
Member State Information Session on Polio Transition

16 November 2022



Highlights of the WHO independent Mid-term evaluation of the Strategic Action Plan on Polio Transition (2018-2023)

Member State Information Session, 16 November 2022

--Alex Ross, Senior Advisor, Organizational Learning,
DGO

--Anand Sivasankara Kurup, Evaluation Manager,
DGO/EVL



Mid-term Evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023) (SAP-PT)

- Independent evaluation conducted between **August 2021 and April 2022**.
- **Evaluation included** in EB-approved 2020-2021 EVL Biennial workplan; request noted in Strategic Action Plan on Polio Transition.
- **Mixed methodology** – desk review (243+ documents), individual/group key informant interviews (75), three country case studies (Bangladesh, Nigeria, Somalia; interviews=75); online survey in 18 priority countries (178, 67% response rate); comprehensive data review, regional country data analysis (20 PT priority countries).
- At all stages, extensive process of close engagement of key stakeholders:
 - *Senior management: HQ and three Regional Offices: AFRO, EMRO, SEARO*
 - *WHO Staff HQ, Regions, Countries*
 - *TIMB members*
 - *GPEI members, UNICEF, Member States/donors, INGOs*
- **10 key recommendations**, encompassing planning, coordination, integration, governance, resource mobilization and M&E, providing a guiding framework for future work beyond 2023.
- **Evaluation executive summary** presented to WHA75 (**May 2022**): [A75/INF./7](#)

Evaluation conducted by Euro Health Group

WHO Evaluation Office: Alex Ross, Director a.i. EVL, Anand Sivasankara-Kurup, Evaluation Manager



Full report documents & WHO management response available on the WHO Evaluation Office website: <https://www.who.int/about/what-we-do/evaluation/corporate-evaluations/programmatic-evaluations>

Evaluation background

- **Outcome and formative in focus** – forward looking and learning-oriented
- **4 primary objectives:** ASSESS
 - (1, 2) key achievements, best practices, challenges, gaps and areas for improvement in the
 - design of the Action Plan? (**relevance**)
 - implementation of the Action Plan? (**effectiveness and efficiency**)
 - (3) potential of implementing the Action Plan to create and/or contribute to sustainable changes? (**sustainability**)
 - (4) **cross-cutting aspects of gender, equity and human rights** throughout the evaluation (using WHO's cross-cutting evaluation strategies on gender, equity, vulnerable populations, and human rights).

Also: to identify key **contextual factors** and changes in the global public health realm that affected the development and implementation of the Action Plan and road map developed in 2018
- **Purpose:** Make recommendations, as appropriate, on the way forward to enable successful implementation of the Action Plan.
- The **Strategic Action Plan on polio transition (2018-2023): Three Objectives**, to:
 - (A) sustain a polio-free world after the eradication of poliovirus;
 - (B) strengthen immunization systems, including surveillance for vaccine-preventable diseases, in order to achieve the goals of WHO's 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).



Evaluation background

- **Eradication of poliovirus is a key objective** of the global health community: **significant progress**, with two remaining endemic countries; new vaccines
 - **Revised Polio Eradication Strategy** 2022 – 2026 (10 June 2021, GPEI)
- **Polio eradication investments:** simultaneously support essential public health functions, including disease surveillance, immunization, outbreak preparedness and response, and strengthen PHC/health systems
 - ✓ COVID-19 pandemic: recent example of redeploying polio resources to meet immediate needs in many countries.
- **Since 2012:** WHO Member States and IEOAC emphasized need for a polio transition plan = *combined exit strategy for phasing out and indemnifying polio-related assets that are no longer needed and a business continuity plan for repurposing assets that might be beneficially reallocated to other critical health priorities such as essential immunization services, surveillance and outbreak response, and health systems strengthening more generally.*
- **WHA70 (2017):** requested Director-General “to develop a strategic action plan on polio transition by the end of 2017, to be submitted for consideration by the Seventy-first World Health Assembly through the Executive Board at its 142nd session.”
 - **Draft strategic action plan** presented to, and noted by, the **WHA in May 2018.**



Summary of contextual factors affecting implementation

Key contextual factors and changes in the global public health realm that have affected the implementation of the Action Plan and the roadmap developed in 2018?

