

Poliomyelitis

Polio transition planning and polio post-certification

Report by the Director-General

1. This report provides an update on the implementation of the Strategic Action Plan on Polio Transition (2018–2023)¹ within the context of the coronavirus disease (COVID-19) pandemic.
2. The focus of polio transition is at the country level, and activities started gaining pace in 2021 with a focus on integration and sustainability. The Secretariat continued to work with the national authorities of the priority countries² to revise and implement their national plans for polio transition within the context of the COVID-19 pandemic, to sustain the gains of polio eradication, to avoid backsliding on immunization gains, and to strengthen emergency preparedness, detection and response capacities.
3. The Steering Committee on Polio Transition continues to provide strategic guidance and oversight to ensure that polio transition activities are aligned with programmatic and technical priorities. A Joint Corporate Workplan for Polio Transition sets the framework for coordinated action and joint accountability. Despite the challenges posed by the COVID-19 pandemic, 91% of planned deliverables of the 2020–2021 Joint Corporate Workplan were completed or have progressed. The 2021–2022 Workplan reflects the specific priorities of each region, with a strong focus on moving forward the country agendas, resource mobilization, strategic communications and high level advocacy.
4. The COVID-19 pandemic has once again demonstrated the importance of surveillance, and the role of the polio surveillance network as a building block to strengthen surveillance systems. As a step to reinforce these efforts, the Secretariat has developed a methodology and tools to support countries to accurately plan and budget the appropriate level of financial resources required to sustain and strengthen disease surveillance as part of their national health systems. Under the umbrella of the Universal Health Coverage Partnership, and complementing existing strategies,³ the aim is to support countries to identify the critical cost components of their surveillance systems and ensure the integration of these costs into

¹ See document A71/9 and the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings (see <https://apps.who.int/iris/handle/10665/325993>).

² The 16 global polio transition priority countries by region are: African Region – Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan; South-East Asia Region – Bangladesh, India, Indonesia, Myanmar and Nepal; and Eastern Mediterranean Region – Afghanistan, Pakistan, Somalia and Sudan. Additionally, the Regional Office for the Eastern Mediterranean has prioritized four additional countries (Iraq, Libya, Syrian Arab Republic and Yemen) owing to their fragility and high-risk status.

³ WHO. Immunization Agenda 2030: a global strategy to leave no one behind, Draft Four – 2 April 2020 (https://www.who.int/immunization/immunization_agenda_2030/en/, accessed 11 October 2021).

their national budgets and strategic plans. The tools are being piloted in India and Sudan. Lessons learned from these pilot countries will inform subsequent implementation.

5. The polio workforce has been engaged in COVID-19 vaccination and immunization recovery efforts, which once again shows the value of this workforce for broader public health. According to real-time data collected in the African Region, more than 467 polio workers have been engaged in COVID-19 vaccination activities across 33 countries. In the South-East Asia Region, the integrated polio and immunization surveillance networks have taken on key roles in COVID-19 vaccination guideline development, cold chain management, training of health workers and the facilitation of real-time reporting and data management during campaigns. In the Eastern Mediterranean Region, polio personnel have been involved in a wide range of activities, such as recruiting vaccinators, developing microplans and conducting surveillance for adverse events following COVID-19 vaccination.

6. Cross-programmatic integration has further accelerated and is leveraging experience with the pandemic response to build back resilient immunization programmes. The Global Polio Eradication Initiative Strategy 2022–2026 contains a strong commitment to integration, to reach chronically missed “zero-dose” children in key areas. Similarly, the Immunization Agenda 2030 Framework for Action places strong emphasis on coordinated planning, action and monitoring.

7. There is strong recognition of the need to communicate effectively about the risks, benefits and opportunities that polio transition presents to health systems. The Secretariat has developed a strategic communications framework to support advocacy efforts and to better communicate the value of the polio network for the broader health agenda. Its implementation will help foster ownership and sustainability.

COUNTRY-LEVEL PROGRESS

African Region

8. The certification of the eradication of the wild poliovirus in August 2020 accelerated polio transition in the African Region. The countries of the Region are committed to capitalizing on this achievement to stop the transmission of all types of polioviruses by the end of 2023, and to integrate polio assets into national health systems in order to strengthen broader disease surveillance, outbreak response capacities and immunization services.

