

Poliomyelitis

Polio transition planning and polio post-certification

Report by the Director-General

1. The present report provides an update on the implementation of the Strategic Action Plan on Polio Transition (2018–2023),¹ with a focus on steps taken by the Secretariat to respond to the recommendations of the mid-term evaluation of the Strategic Action Plan and on progress at the country level.²

MANAGEMENT RESPONSE TO THE MID-TERM EVALUATION OF THE IMPLEMENTATION OF THE STRATEGIC ACTION PLAN ON POLIO TRANSITION (2018–2023)

2. The Strategic Action Plan, which was submitted to the Seventy-first World Health Assembly in May 2018, included a provision for a mid-term evaluation in its accompanying road map. The outcome-based and formative evaluation carried out in the first half of 2022 was designed to strengthen accountability and learning and focused on the 20 polio transition priority countries.³ It documented key achievements, best practices, challenges, gaps and areas for improvement in the design and implementation of the Strategic Action Plan; identified key contextual factors and changes in the global public health realm that affected the development and implementation of the Strategic Action Plan and road map developed in 2018; and made recommendations, as appropriate, on the way forward to enable successful implementation of the Strategic Action Plan.

3. The evaluation concluded that the inclusive manner in which the Strategic Action Plan was developed responded well to the need to develop clear guidance on the strategic direction required to secure the future of polio activities and to document the extent to which WHO human resource capacities relied on funding from the Global Polio Eradication Initiative. Recognizing that the context for polio transition has altered drastically since 2018, including the changing trajectory in eradicating wild poliovirus, the increase in circulating vaccine-derived poliovirus outbreaks, the worsening security

¹ See document A71/9 and document WHA71/2018/REC/3, summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings.

² Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023). Geneva: World Health Organization; 2022 (<https://cdn.who.int/media/docs/default-source/evaluation-office/midterm-evaluation-of-implementation-of-sap-on-polio-transition-final-report.pdf>, accessed 6 October 2022).

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.

situation in many countries, the disruptions to essential health services owing to the coronavirus disease (COVID-19) pandemic and the resulting financial constraints, the evaluation made 10 specific recommendations to revise, as appropriate, the Strategic Action Plan to make it more responsive to the changing context, by addressing the challenges observed and building on the best practices and enablers that have been identified.

4. The specific actions that are being taken by the Secretariat to address these recommendations are outlined in the management response endorsed by the Steering Committee on Polio Transition on 30 September 2022.¹ Overall, the Secretariat welcomed and accepted the recommendations of the evaluation. Some of the key actions that have been identified are to: (i) enhance the Strategic Action Plan so that its provisions more flexibly adapt to changing contexts, including by aligning stakeholders around a renewed common vision; (ii) strengthen capacities of the WHO regional and country offices to further drive implementation, including through the development of region-specific action plans; (iii) revise the monitoring and evaluation framework to more effectively assess progress; (iv) expand coordination and engagement with global partners, in particular with the Global Polio Eradication Initiative; (v) develop a clear road map to integrate polio assets and functions into the Secretariat's policy and programmatic support to Member States in the areas of immunization, health emergency preparedness and response, health systems strengthening and primary health care, tailored to national and regional contexts; and (vi) secure the necessary financial resources for sustainable transition. These actions combined with the lessons learned from the first phase of the Strategic Action Plan are guiding the further evolution, revision and implementation of the Strategic Action Plan and beyond.

5. Many of the management response actions are under way, including the development of region-specific action plans; closer and more effective coordination with partners; accelerating programmatic integration, drawing on best practices from the COVID-19 pandemic; implementing the strategic communications framework tailored to country context; and raising and allocating financial resources strategically to sustain core technical capacities at the country level. To regularly monitor progress, these actions have been incorporated into the Joint Corporate Workplan for Polio Transition, which sets the corporate framework for coordinated action and joint accountability across the three levels of the Organization.

