

Management Response

Evaluation Title	Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023)	
Commissioning Unit	WHO Evaluation Office	
Link to the evaluation	Main report : Volume 1 Annexes : Volume 2	
Evaluation Plan	Organization-wide Evaluation Workplan for 2020-2021	
Unit Responsible for providing the management response	HQ/DDG/PTP	
<p>Overall Management Response: WHO welcomes and accepts the recommendations of the evaluation.</p> <p>In particular, WHO welcomes the recognition of WHO’s corporate leadership to move forward the transition agenda amidst a changing global health landscape, and the progress made so far towards the objectives of the Strategic Action Plan on Polio Transition, 2018-2023.</p> <p>Since the presentation of the Strategic Action Plan to the World Health Assembly in May 2018, many important changes have taken place which had an impact on polio transition, including challenges in eradicating polio and backsliding of essential health services due to the COVID-19 pandemic. WHO responded to these changes by making strategic shifts to improve governance, accountability and transparency, putting country impact at the forefront.</p> <p>The mid-term evaluation effectively documented many lessons, issues and gaps that are useful in improving the design, implementation and monitoring of the Strategic Action Plan. Key issue areas and opportunities for strengthening include: a) enhancing the Action Plan to more flexibly adapt to changing contexts and “real-time” learning (relevance, appropriateness, coherence and alignment); b) revising the M&E framework to assess progress; c) further supporting countries in their finalization, resourcing and implementation of national polio transition plans, in their contexts; d) strengthening the capacities of Regional Offices and Country Offices to further drive implementation of transition; e) planning for sustainable transition/integration of polio assets to strengthen national essential public health systems, and WHO’s policy and programmatic support (e.g. immunization, health emergency preparedness/response, health systems and primary health care) per national and regional contexts; f) expanding coordination and engagement with global partners, in particular GPEI; g) creating value propositions and securing necessary financial resources for sustainable transition/integration; and h) establishing learning systems to continuously adapt.</p> <p>Within this broader context, the mid-term evaluation comes at a pivotal moment. 2022-2023 is a critical biennium, where the twin goals of eradicating polio and laying the foundation for future sustainability through a smooth and successful plan to strengthen functional and technical integration for essential functions and programmatic areas (immunizations, health emergency preparedness/response, health systems and primary health care) become increasingly interlinked. As the mid-term evaluation shows, polio eradication and transition are not mutually exclusive goals. WHO will need to support countries to move towards both, in close coordination with partners.</p> <p>WHO has had multiple rounds of consultations both internally and with its partners to follow up on the mid-term evaluation recommendations. Many of the management response actions are already underway. Together with the lessons-learned from the first phase of the Strategic Action Plan, the evaluation and its recommended actions will guide the further evolution, revision and implementation of the Strategic Action Plan and beyond.</p>		
Management Response (MR) Status	In Progress	
MR Completion Date	30 September 2022	

Recommendations and Action Plan

WHO regional and country office responsibility and accountability

Recommendation 1: 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. Sub-recommendations - ensure that the vision: <ul style="list-style-type: none"> (a) 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; (b) includes a theory of change aligning with the larger landscape in which transition efforts are undertaken and the specific contribution that these efforts make to strengthening immunization systems and emergency preparedness; and that it ensures linkages with regional offices' theories of change (see recommendation 2); (c) incorporates gender equality aspects and access for vulnerable populations, which should also be included in the theory of change; (d) ensures longer-term strategic planning around agreed timelines and modes of operation forming the basis for financial and human resource planning 				
Management response	Accepted <i>WHO has already made important strategic shifts over the last few years to align the vision presented to the World Health Assembly in 2018 to the evolving global health landscape. The revised polio integration and transition vision, will build on the three key objectives of the Strategic Action Plan for Polio Transition, adapting them, as needed, to the changing context. It will be flexible and forward-looking, incorporating key lessons from the COVID-19 pandemic, and will seek to reinforce essential public health functions, such as immunization, health emergency preparedness and response, disease detection, health systems/UHC and primary health care.</i>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Organize a series of stakeholder consultations on how polio integration and transition support broader investments in immunization, health emergency preparedness/response, health systems and PHC.	DDGO/PTP With IVB, WHE, PHC, ROs and relevant external stakeholders	Q4 2022	In progress	<i>Work is already underway to better clarify the role of polio transition in relation to other health investments and priorities, through the operationalization of "Immunization Agenda 2030", the development of the Health Emergencies, Pandemic Preparedness and Response Framework and thematic meetings on key functions (e.g. surveillance). These are intended to collectively help define the building blocks of a common global vision for polio integration and transition, and guide the development of the region and country specific plans.</i>
Develop a global polio integration and transition vision / strategic plan, including a theory of change, positioning polio transition in relation to WHO's other investments, inclusive of attention to gender equality and access for vulnerable populations.	DDGO/PTP With IVB, WHE, PHC, ROs, and relevant external stakeholders	Q4 2023	Not initiated	<i>The global integration and transition vision / strategic plan will be developed through an inclusive consultation process, around a clear theory of change, and will position polio transition within the framework of WHO's broader work and investments. It will have a specific gender and equity focus, and will be flexible enough to adapt to changing context in global public health. This will be done in close collaboration with GPEI to identify the core capacities to sustain and the method of integration to ensure ongoing needs to eradicate polio are embedded in recipient programmes. It will also set the parameters for longer-term timelines, modes of operation, and the basis for financial and human resource planning (linked to recommendations 2, 3, 4, 5 and 7).</i>