9. The Region has a two-phased approach to polio transition: in order to mitigate the ongoing risk of circulating vaccine-derived poliovirus outbreaks, the 10 polio high risk countries in the Region¹ will continue to receive support from the Global Polio Eradication Initiative until the end of 2023, with a view to making a full transition as of 2024. The remaining 37 low risk countries will accelerate implementation, transitioning out of Global Polio Eradication Initiative support in January 2022. In the low risk countries, the polio resources have been fully integrated into other public health programmes. Lessons learned from these 37 countries will inform implementation in the 10 high risk countries.

10. The Regional Office for Africa is aligning the implementation of polio transition to the outcomes of the functional reviews of the WHO country offices, which respond to the evolving priorities of Member States. Polio transition offers an opportunity to accelerate both the implementation of the

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

functional reviews and the integration of polio functions in a horizontal manner with a primary health care lens.

11. The priority countries of the Region are revising and implementing their national polio transition plans in the context of COVID-19. In Angola, with support from the World Bank and Gavi, the Vaccine Alliance, provincial support teams are being established to ensure the continuity of polio functions, such as active surveillance, case detection and investigation, while contributing to the monitoring of maternal and child health interventions. In Chad, the transition plan has been revised to align with the COVID-19 context, and a workshop is being planned for its review and validation. In Cameroon, Democratic Republic of the Congo and South Sudan, the plans are being reviewed under the leadership of the national governments. In Ethiopia, a high level advocacy plan is in place to ensure sustainable financing. In Nigeria, a national transition business case was endorsed by the Interagency Coordination Committee, and plans are in place to mobilize the necessary resources for its implementation.

12. The Region is placing strong emphasis on high level advocacy to ensure that polio tools, skills and assets are integrated into national health programmes in a sustainable manner. Polio transition was discussed at the seventy-first session of the Regional Committee for Africa, where Member States declared their strong commitment to integrate polio capacities and key functions into their health systems. As a part of these efforts, a scorecard was launched at the Regional Committee as a tool for countries to monitor national progress in surveillance, immunization, outbreak response and polio transition activities.

South-East Asia Region

13. The South-East Asia Region has a single integrated network for surveillance and immunization that provides support not only for polio eradication, but also for measles and rubella elimination, surveillance for vaccine-preventable diseases, strengthening immunization and responding to emergencies. The integrated nature of this network is one of the key reasons that the South-East Asia Region is the most advanced among WHO regions in polio transition. The first steps for financial sustainability, including cost sharing and domestic funding, were taken long before polio transition came to the global agenda.

14. Among the five priority countries, India, which has the largest network in the Region, is implementing its transition plan in line with the outcomes of the 2020 mid-term review. The Government of India has committed domestic resources to support phase 2 of the implementation of the transition plan, which extends the scope of the network to wider public health functions, while continuing support to immunization. As a step towards aligning the scope of work to future needs and priorities, the national polio surveillance project has been renamed as the national public health support programme. In the other four countries, steps are being taken towards financial sustainability. In Bangladesh, part of the operational costs of the surveillance and immunization medical officers have been included in the government operational plans. Indonesia and Myanmar have much smaller networks, but despite the slowing down of momentum due to COVID-19, status quo has been maintained. Discussions have been re-initiated with the Government of Nepal to explore the options for sustainable financing.

15. The Region has developed a comprehensive document on the role and contributions of the integrated surveillance network to the COVID-19 response in each of the five polio transition priority countries. Launched at the seventy-fourth session of the Regional Committee for South-East Asia, the report is the first in-depth account of the network's broader contributions to public health in the region,

highlighting its value as a public health good, especially in the context of COVID-19 response and recovery.¹

Eastern Mediterranean Region

16. The Eastern Mediterranean Region hosts the two remaining polio-endemic countries, Afghanistan and Pakistan. While reaching eradication remains of utmost importance, the Region is carefully balancing eradication and transition efforts. The regional workplan for polio transition has five workstreams: developing national transition plans in priority countries, operationalizing integrated public health teams, resource mobilization, integrated vaccine-preventable disease surveillance, and coordination and monitoring.

