

GPSAP Companion Toolkit

How to use GPSAP 2025-2026 to guide Country Planning



POLIO GLOBAL ERADICATION INITIATIVE

EVERY LAST CHILD

Version 16 Jan 2025

Toolkits Created for the GPSAP Roll-out

1. Description of the GPSAP 2025-2026
2. **How to use the GPSAP to Guide Country Planning**
 - [Geographical scope of the GPSAP 2025-2026](#)
 - [Identify your country within the different country groupings](#)
 - [Using the GPSAP 2025-2026 to inform country plans](#)
3. Key Performance Indicators (KPIs)
4. Timeliness of Detection for WPV and VDPV

- This technical tool is the 2nd in a series of 4 tools pertaining to the GPSAP roll-out toolkit.
 - Note: The 1st tool is a **Description of the GPSAP** which may be helpful to read as background for this tool.
- This 2nd tool describes how to use the GPSAP to guide your country's planning exercise to strengthen surveillance
- It covers:
 - 1st the geographical scope of the document
 - 2nd how you can find (identify) your country within the 3 different country groupings described in the GPSAP
 - 3rd how to use the GPSAP to inform your country's plan(s)

Objectives of this tool

- Emphasize that the GPSAP 2025-2026 is for **all** countries.
- Help countries **identify** themselves in the different country groupings described in the GPSAP 2025-2026.
- Provide **guidance** on how to incorporate the GPSAP into country plans for each of the different country groupings.

Examples of country plans include:

- National surveillance action plans
- National surveillance strengthening plans
- National polio integration plans
- National polio OB preparedness or response plans
- National Polio Emergency Action Plan (NEAP)

- This companion tool/presentation is a reminder that the GPSAP 2025-2026 is a plan for **all** countries.
- It intends to help you find your country in each of the 3 country groupings described in the GPSAP 2025-2026. (please refer to slide #7)
- Based on these groupings, you will be able to incorporate relevant activities described in the GPSAP into your country plan(s).

Examples of country plans include:

- National surveillance action plans
- National surveillance strengthening plans
- National polio integration plans
- National polio outbreak preparedness or response plans
- National Polio Emergency Action Plan (NEAP)

The GPSAP and this tool can also help in the development of country tools such as National performance monitoring reports and tools

Geographical scope of the GPSAP 2025-2026



Please refer to **Geographies** (page 4, GPSAP)

Is the GPSAP 2025-2026 for all countries?

- **YES.** The recent detection of the poliovirus in countries in the 4 polio-free regions of the World Health Organization (WHO) (the European Region, the Region of the Americas, the South-East Asia Region and the Western Pacific Region) is...
 - An important reminder that **the virus can travel anywhere in the world**, and therefore that **all countries must maintain vigilance** in their ability to quickly detect importations and emergencies to minimize their impact on communities.
- Achieving and maintaining sensitive polio surveillance systems is integral to the immediate **goal of eradicating polio** and the long-term goal of **sustaining a polio free world**.
- **All countries** are responsible for achieving certification of poliovirus eradication (and cVDPV elimination) and maintaining eradication indefinitely to secure a polio-free world, but the level of surveillance sensitivity will vary depending on their risk profile.



- The GPSAP 2025-2026 is for **all** countries even those with low risk for poliovirus importation or emergence.
- Poliovirus detection in polio free regions is a reminder that the virus can travel and move anywhere in the world.
- Maintaining sensitive surveillance is needed for the immediate **goal of eradicating polio** and the long-term goal of **sustaining a polio free world**. Countries need to maintain sensitive surveillance because risks for polio will persist after the global certification of WPV1 eradication and cVDPV elimination.
- Note that a pressing risk in some countries is a poliovirus containment breach due to the presence of polio essential facilities. The risk of a breach can be mitigated, but only with sensitive surveillance can a breach be quickly identified.

Identify your country within different country groupings



- The GPSAP covers 3 different country profiles which can be grouped under 3 “country-groupings”.
- The 3 groupings reflect different aspects of the polio programme and have different purposes:
 - The 1st group (“levels of required surveillance sensitivity”) encompasses **all** countries and aims to give all countries guidance on how they can best strengthen and/or maintain their surveillance system.
 - The 2nd group refers to the GPEI Surveillance Group’s (SG) group of **priority countries and territories**. The prioritization was conducted through an exercise (see slide 13) and aims to help the GPEI better target its use of limited resources.
 - The 3rd group covers countries at risk of **iVDPV** and those countries interested in starting iVDPV surveillance.
- **To help you make the best use of this new GPSAP, it is recommended to first identify your country within each of those 3 different groupings.**

Three different country groupings: *Identify your country within each of the groups*

New surveillance sensitivity framework for all countries:

Establishes the required level of surveillance sensitivity based on poliovirus risk. The GPSAP describes a recommended set of minimum standards and activities.

1. Required surveillance sensitivity

GPSAP 2025-2026 Priority countries and territories:

Priority countries and territories identified by GPEI's Surveillance Group (SG). They are the focus of the GPSAP; SG financial and technical support available based on priority status.

2. Priority Countries and Territories

iVDPV at-risk countries:

Countries with higher PID prevalence and iVDPV risk. Prioritized for iVDPV surveillance.

3. iVDPV at-risk countries

Note: "at risk of iVDPV" was not a criterion used by the SG* prioritization, so "countries at risk of iVDPV" were identified through a separate risk assessment and represent a grouping of their own.

- You will need to identify your country within each of the 3 country-grouping classification modalities.
- The 3 country groupings are:
 - 1. Required Surveillance sensitivity threshold:** This falls under a new surveillance framework which establishes the required level of surveillance sensitivity for **all** countries based on their poliovirus risk profile. The framework identifies broadly 3 risk profiles and describes a corresponding recommended set of minimum surveillance standards and activities for the framework's 3 corresponding levels of required surveillance sensitivity (see slide 9).
 - 2. Priority countries and territories:** These represent the priority countries and territories identified by the GPEI Surveillance Group (SG). They are the main focus of the GPSAP, and GPEI surveillance resources (financial and technical) will be directed to them based on priority status (see slide 14).
 - 3. iVDPV at-risk:** The third categorization is based on the countries' iVDPV risk which is higher in countries with higher PID prevalence and is used to prioritize countries for the implementation of iVDPV surveillance.

Note: that "at risk of iVDPV" was not a criterion used by the SG prioritization, so "countries at risk of iVDPV" were identified through a separate risk assessment and represent a grouping of their own.

- The next slides will discuss how to identify your country within each grouping.

Group 1. Required Surveillance Sensitivity Threshold – *A new framework*

New surveillance sensitivity framework for all countries: It establishes the required level of surveillance sensitivity based on poliovirus risk. The GPSAP describes a recommended set of minimum standards and activities.

1. Required surveillance sensitivity

Please refer to:

- **Part One:** Polio surveillance sensitivity for all countries (pages 6-7, GPSAP)
- **Annex A:** New framework for Polio surveillance sensitivity

- We will start with the 1st grouping for **all** countries which categorizes countries into 3 required levels of surveillance sensitivity based on their polio risk profile. The GPSAP identifies broadly **3 risk profiles** (see Part One and Annex A of the GPSAP).
- This 'exercise' is described in the GPSAP's new framework of surveillance standards.
- The framework also provides guidance on the critical surveillance activities necessary to sustain the countries' capacity to detect poliovirus

Required surveillance sensitivity threshold

A new Framework

- In the last mile to polio eradication **the degree of surveillance sensitivity needed by countries will differ based on their poliovirus risk profile.**
- The GPSAP identifies broadly **3 risk profiles.** Each one requires a different level of surveillance sensitivity to detect poliovirus.
- The GPSAP introduces a new **framework of surveillance standards** (See ‘Annex A.’) which outlines the 3 corresponding **levels of surveillance sensitivity** for each country profile and provides guidance on the **critical surveillance activities necessary** to sustain their capacity to detect poliovirus.

Levels of surveillance sensitivity required by country risk profile for the rapid detection of poliovirus

Highly sensitive surveillance	• Countries continuously affected by poliovirus	Includes countries with endemic WPV1 transmission and prolonged (≥12 months) cVDPV2 transmission
Very sensitive surveillance	• Countries with short-term outbreaks*, or at high risk for poliovirus importation or emergence	
Sensitive surveillance	• Countries at low risk of poliovirus importation or emergence	
		<12 months of detection, or countries that are at high risk for poliovirus importation or emergence
		All other countries

*Countries currently (defined as today to previous six months) experiencing <12 months of poliovirus detection (WPV, cVDPV)

- Annex A outlines the new framework for determining the required sensitivity level of polio surveillance systems for each country or territory, starting in 2025. The framework provides criteria for categorizing surveillance sensitivity levels (i.e., Highly sensitive, Very sensitive, Sensitive) based on a country’s poliovirus risk profile. The GPSAP identifies broadly **3 risk profiles**; hence **3 levels of required levels of surveillance sensitivity.**
- These 3 increasing levels of surveillance sensitivity are defined as depicted on the slide:
 - **Highly sensitive** surveillance for countries continuously affected by poliovirus

- **Very sensitive** surveillance for countries with short-term outbreaks or at high risk for poliovirus importation or emergence
- **Sensitive** surveillance for countries at low risk of poliovirus importation or emergence

IMPORTANT: Before beginning the process of identifying your country's required surveillance sensitivity level and activities...

