



World Health
Organization


Member State Information Session - Update on Polio Transition

13 January 2022

www.who.int/teams/polio-transition-programme

Agenda

13 January 2022: Member State Briefing

- 1 Opening Remarks (5 mins)**
Dr Zsuzsanna Jakab, Deputy Director General 
- 2 Global Overview: Progress and Strategic Shifts in the Implementation of the Strategic Action Plan (10 mins)**
Ms Ebru Ekeman, Policy Lead,
DDGO/Polio Transition Programme
- 3 Regional Updates: Progress and Best Practices (45 mins)**
AFRO / EMRO / SEARO Representatives
- 4 Question and Answer Session (30 mins)**
Chaired by Dr Zsuzsanna Jakab, Deputy Director General

Strategic Action Plan (2018 - 23) sets the global framework

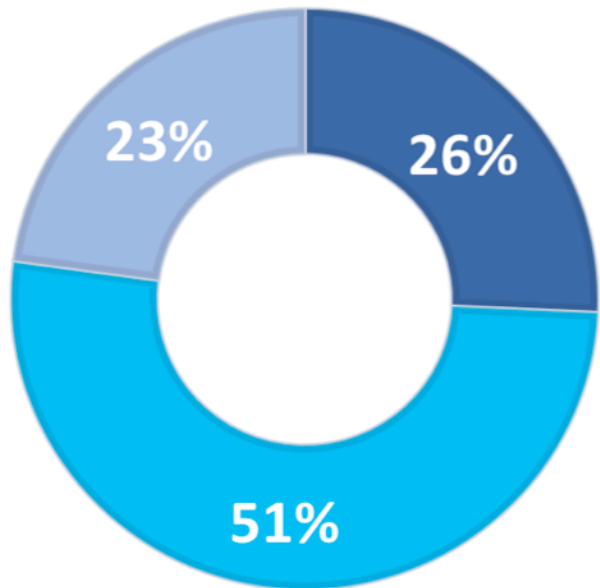


Objectives:

1. To sustain a polio-free world;
2. To strengthen immunization systems, including surveillance for vaccine-preventable diseases;
3. To strengthen emergency preparedness, detection and response capacity.

Coordinated Action and Accountability across WHO

JOINT CORPORATE WORKPLAN 2021 – 22: MID-TERM IMPLEMENTATION

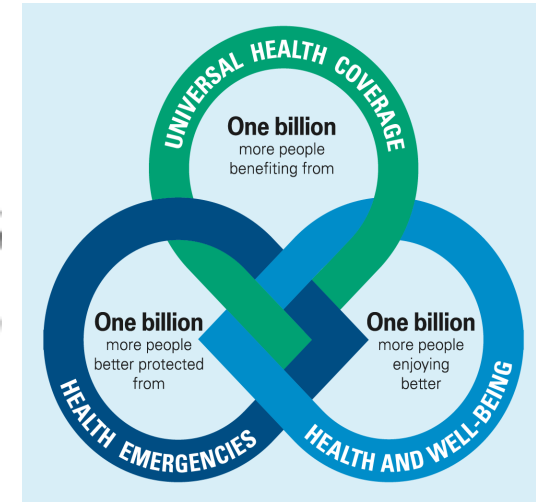


■ Completed ■ On track ■ Revised timeline

- HQ and ROs have a joint annual workplan, defining roles and responsibilities of each stakeholder
- Deliverables are aligned with the three objectives of the Strategic Action Plan
- **91%** implementation of 2020/21 workplan
- 2021/22 workplan focuses on:
 - **country implementation,**
 - **resource mobilization,**
 - **strategic communications & advocacy**
- **Deliverables reflect the priorities of each region**
- **77%** of activities have been either **completed / on track** (as of 1 Jan 2022)

Major Strategic Shifts in Implementation

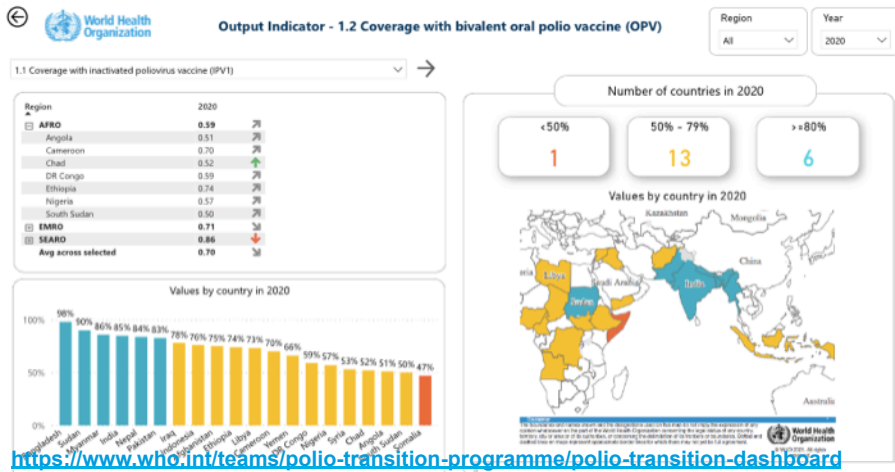
- Some countries will completely transition out of GPEI support in 2022. **Programmatic integration** in these countries facilitates transition.
- **Risk-based approach**, tailored to regional and country context.
- Countries are **reviewing their plans** to align with the COVID-19 context (e.g. Nigeria, Chad, South Sudan, Somalia).
- **Implementation underway**, with lessons learned for the future (e.g. Angola, Bangladesh, India).
- **Stronger coordination and management** between WHO and GPEI governance structures, with **better accountability**.
- Close engagement of **civil society**.
- Alignment with **broader health agenda** (e.g. IA2030, PHC, pandemic prevention, preparedness, response).



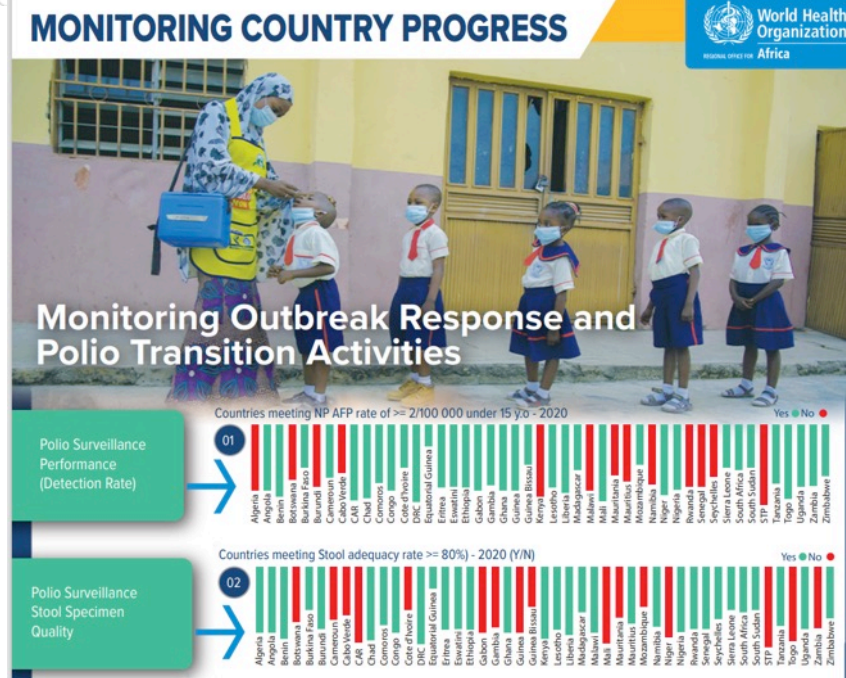
POLIO WORLD CAFÉ: SPOTLIGHTING CIVIL SOCIETY ACTION
Hosted by the Polio CSO Integration and Transition Working Group