<p>Recommendation 2: By the end of 2023, develop regional polio integration and transition action plans (in the African, Eastern Mediterranean and South-East Asia Regions) as the key vehicles for regional- and country-tailored approaches for sustaining polio assets, identifying appropriate levels and positioning of human and financial resources, and ensuring they are “living documents” with periodic updates that take into consideration capacities, epidemiological context and resources.</p> <p>Sub-recommendations - ensure that the plans:</p> <ul style="list-style-type: none"> (a) are formulated, led and owned by the WHO regional offices and guided by a polio integration and transition vision formulated, led and owned by WHO headquarters (recommendation 1); (b) include clear objectives, strategies, investments, timelines and outcomes for the region and countries working in collaboration with the Global Polio Eradication Initiative, WHO headquarters, country offices, governments, civil society organizations, United Nations agencies and other development partners to strengthen buy-in, fundraising and stakeholder engagement in transition efforts; (c) include theories of change and results frameworks, including clear milestones and realistic indicators that are tailored to the context; (d) allow for flexibility and differentiated country approaches and differentiated timelines for transition based on context, taking into account the fragility of health systems, political insecurity, circulating vaccine-derived poliovirus outbreaks and domestic funding potential in individual countries; (e) fully incorporate gender equality and access for vulnerable populations (also reflected in country transition plans, when they are due for revision); (f) are preceded, in the interim, by polio transition workplans in all three regions, with milestones and indicators linked to the Strategic Action Plan on Polio Transition (2018–2023). 				
Management response	<p>Accepted</p> <p><i>Although the Strategic Action Plan set out a global framework, WHO’s Regional Offices have so far taken the lead in contextualizing polio transition within their specific regional context. The regional action plans will follow a similar approach. The plans will look different in each region, depending on where they stand on the integration/ transition trajectory, accounting for regional/country contexts and approaches to health systems/UHC/PHC, immunization and health emergency programme design/integration. They will be aligned with the global vision for polio transition and integration, as well as the Region’s broader priorities.</i></p>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Develop regional workplans to promote and implement immediate actions to enhance sustainability of polio and essential functions, through the use and transition of polio assets.	RDs/DPMs, Regional Steering Committee (AFRO, EMRO, SEARO)	Q4 2022	In progress	<i>The workplans are based on the existing regional deliverables detailed in the Joint Corporate Workplan as a basis, adapting and expanding them as necessary. Activities included in the workplans will be aligned with each region’s specific context and where they stand on the overall transition trajectory.</i>
Develop post-2023 regional polio integration and transition action plans, inclusive of a Theory of Change, results framework, gender equality and access for vulnerable populations.	Regional Steering Committee (AFRO, EMRO, SEARO)	Q4 2023	Not initiated	<i>The regional action plans for the post-2023 period will be developed through a consultative process, building on the learnings from the development and early implementation of regional workplans. They will include a theory of change and results framework, including milestones and indicators tailored to the regional context, fully incorporating gender and equity dimensions. It is critical for the action plans to be fully aligned with the global vision, which will be developed in the same timeframe, therefore there will be strong coordination between the processes. In addition, the timing of the shift of functions from polio to other programmes will depend on the progress towards eradication, and meeting of the key milestones, such as the interruption of transmission, by the end of 2023. The recommendation already aligns with EMRO’s vision for a coordinated plan of action. In AFRO, planning will consider the overall needs of the region, ensuring</i>

