This overall process will help to guide the implementation of PCS in the context of broader agendas set by the Global Vaccine Action Plan 2011-2020, and the Sustainable Development Goals. A final version of the PCS will be presented to the World Health Assembly in May 2018.

The Strategy has three goals:

- **Contain polioviruses:** Ensure potential sources of poliovirus are properly controlled or removed
- **Protect populations:** Withdraw the oral live attenuated 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

The Strategy does not address areas such as governance, management, financing, or monitoring – which will be critical to implementation – but are expected to be defined by future owners of the strategy.

*Governments and agencies at all levels are invited to **consult the details about the Strategy** on [this GPEI web page](#), to make sure that the standards and functions outlined are considered in transition planning.*

Transition planning led by national governments

To manage these changes, while ensuring there is no negative impact on programmes, governments of the 16 priority countries should lead the timely development of national plans that determine what polio functions will be integrated into other existing initiatives, and what may be prioritized or gradually phased out. It is the role of governments to take full ownership, drive the process, present a vision, and decide what to self-finance or find other donors.

GPEI has proposed a series of milestones to assist national planning: raise awareness, establish in-country coordination, map assets and gather evidence to inform decision-making, establish programme strategies and develop a draft plan and proposal. Transition planning should also be integrated into existing planning processes and closely coordinated with Gavi, the Global Fund, Global Financing Facility, and other core partners seeking to preserve assets, mitigate risks and create opportunities for health system development.

Transition planning at a global and regional level

GPEI has significant assets at the regional and global levels that contribute to strengthening of immunization and health systems, e.g. the global polio laboratory network. Through the development and implementation of corporate transition plans, each of the five GPEI core partners are taking steps to ensure that countries will not be negatively impacted by the ramp down of GPEI funding and its eventual closure.

At the same time, **stakeholders and organizations not typically engaged in polio eradication** are being called on to participate in the planning process to help advocate, contribute to planning, and champion or convene a discussion about the polio transition in the broader development community.

While it will be a major achievement in itself, eradication must provide the foundation for a lasting polio-free world, and for safeguarding the assets, knowledge and networks to continue to improve children's health.

For more information about polio transition, please visit:

<http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/transition-planning/>