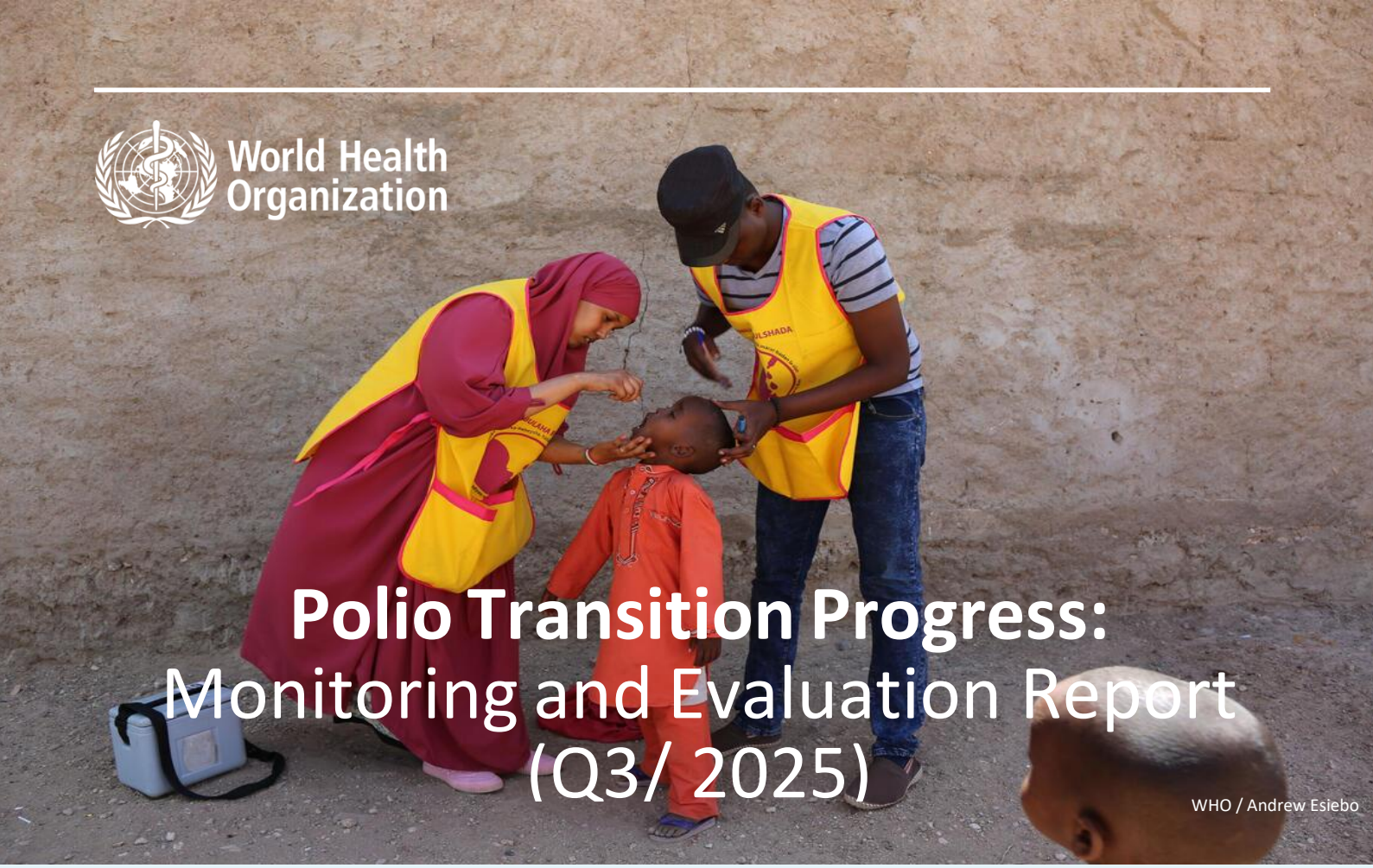


World Health Organization

Polio Transition Progress: Monitoring and Evaluation Report (Q3/ 2025)

WHO / Andrew Esiebo

The Polio Transition Monitoring and Evaluation Report provides an overview of the progress made as of Q3 2025 in priority countries[1] and in countries in the watch list[2] towards the goals and strategic outcomes of the Polio Transition Strategic Framework. The report provides updated data for the indicators on immunization, released in July 2025, mid-year data for the indicators on surveillance and outbreak response, and an update on milestone indicators.

Highlights:

As emphasized in the 8th Report of the Transition Independent Monitoring Board, as of Q3 2025, the context for polio transition remains immensely challenging. In 2024, despite epidemiological progress, twelve polio transition priority countries reported a total of 22 cVDPV outbreaks. Furthermore, many priority countries continue to experience outbreaks of other diseases, including measles outbreaks, despite significant efforts to mitigate risks and raise immunity through the 'Big Catch-up' programme. Immunization coverage remains sub-optimal in most priority countries, with only one country reaching the 90% IPV and DTP3 coverage benchmark during 2024. Fragile governance and insecurity are recurring themes, with some emergencies, such as the deteriorating situation in Sudan, shattering important progress made towards health system sustainability. In general, most countries remain heavily reliant on GPEI and other sources of external funding, a heightened risk given the increasing precarity of the international funding landscape.