COUNTRY-LEVEL PROGRESS

Cross-cutting issues

6. During 2022, the Secretariat supported national authorities to implement polio transition within an evolving global, regional and national context, to protect the gains of polio eradication, to reverse the backsliding on immunization, and to further strengthen emergency preparedness, detection and response capacities drawing on lessons learned from the COVID-19 pandemic. The latest WHO/UNICEF estimates² show further decline in routine immunization coverage, with 25 million children missing out on life-saving vaccines in 2021, which underlines the risks for countries that are polio-free. On the other hand, the significant investments made at the country level for disease detection,

¹ Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023): Management Response – September 2022. Geneva: World Health Organization; 2022 (<https://cdn.who.int/media/docs/default-source/evaluation-office/who-management-response-polio-transition-sap-evaluation.pdf>, accessed 6 October 2022).

² WHO/UNICEF estimates of national immunization coverage [website] (<https://www.who.int/teams/immunization-vaccines-and-biologicals/immunization-analysis-and-insights/global-monitoring/immunization-coverage/who-unicef-estimates-of-national-immunization-coverage>, accessed 6 October 2022).

including for diagnostic capacities, and the renewed momentum to strengthen the global architecture for health emergency preparedness, response and resilience provide opportunities to advance the transition agenda.

7. Within this broader context, the Secretariat took concrete steps to support Member States with policy guidance, targeted technical assistance, strategic communications, advocacy and resource mobilization.

8. Within an increasingly challenging economic context, integrating planning and budgeting of polio functions aligned with the targets towards universal health coverage and the Sustainable Development Goals into national health systems becomes ever more crucial. Recognizing this need, the Secretariat accelerated its efforts to assist countries to plan and budget the appropriate level of financial resources required to sustain and strengthen integrated disease surveillance as part of their national health systems.¹ The methodology that was developed comprises a custom-tailored database, accompanied by a user guide and online tutorials, which has been piloted successfully in Sudan and in the Karnataka State (India). Further deployment in the field will support better planning and advocacy for adequate resources for surveillance.

9. A significant milestone has been achieved with the finalization of the strategic communications framework, which aims to foster country ownership by highlighting the benefits, risks and opportunities polio transition presents to national health systems and by emphasizing the value of polio essential functions and networks set up to eradicate polio for broader public health. The implementation of the framework is tailored to the regional and country contexts.

10. As part of strategic communications and high-level advocacy, the Secretariat has comprehensively documented the contributions of the polio network to COVID-19 vaccine delivery and essential immunization across the African, Eastern Mediterranean and South-East Asia regions.² These contributions show that in many countries, the polio workforce is well positioned to play a vital role in building resilient health systems and to prepare for and respond to public health emergencies. In addition, acknowledging that long-term financial sustainability is a key aim of transition, the Secretariat is developing a series of country snapshots to support national advocacy and resource mobilization efforts. These snapshots concisely summarize the trajectory of polio eradication and transition in each priority country, focusing on key milestones for progress and outlining programmatic and financial challenges and opportunities.

11. Given the backsliding on immunization coverage as a result of the COVID-19 pandemic, effective integration of essential functions to deliver immunization services to underserved communities where there is a high proportion of under- or unimmunized children remains the main focus. Collaboration between partners is driven by the shared priorities of key global vaccine and immunization strategies, including the Immunization Agenda 2030, the Gavi, the Vaccine Alliance Strategy 2021–2025 (Gavi 5.0), and the Global Polio Eradication Initiative Strategy 2022–2026, especially in key geographies for the poliovirus. To ensure a more targeted approach, the Immunization Agenda 2030 Coordination Group has recommended to convene a technical task force to support priority countries

¹ WHO Polio Transition Team. Planning and Budgeting Tool for Vaccine-Preventable Disease (VPD) Surveillance in Priority Countries for Polio Transition. Geneva: World Health Organization; 2022 (<https://www.who.int/teams/polio-transition-programme/tools-and-guidance>, accessed 6 October 2022).

