

---

# **Poliomyelitis**

## **Polio transition planning and polio post-certification**

### **Report by the Director-General**

1. This report provides an update<sup>1</sup> on the implementation of WHO's Strategic Action Plan on Polio Transition for the period 2018–2023 and outlines the proposed strategic direction for the period beyond 2023, with a focus on lessons learned and accountability.

#### **THE PROPOSED POST-2023 STRATEGIC FRAMEWORK**

2. The Mid-Term Evaluation of the Implementation of the Strategic Action Plan on Polio Transition (2018–2023)<sup>2</sup> made a series of recommendations, including the development of a new strategic framework, structured around a clear theory of change. The Polio Transition Independent Monitoring Board, in its report published in July 2023,<sup>3</sup> highlighted that, with respect to the initial goals, progress has been largely off track. It issued a series of recommendations which focus on accountability for performance to prepare for the end of the Global Polio Eradication Initiative, a new partnership model to oversee transition and a proposal for re-branding to concentrate on outcomes.

3. The proposed post-2023 strategic framework aims to address the key components of these recommendations. It comprises the Global Vision to use polio investments to build strong, resilient and equitable health systems,<sup>4</sup> underpinned by regional strategic plans and country action plans for the African, South-East Asia and Eastern Mediterranean regions, and a monitoring and evaluation framework.

4. The Executive Board at its 152nd session and the Seventy-sixth World Health Assembly provided guidance for the focus areas of the strategic framework. In addition, consultations were held with

---

<sup>1</sup> Pursuant to decision WHA70(9) (2017); see also document WHA71/2018/REC/3, summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings.

<sup>2</sup> WHO. Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023). Volume 1: Report. Corporate evaluation commissioned by the WHO Evaluation Office. Geneva: World Health Organization; 2022 ([https://www.who.int/publications/m/item/mid-term-evaluation-of-the-implementation-of-the-strategic-action-plan-on-polio-transition-\(2018-2023\)](https://www.who.int/publications/m/item/mid-term-evaluation-of-the-implementation-of-the-strategic-action-plan-on-polio-transition-(2018-2023))), accessed 16 November 2023).

<sup>3</sup> Polio Transition Independent Monitoring Board. 6th Report: Ambiguities and certainties: Meeting the diverse expectations of polio transition. Geneva: World Health Organization; 2023 (<https://cdn.who.int/media/docs/default-source/polio-transition/timb-6th-report---july-2023---final.pdf>), accessed 16 November 2023).

<sup>4</sup> WHO. Global Vision to use polio investments to build strong, resilient and equitable health systems. Geneva: World Health Organization; 2023 (<https://www.who.int/publications/m/item/global-vision--to-use-polio-investments-to-build--strong--resilient-and-equitable--health-systems>), accessed, 16 November 2023).

Member States, development partners, civil society organizations, donors and funding agencies to capture the opinions of a diverse range of stakeholders.

### **Global Vision to use polio investments to build strong, resilient and equitable health systems**

5. The Global Vision builds on the lessons learned from the Strategic Action Plan on Polio Transition (2018–2023). It is intended to set the strategic direction, and is structured around an overarching vision statement and three impact goals, namely:

A world in which polio investments are sustained and used to build strong, resilient and equitable health systems, where all countries:

- (1) remain polio-free
- (2) minimize the burden of and eliminate vaccine-preventable diseases
- (3) rapidly detect and control disease outbreaks.

6. The need to sustain eradication is at the centre of the vision. With the global certification of the eradication of the poliovirus, the Global Polio Eradication Initiative will end. Yet, some essential functions<sup>1</sup> will need to be sustained beyond eradication to keep the world-polio free. The vision and the impact goals also highlight the ambition to build on the success of eradication to build stronger and more equitable health systems, specifically to minimize the burden of vaccine-preventable diseases and to effectively detect and control disease outbreaks.

7. The vision and impact goals are supported by four strategic outcomes<sup>2</sup> and four operational outcomes.<sup>3</sup> The strategic outcomes are relevant for all Member States, as they address polio essential functions<sup>4</sup> that must be sustained everywhere until and beyond certification of polio eradication. The operational outcomes, by contrast, are relevant for countries that are undergoing a process of transitioning away from the financial and technical support of the Global Polio Eradication Initiative. They provide the direction for a well-planned transition of functions from the Global Polio Eradication Initiative to national governments. Progress towards the strategic and operational outcomes will be measured through the monitoring and evaluation framework.

