



POLIO TRANSITION MONITORING AND EVALUATION FRAMEWORK – INDICATOR METADATA

FIRST EDITION
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Strategic outcome 1. National immunization programmes systematically reach and immunize everyone with polio and other vaccines

Indicator	1.1 National coverage of IPV first dose provided through routine service
Rationale	Achieving high coverage and timely administration of IPV vaccine reflects the efficiency and effectiveness of the immunization programme to sustain high population immunity for polio, which is an essential criterion to reach and sustain the eradication goal.
Definition	The percentage of the target population who have received the first dose of IPV in a given year
Numerator	Target children vaccinated with IPV first dose during the year
Denominator	Estimated target population of children during the year
Baseline	2023 data
Target	≥90%
Preferred data sources	WHO and UNICEF estimates of national immunization coverage (WUENIC) WHO Immunization Data Portal
Disaggregation	Disaggregated by gender and subnational level when data are available
Frequency of data collection	Annual
Limitations	National, regional, global
Data type	Percentage
Related link	https://immunizationdata.who.int/

IPV: inactivated polio vaccine.

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

Indicator	1.2 National coverage of DTP3 provided through routine services
Rationale	Achieving high coverage and timely administration of DTP3 vaccine reflects the efficiency and effectiveness of the immunization programme in reaching the target population. Monitoring the coverage reflects the functionality of the system components (supply-chain management, cold-chain management, trained health care personnel and community engagement) and their ability to deliver vaccines to children efficiently.
Definition	The percentage of the target population who have received three doses of DTP vaccine in a given year
Numerator	Target children vaccinated with DTP3 during the year
Denominator	Estimated target population of children during the year
Baseline	2023 data
Target	≥90% by 2030
Preferred data sources	WHO and UNICEF estimates of national immunization coverage (WUENIC) WHO Immunization Data Portal
Disaggregation	Disaggregated by gender when data are available
Frequency of data collection	Annual
Limitations	National, regional, global
Data type	Percentage
Related link	https://immunizationdata.who.int/

DTP3: diphtheria– tetanus–pertussis vaccine, third dose.

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

Indicator	1.3 Percentage of districts with DTP3 coverage $\geq 80\%$
Rationale	The indicator monitors the equity of immunization coverages and the existence of potential immunity gaps in specific geographies or populations. It emphasizes the importance of reaching every child, regardless of location or background. It informs efforts put in place to deliver equitable and accessible child immunization services.
Definition	The percentage at the district or municipality (third administrative) level where at least 80% of children have received the DTP3 vaccine
Numerator	Number of districts with DTP3 coverage $\geq 80\%$
Denominator	Total number of districts in the country
Baseline	2023 data
Target	100%
Preferred data sources	WHO Immunization Data Portal
Frequency of data collection	Annual
Limitations	District, subnational, national, regional, global
Data type	Percentage
Related link	https://immunizationdata.who.int/

DTP3: diphtheria– tetanus–pertussis vaccine, third dose.

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

Indicator	2.1 Percentage of districts with a rate of non-polio AFP detected annually of ≥ 2 per 100 000 population aged under 15 years
Rationale	The indicator monitors the capacity to detect polio cases, which is an essential criterion to reach and sustain the eradication goal, and provides insights into the equity of the surveillance system, highlighting any potential gaps that might exist to reach specific geographies or populations.
Definition	The percentage at the district or municipality (third administrative) level where the annual detection rate of non-polio AFP is ≥ 2 cases per 100 000 population aged under 15 years
Numerator	Number of districts with a rate of non-polio AFP detected annually of ≥ 2 cases per 100 000 population aged under 15 years
Denominator	Total number of districts in the country
Baseline	2023 data
Target	100%
Preferred data sources	GPEI POLIS/CDC
Disaggregation	District, subnational, national, regional, global
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage
Related link	-

AFP: acute flaccid paralysis; CDC: United States Centers for Disease Control and Prevention; POLIS: Polio Information System.

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

Indicator	2.2 Percentage of reported AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample
Rationale	The indicator monitors the timeliness of poliovirus detection, which is an essential criterion to reach and sustain the eradication goal.
Definition	The percentage of reported AFP cases and ES sample final results that are received within 35 days of onset of AFP cases or the collection of ES samples
Numerator	Number of reported AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample
Denominator	Total number of reported AFP cases and ES sample final results
Baseline	2023 data
Target	100%
Preferred data sources	GPEI POLIS
Disaggregation	Subnational, national, regional, global
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage
Related link	-

AFP: acute flaccid paralysis; ES: environmental surveillance; POLIS: Polio Information System.