FRIDAY, OCTOBER 22

Monitoring & Evaluation at the Global and Regional Level

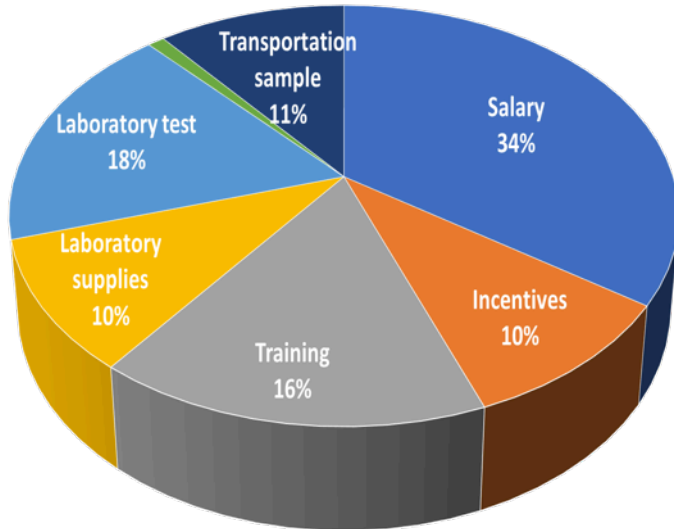


<https://www.who.int/teams/polio-transition-programme/polio-transition-dashboard>



- The result chain outlined in the Strategic Action Plan is monitored through a set of **output and process indicators**.
- An online dashboard to **monitor progress** towards the three goals of polio transition and **identify areas for improvement** during the transition period.
- The African Region launched a **scorecard** at the last Regional Committee to monitor country progress with specific programmatic indicators.
- The Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks **regularly discusses progress** towards sustainable transition.
- Regular monitoring through technical bodies (e.g. TAGs).

Supporting countries to strengthen surveillance systems



- Primary objective of transition is to **strengthen country capacities**.
- **Methods and tool for planning and budgeting** surveillance of vaccine preventable diseases (VPDs) have been developed **in consultation with regional and country offices**.
- The tool aims to support to **plan and budget the financial resources required** (from domestic sources) to **sustain and strengthen VPD surveillance**.
- Carried out under the umbrella of the **Universal Health Coverage (UHC) Partnership** to build country capacity.

Key lessons from 2021 piloting in India and Sudan:

- Budgeting tool can be used with minimal external involvement / technical support.
- The right team composition is critical to validate information (mix between finance and technical).
- The user guide and video tutorials provide appropriate level of information for self-learning.

Publication of User Guide and dissemination of the tool to countries will start in Q1 2022

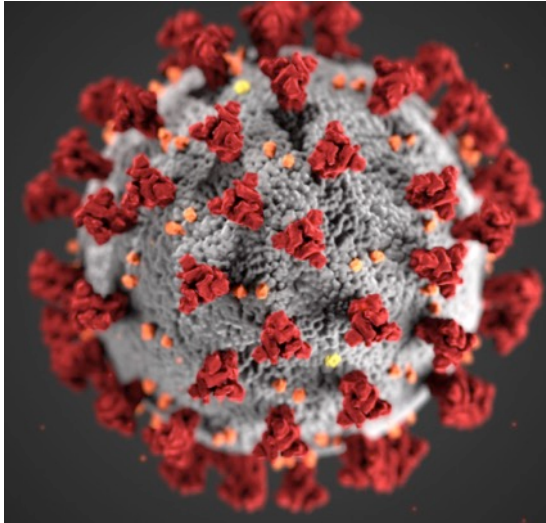
Budget and Finance

Major Office	Strategic Action Plan on Polio Transition (2018-2023)	WHA PB22-23 for Polio transition (US\$ M)	post-WHA operationalization of PB22-23
AF Africa	159.9	159.9	175.5
AM Americas	0.9	1.0	1.0
SE South East Asia	73.1	73.1	73.1
EM Eastern Mediterranean	123.3	52.1	46.6
EU Europe	2.5	2.5	2.5
WP Western Pacific	2.1	3.1	3.1
HQ Headquarters	75.7	30.4	46.5
Grand Total	437.5	322.1	348.3

Major Office	01.001	2.002	02.003	sub-total	output 2.2.4 supported by	
					GPEI	TOTAL
AF Africa	38.3	-	21.6	59.9	115.6	175.5
AM Americas	1.0	-	-	1.0	-	1.0
SE South East Asia	73.1	-	-	73.1	-	73.1
EM Eastern Mediterranean	35.6	4.3	6.7	46.6	-	46.6
EU Europe	1.5	-	0.9	2.5	-	2.5
WP Western Pacific	2.4	-	0.7	3.1	-	3.1
HQ Headquarters	19.0	-	11.4	30.4	16.1	46.5
Grand Total	171.0	4.3	41.4	216.7	131.7	348.3
	49.1%	1.2%	11.9%		37.8%	

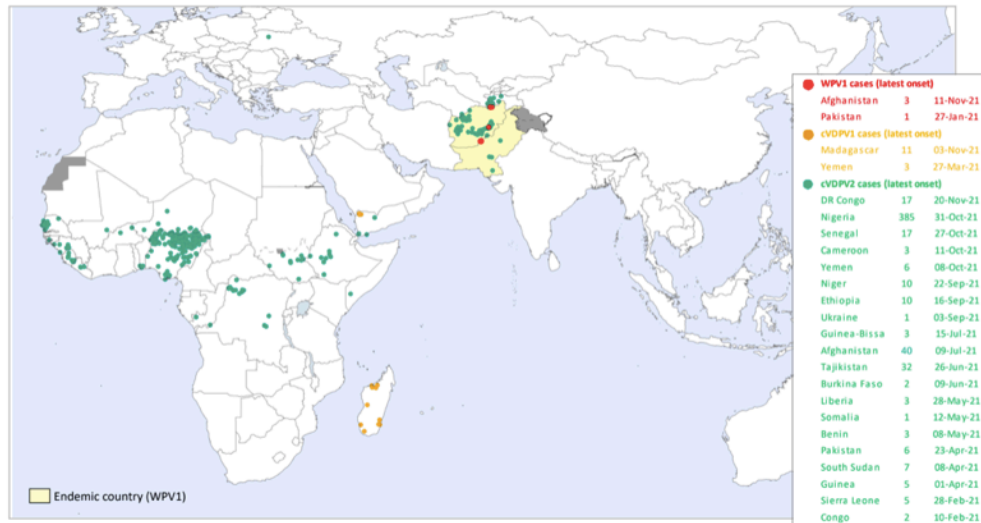
- Sustaining polio core capacities, where it is most needed, as countries transition out of GPEI.
- Guided by principle, WHO PB 2022-2023 integrates these core functions into the WHO base budget.
- Integration shows WHO's long term commitment.
- PB 2022/23 will be a "bridge" biennium - a mix between GPEI and non-GPEI funding.
- **Funding has been secured to sustain human resource capacities in 2022.**
- Polio essential functions are anchored in **billion 1 & 2**. Resource mobilization is an integrated and aligned **three-level effort**.
- **Sustainable financing** is critical for long term success.

