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 systems.

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

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GLOBAL VISION

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

1. Remain polio-free
2. Minimize the burden and eliminate vaccine-preventable diseases
3. Rapidly detect and control disease outbreaks

**IMMUNIZATION**
National immunization programmes systematically reach and immunize all people with polio and other vaccines.

**SURVEILLANCE**
National surveillance systems rapidly detect and report poliovirus and other diseases.

**PREPAREDNESS & RESPONSE**
National health emergency systems prepare for and respond to polio and other disease outbreaks.

**CONTAINMENT**
Poliovirus materials are safely and securely contained in line with established biorisk management standards.

**OPERATIONAL OUTCOMES**

1. **GOVERNANCE:** Polio essential functions are managed by national authorities.

2. **PERFORMANCE:** Polio essential functions are integrated into national health systems.

3. **FINANCE:** Polio essential functions are predictably and sustainably funded through national budgets.

4. **INTERMEDIATE TRANSITION:** Polio essential functions are safeguarded by WHO and its partners.
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Abbreviations and Acronyms

cVDPV Circulating vaccine-derived poliovirus
COVID-19 Coronavirus Disease 2019
GAPIV WHO Global Action Plan (IV) for Poliovirus Containment
GPEI Global Polio Eradication Initiative
IA2030 Immunization Agenda 2030
IPV Inactivated Polio Vaccine
M&E Monitoring and Evaluation
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 Global Vision to use Polio Investments to Build Strong, Resilient and Equitable Health Systems (hereinafter referred to as the “Global Vision”), a crucial step towards sustaining the gains made in polio eradication, while using this legacy to promote, provide and protect the health and well-being of communities, towards achieving the Sustainable Development Goals (SDGs).

The Global Vision aims to mobilize stakeholders – national governments, WHO, UNICEF, civil society organizations, donors, funding agencies, and other partners – to take advantage of the unique opportunity to make a long-lasting contribution to public health, 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, defining the strategic outcomes. 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, enhance accountability, and enable timely course corrections.

The Strategic Framework builds upon the lessons learned from the Strategic Action Plan on Polio Transition (2018-2023) (SAP), aiming to address the latter’s gaps and shortcomings. Most importantly, it offers a flexible approach, taking into account the specific 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 among stakeholders.

The strategic outcomes of the Global Vision are universal. Reaching and sustaining polio eradication is a global public health good, and every country needs to safeguard a set of essential functions until and beyond eradication. The operational outcomes, on the other hand, are primarily applicable for countries that are reliant on Global Polio Eradication Initiative (GPEI) support, and where action is most needed. They are intended to chart a path towards a well-planned transition of functions to national health systems.

The Global Vision has been developed through a consultative, transparent, and inclusive process. It incorporates inputs from many stakeholders, including WHO Member States, the partner agencies of GPEI, the Transition Independent Monitoring Board (TIMB), development partners, civil society organizations, donors and funding agencies. These inputs were gathered through various stakeholder consultations, including the WHO governance bodies (the Executive Board and the World Health Assembly), and dedicated meetings, fora and workshops at the global, regional and country level.
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 have contributed to broader public health gains, including advancing essential public health functions, particularly in fragile and conflict-affected settings.

As the world gets closer to the goal of eradication, the global community initiated, through a collaborative effort, the process of safeguarding the polio essential functions (namely, poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment) that are needed to sustain a polio-free world, and using the polio investments - the tools, knowledge and infrastructure established through the eradication effort - to strengthen national health systems. This process was termed “Polio Transition”.

The SAP, presented to the 71st World Health Assembly in 2018, provided a global framework 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 (later replaced by the “Immunization Agenda 2030”),
- To strengthen emergency preparedness, detection and response capacity in countries to fully 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 prioritized for polio transition based on the size of the polio investments in those countries (Table 1). Many of these countries are also Gavi¹ and Global Fund² eligible, and the majority are fragile or conflict affected.

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<tr>
<th>Africa</th>
<th>Eastern Mediterranean</th>
<th>South-East Asia</th>
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<tr>
<td>Angola</td>
<td>Afghanistan</td>
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<td>Cameroon</td>
<td>Iraq*</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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* Added by the Eastern Mediterranean Region, based on fragility and potential threats to polio gains.