				<i>flexibility and realistic timelines, and will take into account the different pace and specific needs of the 47 countries. SEARO plans to build on the significant progress already made at the country level, and will focus on new areas of work, such as greater integration between WHE and the integrated polio / immunization network.</i>
Provide periodic updates on the regional action plans	Regional Steering Committee (AFRO, EMRO, SEARO)	Q4 2024	Not initiated	<i>Annual updates will consider evolving polio epidemiology, fragility of health systems and political context, and human / financial resources capacities to make the necessary adaptations to milestones and timelines to ensure plans remain as “living documents”.</i>

Recommendation 3: Empower WHO regional and country offices to lead polio transition by ensuring sufficient resources, capacity and guidance on polio transition. Sub-recommendations: <ul style="list-style-type: none"> (a) allocate adequate resources to WHO regional and country levels to effectively lead and implement polio transition efforts; (b) strengthen regional and country offices’ capacity and authority for resource mobilization and high-level advocacy; (c) provide tailored guidance and support as requested by the regional or country office, as identified through oversight mechanisms; (d) develop capacity-building plans for regional and country offices to manage and oversee polio transition implementation at the country level; (e) develop plans for supporting countries and their national health systems and authorities in building their capacity to plan for and deliver on polio transition; (f) finalize, disseminate and implement, as a matter of urgency, the draft communications framework for polio transition at all three levels (see also recommendation 4). 				
Management response	Accepted <i>This issue has already been recognized as a priority area of focus, and action is being taken in a multipronged manner. For the first time, WHO has earmarked its flexible resources to sustain critical polio capacities and functions at the country level in countries that are no longer supported by GPEI. Support to regions and countries has been tailored to the local context, adapting to evolving needs. Similarly, a strategic communications plan has been finalized and rolled out. Implementation is being tailored to country needs and context. The recommendation action on increasing Regional Office and Country Office capacity for resource mobilization and high-level advocacy is included under Recommendation 7.</i>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Allocate adequate resources to ROs and WCOS to effectively lead and implement polio transition efforts within the framework of the WHO programme budget (PB 2022/23 and beyond).	GPG / RDs, HQ/RO, PTP Steering Committee	Q4 2022	In progress	<i>A total of US\$33 Million of core voluntary contributions was allocated to sustain and adapt critical polio functions in ROs and WCOS for 2022. GPG and RDs are monitoring the funding situation for effective leadership and implementation.</i> <i>The Resource Allocation Committee plays a key role in ensuring greater allocation of thematic funding to sustain critical functions at the country and regional level. The DDG and DGO, along with BOS/PRP and Regional Offices, periodically review PB allocations and implementation in order to</i>

				<i>make any adjustments to PB22-23, and to identify additional resource mobilization needs.</i>
Integrate future polio transition investment needs into PB24-25 development and planning.	PRP with DDG, Regional Offices	Q4 2023	In progress	<i>Resource needs reflecting regional and global transition plans looking ahead to 2024-2025 to be identified and included in PB24-25 priority setting, budget development and planning.</i>
Provide tailored guidance and support through existing coordination mechanisms, and create region / country specific opportunities and touch points, where appropriate.	HQ / RO Steering Committee	Q3 2022	Implemented	<i>This recommendation is already being addressed through the Steering Committees at the RO and HQ level. Efforts will be taken, particularly at the regional level, to ensure that support becomes stronger and more systematic.</i>
Develop country specific capacity-building plans, taking into account each country's context and following global planning approaches for sustainable transition.	Regional Offices (SEARO, EMRO, AFRO)	Q4 2023	Not initiated	<i>The plans and their implementation will be based on analysis of country and regional contexts/needs, taking into account global approaches for using and integrating polio assets to reinforce sustainable national health systems and essential public health functions. This recommendation will also be informed by the development and implementation of the regional action plans (Recommendation 2).</i>
Finalise and disseminate the Strategic Communications Framework for Polio Transition.	DDGO / PTP (with POL and DCO)	May 2022	Implemented	<i>The Strategic Communications Framework has been finalised and disseminated to the regions. Each region is now contextualizing the framework and messaging to their own needs.</i>
Implement the Strategic Communications Framework for Polio Transition.	DDGO / PTP (with ROs)	September 2022	Implemented	<i>Regular monthly communications calls have been set up with EMRO, AFRO and SEARO counterparts to implement the strategy. Activities completed so far include the publication of web stories and tweets at the HQ and regional levels to promote transition messaging and activities. Involvement of HQ, Regional and Country Office transition focal points, key partners and Regional communications and RM teams will be critical for this work going forward.</i>

