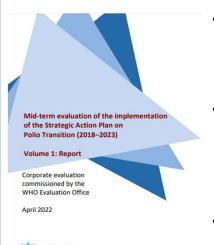
Post-2023 Strategic Direction for Polio Transition and Post-Certification





Post-2023 strategic direction responds to the recommendations of two independent evaluations

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



- Evaluated progress of the implementation of SAP (2018 – 2023).
- Published in April 2022, captures 100+ stakeholder interviews, country surveys/deep-dives held over Nov. 2021 – Apr. 2022.
- 10 recommendations focused on governance & coordination; programmatic integration; strategic planning & financing; monitoring & evaluation.

Report: https://www.who.int/publications/m/item/mid-term-evaluation-of-the-implementation-of-the-strategic-action-plan-on-polio-transition-(2018-2023)--management-response---september-2022

6th Transition Independent Monitoring Board Report: Ambiguities and Certainties



- Independent monitoring of polio transition since 2017.
- 6th report published in July 2023 captures the deliberations of the April TIMB meeting, and insights from country/donor interviews held over Nov. 2022 – Apr. 2023.
- 10 recommendations focused on the need to clarify accountability through and beyond GPEI sunset.

Report: https://polioeradication.org/wp-content/uploads/2023/08/6th-TIMB-report-2
Ambiguities-and-certainties-20230731.pdf

Post-2023 Strategic Framework for Polio Transition

• At EB152 and WHA76, Member States provided strategic guidance on the way forward.

Global Vision

Sets the overall strategic direction (Version 2 to be presented to EB154)

- Acknowledges lessons-learned and changing context.
- Builds on a Theory of Change (3 impact goals, 4 strategic & 4 operational outcomes).

Regional Strategic Plans

AFR

EMR

SEAR

Country Action Plans

M&E Framework

Themes tailored to regional context (drafts by end-2023)

- **SEARO:** Catch up, restore and strengthen immunization.
- **EMRO:** Integrated delivery in fragile settings.
- AFRO: Stopping and preventing outbreaks, building resilience.

Differentiated approach

- SEARO / EMRO: Stand-alone plans, to be reviewed regularly.
- AFRO: Integration into existing plans / frameworks.

Measuring both performance and progress (draft by end-2023)

- Outcomes sustaining the polio essential functions.
- Milestones to monitor the transition process.

3

V2: Global Vision to use polio investments to build strong, resilient and equitable health systems



STRATEGIC FRAMEWORK

Global Vision

Regional Strategic Plans

EMR

Country Action Plans

SEAR

"A world in which polio investments are sustained and used to build strong, resilient and equitable health systems, where all countries:

- ✓ Remain polio-free
- ✓ Minimize the burden and eliminate VPDs
- ✓ Rapidly detect and control disease outbreaks"

Version 0.2

The Global Vision to use Polio Investments to Build Strong, Resilient and Equitable Health Systems is the umbrella for a new Strategic Framework, which updates the Strategic Action Plan on Polio Transition (2018-2023).

The Global Vision sets the strategic direction to sustain the polio investments — the tools, knowledge and infrastructure built to eradicate polio over the past decades — and to use this legacy to keep the world polio-free and to build stronger, resilient and equitable health systems towards achieving the Sustainable Development Goals (SDGs).

While the Global Vision is relevant for all countries as an overarching framework, it also allows the necessary flexibility to sustain and utilize polio investments, tailored to each country's context. Through its "strategic outcomes" relevant for all

countries, the Global Vision recognizes the universal need to sustain the polio essential functions (poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment) to keep the world polio-free. Through its "operational outcomes" applicable to countries historically supported by the Global Polio Eradication initiative (GPEI), the Global Vision charts a path towards a well-planned transition of polio essential functions to national health

The Global Vision places people at the center, highlighting the collective responsibility of all stakeholders (hatlonal governments, WHO and its partners, funding agencies, other development partners and civil society to serve communities, while preparing for a future free of polio.