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¹ Gavi, the Vaccine Alliance
² The Global Fund to Fight AIDS, Tuberculosis and Malaria
An independent mid-term evaluation of the SAP\(^3\) finalized in 2022 identified some weaknesses in SAP’s 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.

The evaluation resulted in ten specific recommendations, which included a call to develop a new global polio integration and transition vision (Annex 2), accompanied by regional action plans, and a revised monitoring and evaluation framework.

The new Strategic Framework, with the Global Vision as its overarching umbrella, is a direct response to these recommendations. It recognizes the main findings and recommendations of the TIMB and builds 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 limitations of the SAP and 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 transition efforts are fit-for-purpose and serve the public health priorities of national governments, contributing to national, regional and global health goals.

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\(^3\) Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018-2023) – Volume 1: Report – April 2022
Box 1: Lessons learned in polio transition

The new Strategic Framework builds upon lessons learned from countries that have begun transitioning and reflects these learnings in the new strategic direction:

**Eradication and transition, as two sides of the same coin**
Importations and outbreaks of polio have underscored that strong, resilient and equitable primary health care-orientated national health systems, with essential immunization and disease surveillance as their backbone, are a prerequisite to achieve and sustain eradication. In turn, the success of transition depends 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” regarding 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, as well as emerging challenges such as health misinformation, as countries balance multiple, often competing health related priorities.

**Importance of government ownership**
Where transition has been most successful, it has been led by national governments, aligned with their national health priorities. Approach and timelines should be inclusive, realistic, and fully aligned with national health priorities, planning processes and budget cycles. They should be well communicated, building on and learning from past engagements with national and sub-national governments.

**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 sustain polio essential functions varies technically and financially. Country readiness should be an important factor for transition. Alternative or intermediate solutions should be put in place to prevent a ‘cliff-edge’ when GPEI 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 domestic financing, integration, prioritization and creating synergies to optimize resources.
III. 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 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 COVID-19 pandemic. This includes a massive push to recover the decline in essential immunization coverage, with 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 health security architecture, with a focus on health emergency preparedness, response and resilience. The drive to reach 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 programme assets. Polio workers were at the forefront of the pandemic response, also supporting the delivery of the COVID-19 vaccines. They continue to support catch-up efforts for children who 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, which are at the heart of protecting communities. This will in turn enable systems to remain vigilant to detect and respond to polio transmission.

As the polio eradication goal gets closer, there is an urgency to clarify the accountability arrangements that need to be in place at the national, regional and global level to prepare for the sunset of GPEI, and to ensure that the functions that are needed beyond eradication are safeguarded (Box 2 - “Transition and the Post Certification Strategy”). In the context of the post-COVID-19 catch-up efforts, increasing polio vaccination coverage through essential immunization, with a focus on reaching underserved and zero dose communities to close immunity gaps especially at the sub-national level, and strengthening vaccine-preventable disease surveillance is the way forward to protect populations, under the overarching umbrella of the “Immunization Agenda 2030” (IA2030). The renewed global commitment to strengthen the emergency architecture, with a focus on strengthening the International Health Regulations (2005) and efforts to agree on a pandemic accord, offers multiple opportunities. These include bolstering country capacities to prepare for and respond to future disease outbreaks, including polio; strengthening surveillance and laboratory capacities essential for the timely detection of polio cases; and strengthening risk-based biosafety and biosecurity measures that will be essential to contain the poliovirus.

Efforts to prepare for a polio-free world should place people at the centre, recognizing that all individuals have a fundamental right to health. More than half of the world’s population is still not covered by

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essential health services\(^6\). 340 million people need humanitarian assistance\(^7\). Over 1 billion people are on the move globally\(^8\), with a need for special attention to refugee and migrant health. Addressing inequities within and among communities should build on the lessons learnt. For instance, in the context of eradicating polio, there are useful learnings on recognizing and responding to gender inequities and reaching underserved and hard to reach populations. There is an opportunity to mainstream these learnings to enhance equity. Actions are more likely to succeed if there is a localized approach, consulting and empowering communities, local leaders, and civil society organizations to advise decision-making.