At the same time, there are emerging signs of progress. Surveillance quality and sensitivity continue to show a mixed picture across priority countries. Whilst the number of countries meeting the threshold for non-polio AFP rates declined from 18 to 13 between December 2024 and June 2025, and ES surveillance sensitivity also dropped, the timeliness of sample results improved, as did the rate of discarded non-measles non-rubella cases annually. Operationally, stronger integration between polio and essential immunization activities has begun through the first joint Gavi-GPEI board meeting in June 2025. There have also been concerted efforts to bolster country laboratory capacity to enable countries to have greater ownership over sample testing. Country transition planning has become more tailored and, in some countries, has begun to be embedded more systematically as a critical step following the closure of a polio outbreak. At the global level, there is renewed focus on aligning the eradication and transition workstreams, in recognition that, as eradication nears, partner and Member State focus must begin to shift to implementing and sustaining a polio-free world.

1 In 2024-25, the list of 21 priority countries comprises Angola, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Madagascar, Mali, Mozambique, Niger, Nigeria and South Sudan in the African Region; Afghanistan, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen in the Eastern Mediterranean Region; and Myanmar in the South-East Asia Region.

2 The 'watch list' comprises Kenya* in the African Region; Iraq and Libya in the Eastern Mediterranean Region; Bangladesh, India, Indonesia and Nepal in the South-East Asia Region. *Kenya is considered a priority country by the WHO Regional Office for Africa.

1. Progress Towards Impact Goals

GOAL 1: All countries remain polio free

Afghanistan and Pakistan continue to be polio endemic for wild polio virus. In 2024, 12 polio transition priority countries reported a total of 22 cVDPV outbreaks. Moreover, Indonesia, a watchlist country, also experienced an outbreak during the same period. IPV1 coverage remains sub-optional (less than 90%) in all priority countries, except one, indicating that there is a considerable readiness barrier for successful bOPV cessation post-eradication. In many transition priority countries, work to achieve long-term sustainability remains challenged by the immediate necessity of outbreak response, whereas in others, other disease areas take priority.

GOAL 2: Minimize the burden of and eliminate vaccine-preventable diseases (VPDs)

Fourteen countries remain below the benchmark for DTP3 coverage at the sub-national level, indicating significant challenges in achieving baseline immunity against vaccine preventable diseases. Further, WUENIC data as of June 2025 demonstrates the third dose of polio vaccine (POL3) coverage globally in 2024 was 84%, still below pre-pandemic coverage of 86% in both 2018 and 2019. Whilst the 'Big Catch Up' has enabled integrated delivery of an additional 227M total doses of polio vaccine (46.8M bOPV, 34.2M IPV shipped as of November 2025), this was not systematic, and significant gaps remain in delivery of integrated services.

GOAL 3: Rapidly detect and control disease outbreaks

Despite progress toward strengthening preparedness, detection, and timely response to public health emergencies, there are still challenges of timeliness and sensitivity of surveillance systems and timely response to outbreaks. Most of the priority countries reported significantly lower scores than the regional average on the International Health Regulations (IHR) core capacity indicators for laboratory capacity and health emergency management. Repeated outbreaks of polio underscore health system fragility and inhibit the ability of countries to focus attention on planning for the future, thus acting as a barrier to effective transition planning and implementation. During 2024, outbreak response in all priority and watch-list countries, except for Indonesia, continued to be funded by the GPEI and external partners, rather than using domestic resources.

2 Progress Towards the Strategic Outcomes

The indicators for strategic outcomes measure health systems performance and resilience related to the essential functions: immunization surveillance, health emergency preparedness and response, and poliovirus containment.

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

Priority countries:

Most of the priority countries reported IPV1 and DPT3 coverage gradually increasing or stable over the period 2023-24. However, ten priority countries reported coverages of both IPV1 and DPT3 below 70% in 2024: Afghanistan, Angola, Central African Republic, Chad, Democratic Republic of Congo, Guinea, Madagascar, Nigeria, Sudan and Yemen. Equity remains also a challenge with only six priority countries reporting over 80% of districts with DTP3 coverage above 80% level.

Watchlist countries:

Among watchlist countries, five countries are on track for IPV1 and DTP3 coverage, two countries have IPV1 coverages lower than 90%: Indonesia and Kenya, 81% and 88% respectively, and two countries have DPT3 coverage lower than 90%: Indonesia and Libya, 78% and 86%, respectively; Indonesia and Kenya reported also low percentage (55% and 32% respectively) of districts with DTP3 coverage greater than or equal to 80%.

	Priority countries			Watchlist countries		
SO1 Indicators	On Track	At Risk	Off Track	On Track	At Risk	Off Track
1.1.National coverage of IPV1 provided through routine service	1	9	11	5	2	0
1.2.National coverage of DPT3 provided through routine services	1	10	10	5	2	0
1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%	6	5	9	3	1	2
Total 2024	**8**	**24**	**30**	**13**	**5**	**2**
Total 2023	*11*	*20*	*30*	*13*	*9*	*1*

SO 2: National surveillance systems rapidly detect and report poliovirus and other diseases

Priority countries:

Surveillance indicators in priority countries show that thirteen countries are on track for the non-polio AFP detection rate, while two countries, Angola and Sudan, are off track with the percentage of districts with rate of non-polio AFP detected annually ≥ 2 per 100 000 population aged less than 15 years of 62% and 68%, respectively. Eleven countries are on track for the timeliness of reporting while eight countries are off-track: Angola, Chad, Democratic Republic of Congo, Mozambique, South Sudan, Somalia, Sudan and Yemen. Only four countries reported meeting the sensitivity threshold for environmental surveillance, and the majority of countries reported a relatively low percentage of ES site complying with the sensitivity threshold. Rates of discarded non-measles non-rubella cases are above threshold in fourteen countries. Five countries reported an IHR capacity score related to laboratory higher than the regional average, whereas nine countries reported scores lower than the regional average.

