

Poliomyelitis

Polio transition planning and polio post-certification

Report by the Director-General

1. Pursuant to decision WHA70(9) (2017) on poliomyelitis: polio transition planning, the Secretariat drafted a strategic action plan on polio transition, which it submitted to the Seventy-first World Health Assembly in May 2018.¹ The strategic action plan has three main objectives, namely, to:

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

The Health Assembly noted the strategic action plan,² which included identification of the capacities and assets, particularly at country level, required to sustain progress in other polio-funded programmatic areas and to maintain a polio-free world after eradication.

2. Since then, the Secretariat has been working with the 16 countries³ prioritized for transition planning because of the substantial polio programme investments they have received, and with a further four countries that have been prioritized by the Eastern Mediterranean Region⁴ based on their high-risk status for sustaining polio eradication. Secretariat engagement has focused on reviews of, and where appropriate, support for the development and implementation of national plans for polio transition.

3. The country planning process has revealed the need to sustain or selectively re-purpose essential functions currently funded by the polio programme, particularly in fragile and conflict-affected countries and those with poor health systems. The essential functions in these countries depend heavily on the polio eradication programme and other international donor funding to sustain eradication

¹ Document A71/9.

² See the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings.

³ The 16 global polio transition priority countries by region are: African Region – Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan; South-East Asia Region – Bangladesh, India, Indonesia, Myanmar and Nepal; and Eastern Mediterranean Region – Afghanistan, Pakistan, Somalia and Sudan.

⁴ Iraq, Libya, Syrian Arab Republic and Yemen.

and avoid backsliding on vaccine-preventable disease control and elimination efforts, as well as to strengthen emergency preparedness, detection and response capacity.

4. This report provides an update on progress made since the Seventy-second World Health Assembly in implementing the key activities and reaching the milestones laid out in the strategic action plan and outlines the approach to be taken and milestones up to May 2020.

PROGRESS ON TRANSITION ACTIVITIES SINCE MAY 2019

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

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

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

8. A summary of the outcomes of the eight joint country support visits carried out to date has been prepared and posted on the WHO website.³

CONSULTATIONS WITH REGIONAL OFFICES AND COUNTRY SUPPORT

9. Advocacy for polio transition remains a priority; high-level regional consultations involving key stakeholders have been initiated at all three levels of the Organization. To date, one such consultation, in the Eastern Mediterranean Region, has taken place. It was held in Cairo on 4 and 5 September 2019, with a number of objectives, namely, to:

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

¹ See the summary records of the Seventy-second World Health Assembly, Committee A, sixth meeting, section 2.

² See the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings.

³ See <https://www.who.int/polio-transition/documents-resources/en/> (accessed 21 October 2019).

- produce a completed workplan that mainstreams polio transition into biennium workplans for 2020–2021;
- conduct a full mapping of polio-funded positions that are currently supporting immunization or emergencies functions at the regional and country levels (and identify any gaps);
- agree on the modalities of establishing “integrated public health teams” at country level to conduct essential functions that need to be maintained post-transition; and
- agree a joint corporate country-by-country workplan.

10. As an outcome of the consultation in the Eastern Mediterranean Region, joint country support visits to Iraq and Sudan are planned to take place by January 2020, to develop and finalize national polio transition plans, with further visits planned to Somalia and Syria before May 2020.

11. A similar high-level consultation is planned to take place in the African Region before the 146th session of the Executive Board.

12. The table below provides the list of priority countries and related country missions already completed and those planned for the coming months.

POLIO TRANSITION – PRIORITY COUNTRY MISSIONS

| Country | Region | Missions | |
|----------------------------------|-----------------------|---------------|----------------------------------|
| | | Conducted | Planned |
| Angola | Africa | March 2019 | – |
| Cameroon | Africa | February 2019 | – |
| Chad | Africa | March 2019 | – |
| Democratic Republic of the Congo | Africa | – | Dates to be agreed |
| Ethiopia | Africa | December 2018 | Fourth quarter 2019 ¹ |
| Nigeria | Africa | – | Dates to be agreed |
| South Sudan | Africa | February 2019 | – |
| Afghanistan | Eastern Mediterranean | – | – |
| Iraq | Eastern Mediterranean | – | Fourth quarter 2019 |
| Libya | Eastern Mediterranean | – | Dates to be agreed |
| Pakistan | Eastern Mediterranean | – | Dates to be agreed |
| Somalia | Eastern Mediterranean | – | First quarter 2020 |
| Sudan | Eastern Mediterranean | – | Fourth quarter 2019 |
| Syrian Arab Republic | Eastern Mediterranean | – | First quarter 2020 |
| Yemen | Eastern Mediterranean | – | Dates to be agreed |