8. A key lesson learned from the implementation of the Strategic Action Plan on Polio Transition is that country readiness is a prerequisite for successful transition. The Polio Transition Independent Monitoring Board highlighted this point specifically in its latest (sixth) report, through a

---

<sup>1</sup> Maintaining population immunity through use of inactivated poliovirus vaccine and the eventual withdrawal of oral polio vaccine from routine immunization schedules; sustaining sensitive polio surveillance and an adequate vaccine supply to detect and respond to poliomyelitis case(s), outbreaks; and safe and secure containment of the poliovirus in line with established biosecurity measures.

<sup>2</sup> Strategic outcomes: 1. National immunization programmes systematically reach and immunize all people with polio and other vaccines; 2. National surveillance systems rapidly detect and report polio and other diseases; 3. National health emergency systems prepare for and respond to polio and other disease outbreaks; 4. Poliovirus materials are safely and securely contained in line with established biorisk management standards.

<sup>3</sup> Operational outcomes: 1. Polio essential functions are managed by national authorities (Governance); 2. Polio essential functions are integrated into national health systems (Performance); 3. Polio essential functions are predictably and sustainably funded through national budgets (Finance); 4. Polio essential functions are safeguarded by WHO and its partners (Intermediate transition).

<sup>4</sup> Poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment.

country-by-country analysis of transition progress across the African, South-East Asia and Eastern Mediterranean regions, concluding that, in most of these countries, national governments will be unable to sustain the polio essential functions without external support. For these countries, the Global Vision introduces the concept of “intermediate transition”, whereby the Secretariat and its partners will provide technical and financial support to deliver the polio essential functions. This intermediate solution will ensure that vital work on surveillance, immunization and emergency response continues. Most of the priority countries in the African and Eastern Mediterranean regions will fall into this category for the next five to ten years, even though the scope and modalities of support will depend on country context.

### **Ownership and accountability**

9. Ownership and accountability will be crucial to the implementation of the post-2023 strategic framework. The Polio Transition Independent Monitoring Board has, in its sixth report, called for clarity on the accountability arrangements that are needed to prepare for the sunsetting of the Global Polio Eradication Initiative.

10. Prerequisites for ownership and accountability are strong governance, effective management and sustainable financing. Strong governance requires collective ownership to prepare for the eventual ending of the Global Polio Eradication Initiative. Effective management entails actions taken to progress the transition process and to sustain the quality of polio essential functions. Sustainable financing is vital for maintaining programmatic performance until and beyond the global certification of the eradication of poliomyelitis.

11. The Secretariat, in close coordination with partners, is developing an accountability framework to outline the requirements, along with the responsibilities of stakeholders, for the three phases of eradication (interruption of poliovirus transmission, global certification of eradication and post-certification). The initial draft was presented in October 2023 to the Polio Oversight Board. It will be fleshed out in the light of further stakeholder input, with the aim of being finalized within 2024.

### **Regional strategic plans and country action plans**

12. The Global Vision will be implemented through country action plans, supported by regional strategic plans in the African, South-East Asia and Eastern Mediterranean regions. These three regions are at different points on the polio eradication trajectory, a situation that has an impact on their approach and timelines to transition. The African Region, which was certified free of wild poliovirus in 2022, has been battling with outbreaks, following the detection of wild poliovirus type 1 cases in Malawi and Mozambique, coupled with outbreaks due to circulating vaccine-derived poliovirus. The South-East Asia Region certified eradication in 2011, but recent outbreaks in Indonesia and Myanmar highlight the risks due to existing immunity gaps. The Eastern Mediterranean Region, which hosts the world’s two remaining polio-endemic countries, is striving to interrupt transmission of wild poliovirus in Afghanistan and Pakistan while facing the additional challenge of circulating vaccine-derived poliovirus outbreaks in Somalia and Yemen.

#### **African Region**

13. The African Region faces multiple health emergencies, including outbreaks of poliomyelitis, cholera, measles, diphtheria and dengue, while trying to reverse the negative impact of the pandemic of coronavirus disease (COVID-19) on essential immunization coverage through catch up and recovery efforts. Joint estimates by WHO and UNICEF show that the diphtheria, tetanus toxoid and pertussis (DTP-3) immunization coverage in the Region is still 6% lower than the levels in 2019. In this context,

the Regional Office continues with a two-phased approach to transition. Countries at high risk of polio and those that have experienced circulating vaccine-derived poliomyelitis outbreaks continue to be supported by the Global Polio Eradication Initiative, whereas in the low-risk countries, polio activities have been fully integrated into broader public health functions, with continued technical and financial support through WHO country offices. Experience demonstrates that most countries in the African Region will need a longer timeline to take on full technical and financial responsibility for polio essential functions, owing to factors such as health systems fragility, multiple health emergencies, and political and economic challenges.