	Priority countries			Watchlist countries		
SO2 Indicators	On Track	At Risk	Off Track	On Track	At Risk	Off Track
2.1.Percentage of districts with rate of non-polio AFP detected annually ≥ 2 per 100 000 population aged less than 15 years.	13	6	2	2	3	2
2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	11	2	8	4	0	3
2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	4	13	4	4	1	1
2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	14	0	6	6	0	1
2.5 Country average IHR capacity score related to laboratory compared to regional average	5	7	9	3	2	2
Total Q3 2025	**47**	**28**	**29**	**19**	**6**	**9**
Total Q3 2024	*46*	*23*	*36*	*17*	*10*	*7*

Watchlist countries:

Surveillance indicators show that only two countries in the watchlist are on track for the non-polio AFP detection rate, whereas two countries are off-track: Libya and Kenya. Four countries are on track for timely reporting. Four countries in the watchlist reached the sensitivity threshold of environment surveillance; six countries met the criteria for measles surveillance. Three countries reported an IHR capacity score related to laboratory higher than the regional average.

SO 3: National health emergency systems prepare for and respond to polio and other disease outbreaks

Priority countries:

Indicators on outbreak preparedness and response present a mixed performance. Four countries – Democratic Republic of Congo, Madagascar, Mali and South Sudan – remained below the benchmark of 120 days for the timely control of outbreaks between 2022 and Q2 2025. Seven countries met the timeline for implementing the first large scale campaign, whereas five countries had outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply: Central African Republic, Guinea, South Sudan, Sudan and Yemen. Three countries reported delayed detection and response to measles outbreaks: Ethiopia, South Sudan and Pakistan. Two countries reported an IHR capacity score related to health emergency management higher than the regional average: Sudan and Mozambique.

	Priority countries			Watchlist countries		
SO3 Indicators	On Track	At Risk	Off Track	On Track	At Risk	Off Track
3.1.Percentage of polio (WPV and cVDPV) outbreaks stopped within 120 days of outbreak confirmation	11	2	2	0	1	0
3.2.Percentage of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation (in brackets average number of days)	7	1	8	1	0	0
3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	7	7	5	1	1	0
3.4 Percentage of Measles outbreaks with timely detection and response - provisional data (in brackets average number of days)	0	0	3	0	0	1
3.5.Country average IHR capacity score related to Health Emergency management compared to regional average	2	10	9	2	3	2
Total Q3 2025	**27**	**20**	**27**	**4**	**5**	**3**
Total Q3 2024	*31*	*20*	*26*	*4*	*3*	*5*

Watchlist countries:

Among the watchlist countries, Indonesia is at risk regarding timely outbreak control but remains on track for all other indicators. Kenya was reported to be off track for timeliness of measles outbreak response and at risk for delay or cancellation of outbreak response SIAs due to ruptures of vaccine supply. India and Indonesia were reported as on track, with an IHR capacity score related to health emergency management higher than the regional average.

SO 4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk management standard

Priority countries:

Four countries reached the benchmark on the percentage of nOPV2 vials due for destruction – opened, used during SIAs, and unusable vials – that were destroyed during the period January to December 2024, while three countries remained at risk and eight countries were off track. Among the priority countries, three countries have facilities retaining poliovirus infectious materials for long-term use.

Region	Country	Facility
AFR	Cameroon	1
AFR	Kenya	1
EMRO	Pakistan	1
SEAR	India	2
WPR	Indonesia	3

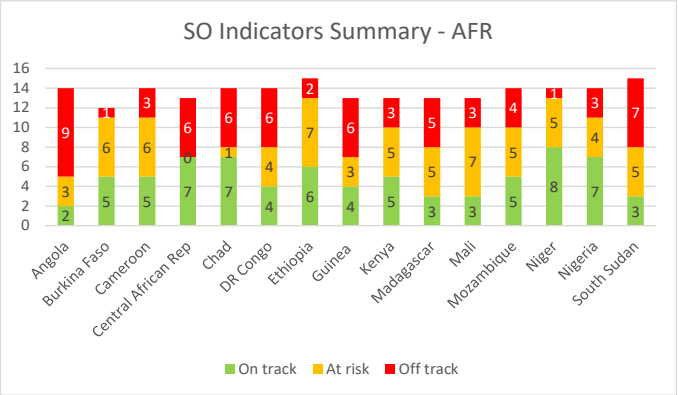
Watchlist countries:

Among the watchlist countries, Indonesia destroyed used nOPV2 vials and based on the OBRA recommendations, recalled all unused vials at the national level. Kenya reported destruction of all nOPV2 vials due for destruction.

In the watchlist group, India has two facilities, and Indonesia has three facilities retaining poliovirus in the long term.

Regional Summary on Strategic Objectives

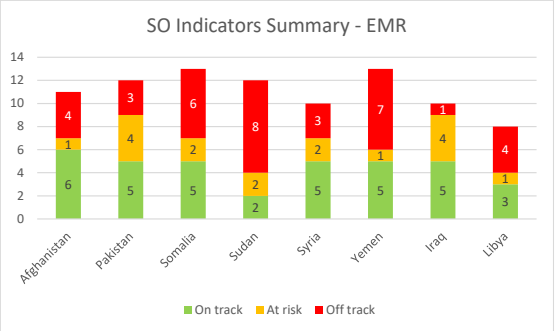
Summary update on the African Region:



Among the 14 priority countries, seven countries (Angola, Central African Republic, Chad, Democratic Republic of Congo, Guinea, Madagascar, Nigeria and South Sudan) are not on track for the immunization indicators. Surveillance indicators are relatively weak in seven countries (Angola, Chad, Democratic Republic of Congo, Mozambique and South Sudan). Only two countries (Burkina Faso and Nigeria) report no indicator off track for outbreak preparedness and response. Half of the propriety countries reported to have destroyed high percentages of unusable nOPV2 vials.

