The Global Vision is the “umbrella” for a new Strategic Framework for polio transition, which updates the Strategic Action Plan on Polio Transition (2018–2023). The Strategic Framework is designed to allow for the necessary flexibility and contextualization needed for activities that lead towards common objectives.
The Global Vision is applicable across all countries. It positions polio transition within the scope of primary health care, as a cornerstone for universal health coverage. Further, it highlights the opportunities embedded in successful polio transition. The three impact goals align with the overarching public health goals that are relevant for all countries.

The strategic objectives complement the impact goals. Their application will be context-specific, recognizing that regions and countries are at different stages of transition, and have different needs.
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Abbreviations

cVDPV Circulating vaccine-derived polio virus
COVID-19 Coronavirus Disease 2019
GPEI Global Polio Eradication Initiative
IA2030 Immunization Agenda 2030
IPV Inactivated Polio Vaccine
M&E Monitoring and Evaluation Framework
OPV Oral Polio Vaccine
PCS Polio Post-Certification Strategy
PHC Primary Health Care
RSP Regional Strategic Plan
SAP Strategic Action Plan on Polio Transition (2018-2023)
SDGs Sustainable Development Goals
TIMB Transition Independent Monitoring Board
ToC Theory of Change
UHC Universal Health Coverage
UNICEF United Nations Children’s Fund
WHO World Health Organization
I. Introduction

This document presents the renewed Global Vision for Polio Transition (hereinafter referred to as the “Global Vision”), a crucial step towards sustaining the gains made in polio eradication, while using this legacy to build stronger health systems towards achieving the Sustainable Development Goals (SDGs).

The Global Vision aims to set the strategic direction for polio transition, mobilizing stakeholders – national governments, WHO, UNICEF, civil society organizations, donors and funding agencies, and other partners – to take advantage of the unique opportunity to make polio transition a success, through renewed commitment and enhanced collaboration.

The Global Vision is part of a flexible Strategic Framework, alongside Regional Strategic Plans, Country Action Plans, and a Monitoring and Evaluation Framework. The Global Vision sets the overall strategic direction and goals for polio transition. It is the “umbrella” for the whole strategic framework. The Regional Strategic Plans and Country Action Plans will provide implementation strategies tailored to specific regional and country contexts. The Monitoring and Evaluation (M&E) framework will ensure tracking of progress, enabling timely course corrections.

The Strategic Framework builds upon the lessons learned from the Strategic Action Plan (SAP) on Polio Transition (2018-2023), aiming to address the latter’s gaps and weaknesses. Most importantly, it offers a flexible approach, taking into account the unique context of each country. Instead of setting a fixed timeline, the Strategic Framework proposes milestones that each country will strive to achieve at its own pace, facilitated by alignment and collaboration of all polio transition stakeholders.

The Global Vision has been developed through a consultative, transparent, and inclusive process. It incorporates inputs from many stakeholders, including WHO Member States, Ministries of Health from countries undergoing polio transition, the partner agencies of the Global Polio Eradication Initiative (GPEI), the Transition Independent Monitoring Board, development partners, civil society organizations, donors and funding agencies. These inputs were gathered through various stakeholder consultations, including the 152nd WHO Executive Board Meeting, Polio Transition Global Vision Stakeholder Forum, held in Geneva on 25-26 April 2023, and the 76th World Health Assembly. The document will be revised through an iterative process with further stakeholder input, to be finalized before the end of 2023.
II. Background

The efforts to eradicate polio, led globally by the GPEI since 1988, have had far reaching implications that go beyond eradicating the disease. Decades of investments in polio eradication have resulted in a wealth of knowledge and a wide infrastructure that contribute to broader public health gains, including supporting critical public health functions, particularly in fragile and conflict-affected settings.

As the world gets closer to the goal of eradication, the global community initiated a collaborative effort towards polio transition, the process of safeguarding the essential functions\(^1\) that are needed to sustain a polio-free world and selectively repurposing the network and infrastructure established by GPEI to strengthen health systems under the leadership of national governments.

The Strategic Action Plan (SAP) on Polio Transition (2018-2023), presented to the World Health Assembly in 2018, provided a global framework for polio transition around three key objectives:

- To sustain a polio-free world after eradication of polio virus,
- To strengthen immunization systems, including surveillance for vaccine-preventable diseases, to achieve the goals of WHO’s Global Vaccine Action Plan 2011-2020,
- To strengthen emergency preparedness, detection and response capacity in countries to full implement the International Health Regulations (2005).