Governance, management, coordination and oversight

Recommendation 4: Enhance coordination among all polio (transition) partners to ensure adequate and coordinated stewardship and more inclusive and informed decision-making processes. Sub-recommendations: <ul style="list-style-type: none"> (a) engage with the Global Polio Eradication Initiative and UNICEF to formalize collaboration arrangements on polio integration and transition, while defining clear roles and responsibilities at the global, regional and country levels; (b) convene a forum for transition that includes the Global Polio Eradication Initiative, WHO, UNICEF, Gavi, the Vaccine Alliance and donors, to discuss plans, gauge end-points for eradication and promote transparent and predictable financing for sustaining polio assets; make adjustments and modifications and assess and share learning on emerging issues, milestones, and related to the vision and respective regional action plans – both globally and at regional levels; (c) discuss, as a matter of urgency, the draft communications framework for polio transition with all relevant polio partners and donors (see also recommendation 3); (d) engage more actively with non-State actors (civil society, nongovernmental organizations and the private sector), in accordance with the Framework of Engagement with Non-State Actors, on transition planning and identifying solutions tailored to the context. 				
Management response	Accepted <i>The need for stronger coordination amongst polio transition partners has been recognized by both WHO and GPEI. As a result, transition now features regularly on the Polio Oversight Board, and there is regular and open dialogue with polio partners to keep polio eradication and transition activities in sync. This will be further strengthened through other complementary initiatives, such as the forum for transition and the implementation of the communications framework.</i>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Establish a regular coordination mechanism between WHO and GPEI on transition, including with the POB.	DDG (With POB Chair)	Q2 2022	Implemented	<i>Polio transition features regularly on the Polio Oversight Board. Periodic presentations will be made to the GPEI Strategy Committee. Processes and means to invite GPEI partners' participation in the WHO Steering Committee, will be identified and implemented.</i>
Convene a stakeholder forum on transition, which will involve all key partners and CSOs.	DDGO / PTP, With WHO technical programmes, GPEI, key donors, non-state actors	Q2 2023	In progress	<i>The forum will be conceived as a part of the overall process of developing the global vision and regional action plans, and will serve as the platform to discuss and agree on how to position polio transition within the broader public health context, and the role of partners in predictable financing to sustain polio assets.</i>
Share the communications framework with GPEI and other partners.	DDGO / PTP With POL / GPEI comms group	June 2022	Implemented	<i>The key messages have been discussed and are already being used by the GPEI Global Communications Group and key partners, including the CSO groups coordinated through UNF.</i>
Engage partners in the implementation of the communications framework.	DDGO / PTP With POL / GPEI comms group	September 2022	Implemented	<i>The Strategic Communications Framework is an internal WHO framework to support country implementation, which remains of highest priority. Partners have a vital role to play in supporting implementation and dissemination of key messaging.</i>

Strengthen engagement of non-state actors in transition, especially in critical areas such as political advocacy and resource mobilization.	DDGO / PTP (With IVB / Regional Offices), and support from CRE/DAN	Q4 2023	In progress	<i>There is already a CSO WG at the global level coordinated through UNF, whose role for advocacy and RM could be further strengthened at the country level. Furthermore, this recommendation will also be addressed as a part of the regional action plans and by coordinating various donor investments (e.g. Gavi targeted country assistance, TCA) to improve countries' approaches to sustainability and development of new partnerships, especially through the engagement of local institutions and partners across multiple sectors.</i>
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Recommendation 5: Accelerate integration and management of polio assets with other key WHO programmes, strengthening synergies, collaboration, coordination and coherence around integration.