Key contextual issues – dramatic changes since 2018, over SAP-PT implementation period

- fractures in fragile States
- evolving polio outbreaks
- challenges to health systems
- financial constraints (governments)

Less attention to polio transition efforts due to

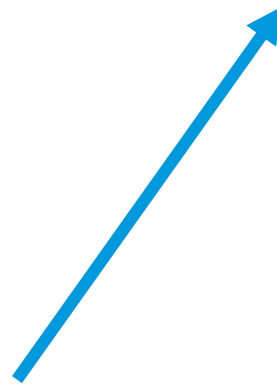
- cVDPV outbreaks
- slower progress on eradication
- COVID-19 disruptions and delays
- heightened insecurity, political unrest in many countries
- supply shortages of IPV and nOPV2

Resulting in:

- changed timelines for polio eradication
- lack of timely vaccination response
- challenges to VPD surveillance
- limited fiscal space for governments to commit domestic resources for sustaining polio assets

COVID-19 response demonstrated how **leveraging polio assets can contribute to improved health emergency responses**

- Well-documented by WHO, now critical that WHO strategically utilize this experience for advocacy and resource mobilization efforts



1. Relevance, appropriateness, coherence and alignment – design of the Action Plan

Achievements:

- In 2018, SAP-PT broadly appropriate and relevant based on assumptions made at the time and was aligned with global guidance.
- Overall, well aligned with, and complements, related international policies, strategies and guidelines.
- Original process largely consultative and inclusive of key stakeholders – yet some key country-level stakeholders and donors felt less involved.

Gaps:

- Better accommodate differing country contexts at baseline and countries' corresponding ability or readiness to transition, e.g., in fragile States;
- Overall, SAP-PT did not address barriers to access and other vulnerabilities affecting women and girls (and other vulnerable groups); enhance inclusion of a required focus on gender, equity and human rights → better disaggregation of indicators by gender/equity
- Increase alignment of key partners and their role in transition (e.g. UNICEF, Gavi, the Vaccine Alliance, GPEI).
- Improve monitoring and evaluation framework, issues include:
 - inadequate target setting, lack of concrete milestones for output indicators and a limited number of process indicators against which to assess progress, differential target setting based on context and baseline indicators for the 20 polio transition priority countries; lack of polio containment indicators; and only self-assessment indicators for tracking progress on objective C of the Action Plan (strengthening emergency preparedness, detection, and response capacity in countries in order to fully implement the International Health Regulations (2005)).

2. Progress against Action Plan monitoring and evaluation framework and roadmap – implementation of the Action Plan.

Achievements:

- **Progress towards Action Plan goals** -- some key indicators and milestones have been reached or maintained
 - **Objective A** (sustaining a polio-free world): overall deteriorating trend. Threats: sharp increase in number of circulating vaccine-derived poliovirus outbreaks during 2018–2021; continued vastly insufficient inactivated polio vaccine and oral polio vaccine coverage rates across many polio transition priority countries. Acute flaccid paralysis indicators, on the other hand, have been stable, with decreases noted in 2020, but with high performance across most polio transition priority countries, except those in the African Region;
 - **Objective B** (strengthening immunization systems and vaccine-preventable disease surveillance): limited change in indicators since 2018; however, a slight decreasing trend observed across most PT priority countries in 2020. Indicators still below the performance targets in most PT priority countries, except those in the South-East Asia Region;
 - **Objective C** (strengthening emergency preparedness, detection and response capacity): Improved across countries since 2018
- Progress achieved despite significant challenges (COVID-19, political instability).
- **Health emergencies**: Polio infrastructure and assets were leveraged, greatly benefitting the COVID-19 response.
- **Progress especially noted** in countries in the [South-East Asia Region](#) where integration was already in place before Action Plan implementation started, across the [Eastern Mediterranean Region](#) through the introduction of the concept of integrated public health teams and in the [African Region](#) by accelerating integration at country level.