² Role of the polio network in COVID-19 vaccine delivery and essential immunization: lessons learned for successful transition. Geneva: World Health Organization; 2022 (<https://apps.who.int/iris/bitstream/handle/10665/355292/9789240050204-eng.pdf>, accessed 27 September 2022).

for recovery based on specific criteria such as high burden of zero-dose children, and to ensure alignment and coordination among all partners.

12. The renewed momentum to build a stronger, inclusive, equitable and coherent health emergency preparedness, response and resilience architecture provides opportunities to advance the polio transition agenda in fragile, conflict-affected and vulnerable settings.¹ Among the five key capacities that need to be strengthened at the country level, strengthening national integrated disease surveillance, sustaining health systems during emergencies as a part of clinical care and strengthening emergency response coordination stand out as the three main areas of convergence to bolster global health security, while sustaining core capacities to prepare for, detect and respond to a possible poliovirus outbreak. Significant investments have been made during the pandemic to strengthen surveillance at the national level, including laboratory capacities. The integration of polio and other vertical surveillance programmes into these national capacities will provide a key route to accelerate the strengthening of national integrated disease surveillance. The development and operationalization of national action plans for health security through a multisectoral approach is an opportunity to ensure that the unique strengths of the polio programme are integrated into improved national capabilities.

13. At the country level, civil society organizations provide valuable advocacy support for polio transition, including through community-led projects and efforts at the provincial and national levels to engage key stakeholders.

African Region

14. The African Region is pursuing polio transition using a two-phased approach. To mitigate the ongoing risk of circulating vaccine-derived poliovirus outbreaks, 10 polio high-risk countries² continue to receive support from the Global Polio Eradication Initiative, with a view to full transition as of 2024. In the remaining 37 low-risk countries, polio surveillance activities have been fully integrated into broader public health functions. The Secretariat continues to provide technical and financial assistance to sustain the polio-free status, including by providing direct support for outbreak response and laboratory detection to all Member States in the African Region. The Region has fully aligned the implementation of polio transition to the outcomes of the functional reviews of WHO country offices, integrating polio functions in a horizontal manner through a primary health care lens. This approach responds to the evolving priorities of Member States.

15. The overall objective for the African Region is to stop the transmission of all types of polioviruses by the end of 2023 and to integrate polio assets into activities aimed at strengthening broader disease surveillance, outbreak response capacities and immunization services. Although significant efforts have been made on both fronts, the detection of wild poliovirus type 1 cases in Malawi and Mozambique through importation from Pakistan, coupled with the ongoing circulating vaccine-derived poliovirus outbreaks in the Region, underscore the critical need to strengthen surveillance and immunization activities throughout the whole Region, so as to cover subnational immunity gaps that leave populations

¹ 10 proposals to build a safer world together – Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience. Geneva: World Health Organization; 2022. (<https://www.who.int/publications/m/item/10-proposals-to-build-a-safer-world-together---strengthening-the-global-architecture-for-health-emergency-preparedness--response-and-resilience--white-paper-for-consultation--june-2022>, accessed 6 October 2022).

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

vulnerable to the emergence of all types of polio and other vaccine-preventable diseases and to ensure early detection in case of an outbreak.

16. In the light of these continuing risks, the timelines and milestones to implement national polio transition plans in the seven priority countries¹ are being revisited under the leadership of the respective national governments. For example, Nigeria received over US\$ 40 million from the Bill and Melinda Gates Foundation and the World Bank for the implementation of its costed national polio transition plan. However, capacity gaps remain in the face of continuing outbreaks, necessitating a surge in human resources. Despite early progress, Angola is experiencing challenges in implementing its national transition plan and remains at high risk for poliovirus importation. The revised transition plan in Ethiopia, which is pending Inter-Agency Coordination Committee approval, covers a four-year time span until 2025. A resource mobilization plan has been developed to fill the US\$ 12 million funding gap.

