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 as well as to build stronger, more resilient and equitable health systems towards achieving the Sustainable Development Goals.

While the Global Vision is relevant for all countries as an overarching framework, it also allows the necessary flexibility to sustain and use 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, 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 centre, 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.
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

STRATEGIC OUTCOMES

1) IMMUNIZATION
   National immunization programmes systematically reach and immunize everyone with polio and other vaccines.

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

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

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

OPERATIONAL OUTCOMES

1) INTERMEDIATE TRANSITION:
   Polio essential functions are safeguarded by WHO and its partners.

2) GOVERNANCE:
   Polio essential functions are managed by national authorities.

3) PERFORMANCE:
   Polio essential functions are integrated into national health systems.

4) FINANCE:
   Polio essential functions are predictably and sustainably funded through national budgets.
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### Abbreviations and acronyms

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>COVID-19</td>
<td>coronavirus disease 2019</td>
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<tr>
<td>GAPIV</td>
<td>WHO Global Action Plan for Poliovirus Containment, fourth edition</td>
</tr>
<tr>
<td>GPEI</td>
<td>Global Polio Eradication Initiative</td>
</tr>
<tr>
<td>IA2030</td>
<td>Immunization Agenda 2030</td>
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<tr>
<td>M&amp;E</td>
<td>monitoring and evaluation</td>
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<tr>
<td>PHC</td>
<td>primary health care</td>
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<tr>
<td>RSP</td>
<td>regional strategic plan</td>
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<tr>
<td>SDG</td>
<td>Sustainable Development Goal</td>
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<tr>
<td>ToC</td>
<td>theory of change</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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1. Introduction

This document presents the Global Vision to use polio investments to build strong, resilient and equitable health systems, a crucial step towards sustaining the gains made in polio eradication, while employing this legacy to promote, provide and protect the health and well-being of communities on the way to 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 (RSPs), country action plans, and a monitoring and evaluation framework. It sets the overall strategic direction and is the umbrella for the strategic framework. The RSPs and country action plans will define implementation strategies tailored to specific regional and country contexts. The Polio Transition Monitoring and Evaluation (M&E) Framework will ensure progress tracking, enhance accountability and enable timely course corrections.

The strategic framework builds on the lessons learned from the Strategic Action Plan on Polio Transition (2018–2023), 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 Global Vision’s strategic outcomes 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 to countries that rely on Global Polio Eradication Initiative (GPEI) support and to places 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 was developed through a consultative, transparent and inclusive process. It incorporates inputs from many stakeholders, including WHO Member States, the GPEI’s partner agencies, the Polio Transition Independent Monitoring Board, development partners, civil society organizations, donors and funding agencies. These inputs were gathered through various stakeholder consultations, including WHO governance bodies (the Executive Board and the World Health Assembly), and dedicated meetings, fora and workshops at the global, regional and country levels.
2. 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 range of 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, through a collaborative effort, the global community initiated the process of safeguarding the polio essential functions (namely, poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment) 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 Strategic Action Plan on Polio Transition (2018–2023), presented to the Seventy-first World Health Assembly in 2018, provided a global framework for three key objectives:

- to sustain a polio-free world after eradication of poliovirus;
- 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 – IA2030); and
- to strengthen emergency preparedness, detection and response capacity in countries to fully implement the International Health Regulations (2005).

The Strategic Action Plan 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 in 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. Many of these countries are also Gavi and Global Fund eligible, and the majority are fragile or conflict affected.

An independent mid-term evaluation in 2022 of the Strategic Action Plan on Polio Transition (2018–2023) identified certain weaknesses in the Strategic Action Plan’s framework, including the inflexibility to accommodate different country contexts, limited country ownership, an inadequate focus on gender and equity, and the insufficient engagement and ownership of all partners in the implementation phase. The

