

Poliomyelitis

Polio transition planning and polio post-certification

Report by the Director-General

1. At its 148th session, the Executive Board noted the update on the implementation of the Strategic Action Plan on Polio Transition (2018–2023), with its particular emphasis on the impact of the COVID-19 pandemic on key activities and the mitigation measures that have been taken by the Secretariat.¹ This report provides a further update.

2. The Strategic Action Plan, which was requested by the Seventieth World Health Assembly in decision WHA70(9) (2017) and noted by the Seventy-first World Health Assembly,² has three key objectives:

- to sustain a polio-free world after the eradication of poliovirus;
- to strengthen immunization systems, including surveillance for vaccine-preventable diseases, in order to achieve the goals of WHO's Global vaccine action plan 2011–2020;
- to strengthen emergency preparedness, detection and response capacity in countries to fully implement the International Health Regulations (2005).

3. The Secretariat has been working with the national authorities of the 16 priority countries for polio transition.³ Additionally, the Regional Office for the Eastern Mediterranean is working with four additional countries that it has prioritized owing to their fragility and high-risk status⁴ to develop and implement their national plans for polio transition. Many of these countries depend heavily on the infrastructure established through the Global Polio Eradication Initiative. Careful planning is required to maintain or selectively re-purpose polio assets, to sustain eradication, to avoid backsliding on vaccine-preventable disease control and elimination efforts, and to strengthen emergency preparedness, detection and response capacities.

¹ Document EB148/23; see also the summary records of the Executive Board at its 148th session, thirteenth meeting, section 2.

² 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>, accessed 14 April 2021).

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.

COVID-19: A CHALLENGE AND AN OPPORTUNITY FOR POLIO TRANSITION

4. The COVID-19 pandemic has led to the temporary suspension or slowing down of many polio and immunization activities at the country level, including the planned cross-WHO country missions to review transition implementation. Despite the consequent challenges, progress has been made towards the objectives of the strategic action plan on polio transition.

5. Since the early days of the pandemic, the Secretariat has maintained high-level and active oversight of polio transition. The Steering Committee on Polio Transition continues to meet regularly, with a focus on monitoring the impact of the COVID-19 crisis, adopting mitigation measures and assessing opportunities for integration presented by the pandemic response.

6. Polio transition activities are managed in a more integrated manner than previously with the participation of all programmes and are better aligned with programmatic and regional priorities, capitalizing on the technical and programmatic capacities throughout the Organization. To assist this pivot towards more integrated planning and action, a technical working group has been put in place across WHO headquarters and the regional offices. The working group meets every two weeks to track progress and agree on priorities. It acts as a platform for collective decision-making and transparent information-sharing. In addition, programmatic linkages have been established with the special programme on primary health care, as the capacity that exists through the polio network can support the strengthening of primary health care in priority countries. As at February 2021, 88% of the activities of the Joint Corporate Workplan for Polio Transition were either completed or on track. Implementation of the remaining activities is expected to accelerate in the coming months after a temporary curtailment due to the COVID-19 pandemic.

7. The COVID-19 pandemic is an unprecedented challenge for the world, but it also presents a unique opportunity for the systematic and careful transition of polio assets and functions. COVID-19 has demonstrated once again that polio staff constitute an essential public health workforce that can be quickly mobilized to support Member States. In addition, the response to COVID-19 is accelerating cross-programmatic integration, driving programmes to plan and work together in a more integrated manner.

The role of the polio network for the response to COVID-19 and opportunities for the future

8. Within weeks of the reporting of COVID-19, polio assets in the African, South-East Asia and Eastern Mediterranean regions – the three regions prioritized for polio transition – were able to pivot quickly to provide support to countries preparing for and responding to the crisis.

9. Polio networks have several unique advantages that made them particularly useful for responding to COVID-19. First, they were already in place at the community level and could start working immediately, a key attribute given the speed with which SARS-CoV-2 circled the globe. Secondly, given their experience with outbreaks and other health emergencies, polio teams had the knowledge and expertise needed to respond to a new emergency. Thirdly, thanks to their long-standing relationships in countries and with communities, they quickly became trusted members of the countries' public health teams.

