World Health Organization

SEVENTY-THIRD WORLD HEALTH ASSEMBLY **A73/13**
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Poliomyelitis

Polio transition planning and polio post-certification

Report by the Director-General

1. This report updates document EB146/22 on the implementation of the strategic action plan on polio transition (2018–2023) which the Executive Board noted at its 146th session.[1] The sections on regional offices and country support and on cross-departmental progress (paragraphs 9–22) of the aforementioned document have been expanded with information on consultations in three regions and new sections are included on human resources planning (an update), the monitoring and evaluation framework for polio transition, and transition activities planned until December 2020.

2. The strategic action plan on polio transition (2018–2023) was requested by the Seventieth World Health Assembly in decision WHA70(9) (2017) and noted by the Seventy-first World Health Assembly.[2] It has three key objectives:

- to sustain a polio-free world after eradication of polio virus;
- to strengthen immunization systems, including surveillance for vaccine-preventable diseases, to achieve the goals of WHO's Global vaccine action plan 2011–2020;
- to strengthen emergency preparedness, detection and response capacity in countries to fully implement the International Health Regulations (2005).

3. The Secretariat is working with the 16 countries prioritized for transition planning[3] because of the substantial polio programme investments they have received and with a further four countries that have been prioritized by the Regional Office for the Eastern Mediterranean[4] based on their high-risk status for sustaining polio eradication. The Secretariat's engagement focuses on reviews of and, where appropriate, support for the development and implementation of national plans for polio transition.

4. The country planning process has revealed the need to sustain or selectively re-purpose essential functions currently funded by the polio programme, particularly in fragile and conflict-affected countries

[1] See summary records of the Executive Board at its 146th session, fourteenth meeting, section 3.

[2] See document A71/9 and the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings (see http://apps.who.int/gb/or/e/e_wha71r3.html, accessed 17 March 2020).

[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.

[4] Iraq, Libya, Syrian Arab Republic and Yemen.

and those with poor health systems. The essential functions in these countries depend heavily on the polio eradication programme and other international donor funding to sustain eradication and avoid backsliding on vaccine-preventable disease control and elimination efforts, as well as to strengthen emergency preparedness, detection and response capacity.

PROGRESS ON TRANSITION ACTIVITIES SINCE MAY 2019

5. As announced at the Seventy-second World Health Assembly in May 2019, at the request of the Director-General the Deputy Director-General is leading and overseeing WHO's polio transition efforts, including coordinating measures across the three levels of the Organization.[1]

6. Leadership and oversight of the transition process are provided by a high-level Polio Transition Steering Committee, chaired by the Deputy Director-General. In addition, in recent months, regional steering committees overseeing polio transition in the African, South-East Asia and Eastern Mediterranean regions have been established or reactivated, and meet on a regular basis.

7. In response to requests from Member States at the Seventy-first World Health Assembly to enhance coordination across the three levels of the Organization,[2] the Secretariat drew up a corporate workplan, covering an initial period of 12 months beginning June 2019. The workplan defines roles and responsibilities and includes activities to be performed by the technical departments across the three levels of the Organization. It attributes responsibilities to the Office of the Deputy Director-General, the Polio Transition Team, the regional offices and departments at headquarters responsible for work on polio eradication, immunization and health emergencies to facilitate the implementation of the strategic action plan on polio transition. The activities set out in the workplan include planning and conducting missions in priority countries, developing a comprehensive strategy for surveillance of vaccine-preventable diseases, supporting advocacy and resource mobilization, agreeing on joint terms of reference and resources required for integrated public health teams, and developing an accountability framework, together with an associated monitoring and evaluation framework.

8. A summary of the outcomes of the 10 visits by cross-disciplinary WHO teams from all three levels of the Organization undertaken to date has been posted on the WHO website.[3]

CONSULTATIONS WITH REGIONAL OFFICES AND COUNTRY SUPPORT

I. Eastern Mediterranean Region

9. Advocacy for polio transition remains a priority and, since June 2019, high-level regional consultations involving key stakeholders have been conducted at all three levels of the Organization. The Eastern Mediterranean regional consultation (Cairo, 4 and 5 September 2019), in which the Deputy-Director General participated, had several objectives, namely, to:

[1] See the summary records of the Seventy-second World Health Assembly, Committee A, sixth meeting, section 2 (http://apps.who.int/gb/or/e/e_wha72r3.html, accessed 17 March 2020).