¹ A potential follow-up visit to support resource mobilization is being discussed.

| Country | Region | Missions | |
|------------|-----------------|---------------|--------------------|
| | | Conducted | Planned |
| Bangladesh | South-East Asia | November 2018 | – |
| India | South-East Asia | December 2018 | – |
| Indonesia | South-East Asia | – | Dates to be agreed |
| Myanmar | South-East Asia | October 2018 | – |
| Nepal | South-East Asia | – | Dates to be agreed |

CROSS-DEPARTMENTAL PROGRESS

13. Ensuring the sustainability of polio eradication and strengthening country immunization and vaccine-preventable disease surveillance capacities are integral to the 2021–2030 global vaccine and immunization vision and strategy that are currently being developed. The strategy is centred on effective, efficient and resilient immunization programmes, which are part of primary health care, and highlights the importance of sustainability. It emphasizes the need to mainstream into the programmes of national governments, preferably by means of domestic funding, the essential functions that, thus far, have been implemented by partners and managed and funded by the Global Polio Eradication Initiative.

14. In line with the Thirteenth General Programme of Work, 2019–2023, WHO has prepared a global strategy on comprehensive vaccine-preventable disease surveillance,¹ through a process of extensive consultation with regional offices and partners. The intention of the strategy is for all countries to be equipped with sustainable, high-quality surveillance systems for vaccine-preventable diseases, supported by strong laboratory systems that detect and confirm cases and outbreaks and generate useful data to guide outbreak prevention and response, immunization programme management, and vaccination policy-making, thereby decreasing the burden of vaccine-preventable diseases as efficiently and effectively as possible. Given the heavy reliance on polio funding for disease surveillance in many countries in the African, South-East Asia and Eastern Mediterranean regions, and the challenges posed by the decline in resources from the Global Polio Eradication Initiative, the transition strategy aims to guide countries in integrating acute flaccid paralysis surveillance into vaccine-preventable disease surveillance, and in mitigating the negative implications of the decline in polio funding on sensitive vaccine-preventable disease surveillance. The strategy will be finalized in May 2020, together with the 2021–2030 global vaccine and immunization strategy, of which it will constitute an integral part. Furthermore, WHO is working with partners to cost the global implementation and maintenance of comprehensive vaccine-preventable disease surveillance, with a focus on lower income countries.

15. At the same time, a working group has been established at WHO headquarters, comprising Secretariat representatives working in the areas of polio eradication, immunization, and health emergencies, in order to define surveillance capacity needs and gaps, and establish how to expand polio surveillance infrastructure and combine it with other disease and outbreak surveillance activities. A guidance note is being prepared on implementing comprehensive vaccine-preventable disease surveillance while maintaining strong polio surveillance.

¹ “Comprehensive vaccine-preventable disease surveillance” is defined as the national, regional and global systems required to meet the minimal World Health Organization recommended standards for surveillance of a set of priority vaccine-preventable diseases (as defined by each country), with integration of surveillance functions across vaccine-preventable diseases and other diseases, where possible.

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

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

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

19. Consultations at all three levels of the Organization on different approaches to mobilizing funding for immunization activities affected by polio transition are planned to take place after the operational planning process. In consultation with regional offices, this will involve the selection of two pilot countries in the African Region, with the objective of securing resource mobilization support for immunization activities, consistent with the relevant regional plan. An initial mapping has been completed of potential countries and lessons learned.

20. In addition, under the leadership of the Secretariat department for immunization, a joint accountability framework across the immunization community and Global Polio Eradication Initiative partners is being developed defining roles and responsibilities, identifying critical activities for timely implementation, and tracking progress as part of the “integration” goal of the Initiative’s Endgame Strategy.

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

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

22. For the purposes of effective and efficient independent monitoring of the polio transition process, the terms of reference of the Transition Independent Monitoring Board have been amended, to streamline its membership and extend its role, initially for an additional two years.

TRANSITION ACTIVITIES PLANNED UNTIL MAY 2020

23. The Secretariat will continue to implement the polio transition corporate workplan described in paragraph 7 above, with a focus on enhancing the role of regional offices and strengthening country capacities. In the African Region in particular, additional guidelines for non-priority countries will also be developed.

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

25. In relation to ongoing outbreaks of circulating vaccine-derived polio viruses, especially in the African Region where outbreaks are occurring in six out of seven priority polio transition countries, planning activities will be aligned with the most recent epidemiological situation.

26. Collaboration with health systems units will be further enhanced in support of cross-Organization universal health coverage goals.

ACTION BY THE EXECUTIVE BOARD

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

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