Challenges



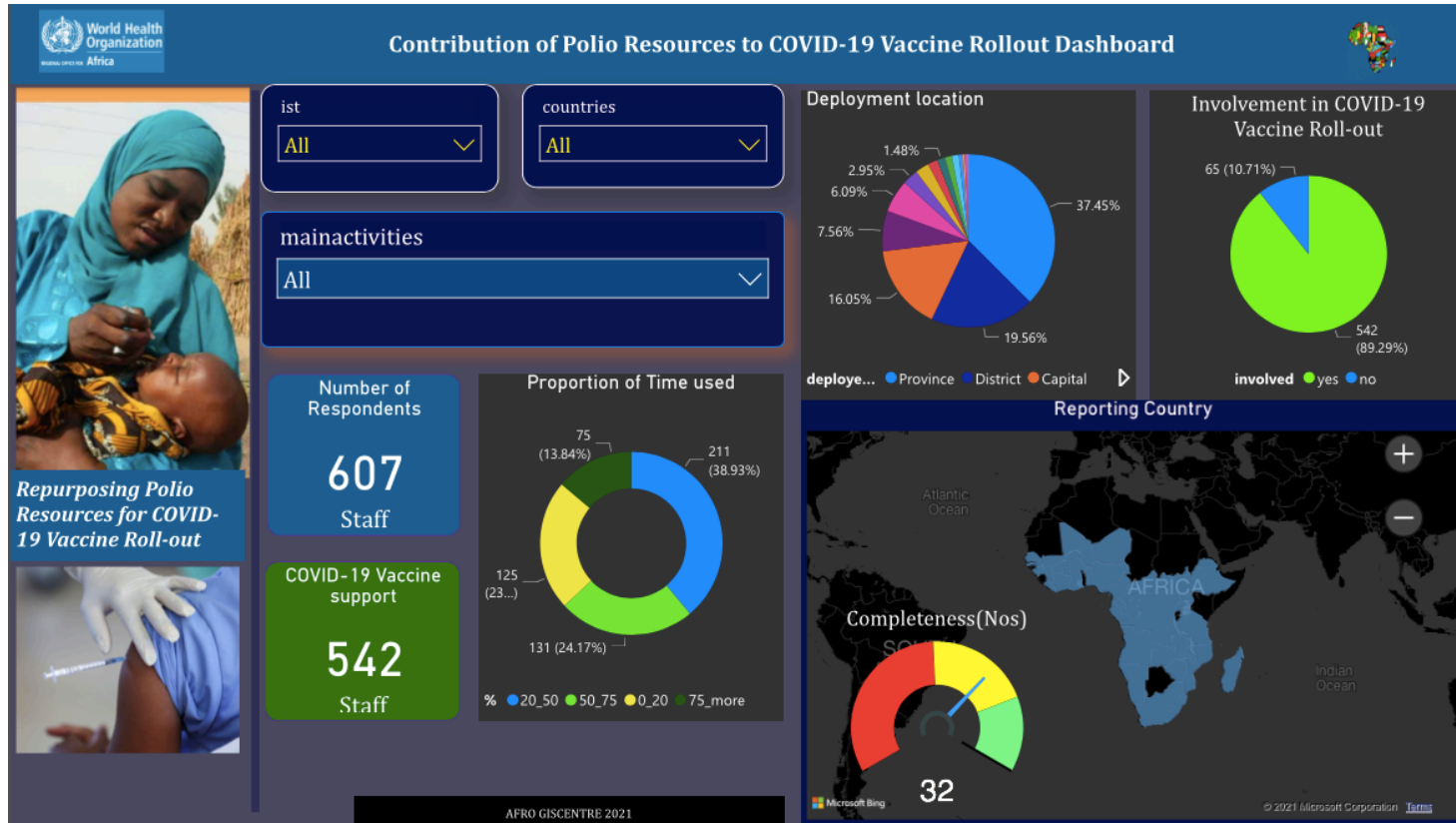
- **COVID-19** continues to slow down efforts
- Ongoing **WPV** and **cVDPV** circulation
- National **commitment and ownership**
- **Sustainable financing** (domestic and external)
- Need for long term partner support in fragile and conflict-affected settings

Global WPV1 & cVDPV Cases¹, Previous 12 Months²



¹Excludes viruses detected from environmental surveillance; ²Onset of paralysis 05 Jan. 2021 to 04 Jan. 2022

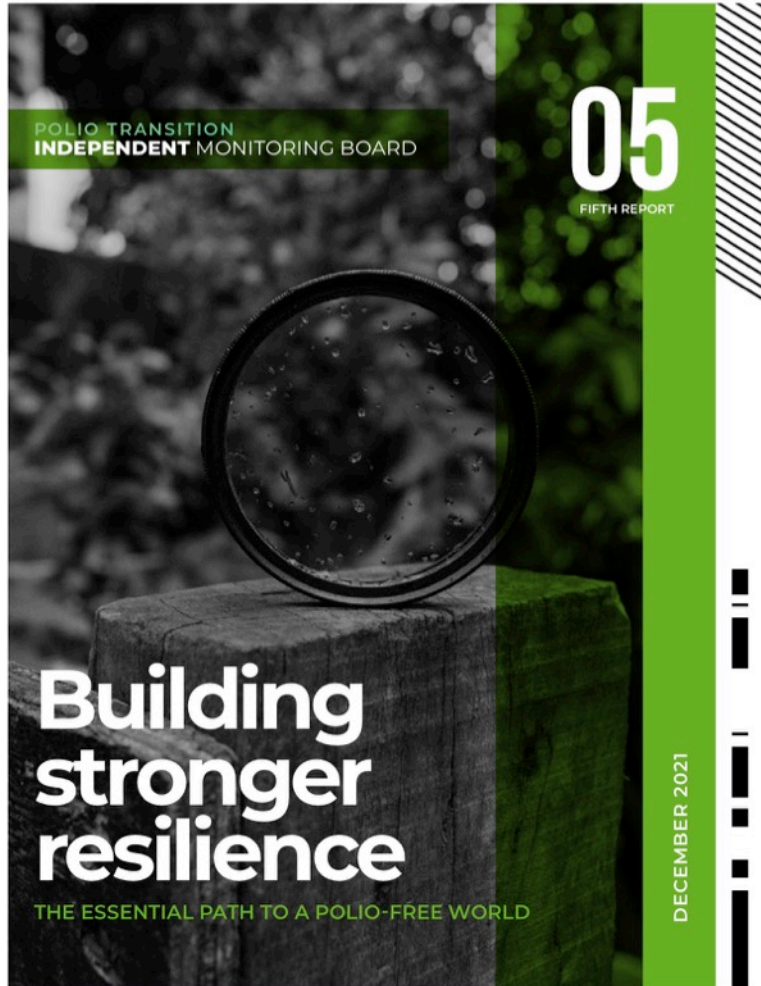
Data in WHO HQ as of 04 Jan. 2022



<https://rebrand.ly/polio2covidvaccinerollout>

- **Transferable skills of the polio workforce** - demonstrated again during the pandemic response and COVID-19 recovery and vaccine rollout
- **Integration** is an opportunity to reach and sustain eradication
- GPEI support to 11 high risk countries needs to be a “bridge” to lay the grounds for transition
- The mid-term review of the **Strategic Action Plan** is an opportunity to adapt to evolving context

The 5th TIMB report



5th TIMB meeting held 3 - 5 November 2021, attended by wide range of stakeholders.