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

Indicator	2.3 Percentage of active ES sites meeting the sensitivity threshold of at least 50% of samples positive for enterovirus
Rationale	The indicator informs the accuracy and precision of poliovirus detection through ES, which is an essential criterion to reach and sustain the eradication goal.
Definition	The percentage of active ES sites where the sensitivity threshold is achieved, with at least 50% of collected samples testing positive for enterovirus
Numerator	Number of active ES sites meeting the sensitivity threshold of at least 50% of samples positive for enterovirus
Denominator	Total number of ES sites
Baseline	2023 data
Target	100%
Preferred data sources	CDC/GPEI POLIS
Disaggregation	Subnational, national, regional, global
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage
Related link	-

CDC: United States Centers for Disease Control and Prevention; ES: environmental surveillance; POLIS: Polio Information System.

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

Indicator	2.4 Rate of discarded non-measles and non-rubella cases annually per 100 000 population
Rationale	The indicator informs the system's performance to detect, investigate and report measles and rubella in a timely manner, as a proxy for the effectiveness of the overall disease surveillance system.
Definition	The annual rate of discarded cases that are neither measles nor rubella, expressed as the number of discarded cases per 100 000 population
Numerator	Number of discarded non-measles and non-rubella cases per year
Denominator	Estimated population
Baseline	2023 data
Target	≥2
Preferred data sources	WHO Immunization Data Portal
Disaggregation	Subnational, national, regional, global
Frequency of data collection	Annual
Limitations	-
Data type	Rate per 100 000 population
Related link	https://immunizationdata.who.int/

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

Indicator	2.5 Country average IHR capacity score related to laboratory compared to the regional average
Rationale	A higher average IHR capacity score implies strong accuracy and reliability of laboratory performance, which is essential to accurately confirm disease cases like polio.
Definition	The country average IHR capacity score related to five capacities: laboratory specimen referral and transport system, implementation of a laboratory biosafety and biosecurity regime, laboratory quality system, laboratory testing capacity modalities and effective national diagnostic network (SPAR, second edition)
Numerator	Country average IHR capacity related to laboratory
Denominator	Regional average of IHR capacity related to laboratory
Baseline	2023 data
Target	Increasing towards 100%
Preferred data sources	WHO e-SPAR
Disaggregation	National, regional, global
Frequency of data collection	Annual
Limitations	Self-reported data; modifications will be made to align with the IHR review process.
Data type	Ratio
Related link	https://extranet.who.int/e-spar

IHR: International Health Regulations; SPAR: States Parties Self-Assessment Annual Reporting tool (e-SPAR: electronic States Parties Self-Assessment Annual Reporting tool).

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

Indicator	3.1 Percentage of polio (WPV and cVDPV) outbreaks stopped within 120 days of confirmation
Rationale	The indicator measures the country's ability to stop poliovirus outbreaks, which is a critical criterion to reach and sustain the eradication goal.
Definition	The percentage of confirmed polio outbreaks, including both WPV and cVDPV, that are successfully stopped and declared under control within 120 days of the date of confirmation
Numerator	Number of polio (WPV and cVDPV) outbreaks stopped within 120 days of confirmation
Denominator	Total number of polio (WPV and cVDPV) outbreaks during the year
Baseline	2021–2023 data
Target	100%
Preferred data sources	GPEI POLIS
Disaggregation	Subnational, national, regional, global
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage
Related link	-

cVDPV: circulating vaccine-derived poliovirus; POLIS: Polio Information System; WPV: wild poliovirus.

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

Indicator	3.2 Percentage of the first large-scale campaign (R1) implemented within 28 days of the outbreak confirmation
Rationale	The indicator measures the timeliness of responding to poliovirus outbreaks, which is a critical criterion to reach and sustain the eradication goal.
Definition	The percentage of the initial large-scale campaign (R1) conducted in response to an outbreak that is implemented within 28 days of the outbreak confirmation date
Numerator	Number of first large-scale campaign (R1) implemented within 28 days of the outbreak confirmation
Denominator	Total number of first large-scale campaign (R1) implemented after the outbreak confirmation
Baseline	2021–2023 data
Target	100%
Preferred data sources	GPEI POLIS
Disaggregation	Subnational, national, regional, global
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage
Related link	-

POLIS: Polio Information System; R1: Round 1.