As a national programme, and at the start of 2025, you are recommended to work **in collaboration** with your WHO regional office to perform an **assessment of your country's poliovirus risk** and identify the **required level of polio surveillance sensitivity needed**.



The next slides provide an overview of the criteria and considerations

- National programmes should work with WHO regional offices to:
 - assess risks based on their country's history of poliovirus transmission, importations, and subnational gaps in surveillance or immunity, and to
 - identify their required level of sensitivity, as well as activities that should be implemented to strengthen their surveillance system (see Part Two, GPSAP)
- The next slides provide an overview of criteria and considerations
- Note that This Classification is set for the next 2 years (2025-2026)

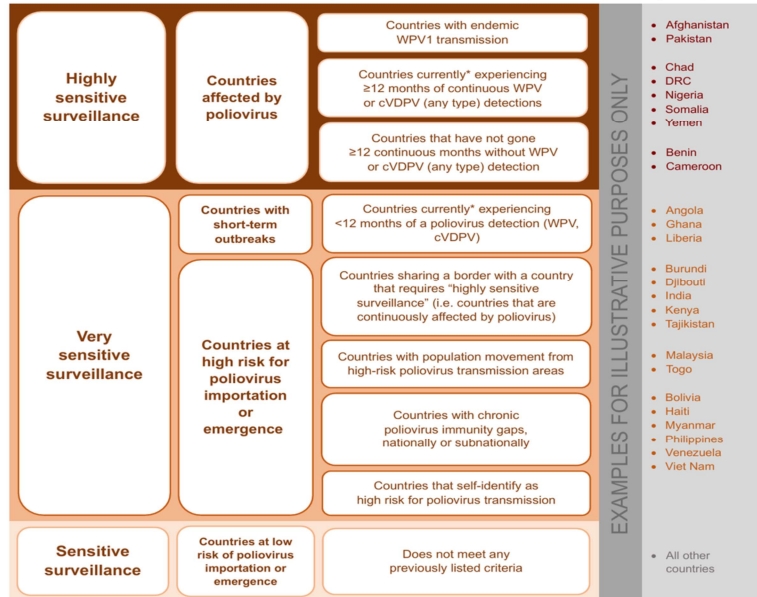
Required surveillance sensitivity threshold Risk Profile

To identify your country's **risk profile**, use the **criteria** and examples listed in Fig. A.1, Annex A.

Note: Some countries will not fall “neatly” under 1 category. For instance, countries with multiple importations.

Ex.: **Egypt** and **Indonesia** have had several importations over 9- to 10-month periods and without circulation. They could fall under Highly sensitive or Very sensitive surveillance. This is one of the reasons why it is important to **work collaboratively with your WHO RO to identify your country's most appropriate sensitivity level.**

Fig. A1. New framework for required level of polio surveillance sensitivity based on country risk profile



* Defined as today to previous six months.
cVDPV = circulating vaccine-derived poliovirus; DRC = Democratic Republic of the Congo; WPV = wild poliovirus type; WPV1 = wild poliovirus type 1.
Source: WHO.

- To identify your country's **risk profile**, use the **criteria** and examples listed in figure A.1, Annex A.
- The description and illustrations of the 3 risk profiles as well as the examples should guide you in your identification of where your country fits best in its level of required surveillance sensitivity (Highly sensitive, Very sensitive or Sensitive).
- Please note that some countries will not fall “neatly” under 1 particular category.



- When selecting the appropriate national-level surveillance category, **subnational gaps in surveillance** and/or **low population immunity** should be considered in addition to national indicators. For example, a country that may be at low risk for poliovirus importation but has blind spots in key subnational areas (i.e. population centers) is recommended to meet a Very sensitive surveillance level.
- Countries and territories should **never decrease their sensitivity** below their required level, but they may increase their sensitivity above the required level (i.e. from sensitive surveillance to very sensitive surveillance) to address the changing epidemiology of polio within the country or a neighboring country.

Group 2. Priority Countries and Territories

GPSAP 2025-2026 Priority countries
and Territories:
Priority countries and territories
identified by GPEI's Surveillance Group
(SG). They are the focus of the GPSAP; 50
financial and technical support available
based on priority status.
2. Priority Countries and Territories

Please refer to:

- **Geographies:** Countries and territories identified for GPEI Support (page 4, GPSAP)
- **Annex B:** Country prioritization

- This sub-section will go over the 2nd grouping, which covers **Priority Countries and Territories**.
- That is, which covers countries that fall under the **GPEI Surveillance Group (SG) prioritization scheme for countries and territories and hence, for GPEI resources**.

SG country prioritization – 1/2

- The GPEI Surveillance Group (SG) identified a list of **prioritized countries and territories** to guide its support activities.
- These were identified based on an assessment that included surveillance indicators, risk of virus importation, immunization coverage, and expert opinion to inform on context, capacity, needs, and required technical support.
- **Find your country** in the list (Table 2, p.4) and on the map (Fig. 2, p. 5). Once you have identified your country, next slide and Annex B in the GPSAP provide details of technical and financial resources available for your support.

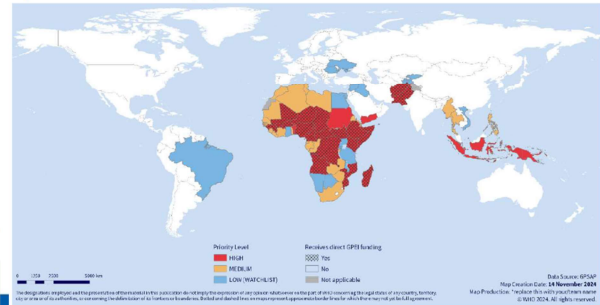
Table 2. List of countries and territories prioritized by the GPEI Surveillance Group

Status	Regions and countries
High (24)	AFR: Angola, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Kenya, Madagascar, Mali, Mozambique, Niger, Nigeria, South Sudan; EMR: Afghanistan, occupied Palestinian territories, Pakistan, Somalia, Sudan, Yemen; SEAR: Indonesia; WPR: Papua New Guinea.
Medium (25)	AFR: Algeria, Burundi, Congo, Côte d'Ivoire, Equatorial Guinea, Eritrea, Gabon, Gambia, Guinea-Bissau, Liberia, Mauritania, Senegal, Sierra Leone, South Africa, Togo, Zambia, Zimbabwe; AMR: Haiti; EMR: Djibouti, Libya, Morocco, Tunisia; SEAR: Myanmar, Thailand; WPR: Philippines.
Low (watchlist) (17)	AFR: Botswana, Ghana, Malawi, Namibia, Rwanda, Uganda, United Republic of Tanzania; AMR: Brazil; EMR: Egypt, Iraq, Lebanon, Syrian Arab Republic; EUR: Kyrgyzstan, Romania, Tajikistan, Ukraine; WPR: Viet Nam.
Low	All countries not included in the previous three categories.

AFR = African Region; AMR = Region of the Americas; EMR = Eastern Mediterranean Region; EUR = European Region; SEAR = South-East Asia Region; WPR = Western Pacific Region.

Note: The current list of 24 High priority countries is valid for the duration of GPSAP 2025-2026 but can be added to as critical risks and gaps in surveillance are identified.

Fig. 2. GPEI Surveillance Group's prioritized countries and territories



- The GPEI Surveillance Group (SG) identified a list of prioritized countries to help guide its support activities.
- Priority countries were identified based on an assessment of several factors including surveillance indicators, risk of virus importation, immunization coverage, and expert opinion to inform country context, capacity and needs, and required technical support.
- The list of countries you see in Table 2 and on the map (Figure 2) will be set for the two-year period of the GPSAP 2025-2026. However, **changes in the epidemiology of the poliovirus means that countries may be added to this list, or priority status upgraded, for example, from medium to high priority. Note that countries will not be removed from the list or downgraded over the two-year period.**
- Look for your country's priority status in the list (Table 2) and on the map (Figure), both available on pages 4 & 5. Once you find your country, the next slide and Annex B in the GPSAP will inform you of the GPEI resources available for support.

SG country prioritization – 2/2

- Annex B details the type of **financial and technical support** that the SG can provide countries based on their priority level.
- High priority countries in this list are the *primary focus* of the GPSAP as **their success is crucial to achieve WPV eradication and cVDPV elimination**.
- All other countries, while also important, represent the *secondary focus* of the plan to prepare for Global certification of eradication and for sustaining polio free status thereafter.