Key revisions in response to Member State Feedback on V1, Q3 2023

- Change in title to align with the vision statement.
- Clearer articulation of strategic and operational outcomes.
- Clearer articulation of what applies to "all countries" vs. "some countries".
- Explanation of how "intermediate transition" will work in practice.
- New section on ownership, accountability and roles and responsibilities.
- Stronger focus on sustainable financing.
- Mainstreaming of gender and equity.
- Clearer articulation of the changing epidemiological context and timelines.



Global Vision V2: https://www.who.int/publications/m/item/global-vision--to-use-polio-investments-to-build--strong--resilient-and-equitable--health-systems

Regional Strategic Plans – Context-specific, based upon lessons-learned

AFRO

Key focus: Stop and prevent outbreaks, build resilience

Three phased approach:

- Interrupting polio transmission.
- · Building resilience.
- Sustaining eradication and maintaining quality of polio essential functions.

EMRO

Key focus: Sustain polio essential functions, use polio assets, infrastructure and experiences to strengthen broader health service delivery

- In countries that have taken financial responsibility, WHO will provide technical support for surveillance and outbreak preparedness.
- In countries dependent on GPEI/WHO support, functions have been integrated at WCO level.
- In the polio endemic countries, transition plan will be operationalized following interruption.
- Regional investment case US\$1 invested in polio transition brings US\$40 return on investment.

SEARO

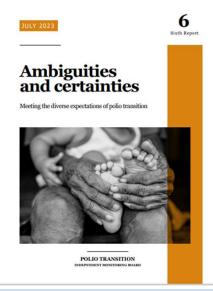


Key focus: Catch up, restore and strengthen immunization to contribute to global and regional immunization goals

Three-pronged approach:

- Functional transition (expanding the reach of integrated surveillance and immunization networks).
- HR mainstreaming (through two-way capacity building).
- Advocacy for financial sustainability (increase alternative resources / domestic funding).

6th TIMB Report - Ambiguities and certainties



Key Findings:

- Unlike eradication, polio transition has lacked global management, day-to-day-leadership and a binding partnership to drive it forward.
- Due to the deteriorating operating environment in countries, transfer of responsibility to governments has been more difficult to achieve.
- Polio transition is running alongside eradication, rather than following it, as was originally envisioned.
- There has been little substantive expansion in the number and range of non-polio partners.
- Little progress has been made to assess medium and long-term funding needs.

Key Recommendations:

- WHO, with its partners, should review and change the description, terminology and branding of polio transition, so that its purpose and intended outcomes are clearly defined.
- WHO and its partners should set up a time-bound multi-partnership entity for delivering the revised arrangements for polio transition.
- 3) WHO should publish a monitoring and accountability framework, taking account of other recommendations in the TIMB report.

Draft Accountability through GPEI sunset and beyond*

Interruption of Transmission 2023-25

Certification
Up to 2026-28
GPEI Sunset

Post- Certification 2027/28+

Goals

Interrupt WPV and cVDPV transmission

WPV and cVDPVs certified as eradicated

Maintain a polio-free world

Programme accountability (under the GPW framework)

Billion 1 (Immunization): IPV/Hexa (under IA2030/Gavi 5.0)

Billion 2 (Polio): Surveillance, SIAs (bOPV, nOPV), Containment (under GPEI)

Billion 2 (Health Emergencies): IHR /PHEIC

Provide (Immunization): IPV/Hexa (under IA2030/Gavi 6.0)

Protect (Polio): Surv., SIAs (bOPV/nOPV) + Containment, with transition to

Protect (Health Emergencies): IHR (PHEIC/Review Committee)

Provide (Immunization): IPV/ Hexa,
OPV withdrawal (under IA2030/Gavi)

Protect (Health Emergencies):

Surveillance (balance btw AFP/ES to evolve) + OBR with nOPV +

Containment + IHR Review Committee

Funding

GPEI continues to fund polio endemic and high-risk countries

In PB 24/25, non-GPEI funding needs are approx. US\$65Million

GPEI funding ends upon GPEI sunset.

WHO provides support through GPW14, contributing to the objectives of 'Provide' and 'Protect' pillars.

WHO support scales down as programmatic requirements decrease and/or countries assume responsibility



^{*}Internal and external consultations ongoing on the accountability framework (to be finalized in 2024).