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

Indicator	3.3 Percentage of polio (WPV and cVDPV) outbreak response SIAs delayed or cancelled due to vaccine stock outs
Rationale	The indicator provides insight into the reliability and sustainability of vaccine supplies during outbreak response.
Definition	The percentage of polio (WPV and cVDPV) outbreak response SIAs that are either delayed or cancelled as a result of disruptions in vaccine supply
Numerator	Number of polio (WPV and cVDPV) outbreak response SIAs delayed or cancelled due to vaccine stock outs
Denominator	Total number of polio (WPV and cVDPV) outbreak response SIAs conducted during the year
Baseline	2021–2023 data
Target	0%
Preferred data sources	GPEI POLIS
Disaggregation	Subnational, national, regional, global
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage
Related link	-

cVDPV: circulating vaccine-derived poliovirus; POLIS: Polio Information System; SIAs: supplementary immunization activities; WPV: wild poliovirus.

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

Indicator	3.4 Percentage of measles outbreaks with timely detection and response
Rationale	The indicator measures the country's ability to stop measles outbreaks, as a proxy for the country's overall capacity to respond to and mitigate disease outbreaks.
Definition	The percentage of identified measles outbreaks in a given area where both detection and response occur promptly within established timeframes
Numerator	Number of measles outbreaks with timely detection and response. Non-endemic: 69 days from first case onset of symptoms to the start of the response vaccination campaign; Endemic: 35 days from when the incidence crosses the epidemic threshold to the start of the response vaccination campaign.
Denominator	Number of measles outbreaks during the year
Baseline	2023 data
Target	100%
Preferred data sources	WHO Immunization Data warehouse
Disaggregation	Subnational, national, regional, global
Frequency of data collection	Annual
Limitations	-
Data type	Percentage
Related link	-

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

Indicator	3.5 Country average IHR capacity score related to health emergency management compared to the regional average
Rationale	The indicator reflects the country's readiness and capacity to manage health emergencies, including disease outbreaks like polio.
Definition	The country average IHR capacity score related to three capacities: health emergency planning, health emergency response management, and emergency logistics and supply-chain management (SPAR, second edition)
Numerator	Country average IHR capacity score related to health emergency management
Denominator	Regional average IHR capacity score related to health emergency management
Baseline	2023 data
Target	Increasing towards 100%
Preferred data sources	WHO e-SPAR
Disaggregation	National, regional, global
Frequency of data collection	Annual
Limitations	Self-reported data. Modifications will be made to align with the IHR review process.
Data type	Ratio
Related link	https://extranet.who.int/e-spar

IHR: International Health Regulations; SPAR: States Parties Self-Assessment Annual Reporting tool (e-SPAR: electronic States Parties Self-Assessment Annual Reporting tool).

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

Indicator	4.1 Percentage of nOPV2 vials received by the countries and opened, used during SIAs, and unusable vials that are subsequently destroyed
Rationale	The indicator measures the country's compliance with containment protocols, demonstrating its efforts to ensure the biosafety and biosecurity of poliovirus.
Definition	The percentage of nOPV2 vials that are opened, used during SIAs, and unusable vials that are subsequently destroyed
Numerator	Number of nOPV2 vials opened, used during SIAs, and unusable vials that are subsequently destroyed
Denominator	Total number of nOPV2 vials that are usable and received by the country during the year
Baseline	2023 data
Target	100%
Preferred data sources	WHO and UNICEF vaccine stockpile and stock disposal
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage
Related link	https://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-guidance-documents/

nOPV2: novel oral polio vaccine type 2; SIAs: supplementary immunization activities.