Sub-recommendations:

- (a) initiate a Deputy Director-General-led inclusive process to assess obstacles and successes for integration of the polio programme and strengthen related planning and implementation (mirrored at regional offices under the Regional Directors' leadership);
- (b) strengthen headquarters and regional offices' proactive coordination for planning, monitoring and managing integration, including alignment of human resources, budget, resource mobilization and operational planning management;
- (c) clarify how integration supports maintaining a polio-free world and benefits other health programmes, including health emergency preparedness and response, immunization, universal health coverage and primary health care, as a prerequisite to regional and country transition planning, and develop and implement strategies for achieving said integration (see sub-recommendation 7a for the investment case);
- (d) explore the use of polio staff as surge capacity for health emergencies;
- (e) develop a clear long-term plan for staff integration, starting with transitioning polio back-office functions followed by migrating technical functions as needed, both at headquarters and in regional offices;
- (f) continue joint planning (between the polio Programme, the Immunization, Vaccines and Biologicals Department, the WHO Health Emergencies Programme, etc.), including by developing specific annual workplans on polio transition (headquarters, regions) with oversight by the Deputy Director-General.

Management response	<p>Accepted</p> <p><i>Much work has already been done to integrate polio functions and assets into WHO's key programme areas. Future actions will build on this momentum, with a focus of country-specific actions and further harmonization of global activities. It is important to note that accelerating integration will depend on active planning and seizing opportunities, while maintaining the momentum to achieve polio eradication goals. The scope and timeline of these actions will be aligned with the GPEI Strategy aims and progress towards its twin goals of interrupting wild poliovirus transmission and stopping cVDPV outbreaks.</i></p>			
Status	In Progress			
Key actions	Responsible	Due date	Status	Comments
Strengthen programmatic integration to bolster essential public health functions at the global, regional and country level.	POL / IVB/ WHE (overseen by HQ/RO Steering Committees)	Q4 2024	In progress	<i>This recommendation will be addressed through the implementation of the GPEI Strategy 2023-26, which has specific KPIs to measure progress on integration, and the implementation of the regional action plans. In addition, WHO will create a dedicated working group internally, across the three levels, to plan for integration of polio assets, ensuring mutual benefit for polio eradication and supporting essential public health functions. Results of Regional and Country Office functional reviews will be incorporated into planning.</i>

Develop a roadmap for integration of polio assets (staff and activities) with other WHO programmes.	HQ/RO PTP Steering Committee, POL, WHE, IVB, HRT	Q3 2023	Not initiated	<i>In line with the GPEI Strategy 2022 – 2026, the focus of the polio programme is currently on achieving the aims of interrupting transmission of wild poliovirus and cVDPVs by the end of 2023. Looking ahead, planning for staff and functional integration will be vital, including a revisiting of the initial mapping on the integration of polio essential functions done in 2016. Thus the roadmap will include conditions linked to the status of the programme.</i>
Develop a plan to institutionalize use of polio staff and assets for WHO surge capacity in health emergencies.	POL / WHE	Q1 2023	In progress	<i>The use of polio staff as surge capacity for health emergencies is well established. In the last few years, polio personnel have made particularly strong and well-documented contributions to Ebola and COVID-19 response. Looking ahead, this collaboration will be further enhanced, including through systematic sharing and potential merging of rosters between POL and WHE. Drawing from past lessons, the aim is to develop a plan to sustainably institutionalize approaches to use polio assets for surge capacity.</i>
Develop further strategies on how integration supports maintaining a polio-free world and safeguards essential functions.	DDGO/ PTP, with HQ/RO PTP Steering Committee, CRM, GPEI	Q4 2023	In progress	<i>There is already a process jointly led by WHO and GPEI to revise the Post-Certification Strategy, which will outline the parameters of maintaining a polio-free world through integration. This recommendation will further be addressed through the actions that will be taken to respond to recommendation 4 (communication) and 7 (resource mobilization).</i>

Recommendation 6: Enhance governance and independent monitoring of polio transition. Sub-recommendations: <ul style="list-style-type: none"> (a) ensure regular regional-led steering committee and regional-led technical working group meetings (or separate polio transition committee/working group meetings), with the participation of headquarters and country representatives as appropriate; (b) ensure the steering committees set up for polio transition meet frequently, adhere to an agreed standard agenda and, as appropriate, periodically invite external partners to participate (for example, Global Polio Eradication Initiative members, UNICEF); (c) implementation of the regional action plans should ensure: periodic gauging and revisiting of end-points for eradication, and adjustments to transition timelines and for contextual changes; (d) clarify the role and functioning of the Polio Transition Independent Monitoring Board, including any required revision of the terms of reference, mandate and end-date, method of work, governance relationships with the Polio Independent Monitoring Board, Global Polio Eradication Initiative and WHO governing bodies, and reporting (including actionable recommendations and WHO management responses). 	
Management response	Accepted <i>The importance of having a robust, inclusive and transparent governance mechanism for polio transition has already been recognized. Steering Committees for Polio Transition provide regular oversight, however due to the country-specific nature of the work, each region contextualizes transition to its own context. Regular Member State oversight through the Executive Board, World Health Assembly and Regional Committees will continue, as well as the important role of the TIMB for independent monitoring.</i>
Status	<i>In Progress</i>