14. The focus of the regional strategic plan is to stop the transmission of all types of polioviruses and to integrate polio assets into activities aimed at strengthening immunization services, broader disease surveillance and outbreak-response capacities. The plan will be guided by key lessons learned from the transition process over the past seven years and aligned with the polio eradication timelines and epidemiological risk. Implementation will have three phases, all requiring various degrees of technical and financial support from partners. The first phase is focused on interrupting all poliovirus transmission in the Region and preparing for transition in the high-risk countries; the second focuses on building resilience through strengthened essential immunization and operationalizing transition as the Global Polio Eradication Initiative gradually winds down; and the third on sustaining eradication, by completing the transition process and maintaining the quality of the essential functions. The phases will be implemented in a seamless and tailored manner according to country context. In view of the declining resources from the Global Polio Eradication Initiative and the limited domestic resources that are available in the short and medium term, the regional strategic plan will focus strongly on resource mobilization.

### **South-East Asia Region**

15. The South-East Asia Region has a single integrated network for polio and immunization, which supports a wide range of public health functions. A phased approach has been adopted in the five countries<sup>1</sup> where most polio assets and infrastructure were located, with a focus on strengthening essential immunization and surveillance systems and supporting response to disease outbreaks and other health emergencies. Strong government commitment, proactive leadership, and active efforts to diversify resources to ensure long-term financial sustainability have been the key drivers behind the considerable progress made in the Region.

16. The focus of the regional strategic plan is to catch up, restore and extend immunization coverage to contribute to attainment of global and regional immunization goals. Building on the progress made so far, the Regional Office takes a three-pronged approach to implement the plan. The first is functional transition to strengthen the health system, which includes expanding the reach of the integrated surveillance and immunization networks to support a broader range of health priorities, using lessons learned from polio eradication to address other public health challenges, and gradual transfer of responsibility of polio essential functions to national governments. The second is human resource mainstreaming through two-way capacity building, both of the integrated surveillance and immunization networks to continue to support broader health priorities and of governmental personnel to perform polio essential functions so as to ensure high programmatic quality and performance. The third is advocacy for financial sustainability, with an immediate focus on increasing alternative sources of funding and a longer-term focus of increasing domestic resources.

---

<sup>1</sup> Bangladesh, India, Indonesia, Myanmar and Nepal.

## Eastern Mediterranean Region

17. The Eastern Mediterranean Region hosts the world's last remaining countries where polio is endemic. In addition, many countries are undergoing acute or protracted emergencies. Tailored to this context, the Regional Office takes a risk-based approach to transition. In Afghanistan and Pakistan, the focus is on interrupting the remaining chains of virus transmission. In the non-endemic priority countries,<sup>1</sup> integration has offered an effective path to build country capacity. Innovations, such as the introduction of integrated public health teams, have enabled more effective delivery of health care in complex settings. Despite notable progress in some countries to integrate polio essential functions into national health systems, there remain challenges related to maintaining the quality of performance of surveillance, increasing essential immunization coverage and ensuring sustainable financing.

18. The regional strategic plan focuses on sustaining polio essential functions and using the polio assets, infrastructure and experiences to strengthen broader health service delivery. In the countries where the national governments have taken over the financial responsibility of sustaining polio essential functions,<sup>2</sup> the Secretariat will continue to provide technical support to maintain the quality of surveillance and to strengthen country capacities to prepare for outbreaks. In countries that still depend on financial and technical support from the Global Polio Eradication Initiative and the Secretariat,<sup>3</sup> polio essential functions have been integrated into broader public health functions, and the scope of the work undertaken by the former polio eradication workforce has been widened to deliver broader public health functions. The transition plan for the endemic countries will be agreed upon and operationalized in line with local epidemiology and the eradication timelines.

### Monitoring and evaluation framework

19. The Mid-Term Evaluation of the Strategic Action Plan on Polio Transition (2018–2023) identified the need for more robust monitoring of the quality and outcomes of the transition process, with a stronger focus on equity. In response, the revised monitoring and evaluation framework will comprise outcome indicators to monitor the quality of performance of integrated functions and milestones by which to measure the progress of the transition process.