Kenya, in the watch list, is at risk for national IPV1 coverage and for the % of districts with DTP3 coverage above 80%, and with the rate of non-polio AFP detected annually ≥ 2. The country does not meet the benchmark for measles surveillance, whereas it reports IHR capacity scores for laboratory functions and health emergency management above the regional averages.

Summary update on the Eastern Mediterranean Region:

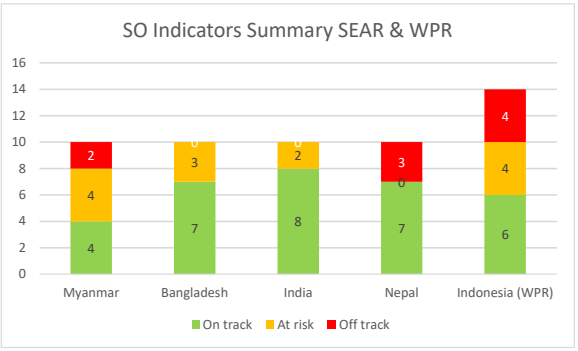


Out of the six priority countries in the region, three (Afghanistan, Sudan, and Yemen) are not on track for the immunization indicators. Afghanistan, Pakistan and Syria are on track for most surveillance indicators, except for the IHR capacity score for laboratory functions, which falls below the regional average.

All priority countries in the Region reported IHR capacity scores for health emergency management below the regional average, apart from Sudan. In Sudan, the conflict and humanitarian context continues to have a considerable impact on health outcomes, potentially impacting any applicable indicators aside from timely outbreak control and the IHR capacity score for health emergency management.

Iraq and Libya, in the watch list, report relatively high immunization coverage but face challenges in several surveillance indicators, particularly Libya. In addition, both countries report laboratory and health emergency management IHR capacity scores that fall below the regional average.

Summary update on the South-East Asia Region:



Myanmar, the only priority country in the South-East Asia Region, continues to fall short of the benchmark for the three immunization indicators. While surveillance data are only available for about half the country due to the security situation, the available data suggests progress on most surveillance indicators, except for the sensitivity threshold. However, its IHR capacity score for health emergency management remains below the regional average.

Among the watchlist countries, India and Bangladesh are on track for most indicators, except for Bangladesh IHR capacity scores for laboratory functions and health emergency management, both of which are below the regional average. Nepal is on track for most indicators except timeliness of environmental surveillance and both IHR capacity scores for laboratory functions and health emergency management. Indonesia faces challenges across multiple areas, including immunization, surveillance (timeliness and sensitivity), and outbreak control.

3. Update on Milestones:

M1: Polio essential functions are safeguarded by WHO with support from partners ("intermediate transition"):

The shares of workforce in the WHO country office funded by GPEI is reported relatively low (below 10%) in most of the priority and watchlist countries. It is reported high (above 25%) in Democratic Republic of Congo, Ethiopia, Niger and Nigeria.

Nine priority countries and all watchlist countries have developed integration plans and have integrated polio essential functions into recipient programmes. Six priority countries report not having developed a plan or have only partially integrated polio essential functions.

The level of non-GPEI funding secured to sustained polio essential functions was reported low in all priority countries of the African region, in Somalia and Myanmar. It was reported medium-high in the EMRO countries and in the watchlist countries (see Tables A3 and A4).

M3: National government is managing polio essential functions as a part of the national health system:

All priority countries continue to rely heavily on external partners for managing key programmatic areas: surveillance, immunization and outbreak response functions. Among the watch list countries Kenya and Nepal report high dependence on external partners for outbreak response and Nepal also for immunization. Some degree of dependency is reported also by Bangladesh, India and Indonesia.

Only three priority countries, Madagascar, Syria and Myanmar held polio transition management meetings during 2024. Eight priority countries and six watchlist countries have structured capacity building systematically conducted to sustain the quality of polio essential functions.

M2: Action Plan jointly developed:

Eleven countries reported having developed transition plans, of which four do not have full endorsement or ownership by government: Mali, Sudan Syria and Yemen.

In Democratic Republic of Congo, Mali, Nigeria and South Sudan the existing plans have not been formally updated since their development in 2021, with efforts instead focused on implementing relevant components from the original version.

All countries in the watchlist have updated polio transition plans (see Table A4).

M4: Polio essential functions are predictably and sustainably funded through national budgets:

Priority countries exhibit varied levels of reliance on GPEI and other funding sources for immunization and surveillance. Ethiopia, Syria and Myanmar report low dependence on GPEI. Ethiopia reported high reliance on domestic or non-GPEI sources. Cameroon and Nigeria indicated moderate GPEI dependence. Overall, all priority countries remain significantly dependent on external funding. Among the watchlist countries, Kenya and Nepal show the highest degrees of dependency. Iraq and Libya report low external dependence, operating entirely with locally sourced funds.

All countries in the watch list have a dedicated budget line for surveillance, whereas only five priority countries have such a budget line, indicating lower priority given to surveillance during the budget allocation process (see Table A3).