Key actions	Responsible	Due date	Status	Comments
Strengthen regional oversight of polio transition.	AFRO, EMRO, SEARO	Q1 2023	In progress	<i>Regional Steering Committee meetings are being invigorated. The scope, participation and the agendas of the meetings reflect the needs and priorities of that particular region. Partners will be periodically invited to attend these meetings. Each Regional Office also organizes monthly technical meetings with priority countries, with the participation of HQ. Quarterly Regional Steering Committee will be held, with monthly technical meetings with Country Offices.</i>
Develop approach for Regional Offices' periodic review of end-points for eradication by country, and adjustments to transition/integration timelines, accounting for contextual changes.	AFRO, EMRO, SEARO	Q3 2023	Not initiated	<i>Development of this approach will be done with actions in Recommendation 9, incorporating M&E, and learning systems, to make mid-course corrections.</i>
Clarify the role of TIMB beyond 2023.	TIMB	Q4 2023	In progress	<i>The future role and mandate of the TIMB is closely linked to the progress made towards eradication, and the timelines foreseen by the GPEI Strategy (2022-26). Further to discussions with the TIMB Chair, the TIMB will continue to operate under its current ToR until the end of 2023, with focus on interlinkages between eradication and transition, and activities undertaken at the country level. The Board will have one meeting per year, with follow-up with countries in the interim period.</i>

Sustainable and predictable financing

Recommendation 7: Develop and operationalize a comprehensive resource mobilization strategy to stimulate predictable and flexible funding for sustaining polio assets in line with required resources, and build WHO's capacity to advocate for sustainable resource mobilization.

Sub-recommendations:

- (a) create linked headquarters and regional office investment cases for sustaining polio assets for countries, the Global Polio Eradication Initiative and donors, articulating required resources, with these investment cases to be developed in collaboration with the Global Polio Eradication Initiative, relevant WHO programmes and other donors to ensure resources mobilization and sustainable financing;
- (b) incorporate the results of functional reviews to inform investment case planning;
- (c) ensure that predictable forecasting and long-term financing are available to fragile polio transition priority countries;
- (d) initiate resource mobilization efforts for integrated responses to COVID-19, polio, vaccine-preventable diseases, health emergencies, etc.;
- (e) continue high-level advocacy with partners and Member States at the global level, focusing on flexible funding for the WHO base budget;
- (f) ensure coordinated corporate resource mobilization (polio resource mobilization and overall communication and fundraising efforts), moving away from a "polio eradication only" focus to further foster a coordinated integration agenda;
- (g) provide technical support to regional and country offices for sustainable resource mobilization, planning and outreach to governmental entities beyond ministries of health, recognizing differing country contexts.

Management response	<i>Partially accepted</i> <i>WHO agrees with the need to sustain core capacities and functions set up by the polio programme, where they are most needed. WHO's resource mobilization strategy focuses on raising flexible and predictable resources for WHO's programme budget, rather than for specific programmatic areas. WHO is aligning its fundraising activities for polio transition within this broader context, with better collaboration with GPEI and other partners, rather than developing separate investment cases to sustain polio assets, which carries the risk of fragmentation.</i>			
Status	<i>In Progress</i>			
Key actions	Responsible	Due date	Status	Comments
Advocate for increases in predictable and flexible funding to WHO's Programme Budget.	CRM / PRP	May 2022 -	In progress	<i>The 75th WHA, upon recommendation of the Sustainable Financing Working Group, agreed to gradually increase Assessed Contributions to represent 50% of WHO's Programme Budget by 2030-31 cycle, at the latest, starting with a 20% increase in the 2024/25 budget cycle. This landmark decision will allow long-term programming in countries and help to attract/retain expertise, which are critical for the sustainability of polio assets at the country level.</i>
As a part of the WHO Investment case, articulate the importance of predictable and flexible funding to sustain integration/transition of polio assets, including at country level.	CRM With Regional RM focal points	May 2022	Implemented	<i>WHO investment case was updated in May 2022 to make the case for sustainable financing for the WHO. Polio transition is specifically highlighted in the investment case, as an area which requires long term predictable funding to ensure continuity of WHO's technical support to countries. The regional offices are contextualizing the investment case to highlight country impact in their priority countries.</i>
Increase RO and WCO capacity for resource mobilization and high-level advocacy.	CRM, ROs	Q2 2023	In progress	<i>Technical support to increase capacity for resource mobilization and advocacy at the country level is already being undertaken, guided by <u>WHO's Resource Mobilization Strategy</u>. A strong focus on fundraising at the country level is one of two cross-cutting</i>