[2] See the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings (see http://apps.who.int/gb/or/e/e_wha71r3.html, accessed 17 March 2020).

[3] See https://www.who.int/polio-transition/documents-resources/en/ (accessed 17 March 2020).

- agree on the polio transition leadership role of regional and country offices, supported by headquarters;

- produce a complete workplan that mainstreams polio transition into workplans for the biennium 2020–2021;

- conduct a full mapping of polio-funded positions that are currently supporting immunization or preparedness and response for health emergencies at the regional and country levels (and identify any gaps);

- agree on the modalities of establishing "integrated public health teams" at country level to conduct essential functions that need to be maintained post-transition; and

- agree a corporate country-by-country workplan.

10. As an outcome of the Eastern Mediterranean regional consultation, consecutive visits by cross-disciplinary WHO teams took place to Sudan and Iraq in December 2019.

11. In Sudan, the planning process for polio transition started in 2017. The most recent version of the national polio transition plan dates back to June 2018. One outcome of the cross-disciplinary WHO team's visit was that the plan was revised to incorporate the guidance given by WHO's strategic action plan on polio transition and the Global Polio Eradication Initiative's Polio Endgame Strategy 2019–2023.[1] The key functions at risk from the planned withdrawal of polio programme support are acute flaccid paralysis surveillance, surveillance of other vaccine-preventable diseases, and outbreak detection and response capacities in States where the only technical staff members are provided by WHO. The visiting team discussed six strategic options with the Government and partners, including their feasibility, advantages, disadvantages and resource requirements. Recommendations included a proposal to reconvene the national governing body on polio transition and to integrate it into the work of the existing mechanism of the National Health Sector Coordination Council, with the task of securing government endorsement of the national polio transition plan during 2020. In addition, closer linkages were proposed between polio transition planning and a forthcoming review to be conducted by Gavi, the Vaccine Alliance.

12. In Iraq, the cross-disciplinary WHO team visit led by the Regional Office for the Eastern Mediterranean marked the first step in supporting the Government to begin the development of the Iraq national polio transition plan. A series of consultations took place between representatives of the Government, WHO and UNICEF, which identified surveillance of acute flaccid paralysis and of other vaccine-preventable diseases as the key functions at risk from the planned withdrawal of polio programme support. Three strategic options for polio transition were proposed by the visiting team and it was agreed that, with the Government's leadership and in coordination with all partners, a national polio transition plan will be developed during 2020. This will necessitate the establishment of a national governing body and coordination working group on polio transition. In relation to domestic funding, it was recommended that the Government consider the feasibility of incorporating WHO-supported surveillance activities into the national health system from 2022.

[1] Available at http://polioeradication.org/wp-content/uploads/2019/06/english-polio-endgame-strategy.pdf (accessed on 17 March 2020).

13. As at March 2020, further country support visits are planned in the Eastern Mediterranean Region, with the purposes of beginning the process of polio transition in the Syrian Arab Republic and finalizing the National Polio Transition Plan in Somalia and facilitating its endorsement by the Government.[1]

II. African Region

14. A similar high-level consultation to that in the Eastern Mediterranean Region but for the African Region took place in Geneva, with participation of both the Deputy-Director General and the Regional Director for Africa, immediately before the 146th session of the Executive Board in January 2020.

15. The African Region has made significant progress with polio transition, with six out of the seven priority countries (Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia and South Sudan) having finalized and endorsed national polio transition plans. In addition, Nigeria has developed a polio transition business case. However, many of these plans need to be updated to take into account more recent developments, including WHO's strategic action plan on polio transition, the Global Polio Eradication Initiative's Polio Endgame Strategy 2019–2023 and evolving polio epidemiology. In addition to accelerating country-level action, it was agreed at the consultation that advocacy for funding the implementation of the plans should be increased. A key strategic focus should be on financing plans with domestic and external funding that is tailored to country context, and framed within broader health financing, including that for universal health coverage, health systems strengthening and primary health care.