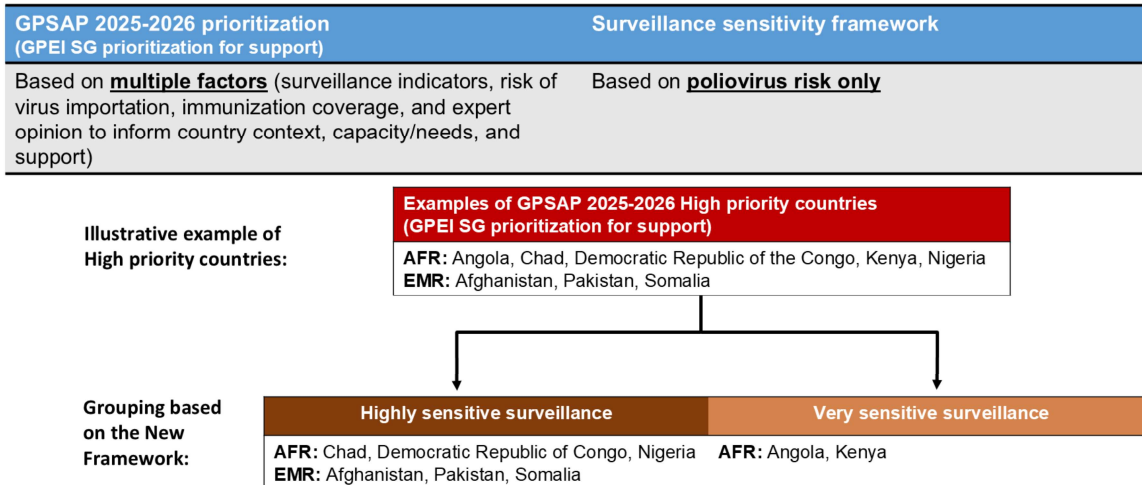
Table B1. Support available from the GPEI Surveillance Group

Priority level	Technical support	Financial support	Outbreak response support
High	<ul style="list-style-type: none"> Additional surveillance desk and field reviews, monitoring of KPI/KPPI by SG and RO Training of gender-balanced trainers Provision of training materials, guidance documents Environmental site reviews Field TA Desk reviews, monitoring of KPI/KPPI by SG and RO Review of surveillance performance Provision of training materials, guidance documents Transition: advocate for full integration of polio surveillance system into VPD surveillance Field TA as requested by the country, with justification 	<p>If a country or territory can demonstrate a need above and beyond FRR resources and/or base budget for VPD surveillance investments AND if regional surveillance running cost funding is insufficient, requests can be made for financing from Surveillance Contingency Funds.</p> <p>If a country or territory can demonstrate a need above and beyond base budget for VPD surveillance investments AND if regional surveillance running cost funding is insufficient, requests can be made for financing from Surveillance Contingency Funds.</p>	<p>The SG/RO will lead on surveillance outbreak response activities and TA by building on the routine surveillance plan in coordination with the ORPG. Countries and territories are eligible for surveillance enhancement funding and surveillance HR support through Surveillance Contingency Funds managed by the SG.</p>
Medium	<ul style="list-style-type: none"> Desk reviews and monitoring of KPI/KPPI by RO Technical support led by RO; guidance and technical support may be available from SG. Provision of training materials, guidance documents Transition: advocate for full integration of polio surveillance system into VPD surveillance 	<p>Additional financial needs above and beyond base budget financing for VPD surveillance should be covered by regional surveillance running costs. In rare instances, additional fund may be available.</p>	<p>The SG/RO will lead on surveillance outbreak response activities and TA by building on the routine surveillance plan in coordination with the ORPG.</p>
Low (watchlist)	<ul style="list-style-type: none"> Desk reviews and monitoring of KPI/KPPI by RO Provision of training materials, guidance documents Technical support by RO; guidance available by SG 	<p>Led by RO.</p>	<p>Most countries and territories are likely to self-finance with technical support by ORPG/SG/RO. In unique cases, additional financial support may be provided through Surveillance Contingency Funds, if justified.</p>

FRR = financial resource requirement; HR = human resources; KPI = key performance indicator; KPPI = key performance and process indicator; ORPG = Outbreak Response and Preparedness Group; RO = regional office; SG = Surveillance Group; TA = technical assistance; VPD = vaccine-preventable disease.

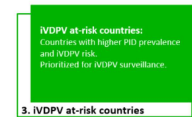
- GPEI surveillance resources will be targeted to these countries and territories, particularly high priority countries and territories.

Note that there is no direct link between the SG country prioritization status and the surveillance sensitivity level as detailed in the new framework



- While there is no direct link, there is some overlap between the 2 ways of prioritizing or grouping (i.e., between the GPEI SG’s prioritization status and the required level of surveillance sensitivity as described in the new framework):
 - the required threshold for surveillance sensitivity varies with the degree and history of poliovirus transmission, as well as with the risks of importation or emergence.
 - the SG prioritization is driven by surveillance indicators performance, but it also takes into account recent or nearby virus circulation and immunization coverage estimates plus expert opinion based on current context, capacity and needs and risks. That is, it takes more factors into consideration.
- **Note that: The list of High priority countries for the SG includes ALL countries requiring Highly sensitive surveillance and SOME of the countries requiring Very sensitive surveillance.**

Group 3. iVDPV at-risk Countries



Please refer to:

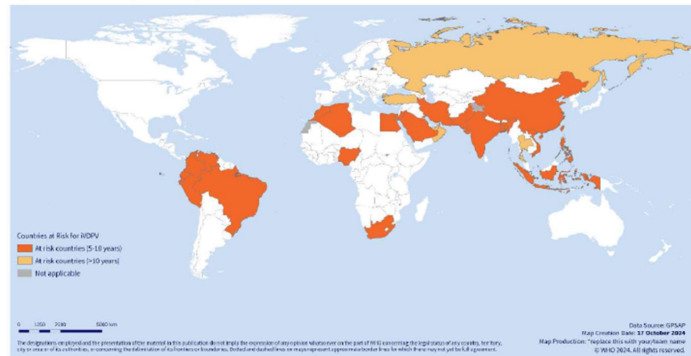
- **Objective 3.** Scale up iVDPV surveillance to sustain polio eradication (page 20, GPSAP)
- **Annex H:** Global risk assessment for iVDPV surveillance

- This sub-section will go over the 3rd grouping, which covers **countries at risk of iVDPV.**

iVDPV risk

- A model of the risk of immunodeficiency-associated vaccine-derived poliovirus (iVDPV) has been produced as a **guiding tool** for countries and WHO regional offices **to plan** for iVDPV surveillance.
- The objective is to identify OPV-using countries where iVDPV incidence is high and where poliovirus is more likely to spread and cause poliomyelitis cases. However, this model is in no way prescriptive as it is currently based on limited data.
- **This is different than the poliovirus or surveillance risk:** At-risk iVDPV countries were identified through a separate risk assessment approach and were not a criterion in the SG prioritization assessment.

Fig. H1. Countries potentially at risk of iVDPV



Source: WHO.

Countries at risk of iVDPV (5-10 years)

Algeria, Bangladesh, Brazil, China, Colombia, Ecuador, Egypt, India, Indonesia, the Islamic Republic of Iran, Jordan, Morocco, Nigeria, Pakistan, Peru, Philippines, Saudi Arabia, South Africa, Venezuela, Viet Nam

Countries at risk of iVDPV (>10 years)

Kuwait, Oman, Russian Federation, Thailand, Turkey, United Arab Emirates

- This model is in no way prescriptive as it is currently based on limited data.
- Your country should discuss with your RO and the WHO HQ team about your interest and willingness to initiate iVDPV surveillance.
- If your country is interested but is not considered at risk as per the model, it will still receive the technical support needed.
- As per GPSAP the model will be updated in early 2026.

Using the GPSAP 2025-2026 to inform country plans



Countries are expected to update their surveillance plans to reflect the new GPSAP

- All countries are expected to update their surveillance plans to reflect this new GPSAP.

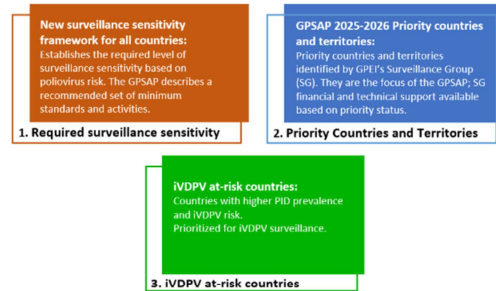
Overview of steps and questions to inform updates to your country plans

- 1** Which groups does my country fit into?
- 2** What are the expected targets for surveillance indicators? How is their achievement measured?
- 3** What are the minimum recommended surveillance activities for my country?
- 4** What are the main surveillance risks for my country, and which risk mitigation measures to adopt?

- To inform your country's plan, you should go through each of these steps and answer these questions.
- The 1st step was partially explained in the previous slides but is the 1st question to answer for your country (see next slides).

What is my country's classification for each of the three groups?

- To use the new GPSAP to inform your country's plan, the first step is to know your country's classification in each of the three groups.
- However, note that planning can begin even as classification discussions are ongoing (e.g., discussion with WHO RO on the required surveillance sensitivity [Group 1])
 - If you already know your country's priority status in the SG's list of prioritized countries and territories (especially if it is classified as High priority), you can start using the GPSAP for planning .
 - You can also start or pursue planning based on the new sensitivity framework ahead of identifying your country's status within the "iVDPV at-risk group", or in parallel to doing so.

