World Health Organization

SEVENTY-FIFTH WORLD HEALTH ASSEMBLY **A75/24**
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Poliomyelitis

Polio transition planning and polio post-certification

Report by the Director-General

1. The Executive Board at its 150th session noted an earlier version of this report.[1] The present report provides an update on the implementation of the Strategic Action Plan on Polio Transition (2018–2023)[2] at the start of 2022, within the context of the coronavirus disease (COVID-19) pandemic.

2. The focus of polio transition is at the country level, and activities gained pace in 2021 with a focus on integration and sustainability. The Secretariat continued to work with the priority countries[3] to revise and implement their national plans for polio transition within the context of the COVID-19 pandemic, to sustain the gains of polio eradication, to avoid backsliding on immunization gains, and to strengthen emergency preparedness, detection and response capacities.

3. The Steering Committee on Polio Transition continues to provide strategic guidance and oversight to ensure that polio transition activities are aligned with programmatic and technical priorities. A Joint Corporate Workplan for Polio Transition sets the framework for coordinated action and joint accountability. Despite the challenges posed by the COVID-19 pandemic, 91% of planned deliverables of the 2020–2021 Joint Corporate Workplan were completed or have progressed. The 2021–2022 Workplan reflects the specific priorities of each region, with a strong focus on moving forward the country agendas, resource mobilization, strategic communications and high level advocacy. As of January 2022, 77% of planned deliverables of the 2021–2022 Workplan were on track or had been delivered.

4. The COVID-19 pandemic has once again demonstrated the importance of surveillance, and the role of the polio surveillance network as a building block to strengthen surveillance systems. As a step to reinforce these efforts, the Secretariat has developed a methodology and tools to support countries to accurately plan and budget the appropriate level of financial resources required to sustain and strengthen disease surveillance as part of their national health systems. Under the umbrella of the Universal Health

[1] Document EB150/22 and summary records of the Executive Board at its 150th session, ninth meeting, section 5 and tenth meeting, section 2.

[2] See document A71/9 and the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings (see https://apps.who.int/iris/handle/10665/325993).

[3] The 16 global polio transition priority countries by region are: African Region – Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan; South-East Asia Region – Bangladesh, India, Indonesia, Myanmar and Nepal; and Eastern Mediterranean Region – Afghanistan, Pakistan, Somalia and Sudan. Additionally, the Regional Office for the Eastern Mediterranean has prioritized four additional countries (Iraq, Libya, Syrian Arab Republic and Yemen) owing to their fragility and high-risk status.

Coverage Partnership, and complementing existing strategies,[1] the aim is to support countries to identify the critical cost components of their surveillance systems and ensure the integration of these costs into their national budgets and strategic plans. The tools were piloted in India and Sudan in 2021. Lessons learned from these pilot countries will inform subsequent implementation.

5. The polio workforce continues to be engaged in COVID-19 vaccination and immunization recovery efforts, which once again shows the value of this workforce for broader public health priorities. According to real-time data collected in the African Region, over 500 polio workers were engaged in COVID-19 vaccination activities across 33 countries during 2021. In the South-East Asia Region, the integrated polio and immunization surveillance networks have taken on key roles in COVID-19 vaccination guideline development, cold chain management, training of health workers and the facilitation of real-time reporting and data management during campaigns. In the Eastern Mediterranean Region, polio personnel have been involved in a wide range of activities, such as recruiting and training vaccinators, developing microplans and conducting surveillance for adverse events following COVID-19 vaccination. These efforts have been comprehensively documented in a recent report on the contributions of the polio network to COVID-19 vaccination and immunization recovery across the three regions.

6. Cross-programmatic integration has further accelerated and is leveraging experience with the pandemic response to build back resilient immunization programmes. The Global Polio Eradication Initiative Strategy 2022–2026 contains a strong commitment to integration, to reach chronically missed "zero-dose" children in key areas. Similarly, the Immunization Agenda 2030 Framework for Action places strong emphasis on coordinated planning, action and monitoring.

7. There is strong recognition of the need to communicate effectively about the risks, benefits and opportunities that polio transition presents to health systems. The Secretariat has developed a strategic communications framework to support advocacy efforts and to better communicate the value of the polio network for the broader health agenda. The implementation of the framework is assisting in fostering greater ownership, especially at the global and regional levels.

COUNTRY-LEVEL PROGRESS

African Region

8. The certification of the eradication of the wild poliovirus in August 2020 accelerated polio transition in the African Region. The countries of the Region are committed to capitalizing on this achievement to stop the transmission of all types of polioviruses by the end of 2023, and to integrate polio assets into national health systems in order to strengthen broader disease surveillance, outbreak response capacities and immunization services.

