

Dear Colleagues:

The Global Polio Eradication Initiative (GPEI) has worked to eradicate polio since 1988, and we are close to the finish line. Preparing for the post-eradication period is critical. Legacy transition planning ensures that the investments made to end polio continue protecting and improving health after eradication. GPEI encourages every country with polio eradication resources and infrastructure to prepare for transition and every partner organization to develop its own institutional plan.

The legacy process involves continuing basic polio functions by incorporating them into ongoing health programs after eradication; documenting and sharing the lessons learned and knowledge generated with other health initiatives; and transitioning capabilities and processes to support other health priorities and promote sustainability. Some countries are already demonstrating legacy in action. India is implementing an innovative health initiative to vaccinate every child against seven vaccine-preventable diseases. This program builds on polio eradication strategies, such as microplanning and social mobilization, to strengthen routine immunization systems. The network of health workers and resources used to combat polio is now being used to fight measles and rubella, and the communication strategies that were successful in the polio program are encouraging parents to vaccinate their children to protect them from a range of diseases.

In Nigeria, polio assets are helping to strengthen district immunization services in partnership with the routine immunization program. In the Democratic Republic of the Congo, GPEI-supported acute flaccid paralysis surveillance is increasing capacity for other surveillance efforts, providing technical and operational support for routine immunization programs, and strengthening other health priorities. GPEI is also expanding the scope of surveillance in Nepal and India to include a wider range of vaccine preventable diseases.

Some polio functions will still be necessary post-eradication for some time, including immunization, surveillance, outbreak response, and biocontainment. Countries must ensure these functions continue by including them in transition plans. Presently, the polio eradication staff is the single largest source of external technical assistance for immunization and surveillance in low-income countries. Polio-funded personnel are responsible for reaching the world's most vulnerable children with vaccines and other health interventions. Careful planning is key to ensure this infrastructure continues benefitting future global health priorities.

Under the leadership of the national government, a broad range of stakeholders must be involved in legacy at the country level, including donors and civil society. Countries should develop strong transition plans linked with national health and development priorities. The GPEI [website](#) has transition guidelines and a toolkit to assist with the legacy process.

In October 2015, the Polio Partners Group (PPG) established a legacy workgroup to increase their focus on the transition process. The PPG will continue engaging donor partners in legacy planning at their upcoming December 2015 meeting in Geneva. Additionally, the Polio Oversight Board agreed



*Biologist Eric Rhoden working in the polio laboratory*

during its September 2015 annual in-person meeting to establish a sub-committee of the Independent Monitoring Board to independently oversee the legacy process.

Thank you for all you do to protect children's health.



Thomas R. Frieden, MD, MPH  
Director, U.S. Centers for Disease Control and Prevention  
Chairman, Polio Oversight Board