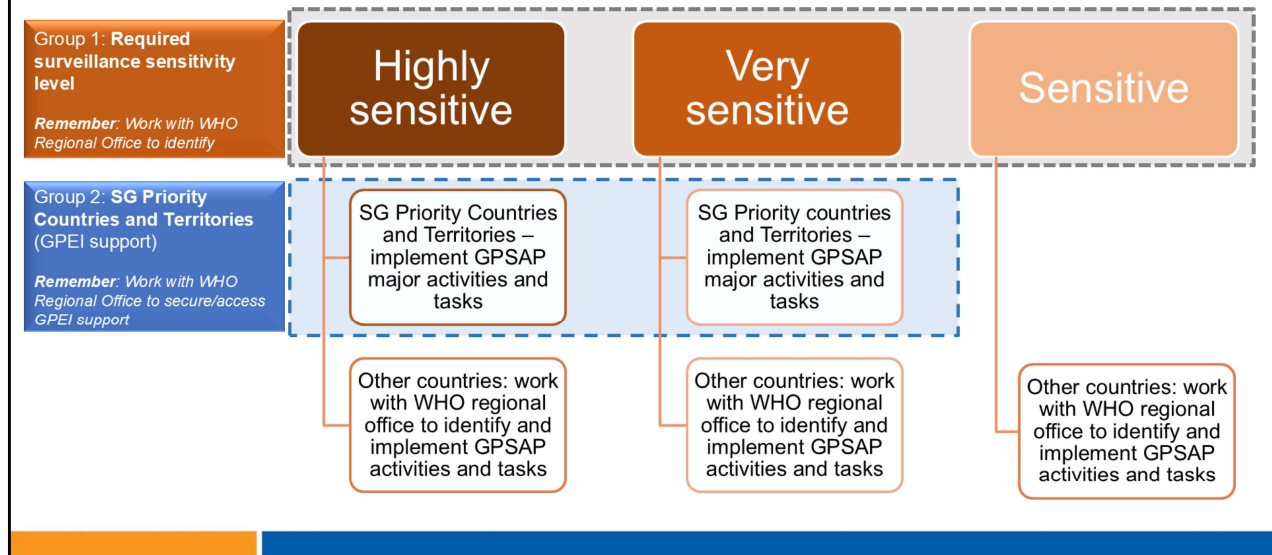


- As previously described, there are three groupings detailed in this new action plan. To incorporate the new action plan into country plans, the first step is to know your country classification in each of the three groups.
- While the new action plan already provides the country classification for

Group 2 (priority countries and territories), countries should work with WHO regional offices to identify their Group 1 classification (required surveillance sensitivity) and their risk for iVDPV (group 3).

- However, planning can begin even as classification discussions are ongoing (e.g., WHO RO discussions on surveillance sensitivity [Group 1])
 - Countries can start immediately based on the SG prioritisation status, especially if classified as a high priority country or territory.
 - Countries can pursue planning based on the new sensitivity framework ahead of identifying their iVDPV group, or in parallel.

Using Groups 1 and 2 classifications together

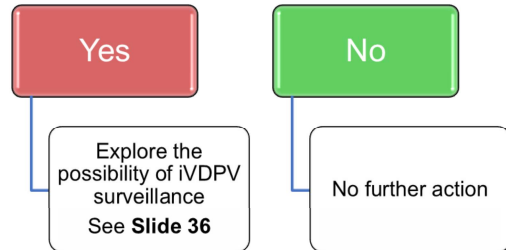


- This slide quickly summarizes how classifications for Groups 1 and 2 can be used together once both pieces of information (classification in Group 1 and in Group 2) are available.
- The goal is for national programmes to achieve and maintain the required level of surveillance sensitivity given their risk for polio.
- To be able to achieve this level of sensitivity in the subset of countries and territories affected by polio or at high risk of polio, support from the GPEI may be necessary through the Surveillance Group (SG). Remember that GPEI support will vary based on classification – high, medium, and low (watchlist) – and it is therefore important to work with WHO regional offices to make sure countries are implementing the most appropriate activities described in the GPSAP 2025-2026 as well as needed support.
- It is also important for all other countries that were categorized as SG low priority countries to also work with their WHO regional office to identify the most appropriate activities from the GPSAP 2025-2026 to incorporate

Group 3 (iVDPV at-risk countries) *separate surveillance system, separate use*

1. Countries currently implementing iVDPV surveillance:
 - Incorporate the GPSAP 2025-2026 (its most appropriate/relevant activities) into your country plans (See slide 36)
2. Countries not implementing iVDPV surveillance
 - Identify whether your country is an “iVDPV at-risk country” or not (→ It might not necessarily be a simple yes/no answer!)

Is my country an iVDPV at-risk country?



→ Work with your WHO regional office!



- Countries that are already implementing iVDPV surveillance can move forward with incorporating the GPSAP 2025-2026 into their country plans
- For countries that are not implementing iVDPV surveillance, while the question “Is my country an iVDPV at-risk country?” may seem like a simple question, it is not necessarily a simple yes/no answer. Unlike the other polio surveillance systems that focus on wild poliovirus and circulating vaccine-derived poliovirus, the risk of iVDPV is different and based on unique characteristics of the population living within the country.
- In either situation, it is important for your country to work with your WHO regional office:
 - For countries that are implementing iVDPV surveillance, it is important to identify the most appropriate/relevant activities to incorporate into ongoing activities.
 - For countries not implementing iVDPV surveillance, it is important to identify if they are at-risk for iVDPV.

Overview of steps and questions to inform updates to your country plans

- 1** Which groups does my country fit into?
- 2** What are the expected targets for surveillance indicators? How is their achievement measured?
- 3** What are the minimum recommended surveillance activities for my country?
- 4** What are the main surveillance risks for my country, and which risk mitigation measures to adopt?

- Having now identified where our country fits in each of the 3 country groupings, it will be easier to navigate the GPSAP and make better use of it.
- Note that the next slides focus mostly on polio surveillance and not necessarily iVDPV surveillance which will be discussed beginning on slide 36

Minimum targets by risk profile for selected indicators under the new framework

The **performance** of countries under each of the surveillance sensitivity (risk) profiles will be monitored by **key performance indicators (KPIs)** against **targets**: (See Annex A)

Highly sensitive surveillance

Countries continuously affected by poliovirus

- **NPAFP rate:** ≥ 3 per 100K children <15 years old per year
- **Stool adequacy:** $\geq 80\%$
- **Timeliness of detection for WPV/ VDPV:** $\geq 80\%$
- **ES EV detection rate:** $\geq 80\%$
- **Adequacy of active surveillance visits:** $\geq 80\%$ of high priority sites

*defined as today to previous six months

Very sensitive surveillance

Countries with short-term outbreaks*, or at high risk for poliovirus importation or emergence

- **NPAFP rate in outbreak-affected countries:** ≥ 3 per 100K children <15 years old per year
- **NPAFP rate in high-risk countries:** ≥ 2 per 100K children <15 years old per year
- **Stool adequacy:** $\geq 80\%$
- **Timeliness of detection for WPV/VDPV:** $\geq 80\%$
- **ES EV detection rate:** $\geq 80\%$
- **Adequacy of active surveillance visits:** $\geq 80\%$

Sensitive surveillance

Countries at low-risk of poliovirus importation or emergence

- **NPAFP rate:** ≥ 1 per 100K children <15
- **Stool adequacy:** $\geq 80\%$

- The performance of countries under each of the surveillance sensitivity (risk) profiles, under the new framework, will be monitored by key performance indicators (KPIs) against targets.
- Note that KPIs are also described in the 3rd tool in this toolkit.

Achieving surveillance targets: *Resources within the GPSAP 2025-2026*



Resources within the GPSAP 2025-2026:

- A comprehensive list of **indicators (KPIs)** in Annex C.
- **Guidance** on:
 - Targeted activities to identify challenges and solutions to subnational surveillance gaps (Objective 1, Major activity 1)
 - Improving timeliness for field activities and specimen transport (Objective 1, Major activity 2)
- Ensuring quality and assessment of surveillance goes **beyond indicators**:
 - Ensuring well-functioning active surveillance (Objective 1, Major activity 1)
 - Planning and implementing systematic surveillance sensitivity and performance assessments is covered under each surveillance workstreams in the plan.

Reminder: National surveillance indicators can mask subnational gaps creating blind spots and contributing to missed and delayed detections.

→ The GPSAP 2025-2026 continues to stress the importance of focusing on improving subnational surveillance performance.



- If surveillance targets were not achieved, improvements to surveillance need to be made. There are several resources and recommended activities in the new action plan focused on improving surveillance performance and these are listed on the left side.
- If surveillance targets were achieved, it is important to remember that meeting surveillance targets at the national-level does not necessarily mean surveillance is sensitive nationwide. National surveillance indicators can mask subnational gaps creating blind spots and contributing to missed and delayed detection. This is why the GPEI Strategy 2022-2026 and GPSAP 2022-2024 stressed the importance of understanding and addressing subnational surveillance performance. The new action plan continues to stress this importance of focusing on improving subnational surveillance performance.

Overview of steps and questions to inform updates to your country plans

- 1** Which groups does my country fit into?
- 2** What are the expected targets for surveillance indicators? How is their achievement measured?
- 3** What are the minimum recommended surveillance activities for my country?
- 4** What are the main surveillance risks for my country, and which risk mitigation measures to adopt?

- The intensity of surveillance activities to be implemented will vary according to the country's surveillance sensitivity grouping and its status in the GPEI SG's prioritization list.