16. The Regional Office for Africa has completed country functional reviews and it was agreed at the consultation that polio transition should align with the relevant recommendations therein.

17. As a follow-up to the consultation, two or three cross-disciplinary WHO team visits in the African Region are planned for 2020, under the leadership of the Regional Office for Africa, in close coordination with the WHO country offices. The timing and objectives of these visits will be aligned with the existing planning processes in the Region, in particular the functional reviews and universal health coverage scoping missions.

18. In addition, the Secretariat will engage with non-priority countries in the African Region to provide guidance on how polio transition should proceed in such contexts.

III. South-East Asia Region

19. The South-East Asia Region has five countries prioritized at the global level for polio transition with significant polio-funded assets: Bangladesh, India, Indonesia, Myanmar and Nepal. These countries have been pioneers in integrating their polio assets to serve broader public health objectives, and their governments recognize and appreciate the value of the polio-funded assets to their country programmes. Countries in the Region are using polio transition as an opportunity to strengthen immunization systems, vaccine-preventable disease surveillance and capacity for implementation of the International Health Regulations (2005). They have requested the Secretariat to continue its technical support for a certain period, scaling down in a phased manner until the governments are fully ready to take over these functions. WHO continues to advocate domestic financing; however, advocacy with external donors and

[1] References to meetings or consultations and the like scheduled to take place from March 2020 onwards should be reviewed in the context of COVID-19 and measures taken to contain it.

partners is equally critical to facilitate time-limited bridge funding to priority countries so as to maintain essential polio functions and support strengthening of immunization systems.

20. The Regional Office for South-East Asia is planning to conduct a regional workshop on polio transition in 2020, bringing together the five transition-priority countries and partners. The workshop will focus on assessing the progress made in implementing the national polio transition plans and developing a road map to accelerate integration with other health programmes and implement transition of core capacities, functions and assets to national governments for longer-term financial sustainability.

POLIO TRANSITION-PRIORITY COUNTRY MISSIONS

21. Table 1 lists visits by cross-disciplinary WHO teams to transition-priority and related countries that have been completed and those planned for coming months.[1]

Table 1. Cross-disciplinary WHO team visits conducted and planned, by country and region

Country	Region	Missions	
		Conducted	Planned (as at March 2020)
Angola	Africa	March 2019	–
Cameroon	Africa	February 2019	–
Chad	Africa	March 2019	–
Democratic Republic of the Congo	Africa	–	Second half 2020
Ethiopia	Africa	December 2018	Second half 2020
Nigeria	Africa	–	Second half 2020
South Sudan	Africa	February 2019	–
Afghanistan	Eastern Mediterranean	–	–
Iraq	Eastern Mediterranean	December 2019	–
Libya	Eastern Mediterranean	–	Dates to be agreed
Pakistan	Eastern Mediterranean	–	Dates to be agreed
Somalia	Eastern Mediterranean	–	Timeline under review by Regional Steering Committee
Sudan	Eastern Mediterranean	December 2019	–
Syrian Arab Republic	Eastern Mediterranean	–	Timeline under review by Regional Steering Committee
Yemen	Eastern Mediterranean	–	Dates to be agreed
Bangladesh	South-East Asia	November 2018	–
India	South-East Asia	December 2018	–
Indonesia	South-East Asia	–	Dates to be agreed
Myanmar	South-East Asia	October 2018	–
Nepal	South-East Asia	–	Dates to be agreed

[1] References to meetings or consultations and the like scheduled to take place from March 2020 onwards should be reviewed in the context of COVID-19 and measures taken to contain it.

CROSS-DEPARTMENTAL PROGRESS

22. The sustainability of polio eradication and the strengthening of country capacities for immunization programmes and vaccine-preventable disease surveillance are integral to the proposed global vision and strategy for vaccines and immunization for the next decade (the immunization agenda 2030: a global strategy to leave no one behind) that will be submitted for consideration to the Seventy-third World Health Assembly. The draft strategy is centred on effective, efficient and resilient immunization programmes that are delivered through primary health care services, and highlights the importance of sustainability. It emphasizes the need to mainstream into the programmes of national governments, preferably by means of domestic funding, the essential functions that, thus far, have been implemented by partners and managed and funded by the Global Polio Eradication Initiative.