The SAP also outlined essential functions and capacities required to achieve the global certification of polio eradication and to maintain a polio-free world, by integrating polio investments into broader health systems. Twenty countries across three WHO Regions – African, Eastern Mediterranean, and South-East Asia – were identified as priorities based on the magnitude of the polio investments (Table 1).

<table>
<thead>
<tr>
<th>Table 1: 20 polio transition focus countries receiving approximately 90% of polio investments.</th>
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</thead>
<tbody>
<tr>
<td><strong>Africa</strong></td>
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<td>Angola</td>
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<td>Cameroon</td>
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<td>Chad</td>
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<td>Democratic Republic of the Congo</td>
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<td>Ethiopia</td>
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<td>Nigeria</td>
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<td>South-Sudan</td>
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\(^*\) Added by the Eastern Mediterranean Region, based on fragility and potential threats to polio gains.

An independent mid-term evaluation of the SAP finalized in 2022 identified some weaknesses in the strategic framework, including the inflexibility to accommodate different country contexts, limited country ownership, inadequate focus on gender and equity, and insufficient engagement and ownership of all partners in the implementation phase. The main conclusion was that despite substantive progress, the initial goal of achieving full transition in any of the 20 priority countries by 2023 was unattainable.

\(^1\) Polio essential functions include containment, immunization, surveillance and outbreak response [GPEI]
The evaluation resulted in ten specific recommendations, which included a call to develop a new global polio integration and transition vision (Annex 1), accompanied by regional action plans, and a revised monitoring and evaluation framework.

The new polio transition Strategic Framework, with the Global Vision as its overarching umbrella, is a direct response to these recommendations, building on lessons from the past years of implementing transition at the country level (Box 1 - “Lessons-learned in polio transition”). The aim is to address the weaknesses of the SAP and to seize the opportunity to align with the changing public health landscape, including the evolving polio epidemiology and the global public health architecture that is being shaped in the aftermath of the COVID-19 pandemic. This alignment will help to ensure that polio transition efforts are fit-for-purpose and serve the public health priorities of national governments, contributing to national, regional and global health goals.

**Box 1: Lessons learned in polio transition**

The new Strategic Framework builds upon lessons learned from countries that have begun transitioning and takes into account these learnings when providing a new strategic direction:

**Eradication and transition, as two sides of the same coin**
Importations and outbreaks of polio have underscored that strong national health systems, with essential immunization and disease surveillance as their backbone, are a prerequisite to achieve and sustain eradication. In turn, success of transition is dependent on the progress in eradicating polio. Due to these interlinkages, it is critical for eradication and transition to proceed in tandem.

**Need for flexibility and contextualization**
Country lessons and best practices show that there is no “one size fits all” with regards to the modalities or timelines for transition. Each country is unique, and transition must be contextualized and able to adapt to political, economic, and humanitarian shocks.

**Importance of government ownership**
Where transition has been most successful, it has been led by countries, aligned with their national health priorities. Transition should be inclusive, realistic, and fully aligned with national health priorities, planning processes and budget cycles.

**Stakeholder alignment, clarity and accountability**
For transition to be successful, stakeholders must pull in the same direction during planning and implementation. Specific roles and responsibilities of all stakeholders, including the donors, development partners and civil society organizations, must be mapped out and clarified to ensure accountability.

**Country readiness and maturity of the health system**
The ability of countries to technically and financially sustain polio essential functions varies. Country readiness should be an important factor for transition. Alternative or intermediate solutions should be put in place to prevent a ‘cliff-edge’ when polio funding declines.

**Challenges in the funding environment**
The world is facing multiple political, economic, social and environmental challenges, which impact funding for health. Transition efforts should be able to navigate through this complex funding environment, with a focus on prioritization and creating synergies to optimize resources.
III. A changing global health architecture

Since the development of the SAP, the world has witnessed many changes, which have had an impact on public health. The most fundamental among these is the COVID-19 pandemic, which exposed inequities and underlined weaknesses and vulnerabilities in health systems. The world is off track to reach most of the health-related SDGs by 2030. Significant efforts are being made to build back better from the pandemic, including a radical pivot towards primary health care (PHC) as the foundation of universal health coverage (UHC), coupled with a renewed global commitment to strengthen the global architecture for health emergency preparedness, response and resilience. The drive to achieve and sustain a polio-free world must contribute to and align with these changes.