17. The Region hosts many conflict-affected countries that require a risk-based approach to transition. Cross-programmatic integration, with a smooth handover of polio assets to other public health programmes, is equally important. All WHO country offices in the priority countries have conducted a full mapping of their human resources to optimize the use of their workforce, and multi-disciplinary teams have been set up to foster cross-programmatic integration.

18. In this context, the Regional Office for the Eastern Mediterranean is prioritizing the operationalization of integrated public health teams as an interim strategy to sustain essential polio functions until they are systematically integrated into national health systems. The first country to pilot this concept is Sudan, where field staff supporting polio, immunization, emergencies and health systems functions have been integrated into a single team, with common terms of reference. Capacity-building needs have been identified, with the intent to fully operationalize the team by 2022. Similarly in Somalia, the roles of polio district and provincial teams have been expanded to provide broader health services to support primary health care. In Yemen, the polio surveillance network is being transformed into a network for integrated disease surveillance.

19. Transition plans have been contextualized to match the Region's needs. All priority countries have national transition plans, with a view to start implementation by the end of 2021. In Somalia, a three-phased plan has been developed to build capacity at the regional and district level to gradually integrate functions into the national health system to strengthen primary health care. Sudan updated its national transition plan to support strengthening of vaccine-preventable disease surveillance, immunization and early warning response systems. The integration of functions into the national health system has been delayed due to economic and political difficulties and access challenges, but the rollout of integrated public health teams will facilitate implementation. The other four countries (Iraq, Libya, Syrian Arab Republic and Yemen) have much smaller and integrated polio infrastructures. The objective is to sustain this integration and to ensure programmatic and financial sustainability. In Iraq, polio field presence has been reduced by 33% since 2019 by integrating polio and immunization functions, with efforts being made to strengthen immunization and surveillance while sustaining polio essential functions. In Libya, the acute flaccid paralysis reporting system is already a part of the Early Warning, Alert and Response Network (EWARN) system. In the Syrian Arab Republic, field staff initially recruited for polio eradication have supported numerous health emergencies and immunization activities over the years, and the focus is to ensure sustainability. In Yemen, the endorsed national transition plan foresees the building of national capacity on integrated disease surveillance.

¹ 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). New Delhi: WHO Regional Office for South-East Asia; 2021 (<https://apps.who.int/iris/handle/10665/344902>, accessed 11 October 2021).

BUDGET, PLANNING, RESOURCE MOBILIZATION AND HUMAN RESOURCES

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

20. As part of planning for the development of the programme budget for 2022–2023, the Secretariat conducted a detailed review with each of the six regional offices to cost the essential functions that WHO will support to advance the three key objectives of the Strategic Action Plan. These essential functions were integrated into the appropriate technical outputs and outcomes of the base segment of the proposed programme budget.¹ Member States were fully supportive of this strategic shift and approved the Proposed programme budget 2022–2023 at the Seventy-fourth World Health Assembly.²

21. The Secretariat is accelerating resource mobilization efforts for the functions that will no longer receive support from the Global Polio Eradication Initiative, aligned with the vision and priorities of the Thirteenth General Programme of Work, 2019–2023. The aim is to ensure continuity of expertise and capacity where it is most needed. As a first step, the financial resources that are required to sustain these essential functions have been secured for the first half of 2022. The Secretariat will monitor the needs and gaps, taking the necessary mitigation measures. Resource mobilization to support the essential functions is a shared responsibility across the three levels of the Organization, and is an integral part of the discussions of the intergovernmental Working Group on Sustainable Financing. In parallel, the Secretariat is continuing to advocate for domestic resources as the most feasible long-term strategy to sustain core capacities and essential functions at the country level.

Update on human resources

22. The Secretariat continues to monitor the polio programme staffing through a dedicated database. There has been a 31% decrease in the number of filled positions since 2016 (Table 1).³

23. The African Region, which has the highest number of polio funded staff positions, has taken specific measures to address the impact of the declining financial resources from the Global Polio Eradication Initiative. As a first step, all staff positions funded by the Global Polio Eradication Initiative will have been abolished by December 2021. The Regional Office for Africa is incorporating these essential functions into the implementation of the functional reviews in the 47 country offices. The results of this process will align with the programmatic needs and priorities of the two-phased transition planned in the Region. The outcomes of the planned transition will support both the implementation of the functional reviews and the continuation of polio activities in all countries.