23. WHO is leading the development of a global strategy on comprehensive vaccine-preventable disease surveillance, through a process of extensive consultation with partners. The aim of the strategy is for all countries to be equipped with sustainable, high-quality systems for surveillance of vaccine-preventable diseases, supported by strong laboratory systems that detect and confirm cases and outbreaks and generate useful data to guide outbreak prevention and response, immunization programme management and vaccination policy-making, thereby decreasing the burden of vaccine-preventable diseases as efficiently and effectively as possible. Given the heavy reliance on polio funding for disease surveillance in many countries in the African, South-East Asia and Eastern Mediterranean regions, and the challenges posed by the decline in resources from the Global Polio Eradication Initiative, the transition strategy aims to guide countries in integrating acute flaccid paralysis surveillance into vaccine-preventable disease surveillance and in mitigating the negative implications of the decline in polio funding on sensitive vaccine-preventable disease surveillance. The strategy will be finalized in May 2020, together with the proposed immunization agenda 2030, of which it will constitute an integral part. Furthermore, WHO is working with partners to cost the global implementation and maintenance of comprehensive vaccine-preventable disease surveillance, with a focus on lower income countries.

24. At the same time, a cross-departmental working group has been established at WHO headquarters, comprising members of polio eradication, immunization, and health emergencies departments, in order to define surveillance capacity needs and gaps in priority countries supported through the Global Polio Eradication Initiative, and to explore expanding polio surveillance infrastructure and combining it with other disease surveillance activities.

25. At the regional level, the official launch of the investment case for vaccine-preventable disease surveillance across Africa for the period 2020–2030 took place in Abu Dhabi on 19 November 2019.

26. Certification and containment, which will continue to be led and managed by WHO's department responsible for polio eradication, taken together constitute one of the three goals of the new Global Polio Eradication Initiative's Polio Endgame Strategy 2019–2023. Progress will continue to be reported regularly to WHO's governing bodies. Containment is a function that will be sustained post-eradication and eventually absorbed into another WHO programme; its future location is under consideration by a working group, which was established in mid-2019.

27. Operational planning guidance for regional and country offices has been developed for the Programme budget 2020–2021, including programmatic deliverables and activities to foster integration and transition. A separate polio transition base budget workplan will facilitate the mainstreaming of polio-funded functions where required, increase transparency and accelerate integration.

28. Consultations at all three levels of the Organization have been initiated on different approaches to mobilizing funding for immunization activities affected by polio transition, which will be linked to the proposed new vaccine and immunization vision and strategy (the Immunization Agenda 2030). In consultation with regional offices, two pilot countries in the African Region will be selected, with the objective of securing resource mobilization support for immunization activities, consistent with relevant regional plans. An initial mapping has been completed of potential countries and lessons learned.

29. In addition, in order to support the implementation of the "Integration" goal of the Polio Endgame Strategy 2019–2023, the Secretariat is coordinating the development of a programme of work for integration of activities for polio eradication and essential immunization. The programme of work will help to enhance alignment and coordination among key partners, leveraging interrelated strategies on immunization, such as the proposed Immunization Agenda 2030 and the new five-year strategy of Gavi, the Vaccine Alliance (Gavi 5.0). The programme of work will also help to effectively implement integrated strategies that are mutually beneficial for polio eradication and essential immunization efforts and to put in place a mechanism to monitor their implementation.

30. Based on an analysis of national capacity, WHO country offices are determining the programme support required by countries, in particular at the subnational level, to maintain key immunization, surveillance and emergency-related functions. WHO's support for these functions will be accounted for in WHO's polio transition base budget. Specific deliverables under the related workplans would include, at a minimum, support for:

- assessment of capacities and gaps for vaccine-preventable disease and health emergencies functions;
- case-based, active surveillance for high-risk diseases (including poliomyelitis) and broader passive surveillance for vaccine-preventable diseases and other priority diseases (such as integrated diseases surveillance and response, and early warning alert and response networks);
- verification and case investigation (including laboratory samples and laboratory confirmation) for signals and alerts for poliomyelitis and other high-risk diseases;
- rapid response and health emergency coordination through emergency operations centres or equivalent mechanisms; and
- support for immunization and risk communication, as required.