4. Regional oversight and integration:

	AFR	EMR	SEAR
R1) Is there a Regional Strategic Plan in place?	Yes*	Yes	Yes*
R2) Does the Region have a functional Polio Transition Steering Committee?	Yes	Yes	Yes
R3) Is polio transition on the agenda of regional meetings?	Yes	Yes	Yes
R4) Have polio essential functions been integrated at the regional level?	No	Yes	Yes
R5) Has non-GPEI funding been secured for integrated functions at the regional level?	No	Yes	Yes
* Draft			

The African Region has a three-phased plan based on the region's priorities: focused on interruption of all poliovirus transmission, building resilience by strengthening immunization and surveillance, and sustaining eradication. The regional strategic objective is to reach zero polio, remain polio-free and maintain at zero as a measure of successful transition. Planned subregional stakeholder engagements meetings and country support visits were kept on hold due to travel restrictions. However, the region continued to hold monthly virtual teleconferences with national transition focal points of theb15 priority countries. The last steering committee meeting was held in March 2024, chaired by the WHO AFRO Director of Programme Management, and with participation from immunization and emergency clusters. Polio transition was on the proposed Agenda for the RC 75. A special event on transition was held at the RC75 in Lusaka, Zambia, as well as a presentation at the 2025 RITAG in Brazzaville, Congo. The regional strategy for polio transition and sustainability in Africa will be presented for adoption by Member States at the next scheduled Regional Committee meeting (RC76). While strategic integration continues between the VPD/Immunization teams at regional level, operational integration is organically ongoing at the field and delivery fronts.

The Eastern Mediterranean Region has a Regional Strategic Plan (2024-2026) focusing on moving forward transition in the priority countries and programmatic integration at the Regional Office level to ensure integrated and streamlined support to countries. As part of the broader regional integration agenda outlined in the Regional Strategic Plan (2024–2026), the WHO Regional Office has established a newly integrated Department of Polio Eradication and Vaccine-Preventable Diseases. This strategic merger reflects the Region's commitment to streamlined, and enhanced coordinated technical and programmatic support to countries. Beginning in January 2026, polio transition management will be under the leadership of this department. The merging of these two departments is a key component of a wider integration effort aimed at aligning polio eradication and immunization programmes at both regional and country levels, paving the way for a smoother and more sustainable transition.

Leadership of the EPI and Polio has already been successfully merged across all priority countries in the Region, except in Pakistan. In Yemen, Libya, Iraq, Syria, and Sudan, integration has been achieved, with polio and EPI functions operating under a unified structure. These developments build on the foundation laid by the former Polio Transition Steering Committee and respond to the ongoing challenges of poliovirus transmission, conflict, and humanitarian emergencies in a budget constrained environment

The South-East Asia Region has a draft Regional Strategic Plan for Polio Transition, which was presented for input to the Regional Immunization Technical Advisory Group and it is planned to be presented to RC in 2026. The WHO Regional office reinstated its Polio Transition Steering Committee in 2025 and Polio transition is a standing agenda on relevant regional fora (e.g. RC and ITAG). Polio transition is also now monitored by the Regional Certification Commission for Polio Transition and is part of its revised TOR. The RCCPE received annual progress report on Polio transition from priority and watchlist countries and provides feedback accordingly through the respective NCCPEs. In 2024, three countries of the region were classified in the watchlist given their progress towards transition. In an independent evaluation, SEAR has been recognized as the most advanced region in polio transition, attributing the integrated setup of the networks as the key success factor. Despite significant contributions of domestic funding – for instance Nepal has gradually increased its government share of funding for VPD surveillance and institutionalized in the national budget – there is still dependency on external funding.

5. Data sources and limitations

The M&E report presents the set of strategic outcome and milestone indicators.

Strategic outcome indicators are integrated with existing monitoring frameworks and reporting systems, such as the Global Polio Eradication Initiative 2022–2029 strategy key performance indicators, the Immunization Agenda 2030 scorecard, and the e-SPAR (IHR State Party Self-Assessment Annual Report). The milestones indicators, on the other hand, are collected at the country level through a dedicated webtool and validated at regional level.

The data for this report was collected in the third quarter of 2025 cover the following periods:

- Immunization indicators (SO 1.1 - 1.3): year 2024, Jan – Dec 2024
- Surveillance indicators – Acute Flaccid Paralysis, environmental surveillance for Polio and Measles / Rubella surveillance (SO 2.1 - 2.4): 12 months rolling period, 30 June 2024 – 1 July 2025
- Surveillance indicators – IHR capacity (SO 2.5): year 2024, Jan – Dec 2024
- Health emergency – polio outbreak indicators (SO 3.1 - 3.3): years 2022-2025, Jan 2022 – July 2025
- Health emergency – measles outbreak and IHR indicators (SO 3.4 – 3.5): year 2024, Jan – Dec 2024
- Containment indicator (SO 4.1): year 2025, Jan – June 2025
- Biomedical facilities with Poliovirus Infectious Material Indicator (SO 4.2): year 2024
- Milestone Indicators (M1 – M4): year 2024, AFRO updated in November 2024 and March 2025; EMRO updated in April 2025; SEARO updated in October 2025
- Milestone indicator – external health expenditure (M4.2): 2021 or latest available year

SEARO country data is based on the annual updates presented at Regional Certification Commission for Polio Eradication (RCCPE) in addition to updates based on quarterly progress.

The M&E framework presents certain limitations. Strategic outcome indicators rely on existing monitoring systems, which may be constrained by data quality and availability issues. Due to delays in reporting, the most recent data available was used (as noted earlier), which may limit the comparability of results. Overall, data availability was 99%, with 831 out of 840 required data points reported across the 28 priority and watchlist countries. Additionally, data extracted from existing sources and reporting mechanisms were not subjected to additional quality assurance processes. Proxy indicators—such as DTP3 coverage, measles surveillance/outbreak response, and IHR core capacities—were utilized to provide insights into broader health system performance.