20. The key performance indicators in the monitoring and evaluation framework are aligned with the strategic outcomes, focusing on the four core pillars of immunization, surveillance, containment and outbreak preparedness and response, with milestones related to management, performance and financial sustainability. The implementation of the framework will be aligned with the timelines and milestones of the updated Polio Eradication Strategy. To reduce the burden of collection, the data to inform these indicators will be drawn from existing monitoring and evaluation frameworks. Progress towards the achievement of the operational outcomes will be monitored through a focused set of milestones.

## BUDGET, PLANNING, RESOURCE MOBILIZATION AND HUMAN RESOURCES

### Planning and resource mobilization to sustain polio essential functions

21. In order to sustain the continuity of the Secretariat's technical and operational support to Member States, the costs of polio essential functions in the WHO regional and country offices were integrated into the technical outputs and outcomes of the base segment of the Programme budget 2022–2023. The

---

<sup>1</sup> Iraq, Libya, Somalia, Sudan, Syrian Arab Republic and Yemen.

<sup>2</sup> Iraq and Libya.

<sup>3</sup> Somalia, Sudan, Syrian Arab Republic and Yemen.

same approach continues in the Programme budget 2024–2025, with surveillance, immunization, outbreak preparedness and response featuring strongly in priority-setting within the regions and countries prioritized for polio transition.

22. Mobilizing sustainable, predictable and flexible resources to support countries in sustaining polio essential functions is a priority of the Secretariat. For the Programme budget 2024–2025, the focus will be on a mix of integrated funding streams, including both flexible and voluntary contributions. In parallel, the Secretariat is continuing to advocate for domestic resources as the most feasible long-term strategy to sustain polio essential functions at the country level.

### Update on human resources

23. The Secretariat continues to monitor the staffing of the polio programme through a dedicated database. There has been a 45% decrease in the number of filled positions since 2016 (see Table).<sup>1</sup>

**Table. Number of polio staff positions supported by the Global Polio Eradication Initiative, by major office (2016–2023)**

Major office	2016	2017	2018	2019	2020	2021	2022	2023 <sup>a</sup>	Variation between 2016 and 2023
Headquarters	77	76	70	72	71	66	70	67	-13%
Regional Office for Africa	826	799	713	663	594	524	385 <sup>b</sup>	407	-51%
Regional Office for South-East Asia	39	39	39	36	36	35	— <sup>c</sup>	— <sup>c</sup>	-100%
Regional Office for Europe	9	8	4	5	4	2	— <sup>c</sup>	2	-78%
Regional Office for the Eastern Mediterranean (most positions located in Afghanistan and Pakistan)	155	152	153	170	146	143	124	136	-12%
Regional Office for the Western Pacific	6	6	5	3	3	2	— <sup>c</sup>	— <sup>c</sup>	-100%
<b>Total</b>	<b>1 112</b>	<b>1 080</b>	<b>984</b>	<b>949</b>	<b>854</b>	<b>772</b>	<b>579</b>	<b>612</b>	<b>-45%</b>

<sup>a</sup> As at October 2023 – Source: Global Polio Eradication Initiative global human resource database.

<sup>b</sup> 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.

<sup>c</sup> In the South-East Asia, European and Western Pacific regions, staff positions funded from the base budget sources will continue to ensure that polio eradication is sustained in these regions. In the European Region, two staff positions are being supported by the Global Polio Eradication Initiative towards ongoing outbreak response in Ukraine.

<sup>1</sup> For more detailed information refer to WHO website: Polio Workforce (<https://www.who.int/teams/polio-transition-programme/HR-planning-and-management>, accessed 1 December 2023). Annex 1 – WHO staff members funded by the Global Polio Eradication Initiative aggregated by contract type, as of October 2023; Annex 2 – WHO staff members funded by the Global Polio Eradication Initiative aggregated in major offices, aggregated by grade and contract type, as of October 2023.

**ACTION BY THE EXECUTIVE BOARD**

24. The Board is invited to note the report and provide guidance on the following questions:

- Does the proposed post-2023 strategic framework address the needs of Member States, within the overall framework of building strong, resilient and equitable health systems and sustaining the public health gains made through the eradication effort?
- What steps should be taken to ensure accountability and ownership for operationalizing the proposed post-2023 strategic framework at country, regional and global levels?

= = =