Key highlights of recommended actions:

- Clear recognition of the **strong interdependence between polio eradication and transition**.
- The country transition plans should be scrutinized through a wider lens - focusing on **progress in planning and implementation, epidemiological resilience** and the broader **situational context** in which the plan is being delivered.
- A set of technical and synergistic recommendations focusing on **surveillance as a “public health good”, outbreak response capacity, vaccine management, reaching “zero dose” communities, and biosecurity**.
- Focus on peak performance and resilience in **Nigeria**.

Recommended actions from the newly-released report will be discussed in the next Polio Transition Steering Committee Meeting.

TIMB Report: [*Building Stronger Resilience: The Essential Path to a Polio-Free World*](#)

A successful polio transition will...

- Contribute to increasing **immunization coverage** and **equity**
- Strengthen country capacities to **detect and confirm disease outbreaks**
- Strengthen **country resilience** to prepare for and respond to emergencies
- Enable countries to **build back better** following the pandemic



African Region

Regional updates: progress and best practices

Regional Context

- The African Region was declared free of wild poliovirus in August 2020, which led to the **acceleration of the polio funding ramp down** in the region (communication from DDG/Director POL to the RD in November 2020).
- Due to the persistent polio risk in the African Region, **the Regional Director advocated for additional resources, with a “phased approach” for the implementation of polio transition:**
 - From 2022, polio human resources and surveillance activities will be funded in **an integrated manner using the WHO base budget in 37 polio low-risk countries;**
 - In 2022-2023, **GPEI will continue to fund 10 polio high-risk countries** and **regional functions** including: Response, Laboratory, GIS, Accountability, and Coordination.

Progress: Summary

- All seven **country transition plans** have been endorsed by national Interagency Coordination Committees (ICC) – currently being revised to align with the new context.
- The region has a **functional Polio Transition Steering Committee**, which meets regularly.
- Polio transition is a standing agenda item in the African Regional Committee of Health Ministers.
 - **In the last meeting held in August 2021, the Ministers reiterated their commitment to transition.**
- Despite the restrictions imposed by COVID-19, WHO is conducting **advocacy missions** to priority countries to accelerate implementation of national transition plans.

Progress: Advocacy Missions

- Joint missions to priority countries comprising polio, immunization, emergencies, planning teams:
 - Democratic Republic of Congo - April 2021
 - Ethiopia - May 2021
 - Nigeria - October 2021
- The missions have achieved the following objectives:
 - **Review of the transition plans (in line with the TIMB recommendation)**
 - **High level advocacy for domestic and donor resources**
 - **Review of the M&E frameworks**
- **Follow-up missions** planned starting in early 2022 to all seven priority countries for **evaluation of actual implementation.**

Challenges

- **cVDPV outbreaks** in several African countries impact the timelines of implementation.
- At the national level, there is **insufficient capacity to mobilize adequate resources**.
- The **COVID-19 pandemic** continues to impact national and donor economies.
- **GPEI ramp down and transition after 2021**, when countries still require their capacities has created confusion.

Two-phased implementation of polio transition in the African Region



In the African Region, polio transition is aligned with the implementation of the WCO functional reviews:



- In March 2021, all polio staff were notified of the abolition of their post as of 31 December 2021 (upon communication from HQ on the polio funding ramp down).
- July 2021, WCOs started to implement functional reviews, with polio staff being considered in the matching and selection process in all WCOs.
- To date, more than 200 polio staff have been matched.

Two-phased implementation of polio transition in the African region



Situation in the 10 polio high risk countries:

- In October 2021, GPEI confirmed continued funding for 10 high-risk countries (and RO) for 2022/23.
- Accordingly, all 10 polio high-risk countries have a transition plan, with staffing identified to carry out essential polio functions.
- All key polio vacant functions are being filled (through different contract modalities).
- In Nigeria, 213 of the 232 staff opted for short term contracts (19 accepted their current offer to continue).

Situation in the Regional Office:

- Almost all polio coordination unit staff have accepted to continue their posts (except 4 who declined).
- 19 positions were maintained and transferred to UCN/VPD to support integrated public health, covered by the WHO base budget (only 2 have declined).

Situation in the 37 low risk countries:

- There are a total of 92 staff in these countries (4 International Staff, 35 National Professional Officers, 53 General Service Staff).
- In all 37 low risk countries, functions are already integrated to immunization / emergencies.
- In December 2021, staff were notified of the suspension of their separation, as a result of WHO confirmation of funding for 2022.

2022 Polio Workforce distribution in 10 high risk countries

Figures as of January 2022

Country	Non-staff		Staff		Total	%
	Number	%	Number	%		
Angola	35	58%	25	42%	60	5%
Cameroon	55	87%	8	13%	63	5%
DRC	70	64%	40	36%	110	8%
Ethiopia	80	65%	43	35%	123	9%
Guinea	18	69%	8	31%	26	2%
Kenya	8	42%	11	58%	19	1%
Niger	23	59%	16	41%	39	3%
Nigeria	370*	83%	76	17%	446	34%
South Sudan	350	96%	14	4%	364	28%
Chad	41	75%	14	25%	55	4%
TOTAL	953		229		1305	100%

10 High-Risk Country Polio Workforce by Year

2022 figures as of January 2022

Number of Staff Positions by Country by Year			
10 - WCOs	2020	2021	2022
Angola	23	21	25
Cameroon	6	6	8
Congo DR	35	43	40
Ethiopia	41	41	43
Guinea	2	2	8
Kenya	11	11	11
Niger	20	15	16
Nigeria*	308	232	208*
South Sudan	13	13	14
Chad	26	25	14
TOTAL	485	409	387