10. The contributions of the polio teams to the COVID-19 response in the polio-transition priority countries in the three regions have been comprehensively documented.¹ Real-time data collected in the African Region² show that in 36 countries 2080 polio-funded personnel have participated in the response, with most personnel spending more than 50% of their time on activities related to COVID-19. In the South-East Asia Region, almost 2600 personnel spent between one quarter and three quarters of their time on COVID-19 response, and in countries of the Eastern Mediterranean Region in total 1243 polio staff contributed to the pandemic response efforts in addition to continuing essential functions for polio eradication. In all three regions, most teams are located at the district and community levels.

11. Beyond their contributions to the response to the pandemic, polio networks have a vital role to play in the recovery phase. They are already providing vital support to reach children who have missed vaccinations because of service disruptions related to COVID-19. With unique expertise in introducing and delivering new vaccines, planning and monitoring, training of frontline workers, data collection and analysis, microplanning, and community engagement, polio networks will also be instrumental in the distribution of COVID-19 vaccines. Therefore, the current pandemic presents an opportunity for polio transition, especially if programmatic investments in the prevention and control of COVID-19 could be capitalized upon to build sustainable capacities that would lead to longer-term preparedness and resilient health systems.

Integration: the pathway towards successful transition

12. The objective of polio transition is to mainstream the functions supported through the Global Polio Eradication Initiative into national health systems. Until then, WHO has to maintain its capability to support these essential functions, while helping to build capacity in countries. The scope and duration of WHO's support will depend on the country context. In fragile and conflict-affected countries, WHO's support will need to continue in the longer term.

13. COVID-19 has accelerated the momentum for cross-programmatic integration. In the African, South-East Asia and Eastern Mediterranean regions, programmatic integration, using polio surveillance and immunization staff to support the responses to COVID-19, is building upon the polio network as activities resume.

14. To capitalize on this growing momentum within the context of COVID-19, "integrated public health teams" are being set up in WHO country offices in polio transition priority countries, bringing together the expertise on polio, emergencies and immunization and building on the broad footprint of the polio networks. The integrated public health teams have country-specific expanded terms of reference. They are being operationalized in a phased manner, aligned with the country context and operational needs. The first phase focuses on activities immediately related to the response to COVID-19, such as outbreak investigation and contact tracing, and during the second phase activities will centre on recovery and resilience. Lessons learned from the initial examples will be applied in further implementation.

¹ WHO. Contributions of the polio network to the COVID-19 response: turning the challenge into an opportunity for polio transition. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/336261/9789240011533-eng.pdf>, accessed 14 April 2021).

² WHO Regional Office for Africa. Contribution of polio resources to COVID-19 response (<https://rebrand.ly/polio2covid>, accessed 18 March 2021).

15. COVID-19 is also accelerating integration of the polio and essential immunization programmes in countries prioritized for polio transition. Disruptions to immunization services caused by the pandemic have highlighted the urgent need for more coordinated and integrated approaches by polio and immunization stakeholders. Through a multipartner effort led by WHO, an “interim Programme of Work for Integrated Actions in the context of the COVID-19 pandemic” has been developed which outlines the key activities and strategies required to meet the unprecedented COVID-19-related challenges. The priority activities of the interim programme of work will feed into the revised strategy of the Global Polio Eradication Initiative and the operationalization of key immunization strategies, such as the Immunization Agenda 2030¹ and the 2021–2025 strategy of Gavi, the Vaccine Alliance (Gavi 5.0). The Immunization Agenda 2030 places “sustainable transitions” at its forefront and aspires to build on the experience and lessons from polio, through means that include a strong focus on reaching “zero dose” communities and building sensitive disease-surveillance systems.

16. Progress has also been made towards integrated surveillance, both as a way to provide insight into the effectiveness of immunization programmes and to serve as an early warning to detect disease outbreaks. To this effect, the global strategy on comprehensive vaccine-preventable disease surveillance² aims to mitigate the risk that the decline in polio funding will undermine surveillance activities, by guiding countries to put in place sustainable surveillance systems for a comprehensive set of priority vaccine-preventable diseases and to integrate surveillance functions with those for other vaccine-preventable diseases and, where possible, other diseases. In support of, and guided by, this strategy, the Secretariat has initiated a project to develop a tool for costing, planning and budgeting surveillance of vaccine-preventable diseases in priority countries. The main objectives of the project are to analyse current surveillance systems in priority countries and to develop a costing methodology with guidelines for application. The tool and related guidance will facilitate national health programmes, including public health departments, immunization managers and other stakeholders, to estimate the financial resources required to sustain and strengthen vaccine-preventable disease surveillance, both from domestic and external sources. The results of the project will be instrumental for countries to better understand all crucial cost components of surveillance systems and ensure their integration into their national strategic plans for immunization and to update national polio transition plans.