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1 Sixteen polio transition focus countries receiving approximately 90% of polio investments were identified by the GPEI in 2017 (African Region: Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria, South Sudan; Eastern Mediterranean Region: Afghanistan, Pakistan, Somalia, Sudan; South-East Asia Region: Bangladesh, India, Indonesia, Myanmar, Nepal). Four countries were subsequently added by the Eastern Mediterranean Region based on fragility and potential threats to polio gains (Iraq, Libya, Syrian Arab Republic, Yemen).
2 Gavi, the Vaccine Alliance.
3 Global Fund to Fight AIDS, Tuberculosis and Malaria.
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 10 specific recommendations, including a call to develop a new global polio integration and transition vision (Annex 2), accompanied by regional action plans and a revised M&E 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 Transition Independent Monitoring Board and builds on lessons from 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 Strategic Action Plan on Polio Transition (2018–2023) and seize the opportunity to align with the changing public health landscape, including the evolving polio epidemiology and the global public health architecture being shaped in the aftermath of the coronavirus disease 2019 (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.
Box 1. Lessons learned in polio transition

The new strategic framework builds on lessons learned from countries that have begun polio transition activities 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. Because of 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” approach regarding the modalities or timelines for transition. Each country is unique, and the 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
The most successful transition have 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 subnational governments.

Stakeholder alignment, clarity and accountability
For a transition to be successful, stakeholders must pull in the same direction during planning and implementation. The specific roles and responsibilities of all relevant 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
Country readiness should be an important factor for the transition. The ability of countries to manage polio essential functions varies technically and financially. 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 integration, prioritization and synergies to optimize resources.
3. A changing global health architecture

Over the past decade, the world has witnessed many changes that 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 get back on track. This includes a massive push to recover from the decline in essential immunization coverage, with a radical pivot towards primary health care (PHC) as the foundation of universal health coverage, 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 national governments’ reliance 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 poliovirus transmission.

As the polio eradication goal draws closer, there is an urgency to clarify the accountability arrangements that must be in place at the national, regional and global levels to prepare for the closure of the GPEI and to ensure that the functions needed beyond eradication are safeguarded (Box 2. Transition and the Polio Post-Certification Strategy). Increasing polio vaccination coverage through essential immunization, with a focus on reaching underserved and zero-dose communities to close immunity gaps especially at the subnational level and strengthening vaccine-preventable disease surveillance is the way forward to protect populations, under the overarching umbrella of IA2030. The renewed global commitment to set up a more robust global architecture for health emergency preparedness, response and resilience, 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 boosting 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 everyone has a fundamental right to health. More than half of the world’s population is still not covered by essential

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health services. Almost 340 million people need humanitarian assistance. Over 1 billion people are on the move globally, with refugee and migrant health needing special attention. Addressing inequities within and among communities should build on lessons learned, including from eradicating polio, such as recognizing and addressing gender inequities and reaching underserved and hard-to-reach populations. The opportunity to mainstream these lessons enhances equity. Actions are more likely to succeed if a localized approach is used, 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, the future governance and coordination required to sustain a polio-free world must be defined. The Polio Post-Certification Strategy, developed by the GPEI in 2017, defines the global technical standards or core set of activities that will be needed to sustain a polio-free world after global certification of wild poliovirus eradication. The Post-Certification Strategy has three goals:

- **to contain polioviruses**: ensure potential sources of poliovirus are properly contained or removed;
- **to protect populations**: withdraw the oral polio vaccine from use and immunize populations with inactivated polio vaccine against possible re-emergence of any poliovirus, and
- **to 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 the Post-Certification Strategy, including the need for alignment across stakeholders on the key strategies and activities necessary to facilitate a smooth transition in the short term, and to sustain a polio-free world in the long term.

Fig. 1 demonstrates how transition relates to eradication and post-certification. The critical co-working phase in the period preceding the closure of the GPEI entails the reduction of polio resources and operations as the GPEI increasingly focuses on the most consequential geographies to stop all poliovirus transmission (wild poliovirus and circulating vaccine-derived poliovirus), and the recognition of opportunities for integration. In this phase, the responsibility for managing polio essential functions is gradually handed over from the GPEI to others. In the post-certification era, the polio essential functions will be safeguarded as part of the national 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 needed to prepare for the global certification and oral polio vaccine withdrawal.

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Fig. 1. Polio eradication, transition and post-certification phases and trajectory
4. The strategic direction

The Global Vision builds on a theory of change (ToC). The ToC lays out the strategic direction, complete with defined impact goals and strategic and operational outcomes (Fig. 2. Theory of change for polio transition).

