

Objective 4: Legacy planning

LEGACY PLANNING		
Main Objectives	Outcome Indicators	Major Activities
Develop a plan to ensure polio investments contribute to future health goals, through documentation and transition of lessons learnt, processes and assets of the Global Polio Eradication Initiative	<p>All wild poliovirus transmission stopped by end-2014</p> <p>All new cVDPV outbreaks stopped within 120 days</p>	<p>1. Mainstreaming polio functions</p> <p>2. Leveraging the knowledge and lessons learnt</p> <p>3. Transitioning the assets and infrastructure</p>
Monitored by the GCC		

8.1 INTRODUCTION

8.1 Achieving the first three objectives of the *Polio Eradication & Endgame Strategic Plan 2013-2018* will lead to the completion and closure of the GPEI. As the initiative enters its final stages, in collaboration with the global health community the GPEI will plan to ensure that investments made in the cause of polio eradication are built on to benefit other development goals.

Three principal aspects to legacy work:

- Mainstream essential polio functions
- Share knowledge and lessons learned
- Transition assets to other health priorities

8.2 THE GOAL

8.2 Objective 4 aims to ensure that the investments made to eradicate poliomyelitis contribute to future health goals, through a work programme that systematically documents and transitions the GPEI's knowledge, lessons learnt and assets. A key milestone for this objective will be the establishment of a comprehensive polio legacy plan by no later than the end of 2015.

8.3 WHAT IS REQUIRED?

8.3 The three principal aspects of the polio legacy work are:

- mainstreaming essential long-term polio immunization, surveillance, communication, response and containment functions into other ongoing public health programmes to protect a polio-free world;
- ensuring that the knowledge generated and lessons learnt during more than 20 years of polio eradication activities are shared with other health initiatives;
- where feasible, desirable and appropriate, transitioning the capacities, processes and assets that the GPEI has created to support other health priorities.

8.4 WHAT IS THE CURRENT SITUATION?

8.4 During 25 years of operations, the GPEI has mobilized and trained millions of volunteers, social mobilizers and health workers. It has reached into households untouched by other health initiatives, mapped and brought health interventions to chronically neglected communities and established a standardized, real-time global surveillance and response capacity. While all of these activities have been carried out primarily for the purpose of polio

Over 25 years, the GPEI has been able to access the chronically unreached, marginalized and most vulnerable populations, and in doing so has delivered a range of health services in addition to polio vaccine.

eradication, they have simultaneously benefited other health work, principally through the GPEI's surveillance and response capability for other vaccine-preventable diseases and the delivery of basic health services by polio vaccination teams.

8.5 One major achievement stands out: over the past 25 years the GPEI has accessed the chronically unreached, marginalized and most vulnerable populations in the world. In doing so, valuable

lessons have been learnt and the polio programme has developed the knowledge, capacities and systems to overcome the logistic, geographic, social, political, cultural, ethnic, gender, financial and other barriers to working with the most marginalized, deprived and often security-compromised children and communities. This has provided the opportunity for polio workers to deliver and support a range of additional basic health services, including anthelmintics, vitamin A supplements, measles mortality-reduction activities, bednets and routine immunization. Key elements of the GPEI that allowed it to reach chronically missed children include the programme's detailed microplanning and mapping, the tracking of mobile and migrant groups, social mobilization programmes, and systematic training and deployment of vaccination teams.

8.6 The GPEI's far-reaching access has delivered a global surveillance capacity for vaccine-preventable diseases and a response capacity for both health and humanitarian emergencies in some of the world's most demanding settings. Through its integrated AFP surveillance and laboratory capability, the GPEI receives regular and credible reporting on any instance of AFP and is able to respond appropriately. This unprecedented surveillance capability originated from the need to identify, notify and investigate many tens of thousands of AFP cases worldwide every year. It has facilitated surveillance and response for other diseases including measles, tetanus, meningitis, yellow fever and other VPDs, and assisted in the global response to both public-health and humanitarian emergencies such as the severe acute respiratory syndrome outbreak, the Pakistan floods of 2010-2011 and the South-East Asian tsunami of 2004.