9. The Region has a two-phased approach to polio transition: in order to mitigate the ongoing risk of circulating vaccine-derived poliovirus outbreaks, the 10 polio high risk countries in the Region[2] will continue to receive support from the Global Polio Eradication Initiative until the end of 2023, with a view to making a full transition as of 2024. The remaining 37 low risk countries have accelerated implementation, and transitioned out of Global Polio Eradication Initiative support in January 2022. In

[1] WHO. Immunization Agenda 2030: a global strategy to leave no one behind, Draft Four – 2 April 2020 (https://www.who.int/immunization/immunization_agenda_2030/en/, accessed 11 October 2021).

[2] Angola, Cameroon, Chad, Democratic Republic of the Congo, Guinea, Ethiopia, Kenya, Nigeria, Niger, South Sudan.

the low risk countries, the polio assets and infrastructure have been fully integrated into other public health programmes. Lessons learned from these 37 countries will inform implementation in the 10 high risk countries.

10. The Regional Office for Africa has aligned the implementation of polio transition to the outcomes of the functional reviews of the WHO country offices, which respond to the evolving priorities of Member States. Polio transition offers an opportunity to accelerate both the implementation of the functional reviews and the integration of polio functions in a horizontal manner with a primary health care lens.

11. The priority countries of the Region are revising and implementing their national polio transition plans in the context of COVID-19. In Angola, with support from the World Bank and Gavi, the Vaccine Alliance, provincial support teams are being established to ensure the continuity of polio functions, such as active surveillance, case detection and investigation, while monitoring maternal and child health interventions. A mission is planned for 2022 to monitor implementation and provide additional support. In Chad, the transition plan has been revised to align with the COVID-19 context, and a workshop is being planned for its review and validation. In Cameroon, Democratic Republic of the Congo and South Sudan, the plans are being reviewed under the leadership of the national governments. In Ethiopia, a high level advocacy plan is in place to ensure sustainable financing. In Nigeria, a national transition business case has been endorsed by the Interagency Coordination Committee, with a focus on primary health care revitalization, disease surveillance and outbreak response and routine immunization, and plans are in place to mobilize domestic and external resources for its implementation.

12. The Region is placing strong emphasis on high level advocacy to ensure that polio tools, skills and assets are integrated into national health programmes in a sustainable manner. Polio transition was discussed at the seventy-first session of the Regional Committee for Africa, where Member States declared their strong commitment to integrate polio capacities and key functions into their health systems. As a part of these efforts, a scorecard was introduced at the Regional Committee to monitor national progress in surveillance, immunization, outbreak response and polio transition activities.

South-East Asia Region

13. The South-East Asia Region has a single integrated network for surveillance and immunization that provides support not only for polio eradication, but also for measles and rubella elimination, surveillance for vaccine-preventable diseases, strengthening immunization and responding to emergencies. The integrated network makes the South-East Asia Region the most advanced among WHO regions in terms of polio transition. The first steps for financial sustainability, including cost sharing and domestic funding, were taken long before polio transition came onto the global agenda.

14. Among the five priority countries, India, which has the largest network in the Region, is implementing its transition plan in line with the outcomes of the 2020 mid-term review. The Government of India has committed domestic resources to support phase 2 of the implementation of the transition plan, which extends the scope of the network to wider public health functions, including emergency response, and measles and rubella elimination, while continuing support to routine immunization. As a step towards aligning the scope of work to future needs and priorities, the national polio surveillance project has been renamed as the national public health support programme. In the other four countries, steps are being taken towards financial sustainability. In Bangladesh, part of the operational costs of the surveillance and immunization medical officers have been included in the government operational plans. This reflects the intention to ensure the long-term financial sustainability of functions, with full transfer to the government planned for 2026. Indonesia and Myanmar have been able to maintain much smaller

networks, though expansion has stalled due to COVID-19. Discussions have been re-initiated with the Government of Nepal to explore the options for sustainable financing.

15. The Region has developed a comprehensive document on the role and contributions of the integrated surveillance network to the COVID-19 response in each of the five polio transition priority countries. Launched at the seventy-fourth session of the Regional Committee for South-East Asia, the report is the first in-depth account of the network's broader contributions to public health in the region, highlighting its value as a public health good, especially in the context of COVID-19 response and recovery.[1]

Eastern Mediterranean Region

16. The Eastern Mediterranean Region hosts the two remaining polio-endemic countries, Afghanistan and Pakistan. While reaching eradication remains of utmost importance, the Region is carefully balancing eradication and transition efforts. The regional workplan for polio transition has five workstreams: developing national transition plans in priority countries, operationalizing integrated public health teams, resource mobilization, integrated vaccine-preventable disease surveillance, and coordination and monitoring.