GPEI will support the 10 high risk country workforce

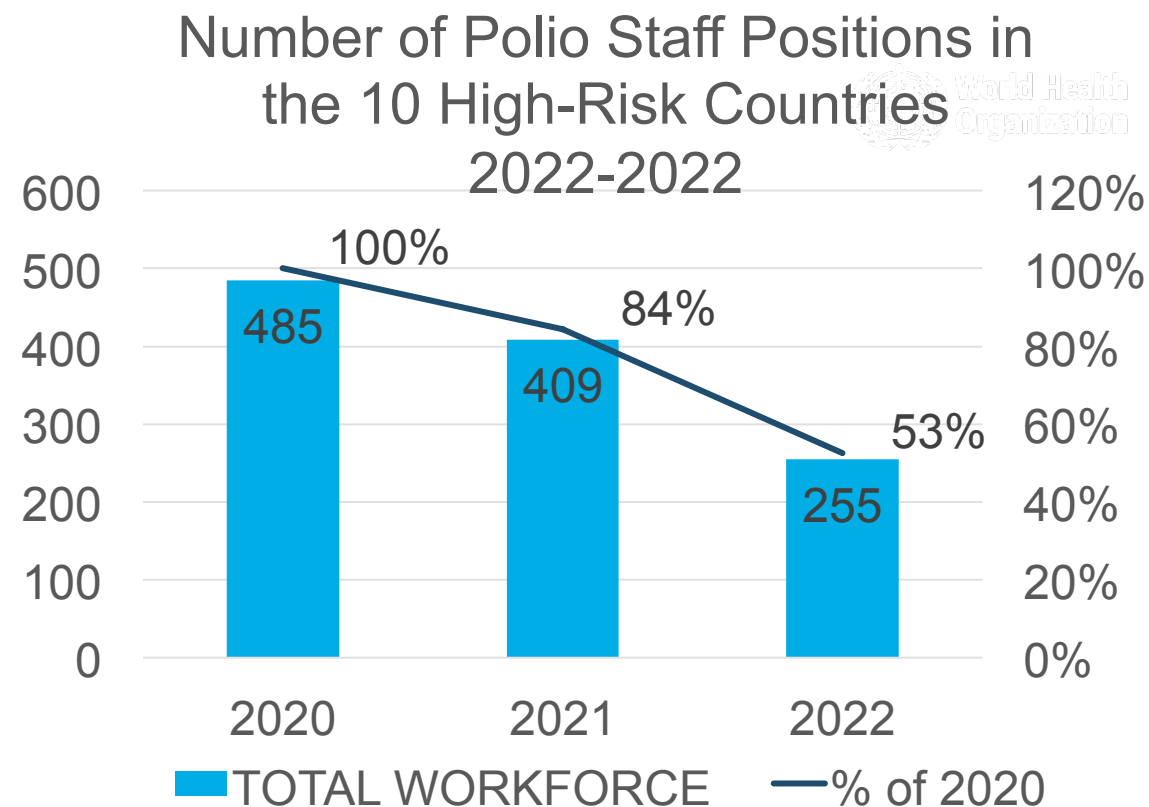
- In Nigeria, the workforce will be comprised of a high proportion of short-term contracts based on the desire of personnel
 - Additional support is being brought on board to surge back to 2019 levels
- Excluding Nigeria, the staffing levels across the region have remained relatively stable.

**Includes both staff contracts and positions that were previously on a staff contract, which were converted into short-term contracts in 2021*

10 High-Risk Country Polio Staff Liabilities

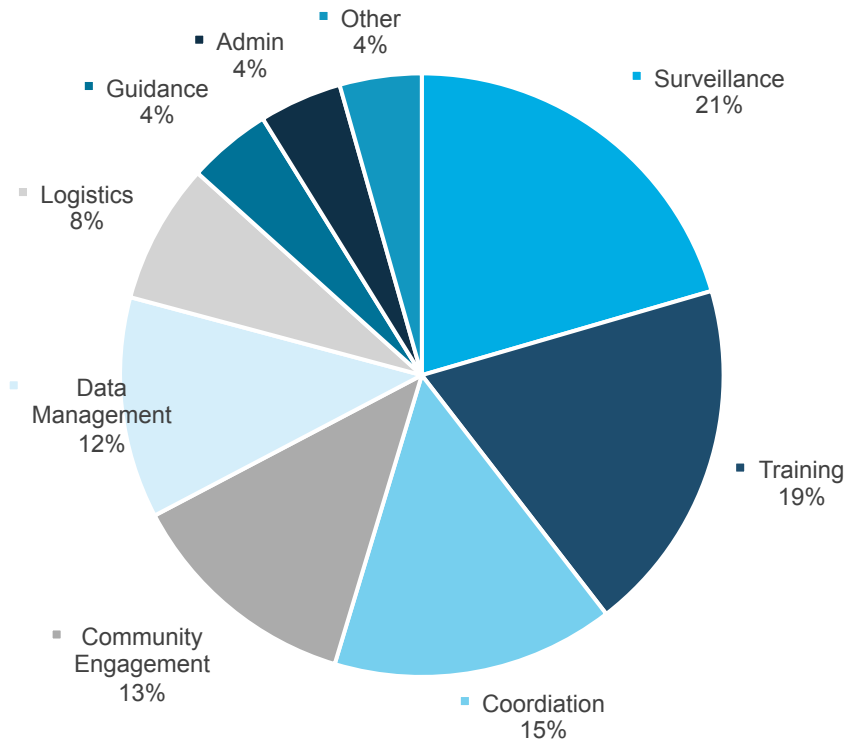
Reduction of Liabilities

- Long-term staffing contracts carry significant liabilities for the organization.
- Since 2020 AFRO has reduced liabilities by **reducing the proportion of the workforce on long-term contracts by 47%**.



“Transition in Action”: Contributions of the Polio Network to the COVID-19 response, vaccine rollout, recovery efforts

Polio Support Activities (%)

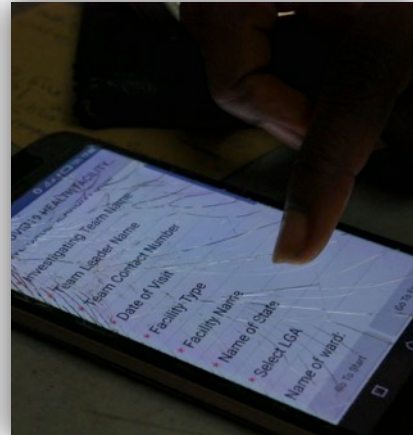


To date **61% of the polio workforce** has spent more than 50% of their time on the COVID-19 response and vaccine rollout.

In addition, the Polio Network continues to:

- Implement polio **surveillance** integrated with other vaccine preventable diseases and respond to circulating vaccine derived poliovirus (cVDPV) outbreaks
- Support **routine immunization** strengthening
- Responding to other outbreaks & **health emergencies**

Polio workforce support to COVID-19: Country examples



- **Angola:** training COVID-19 vaccination teams and supporting vaccine logistics
- **Chad:** supervising COVID-19 vaccination sites, investigating suspected cases and transporting samples
- **Cameroon:** developing COVID-19 vaccine deployment plans and providing a critical data management role
- **Democratic Republic of the Congo:** trained 138 site providers on vaccination and provided AEFI management kits to 23 sites
- **Ethiopia:** in six provinces, led coordination of COVID-19 vaccination activities on behalf of WHO
- **Nigeria:** training COVID-19 vaccination teams on e-registration of vaccine recipients and sensitizing communities on COVID-19 symptoms
- **South Sudan:** supporting AEFI surveillance and assisting with microplan development



Country best practices: Nigeria

- The country has a robust National Polio Transition Plan and Business Case, with three specific objectives:
 - PHC Revitalization
 - Disease Surveillance and Outbreak Response
 - Routine Immunization
- For the next 5 years, **USD 132 million is required for implementation:**
 - Ministry of Health advocating for Government financing and partners assistance,
 - Developmental partners and donors willing to contribute locally to financing the plan.
- Resource mobilization will be strengthened by focusing on **priority activities with yearly requirements** (instead on one lump sum for 5 years).