8.7 The sharing of GPEI assets and lessons with other global health initiatives is an essential element of the polio legacy. It should include the GPEI's experience in strengthening immunization systems (including modifying polio eradication tools and innovations to benefit immunization systems), establishing best practices in data management, community engagement and mapping, and building a motivated and trained health workforce for the global public good. The polio workforce already contributes to this work and will continue to do so throughout the endgame Plan. Closer linkages between measles and rubella programme activities and the GPEI have recognized benefits for both programmes. The SAGE, the IMB and donors have all recommended that countries and global immunization partners assess the potential synergies and take active steps to transition the polio infrastructure and lessons learnt to support other health priorities, such as the achievement of measles and rubella elimination targets and the strengthening of immunization systems.

8.5 WHAT WILL BE DONE?

Major activities

1. Mainstreaming polio functions
2. Leveraging the knowledge and lessons learnt
3. Transitioning the assets and infrastructure

Activity 1: Mainstreaming polio functions

8.8 Countries and organizations involved in polio eradication will need to plan the integration of activities undertaken for polio eradication into their ongoing functional structures and to transition staff, as needed. This mainstreaming of technical operations will be an essential part of securing the legacy of polio. It covers a number of categories:

- ensuring the continued integration of polio immunization (utilizing IPV) and communications activities into national and international immunization programmes;
- fully integrating polio surveillance and response activities into national and global disease alert and response mechanisms;
- ensuring the appropriate containment of polioviruses according to agreed international and national standards, regulations and protocols in countries that maintain poliovirus stocks.

To protect a polio-free world, essential polio functions will need to be mainstreamed into ongoing organizational structures.

Activity 2: Leveraging the knowledge and lessons learnt

8.9 Through its more than 20 years of operation, the GPEI has developed a set of lessons or best practices that are of potential benefit to other health programmes and priorities. By examining its areas of operation at both the national and international levels, it should be possible to identify key lessons that may be relevant to the broader health community.

This exercise will include an examination of the following indicative areas:

- strategic planning and policy development;
- partnership management and donor coordination;
- programme operations and tactics;
- oversight and monitoring.

This process will be undertaken by the GPEI's spearheading partners in consultation with national governments and other key stakeholders and will focus on the GPEI's knowledge rather than its tangible assets.

Lessons learnt during the course of over 20 years of eradication will be shared for the benefit of other health priorities.

Activity 3: Transitioning the assets and infrastructure

8.10 To outline the tangible assets that have been created through the polio eradication initiative, to establish the activities and contributions that polio-funded staff are conducting and making beyond polio eradication efforts, and to look at what capacities could be at risk with the eventual closure of the polio eradication programme, it is necessary to first comprehensively map the polio assets. This exercise will begin in 2013.

Through broad consultation, a plan will be developed for the transition of polio staff, and other assets, to other health priorities, as appropriate.



Mainstreaming polio efforts into national and international immunization programmes will fortify health systems and enable disease detection and response globally.

8.11 The consultative process is another major element of planning for the post-polio era. The purpose of the consultative process is threefold. First, to tell the polio story to a broader community that understands what polio eradication is but may not grasp the full extent of the programme's potential to benefit other health initiatives. This exercise will feed into the second purpose, which is to have broad stakeholder consultation on how the assets created through the global polio eradication efforts could be used beyond polio. It is not a proscriptive exercise but is rather intended to stimulate discussion around the potential benefits of these assets to other programmes and initiatives. The third purpose of the process is to consult with national governments on how polio assets could benefit their health priorities (e.g. strengthening immunization systems, disease surveillance and measles control). These consultations will take place in 2013 and 2014. This consultative stage will examine how polio assets and lessons learnt could contribute to other health priorities, including immunization and surveillance for other vaccine-preventable diseases.

8.12 An important element of the consultative process will be to examine funding and management issues relevant to transitioning GPEI assets and lessons learnt, including consultation with global donors, national governments, WHO governing bodies and GPEI partner agency leadership. The consultative process on the wider use of GPEI assets and infrastructure will address issues related to the management of the tangible assets, the transfer and/or integration of staff into other programmes and the funding of human resources and/or other assets with wider applicability to vaccine-preventable diseases and other health priorities.

8.6 WHO OVERSEES THIS WORK?

The World Health Assembly

8.13 The initial stages of the legacy planning process will be overseen by the governing bodies of WHO, making decisions on oversight and management as that plan develops.