**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. The 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 operationalization of the new Strategic Framework will be key to define the implementation plan for PCS.

Figure 1 demonstrates how 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 all poliovirus transmission (WPV and cVDPV), and opportunities for integration are recognized. In this phase, the responsibility of managing polio essential functions is gradually handed over from GPEI to others (either to the national governments through integration into national health systems, or where this is not feasible, to WHO, supported by its partners). In the post-certification era, with the sunsetting of GPEI, the polio essential functions will be safeguarded, as a part of the national

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\(^7\) Global Humanitarian Overview 2023. OCHA; 2023

health systems with support from WHO and partners, to sustain a polio-free world, and to support building strong, resilient and equitable health systems.

The timelines will be aligned with the evolving polio epidemiology, and the policy decisions that are needed to prepare for the global certification and OPV withdrawal.

*Figure 1: Polio eradication, transition and post-certification phases and trajectory*
IV. Setting the Strategic Direction: Global Vision, impact goals and strategic and operational outcomes

The Global Vision builds on a Theory of Change (ToC). The ToC lays out the strategic direction, complete with defined impact goals, strategic and operational outcomes (Figure 3 – “Theory of Change for polio transition”).

Sustaining a polio-free world is in the interest of every country; therefore, the new Global Vision is relevant to all countries. However, there is a specific focus on regions and countries where the GPEI has made significant investments, especially where polio has been a recent threat or continues to be one. For these regions and countries, there is a unique need for enhanced efforts to utilize, sustain, or repurpose the investments made to eradicate polio.

The Global Vision and impact goals

The Global Vision, together with its three impact goals, aligns with the existing and evolving global public health agenda9.

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

1. Remain polio-free
2. Minimize the burden and eliminate vaccine-preventable diseases
3. Rapidly detect and control disease outbreaks

Strategic and operational outcomes

Four strategic outcomes and four operational outcomes complement these impact goals.

The strategic outcomes apply to all countries, as they refer to functions that must be sustained by every country until and beyond eradication. They remain relevant even in countries that have been polio-free for a long time, and where these functions have been fully integrated into the national health system.

The operational outcomes are relevant for countries that are directly impacted by the transition process, i.e., those that are reliant on GPEI technical and funding support. They provide the operational direction for a well-planned transition of functions from GPEI to national governments. Recognizing that regions

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9 The Polio Eradication Strategy 2022 – 2026: Delivering on a Promise; the Immunization Agenda 2030; UHC, SDGs, initiatives aimed to strengthen the health emergency architecture (e.g. Health Emergencies Preparedness, Resilience and Readiness, Review of IHR (2005), Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response).
and countries are at different stages of transition and have different contexts with varying levels of national health system maturity, these outcomes are flexible and may be subject to adaptation. Progress towards operational outcomes is measured through a set of flexible milestones, allowing countries to focus on those most applicable to their context. This flexibility also recognizes that transition is happening in the context of ongoing WPV transmission and cVDPV outbreaks, and implementation may require modification, depending on the context and timelines of poliovirus epidemiology.

**Strategic outcomes – Relevant to all countries**

1. **National immunization programmes systematically reach and immunize all people with polio and other vaccines.**

   Strong, resilient and equitable national immunization programmes are a pre-requisite to reach and sustain disease eradication and elimination goals, including for polio, and to control vaccine preventable diseases at the lowest possible burden. Covering immunity gaps will require reaching everyone, everywhere systematically with polio and other life-saving vaccines, regardless of gender or other difference, through the essential immunization programme. It is crucial to focus on zero dose and hard to reach communities and vulnerable populations to ensure equitable protection against polio and other diseases.

2. **National surveillance systems rapidly detect and report poliovirus and other diseases.**

   Maintaining strong and sensitive polio surveillance at the standards required for certification is necessary until and beyond the global certification of polio eradication. However, maintaining polio surveillance as a standalone function will be more challenging after polio is eradicated. Going forward, the high quality and sensitivity of polio surveillance must be maintained within a broader disease surveillance system. National surveillance systems, including laboratory capacities, should be strengthened, with a focus on the communities who they serve, informed by local context, and with consideration of gender-equity and the potential impact of surveillance activities on the environment.