COUNTRY-LEVEL PROGRESS

17. COVID-19 has curtailed country-level activities, including the suspension of planned country missions. It also has implications for the overall financial landscape. As countries face severe economic shocks in responding to this unprecedented crisis, providing sustainable funding for polio assets has become challenging. This has an impact on the planned implementation timelines for the polio transition activities. Despite these difficulties, progress has been made in the African, South-East Asia and Eastern Mediterranean regions.

African Region

18. The results of a real-time survey by the Regional Office for Africa to document the contributions of polio staff to COVID-19 preparedness and response provide effective advocacy for the prioritization and timely implementation of national polio transition plans. In addition, the Regional Office is

¹ 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 18 March 2021).

² WHO. Global strategy on comprehensive vaccine-preventable disease surveillance (https://www.who.int/immunization/monitoring_surveillance/burden/vpd/BLS20116_IA_Global_strategy.pdf?ua=1, accessed 18 March 2021).

documenting the contributions of polio staff to the three pillars of the Thirteenth General Programme of Work 2019–2023 in order to encourage Member States and partners to continue investing in core technical capacities that contribute to the achievement of strong outcomes across the triple billion targets.

19. The Regional Office for Africa is making good progress in integrating polio capacities into other public health programmes. For instance, polio surveillance is being integrated into vaccine-preventable disease surveillance, and the capacity to respond to polio outbreaks is being incorporated into health emergency preparedness and response functions as a part of planning for WHO's Proposed programme budget 2022–2023.

20. Among the seven priority countries, Angola has continued implementation of its national transition plan with support from Gavi, the Vaccine Alliance and the World Bank. In Cameroon, Chad, the Democratic Republic of the Congo, Ethiopia and South Sudan, a workplan is being put in place to re-assess the situation in light of COVID-19 in order to revise the national transition plans with realistic timelines and concrete recommendations to be endorsed by the reviewing bodies in the respective countries. Depending on the COVID-19 epidemiological situation, plans are in place to conduct country missions to three priority countries (Democratic Republic of the Congo, Ethiopia and Nigeria) for high-level advocacy and mobilization of domestic resources. A regional review meeting is also planned for the second half of 2021 with a view to supporting and accelerating the implementation of national polio transition plans. The Regional Committee for Africa will continue monitoring the implementation of national polio transition plans as a standing agenda item.

South-East Asia Region

21. The South-East Asia Region is the most advanced in terms of progress on polio transition. Despite the challenges imposed by COVID-19, implementation of the national polio transition plans continued and crucial activities are on track, even though countries are experiencing challenges with financing their plans.

22. Polio transition is an integral part of the polio progress report that was considered by the Regional Committee for South-East Asia at its seventy-third session, which called upon Member States for continued commitment in implementing their transition plans, emphasizing the need to mobilize domestic resources or alternative sources of funding for long-term sustainability.¹ Similarly, the WHO South-East Asia Immunization Technical Advisory Group recommended all five priority countries to operationalize their national polio transition plans and to mitigate any adverse impact of COVID-19 on polio transition, asking national immunization technical advisory groups to provide a progress report on implementation by the end of 2020.²

23. A milestone in the Region was the mid-term assessment of the transition of India's National Polio Surveillance Project (WHO-NPSP) from polio to public health. The assessment contains both programmatic and non-programmatic components, including human resources, operations and finance, highlighting the significant contribution of the transition to strengthening the public health system in

¹ WHO Regional Office for South-East Asia. Progress reports on selected Regional Committee resolutions, section 9. Seventy-third session of the Regional Committee for South-East Asia. World Health Organization Regional Office for South-East Asia; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/333613/sea-rc73-9.pdf> and <https://apps.who.int/iris/bitstream/handle/10665/333613/sea-rc73-9Add1.pdf>, accessed 18 March 2021).

² WHO Regional Office for South-East Asia. Eleventh meeting of the WHO South-East Asia Regional Immunization Technical Advisory Group (20–21 July 2020). New Delhi: World Health Organization Regional Office for South-East Asia; 2020 (<https://apps.who.int/iris/handle/10665/335831>, accessed 18 March 2021).

India. A significant portion of the cost was provided by the national Government within the 2018–2020 time frame. In line with the key recommendations, the Ministry of Health and Family Welfare and WHO will jointly develop a road map to monitor progress at three levels (national, state and district).