COVID-19 underscored the reliance of national governments on the polio workforce and assets. Polio workers have been at the forefront to respond to the pandemic, to support the delivery of the COVID-19 vaccines and catch-up efforts for children that have missed out on routine vaccines. If carefully and sustainably repurposed, polio networks have a significant potential to contribute to immunization delivery, disease detection and emergency preparedness and response, thereby building more resilient health systems.

The functions that need to continue until and beyond the global certification of polio eradication (Box 2 - “Transition and the Post Certification Strategy”) will need to be integrated into national health systems to ensure sustainability. Under the overarching “Immunization Agenda 2030” (IA2030) umbrella, integrating the delivery of polio vaccines into essential immunization is the way forward to reach underserved communities and to increase immunization coverage to protect populations. The renewed global commitment to strengthen global health security offers multiple opportunities, such as bolstering country capacities to respond to future disease outbreaks, including polio; strengthening integrated disease surveillance which would be critical for the timely detection of polio cases; and increasing risk-based biosafety and biosecurity measures that will be essential to contain the poliovirus. The PHC framework provides the levers to integrate and manage these functions within the health system.

Transition efforts should also be responsive to cross-cutting issues that have a major impact on the delivery of health services to communities, such as humanitarian shocks, including the impact of climate change; inequities within and among countries, including gender equality; and specific health needs of vulnerable populations, including refugees and migrants.

The Global Vision aims to set a strategic direction that aligns with these shifts, as the bridge from vertical polio eradication programming to comprehensive PHC, as a foundation of UHC.

**Box 2: Transition and the Polio Post-Certification Strategy**

As the goal of eradicating polio draws nearer, there is a need to define the future governance and coordination required to sustain a polio-free world. The Polio Post-Certification Strategy (PCS), developed by GPEI in 2017, defines the global technical standards or core set of activities that will be needed in order to sustain a polio-free world after global certification of wild poliovirus eradication. PCS has three goals:
- **Contain polioviruses**: Ensure potential sources of poliovirus are properly contained or removed,
- **Protect populations**: Withdraw the oral live attenuated polio vaccine (OPV) from use and immunize populations with inactivated polio vaccine (IPV) against possible re-emergence of any poliovirus,
- **Detect and respond**: Promptly detect any poliovirus in a human or in the environment and rapidly respond to prevent transmission.

Although these post-certification goals remain relevant, the changing global landscape for polio and broader public health requires a revision of PCS, including the need for alignment across stakeholders on the key strategies and activities that are needed to facilitate a smooth transition in the short term, and to sustain a polio-free world in the long term. The new polio transition Strategic Framework will define the implementation plan for PCS.

Figure 1 shows how polio transition relates to eradication and post-certification timelines. In the period preceding the global certification of eradication, there is a critical co-working phase, with polio resources and operations scaling down, as GPEI increasingly focuses on most consequential geographies to stop poliovirus transmission. In this phase, the responsibility of managing polio essential functions gradually transfers from GPEI to others, through integration into national governments and other health initiatives. In the post-certification era, with the sunsetting of GPEI, these functions are safeguarded as a part of the national health systems and broader health initiatives to sustain a polio-free world, and to support building strong, equitable and resilient health systems.

*Figure 1: Polio eradication, transition and post-certification phases and trajectory*
IV. Setting the strategic direction: Global Vision, impact goals and strategic objectives

The Global Vision is built around a Theory of Change (ToC), formulating an overarching vision with impact goals and strategic objectives (Box 4 – “Theory of Change”).

Sustaining a polio-free world is in the interest of every country; therefore, the new Global Vision is defined in a way that is relevant to all countries. Strategic actions and enhanced efforts to utilize, sustain and/or repurpose the polio investments are applicable particularly to those regions and countries where GPEI has invested heavily and where polio recently has been, or remains, a threat. Hence, the strategic objectives are intended primarily for countries and regions requiring urgent action to mitigate risks and leverage the opportunities that polio transition brings.

The Global Vision and impact goals

The proposed vision, together with its three impact goals, aligns with the overarching global public health goals that all countries are striving towards.

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

1. Remain polio-free
2. Control and eliminate vaccine-preventable diseases
3. Quickly detect and control outbreaks of polio and other diseases

Strategic objectives

A set of strategic objectives complements these impact goals. The first four are core strategic objectives applicable to all countries, as these are functions every country needs to sustain until and beyond eradication.