¹ See document A74/5 Rev.1 for more detail on verified final costs for each major office.

² See resolution WHA74.3 (2021).

³ For more detailed information see the WHO website HR planning and management (<https://www.who.int/teams/polio-transition-programme/HR-planning-and-management>, accessed 11 October 2021).

Annex 1 – WHO staff members funded by the Global Polio Eradication Initiative aggregated by contract type;

Annex 2 – WHO staff members funded by the Global Polio Eradication Initiative aggregated in major offices, aggregated by grade and contract type.

Table 1. Number of polio staff positions supported by the Global Polio Eradication Initiative, by major office (2016–2021)

Major office	2016	2017	2018	2019	2020	2021 ^a	Variation between 2016 and 2021
Headquarters	77	76	70	72	71	66	-14%
Regional Office for Africa	826	799	713	663	594	524	-37%
Regional Office for South-East Asia	39	39	39	36	36	35	-10%
Regional Office for Europe	9	8	4	5	4	2	-78%
Regional Office for the Eastern Mediterranean (majority of positions located in Afghanistan and Pakistan)	155	152	153	170	146	143	-8%
Regional Office for the Western Pacific	6	6	5	3	3	2	-67%
Total	1 112	1 080	984	949	854	772	-31%

^aAs of September 2021 - Source: Global Polio Eradication Initiative.

MONITORING AND EVALUATION

24. Progress is being regularly monitored through the monitoring and evaluation dashboard, with specific output indicators aligned with the three objectives of the Strategic Action Plan.¹ The dashboard has been updated with the three-year time-series of country indicators (2018–2020). The regional offices have additional tools to complement the monitoring of programmatic performance.

25. The Secretariat has carefully reviewed the fourth report of the Polio Transition Independent Monitoring Board,² outlining a way forward for each recommended action. Actions that are of high priority, including a policy decision to shift functions, review of national transition plans in the light of the COVID-19 context and expansion of integrated public health teams, are being implemented. Successful implementation of the recommended actions will require collective ownership of those actions by the Secretariat, Member States and partners. At its most recent meeting, held on 3–4 November 2021, the Board reviewed progress and challenges in the implementation of polio transition in the priority countries and the four technical areas of immunization, surveillance, outbreak and emergency response, and poliovirus containment.

¹ WHO. Polio transition programme: monitoring and evaluation dashboard. In WHO/Teams [website]. Geneva: World Health Organization; 2021 (<https://www.who.int/teams/polio-transition-programme/polio-transition-dashboard>, accessed 11 October 2021).

² Navigating complexity: adapting to new challenges on the journey to a polio-free world. Polio Transition Independent Monitoring Board fourth report, January 2021 (<https://polioeradication.org/wp-content/uploads/2021/02/4th-TIMB-Report-Navigating-Complexity-20210131.pdf>, accessed 11 October 2021).

26. The Strategic Action Plan on Polio Transition (2018–2023) includes a provision for a mid-term evaluation by the WHO Evaluation Office within the polio transition road map that was prepared to support its implementation. This evaluation was also included in the biennial evaluation workplan 2020–2021 approved by the Executive Board at its 146th session in February 2020. The evaluation will be conducted by an external independent evaluation team that was selected by the Evaluation Office through an open tender. Following an inception phase, the evaluation team will undertake its main work during the fourth quarter 2021 with an aim to deliver the final evaluation report in February 2022. An executive summary of the evaluation report will be presented as an annex to the annual evaluation report for consideration by the Executive Board at its 151st session, through the Programme, Budget and Administration Committee at its thirty-sixth meeting in May 2022.

ACTION BY THE EXECUTIVE BOARD

27. The Board is invited to note the report, and to provide guidance on:
- (a) accelerating the implementation of country plans in the context of COVID-19, ensuring the financial sustainability of transitioned functions; and
 - (b) mitigating programmatic risks and recognizing opportunities in countries that are transitioning out of support from the Global Polio Eradication Initiative.

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