24. The Regional Office was planning during 2021 to hold a regional workshop to assess progress and to elaborate a road map for longer-term sustainability, depending on the COVID-19 epidemiological situation.

25. WHO's surveillance networks in all priority countries in the South-East Asia Region have provided substantive support to the response to COVID-19. The Regional Office is documenting these contributions to demonstrate the strengths of the networks, to show how lessons learned from polio were applied to COVID-19 and to plan the way forward.

Eastern Mediterranean Region

26. Although making up only 9% of the global population, the Eastern Mediterranean Region contains 43% of those people who rely on immediate and ongoing humanitarian assistance,¹ thereby constituting a specific context for polio transition. Health systems have been disrupted by political instability and conflict coupled with various health emergencies affecting the Region, seriously impeding the implementation of polio transition plans. This challenge is further compounded by the additional burden of the COVID-19 pandemic. Therefore, countries in the Region that host large polio networks will require longer-term support from the Secretariat.

27. The process for planning for and implementing polio transition in the Region is overseen at the highest level, through the regional Steering Committee on Polio Transition, chaired by the Regional Director for the Eastern Mediterranean. Two country missions were conducted to Iraq and Sudan before the travel restrictions imposed because of COVID-19. These visits were followed up with high-level advocacy to implement the national transition plans, emphasizing the contributions of the polio networks to the COVID-19 response. Consequently, in Iraq, staff numbers were reduced from 25 in 2019 to six in 2020 and field surveillance functions of the polio programme were transferred from WHO to the national health programme. In Sudan, implementation was delayed owing to the impact of COVID-19, coupled with an outbreak of disease due to circulating vaccine-derived poliovirus type 2. In the Syrian Arab Republic, polio functions are integrated within immunization programmes at the level of the Ministry of Health, and the costs of WHO field assets are split equally between the polio programme and the WHO Health Emergencies Programme. In Libya, the international polio staff position has been replaced with two national positions to support building national capacity. In Yemen, polio and immunization functions are integrated and polio staff who were previously funded by the Global Polio Eradication Initiative are now being supported through WHO's immunization and emergencies programmes. The progress report considered by the Regional Committee for the Eastern Mediterranean at its sixty-seventh session included an update on the implementation of polio transition activities and specific recommendations.²

¹ OCHA. Global humanitarian overview 2020. United Nations Office for the Coordination of Humanitarian Affairs; New York: 2019 (https://www.unocha.org/sites/unocha/files/GHO-2020_v9.1.pdf, accessed 18 March 2021).

² WHO Regional Office for the Eastern Mediterranean. Progress report on polio eradication. Sixty-seventh session of the Regional Committee for the Eastern Mediterranean, document EM/RC67/INF.DOC.1. Cairo: World Health Organization Regional Office for the Eastern Mediterranean; 2020 (<https://applications.emro.who.int/docs/EMRC67INFDOC1-eng.pdf>, accessed 18 March 2021).

28. As the two remaining polio-endemic countries and conflict-affected countries that require sustained support from the Secretariat are in the Eastern Mediterranean Region, cross-programmatic integration, especially among the polio, immunization and emergencies programmes, is essential for successful polio transition. Therefore, the Regional Office is fast-tracking the implementation of integrated public health teams in priority countries as a bridging strategy until functions are transferred to the national governments. Progress has been made to map resources and develop the relevant terms of reference, with a view to fully operationalizing the teams within 2021.

29. After a polio transition retreat (Cairo, 16–17 December 2020) attended by all WHO's key technical departments, the Regional Office for the Eastern Mediterranean developed an integrated regional action plan for polio transition, focusing on integrating surveillance (including laboratory support), immunization and outbreak response, and to support all priority countries in the Region (Somalia, Sudan, Yemen, Iraq, Syrian Arab Republic and Libya) to develop or finalize national plans for polio transition by the end of the second quarter of 2021.

BUDGET, PLANNING, RESOURCE MOBILIZATION AND HUMAN RESOURCES

Planning and resource mobilization for WHO's Proposed programme budget 2022–2023

30. WHO's Strategic Action Plan on Polio Transition (2019–2023) included an estimation of the costs of essential public health functions to be mainstreamed and/or integrated into national health structures and WHO's programmes. The estimated costs of these functions for the period of WHO's Thirteenth General Programme of Work 2019–2023 have been calculated to be US\$ 667 million. These estimated costs have been included in the base segment of WHO's programme budget.