2. Progress against Action Plan monitoring and evaluation framework and roadmap – implementation of the Action Plan.

Gaps

- Development, endorsement and implementation of **national polio transition plans** challenging
 - Due in large part to limited domestic funding commitments, political instability, frequent changes of government staff, and the need to respond to outbreaks of circulating vaccine-derived poliovirus and to the COVID-19 pandemic.
- 2018-2021: **transitioning of WHO GPEI-funded positions** decreased by 27% in PT priority countries – in line with SAP-PT vision
 - Majority of staff at CO level integrated into other WHO CO programmes, or shifted to short-term contracts or consultancies. In some countries, polio expertise reported to have been lost.
 - Reductions at HQ/Regional Offices less pronounced
 - Too early to elaborate on extent to which scaling down of human resources and the integration of polio staff has affected polio work and/or strengthened immunization and surveillance or health emergency responses
 - **Note:** WHO “non-staff” polio workforce (consultants and other contracts) **not reported** to WHO Governing Bodies in annual polio transition reports (yet in many countries this type of workforce is substantial and much higher in number than WHO “staff” categories).

3. Effective and efficient management of the implementation of the Action Plan.

Achievements:

- **High level attention of polio transition in WHO** important for progress and advocacy
- **Governance structures** largely in place - but not fully optimised
- **Support to implementation** largely effective given circumstances
- **Joint corporate workplans foster accountability** but can be further strengthened
- Essential polio functions (low-risk polio countries) **transitioned into core WHO budget** (2022-23)
- **major achievement** and prerequisite for integration within WHO and ultimately transition to governments
- **Integration evident at country level** even before the Action Plan
- **Ownership and leadership at regional levels** (e.g. EMR regional workplan, regional steering committee and regional TWG; similar examples in SEAR and AFR)
- **COVID-19 accelerated integration** between WHE and Polio
- Aligning GPEI ramp-down with country **functional reviews**
- **TIMB** praised by donors for oversight and relevant recommendations

3. Effective and efficient management of the implementation of the Action Plan.

Gaps

- **COVID-19 pandemic** prevented effective management to some extent (country missions)
- **Continued siloed polio programme with coordination challenges** (polio not fully integrated in WHO as an identified enabler for effective transition to government - larger organizational weaknesses, power dynamics, mindsets)
- **Inadequate engagement and ownership** of polio transition among all partners (external incl. GPEI, and internal)
- **Insufficient decision making** related to integration of polio programme and polio transition into other WHO programmes
- **Inadequate strategic application** and interpretation of progress/regress of Action Plan indicators – leading to deficient corrective actions
- Action Plan implementation **not versatile** enough to accommodate for contextual changes (polio epidemiology, fragility/conflicts, effects of COVID-19)
- **Communication gaps** on polio transition at all levels and among all partners (suffered from delays in development of a communication framework on polio transition)
- **Expected funding gaps** for sustaining essential functions in 2022-2023 and **very limited government commitment of funds**
- **Unpredictable funding** created confusion and prevented timely planning
- Resource mobilization plans largely developed at country levels yet implementation and **funding falls short** of needs
- Implementation of functional reviews challenged by **limited flexible funds of the WHO base budget**
- **Conflicting ways of implementing the HR scaling down strategies** at various levels in WHO and limited support to staff affected by polio transition
- **Polio staff motivation** affected by ramp down
- **Inadequate attention to equity issues and involvement of communities** in polio transition implementation
- **Possible duplication** of efforts (e.g. UNICEF, Gavi)

4. Sustainable change and integration of polio resources and staff.

Achievements:

- Increased **vaccine-preventable disease surveillance infrastructure**; ability to **interpret and use data** for programming and detecting outbreaks; and **integration into wider immunization and outbreak responses** → in the longer term, **key potential legacy** of polio eradication efforts.
- **Health emergencies**: massive infrastructure established under polio eradication efforts greatly improved the ability to respond.
- **Integration efforts ongoing at country level**: create cadres of responders qualified as routine immunization and public health specialists. Good transition practices and positive results include:
 - **integrated public health network** and strong national political will, domestic financing being raised in some countries (**SEARO**);
 - **integrated public health teams** concept (**EMRO**);
 - **country-level integration** with frontline polio workers responding to outbreaks of measles, cholera, yellow fever and meningitis (**AFRO**).
 - Other good practices include: **“re-tooling staff”** to create a cadre with technical capacity beyond polio (e.g., India network responding to Ebola virus in West Africa, and network of surveillance and immunization medical officers in Bangladesh); **WHO Health Emergencies Programme’s roster** for deployment in response to outbreaks and other public health crises.

Gaps

- **Lack of sustainable long-term financing**: poses a critical challenge to sustainability. **Uncertain donor funding** and countries unable to maintain basic services after transition due to various contextual factors affecting ability to mobilize resources and increase domestic financing
 - Require: **coordinated resource mobilization strategy** across all levels of WHO, in particular to secure more flexible financing for continued transition efforts.
 - Need: **diversified country planning and support**: some countries will not be able to “foot the bill” and will not have the required capacity of health systems in place to sustain essential polio functions by the end of 2023.
 - Continued long-term support from international partners and long-term planning warranted.
- **Aim of fully transitioning any of the 20 priority countries by 2023 is considered unachievable**. Some regions further along path towards sustainability.
 - Some countries might need long term (10-year+) transition plans.
 - Key to successful transition: continued support from WHO regional and country offices that are empowered and have the capacity to help countries plan and advocate for integration and sustainable financing for polio transition at the highest levels

Bottom line conclusions: SAP-PT good start and presents significant foundation for updated/enhanced transition/functional integration

ACHIEVEMENTS

- ☑ Design of SAP-PT **fit-for-purpose, well-aligned with international policies**, and based on appropriate assumptions at the time (in line with GPEI and what WHO needs in order to achieve GPW13 goals).
- ☑ **Progress against three SAP-PT objectives mixed:**
 - **Overall deteriorating trend:** sustaining polio-free world
 - **Limited change** on strengthening immunization systems
 - **Improvement** for strengthening health emergency preparedness/response
- ☑ **Transition efforts progressing**, slower than expected in some contexts. **Roadmap milestones mostly met.**
- ☑ Three different transition/integration models in the 3 Regions. **Notable progress in SEAR, EMR and AFR.**
- ☑ **Joint corporate workplans** key across WHO, foster accountability. HQ and RO leadership essential.
- ☑ Essential polio functions (low-risk polio countries) **transitioned into core WHO budget** (2022-23) - major achievement and prerequisite for integration within WHO and ultimately transition to gov.
- ☑ **COVID-19 has been a “proof of concept”** for how the Organization can effectively re-deploy assets, examples of “functional integration”.

NEEDING IMPROVEMENT

- ☒ **Revisit/revise SAP-PT** to make it more responsive to diverse range of contexts, addressing challenges observed and building on best practices and enablers.
 - Timelines, targets were not appropriate to all PT priority countries; was **not** implemented as a living document– M&E, learning plan needed to address observed challenges during implementation, ensure agility and flexibility to respond to contextual and epidemiological changes; provide realistic and clear targets and milestones
- ☒ Inadequate addressing **gender, equity, human rights.**
- ☒ Aim of fully transitioning any of the 20 priority countries by 2023 is **considered unachievable.**
 - Some countries might need long term (10-year+) transition plans.
- ☒ Shift **responsibility/accountability balance to RO/COs**, with resources → more tailored approaches.
- ☒ Enhance **Regional Office PT Steering Committees.**
- ☒ **Empower and capacitate continued WHO RO and CO** support to help countries plan and advocate for integration and sustainable financing for PT at the highest levels.
- ☒ Refine **role definition and inclusion of some partners.**
- ☒ **Engage in high-level political commitment, coordination and advocacy to:**
 - ensure ownership among all partners, break communication gaps between stakeholders at all levels and advocate in a harmonized way, using a communication framework to prevent misunderstandings, push to move accountability and decision-making closer to regions and countries