17. The Region hosts many conflict-affected countries that require a risk-based approach to transition. Cross-programmatic integration, with a smooth handover of polio assets to other public health programmes, is equally important. All WHO country offices in the priority countries have conducted a full mapping of their human resources to optimize the use of their workforce, and multi-disciplinary teams have been set up to foster cross-programmatic integration.

18. In this context, the Regional Office for the Eastern Mediterranean is prioritizing the operationalization of integrated public health teams as an interim strategy to sustain essential polio functions and respond to outbreaks and other public health emergencies until they are systematically integrated into national health systems.

19. All priority countries have developed transition/integration plans to be implemented in the form of integrated public health teams. Operationalization began in January 2022. In Somalia, a three-phased plan has been developed that envisions building capacity at the regional and district level to gradually integrate functions into the national health system to strengthen surveillance and primary health care. In Sudan, the transition plan and rollout of the integrated public health teams aims to support strengthening of vaccine-preventable disease surveillance, immunization and early warning response systems. While the integration of functions into the national health system has been delayed due to economic, political, and access challenges, the rollout of integrated public health teams will facilitate implementation. In the other four countries (Iraq, Libya, Syrian Arab Republic and Yemen) with much smaller and integrated polio infrastructures, the objective is to sustain this integration and to ensure programmatic and financial sustainability. In Iraq, polio field presence has been reduced by 33% since 2019 by integrating polio and immunization functions, with efforts being made to strengthen immunization and surveillance while sustaining polio essential functions. In Libya, the acute flaccid paralysis reporting system is already a part of the Early Warning, Alert and Response Network (EWARN) disease surveillance system. In the Syrian Arab Republic, field staff initially recruited for polio eradication have supported numerous health emergencies and immunization activities over the years, and the focus is to ensure sustainability. In

[1] NeXtwork – The role and contribution of the integrated surveillance and immunization network to the COVID-19 response in the WHO South-East Asia Region (Bangladesh, India, Indonesia, Myanmar and Nepal). New Delhi: WHO Regional Office for South-East Asia; 2021 (https://apps.who.int/iris/handle/10665/344902, accessed 11 October 2021).

Yemen, the national transition plan foresees the building of national capacity on integrated disease surveillance, alongside strengthening routine immunization and outbreak preparedness and response.

BUDGET, PLANNING, RESOURCE MOBILIZATION AND HUMAN RESOURCES

Planning and resource mobilization for polio transition within the context of WHO's Programme budget 2022–2023

20. As part of planning for the development of the programme budget for 2022–2023, the Secretariat conducted a detailed review with each of the six regional offices to cost the essential functions that WHO will support to advance the three key objectives of the Strategic Action Plan. These essential functions were integrated into the appropriate technical outputs and outcomes of the base segment of the proposed programme budget.[1] Member States were fully supportive of this strategic shift and approved the Proposed programme budget 2022–2023 at the Seventy-fourth World Health Assembly.[2]

21. As part of operationalization of the Programme budget 2022–2023, all major offices validated their plans to reflect most recent developments, also in relation to lessons learnt from COVID-19 pandemic and further discussions with the Global Polio Eradication Initiative to best ensure synergies. Adjustments were made where necessary, and the workplans are now fully operational for implementation.

22. The Secretariat is accelerating resource mobilization efforts, aligned with the vision and priorities of the Thirteenth General Programme of Work, 2019–2023. The aim is to ensure continuity of expertise and capacity where it is most needed. With respect to funding, 2022–2023 will be a bridge biennium, with the high risk countries continuing to receive support through the Global Polio Eradication Initiative to preserve core capacities to prevent and respond to polio outbreaks, whereas the low risk countries will receive technical support from the Secretariat to fully integrate polio functions into immunization, disease surveillance, emergency preparedness and response, and primary health care programmes. As a first step, the financial resources required to safeguard essential functions in regions and countries that will no longer receive funding from the Global Polio Eradication Initiative have been secured for 2022. The Secretariat will continue to monitor the needs and gaps, taking the necessary mitigation measures. Resource mobilization to sustain the essential functions is a shared responsibility across the three levels of the Organization, and constitutes an integral part of the discussions of the intergovernmental Working Group on Sustainable Financing. In parallel, the Secretariat is continuing to advocate for domestic resources as the most sustainable long-term strategy to maintain core capacities and essential functions at the country level.

Update on human resources

23. The Secretariat continues to monitor the polio programme staffing through a dedicated database. There has been a 53% decrease in the number of filled positions funded by the Global Polio Eradication Initiative since 2016 (Table),[3] many of which have been absorbed by other programmes, reflecting the

[1] See document A74/5 Rev.1 for more detail on verified final costs for each major office.

[2] See resolution WHA74.3 (2021).