Links to data sources:

- GPEI POLIS: https://extranet.who.int/polis/Account/Login
- Immunization Dashboard: https://immunizationdata.who.int/
- IHR States Parties Self-Assessment Annual Reporting Tool: https://extranet.who.int/e-spar
- Webtool for collecting milestone indicators: polio-transition-monitoring (arcgis.com)

List of Abbreviations:

AFG	Afghanistan
AGO	Angola
BGD	Bangladesh
BFA	Burkina Faso
CMR	Cameroon
CAF	Central African Republic
TCD	Chad
COD	Democratic Republic of the Congo
ETH	Ethiopia
GIN	Guinea
IND	India
IDN	Indonesia
IRQ	Iraq
KEN	Kenya
LIY	Libya
MDG	Madagascar
MLI	Mali
MOZ	Mozambique
MMR	Myanmar
NPL	Nepal
NER	Niger (the)
NGA	Nigeria
PAK	Pakistan
SOM	Somalia
SSD	South Sudan
SUD	Sudan
SYR	Syrian Arab Republic
YEM	Yemen
SIAs	Supplementary immunization activities
IPV	Inactivated polio vaccine
DTP	Diphtheria tetanus pertussis vaccine
IHR	International Health Regulations

Table A1: Strategic Outcomes – Priority Countries

	AGO	BFA	CMR	CAF	TCD	COD	ETH	GNA	MDG	MLI	MOZ	NER	NGA	SSD	AFG	PAK	SOM	SDN	SYR	YEM	MMR
	AFRO														*EMRO*						*SEARO*
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.																					
1.1.National coverage of IPV1 provided through routine service	58	91	75	42	67	69	73	63	63	76	86	86	67	67	59	87	70	50	81	45	73
1.2.National coverage of DPT3 provided through routine services	64	91	77	42	68	65	73	63	60	82	70	86	67	73	59	87	70	39	73	42	71
1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%	37	79	54	83	90	92	79	84	61	79	86	94	71	62	74	68	50	NR	38	38	53
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.															70						
2.1.Percentage of districts with rate of non-polio AFP detected annually ≥ 2 per 100 000 population aged less than 15 years.	62%	94%	89%	100%	100%	87%	82%	100%	88%	100%	86%	100%	100%	95%	100%	100%	93%	68%	91%	97%	80%
2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	66%	86%	94%	92%	64%	71%	90%	98%	90%	92%	51%	83%	98%	77%	93%	92%	77%	8%	93%	22%	97%
2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	57%	70%	86%	46%	80%	0%	64%	89%	70%	50%	30%	50%	75%	71%	98%	99%	35%	78%	100%	50%	100%
2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	0.12	0.85	2.73	3.66	3.97	2.55	2.10	3.90	5.10	1.59	4.42	2.08	2.79	0.25	13.15	10.05	NR	0.14	4.29	3.09	0.37
2.5 Country average IHR capacity score related to laboratory compared to regional average	56 (57)	52 (57)	72 (57)	36 (57)	48 (57)	52 (57)	80 (57)	56 (57)	56 (57)	64 (57)	56 (57)	76 (57)	52 (57)	44 (57)	56 (71)	64 (71)	36 (71)	40 (71)	40 (71)	36 (71)	76 (71)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.																					
3.1.Percentage of polio (WPV and cVDPV) outbreaks stopped within 120 days of outbreak confirmation	80%	NA	100%	100%	100%	50%	67%	NA	0%	0%	100%	100%	67%	33%	NA	NA	100%	100%	NA	100%	NA
3.2.Percentage of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation (in brackets average number of days)	25% (59)	NA	0% (92)	67% (26)	0% (71)	53% (40)	60% (17)	0% (31)	0% (121)	0% (137)	0% (0)	100% (0)	60% (22)	100% (0)	NA	NA	100% (0)	33% (32)	NA	100% (0)	NA
3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	57%	50%	21%	80%	23%	24%	43%	70%	56%	60%	47%	36%	13%	100%	2%	0%	21%	100%	NA	100%	NA
3.4 Percentage of Measles outbreaks with timely detection and response - provisional data (in brackets average number of days)	NA	NA	NA	NA	NA	NA	0% (575)	NA	NA	NA	NA	NA	NA	0% (634)	NA	0% (509)	NA	NA	NA	NA	NA
3.5.Country average IHR capacity score related to Health Emergency management compared to regional average	47 (60)	53 (60)	60 (60)	47 (60)	47 (60)	47 (60)	73 (60)	67 (60)	53 (60)	60 (60)	73 (60)	47 (60)	67 (60)	60 (60)	27 (69)	53 (69)	40 (69)	87 (69)	53 (69)	47 (69)	67 (75)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk management standard																					
4.1 Percentage of nOPV2 vials that are received by the country and are opened, used during SIAs, and unusable vials that are subsequently destroyed	0%	100%	0%	100%	100%	56%	0%	100%	NA	NA	0	91%	34%	66%	NA	NA	0%	0%	NA	100%	NA
4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM) in the long term	0	0	1	NR	0	0	0	0	0	0	0	0	0	0	0	1	0	NR	0	NR	0

Grey boxes represent missing data (NR) or not applicable (NA)