17. At the same time, the Region is leveraging outbreak response as an opportunity to galvanize and, where needed, rebuild immunization programmes, which have been adversely impacted by the COVID-19 pandemic. As a part of polio transition, the systems and infrastructures that have been set up or expanded for outbreak response have great potential to serve as the foundation for more resilient health systems and more robust emergency response capacities in the future. Accordingly, the resources that have been allocated to respond to poliovirus outbreaks have been leveraged by high- and low-risk countries alike to strengthen surveillance and immunization. The African Region is also deploying integrated public health teams to respond to other emergencies, building on experiences from past poliovirus outbreaks and leveraging the polio network and infrastructure for response activities.

18. The African Region strongly advocates for the sustainable integration of polio tools, knowledge and assets into national health programmes. During a dedicated side event at the seventy-second session of the Regional Committee for Africa, Member States reaffirmed their commitment to remaining vigilant and eliminating all forms of poliovirus, maintaining the highest levels of surveillance to enable early disease detection, and sustaining essential functions to support integrated public health. The Region continues to monitor country progress in surveillance, immunization, outbreak response and polio transition activities through a dedicated scorecard.

South-East Asia Region

19. The independent mid-term evaluation of the Strategic Action Plan recognizes South-East Asia as the most advanced region in polio transition, underlining the single integrated nature of the network for surveillance and immunization as a key reason for this success.

20. Programmatically, the integrated network originally set up to eradicate polio in the five priority countries² of the South-East Asia Region continues to provide support to a wide range of public health functions, such as strengthening immunization, measles and rubella elimination, surveillance for vaccine-preventable diseases and health emergency response, including to the COVID-19 pandemic. Financially, the first steps towards sustainability in the Region were taken long before polio transition appeared on the global agenda, through cost sharing and domestic funding. There is strong political commitment in the Region to sustain these networks for broader public health. The seventy-fifth session of the Regional Committee for South-East Asia noted the recommendations of the high-level preparatory meeting on polio transition, including the need for long-term sustainability of the polio infrastructure through domestic and alternative funding resources to maintain the gains of polio eradication and to

¹ Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria, South Sudan.

² Bangladesh, India, Indonesia, Nepal, Myanmar.

achieve other public health goals. Another related recommendation highlighted the need for Member States to reach zero-dose children and ensure that they are vaccinated, a goal that is supported by the integrated network.

21. During 2022, additional steps were taken to advance the gains made. Polio transition activities have been conducted in a phased manner guided by country readiness, with a vision to transfer full operational responsibility to the national governments within the period 2024–2028. The timelines and milestones set are tailored to each country’s specific context, including the technical, financial and managerial capacity to mainstream these assets and capacities into national health systems. Two-way capacity-building is an integral component of the transition. Polio transition activities in the South-East Asia Region are closely linked to the broader immunization agenda to reach and fully vaccinate “zero-dose” communities, since the Region hosts around 25% of the world’s “zero-dose” children. Financially, there has been an increase in the share of domestic resources used to support transition and there is continued commitment from partners. However, medium- and longer-term financial sustainability remains a challenge.

22. Among the five priority countries, three countries (Bangladesh, India, Indonesia) are well advanced in the implementation of their national plans, with concrete actions for co-funding from the national and/or state governments. Renewed discussions with the national authorities in Nepal are ongoing for a revised transition plan that aligns with the new federalized context. Myanmar, which has a much smaller network, has maintained the status quo. The Regional Office is closely engaging with national authorities to accelerate implementation and to mitigate the adverse impact of the COVID-19 pandemic on programmatic goals, including outbreak detection and increased response capacity for vaccine-preventable diseases.

Eastern Mediterranean Region

23. The Eastern Mediterranean Region is carefully balancing efforts to stop wild poliovirus transmission in the world’s two remaining polio-endemic countries, Afghanistan and Pakistan, and advancing the transition agenda in the other six priority countries.¹ The Region hosts many conflict-affected countries, which require a risk-based approach to transition. Within this unique context, the Region has adopted a two-pronged approach to transition.

