

Mid-term Evaluation of the Implementation of the Strategic Action Plan on Polio Transition (2018-2023)

Evaluation brief – April 2022

Purpose, objective and scope of the evaluation

The Strategic Action Plan on Polio Transition (Action Plan) was presented to, and noted by, the Seventy-first World Health Assembly in May 2018. A provision for a mid-term evaluation was included in the accompanying polio transition road map.

This outcome-based and formative evaluation, designed to strengthen accountability and learning, focused on the 20 polio transition priority countries. It documented key achievements, best practices, challenges, gaps and areas for improvement in the design and implementation of the Action Plan; identified 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; and made recommendations, as appropriate, on the way forward to enable successful implementation of the Action Plan.

Key findings and conclusions

The inclusive manner in which the Action Plan was developed was a good response to the dire need in 2016–2017 to develop clear guidance on the strategic direction to secure the legacy of polio activities and to document the extent to which WHO human resource capacities relied on funding from the Global Polio Eradication Initiative. However, the context for polio transition has altered drastically since 2018, including fractures in fragile States, the worsening security situation and political unrest in many countries, the evolution of polio outbreaks, challenges to health systems, and disruptions and delays due to the COVID-19 pandemic, as well as large increases in circulating vaccine-derived poliovirus outbreaks and financial constraints experienced by governments over the period of implementation.

Relevance, appropriateness, coherence and alignment – design of the Action Plan. In 2018, the Action Plan was broadly appropriate and relevant based on assumptions made at the time and was aligned with global guidance. However, it does not appear to have been sufficiently flexible to respond to the challenges noted above; to adequately accommodate differing country contexts at baseline and countries' corresponding ability or readiness to transition, e.g., in fragile States; to include a required focus on gender, equity and human rights, nor to specify the role of UNICEF as a key implementing organization for polio transition. While the monitoring and evaluation framework is reasonably detailed, it suffers from inadequate target setting, a lack of concrete milestones for output indicators and a limited number of process indicators against which to assess progress

Progress against Action Plan monitoring and evaluation framework and roadmap – implementation of the Action Plan. Despite significant challenges (COVID-19, political instability), progress towards the Action Plan goals has been noted and some key indicators and milestones have been

reached or maintained, which is considered a major achievement. Polio and immunization coverage rates, as well as acute flaccid paralysis surveillance indicators, have largely remained unchanged or with minor decreases since 2018 across polio transition priority countries, but outbreaks of circulating vaccine-derived poliovirus have significantly increased in several countries, threatening polio gains. The development, endorsement and implementation of national polio transition plans has proven challenging, with limited domestic funding commitments. Overall, health emergency preparedness and response indicators have improved. Polio infrastructure and assets were leveraged, greatly benefitting the COVID-19 response, as documented by WHO.

National polio transition plans are well aligned to their context, but their finalization, endorsement and implementation have proven challenging in many countries. This is mainly due to financial limitations, political instability, frequent changes of government staff, and the need to respond to outbreaks due to circulating vaccine-derived poliovirus and to the COVID-19 pandemic.

Key contextual factors affecting Action Plan implementation.

As noted above, many factors have challenged polio and routine vaccine-preventable disease surveillance and vaccination coverage, deflecting attention away from polio transition efforts to respond to these challenges. Vaccine coverage inequity is prevalent in many countries, with pockets of zero-dose children laying the ground for future outbreaks.

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

The foundation and preparations for polio transition were established by WHO, with governance structures and support systems largely in place. However, there is room for improvement to enhance regional and country ownership of the transition. A major achievement and a key enabler for integration within WHO and for transitioning to governments in the longer term was the transition of essential polio functions for polio low-risk countries into the WHO base budget of WHO's Programme Budget 2022–2023. High-level attention at WHO (led by the Deputy Director-General) has been important for progressing and advocating for polio transition and joint corporate workplans that foster accountability across departments. However, more efforts are needed to further support regional and country offices, and to finalize a communications framework for all actors. Declining financial resources is a critical challenge, along with limited commitment to sustaining essential functions, which was further compounded by the COVID-19 pandemic. Funding falls short of the needs and prevailing funding gaps in some regions and countries remain a concern, as does unpredictable and short-term funding for polio transition at the global level. This affects timely planning, including human resource planning at the regional and country levels. Conducting functional reviews of WHO country offices and alignment with polio transition

efforts is a good practice, but flexible funding is required to fully implement review recommendations. Although various suitable monitoring mechanisms, including the polio transition dashboard, have been set up, there has been inadequate strategic application and interpretation of progress and a deterioration in indicators, with limited reflection and corrective actions reacting to contextual factors noted above. The Polio Transition Independent Monitoring Board has issued actionable recommendations for improving the effectiveness and efficiency of polio transition efforts, although they could be presented more clearly with end-points and timelines.

Sustainable change and integration of polio resources and staff. Vaccine-preventable disease surveillance infrastructure and the ability to interpret and use data for programming and detecting outbreaks and integration into wider immunization and outbreak responses are impressive and in the longer term have the potential to be the biggest legacy of polio eradication efforts. The massive infrastructure established under polio eradication efforts also greatly improved the ability to respond to health emergencies. In some regions, at country level, ongoing integration efforts are resulting in an established cadre of responders qualified as routine immunization and public health specialists. Good transition practices include an integrated public health network and strong national political will, domestic financing being raised in some countries (South-East Asia Region); positive results through the integrated public health teams concept (Eastern Mediterranean Region); and country-level integration with frontline polio workers responding to outbreaks of measles, cholera, yellow fever and meningitis (Africa Region). Other good practices include “re-tooling staff” to create a cadre with technical capacity beyond polio (e.g., the India network responding to Ebola virus disease in West Africa, and the network of surveillance and immunization medical officers in Bangladesh) and the WHO Health Emergencies Programme’s roster for deployment in response to outbreaks and other public health crises.

The lack of sustainable long-term financing poses a critical challenge to sustainability. A coordinated resource mobilization strategy across all levels of WHO is required, in particular to secure more flexible financing for continued transition efforts. Similarly, there is a need for diversified planning and support given that 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 are warranted.

Although some regions are further along the path towards sustainability, the aim of fully transitioning any of the 20 priority countries by 2023 is considered unachievable. Key to successful transition is 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

Now is the time to revisit and revise, as appropriate, the Action Plan to make it more responsive to the diverse range of contexts, by addressing the challenges observed and

building on the best practices and enablers for polio transition that have been identified.

Recommendations

Please see the report for sub-recommendations under each recommendation.

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.

Recommendation 2: By the end of 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 3: Empower WHO regional and country offices to lead polio transition by ensuring sufficient resources, capacity and guidance on polio transition.

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

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

Recommendation 6: Enhance governance and independent monitoring of polio transition.

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 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.

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 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.

Contacts

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