Table A2: Strategic Outcomes – Watchlist Countries

		KEN	IRQ	LBY	BGD	IND	NPL	IDN
		AFR	*EMR*		*SEAR*			*WPRO*
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.								
	1.1.National coverage of IPV1 provided through routine service	88	95	90	99	93	96	81
	1.2.National coverage of DPT3 provided through routine services	91	90	86	99	94	97	78
	1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%	55	79	NR	100	92	82	32
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.								
	2.1.Percentage of districts with rate of non-polio AFP detected annually ≥ 2 per 100 000 population aged less than 15 years. (*)	61%	83%	17%	81%	89%	97%	92%
	2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	90%	92%	69%	100%	93%	79%	79%
	2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	65%	100%	NR	100%	99%	92%	43%
	2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	2.27	1.34	5.74	2.45	5.69	8.93	4.94
	2.5 Country average IHR capacity score related to laboratory compared to regional average (**)	64 (57)	68 (71)	56 (71)	68 (71)	80 (71)	48 (71)	80 (71)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.								
	3.1.Percentage of polio (WPV and cVDPV) outbreaks stopped within 120 days of outbreak confirmation	NA	NA	NA	NA	NA	NA	50%
	3.2.Percentage of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation (in brackets average number of days)	NA	NA	NA	NA	NA	NA	100% (0)
	3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	31%	NA	NA	NA	NA	NA	0%
	3.4 Percentage of Measles outbreaks with timely detection and response - provisional data (in brackets average number of days) (***)	0% (794)	NA	NA	NA	NA	NA	NA
	3.5.Country average IHR capacity score related to Health Emergency management compared to regional average (**)	67 (60)	60 (69)	20 (69)	67 (75)	93 (75)	53 (75)	87 (75)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk								
	4.1 Percentage of nOPV2 vials that are received by the country and are opened, used during SIAs, and unusable vials that are subsequently destroyed	NA	NA	NA	NA	NA	NA	0%
	4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM) in the long term	1	0	0	0	2	0	3

Grey boxes represent missing data (NR) or not applicable (NA)

Legend: Strategic Outcome Indicators

LEGEND - Strategic Outcome Indicators			
	Off Track	At Risk	On Track
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.			
1.1.National coverage of IPV1 provided through routine service	<70	70 - 90	? 90
1.2.National coverage of DPT3 provided through routine services	<70	70 - 90	? 90
1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%	<70	70 - 80	? 80
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.			
2.1.Percentage of districts with rate of non-polio AFP detected annually ? 2 per 100 000 population aged less than 15 years.	<70%	70 - 90%	? 90%
2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	<80%	80 - 90%	? 90%
2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	< 50%	50 - 90%	? 90%
2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population	< 2		? 2
2.5 Country average IHR capacity score related to laboratory compared to regional average	? reg. avg. - 5	=reg. avg +/- 5	? reg. avg +5
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.			
3.1.Percentage of polio (WPV and cVDPV) outbreaks stopped within 120 days of outbreak confirmation	< 30%	30 - 60%	> 60 %
3.2.Percentage of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation (in brackets average number of days)	< 30%	30 - 60%	> 60 %
3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	> 60%	30 - 60%	< 30%
3.4 Percentage of Measles outbreaks with timely detection and response - provisional data	< 30%	30 - 60%	> 60 %
3.5.Country average IHR capacity score related to Health Emergency management compared to regional average	< -10 reg. avg	+/- 10 reg. avg	> + 10 reg. avg
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk management standard			
4.1 Percentage of nOPV2 vials that are received by the country and are opened, used during SIAs, and unusable vials that are subsequently destroyed	<50	50 - 90	? 90
4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM)	> number of PEF	> 0 and = number of PEF	= 0
		reg. avg. = regional average	

Table A3: Milestones – Priority Countries

	BFA	CMR	COD	ETH	MDG	MLI	MOZ	NER	NGA	SSD	SOM	SUD	SYR	YEM	MMR
	AFR										*EMR*				*SEAR*
M1. Polio essential functions are safeguarded by WHO with support from partners ("intermediate transition")															
1.1 Share of workforce in WHO Country Office funded by GPEI over the last 12 months.	L	M	H	H	L	L	L	H	H	M	H	L	L	L	L
1.2 Integration plans have been developed by polio and recipient programmes.	No	Yes	Yes	No	No	P	Yes	Yes	Yes	Yes	Yes	Yes	Yes	P	No
1.3 Recipient programmes have integrated polio essential functions.	P	Yes	Yes	No	No	P	Yes	Yes	Yes	Yes	Yes	Yes	Yes	P	P
1.4 Level of non-GPEI funding secured for integrated polio essential functions in the current WHO programme budget period.	L	L	L	L	L	L	L	L	L	L	L	H	H	H	L
M2. Action Plan jointly developed															
2.1 Country Action Plan completed.	No	Yes	Yes	No	No	Yes*	No	Yes	Yes	Yes	Yes	Yes*	Yes*	Yes*	Yes
2.2 Country Action Plan quality score.	L	H	H	L	L	H	L	H	H	H	H	H	H	H	L
2.3 Country Action Plan is up to date.	No	Yes	No	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes	Yes	Yes
M3. National government is managing polio essential functions as a part of the national health system															
3.1 Extent of dependence on external partners for managing the surveillance function within the national health system.	H	H	M	H	H	H	H	M	H	H	H	H	H	H	H
3.2 Extent of dependence on external partners for managing the immunization function within the national health system.	H	M	M	H	H	H	M	M	M	H	H	H	M	M	H
3.3 Extent of dependence on external partners for managing the outbreak response function within the national health system.	H	H	H	H	H	H	H	M	H	H	H	H	M	M	H
3.4 A polio transition management meeting has been conducted by the government in the last 12 months.	No	No	No	No	Yes	No	No	No	No	No	No	No	Yes	No	Yes
3.5 Structured capacity building is systematically conducted to sustain the quality of polio essential functions.	Yes	Yes	Yes	No	No	No	No	Yes	Yes	No	Yes	No	Yes	Yes	No
M4. Polio essential functions are predictably and sustainably funded through national budgets															
4.1 Level of health system dependence on GPEI funding.	H	M	H	L	H	H	H	H	M	H	H	H	L	H	L
4.2 Level of health system dependence on external funding sources.	H	H	H	H	H	H	H	H	H	H	H	H	H	H	L
4.3 Level of funding generated from national or sub-national budget (domestic or other non-GPEI sources) for polio essential functions.	L	L	L	H	L	M	L	L	L	L	L	L	M	L	L
4.4 A line item has been included in the national and/or sub-national budget on surveillance.	Yes	Yes	No	Yes	No	Yes	No	No	Yes	No	No	No	No	No	No