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

Indicator	4.2 Number of biomedical facilities retaining poliovirus IM
Rationale	The indicator measures the country's progress with the destruction of poliovirus IM, followed by facility survey and inventory activities aiming to identify facilities that retain poliovirus IM.
Definition	The number of facilities that retain poliovirus IM among all biomedical facilities that may hold such materials, surveyed in a country
Numerator	Number of facilities that retain poliovirus IM
Denominator	Number of facilities that may hold poliovirus IM, surveyed in a country
Baseline	2023 data
Target	0, except for countries hosting PEFs
Preferred data sources	WHO regional offices WHO/POLIO/21.05 – Poliovirus containment: guidance to minimize risks for facilities collecting, handling or storing materials potentially infectious for polioviruses: web annex D, form 2: progress reporting form on preparations for poliovirus containment and completion of phase I of GAPIII, second edition. Geneva: World Health Organization; 2021
Disaggregation	National, regional
Frequency of data collection	Annual
Limitations	Countries with PEFs cannot reach the target of 0 and must ensure the certified containment of poliovirus IM at PEFs. Data may fluctuate in countries experiencing WPV/cVDPV outbreaks and/or the use of OPV (tOPV, nOPV2, mOPV2, etc.).
Data type	Number
Related link	https://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-guidance-documents/

cVDPV: circulating vaccine-derived poliovirus; IM: infectious material; mOPV2: monovalent oral polio vaccine type 2; nOPV2: novel oral polio vaccine type 2; OPV: oral polio vaccine; PEFs: poliovirus-essential facilities; tOPV: trivalent oral polio vaccine; WPV: wild poliovirus.

Milestone 1. Polio essential functions are safeguarded by WHO and its partners (intermediate transition)

Indicator	1.1 Share of the workforce in the WHO country office funded by the GPEI over the last 12 months
Rationale	The indicator aims to assess the dependence of WHO country office capacity on the workforce funded by GPEI funds.
Definition	<p>The indicator is based on funding rather than headcount, i.e. GPEI Financial Resource Requirement funding for staff/non-staff, as a share of total WHO country office staff and non-staff costs.</p> <p>The score should reflect the following percentages: 0: Heavy dependence: >25% 1: Medium dependence: 10–25% 2: Low dependence: <10%</p>
Numerator	WHO country office workforce (staff and non-staff)-related financial resources funded by the GPEI over the last 12 months
Denominator	Total WHO country office workforce (staff and non-staff)-related financial resources over the last 12 months
Baseline	2023
Target	Score 2: Low dependence: <10%
Preferred data sources	GPEI Financial Resource Requirement country budget WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage Score: 0–2
Related link	-

Milestone 1. Polio essential functions are safeguarded by WHO and its partners (intermediate transition)

Indicator	1.2 Integration plans for polio essential functions developed by polio and recipient programmes
Rationale	The indicator aims to assess the will to transfer the responsibility of managing polio essential functions from the polio programme to recipient programmes (e.g. immunization strategy, action plan for health emergencies).
Definition	<p>The indicator needs to show evidence of the integration plan tailored to the country context (e.g. establishment of integrated public health teams, decision to move functions in line with functional reviews, expansion of terms of reference).</p> <p>The score should reflect the number of polio essential functions (surveillance, immunization, outbreak response) for which there is an integration plan. Score (0–3)</p> <p>None (0 points) Surveillance (1 point) Immunization (1 point) Outbreak response (1 point)</p>
Numerator	Integration plans for polio essential functions developed by polio and recipient programmes Score (0–3)
Denominator	-
Baseline	2023
Target	Score 3: Integration plans developed for polio essential functions
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–3
Related link	-

Milestone 1. Polio essential functions are safeguarded by WHO and its partners (intermediate transition)

Indicator	1.3 Recipient programmes with integrated polio essential functions
Rationale	The indicator aims to assess the extent to which the recipient programmes (e.g. immunization strategy, action plan for health emergencies) have integrated polio essential functions into their own programme operations.
Definition	<p>The indicator evidence must show that the integration plan (mentioned under milestone indicator 1.2) is put into action tailored to the country context (e.g. integrated public health teams are operational, staff terms of reference have been updated as part of functional reviews).</p> <p>The score should reflect each of the three polio essential functions (surveillance, immunization, outbreak response) integrated into recipient programmes. Score (0–3) None (0 points) Surveillance (1 point) Immunization (1 point) Outbreak response (1 point)</p>
Numerator	Recipient programmes with integrated polio essential functions Score (0–3)
Denominator	-
Baseline	2023
Target	Score 3: Polio essential functions integrated
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–3
Related link	-

Milestone 1. Polio essential functions are safeguarded by WHO and its partners (intermediate transition)