The next four objectives are operational. Recognizing that regions and countries are at different stages of transition, have different contexts with varying levels of national health system maturity, these objectives are flexible, allowing regions and countries to pick those applicable to their context.

Core strategic objectives

1. National immunization programmes are strengthened to systematically reach and immunize children with polio and other vaccines.
Strong national immunization programmes are the only sustainable solution for the eradication, elimination or control of vaccine-preventable diseases, including polio. It is crucial to focus on vulnerable populations and hard-to-reach communities to ensure equitable protection against polio and other diseases.

2. **National surveillance systems are strengthened to enable the timely detection and reporting of poliovirus and other diseases.**

Maintaining strong polio surveillance is critical until and beyond the global certification of polio eradication. However, maintaining polio surveillance as a standalone function will be challenging after polio is eradicated. Hence, the quality and sensitivity of polio surveillance must be maintained within a broader disease surveillance system.

3. **National health emergency systems are strengthened to prepare for and respond to polio and other disease outbreaks.**

A swift and effective response to polio outbreaks will be critical – both to eradicate polio and to maintain a polio-free world. Outbreak preparedness and response functions must be managed within broader national health emergency preparedness, resilience and response capacities. The experience, infrastructure and knowledge from polio outbreaks in numerous countries could be valuable in enhancing health emergency preparedness, resilience and response capacities at the country level.

4. **Sources of poliovirus are properly contained or removed to ensure biosafety and biosecurity.**

Restricted safe handling of polioviruses in laboratories, vaccine manufacturers and other facilities to prevent their reintroduction into communities is a key requirement to sustain eradication. The focus of containment is to reduce the number of facilities that store and handle poliovirus globally, while implementing and monitoring appropriate safeguards in those facilities that retain polioviruses. This should align with the required guidelines and monitoring for biosafety and biosecurity as prescribed by the WHO.

**Operational strategic objectives**

5. **Countries prioritize domestic funding for health, including sustaining and strengthening polio essential functions within national health systems.**

The eradication of polio cannot be sustainable unless national governments prioritize investing domestic resources in their national health system. The ability to do so will vary across countries, but the political will must be reinforced by the allocation of domestic fiscal resources. This will strengthen national ownership and management of polio essential functions.

6. **Countries are supported (financially and technically) during different transition phases to enable full accountability for the quality and sustainability of polio essential functions.**

Not all countries will be able to fully integrate polio essential functions into national health systems and to absorb the associated costs in the near term, without compromising programmatic quality. Therefore, it is crucial for the international community to continue supporting these countries financially and technically, including by building capacity, to ensure the quality and sustainability of polio essential functions.

7. **Countries implement polio transition through realistic, feasible and flexible plans that are aligned with their national health priorities.**
Experience suggests that polio transition is more likely to succeed when implemented through realistic, feasible and flexible plans owned by national governments and aligned with national health priorities. Reviewing Country Action Plans should be a continuous effort to prevent premature transition or backsliding. There should be a specific focus on addressing gender equity and the needs of vulnerable populations.

8. Polio essential functions are integrated within other health programmes (intermediate transition)

For some countries, transitioning polio essential functions is unattainable in the short and medium term due to conflicts, crises and protracted emergencies. Other countries may experience disruptions that could jeopardise continuity of programmatic performance. In these cases, “intermediate transition” could be an option (Box 3 - “Intermediate Transition”).

**Box 3: Intermediate Transition**

While transition to national governments remains the ultimate objective, this has proven challenging for countries affected by fragility, conflicts, and those with weak health systems. In such cases, when transition to the government is unattainable in the short or mid-term, partners (WHO or other development partners) may provide intermediary support by integrating polio essential functions within other health programmes.

As an intermediate solution, this approach could safeguard polio essential functions and mitigate the risk of losing the investments made over several decades. ‘Polio transition’ would be deemed complete once these functions are integrated within these broader health initiatives, as future transitions to national governments would then be managed by the respective programmes.