Surveillance objectives and major activities

- The GPSAP outlines **6 objectives** with corresponding major **activities** to respond to the current challenges of polio surveillance:

1. Enhance and sustain **AFP surveillance** sensitivity and timeliness
2. Optimize the **ES** network to contribute to the timely detection of polioviruses
3. Scale up **iVDPV surveillance** to sustain polio eradication
4. Maintain and strengthen the integrity, capacity and capability of the **GPLN**
5. Plan for an **integrated** future while increasing efficiency in data for action
6. Enhance surveillance **management and accountability**

- These objectives and activities are provided for **all countries** to implement **based upon their assessed surveillance sensitivity needs**.
- As a national programme, you are encouraged to collaborate with your **WHO regional office** to identify the most appropriate activities to strengthen your country's surveillance system.

Table 1. Objectives and major activities of the Global Polio Surveillance Action Plan 2025–2026

Objectives	Major activities
Objective 1. Enhance and sustain AFP surveillance sensitivity and timeliness	<ol style="list-style-type: none"> 1. Implement targeted activities to identify challenges and solutions to subnational surveillance gaps 2. Improve timeliness for field activities and specimen transport 3. Plan and implement systematic surveillance sensitivity and performance assessments 4. Facilitate building and sustaining a skilled, gender balanced workforce 5. Integrate AFP surveillance with other disease surveillance systems where appropriate.
Objective 2. Optimize the ES network to contribute to the timely detection of polioviruses	<ol style="list-style-type: none"> 1. Improve and maintain the sensitivity of ES sites 2. Optimize ES based on country context, with emphasis on high-risk areas 3. Improve the shipment timeliness and condition of ES samples 4. Prepare for integration with other wastewater-detectable pathogens 5. Improve and standardize the ES data pipeline, from collection to use.
Objective 3. Scale up iVDPV surveillance to sustain polio eradication	<ol style="list-style-type: none"> 1. Support and expand iVDPV surveillance in countries with existing systems 2. Implement iVDPV surveillance in at least five additional at-risk countries across all regions 3. Ensure iVDPV information system is available with regular and systematic reporting of data to the GPEI 4. Set up a system for regular coordination with societies for PIDs and immunology networks 5. Coordinate with research groups on antiviral therapies, monoclonal antibodies and rapid diagnostics
Objective 4. Maintain and strengthen the integrity, capacity and capability of the Global Polio Laboratory Network	<ol style="list-style-type: none"> 1. Strengthen oversight of quality management systems in all GPLN laboratories 2. Sustain and strengthen processing capacity in all GPLN laboratories, prioritizing those serving high-priority countries and territories 3. Continue the assessment of new or adapted methodologies and algorithms and implement after validation, prioritizing laboratories serving high-priority countries and territories 4. Continue to work with broader polio surveillance networks, including other iVDPV, and document integration activities 5. Develop a strategy for the long-term sustainability of core GPLN functions
Objective 5. Plan for an integrated future while increasing efficiency in data for action	<ol style="list-style-type: none"> 1. Ensure POLIS contains all data elements required for programmatic purposes and activities (including certification) 2. Make improvements to modernize regional and country information systems 3. Strengthen country- and regional-level data management and analytical capacity 4. Prepare POLIS for a future transfer or integration with other data and information management systems 5. Increase collaboration with global stakeholders to foster integration, standardization, transparency and inter-regional coordination
Objective 6. Enhance surveillance management and accountability	<ol style="list-style-type: none"> 1. Develop and track GPSAP implementation in high-priority countries and territories 2. Monitor surveillance risk and performance in priority countries and territories 3. Monitor and support the workplan of data systems, GPLN and regions 4. Monitor and support the integration of polio surveillance activities 5. Monitor and advocate for sustainable transition in countries that receive GPEI funding for surveillance

AFP = acute flaccid paralysis; ES = environmental surveillance; GPEI = Global Polio Eradication Initiative; GPLN = Global Polio Laboratory Network; GPSAP = Global Polio Surveillance Action Plan; iVDPV = immunodeficiency-associated vaccine-derived poliovirus; PID = primary immunodeficiency disorder; POLIS = Polio Information System; VPD = vaccine-preventable disease.

GPSAP = Global Polio Surveillance Action Plan

AFP = acute flaccid paralysis

ES = environmental surveillance

GPLN = Global Polio Laboratory Network; iVDPV = immunodeficiency-associated vaccine-derived poliovirus

- The GPSAP outlines **6 objectives** with corresponding major activities to respond to the current challenges of polio surveillance.
- All countries** are expected to incorporate activities associated with (some/all of) these **6 objectives** to varying degrees and depending on their risk profile as well as on their priority status (see next slide).
- Country programmes are encouraged to collaborate with their WHO regional offices to identify the most appropriate activities to strengthen their surveillance system.

Expectations for implementing surveillance strengthening activities (Objectives 1-5) and management and accountability (Objective 6)

Priority Countries and Territories	All other Countries and Territories
High priority: Expected to implement activities described for all objectives (where relevant) and in collaboration with WHO regional offices.	As part of the assessment to identify required surveillance sensitivity level (i.e. new framework), collaborate with WHO regional offices to identify activities that would effectively strengthen routine activities and address existing gaps within available resources.
Medium and low (watchlist) priority: Expected to work with WHO regional offices to identify key activities to strengthen routine activities and address surveillance gaps.	
Activities, tasks, processes and procedures in support of these objectives may be modified or adjusted to address variability in national programmes and regional offices	

→ The GPSAP 2025-2026 is not prescriptive, rather it relies on countries and regional offices to identify the best next steps:

- Does not recommend specific surveillance systems (e.g., AFP surveillance, environmental surveillance, iVDPV surveillance)
- Does not recommend specific activities



- This slide clarifies the expectations of implementing the activities and tasks detailed in objectives 1-6.
- First, the key focus on the action plan is to successfully stop wild poliovirus type 1 transmission and interrupt cVDPV2 circulation.
- Therefore, the priority countries and territories listed in the action plan are the key geographies in which targeted GPEI support for surveillance will be provided to achieve these two goals. And more specifically, the high priority countries.
- In collaboration with WHO regional offices (and global partners), it is expected that:
 - **High priority countries** will implement **all activities described for each objective**, where relevant. For example, if a high priority country is not an at-risk country for iVDPV surveillance, it is not expected to initiate or conduct iVDPV surveillance.
 - **Medium and low (watchlist) priority countries** will implement **selected objectives and activities** to address their surveillance gaps. This will vary from country to country, with some countries needing to implement the majority of objectives and activities while it may be just a few for other countries.

- **All other countries** that are not one of these three priority status countries will implement selected objectives and activities that will effectively address existing gaps within their available resources.
- As a reminder, all activities, tasks, processes and procedures can be/should be modified to fit the specific contextual needs of the national programmes and regional offices.

Minimum recommended surveillance activities



At a minimum, and depending on the risk profile, all countries are **recommended to perform the following key activities irrespective of whether they are prioritized for support or not:**

Highly sensitive surveillance (Objectives 1 to 6)

Countries continuously affected by poliovirus

- Functioning Active and Passive surveillance
- CBS for high-risk subgroups (where appropriate).
- Optimized ES.
- iVDPV if warranted.
- Supported by GPLN (fast and accurate lab diagnostics) and POLIS information system.
- Regular monitoring of surveillance performance should be conducted to guide implementation of corrective actions.

Very sensitive surveillance

Countries with short-term outbreaks*, or at high risk for poliovirus importation or emergence

- Similar activities to highly sensitive surveillance.
- Possible temporary ES sites, ad-hoc active AFP case searches in facilities & communities (including countries without AFP surveillance), and prioritizing samples from outbreak-affected** or high-risk areas for laboratory testing.
- Documenting surveillance enhancements, analyses, and implementation of corrective actions remains a critical step, important source of documentation for OBRAs in outbreak-affected countries.

Sensitive surveillance

Countries at low-risk of poliovirus importation or emergence

- A mix of strategies that include passive and active AFP surveillance which may be supplemented by ES.
- Other, non-traditional means of poliovirus detection may be used including EVS, AFM, wastewater surveillance, and event-based surveillance.

*defined as today to previous six months

** please refer to *Interim Quick Reference on Strengthening Polio Surveillance during a Poliovirus Outbreak* [Polio surveillance strengthening during polio outbreaks](#)

Overview of the objective layout

- Ensure that your surveillance plan is in line with the **vision** described under each objective.
- Take into consideration the **major activities** that will need to be accomplished to achieve the vision
 - Description for each major activity provides further details on the tasks that need to be completed to successfully to achieve the major activity
 - A summary of tasks is provided at the end of each major activity
- Use the **key performance and process indicators (KPPIs)** to measure progress towards achieving the major activity

Example of Objective 2 (Environmental surveillance) **POLIO** GLOBAL ERADICATION INITIATIVE

Vision: By the end of 2026, the programme will make significant progress towards the optimization of the global ES network. To guide this work, the programme will conduct an analysis of the global ES footprint. The GPEI will also explore opportunities for integration with other wastewater surveillance programmes to ensure the long-term sustainability of polio ES.