UPDATE ON HUMAN RESOURCES PLANNING

31. The Secretariat continues to track changes in polio programme staffing through a dedicated database of polio human resources that has been developed for this purpose.

32. Table 2 illustrates the decline in the number of filled positions by 17% since the downscaling of the budgets of the Global Polio Eradication Initiative began in 2016. Detailed information on WHO staff members funded by the Global Polio Eradication Initiative aggregated by contract type is provided in Annex 1. Annex 2 breaks down staff members funded by the Global Polio Eradication Initiative in major offices, aggregated by grade and contract type.

Table 2. Number of polio staff positions supported by the Global Polio Eradication Initiative, by major office (2016–2020)

Major office	2016	2018	2019	2020	Variation (%) between 2016 and 2020
Headquarters	77	70	72	73	-6%
Regional Office for Africa	826	713	663	631	-24%
Regional Office for South-East Asia[a]	39	39	36	42	+7%
Regional Office for Europe	9	4	5	3	-70%
Regional Office for the Eastern Mediterranean	155	153	170	169	+9%
Regional Office for the Western Pacific	6	5	3	3	-50%
Total	**1 112**	**984**	**949**	**921**	**-17%**

[a] The Regional Office for South-East Asia is in an advanced stage of transition with many functions and their costs shared with other programme areas. Therefore, to calculate the polio positions a cut-off of >70% full-time equivalent was used.

MONITORING AND EVALUATION FRAMEWORK FOR POLIO TRANSITION

Monitoring and evaluation framework

33. The monitoring and evaluation framework, developed in 2018, continues to be an important component of the strategic action plan on polio transition. It aims at facilitating effective monitoring of progress in priority countries during the period 2019–2020 and to support a future independent evaluation of the process and outcomes.

34. The monitoring and evaluation framework follows a well-defined process that monitors progress, based on agreed indicators, at country level. The approach taken is to use WHO's existing processes and mechanisms and existing information sources. Annex 3 contains updated data on each indicator.

35. The Secretariat has also extended the mandate of the Polio Transition Independent Monitoring Board for an initial period of two years from 1 January 2020, with a streamlined membership and terms of reference. The Board plans to hold its first bi-annual meeting in July 2020. One of the Board's members participated in the polio transition cross-disciplinary WHO team visits.

TRANSITION ACTIVITIES PLANNED UNTIL DECEMBER 2020

36. The Secretariat will continue to implement the polio transition corporate workplan described in paragraph 7 above, with a focus on enhancing the role of regional offices and strengthening country capacities. Polio transition activities will be aligned with other technical and planning processes, including on primary health care and universal health coverage.

37. To ensure that eradication remains the overarching priority, all polio activities in endemic countries and polio campaigns in non-endemic countries will continue to be contained in the non-base Global Polio Eradication Initiative workplans.

38. In relation to ongoing outbreaks of circulating vaccine-derived polioviruses, especially in the African Region, planning activities will be aligned with the most recent epidemiological situation.

39. The Secretariat will continue its high level advocacy with priority country for domestic funding, while also advocating with external donors and partners to sustain functions that WHO will need to support, especially in fragile and conflict-affected countries and those with poor health systems.

ACTION BY THE HEALTH ASSEMBLY

40. The Health Assembly is invited to note the report and to provide advice on the best way to support the development, finalization and implementation of national polio transition plans for the various countries concerned.