**Box 4: Theory of Change**

The ToC that underpins the global vision, impact goals and strategic objectives, outlines the pathway towards a successful transition by articulating the causal linkages between the impact, outcome, output, and input/activities levels. The ToC addresses the following three inter-related levels:

1) National inputs, activities, and outputs
2) Regional outputs and outcomes
3) Global outcomes and impact
Figure 2 illustrates the polio transition ToC. The three impact goals can only be achieved if polio essential functions are sustained within national health systems. To achieve this, technical assistance, effective mobilization and allocation of resources (both domestic and external) will be needed. This will require political will and ownership by national governments, along with advocacy and partnerships. These last elements of the ToC (outputs, activities and inputs) will be context-specific and they will be defined by the regions and countries to fit their respective contexts. In countries where transitioning to national governments will be challenging, an intermediary solution is proposed in the ToC as a more viable option (also see Box 3 on “intermediate transition”).
V. Operationalization of the Strategic Framework

The Global Vision, with its associated impact goals and strategic objectives, represents only one element of the polio transition Strategic Framework. Table 2 demonstrates how different components of the Strategic Framework correspond to the full ToC chain.

<p>| Table 2: Different elements of the Theory of Change addressed by the Strategic Framework. |
|-----------------------------------------------|-----------------------------------------------|</p>
<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global Vision</td>
<td>Regional Strategic Plans</td>
<td>Country Action Plans</td>
<td>M&amp;E Framework</td>
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</tbody>
</table>

Global level

The following actions at the global level will enable success at the regional and country levels:

- Donor alignment on supporting countries to prepare for and safeguard a polio free-world.
- Coordination among health programmes, with clear roles and responsibilities, to prepare for the phase-out of GPEI.
- Coordination of inter-regional collaboration.

Regional level

Each WHO region, with its distinct context, priorities, challenges and opportunities, will have tailored Regional Strategic Plans. The geographic scope, level of support and modalities of inter- and intra-regional coordination will vary. However, there are some overarching roles and responsibilities that each region will address in the Regional Strategic Plans:

- Alignment with the Global Vision.
- Monitoring and evaluation of transition readiness and progress.
- Facilitating the implementation of interventions and actions as defined in Country Action Plans, through capacity building and other technical support.
- Resource mobilization and advocacy for activities at the regional and country level.
- Coordination of inter-country collaboration.
- Development and management of regional level partnerships.

Country level

Country Action Plans will reflect each country's unique context. Country Action Plans will outline the different inputs (e.g. funding streams, capacity building, high level advocacy, definition of roles and
responsibilities) and planned activities and interventions needed at the country level to successfully sustain polio essential functions for the respective country.

Since polio transition is a country-driven process, timelines will need to be flexible. A set of milestones will be used to measure progress, as described in the section on “Monitoring and Evaluation”.
VI. Monitoring and Evaluation

The M&E framework is an essential component of the Strategic Framework. It will cover two different sets of indicators:

1. **Outcome indicators**: Relevant indicators from existing M&E frameworks will be used to monitor transition readiness and progress on essential programmatic areas, like immunization, surveillance and health emergency preparedness and response, to ensure that polio essential functions are not prematurely transitioned, and to monitor backsliding.

2. **Milestones**: An indicator set will be developed based on polio transition milestones to monitor and report on progress and achievements of the polio transition process.

**Milestones for national governments**

1. National governments (with WHO and other relevant development partners) have jointly conducted feasibility assessments with regards to polio transition.
2. National governments (with WHO and other relevant development partners) have jointly developed Country Action Plans.
3. National governments are managing polio essential functions and sustaining their quality within national health systems.
4. National governments have concluded the programmatic integration of polio essential functions into national health systems.
5. National governments have taken full financial responsibility for operating integrated polio essential functions.

**Milestones for intermediate transition**

1. A feasibility assessment has been carried out, identifying which entities are best suited for integrating the different polio essential functions.
2. Integration plans have been developed with the respective programmes or entities, addressing governance, programmatic requirements, capacity building and financing.
3. The integration of polio essential functions into the relevant programmes or other entities has been concluded.

The milestones are designed to capture the key elements of progress. They are not sequential and may be achieved in different sequences, depending on the specific circumstances of each individual country. Many of the countries undergoing polio transition have already achieved some of these milestones. Nevertheless, new countries may undergo transition due to progress or setbacks in eradication. The milestones are designed to provide this flexibility. They will be used as indicators to monitor progress at the national, regional and global levels.

**Timelines**

While there is an urgent imperative to ensure a sustainable polio transition, it is also important to acknowledge that the process requires time and highly depends on each country’s context and readiness.
To accommodate the necessary flexibility at the country level, the Strategic Framework will focus on milestones, rather than fixed timelines.