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

   A swift and effective response to outbreaks will be critical – both to eradicate polio and to maintain a polio-free world. Countries will need to manage polio outbreaks within the framework of their national health emergency preparedness, resilience and response capacities, and in line with the requirements of the International Health Regulations (2005). The experience, infrastructure and knowledge from polio outbreaks could be valuable to enhance country response capacities, especially in areas experiencing complex humanitarian emergencies, and in the context of increased climate-related events. Outbreak management should be inclusive, with a focus on accessing everyone, regardless of gender or any other difference, and with gender-disaggregated data. A sustainable global stockpile of polio vaccines will be crucial to manage outbreaks beyond certification.

4. **Poliovirus materials are safely and securely contained in line with established biorisk management standards.**

   Containment is a critical function to safeguard polio eradication. The safe handling of poliovirus materials in laboratories, vaccine manufacturers and other facilities in compliance with the biorisk management standards as described in the WHO Global Action Plan for Poliovirus Containment, 2022 (GAPIV) aims to minimize the risk of release of poliovirus into communities. The global strategy for minimizing poliovirus facility-associated risks consists of risk elimination by destroying poliovirus materials in all but certified poliovirus-essential facilities and biorisk management of these facilities by strict adherence to required safeguards.
Operational outcomes – Relevant for countries undergoing transition

1. **Polio essential functions are managed by national authorities (Governance).**

   It is vital that national authorities carry the primary responsibility of managing polio essential functions, which includes designation of national entities responsible for carrying out and sustaining these functions. WHO and partners may continue to provide technical support to help ensure quality.

2. **Polio essential functions are integrated into national health systems (Performance).**

   Countries should integrate polio essential functions into their national health systems, with accountability to ensure quality of performance until certification and beyond. Experience shows that success is more likely if this integration happens gradually and is done in a realistic manner, aligned with national health priorities. Action should be regularly reviewed against defined milestones, in a continuous effort to prevent premature transition or backsliding. There should be a specific focus on capacity building, addressing the needs of vulnerable populations and gender-equity. Planning and operationalization should be inclusive, aligned with the needs of the communities and reflecting the perspectives of all relevant stakeholders, including civil society.

3. **Polio essential functions are predictably and sustainably funded through national budgets (Finance).**

   The eradication of polio cannot be sustained in the long run, unless national governments prioritize investing resources in their national health system. The ability to provide domestic financing will vary across countries, but the political will to sustain the polio essential functions must be demonstrated, with the identification, mobilization and allocation of predictable and sustainable resources provided through national budgets.

   *Operational outcome four is an intermediate step towards the previous three operational outcomes*

4. **Polio essential functions are safeguarded by WHO and its partners (Intermediate Transition).**

   For some countries, transitioning polio essential functions to national health systems is unattainable in the short and medium term due to conflicts, crises and protracted emergencies. Other countries may experience disruptions that could jeopardize continuity of performance. In these cases, “intermediate transition” could be an option (Box 3 - “Intermediate Transition”), whereby WHO, together with its partners, provide technical and financial support to deliver the polio essential functions, through the WHO’s essential immunization and health emergencies programmes. The scope, nature and modalities of this support will depend on country context.
Box 3: Supporting the most vulnerable countries to sustain polio essential functions (Intermediate Transition)

While the ultimate objective remains to transition polio essential functions to be financially and technically sustained by national governments, this has proven challenging for countries affected by fragility, conflicts, and those with weak health systems.

When transition to the national government is unattainable in the short or mid-term, WHO – through its essential immunization and health emergencies programmes – with support from partners, will provide technical and financial support for the delivery of the polio essential functions. This intermediate solution will ensure that functions are safeguarded to avoid any backsliding on programmatic outcomes and ensure that vital work on surveillance, immunization and emergency response continues.