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

The Global Vision and impact goals

Together with its three impact goals, the Global Vision aligns with the existing and evolving global public health agenda.10

The Global Vision’s goal is 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 directly impacted by the transition process, i.e. those that rely on GPEI technical and funding support. They provide the operational direction for a well-planned transition of functions from the GPEI to national governments. Recognizing that regions and countries are at different stages of transition and have diverse 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 the transition is happening amid ongoing wild poliovirus transmission and circulating vaccine-derived poliovirus outbreaks, and implementation may require modification, depending on the context and timelines of poliovirus epidemiology.

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10 Polio Eradication Strategy 2022–2026: Delivering on a promise; IA2030; universal health coverage, SDGs, initiatives aimed at strengthening the health emergency architecture (e.g. health emergency preparedness, resilience and readiness, agreement to revise the International Health Regulations (2005), efforts by the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response).
Strategic outcomes – relevant to all countries

1. National immunization programmes systematically reach and immunize everyone with polio and other vaccines.

Strong, resilient and equitable national immunization programmes are a prerequisite 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 differences, 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 stand-alone 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 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 drawn 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 differences, 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 manufacturing and other facilities in compliance with the biorisk management standards as described in the 2022 WHO Global Action Plan for Poliovirus Containment (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 the biorisk management of these facilities by strictly adhering to required safeguards.
Operational outcomes – relevant to countries undergoing transition

The first operational outcome is an intermediate step towards the next three operational outcomes.

1. 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 terms due to conflicts, crises and protracted emergencies. Other countries may experience disruptions that could jeopardize performance. In these cases, an intermediate transition is a possible option (Box 3. Support for the most vulnerable countries to sustain polio essential functions (intermediate transition)) whereby, with its partners, WHO provides technical and financial support to deliver the polio essential functions through its essential immunization and health emergencies programmes. The scope, nature and modalities of this support will depend on the country context.

2. Polio essential functions are managed by national authorities (governance).

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

3. 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 in a realistic manner, aligned with national health priorities. Action should regularly be reviewed against defined milestones, in a continuous effort to prevent premature transition or backsliding. Specific focus should be placed 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 the relevant stakeholders, including civil society.

4. 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.
The Global Vision document does not detail the inputs, activities and outputs at the regional and country levels as these are flexible and subject to context. The actions included here are indicative and will be articulated further in the regional strategies and country plans.
Box 3. Support for the most vulnerable countries to sustain polio essential functions (intermediate transition)

The ultimate objective for national governments to financially and technically sustain the transition of polio essential functions has proven challenging for countries affected by fragility and conflicts, and for those with weak health systems.

When transition to the national government is unattainable in the short or mid-term, WHO – with support from partners – will provide technical and financial support for the delivery of polio essential functions through its essential immunization and health emergencies programmes. This intermediate solution (Fig. 3) will ensure that functions are safeguarded to avoid any backsliding on programmatic outcomes, and that vital work on surveillance, immunization and emergency response continues.

Technical and financial support, tailored to the country context

Fig. 3. Transition vs intermediate transition

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 primarily need technical support from WHO and partners or may be able to independently finance or co-finance certain functions, whereas other countries may need to more heavily rely on partner support, both technically and financially. The intermediate transition should be implemented as part of broader efforts to bolster country capacity and to strengthen national health systems, including health financing.
5. Ownership and accountability

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

Prerequisites

1. Strong governance

The operationalization of the Global Vision requires collective ownership. A strategic discussion should
take place between all polio transition stakeholders on the governance model beyond the 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 the transition happen.

In an intermediate transition, partners will play a key role to ensure the continuity of polio essential
functions. For WHO, this means placing greater ownership and accountability on its essential
immunization and health emergencies programmes.

2. Effective management

Effective management at the global, regional and country levels is essential to ensure that the 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 transition
process should be well-planned, well-communicated and aligned with national planning processes and
health priorities. The management of functions should sustain the quality required before as well as
beyond the global certification of polio eradication.

An intermediate transition will require a specific management approach, with partners playing a key role
in supporting national governments. WHO country offices will take the lead, with guidance from
headquarters and the regional offices on the timelines, modalities and roles and responsibilities of the
programmes (essential immunization and health emergencies, in particular) that will safeguard these
functions beyond the GPEI.

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. They should develop a realistic financing roadmap,
exploring diverse financing opportunities, with a focus on domestic financing. Financing strategies may
include fully using 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.

In an intermediate transition, predictable funding from partners will be critical. For WHO, this means integrating polio essential functions into its programme budget, and their sustainable, predictable and flexible financing at the country, regional and global levels.