Major activities	Key performance and process indicators
1. Improve and maintain the sensitivity of ES sites	<ul style="list-style-type: none"> • ≥80% of environmental sites reach an EV detection rate of ≥50% over 12 months. • ≥80% of underperforming sites (<50% EV detection rate over 12 months) are reviewed within 6-12 months, and corrective actions are taken. • All high-priority countries and territories conduct refresher trainings every year.

Major Activity 1. Improve and maintain the sensitivity of ES sites

ES sites must meet sensitivity and operational standards to reliably detect viruses of interest, including WPV1 and VDPVs. The standards, available in the *Global ES Field Guidance*, are an essential resource for maintaining ES site sensitivity.²⁰

To increase awareness and understanding of site management, trainings should be prioritized and conducted at least annually, and ES should be included as a component of refresher AFP and VPD surveillance trainings for polio surveillance and laboratory officers.

To monitor site performance and adherence to the *Global ES Field Guidance*, the SG will regularly conduct desk and field reviews to support countries, through WHO regional offices, in identifying corrective actions that must be taken, such as modifying or closing underperforming sites or opening ad hoc sites to support outbreak response.²¹ Additional factors that could impact site performance may be observed through routine supervisory visits and corrected as needed.

New methods and technologies for sample collection, site selection and analysis will be evaluated. The SG will engage with partners conducting this type of research to understand their potential benefit to the programme. One area of work that is already under evaluation is a site sensitivity and performance assessment tool that goes beyond the traditional indicator of enterovirus (EV) detection and provides more information on which to assess the epidemiological value of an ES site.

Activity 1 tasks

- ✓ Develop a plan for monitoring country- and site-level adherence to the *Global ES Field Guidance*.
- ✓ Conduct refresher trainings at least annually in priority countries
- ✓ Evaluate the use of technology and new methods for ES sample collection and site selection.
- ✓ Develop and implement an assessment tool for scoring ES sensitivity and performance.

- Back to the objectives. The layout for each objective section is consistent to make it more reader friendly.
- (click) It begins with the elaboration of the vision for the objective by the end of 2026.
- (click) This is followed by a table that summarizes the major activities and key performance and process indicators, referred to as KPPIs.
- (click) The table is then followed by a description of each major activity to provide greater understanding of the context, challenges, and tasks to be completed to successfully achieve the major activity.
 - A summary of the tasks are provided after each major activity.
- (click) The key performance and process indicators are to be used to measure progress towards achieving the major activity.

Accountability framework and expected country responsibilities

The GPSAP accountability framework outlines expected **Global, Regional and Country responsibilities** for each listed activity.

For example:

Major Activity and Outcome	Regional Leadership	Global
<p>Major Activity 1: Implement targeted activities to identify challenges and address them to subnational surveillance gaps</p> <ul style="list-style-type: none"> Collect and conduct disaggregated data analyses by high-risk sites, sex, HSB, and other criteria to pinpoint reasons for gaps and implement strategies to overcome them. Audit the AFP surveillance system, looking specifically at subnational performance. Review updates AS network every 6 months. Monitor active surveillance visits by priority sites. 	<p>Regional Leadership</p> <ul style="list-style-type: none"> Support countries to identify and implement strategies to address subnational gaps. Audit the AFP surveillance system, looking specifically at subnational performance. High-risk countries and facilities should be audited annually. WPRO & EBRD to develop AFP dashboard and conduct regional assessment of gaps to improve visibility. EBRD to collect, review, and provide feedback to countries on reporting network and active surveillance visits. GBACD to conduct in-depth surveillance review in 1 country. WPRO to support 4 countries to strengthen CBS and active surveillance (2) and active surveillance only (2). 	<p>Global</p> <ul style="list-style-type: none"> Engage with and support regions and countries to address subnational gaps. Develop and disseminate guidance for conducting comprehensive surveillance audits. Develop and disseminate guidance for conducting AFP surveillance in capital cities.
<p>Major Activity 2: Improve timeliness for field activities and specimen transport</p> <ul style="list-style-type: none"> Identify reasons for and address delays through every step of field activities and specimen transport. Improve the collection and utilization of HSB to improve timeliness of notification. Explore alternatives for stool specimens transport where delays are observed, including integration of specimen transport with other programmes. Transition non-governmental support for specimen shipment tracking to governments and conduct impact analyses at six (6) months and one (1) year. 	<p>Regional Leadership</p> <ul style="list-style-type: none"> Support and monitor countries to address delays in field activities and specimen transport. Monitor timeliness of sample transport and explore alternative methods where delays are observed. Assist countries to transition specimen shipment tracking to laboratories in other countries. Assist countries to transition specimen shipment tracking to government and conduct impact analyses at six (6) months and one (1) year. WPRO to provide focused support to 3 countries to improve timeliness of detection. 	<p>Global</p> <ul style="list-style-type: none"> Support regions and countries to identify and implement strategies to improve timeliness of field activities and specimen transport.
<p>Major Activity 2: Improve timeliness for field activities and specimen transport</p> <ul style="list-style-type: none"> Identify reasons for and address delays through every step of field activities and specimen transport. Improve the collection and utilization of HSB to improve timeliness of notification. Explore alternatives for stool specimens transport where delays are observed, including integration of specimen transport with other programmes. Transition non-governmental support for specimen shipment tracking to governments and conduct impact analyses at six (6) months and one (1) year. 	<ul style="list-style-type: none"> Support and monitor countries to address delays in field activities and specimen transport. Monitor timeliness of sample transport and explore alternative methods where delays are observed. Assist countries to transition specimen shipment tracking to government and conduct impact analyses at six (6) months and one (1) year. WPRO to provide focused support to 3 countries to improve timeliness of detection. 	<ul style="list-style-type: none"> Support regions and countries to identify and implement strategies to improve timeliness of field activities and specimen transport.
<ul style="list-style-type: none"> Monitor subnational surveillance performance during and upon completion of integration. Advocate with GPEI partners to fund to ensure integration implementation and maintenance of high-quality passive surveillance (Countries receiving GPEI funding). Identify areas of convergence and explore synergies between AFP and iVDPV surveillance and work for AFP and iVDPV surveillance integration. 	<p>Implementation and maintenance of high-quality passive surveillance (Countries receiving GPEI funding)</p> <ul style="list-style-type: none"> GBACD to advocate for sustainable government funding for integrated iVDPV surveillance in 3 transition countries. 	<p>Plans</p> <ul style="list-style-type: none"> Advocate for sustainable funding among global partners.

- Completion of tasks will be monitored by WHO regional offices and headquarters and GPEI partners.
- Table E1:** Focuses on responsibilities for enhancing AFP surveillance.
- Table E2:** Addresses accountability for improving environmental surveillance.
- Table E3:** Covers roles for implementing and expanding iVDPV surveillance.
- Table E4:** Relates to responsibilities and accountabilities for strengthening laboratory surveillance systems.
- Table E5:** Centers on modernizing and integrating data and information systems.
- Table E6:** Highlights management and accountability for GPSAP implementation.

Overview of steps and questions to inform updates to your country plans

- 1** Which groups does my country fit into?
- 2** What are the expected targets for surveillance indicators? How is their achievement measured?
- 3** What are the minimum recommended surveillance activities for my country?
- 4** What are the main surveillance risks for my country, and which risk mitigation measures to adopt?

- This step helps you find out what main surveillance risks your country may be facing and guide you to resources available to find out and adopt key mitigation measures.

What are the main surveillance risks for my country?

Below are the **top 5 risks** per surveillance sensitivity profile (See Annex A.):

Highly sensitive surveillance

Countries continuously affected by poliovirus

1. Lack of geographic and demographic comprehensiveness of AFP surveillance network.
2. Inadequate monitoring and data management.
3. Banning of Surveillance Activities
4. Poorly planned withdrawal/reduction of GPEI support.
5. Weak surveillance workforce.

Very sensitive surveillance

Countries with short-term outbreaks, or at high risk for poliovirus importation or emergence

1. Poorly conducted surveillance activities
2. Health-seeking behaviour overlooked.
3. Chronic or sporadic insecurity preventing full access.
4. Inadequate demographic and geographic representativeness or coverage.
5. Failure to prepare and guide countries adequately on integration and transition.

Sensitive surveillance

Countries at low-risk of poliovirus importation or emergence

1. Complacency and low prioritization of polio surveillance.
2. Insufficient financial resources that may negatively impact surveillance performance.
3. Decline in ES/AFP surveillance quality when integrated into other disease surveillance systems.
4. Shortage of laboratory staff / inadequate laboratory capacity.
5. Inadequate human resources.

- While the risk to polio surveillance sensitivity may **overlap** among the groups, there are **unique challenges to each group of countries**.
- **Special strategies** may be needed and included surveillance strengthening plans.

Surveillance risks and risk mitigation measures

The **top 5 risks and risk mitigation measures** per risk profile and surveillance sensitivity needed are presented in **Annex A**.