Indicator	1.4 Level of non-GPEI funding secured for integrated polio essential functions in the current WHO programme budget period
Rationale	The indicator aims to assess if polio essential functions that have been integrated into WHO's programme budget (base component) are funded for the current biennium.
Definition	<p>The indicator measures the degree of funding provided by non-GPEI sources (e.g. Gavi, Core Voluntary Contributions, etc).</p> <p>For WHO country offices that continue to receive support from the GPEI Financial Resource Requirements for surveillance running costs and immunization functions, the score should be "0".</p> <p>For the remaining WHO country offices, the following scale should be used:</p> <p>1: Partial (>0–50%) 2: Moderate (>50–80%) 3: High/Complete (>80%)</p>
Numerator	Level of non-GPEI funding secured for integrated polio essential functions in the current WHO programme budget period Score (0–3)
Denominator	-
Baseline	2023
Target	Score 3: High/Complete level of non-GPEI funding secured for integrated polio essential functions
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–3
Related link	-

Milestone 2. The action plan is jointly developed

Indicator	2.1 Country action plan completed
Rationale	The development of a country action plan for polio transition is the fundamental step in the transition process to ensure consensus among all relevant stakeholders and full government ownership.
Definition	The score should be recorded as “YES” if both of the following conditions are fulfilled: a) a country plan is in place either as a stand-alone document or integrated into a relevant strategy/plan (e.g. national immunization strategy, national action plan for health security/health emergencies); and b) the government takes ownership of the plan (e.g. formally endorsing it and/or taking concrete actions to implement the plan/manage functions).
Numerator	Country action plan completed (Yes/No)
Denominator	-
Baseline	2023
Target	Yes
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Binary: Yes/No
Related link	https://www.who.int/teams/polio-transition-programme/tools-and-guidance

Milestone 2. The action plan is jointly developed

Indicator	2.2 Country action plan quality score
Rationale	The country action plan for polio transition should contain key elements required for successful implementation.
Definition	The indicator aims to assess the quality of the plan. The scoring should reflect the number of quality checklist elements present in the plan (see the milestone indicator 2.2 checklist).
Numerator	Country action plan quality score: 0–9 (see checklist)
Denominator	-
Baseline	2023
Target	Score 9: High quality
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–9
Related link	https://www.who.int/teams/polio-transition-programme/tools-and-guidance

Milestone indicator 2.2 checklist

Checklist	Quality dimension
1. The plan outlines a clear and comprehensive situational analysis (covering equity, political, demographic, health and epidemiological context, geographic spread of assets and institutional capacity).	Count (1 point) if: the plan is aligned with the country context and takes into account country readiness for transition.
2. The plan has been developed in an inclusive manner, in consultation with all relevant stakeholders (e.g. government departments, health system stakeholders, WHO and other development partners, donors, civil society organizations).	Count (1 point) if: the plan reflects the views of all relevant stakeholders.
3. Planned activities and interventions to sustain polio essential functions and/or repurpose the polio network are clearly listed.	Count (1 point) if: the proposed activities and interventions are comprehensive and fit for purpose.
4. Roles and responsibilities for implementation are clearly articulated.	Count (1 point) if: accountability is clear.
5. Capacity-building activities are outlined.	Count (1 point) if: improving programmatic quality is embedded in the plan.
6. High level advocacy and communications activities are outlined.	Count (1 point) if: activities related to sustained political commitment and political awareness raising are outlined.
7. A resource mobilization strategy is included, identifying potential funding streams.	Count (1 point) if: the roadmap for financing is clearly laid out.
8. The Monitoring and Evaluation (M&E) Plan is included.	Count (1 point) if: M&E is either mentioned or included in the plan.
9. Gender, equity and human rights considerations are embedded in the planned activities.	Count (1 point) if: the proposed activities (e.g. capacity-building, programmatic interventions, HR planning) factor in gender, equity and rights dimensions.

Milestone 2. The action plan is jointly developed

Indicator	2.3 Country action plan up to date
Rationale	The country action plan for polio transition should be up to date to reflect changes in context, timelines and planned activities.
Definition	The score should be recorded as “YES” if one of the following conditions is fulfilled: a) the plan has been reviewed/updated formally (e.g. through a formal update/revision/mid-term assessment) or informally (e.g. agreement to modify timelines); or b) the plan still remains relevant (e.g. time has passed since its development but the key components continue to be relevant).
Numerator	Country action plan up to date (Yes/No)
Denominator	-
Baseline	2023
Target	Yes
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Binary: Yes/No
Related link	https://www.who.int/teams/polio-transition-programme/tools-and-guidance

Milestone 3. The national government is managing polio essential functions as part of the national health system