Way Forward: 10 Recommendations

- Targeted at *root issues* to ensure polio transition/functional integration planning *will succeed* between now and its completion

Governance, management, coordination, oversight

Recommendation 1: By end 2023, develop a **global polio integration and transition vision** clarifying the role and positioning of polio transition in relation to other WHO investments in primary health care, vaccine-preventable diseases and emergency response, as well as broader, global polio and polio transition efforts.

Recommendation 4: **Enhance coordination among all polio (transition) partners** to ensure adequate and coordinated stewardship and more inclusive and informed decision-making processes.

Recommendation 6: Enhance **governance and independent monitoring**.

Programmatic integration, RO and CO role enhancement

Recommendation 2: By end 2023, **develop regional polio integration and transition action plans** (in the African, Eastern Mediterranean and South-East Asia Regions) as the key vehicles for regional- and country-tailored approaches for sustaining polio assets, identifying appropriate levels and positioning of human and financial resources, and ensuring they are “living documents” with periodic updates that take into consideration capacities, epidemiological context and resources.

Recommendation 5: **Accelerate integration and management of polio assets with other key WHO programmes**, strengthening synergies, collaboration, coordination and coherence around integration.

Recommendation 8: **Strengthen integrated surveillance systems for polio, VPDs and health emergencies** including ensuring core funding from the WHO base budget to serve as a key source of interim financing and a tool for catalysing and leveraging future sustainable financing of vaccine-preventable disease surveillance.

Strategic planning and sustainable financing

Recommendation 7: **Develop and operationalize a comprehensive resource mobilization strategy** to stimulate predictable and flexible funding for sustaining polio assets in line with required resources, and build WHO’s capacity to advocate for sustainable resource mobilization.

Recommendation 3: **Empower WHO regional and country offices by ensuring sufficient resources, capacity and guidance.**

Results reporting, M&E, learning

Recommendation 9: **Develop**, as a matter of urgency, a **final monitoring and evaluation framework**, with key performance indicators and end-points for 2023 and milestones for all output indicators that are realistic and aligned with the draft monitoring and evaluation framework of the Action Plan (following the theories of change in recommendations 1 and 2), to strengthen the relevance and strategic use of the monitoring and evaluation framework and to steer implementation of the Action Plan.

Recommendation 10: **Enhance dissemination of monitoring and evaluation reporting and learning.**

Thank you

For more information, please contact:
Alex Ross, Anand Sivasankara-Kurup

rossa@who.int or sivasankarakurupa@who.int

<https://www.who.int/about/what-we-do/evaluation>



**World Health
Organization**

**Full report, annexes, evaluation brief & WHO
management response available on the WHO
Evaluation Office website:**

<https://www.who.int/about/what-we-do/evaluation/corporate-evaluations/programmatic-evaluations>

Highlights of WHO's management response to the mid-term evaluation

Member State Information Session,
16 November 2022

Ebru Ekeman, Policy Lead, Polio
Transition Programme



World Health
Organization



WHO Management Response to the Mid-term Evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018 – 2023)

- WHO's management response recognizes the **evolving operational environment** and reflects on **lessons learned**:
 - Changes to **eradication timelines**.
 - Impact of **COVID-19 pandemic**.
 - **New global and regional strategies** (e.g. new GPEI Strategy, IA2030, HEPR).
 - Tailored **regional/country approaches** (e.g. IPHTs, country archetypes, phased approach).
- Management response was developed through a **consultative and iterative process**, over the course of June-September and was finalized by the Polio Transition Steering Committee on 15 September 2022.