ANNEX 1

NUMBER OF STAFF MEMBERS FUNDED BY THE GLOBAL POLIO ERADICATION INITIATIVE, BY CONTRACT TYPE, AS AT MARCH 2020

Office (country and major office)	Continuing and fixed-term	Temporary	Total
Endemic countries	295	92	387
Afghanistan	13	24	37
Nigeria	271	21	292
Pakistan	11	47	58
Non-endemic priority countries	164	76	240
Angola	20	2	22
Bangladesh	8	6	14
Cameroon	6	0	6
Chad	21	4	25
Democratic Republic of the Congo	47	1	48
Ethiopia	41	0	41
India	11	12	23
Indonesia	0	2	2
Iraq	1	5	6
Myanmar	2	1	3
Nepal	0	3	3
Somalia	5	14	19
South Sudan	1	13	14
Sudan	0	4	4
Syrian Arab Republic	1	9	10
WHO headquarters, regional and country offices	221	87	308
Headquarters	59	18	77
African (regional and country offices)	132	52	184
South-East Asia (regional office)	5	2	7
European (regional and country offices)	3	1	4
Eastern Mediterranean (regional and country offices)	19	14	33
Western Pacific (regional and country offices)	3	0	3
Grand total	**680**	**255**	**935**

NB. Staff members funded at least 50% or more by the Global Polio Eradication Initiative.

ANNEX 2

STAFF MEMBERS FUNDED BY THE GLOBAL POLIO ERADICATION INITIATIVE IN MAJOR OFFICES BY GRADE AND CONTRACT TYPE, AS AT MARCH 2020

Major office and grade	Continuing and fixed-term	Temporary	Total
Headquarters	**59**	**18**	**77**
General service	15	5	20
International	44	13	57
Africa	**539**	**93**	**632**
General service	337	32	369
International	31	45	76
National officer	171	16	187
South-East Asia	**26**	**26**	**52**
General service	15	5	20
International	2	2	4
National officer	9	19	28
Europe	**3**	**1**	**4**
General service	1	0	1
International	2	1	3
Eastern Mediterranean	**50**	**117**	**167**
General service	22	44	66
International	15	58	73
National officer	13	15	28
Western Pacific	**3**	**0**	**3**
International	3	0	3
Grand total	**680**	**255**	**935**

NB. Staff members funded at least 50% or more by the Global Polio Eradication Initiative.

ANNEX 3

COUNTRY-LEVEL MONITORING INDICATORS FOR POLIO TRANSITION PLAN IMPLEMENTATION, REPORTED/MONITORED ON YEARLY BASIS FROM 2018 TO 2023

Objective 1: Sustaining a polio-free world after eradication

Output indicators	1.1. Coverage with inactivated polio vaccine[a]		1.2. High-quality surveillance for acute flaccid paralysis (AFP)				1.3. Polio outbreak and endemic						1.4. High-quality environmental surveillance for poliovirus			
Country level monitoring	1.1.1. IPV1 Coverage	1.1.2. Coverage with bivalent OPV (Pol3)	1.2.1. Rate of non-polio AFP		1.2.2. % of AFP cases with adequate stool specimens		1.3.1. Number of cases		1.3.2. Type of poliovirus[b]		1.3.3. Year-end active outbreak (virus within 6 m)		1.4.1. Number of environmental surveillance sites		1.4.2. Average number of samples per site	
Years	2018	2018	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
Afghanistan	66%	73%	21.6	23.9	94%	94%	21	29	WPV1	WPV1			20	21	17	12
Angola	40%	56%	2.3	3.5	93%	82%		114		cVDPV2		6[e]	8	9	13	12
Bangladesh	75%	98%	3.0	3.1	99%	100%							8	8	18	18
Cameroon	78%	78%	7.3	5.7	88%	83%		[d]		cVDPV2(ES)			31	34	22	18
Chad	41%	44%	9.0	11.0	96%	89%		3		cVDPV2		1	5	5	30	39
Democratic Republic of the Congo	79%	79%	6.6	8.9	84%	86%	20	84	cVDPV2	cVDPV2	4	5	11	14	17	21
Ethiopia	52%	67%	2.5	2.8	92%	91%		11		cVDPV2		2	4	6	20	27
India	75%	89%	9.7	11.0	86%	87%							48	53	39	34
Indonesia	66%	80%	2.4	2.4	82%	81%	1	[f]	cVDPV1	cVDPV1	1		33	33	5	5
Iraq	92%	77%	6.5	7.1	90%	94%										
Libya	97%	97%	6.8	5.9	97%	98%										
Myanmar	82%	91%	2.4	3.0	94%	90%		6		cVDPV1		1	3	3	24	24
Nepal	16%	91%	3.8	3.9	97%	98%							5	5	24	24
Nigeria	57%	57%	10.9	8.5	95%	94%	34	18	cVDPV2	cVDPV2	2	4	103	126	16	17
Pakistan	75%	75%	17.6	21.2	87%	87%	12	144(22)	WPV1	WPV1 + (cVDPV2)		5[e]	59	72	11	12
Somalia	42%	47%	4.9	5.0	98%	96%	6/7[c]	3	cVDPV2/3	cVDPV2	2	1	5	4	84	23
South Sudan	34%	50%	8.3	7.1	84%	90%							5	5	24	22
Sudan	84%	93%	3.4	3.6	97%	96%							4	5	4	13
Syrian Arab Republic	59%	53%	5.5	5.8	87%	88%							14	15	8	12
Yemen	59%	59%	6.4	6.7	92%	89%										