Technical and financial support, tailored to country context

Supporting the most vulnerable countries to build strong, resilient and equitable health systems requires a tailored approach. The modalities will vary from region to region, or country to country. Some countries may require primarily technical support from WHO and partners or may be able to independently finance or co-finance certain functions; whereas other countries may have a heavier reliance on partner support, both technically and financially. Intermediate transition should be implemented as a part of broader efforts to bolster country capacity and to strengthen national health systems, including health financing.
Figure 3: Theory of Change for polio transition

The Global Vision document does not detail the Inputs, Activities and Outputs for the regional and country levels, as these are flexible and subject to context. The actions included here are indicative, and they will be further articulated in the regional strategies and country plans.
V. Ownership and accountability

Oversight and management, with clear roles and responsibilities and a stronger accountability at the country, regional and global level will be critical to achieve the Global Vision and its impact goals. This requires action across the areas of governance, management, and financing.

Prerequisites

1. Strong Governance

The operationalization of the Global Vision requires collective ownership. There should be a strategic discussion among all polio transition stakeholders on the governance model beyond GPEI.

National governments must assume the primary responsibility for sustaining the polio essential functions, including by identifying the national entities that will manage these functions and make key decisions to make transition happen.

For intermediate transition, placing greater accountability with the WHO essential immunization and health emergencies programmes, supported by partners, will ensure the continuity of polio essential functions, towards and beyond GPEI sunset.

2. Effective Management

Effective management at the global, regional and country level is essential to ensure that transition is undertaken in a way that sustains the quality of the polio essential functions.

Management relates to both the process of transition and the management of functions. The process of transition should be well-planned, well-communicated, and aligned with national planning processes. Management of the actual function should sustain the quality required before, and beyond the global certification of polio eradication.

Intermediate transition will require a specific management approach. While national governments and WHO country offices will play a key role in its operationalization, clear guidance from global and regional levels is required on the timelines, modalities and roles and responsibilities of the programmes - in particular essential immunization and health emergencies - that will safeguard these functions as GPEI sunsets.

3. Sustainable financing

The cost of sustaining the polio essential functions is a comparatively small investment compared to the cost of eradicating polio, but the impact is significant. National governments should incorporate the costs of polio essential functions into their national budgets. There should be a realistic financing roadmap, exploring diverse financing opportunities, with a focus on domestic financing. Financing strategies may include fully utilizing available existing domestic and external funds, engaging with country-level donors to tap into new funding options, exploring innovative financing strategies, looking
for opportunities for integration, and achieving programmatic efficiencies. Financing efforts should be aligned with broader partner and national resource mobilization efforts, with support from regional and global stakeholders.

For intermediate transition, accountability lies with the WHO at global, regional and country levels to ensure that polio essential functions are integrated and sustainably financed through available integrated funding streams and new initiatives for WHO’s sustainable, predictable and flexible financing.

Roles and responsibilities

Success will depend on collective ownership, with a clear definition of roles and responsibilities across the global, regional and national levels.

WHO will play a key convening role to collectively make the remaining decisions to prepare for the sunset of GPEI, including defining accountability arrangements. The timelines and modalities will be aligned with epidemiological realities, and it is critical to reflect the views of a wide range of stakeholders, including civil society and funding partners.

Table 2 provides a matrix indicating the key roles and responsibilities related to the three prerequisites for the global, regional and country level. Together, they will help to drive progress towards achieving the operational outcomes.