Table A.1. Top five risks and risk mitigation strategies for highly sensitive surveillance

Risks	Risk mitigation strategies
Lack of geographic and demographic comprehensiveness of AFP surveillance network (access and utilization)	<ul style="list-style-type: none"> Map areas and populations missed from the network, including inaccessible and security-compromised areas. Identify existing service providers and health-seeking behaviours. Identify, sensitize and engage available facilities and AFP focal persons. Explore establishing community-based surveillance (CBS). Disaggregate data analysis for these areas and populations.
Inadequate monitoring and data management (inadequate or irregular analysis of surveillance data to identify gaps and/or required corrective action; lack of mechanism and/or suboptimal quality of supportive supervision and quality checks; narrow focus on selected indicators, only numerator; misleading data due to wrong denominators or misassignment of case location)	<ul style="list-style-type: none"> Review and strengthen supportive supervision through workplans, tools, dedicated funds and monitoring mechanisms. Develop a standard set of analysis (beyond core indicators, including process components), to be used on monthly basis to identify gaps. Disaggregate data by population, geography, gender and reporting sites. Assess staff capacity for analysing and interpreting data, where relevant, provide training. Institute a mechanism of surveillance data validation (10% AFP cases, ACS, etc.). Conduct internal reviews annually and external reviews biennially. Systematically track the implementation of recommendations from assessments and reviews conducted by and with the support of the regional office.
Banning of surveillance activities (limiting movement, sample shipment, etc.) in areas or for periods of time by the government or anti-government groups, communities	<ul style="list-style-type: none"> Such actions should be treated as emergencies with immediate escalation to the highest level for intervention. Advocate with concerned authorities for poliovirus surveillance. Advocate for the development of contingency plans. Use of IHR/PHEIC provisions. Plan well for the gradual withdrawal of GPEI support (especially financial support). Foster government ownership, i.e. allocating budget lines and increasing national contributions. Focus on developing national technical capacity for sustainability after withdrawal of external support.
Poorly planned withdrawal/reduction of GPEI support	<ul style="list-style-type: none"> Review the surveillance structure and fill gaps with partner support. Ensure the movement of surveillance workforce is supported. Reassess staff capacity and training needs and conduct capacity-building. Plan annual refresher trainings. Develop and implement a surveillance accountability framework. Avoid rapid turnover by providing training and other incentives.
Weak surveillance workforce (insufficient surveillance workforce/rapid turnover of staff; inadequate staff capacity, work misallocation or overload; absence or poor implementation of accountability framework)	<ul style="list-style-type: none"> Review the surveillance structure and fill gaps with partner support. Ensure the movement of surveillance workforce is supported. Reassess staff capacity and training needs and conduct capacity-building. Plan annual refresher trainings. Develop and implement a surveillance accountability framework. Avoid rapid turnover by providing training and other incentives.

2019 © Global Polio Eradication Initiative. IHR = International Health Regulations; PHEIC = Public Health Emergency of International Concern.

Table A.2. Top five risks and risk mitigation strategies for very sensitive surveillance

Risks	Risk mitigation strategies
Poorly conducted surveillance activities (including active surveillance visits and supervisions and community-based surveillance)	<ul style="list-style-type: none"> Conduct supervisory visits and monitor indicators to identify gaps. Ensure all identified gaps are investigated to assess the extent of the issues and come up with possible solutions. Ensure all staff (especially new staff) are appropriately trained and equipped with support material and tools. Monitor and periodically supervise supportive supervisory visits. Ensure national CIFs collect health-seeking behaviour data. Systematically check all new CIFs to ensure surveillance officers fully complete forms, including health-seeking behaviour and health encounters. Routinely analyse (and disaggregate) health-seeking behaviour data to identify corrective action or intervention. Monitor performance at the lowest possible level and by geographic area. Map and track access at the lowest level on a regular basis. Monitor movements of people leaving insecure areas to plan to identify windows of opportunity for supplementary surveillance methods. Identify appropriate alternative methods, including ring-fencing surveillance, partnering with organizations in the areas, and training local contacts for the purpose of reporting AFP cases. Brief AFP cases out of the insecure zone for case investigation. Disaggregate surveillance data (e.g. ethnicity, gender) when analysing. Identify channels for negotiation, including through third parties. Sensitize and seek support of police and armed forces as appropriate.
Health-seeking behaviour overlooked	<ul style="list-style-type: none"> Identify and map by location and type of population. Stratify data analyses. Identify available health facilities. Collect and analyse health-seeking behaviour. Adjust the active surveillance network (i.e. review every six months). Assess the need for supplementary activities in coordination with the lab. Conduct CBS, if feasible and appropriate. Conduct active case search, where needed. Conduct internal and external reviews to identify and correct issues.
Chronic or sporadic insecurity preventing full access for active surveillance, case investigations, supervision, training and ES sampling, where conducted	<ul style="list-style-type: none"> Organize coordination meetings with national stakeholders, counterparts, departments to develop integrated tools and clear pathways for the eventual inclusion of polio surveillance functions into other programme(s). Use lessons learned from other countries and/or exchange experiences (with global support). Ensure the sustainability and continued measurement of polio surveillance performance.
Inadequate demographic and geographic representativeness or coverage resulting in missed population groups and/or areas, or failure to identify and implement strategies for special populations	<ul style="list-style-type: none"> Organize coordination meetings with national stakeholders, counterparts, departments to develop integrated tools and clear pathways for the eventual inclusion of polio surveillance functions into other programme(s). Use lessons learned from other countries and/or exchange experiences (with global support). Ensure the sustainability and continued measurement of polio surveillance performance.
Failure to prepare and guide countries adequately on integration and transition	<ul style="list-style-type: none"> Organize coordination meetings with national stakeholders, counterparts, departments to develop integrated tools and clear pathways for the eventual inclusion of polio surveillance functions into other programme(s). Use lessons learned from other countries and/or exchange experiences (with global support). Ensure the sustainability and continued measurement of polio surveillance performance.

Table A.3. Top five risks and risk mitigation strategies for sensitive surveillance

Risks	Risk mitigation strategies
Complacency and low prioritization of polio surveillance	<ul style="list-style-type: none"> Continue advocacy with the government for a strong system. Communicate within the health department to encourage that polio investments be used to integrate with and strengthen overall VPD surveillance.
Insufficient financial resources that may negatively impact surveillance performance, especially if it is prolonged/chronic	<ul style="list-style-type: none"> Conduct advocacy for surveillance as part of the Mott budget. Request support from WHO to advocate with the MoH for continued investment and funding to minimize the risk of missed transmission and to maintain good surveillance.
Decline in ES/AFP surveillance quality when integrated into other disease surveillance systems	<ul style="list-style-type: none"> Advocate with the government for a strong surveillance system. Ensure that all institutional memory from the polio eradication programme is transferred to the newly responsible department. Transfer knowledge and best practices in transition period.
Shortage of laboratory staff or inadequate laboratory capacity	<ul style="list-style-type: none"> Ensure continuous training of staff for polio diagnostics. Conduct polio diagnostic trainings within other laboratory departments that can assist with testing, if needed.
Inadequate human resources	<ul style="list-style-type: none"> Recommend restructuring national resources so surveillance is not negatively impacted by the transition to national MoH. Work to build substantial capacity to support the national level.

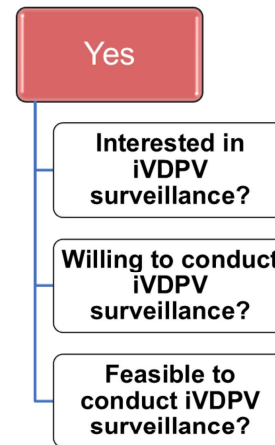
You should keep these risks and their corresponding mitigation measures in mind when developing you plan(s)

- In Annex A of the GPSAP, you can find the top 5 risks and corresponding risk mitigation measures according to your polio risk profile and corresponding required surveillance sensitivity level.
- Those should be reflected in your updated plan(s).

Group 3 - iVDPV at risk countries

- Countries not implementing iVDPV surveillance should discuss with their regional office:
 - Determine if they are “at risk” for iVDPV
 - Discuss interest, willingness, and feasibility of conducting surveillance
 - Interested countries that are not considered at risk (per the model), will still receive the technical support needed
- GPSAP 2025-2026 includes iVDPV surveillance (Objective 3) with more details in the accountability framework

Is my country an iVDPV at-risk country?



- Let us turn our focus back to the third group, the iVDPV at-risk countries.
- As previously mentioned, countries that are not currently implementing iVDPV surveillance should work with their regional offices to determine if they are at risk for iVDPV surveillance.
- If the answer is ‘**Yes**’, discussions should be held on whether there is both interest and willingness on the part of the national programme to initiate this new type of surveillance system. But a practical first question is whether conducting

iVDPV surveillance would be at all feasible. The regional office will be able to coordinate with the WHO headquarters team and the iVDPV working group to help make this determination.