[a] IPV1, inactivated polio vaccine; OPV (Pol3), oral poliovirus vaccine, three doses.

[b] WPV1, wild poliovirus type 1; cVDPV, circulating vaccine-derived poliovirus.

[c] One case was coinfected with circulating vaccine-derived polioviruses types 2 and 3.

[d] Environmental surveillance positive.

[e] Under discussion by laboratory experts for an undefined emergence group; may increase total.

[f] One case due to cVDPV case is not an outbreak; evidence of viral circulation is needed. When some community contacts (healthy children) tested positive in 2019, the outbreak and transmission of the virus in early 2019 were confirmed.

Results of environmental surveillance fluctuate as sites open and close; samples per site by region/global is not possible as not all results are provided from all sites.

Objective 2: Strengthen immunization systems and surveillance

Objective 3: Strengthen emergency preparedness, detection and response

Output indicators	2.1. Vaccine coverage with one and two doses of measles containing vaccine (MCV1 and MCV2)			2.2. Government expenditure on routine immunization	3.3. Countries prepared for health emergencies[a]		
Country level monitoring	2.1.1. MCV1 coverage	2.1.2. MCV2 coverage	2.1.3. % of districts with MCV2 >80%	2.2.1. Government expenditure on routine immunization (US$ per newborn)	3.3.1. Average percentage of IHR self-assessment annual reporting of laboratory core capacity	3.3.2. Average percentage of IHR self-assessment annual reporting of surveillance core capacity	3.3.3. Average percentage of IHR self-assessment annual reporting of emergency framework core capacity
Years	2018	2018	2018	2018	2018	2018	2018
Afghanistan	82%	60%	19%	3.7	40%	80%	27%
Angola	79%	35%	6%	23.0	60%	90%	60%
Bangladesh	92%	83%	100%	10.8	73%	80%	47%
Cameroon	71%			5.1	47%	50%	33%
Chad	70%			4.2	33%	70%	27%
Democratic Republic of the Congo	92%			1.4	40%	40%	33%
Ethiopia	88%			15.2	73%	70%	73%
India	100%	82%	32%	7.4 (2017)	47%	100%	67%
Indonesia	85%	52%	23%	17.6 (2017)	67%	70%	53%
Iraq	83%	81%	64%	161.1 (2016)	73%	100%	87%
Libya	97%	96%	100%		60%	80%	27%
Myanmar	93%	87%	80%	22.3	67%	80%	60%
Nepal	91%	69%	16%	10.5	33%	40%	40%
Nigeria	63%			3.6	27%	80%	40%
Pakistan	66%	58%	29%	16.2	60%	60%	47%
Somalia	70%				27%	50%	20%
South Sudan	49%			1.2 (2017)	47%	80%	40%
Sudan	88%	72%	34%	4.8	67%	70%	93%
Syrian Arab Republic	80%	71%	67%	17.0	67%	80%	53%
Yemen	72%	54%	7%	0.7 (2016)	67%	80%	60%

[a] IHR, International Health Regulations (2005).