| Table 2: Ownership and accountability matrix |

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<th>Ownership and accountability*</th>
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<tbody>
<tr>
<td><strong>Global level</strong></td>
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<tr>
<td><strong>Governance</strong></td>
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<tr>
<td>- Define accountability framework and timelines to prepare for GPEI sunset.</td>
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<tr>
<td>- Provide global oversight, strategic direction and decision-making.</td>
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<tr>
<td>- Lead global political advocacy and strategic communication.</td>
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<tr>
<td><strong>Management</strong></td>
</tr>
<tr>
<td>- Manage coordination of global stakeholders.</td>
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<tr>
<td>- Provide specialized technical support to regions and countries.</td>
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<tr>
<td>- Develop guidance for intermediate transition.</td>
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<tr>
<td>- Consolidate data from regions and countries to form a global perspective (through the Polio Transition Monitoring and Evaluation framework).</td>
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<tr>
<td><strong>Financing</strong></td>
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<tr>
<td>- Ensure funding needs are reflected in the relevant global frameworks (e.g., GPW14, IA2030, Gavi 6.0 etc.).</td>
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<tr>
<td>- Ensure donor alignment around funding requirements and prioritization.</td>
</tr>
<tr>
<td>- Provide technical support to enhance resource mobilization capacity at regional and country levels.</td>
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| Country level                  |
| **Governance**                |
| - Provide oversight of regional polio transition efforts. |
| - Define accountability framework for regional stakeholders. |
| - Advocate for sustained political will at regional and country level. |
| **Management**                |
| - Monitor and manage polio transition readiness and progress. |
| - Provide capacity building and technical support for country level interventions. |
| **Financing**                 |
| - Lead on regional resource mobilization. |
| - Provide technical support for national resource mobilization efforts. |
### Regional level
- Undertake strategic communication, tailored to audience.
- Coordinate cross-country cooperation and sharing of best practices.
- Aggregate country data to form a regional overview (through the Polio Transition Monitoring and Evaluation framework).
- Foster and manage regional partnerships, including with civil society.
- Be a broker between countries and regional and global funding mechanisms.

### Country level
- Assume accountability for the polio essential functions; designate responsible entities and/or programmes for integration and implementation of activities.
- Advocate for and nurture political will at the national level.
- Conduct joint feasibility assessments with WHO.
- Develop and regularly review action plans.
- Drive day-to-day progress to operationalize action plans.
- Regularly report progress (through the Polio Transition Monitoring and Evaluation Framework).
- Enhance and manage national and sub-national partnerships, including with civil society.
- Prioritize and allocate predictable and sustainable funding from national budgets.
- Lead on national resource mobilization, including utilizing alternative and innovative financing mechanisms.
- Undertake strategic communication, tailored to audience.

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*The list is non-exhaustive. At the global and regional level, ownership and accountability lies primarily with partners. At the country level, it lies primarily with national governments, supported by WHO and partners and stakeholders, depending on the local context.*
VI. Operationalization of the Strategic Framework

The Global Vision, with its associated impact goals and strategic and operational outcomes, represents only one element of the Strategic Framework. Table 3 portrays how different components correspond to the full Theory of Change chain of the Strategic Framework.

| Table 3: Different elements of the Theory of Change addressed by the Strategic Framework. |
|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|-----------------------------------------------|
| Inputs                                        | Activities                                    | Outputs                                       | Operational outcomes                          |
|                                               |                                               |                                               | Strategic outcomes |
|                                               |                                               |                                               | Impact |
| Global Vision                                 | Regional Strategic Plans                       | Country Action Plans                           | M&E framework |

The Global Vision will first and foremost be implemented through Country Action Plans (integrated or stand-alone), to be supported by Regional Strategic Plans for the Eastern Mediterranean, African and South-East Asia regions, where most of the GPEI footprint has historically been located.

Across the three levels, a unified Monitoring and Evaluation Framework will be used to track progress and identify areas for course correction.

**Timelines**

The steps towards sustaining polio essential functions are context-specific and dependent on the technical and financial readiness of each country. Country Action Plans will therefore establish their own implementation timelines. Regional Strategic Plans will also be adaptable, subject to revisions as dictated by contextual changes.

The Global Vision will remain open-ended. This approach aligns with the relevant broader health and development frameworks, such as the Sustainable Development Goals, the UHC/PHC partnership framework, health emergency preparedness and response framework including IHR, and the Immunization Agenda 2030, which similarly have longer-term timetables for implementation. However, implementation will be aligned with the needs and requirements of pre- and post-certification, as the actions that need to be taken and the support needs –technical and financial - will vary across these two phases.
VII. Monitoring and Evaluation

The Monitoring and Evaluation (M&E) framework will assess:

1. Health system performance in relation to polio essential functions
2. The polio transition process

Together, these two allow monitoring and evaluating of the extent to which the transition process, its operational outcomes, and strategic outcomes have been achieved.

The M&E framework aims to guide decision-making, facilitate progress, and enable the monitoring of the quality of performance of the polio essential functions. Additionally, the framework addresses gender and other equity considerations.