MTE: A cross-cutting roadmap for strengthening transition



Governance and Coordination

Recommendation 1: Develop a global polio integration and transition vision.

Recommendation 4: Enhance coordination among all partners.

Recommendation 6: Enhance governance and independent monitoring.



Programmatic Integration

Recommendation 2: Develop regional polio integration and transition action plans.

Recommendation 5: Accelerate integration with other key WHO programmes.

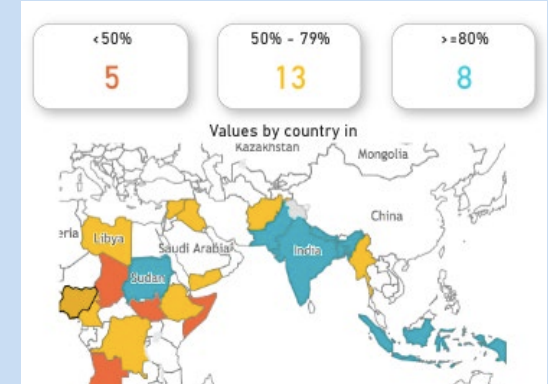
Recommendation 8: Strengthen integrated surveillance systems for polio, VPDs and health emergencies.



Strategic Planning and Financing

Recommendation 7: Develop and operationalize a comprehensive resource mobilization strategy.

Recommendation 3: Empower WHO regional and country offices by ensuring sufficient resources, capacity and guidance.



Monitoring and Evaluation

Recommendation 9: Develop a final monitoring and evaluation framework.

Recommendation 10: Enhance dissemination of monitoring and evaluation reporting and learning.

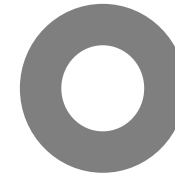
Recommendation 1

By the end of 2023, develop a **global polio integration and transition vision** clarifying the role and positioning of polio transition in **relation to other WHO investments** in primary health care, vaccine-preventable diseases and emergency response, as well as **broader, global polio and polio transition efforts**.

Key Actions

Develop a global polio integration and transition vision / strategic plan, including a theory of change.

Timeline: Q4 2023



Not initiated

Organize a series of stakeholder consultations on how polio integration and transition support broader investments in immunization, HEPR, HSS and PHC.

Timeline: Q4 2022



Implemented

Recommendation 2

By the end of 2023, develop **regional polio integration and transition action plans** as the key vehicles for regional- and country-tailored approaches for sustaining polio assets, **ensuring they are “living documents”**.

Key Actions

Develop regional workplans to promote and implement immediate actions to enhance sustainability of polio and essential functions.

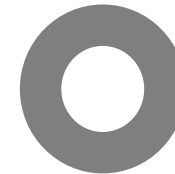
Timeline: Q4 2022



In progress

Develop post-2023 regional polio integration and transition action plans, inclusive of a Theory of Change, results framework, gender equality and access for vulnerable populations.

Timeline: Q4 2023



Not initiated

Recommendation 3

Empower WHO regional and country offices to lead polio transition by ensuring sufficient resources, capacity and guidance on polio transition.

Key Actions

Allocate adequate resources to ROs and WCOs to effectively lead and implement polio transition efforts within the framework of the WHO programme budget.

Timeline: Q4 2022



In progress

Integrate future polio transition investment needs into PB24-25 development and planning.

Timeline: Q4 2023



In progress

Finalise and disseminate the Strategic Communications Framework for Polio Transition.

Timeline: May 2022



Implemented

Recommendation 4

Enhance coordination among all polio (transition) partners to ensure adequate and coordinated stewardship and more inclusive and informed decision-making processes.

Key Actions

Establish a regular coordination mechanism between WHO and GPEI on transition, including with the POB.

Timeline: Q2 2022



Implemented

Convene a stakeholder forum on transition, which will involve all key partners and CSOs.

Timeline: Q2 2023



In progress

Strengthen engagement of non-state actors in transition, especially in critical areas such as political advocacy and resource mobilization.