NIGERIA COSTED POLIO TRANSITION PLAN

2020-2023

Report of Detailed Polio Transition Plan Development and Costing for Nigeria

July 2021

NATIONAL PRIMARY HEALTH CARE DEVELOPMENT AGENCY

Country best practices: Angola



- The country transition plan envisions strengthening MOH functions, for the government to fully take over the activities that are needed to sustain eradication.
- Elaboration of an integrated surveillance procedures manual to institutionalize the integration of polio eradication functions and lessons learnt into the IDSR system.
- WHO facilitated external funding (Gavi, World Bank, USAID), which allowed Angola to take the lead in polio transition plan activities.
- The MOH recruited 16 provincial focal points to replace the former WHO provincial surveillance officers (who were supporting polio and other VPD surveillance activities).



PLANO NACIONAL DE TRANSIÇÃO DA ERRADICAÇÃO DA PÓLIO 2019-2024

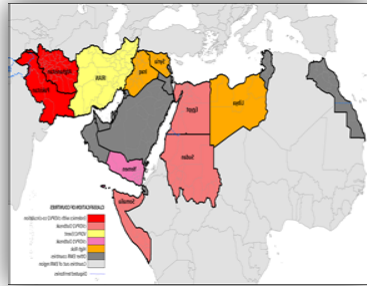
Way Forward:

- The original plan may need to be updated to meet the current context and reduce complexity.
- Coordination bodies need to increase ownership and continuity of staff support.
- Plan mission for early 2022.

Eastern Mediterranean Region

Regional updates: progress and best practices

Regional Context



8 priority countries

- 2 endemics – Afghanistan, Pakistan
- 3 outbreaks – Somalia, Sudan*, Yemen
- 3 High risk with ongoing conflicts – Iraq, Syria and Libya



Conflict and Fragility

- 10 major humanitarian emergencies
- 100.9 mn people need HA (43% of global total).



Disease Outbreaks

- COVID-19 pandemic
- MERS – case fatality rate 34.5%
- Cholera – world's largest outbreak
- Polio – still endemic in the region
- Increasing vector-borne diseases
- Increasing zoonotic diseases



Refugees and Internally Displaced People

- 32.3 million people forcibly displaced
- Source of 64% of world's refugees



Natural and Techno Disasters

- Floods – Islamic Republic of Iran, Sudan
- Drought – Afghanistan, Pakistan
- Earthquake – Islamic Republic of Iran, Iraq
- Storms – Yemen

Sources: OCHA, UNHCR, World Bank, WHO

*Sudan under political unrest

Progress

- The Region has contextualized polio transition to match the Region's needs, tailored to country context
- In many non-endemic priority countries, polio functions have already been integrated into EPI
- The region is making this integration more systematic, through the “integrated public health functions” approach, to optimize and build on the use of polio workforce
- “Integrated Public Health Teams” as an interim strategy in Somalia, Sudan, Syria and Yemen
- In Iraq and Libya, the focus is on sustaining polio essential functions

Challenges

- COVID-19 pandemic stalls planning and implementation
- Recurrent outbreaks of communicable diseases and VPDs
- Political instability and conflict; 43% of the region's population relies on humanitarian assistance
- Competing health priorities
- Security challenges
- Lack of financial investment which impacts sustainability



“Transition in Action”: Polio network contributes significantly to COVID-19 response, vaccine rollout, recovery efforts



Inaugural meeting of the Regional Subcommittee on Polio Eradication and Outbreaks

“We need to use the momentum from the pandemic response to achieve lasting gains in health security and accelerate progress towards universal health coverage, strengthening our health systems, and developing resilient communities.”

Dr Ahmed Al-Mandhari, Regional Director, EMR

COVID-19 response:

- Identification & reporting of cases
- Contact tracing
- Community sensitization
- Data management

COVID-19 vaccine rollout:

- Vaccine logistics
- Selection & recruitment of vaccinators
- Social mobilization
- Data management
- Development of microplans
- AEFI surveillance

Polio workforce support to COVID-19: Country examples



- **Afghanistan:** using health facility visits to identify and report suspected COVID-19 cases
- **Pakistan:** development of the COVID-19 data management system
- **Somalia:** training of trainers for COVID-19 vaccination, recruiting vaccinators, developing microplans
- **Sudan:** planning COVID-19 vaccination campaigns, training of vaccinators, comprehensive technical support to the national government
- **Yemen:** supporting COVID-19 surveillance, training of surveillance staff and rapid response teams
- **Libya:** contribution to COVID-19 vaccine roll-out, AEFI reporting, and data management

Country best practices – Somalia National Plan

Three phased national plan to build capacity at the provincial and district level to provide broader health services, strengthen PHC through gradual integration of functions into the national health system:

Phase 1 (July 2021 - December 2022):

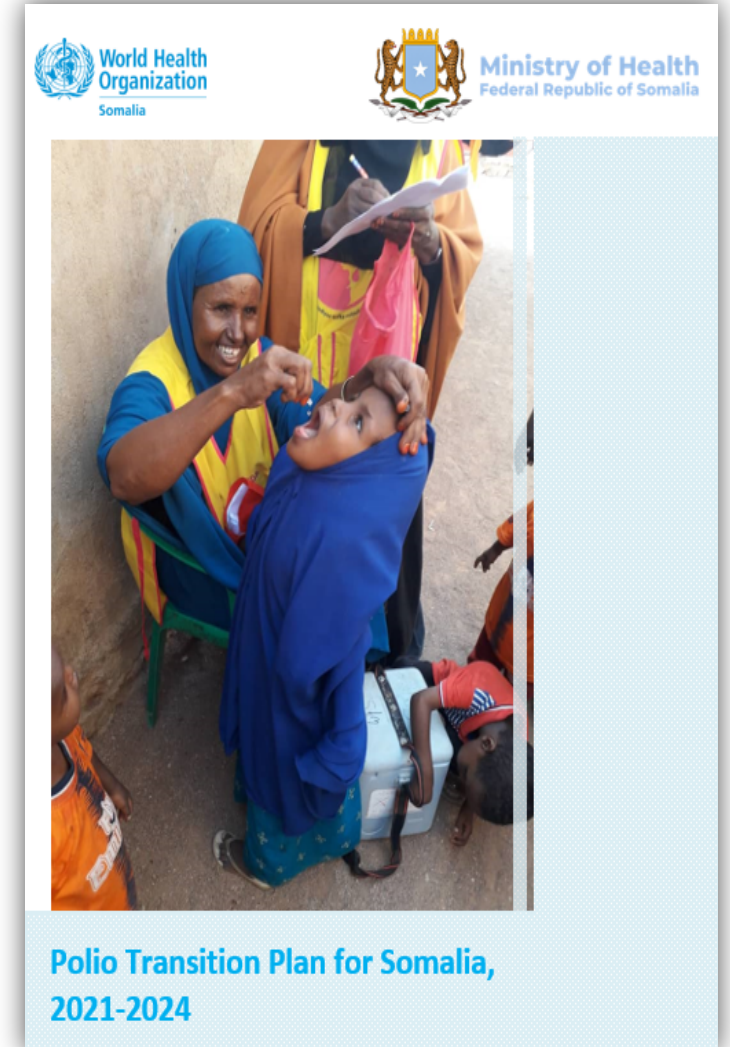
- Detailed HR mapping, organizational adjustments for IPHT operationalization, defining programmatic priorities for integration, capacity building, with dual reporting lines (MoH / WHO).