The Global Vision will remain open-ended, aligning with broader public health frameworks, such as SDGs, UHC, and IA2030. Regional Strategic Plans will be adaptable, subject to revisions as dictated by changes in context. Country Action Plans will establish their own timelines based on the specific context and readiness of the country.
Appendix 1. Definitions

**Certification** The process of certifying a region and ultimately the world as polio-free. Certification of polio eradication is conducted on a regional basis: each region can consider certification only when all countries in the area demonstrate the absence of wild polio virus for at least 3 consecutive years in the presence of a certification standard surveillance [GPEI]

**Polio**: Polio is a paralytic and potentially fatal infectious disease. There is no cure, but there are safe and effective vaccines. The strategy to eradicate polio is based on preventing infection by immunizing every child until transmission stops and the world is polio-free [GPEI]

**Polio Eradication** refers to the permanent reduction to zero of poliomyelitis virus, as a result of deliberate efforts, with no more risk of reintroduction [WHO]

**Polio Essential Functions** - operations that must continue in the post-certification period to sustain eradication. These functions include containment, immunization, surveillance and outbreak response [GPEI]

**Polio Integration** aims at achieving greater efficiencies and impact by creating programmatic synergies. Integration can help lay a path towards successful transition by building synergies between polio and other relevant health programmes and emphasizing the value of the polio infrastructure for broader health goals [WHO]

**Polio Transition** aims to sustain, and where needed repurpose, the network and infrastructure set up to eradicate polio to strengthen broader health priorities, especially essential immunization, disease detection, and emergency preparedness and response. Transition is a gradual process, with functions handed over to countries in a sustainable manner [WHO]

**Theory of Change** is a process requiring defining all of the necessary and sufficient conditions required to bring about a given long term outcome. ToC requires planners to think in backward steps from the long-term goal to the intermediate and then early term changes that would be required to cause the desired change, creating a set of connected outcomes.

**Theory of Change framework** focuses on enabling change by strengthening monitoring, evaluation and learning: the process is not linear and feedback loops need to be understood.
Appendix 2. Mid-Term Evaluation of Implementation of SAP

<table>
<thead>
<tr>
<th>Responsibility and Accountability Stipulated</th>
<th>WHO</th>
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<tbody>
<tr>
<td><strong>Recommendation</strong></td>
<td>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.</td>
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<tr>
<td><strong>Sub-recommendation</strong></td>
<td>Ensure that the vision:</td>
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<td>▪ is developed based on consultation with and buy-in from all appropriate stakeholders, including partners involved in polio eradication, and is flexible enough to allow regions and countries to develop regional and country-specific plans;</td>
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<td>▪ includes a theory of change aligning with the larger landscape in which transition efforts are undertaken and the specific contribution that these efforts make to strengthening immunization systems and emergency preparedness; and that it ensures linkages with regional offices’ theories of change (see recommendation incorporates gender equality aspects and access for vulnerable populations, which should also be included in the theory of change;</td>
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<td></td>
<td>▪ ensures longer-term strategic planning around agreed timelines and modes of operation forming the basis for financial and human resource planning</td>
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<tr>
<td><strong>Rationale for recommendation</strong></td>
<td>▪ Polio transition is largely a country-led process and an “Action Plan” at global level is difficult to design as a tailored, contextualised and “living document” that responds adequately to the specific needs of countries (e.g. massive variations in health systems capacity, polio and immunization indicators, fiscal space of governments, etc. among the countries) causing challenges to adapt to needs and situations at country level. A “vision” guiding regional and country action plans seem more appropriate, with most “actions” to take place at these levels</td>
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<td>▪ A global common vision on polio transition (i.e. with overall timelines, strategies and financing of transition) is needed with all global stakeholders agreeing based on a polio transition theory of change</td>
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<td></td>
<td>▪ The current Action Plan is clearly deficient in terms of mainstreaming gender equality, “leave no one behind” and equity concerns</td>
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<td></td>
<td>▪ The current Action Plan has not supported the required inclusive discussions around the “end game” for where polio eradication gains are integrated to - whether this is stronger PHC, immunization systems and/or health emergency preparedness and response and who shall finance sustaining polio assets going forward in the short term and in the long term</td>
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<tr>
<td></td>
<td>▪ Shifting the capacity and decision-making from the headquarters level towards regional and country levels aligns with the strategic shift in the same direction of the 2022-2026 GPEI strategy.</td>
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