[3] For more detailed information see the WHO website HR planning and management (https://www.who.int/teams/polio-transition-programme/HR-planning-and-management, accessed 11 October 2021).
Annex 1 – WHO staff members funded by the Global Polio Eradication Initiative aggregated by contract type;
Annex 2 – WHO staff members funded by the Global Polio Eradication Initiative aggregated in major offices, aggregated by grade and contract type.

implementation of transition plans in regions and countries as they become less at risk for polio. The year 2022 is a major milestone, with 57 countries transitioning from Global Polio Eradication Initiative support; henceforth staff and resources of the Global Polio Eradication Initiative will be concentrated only in the African and Eastern Mediterranean regions, in order to focus on the achievement of the two goals of the Polio Eradication Strategy 2022–2026 by the end of 2023.

24. The African Region, which has the highest number of polio funded staff positions, has taken specific measures to address the impact of the declining financial resources from the Global Polio Eradication Initiative. The Regional Office for Africa has incorporated these essential functions into the implementation of the functional reviews in 47 country offices. The results of this process align with the programmatic needs and priorities of the two-phased transition planned in the Region. The outcomes of the transition will support both the implementation of the functional reviews and the continuation of polio activities in all countries, while balancing the reduction in long-term contracts and organizational liabilities with the need to maintain critical capacity through the use of alternative contractual modalities.

Table. Number of polio staff positions supported by the Global Polio Eradication Initiative, by major office (2016–2022)

Major office	2016	2017	2018	2019	2020	2021	2022[a]	Variation between 2016 and 2022
Headquarters	77	76	70	72	71	66	71	-8%
Regional Office for Africa	826	799	713	663	594	524	297 [b]	-64%
Regional Office for South-East Asia	39	39	39	36	36	35	– [c]	-100%
Regional Office for Europe	9	8	4	5	4	2	– [c]	-100%
Regional Office for the Eastern Mediterranean (majority of positions located in Afghanistan and Pakistan)	155	152	153	170	146	143	152	-2%
Regional Office for the Western Pacific	6	6	5	3	3	2	– [c]	-100%
Total	**1 112**	**1 080**	**984**	**949**	**854**	**772**	**520**	**-53%**

[a] As of January 2022. Source: Global Polio Eradication Initiative global human resource database.

[b] The figures reflect the two-phased transition planned in the African Region. As of 1 January 2022, the Global Polio Eradication Initiative will support only the staff positions in the 10 high risk countries and the Polio Coordination Unit in the Regional Office. All other positions have been transitioned to other programmatic areas.

[c] In the South-East Asia, Europe and Western Pacific regions, staff positions funded from the base budget sources will continue to ensure that polio eradication is sustained in these regions.

MONITORING AND EVALUATION

25. Progress is being regularly monitored through the monitoring and evaluation dashboard, with specific output indicators aligned with the three objectives of the Strategic Action Plan.[1] The dashboard has been updated with the three-year time-series of country indicators (2018–2020), and available data from 2021. The regional offices have additional tools to complement the monitoring of programmatic performance.

26. The fifth report of the Polio Transition Independent Monitoring Board[2] focuses on increasing interdependence between eradication and transition, making recommendations for actions by programmes to move forward the eradication and transition agendas. The Secretariat is currently outlining a way forward to address the recommended actions , in coordination with Member States and partners.

27. The Strategic Action Plan on Polio Transition (2018–2023) includes a provision for a mid-term evaluation by the WHO Evaluation Office within the polio transition road map that was prepared to support its implementation. This evaluation was also included in the biennial evaluation workplan 2020–2021 approved by the Executive Board at its 146th session in February 2020. The evaluation was conducted by an external independent evaluation team that was selected by the Evaluation Office through an open tender. The evaluation team undertook its main work during the fourth quarter of 2021 and first quarter of 2022, and delivered its report in early April 2022. An executive summary of the evaluation report will be submitted to the Health Assembly.[3]

ACTION BY THE HEALTH ASSEMBLY

28. The Health Assembly is invited to note the report, and to provide guidance on:

(a) accelerating the implementation of country plans in the context of COVID-19, ensuring the financial sustainability of transitioned functions; and

(b) mitigating programmatic risks and recognizing opportunities in countries that are transitioning out of support from the Global Polio Eradication Initiative.

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[1] WHO. Polio transition programme: monitoring and evaluation dashboard. In WHO/Teams [website]. Geneva: World Health Organization; 2021 (https://www.who.int/teams/polio-transition-programme/polio-transition-dashboard, accessed 11 October 2021).

[2] Building stronger resilience: the essential path to a polio-free world. Polio Transition Independent Monitoring Board fifth report, December 2021 (https://polioeradication.org/wp-content/uploads/2022/01/5th-TIMB-report-Building-stronger-resilience-20211231.pdf, accessed 22 March 2022).

[3] Document A75/INF./7.