Indicator	3.1 Extent of dependence on external partners for managing the surveillance function within the national health system
Rationale	The indicator aims to assess if the country manages polio surveillance (acute flaccid paralysis, environmental surveillance, laboratory confirmation) independently, as part of broader disease surveillance.
Definition	Scoring should reflect the degree of technical support provided by partners (e.g. GPEI, WHO, UNICEF, civil society organizations): 0: High dependence: The function is primarily carried out by partners and/or partners provide operational support. 1: Medium dependence: The function is integrated into the national health system, but partners continue to provide significant technical support (HR/activities). 2: Low dependence: The function is integrated into the national health system and activities are carried out by the government. There is either no technical support from partners or it is limited to specialized technical support.
Numerator	Extent of dependence on external partners for managing the surveillance function within the national health system Score (0–2) 0: High dependence 1: Medium dependence 2: Low dependence
Denominator	-
Baseline	2023
Target	Score 2: Low dependence
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–2
Related link	-

Milestone 3. The national government is managing polio essential functions as part of the national health system

Indicator	3.2 Extent of dependence on external partners for managing the immunization function within the national health system
Rationale	The indicator aims to assess if the country manages polio immunization (with inactivated polio vaccine and oral polio vaccine) independently, as part of the routine immunization programme, with little/no reliance on preventive supplementary immunization activities.
Definition	<p>The indicator is measured by scoring the degree of technical support provided by partners (e.g. GPEI, WHO, UNICEF, civil society organizations):</p> <p>0: High dependence: The function is primarily carried out by partners and/or partners provide operational support.</p> <p>1: Medium dependence: The function is integrated into the national health system, but partners continue to provide significant technical support (HR/activities).</p> <p>2: Low dependence: The function is integrated into the national health system and activities are carried out by the government. There is either no technical support from partners or it is limited to specialized technical support.</p>
Numerator	<p>Extent of dependence on external partners for managing the immunization function within the national health system</p> <p>Score (0–2)</p> <p>0: High dependence</p> <p>1: Medium dependence</p> <p>2: Low dependence</p>
Denominator	-
Baseline	2023
Target	Score 2: Low dependence
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–2
Related link	-

Milestone 3. The national government is managing polio essential functions as part of the national health system

Indicator	3.3 Extent of dependence on external partners for managing the outbreak response function within the national health system
Rationale	The indicator aims to assess if the country manages the response to polio outbreaks independently, as part of a broader emergency preparedness and response framework.
Definition	<p>The indicator is measured by scoring the degree of technical support provided by partners (e.g. GPEI, WHO, UNICEF, civil society organizations):</p> <p>0: High dependence: The function is primarily carried out by partners and/or partners provide operational support.</p> <p>1: Medium dependence: The function is integrated into the national health system, but partners continue to provide significant technical support (HR/activities).</p> <p>2: Low dependence: The function is integrated into the national health system and activities are carried out by the government. There is either no technical support from partners or it is limited to specialized technical support.</p>
Numerator	<p>Extent of dependence on external partners for managing the outbreak response function within the national health system</p> <p>Score (0–2)</p> <p>0: High dependence</p> <p>1: Medium dependence</p> <p>2: Low dependence</p>
Denominator	-
Baseline	2023
Target	Score 2: Low dependence
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–2
Related link	-

Milestone 3. The national government is managing polio essential functions as part of the national health system

Indicator	3.4 Polio transition management meeting conducted by the government in the last 12 months
Rationale	The indicator aims to assess national ownership and accountability for the polio transition.
Definition	The indicator is measured by scoring “YES” if both of the following conditions are fulfilled: a) evidence must show (i.e. through minutes) at least one management and coordination meeting held under the leadership of the government in the last 12 months to review progress/challenges in transition, and assess implementation; and b) all relevant stakeholders were invited to attend the meeting (e.g. concerned government departments, WHO, UNICEF, other partners, donors, civil society organizations, as relevant).
Numerator	Polio transition management meeting conducted by the government in the last 12 months (Yes/No)
Denominator	-
Baseline	2023
Target	Yes
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Binary: Yes/No
Related link	-

Milestone 3. The national government is managing polio essential functions as part of the national health system