- Pakistan and Afghanistan are endemic, they do not report on Milestones.
- Angola, Central African Republic, Chad, Guinea did not report.
- NR: Not Reported

Table A4: Milestones – Watchlist Countries

		KEN	IRQ	LIY	BGD	IND	NPL	IDN
		AFR	*EMR*		*SEAR*			*WPR*
M1. Polio essential functions are safeguarded by WHO with support from partners ("intermediate transition")								
	1.1 Share of workforce in WHO Country Office funded by GPEI over the last 12 months.	M	L	L	M	L	L	L
	1.2 Integration plans have been developed by polio and recipient programmes.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	1.3 Recipient programmes have integrated polio essential functions.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	1.4 Level of non-GPEI funding secured for integrated polio essential functions in the current WHO Programme Budget period.	NR	H	M	M	H	H	H
M2. Action Plan jointly developed								
	2.1 Country Action Plan completed.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
	2.2 Country Action Plan quality score.	H	H	H	L	H	H	H
	2.3 Country Action Plan is up to date.	Yes	Yes	Yes	Yes	Yes	Yes	Yes
M3. National government is managing polio essential functions as a part of the national health system								
	3.1 Extent of dependence on external partners for managing the surveillance function within the national health system.	M	L	L	M	M	H	M
	3.2 Extent of dependence on external partners for managing the immunization function within the national health system.	M	L	L	M	L	L	M
	3.3 Extent of dependence on external partners for managing the outbreak response function within the national health system.	H	L	L	M	M	H	M
	3.4 A polio transition management meeting has been conducted by the government in the last 12 months.	No	Yes	Yes	No	No	Yes	No
	3.5 Structured capacity building is systematically conducted to sustain the quality of polio essential functions.	No	Yes	Yes	Yes	Yes	Yes	Yes
M4. Polio essential functions are predictably and sustainably funded through national budgets								
	4.1 Level of health system dependence on GPEI funding.	H	L	L	L	L	L	L
	4.2 Level of health system dependence on external funding sources.	H	L	L	L	L	H	L
	4.3 Level of funding generated from national or sub-national budget (domestic or other non-GPEI sources) for polio essential functions.	P	H	H	L	NR	L	H
	4.4 A line item has been included in the national and/or sub-national budget on surveillance.	Yes	Yes	Yes	Yes	Yes	Yes	Yes

NR: No Reported

Legend of Milestones

LEGEND - Milestones Indicators	Not Achieved	Partially Achieved	Achieved
M1. Polio essential functions are safeguarded by WHO with support from partners ("intermediate transition")?			
1.1 Share of workforce in WHO Country Office funded by GPEI over the last 12 months. Measured by percentage of WHO workforce related financial resources funded by GPEI over the last 12 months?	High > 25%	Medium 10-25%	Low <10%
1.2 Integration plans have been developed by polio and recipient programmes.	No	Partially	Yes
1.3 Recipient programmes have integrated polio essential functions.	No	Partially	Yes
1.4 Level of non-GPEI funding secured for integrated polio essential functions in the current WHO Programme Budget period.	Low 0-50%	Medium 50-80%	High ?80%
M2. Action Plan jointly developed?			
2.1 Country Action Plan completed.	No	Yes*	Yes
2.2 Country Action Plan quality score.	Low (0-3)	Medium (4-6)	High (7-9)
2.3 Country Action Plan is up to date.	No	-	Yes
M3. National government is managing polio essential functions as a part of the national health system ?			
3.1 Extent of dependence on external partners for managing the surveillance function within the national health system.	High	Medium	Low
3.2 Extent of dependence on external partners for managing the immunization function within the national health system.	High	Medium	Low
3.3 Extent of dependence on external partners for managing the outbreak response function within the national health system.	High	Medium	Low
3.4 A polio transition management meeting has been conducted by the government in the last 12 months.	No	-	Yes
3.5 Structured capacity building is systematically conducted to sustain the quality of polio essential functions.	No	-	Yes
M4. Polio essential functions are predictably and sustainably funded through national budgets ?			
4.1 Level of health system dependence on GPEI funding. Measured by GPEI funding as percentage of the domestic general government health expenditure?	High >10%	Medium 2-10%	Low <2%
4.2 Level of health system dependence on external funding sources. Measured by health expenditure from external sources as percentage of current health expenditure?	High >10%	Medium 5-10%	Low <5%
4.3 Level of funding generated from national or sub-national budget (domestic or other non-GPEI sources) for polio essential functions.	Low 0-40%	Medium 40-80%	High ?80%
4.4 A line item has been included in the national and/or sub-national budget on surveillance.	No	-	Yes