Timeline: Q4 2023



In progress

Recommendation 5

Accelerate **integration and management of polio assets with other key WHO programmes**, strengthening synergies, collaboration, coordination and coherence around integration.

Key Actions

Strengthen programmatic integration to bolster essential public health functions at the global, regional and country level.

Timeline: Q4 2024



In progress

Develop a plan to institutionalize use of polio staff and assets for WHO surge capacity in health emergencies.

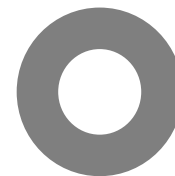
Timeline: Q1 2023



In progress

Develop a roadmap for integration of polio assets (staff and activities) with other WHO programmes.

Timeline: Q3 2023



Not initiated

Recommendation 6

Enhance **governance and independent monitoring** of polio transition.

Key Actions

Strengthen regional oversight of polio transition.

Timeline: Q1 2023



In progress

Clarify the role of TIMB beyond 2023.

Timeline: Q4 2023



In progress

Recommendation 7

Develop and operationalize a **comprehensive resource mobilization strategy** to stimulate predictable and flexible funding for sustaining polio assets in line with required resources and build WHO's capacity to advocate for sustainable resource mobilization.

Key Actions

As a part of the WHO Investment case, articulate the importance of predictable and flexible funding to sustain integration/ transition of polio assets, including at country level.

Timeline: May 2022



Implemented

Increase RO and WCO capacity for resource mobilization and high-level advocacy.

Timeline: Q2 2023



In progress

Strengthen coordination between GPEI and WHO on resource mobilization for polio eradication and transition.

Timeline: Q4 2023



In progress

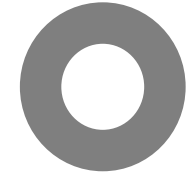
Recommendation 8

Strengthen integrated surveillance systems for polio, other vaccine-preventable diseases and health emergencies, **including ensuring core funding from the WHO base budget** to serve as a key source of interim financing and a tool for catalysing and leveraging future sustainable financing of vaccine-preventable disease surveillance.

Key Actions

Ensure unspecified/specified funds for the base budget are allocated to support sustaining disease surveillance in priority countries.

Timeline: Q2 2023



Not initiated

Revise the Post-Certification Strategy (PSC) to articulate how polio surveillance will be sustained in the long term.

Timeline: Q4 2023



In progress

Finalize and implement the Global Surveillance Strategy.

Timeline: Q3 2023



In progress

Deploy tool to assist countries to budget adequate resources to strengthening disease surveillance.

Timeline: Q4 2023



In progress

Recommendation 9

Develop, as a matter of urgency, a **final monitoring and evaluation framework**, with key performance indicators and endpoints for 2023 and milestones for all output indicators that are realistic.

Key Actions

Revise the M&E Framework and related set of indicators.

Timeline: Q1 2023



In progress

Recommendation 10

Enhance **dissemination of monitoring and evaluation reporting and learning.**

Key Actions

Develop an operational research agenda and specific analyses on the experience and lessons-learned from polio transition, with method for adaptation and mid-course corrections.

Timeline: Q4 2023



In progress

Regularly update polio transition dashboard indicators and trend analysis reported to governing bodies.

Timeline: Q4 2022



In progress

Realizing a vision of resilient health systems

- Successful transition is about **strengthening the resilience of health systems**, building on the infrastructure and lessons-learned from polio eradication.
- However, we will also **move from “push” to “pull”**, building on the huge investment made to recover the health systems from the pandemic.
- Future work will build on what has already been achieved, adapting to the changing environment. **Regions and countries will be in the lead.**
- The timelines will need to be **aligned with the eradication timelines.**
- **Member State support is critical** to provide the **enabling environment** to achieve impactful integration and transition of functions.



Thank you

For more information, please contact:
Ebru Ekeman
Policy Lead, Polio Transition Programme
ekemane[at]who[dot]int

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

Reflections on the way forward: Regional and Programmatic Perspectives

