



photo: UNICEF/Pflanz



## MINISTERIAL CONFERENCE ON IMMUNIZATION IN AFRICA

# Polio Legacy Transition Planning

## Background

Africa achieved a major global health milestone in February 2016 when it reached 18 months since the last indigenous case of polio was detected on the continent. Now, Africa must remain vigilant in staying polio-free for another 18 months before officially being certified polio-free; until polio transmission is interrupted in the last two endemic countries in the world—Pakistan and Afghanistan—African countries remain vulnerable to importation of the disease. Over the next 18 months, African Ministries of Health must lead efforts to raise routine immunization coverage, sustain high quality supplementary polio immunization campaigns and ensure the highest quality polio surveillance.

## Situation Analysis

Africa must start planning early for a polio-free future. The Global Polio Eradication Initiative (GPEI) is committed to protecting a polio-free world in the long term and ensuring that the investments made in polio eradication over the last 25+ years contribute to future health goals once polio eradication is complete (Objective #4 of the Polio Eradication & Endgame Strategic Plan). Even as the polio eradication initiative redoubles its efforts to achieve regional certification in 2017, Africa needs to plan for the eventual ramp down of GPEI support. GPEI support for polio-funded resources (outlined below) will gradually reduce over the next three years, as regional and global certification of polio eradication draws closer. In preparation for this ramp down, country governments, donors, implementing partners and civil society must work together to plan for a successful transition.

Over nearly three decades, the polio eradication initiative established a significant presence in Africa:

- A **large trained workforce** on the continent, including a network of thousands of national technical staff; over 4,000 partner-supported technical personnel; tens of thousands of engaged religious leaders, polio survivors and social mobilizers; and hundreds of thousands of trained vaccinators at the local level
- A **system for standardized, real-time surveillance** with 16 dedicated laboratories and 51 environmental sampling sites in seven countries
- A **stronger vaccine supply chain and detailed mapping** of nomadic and hard-to-reach communities previously unreached by other health services
- Robust **processes for using data to hold individuals and systems accountable for results** based on strong operational data collection, real-time monitoring, and transparent reporting mechanisms

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Polio-funded infrastructure and personnel support health priorities beyond just polio, so country governments, partners and donors must plan ahead to avoid gaps in critical services in a post-polio Africa. Many of these resources are supported by over US\$300 million in international contributions currently coming to Africa through the GPEI annually.<sup>1</sup> These include:

- Polio-funded personnel in Africa report spending up to 35% of their time supporting immunization goals aside from polio (routine immunization, measles/rubella elimination, new vaccine introduction, etc.).<sup>2</sup> Contributions include supporting national planning and Gavi applications, training national EPI staff, assisting with cold chain, vaccine management and supply chain.
- Polio-funded surveillance systems detect not only polio but also measles, yellow fever and other vaccine-preventable diseases. In most African countries that lack strong national surveillance systems, a polio-funded surveillance network is the only way to confidently detect these diseases early and prevent larger outbreaks within and across borders.
- Polio personnel in many African countries have also responded to outbreaks of cholera, measles, Marburg virus, H1N1, yellow fever and recently to Ebola in affected countries.
- Polio funded staff have participated actively in child immunization weeks, as well as nutritional support and Vitamin A supplementation.

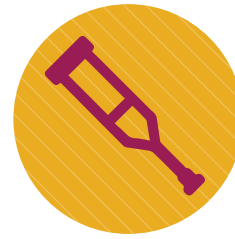
Leveraging polio assets for other health priorities will require a planned and coordinated approach. Inadequate legacy planning is likely to result in the loss of opportunities to benefit communities and failure to document lessons learned.

The polio legacy transition planning process has three goals:

- Ensure that the functions needed to maintain a polio-free world after eradication (such as polio surveillance and outbreak response, immunization with inactivated polio vaccine in routine immunization programs, and poliovirus biocontainment) are mainstreamed into national immunization systems and other public health programs, including emergencies.
- Ensure that the knowledge generated and lessons learned from polio eradication activities are documented and shared for the benefit of other health initiatives.
- Ensure that, where feasible, desirable and appropriate, transition capabilities and processes support other health priorities and ensure sustainability of the experience of the GPEI.

The GPEI partnership supports regions and countries in preparing transition plans by providing:

- Guidance and technical advice, including a toolkit of resources on the GPEI website.
- Technical assistance to support the development of country plans to the 15 countries with the most polio program resources.
- Advocacy and resource mobilization expertise to engage global donors, partners and health initiatives; link them with country-level transition planning discussions; and generate political and financial support for transition planning.



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<sup>1</sup>2014 GPEI budget.

<sup>2</sup>BCG staff survey conducted for the GPEI, 2014. African countries sampled: Angola, Chad, DRC, Ethiopia, Nigeria, Somalia, South Sudan.



The goal in the next 12 months is for countries to develop polio transition plans by Q4 2016 that will provide the roadmap for the transition of essential polio functions, other resources and lessons learned between 2017 and 2019. These plans should include budget commitments from national governments and donors, to enable implementation starting in 2017. The GPEI is prioritizing for support those countries that have the highest concentration of polio program resources. Nine of these are in Africa: Angola, Cameroon, Chad, DR Congo, Ethiopia, Nigeria, Somalia, Sudan and South Sudan.

Ministries of Health, supported by GPEI implementing partners and donors at the country level, are asked and encouraged to lead the development of the plans. Without the active participation of governments, donors, civil societies, partners and other stakeholders, the impact of polio legacy may fall short of its full potential.

## Way Forward

To ensure a successful transition planning process, key next steps for Ministries of Health include:

- Commit to establishing a plan for transitioning polio resources and activities by Q4 2016. Guidance and tools to support the planning process are available in the GPEI transition guidelines.
- Appoint a governing body, chaired by the national government, as the main decision-making body on transition planning. This body should include a mechanism for involving GPEI partner agencies, donors and civil society in the planning process, and linking transition planning to other national health priorities and planning processes (e.g., comprehensive Multi-Year Plan, National Health Development Plan, etc.).
- Designate a coordination and oversight team to manage the day-to-day activities of transition planning, including:
  1. Mapping polio eradication initiative resources (all assets and functions)
  2. Documenting lessons learned from the polio eradication initiative
  3. Conducting a transition simulation exercise
  4. Developing strategies for mainstreaming essential polio functions, transitioning or ramping down non-essential polio functions, and operationalizing lessons learned
  5. Mobilizing resources to support transition strategies
- Outline the national government's interest in leveraging polio resources for ongoing health priorities, and clarify domestic commitments to financing the implementation of legacy transition plans.
- Provide personal leadership for the process by tracking progress and advocating with donors, partners and key stakeholders.



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[www.ImmunizationinAfrica2016.org](http://www.ImmunizationinAfrica2016.org)

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