24. At the regional level, under the leadership of the Regional Director, technical programmes have been coordinating closely to ensure a smooth transition and integration in the priority countries. The Regional Office is providing sustained and integrated technical support to Member States on surveillance, immunization and outbreak response within the overall context of strengthening health systems and health security and improving primary health care and universal health coverage. This is particularly critical for the Region since many Member States will require medium- to long-term technical support from the Secretariat. To this end, and in line with the recommendations from the mid-term evaluation, a regional plan has been developed building on the progress to date and lessons learned.

25. At the country level, support is being provided to develop and implement integration and transition plans in non-endemic countries across three country categories, based upon the dependency on polio assets, the epidemiological situation and the strength of health systems. In countries where the risk is high and governments are not ready to fully absorb polio essential functions into the health

¹ Iraq, Libya, Somalia, Sudan, Syrian Arab Republic, Yemen.

system, the Region has adopted the integrated public health team approach, in which the polio infrastructure is integrated into other programmes to support broader public health functions.

26. Two of the six transition priority countries in the Region, Somalia and Yemen, are experiencing active outbreaks of circulating vaccine-derived poliovirus. The Region is advancing the transition agenda, while responding to these outbreaks. In Somalia, while the country is responding to the protracted poliovirus outbreak, the terms of reference of the Global Polio Eradication Initiative-supported workforce at the regional and district levels have been broadened to provide integrated functions to strengthen primary health care. In Yemen, the surveillance network originally established for polio is supporting wider vaccine-preventable disease surveillance and outbreak response. In Sudan, human resources of the WHO Country Office that were previously focused on delivering specific objectives related to emergencies, polio eradication, health systems and immunization have been redeployed to provide broader health services in the areas of disease surveillance, immunization and outbreak response. Likewise, in the Syrian Arab Republic, the polio eradication and health emergencies programmes have integrated their human resources into more general activities aimed at supporting immunization, disease surveillance and outbreak response. These human resources play an indispensable role in delivering health services throughout the whole country. In Iraq and Libya, the responsibility for sustaining essential polio functions is gradually being taken over by the national governments. The Regional Office is monitoring the performance of the surveillance system, assessing outbreak response capacities and providing technical support to ensure that the quality of essential polio functions is maintained during the transition period. As of October 2022, both Libya and Iraq have maintained certification-level polio surveillance indicators in the absence of dedicated polio capacities on the ground. The Regional Office conducted two country missions in 2022 to operationalize the different approaches to transition, visiting Sudan in March and Iraq in June. Missions to the Syrian Arab Republic and Somalia are scheduled for late 2022 and early 2023.

BUDGET, PLANNING, RESOURCE MOBILIZATION AND HUMAN RESOURCES

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

27. In order to sustain the continuity of WHO's technical and operational support to Member States, the costs of essential functions in the regional and country offices that are needed to support the three objectives of the Strategic Action Plan were integrated into the appropriate technical outputs and outcomes of the base segment of the Programme budget 2022–2023. A similar approach will be pursued in the strategic development of the draft Proposed programme budget 2024–2025, with full integration of the essential functions into the base segment of the budget. A strengthened iterative approach to priority-setting is an integral part of the development of the draft Proposed programme budget 2024–2025, starting at the country office level to ensure maximum alignment with country situations and priorities. It is therefore expected that priorities related to sustained and integrated technical support to Member States on surveillance, immunization and outbreak preparedness and response will come out strongly in priority-setting within the regions and countries prioritized for polio transition.

28. For the functions that no longer receive support from the Global Polio Eradication Initiative, the Secretariat has accelerated resource mobilization efforts aligned with the vision and priorities of the Thirteenth General Programme of Work, 2019–2025. A large majority of the financial resources that are required to sustain these essential functions throughout the biennium have been secured. The Secretariat is closely monitoring the needs and gaps and taking the necessary mitigation measures, as appropriate.