Phase 2 (January - December 2023):

- Transfer of integrated functions to the government, capacity building and resource mobilization.
- Management and accountability of staff will be to government, with continuing oversight from WHO to ensure quality of essential polio functions.

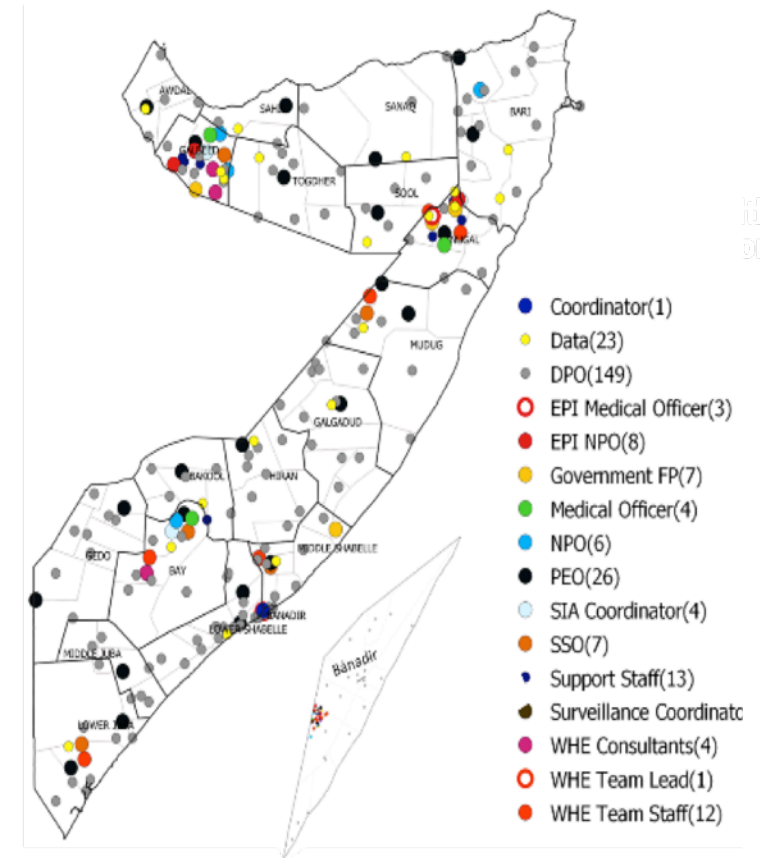
Phase 3 (to begin in 2024):

- Government will take full responsibility of maintaining essential functions, immunization, integrated disease surveillance and outbreak preparedness and response, with technical support from WHO.



Country best practices – Somalia IPHT rollout

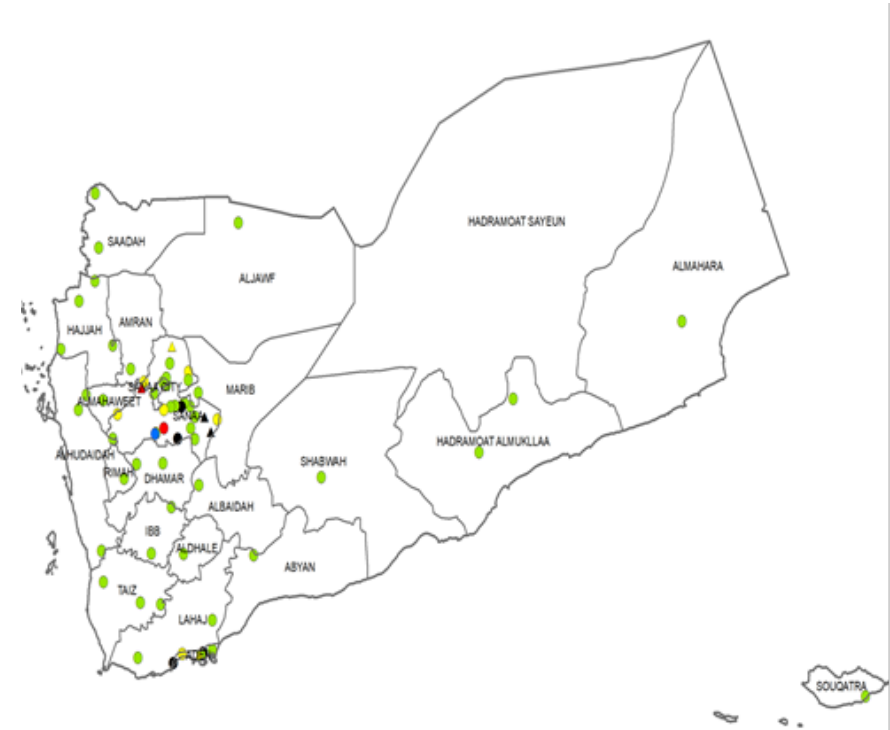
- Expanding the functions of regional and district polio officers to a wider range of public health functions supporting polio, EPI, WHE and HS
- Reducing the number of staff to minimum essential level for sustaining essential functions (from: 25 regional positions to 19; 149 district positions to 119)
- WHO/MoH jointly developed ToRs defining roles and reporting mechanism of IPHTs
- Capacity building for IPHTs planned in January 2022