It consists of two different sets of indicators:

1. **Strategic outcome indicators**, measuring health system performance related to polio essential functions. This indicator set is derived from existing M&E frameworks\(^\text{10}\). The strategic outcome indicators are global in nature, and they apply to all regions and countries.
2. **Milestone indicators**, measuring outputs and operational outcomes. This indicator set, including a dedicated subset for intermediate transition, is intended to measure the process of transition, i.e. the extent and quality of progress toward transitioning polio essential functions.

**Reporting mechanisms and responsibilities**

Stakeholders will report on the different elements of the M&E framework annually.

**Country level responsibilities**

- Annually gather data to report on milestones.
- Input data into a centralized database.
- Create regular country-level reports that emphasize progress, obstacles, and deviations from targets.
- Include contextual descriptions explaining data trends, challenges, and lessons learned.

**Regional level responsibilities**

- Aggregate data from country-level reports to form a comprehensive regional overview.
- Analyze performance across countries in the region to identify trends and best practices.
- Generate periodic reports on regional accomplishments, challenges, and collaboration opportunities.
- Encourage knowledge exchange and learning among countries within the same region.

**Global level responsibilities**

- Consolidate data from existing data sources, regions, and countries to provide a global perspective.
- Maintain/update an online dashboard.
- Prepare regular high-level reports highlighting trends, successes, challenges, and recommendations.
- Ensure data consistency, accuracy, and compliance with reporting standards.

\(^{10}\) IA2030 (Immunization Agenda 2030, scorecard), ESPAR (State Party Self Assessment Annual Report tool consisting of 24 indicators for the 13 IHR capacities needed to detect, assess, notify, report and respond to public health risk and acute events), and GPEI (Global Polio Eradication Initiative 2022-2026, strategy key performance indicators).
Appendix 1. Glossary

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 region demonstrate the absence of wild poliovirus for at least 2 consecutive years in the presence of certification-standard surveillance.

WHO Global Action Plan for Poliovirus Containment (GAPIV): The requirements and guidance on poliovirus containment outlined in GAPIV are developed to ensure that the elimination of wild poliovirus from most countries worldwide will not be undermined by an incident in a facility that handles poliovirus post-eradication. The GAPIV standard is an evolving document, subject to revisions as new information emerges relevant to achieving the appropriate balance between community risk and the systems and controls to it.

Intermediate Transition: When transition to the national government is unattainable in the short or mid-term, WHO – through its essential immunization and health emergencies programmes – with support from partners, will provide technical and financial support for the delivery of the polio essential functions. This intermediate solution will ensure that functions are safeguarded to avoid any backsliding on programmatic outcomes and ensure that vital work on surveillance, immunization and emergency response continues.

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.

Polio Eradication: The permanent reduction to zero of poliomyelitis virus, as a result of deliberate efforts, with no more risk of reintroduction.

Polio Essential Functions: Functions that must continue in the post-certification period to sustain eradication. These functions comprise poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment.

Polio Integration: Polio integration refers to action undertaken to achieve greater efficiencies and impact by creating programmatic synergies. Integration can help lay a path towards a successful transition by building synergies between polio and other relevant health programmes and emphasizing the value of the polio infrastructure for broader health goals.

Polio Post-Certification Strategy: The Polio Post-Certification Strategy defines the requirements, accountabilities, and functions needed to mitigate the current and future risks to maintain a polio-free world through three goals: (1) contain polioviruses; (2) protect populations; and (3) detect and respond to a polio event.

Polio Transition: Polio transition describes the process to sustain, and where needed repurpose, the essential network and infrastructure set up to eradicate polio to sustain a polio-free world, and to strengthen broader health priorities, especially essential immunization, disease surveillance, and emergency preparedness and response. Transition is a gradual process, with functions handed over to countries in a sustainable manner.
Primary Health Care: Primary Health Care describes a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment

Polio Transition Theory of Change: A description and illustration of the main components of the polio transition process and its intended outcomes.
## 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>Recommendation</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>Sub-recommendation</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>▪ 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>Rationale for recommendation</td>
<td>Polio transition is largely a country-led process and an “Action Plan” at global level is difficult to design as a tailored, contextualized 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>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>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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<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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