- If the answer is '**No**', i.e., in the case of countries that are not considered at-risk of iVDPV as per the iVDPV working group model, but who are interested in initiating iVDPV surveillance, technical support will be provided. Again, the regional office can help facilitate this support.
- The new action plan includes iVDPV surveillance as one of its objectives and further details on implementing activities are included in the accountability framework

Objective 3: Scale up iVDPV surveillance to sustain polio eradication

Table 5. Major activities and key performance and process indicators for Objective 3

Major Activities
1. Support and expand iVDPV surveillance in countries with existing systems
2. Implement iVDPV surveillance in at least five additional at-risk countries across all regions
3. Ensure iVDPV information system is available with regular and systematic reporting of data to the GPEI
4. Set up a system for regular coordination with societies for PIDs and immunology networks
5. Coordinate with research groups on antiviral therapies, monoclonal antibodies and rapid diagnostics

Table E3. Responsibility and accountability for implementing activities for Objective 3 (iVDPV surveillance)

iVDPV at-risk countries	Regional	Global
Major Activity 1: Support and expand iVDPV surveillance in countries with existing systems		
<ul style="list-style-type: none"> Scale up field implementation (e.g. network expansion) according to proposed updated plan and/or review. In coordination with RO, organize a review one (1) year after iVDPV surveillance initiation. Monitor KPIs quarterly. 	<ul style="list-style-type: none"> Support network expansion, as needed. <ul style="list-style-type: none"> AFRO to continue supporting activities in two (2) countries. EMRO to review and systematize iVDPV surveillance in four (4) countries. EURO to continue advocating for routine screening of PID patients for poliovirus shedding. PAHO to review iVDPV surveillance status in two (2) countries. WPRO to support ongoing activities and possible network expansion in one (1) country. Monitor KPIs quarterly. Organize a review one (1) year after iVDPV surveillance initiation and provide support as needed. 	<ul style="list-style-type: none"> Support network expansion, as needed. Monitor KPIs quarterly. Support assessment of field implementation one (1) year after iVDPV surveillance initiation. Update global desk and field review templates to include iVDPV surveillance. Provide technical support, as needed.
Major Activity 2: Implement iVDPV surveillance in at least five additional at-risk countries		
<ul style="list-style-type: none"> Sensitize governments. Identify sentinel sites. Set up iVDPV surveillance. 	<ul style="list-style-type: none"> Sensitize, identify and liaise with at-risk countries for iVDPV and promote iVDPV surveillance. <ul style="list-style-type: none"> Establishing iVDPV surveillance will be explored in countries (n) in EMRO (1), EURO (at least 1), PAHO (at least 1), WPRO (2). Brief RCC. Provide technical support. 	<ul style="list-style-type: none"> Continue to refine the iVDPV risk model. Organize webinars to support sensitization activities, as requested. Provide technical support.
Major Activity 3: Ensure iVDPV information system is available with regular and systematic reporting of data to the GPEI		
<ul style="list-style-type: none"> Using the iVDPV surveillance module, share data with WHO regional offices and headquarters as per the data-sharing agreement. Upload historical iVDPV surveillance data in POLIS. 	<ul style="list-style-type: none"> Ensure an iVDPV information system is available for participating countries. <ul style="list-style-type: none"> AFRO and EMRO to coordinate with participating countries to use iVDPV information system module for data sharing. Support for streamlining data management will be conducted in countries (n) in PAHO (2) and SEARO (unspecified). Ensure iVDPV surveillance data are shared with headquarters as per the data-sharing agreement. 	<ul style="list-style-type: none"> Ensure an iVDPV information system is available. Provide technical support. Report globally on iVDPV surveillance, monthly.
Major Activity 4: Set up a system for regular coordination with regional societies for PIDs and immunology networks		
<ul style="list-style-type: none"> If a national society exists, sensitize and coordinate engagement efforts. 	<ul style="list-style-type: none"> Identify, map and coordinate with national and regional societies on immunology. <ul style="list-style-type: none"> WPRO to conduct awareness session for RCC and NCCs and explore engagement with PID societies. 	<ul style="list-style-type: none"> Identify, map and coordinate with national, regional and global societies on immunology.
Major Activity 5: Coordinate with research groups on antiviral therapies, monoclonal antibodies and rapid diagnostics		
<ul style="list-style-type: none"> With WHO headquarters, facilitate access to antivirals by coordinating between treating physicians and the antiviral manufacturer, where appropriate. 	<ul style="list-style-type: none"> Brief participating countries on the compassionate use of antiviral therapy. Support coordination of access to antiviral therapy for PID patients. 	<ul style="list-style-type: none"> Provide updates to regions on the development of antiviral therapies, monoclonal antibodies and PID diagnostics tests. Coordinate access to antiviral therapies for PID patients through antiviral manufacturer.

AFRO = Regional Office for Africa; EMRO = Regional Office for the Eastern Mediterranean; EURO = Regional Office for Europe; iVDPV = immunodeficiency-associated vaccine-derived poliovirus; NCC = National Certification Committee; PAHO = Pan American Health Organization; PID = primary immunodeficiency disorder; POLIS = Polio Information System; RCC = Regional Commission for the Certification of Poliomyelitis Eradication; RO = regional office; SEARO = Regional Office for South-East Asia; WHO = World Health Organization; WPRO = Regional Office for the Western Pacific.

- To scale up iVDPV surveillance to sustain polio eradication, the vision is that the GPEI will have scaled up iVDPV surveillance to improve its ability to detect iVDPV excretors and reduce the risk of community transmission. Systematically collecting and analyzing iVDPV related data will also help the GPEI better define the risk iVDPV represents to polio eradication, especially after global OPV cessation.
- To achieve this vision, the five major activities are:
 - Support and expand iVDPV surveillance in countries with existing systems
 - Implement iVDPV surveillance in at least five additional at-risk countries across all regions
 - Ensure iVDPV information system is available with regular and systematic reporting of data to the GPEI
 - Set up a system for regular coordination with societies for PIDs and immunology networks
 - Coordinate with research groups on antiviral therapies, monoclonal antibodies and rapid diagnostics

Summary

As a national programme,

- You are expected to **update plans that include polio surveillance** to reflect the new GPSAP.
- You are to work with your WHO regional office to assess your **required level of sensitivity** and which **surveillance strengthening activities** to implement.
- Identify **where your country fits** within the different country groupings. This will make it easier for you to use the GPSAP 2025-2026 to inform your country plan(s).
- Measure your **country's performance** against targets and recommended minimum activities to inform your surveillance strengthening plan.
- Define different **surveillance risks** facing your programme and integrate and adopt **risk mitigation measures** in your updated plans.

Additional slides

Reminder:

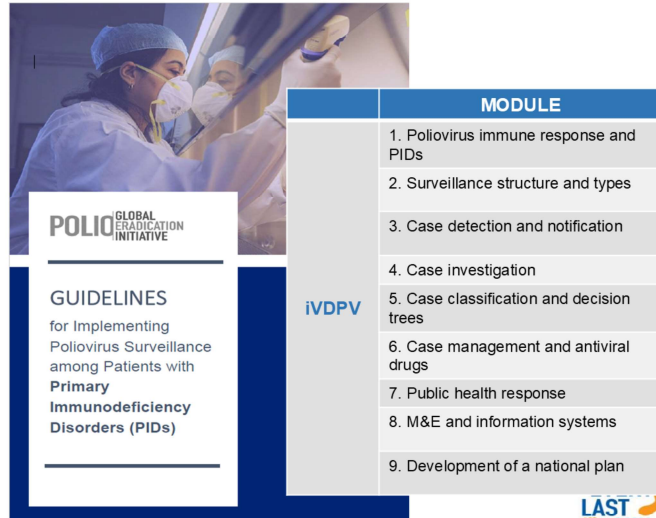
iVDPV surveillance differs from AFP surveillance

iVDPV Surveillance	AFP Surveillance
Sentinel surveillance: healthcare facilities and immunology networks that specialize in treatment and care of individuals with primary immunodeficiency disorders	Population-based surveillance: healthcare facilities, healthcare professionals, traditional healers, community informants, etc.
Identify non-paralyzed individuals (any age) with primary immunodeficiency exposed to live oral poliovirus vaccine and therefore at risk for iVDPV	Identify children <15 years old with acute flaccid paralysis (<i>and people of any age if clinician suspects polio</i>)
Subset of countries at risk for iVDPV emergence; no evidence of circulation or importation but possibility exists	All countries at risk for WPV and cVDPV importation; subset at risk for cVDPV emergence

- When reviewing this objective, keep in mind that surveillance for iVDPV and countries at risk for iVDPV will differ from AFP surveillance and countries at risk for WPV and cVDPV.
- These key differences are summarized in the table.
- Briefly, iVDPV surveillance is sentinel surveillance among non-paralyzed individuals with primary immunodeficiency who have been exposed to the live oral poliovirus vaccine. Whereas AFP surveillance is population-based surveillance among children <15 years of age with acute flaccid paralysis.
- All countries are at risk for WPV or cVDPV whereas not all countries are at risk for iVDPV.

iVDPV surveillance resources are available

- Global Guidelines for implementing iVDPV surveillance ([Guidelines-for-Implementing-PID-Suveillance_EN.pdf](#))
- Surveillance training package (9 modules) including a module on how to develop a national plan



- Guidelines for Implementing Poliovirus Surveillance among Patients with Primary Immunodeficiency Disorders (PIDs) Global guidelines for establishing supplemental surveillance to detect immunodeficiency-associated

vaccine-derived poliovirus (iVDPV) shed among non-paralytic patients with PIDs.

[Guidelines-for-Implementing-PID-Surveilliance_EN.pdf](#)

- iVDPV Surveillance training
Training consists of nine adaptable Microsoft® PowerPoint-based modules, designed for use at in-person training sessions.