Roles and responsibilities

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

Table 1 outlines the key roles and responsibilities related to the three prerequisites at the global, regional and country levels. Together, they will help to drive progress towards achieving the operational outcomes.

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

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

*The list is non-exhaustive. At the global and regional levels, ownership and accountability lie primarily with partners. At the country level, they lie primarily with national governments, supported by WHO and relevant partners and stakeholders, depending on the local context.*
6. The 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 2 portrays how different components correspond to the full ToC.

| Table 2. 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 RSPs for the African, Eastern Mediterranean and South-East Asia Regions, where most of the GPEI footprint has historically been located.

At the three levels, a unified M&E framework will be used to track progress and identify areas for course correction.

**Timelines**

The steps for implementation are context-specific and depend on each country’s technical and financial readiness. Country action plans will therefore establish their own implementation timelines. RSPs will also be adaptable, subject to revisions as dictated by contextual changes.

While the Global Vision is open-ended, the implementation of the strategic framework will take into account the timelines and milestones set for eradicating polio and will be aligned with the relevant broader health and development frameworks, such as the SDGs.
7. Monitoring and evaluation

The Polio Transition M&E Framework assesses:

1. health system performance and resilience in relation to polio essential functions; and
2. readiness and the extent and quality of progress of the polio transition process.

Together, they allow M&E of the extent to which the operational and strategic outcomes have been achieved.

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

It consists of two complementary 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);\(^{11}\) and
2. **milestone indicators**, measuring transition readiness and the extent and quality of progress towards the outputs and operational outcomes associated with the transition process.

**Reporting mechanisms and responsibilities**

Stakeholders will report on the different elements of the M&E Framework on a regular basis.

**Country-level responsibilities:**

- gather data regularly to report on milestones;
- create routine country-level reports that emphasize progress, obstacles and deviations from targets; and
- provide contextual descriptions explaining data trends, challenges and lessons learned.

**Regional-level responsibilities:**

- regularly validate/quality check country data on milestones;
- consolidate data from country-level reports to form a comprehensive regional overview;
- analyse the performance of countries in the region to identify trends and best practices; and
- encourage knowledge exchanges and learning between the region’s countries.

**Global-level responsibilities:**

- consolidate data regularly to report on outcome indicators from existing frameworks;
- consolidate data on milestones from regions and countries to provide a global perspective;
- maintain and update the online dashboard; and
- prepare high-level reports highlighting trends, successes, challenges and recommended actions.

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\(^{11}\) IA2030 (Scorecard), e-SPAR (States Parties Self-Assessment Annual Reporting tool on IHR capacities needed to detect, assess, notify, report and respond to public health risks and acute events) and GPEI (*Polio Eradication Strategy 2022–2026* key performance indicators).
Annex 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 two consecutive years in the presence of certification-standard surveillance.

**WHO Global Action Plan for Poliovirus Containment (GAPIV)**: The requirements and guidance on poliovirus containment 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 manage that risk.

**Intermediate transition**: An intermediate solution to provide technical and financial support for the delivery of polio essential functions when transition to the national government is unattainable in the short or mid-term. Through WHO’s essential immunization and health emergencies programmes, with support from partners, this transitional solution will ensure that functions are safeguarded to avoid any backsliding on programmatic outcomes, and that vital work on surveillance, immunization and emergency response continues.

**Polio**: A paralytic and potentially fatal infectious disease. There is no cure, but safe and effective vaccines exist. 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 further risk of reintroduction.

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

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

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

**Polio transition**: The process to secure 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.

**Polio transition theory of change**: A description and illustration of the main components of the polio transition process and its intended outcomes.
**Primary health care**: 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 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.

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<tr>
<th>Responsibility and accountability stipulated</th>
<th>WHO</th>
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<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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<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;</td>
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<td>▪ 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><strong>Rationale for recommendation</strong></td>
<td>▪ Polio transition is largely a country-led process and an “Action Plan” at the 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 system capacity, polio and immunization indicators, fiscal space of governments, etc., among the countries) causing challenges to adapt to needs and situations at the country level. A “vision” guiding regional and country action plans seems 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 “endgame” 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>▪ Shifting the capacity and decision-making from the headquarters level towards the regional and country levels aligns with the strategic shift in the same direction of the GPEI Polio Eradication Strategy 2022–2026.</td>
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