Distribution of WHO supported Human Resource in Somalia

Country best practices – Yemen IPHT rollout

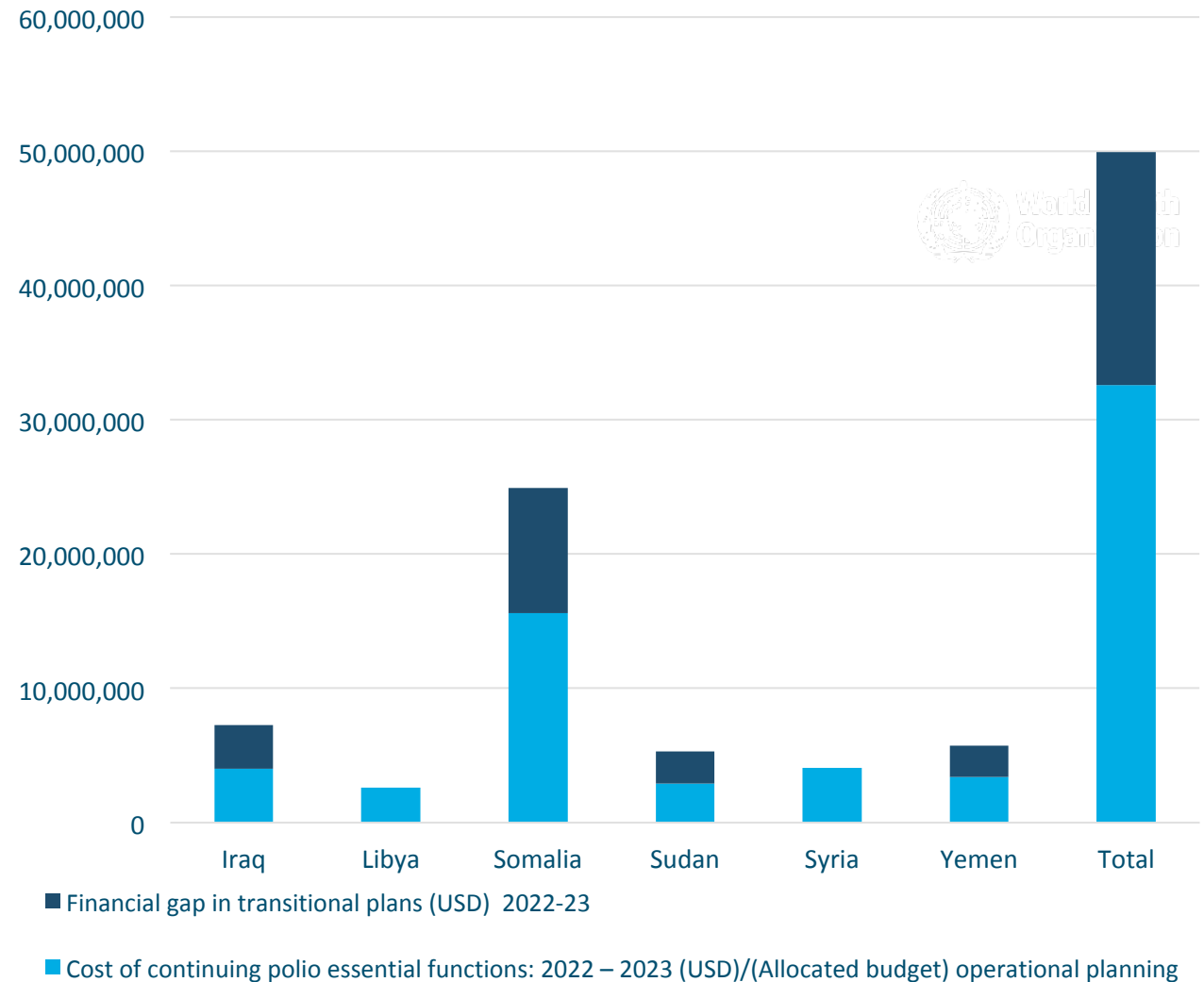
- The country national transition plan foresees the building of national capacities on integrated disease surveillance and focuses on three pillars:
 - Strengthening surveillance system through the integration of AFP with VPD and epidemic-prone disease surveillance
 - Strengthening routine immunization
 - Strengthening outbreak preparedness and response capacities through integrated outbreak response team
- ToRs of 47 AFP surveillance officers updated to include integrated public health functions.



Budget Distribution

Country	Cost of continuing polio essential functions: 2022 – 2023 (USD)	Financial gap in transitional plans (USD) 2022-23
Iraq	4,043,000	3,247,000
Libya	2,609,000	2,571,550
Somalia	15,602,000	9,335,970
Sudan	2,893,000	2,384,000
Syria	4,063,000	3,472,000
Yemen	3,391,000	2,364,000
Total	32,601,000	17,330,970

Budget for sustaining Polio Functions



Way forward

Finalize Polio transition Plan for Iraq and Libya

Support countries in implementing national plans and operationalizing IPHTs

Working with the Member States to take over the responsibility of the essential functions without compromising the quality

Advocacy with government to increase the annual contribution during the period 2022-25

Advocacy among non-regular donors to raise funds to strengthen immunization and surveillance



Regional updates: progress and best practices



South-East Asia Region



Regional Context – South-East Asia Region



- Five countries in the Region prioritized for polio transition - **Bangladesh, India, Indonesia, Myanmar and Nepal**
- A single **integrated infrastructure (network) for surveillance and immunization**, providing support beyond polio eradication, in each of the 5 countries
- Network **highly valued by the Member States**
 - Member States stand committed to transition efforts
- Transition process **guided by country readiness** (technical, financial and managerial capacity), available financing and operational modalities

Regional Context – South-East Asia Region



- National plans envision **sustaining polio essential functions** (as envisioned in the polio post certification strategy)
- National transition plans **at different stages of endorsement** and implementation in the five priority countries
- WHO to maintain core capacities to provide **technical support** and **capacity building**
- **Full transfer of responsibility to national governments** envisioned during **2024 – 2028**
- Actions for **financial sustainability** (including cost sharing and domestic funding), initiated long before polio transition came to the global agenda

Regional Context – South-East Asia Region



- Transition Independent Monitoring Board recognized **SEA Region as the most advanced region** in polio transition – integrated networks a key driver
- Key success factors - **strong commitment of Member States + WHO oversight/guidance** – progress despite challenges posed by COVID-19 pandemic
- Advocacy and resource mobilization efforts underway to secure funding, beyond flexible funding provided by WHO to support essential functions
- Regional publication **'NeXtwork'** launched during 74th session of SEA Regional Committee (September 2021)
 - First **in-depth account of network's broader contributions to public health** in the Region including COVID-19, highlighting its value as a public health good

Transition in Action: *Contributions of the Network to COVID-19 preparedness and response efforts*



'NeXtwork'

Chapter 1: The inside story

Chapter 2: Response to COVID-19: a joint responsibility

Chapter 3: NeXtwork: with an eye to the future

[NeXtwork – The role and contribution of the integrated surveillance and immunization network to the COVID-19 response in the WHO South-East Asia Region \(Bangladesh, India, Indonesia, Myanmar and Nepal\)](#)

- Leadership
- Rationalizing resources
- Leveraging resources (laboratory network and fleet)
- COVID-19 testing, tracking and contact tracing
- Health-facility assessment
- Data management and analysis
- Capacity building and sharing of tools/methodologies
- Risk communication and community engagement

Transition in Action: *Contributions of the Network to COVID-19 preparedness and response efforts*

COVID-19 Vaccine delivery

- Planning for vaccine delivery
- Development of guidelines
- Cold chain management
- Training of health workers
- Facilitation of real-time reporting & data mgt.
- Post-introduction evaluations

Immunization services resumption

- Monitoring prog. performance
- Guidelines' development
- Synergy between routine immunization & COVID-19 vaccination activities
- Training of health workforce
- Collaboration with partners

Country highlights - India

Overview/Progress:

- Two-phased implementation of transition plan (2018-2026)
- Mid-term assessment of phase 1 completed, recommendations being implemented
- National Polio Surveillance Project re-engineered as National Public-Health Support Programme (NPSP) - work scope aligned to future needs/priorities
- WHO continuing capacity building and quality assurance role

Best Practices:

- Leveraging lessons from polio eradication to strengthen response during emergencies and support measles/rubella elimination, routine immunization
- Steadfast domestic funding commitment from national government to WHO to cover costs of the network
 - Three-year funding to WHO, approved by Government of India (USD 56 mn)
- State governments also committed to support transition
 - State-wise approach to handover functions (accelerated, measured, gradual)
 - Government medical officers taking the lead in polio surveillance activities

Country highlights - Bangladesh



Overview/Progress:

- Three-phased implementation of the transition plan (2016-2026) - in progress, with some delays to achieve key milestones under Phase 2 (2020-2022)
 - Budget to support transition reflected in government Operational Plan – endorsement and budget allocation delayed
- Bridge funding options identified for short to mid-term financing



Best Practices:

- National plan built around strategy for longer-term financial sustainability, with eventual transfer of functions to the government in 2026
- Dedicated capacity at WHO-country office to support and monitor transition activities - has significantly benefitted the implementation of transition plan

Thank you



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