31. As an integral part of planning for the Proposed programme budget 2022–2023, the Secretariat is differentiating the costs of polio eradication from those of the essential functions that will need support from WHO, in line with the three key objectives of the Strategic Action Plan on Polio Transition. These essential functions have been mapped and costed against their appropriate programmatic outputs and outcomes and are included in the base segment of the Proposed programme budget under relevant programmatic outcomes. A detailed review has been conducted with all WHO's regional offices to validate and finalize the costs, which will inform the draft Proposed programme budget and form the basis of operational planning.

32. To accompany, and align with, this exercise in planning and budgeting, the Secretariat is prioritizing the mobilization of sufficient and sustainable resources for essential public health functions, especially at the country level. The objective is to integrate polio transition into WHO's corporate resource mobilization strategy, aligned with the vision and priorities of the Thirteenth General Programme of Work 2019–2023. In parallel, the Secretariat is continuing to advocate the use of domestic resources as the most feasible long-term strategy to sustain core capacities and essential functions at the country level.

Update on human resources

33. The Secretariat continues to monitor the polio programme staffing through a database of polio human resources that has been expressly developed for this purpose. Table 1, which combines staffing at country and regional levels, details the 27% decline in the number of filled positions since 2016.¹

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

Major office ^a	2016	2017	2018	2019	2020	2021	Variation between 2016 and 2021
Headquarters	77	71	70	72	71	69	-10%
Regional Office for Africa	826	731	713	663	594	553	-33%
Regional Office for South-East Asia	39	39	39	36	36	38	-3%
Regional Office for Europe	9	5	4	5	4	4	-56%
Regional Office for the Eastern Mediterranean (most positions located in Afghanistan and Pakistan)	155	158	153	170	146	144	-7%
Regional Office for the Western Pacific	6	6	5	3	3	3	-50%
Total	1112	1010	984	949	854	811	-27%

Source: Global Polio Eradication Initiative.

^a Staffing numbers under “Regional Office” are aggregated to include those in WHO country offices.

MONITORING AND EVALUATION OF POLIO TRANSITION

Monitoring and evaluation framework

34. The monitoring and evaluation framework continues to be an important component of the Strategic Action Plan on Polio Transition. It aims to facilitate effective monitoring of progress in priority countries.

35. A dashboard to monitor progress on polio transition based on the monitoring and evaluation framework of the Strategic Action Plan has been developed and published on the WHO website.² It aims to ensure a transparent and regular way to monitor progress towards the three key objectives of the Strategic Action Plan. It provides a set of output and process indicators for the priority countries. The

¹ For more detailed information refer to WHO website: (<https://www.who.int/teams/polio-transition-programme/HR-planning-and-management>, accessed 18 March 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.

² WHO. Polio transition programme: monitoring and evaluation dashboard [website] (<https://www.who.int/teams/polio-transition-programme/polio-transition-dashboard>, accessed 18 March 2021).

dashboard will be updated twice a year, under the oversight of the Steering Committee on Polio Transition.

36. Data from the first year of monitoring (before COVID-19) show an increase in both coverage with inactivated polio vaccine as well as the second dose of measles vaccine in priority countries and surveillance for acute flaccid paralysis. In two of the three WHO regions concerned with polio transition, the core capacities for emergency preparedness, detection and response under the International Health Regulations (2005) have increased. The dashboard will allow regular monitoring of the impact of polio transition.

Polio Transition Independent Monitoring Board

37. The first meeting of the reconstituted Polio Transition Independent Monitoring Board was held virtually on 3–5 November 2020. The meeting provided an important opportunity to assess progress towards transitioning polio assets to serve other health priorities at the country level, to discuss challenges and opportunities presented by COVID-19 both programmatically and financially, and to highlight the growing linkages between polio eradication and polio transition. The discussions are detailed in the resulting report.¹ The recommended actions made by the Monitoring Board will guide future work on polio transition.

ACTION BY THE HEALTH ASSEMBLY

38. The Health Assembly is invited to note the report and to focus its deliberations on the best way to support the implementation of polio transition activities within the context of COVID-19.

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¹ Polio Transition Independent Monitoring Board. Navigating Complexity: Adapting to new challenges on the journey to a polio-free world, Fourth Report (<https://polioeradication.org/wp-content/uploads/2021/02/4th-TIMB-Report-Navigating-Complexity-20210131.pdf> accessed 18 March 2021).