Indicator	3.5 Structured capacity-building systematically conducted to sustain the quality of polio essential functions
Rationale	The indicator aims to assess if the country has a systematic capacity-building approach to sustain programmatic quality.
Definition	The indicator is measured by scoring “YES” if all the following conditions are fulfilled: a) capacity-building activities for government staff are conducted regularly (frequency to be determined by the country context); b) polio-related capacity-building is embedded in broader capacity-building activities for the national/subnational workforce (broader disease surveillance, immunization, etc.); and c) trainings are conducted either by the government or by implementing partners (e.g. WHO, UNICEF), or by any other stakeholder designated by the government (e.g. civil society organizations).
Numerator	Structured capacity-building systematically conducted to sustain the quality of polio essential functions (Yes/No)
Denominator	-
Baseline	2023
Target	Yes
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Binary: Yes/No
Related link	-

Milestone 4. Polio essential functions are predictably and sustainably funded through national budgets

Indicator	4.1 Level of health system dependence on GPEI funding
Rationale	The indicator aims to assess the extent to which the country's health system relies on funding from the GPEI.
Definition	<p>The indicator is measured by GPEI funding to the country expressed as a percentage of the domestic general government health expenditure.</p> <p>The percentages should be reflected in the following scoring: 0: High dependence: >10% 1: Medium dependence: 2–10% 2: Low dependence: <2%</p>
Numerator	GPEI country budget allocation (excluding outbreaks)
Denominator	Domestic general government health expenditure
Baseline	2023
Target	Score 2: Low dependence: <2%
Preferred data sources	GPEI Financial Resource Requirement (for the numerator); WHO Global Health Expenditure Database (for the denominator)
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Score: 0–2
Related links	https://polioeradication.org/financing/financial-needs/financial-resource-requirements-frr/ https://apps.who.int/nha/database

Milestone 4. Polio essential functions are predictably and sustainably funded through national budgets

Indicator	4.2 Level of health system dependence on external funding sources
Rationale	The indicator aims to assess the country's dependence on external funding for health.
Definition	<p>The indicator is measured by the percentage of current health expenditure funded by external sources.</p> <p>The percentage should be reflected in the following scoring: 0: High dependence: >10% 1: Medium dependence: 5–10% 2: Low dependence: <5%</p>
Numerator	External health expenditure
Denominator	Current health expenditure
Baseline	2023
Target	Score 2: Low dependence: <5%
Preferred data sources	WHO Global Health Expenditure Database
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage Score: 0–2
Related links	https://apps.who.int/nha/database https://apps.who.int/nha/database/DocumentationCentre/Index/en

Milestone 4. Polio essential functions are predictably and sustainably funded through national budgets

Indicator	4.3 Level of funding generated from the national or subnational budget (domestic or other non-GPEI sources) for polio essential functions
Rationale	The indicator aims to assess the country's capacity to mobilize resources to sustain polio essential functions.
Definition	<p>The indicator is measured by the percentage of funding for polio essential functions provided by the national or subnational budget.</p> <p>The percentage should be reflected in the following scoring: 0: None 1: Partial (>0–40%) 2: Moderate (>40–80%) 3: High/Complete (≥80%)</p>
Numerator	Funding allocated to sustain polio essential functions (surveillance, operational costs for immunization and outbreak response activities)
Denominator	Estimated financial resource requirement for sustaining polio essential functions (surveillance, operational costs for immunization and outbreak response activities)
Baseline	2023
Target	Score 3: High/Complete (≥80%)
Preferred data sources	WHO country office (with input and validation by Member States)
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Percentage Score: 0–3
Related link	-

Milestone 4. Polio essential functions are predictably and sustainably funded through national budgets

Indicator	4.4 Line item included in the national and/or subnational budget on surveillance
Rationale	The indicator aims to assess the country's ability to self-finance polio essential functions.
Definition	<p>This proxy indicator aims to assess the country's ability and will to provide domestic financing (surveillance is a critical function that needs to be sustained until and beyond eradication).</p> <p>The score should be recorded as "YES":</p> <ul style="list-style-type: none"> a) (for countries with centralized health systems) if there is a line item in the national budget, with a funding allocation; or b) (for countries with decentralized health systems) if there is a line item in the relevant national and/or subnational budgets, with a funding allocation.
Numerator	Line item included in the national and/or subnational budget on surveillance (Y/N)
Denominator	-
Baseline	2023
Target	Yes
Preferred data sources	WHO country office
Disaggregation	-
Frequency of data collection	Biannual
Limitations	-
Data type	Binary: Yes/No
Related link	-