29. Developing a comprehensive resource mobilization strategy to generate predictable and flexible funding to sustain polio assets has been identified as a key area of focus by the mid-term evaluation of the Strategic Action Plan. The Secretariat is already taking steps to address this recommendation, including through advocacy for predictable and flexible resources to fund WHO's programme budget; a clear articulation of the importance of sustaining polio assets within the WHO investment case and as a part of strategic dialogues; an increase in the capacity of WHO regional and country offices for fundraising and advocacy; and enhanced coordination with the Global Polio Eradication Initiative on resource mobilization. In parallel, the Secretariat is continuing to advocate for domestic resources as the most feasible long-term strategy to sustain essential functions at the country level.

Update on human resources

30. The Secretariat continues to monitor the polio programme staffing through a dedicated database. There has been a 48% decline in the number of filled positions since 2016 (Table 1).¹

31. The African Region, which had significant numbers of polio-funded staff positions, has taken specific measures to balance the reduction of long-term contracts and organizational liabilities with the need to maintain critical capacity through alternative contractual modalities. As a result, the Regional Office for Africa has incorporated essential functions into the implementation of the functional reviews in the 47 country offices. The outcomes of this process align with the programmatic needs and priorities of the two-phased transition adopted by the Region, supporting both the implementation of the functional reviews and the continuation of polio activities in all countries. In addition, in countries experiencing poliovirus outbreaks, capacities have been further increased to effectively carry out immunization and surveillance activities to end the outbreak.

¹ For more detailed information see the WHO webpage on polio workforce (<https://www.who.int/teams/polio-transition-programme/HR-planning-and-management>, accessed 6 October 2022).

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 in major offices, aggregated by grade and contract type.

Table 1. 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	70	-9%
Regional Office for Africa (and 10 priority country offices)	826	799	713	663	594	524	385 ^b	-53%
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	124	-20%
Regional Office for the Western Pacific	6	6	5	3	3	2	— ^c	-100%
Total	1112	1080	984	949	854	772	579	-48%

^a As of October 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 supports 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 base budget sources will continue to ensure that polio eradication is sustained in these regions.

MONITORING AND EVALUATION

32. Progress is being regularly tracked through the monitoring and evaluation dashboard, with specific output indicators aligned with the three objectives of the Strategic Action Plan.¹ Despite large country and regional variations, several trends have emerged from this analysis. With regards to objective one, the average coverage with inactivated poliovirus vaccine has increased and the quality of surveillance for acute flaccid paralysis has remained relatively stable over the period 2018–2021. Regarding objective two, the average coverage with measles-containing vaccines has been either relatively flat or declining, particularly during the period 2020–2021, even as government expenditures on routine immunization have increased in some priority countries. Regarding objective three, the averages of three country self-assessed indicators on laboratory, surveillance and emergency framework core capacities, respectively, have generally increased over the period 2018–2021. Following the recommendations of the mid-term evaluation of the Strategic Action Plan, a revision of the monitoring and evaluation framework and related indicators is being undertaken through a consultative process aimed at introducing gender and equity disaggregated indicators where feasible, and setting targets to further strengthen the monitoring of the implementation of national polio transition plans.

¹ WHO. Polio transition programme: monitoring and evaluation dashboard [website] (<https://www.who.int/teams/polio-transition-programme/polio-transition-dashboard>, accessed 6 October 2022).

33. The Polio Transition Independent Monitoring Board continues to fulfil an important monitoring function, which was recognized in the mid-term evaluation of the Strategic Action Plan. The Board will continue to operate under its current terms of reference until the end of 2023, with a focus on the interlinkages between eradication and transition and activities undertaken at the country level. The next meeting of the Board is planned for the first quarter of 2023.

ACTION BY THE EXECUTIVE BOARD

34. The Board is invited to note the report and provide feedback on the management response to the mid-term evaluation of the Strategic Action Plan, in particular on the following questions:

- What are the key priorities upon which the renewed polio transition vision should be based?
- What should be the focus areas of the regional action plans for polio transition and integration beyond 2023?

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