				<i>themes of the strategy. WHO envisages the proportion of funds being raised at country level to increase to 20–25% of all Organization resources over the five-year period 2019–2023. Activities at the country level to achieve this aim focus on three key areas: raising awareness of the comparative advantage of WHO's work; leveraging resources; and working to ensure health is integrated into the broader UN and development agenda. Specific efforts are being made to coordinate and align bilateral donor interest/priorities for polio transition/integration of assets with WHO RO and CO needs.</i>
Ensure polio transition, as integrated into WHO's Programme Budget, is highlighted in strategic dialogues.	CRM	Q2 2023	In progress	<i>Polio transition is being highlighted as a cross-cutting area which requires sustainable and flexible funding in all strategic dialogues. In line with the recommendation of the Sustainable Financing Working Group, WHO will strengthen this work, including through the feasibility of a replenishment mechanism to broaden the financial base. Specific efforts include coordinating and aligning bilateral donor interest/priorities for polio transition/integration of assets with WHO Regional Office and Country Office needs.</i>
Strengthen coordination between GPEI and WHO on resource mobilization for polio eradication and transition.	CRM/POL	Q4 2023	In progress	<i>Given the interlinkages between eradication and transition, coordination between WHO and GPEI resource mobilization efforts will be improved, which will include regular and timely information sharing on strategic dialogues, donor discussions and pledging events.</i>

Recommendation 8: Strengthen integrated surveillance systems for polio, other vaccine- preventable diseases and health emergencies, including ensuring core funding from the WHO base budget to serve as a key source of interim financing and a tool for catalysing and leveraging future sustainable financing of vaccine-preventable disease surveillance.

Sub-recommendations:

- (a) guarantee funding through the WHO base budget for sustaining polio surveillance in the interim;
- (b) advocate for Member States to define integrated vaccine-preventable disease (including polio) surveillance activities as a central core funded activity supported by Member States' contributions;
- (c) plan, together with the Global Polio Eradication Initiative, the polio programme, the Immunization, Vaccines and Biologicals Department, the WHO Health Emergencies Programme and donors, for polio surveillance activities to be integrated with other vaccine-preventable diseases to sustain surveillance (through the platforms discussed under recommendation 4);
- (d) develop a strategic approach to strengthening surveillance and response in a select number of fragile countries, including the possible transfer of polio resources to a multidisciplinary early warning surveillance and response mechanism (through the platforms discussed under recommendation 4);
- (e) support capacity-building activities for improved integrated vaccine-preventable disease surveillance within the government health system – including supporting and collaborating with local non-State actors (e.g., civil society and nongovernmental organizations) working on polio surveillance.

Management response	Accepted <i>The importance of a robust surveillance system has been recognized as one of the most importance legacies of the polio programme. Multiple initiatives carried out at the global, regional and country level to strengthen disease surveillance, including for polio, will be aligned for future sustainability and mutual benefit.</i>
Status	<i>In Progress</i>

Key actions	Responsible	Due date	Status	Comments
Ensure unspecified/specified funds for the base budget are allocated to support sustaining disease surveillance in priority countries.	GPG / RDs, HQ/RO PTP Steering Committee, with PRP	Q2 2023	Not initiated	<p><i>This recommendation will be implemented in conjunction with recommendation 3 (a) and 7. WHO's budget, funds' allocations and funding gaps are reviewed quarterly.</i></p> <p><i>The specific actions will include: a) Regional Directors to keep in sight resource needs for sustaining surveillance in priority countries when allocating flexible funds within the region); b) GPG to consider a specific allocation of flexible funds in support of surveillance when considering future flexible funds envelopes; c) Regional offices to track funding needs for surveillance in priority countries, and report to Steering Committee on the gaps, actions taken and needs to be still addressed; d) Resources allocation committee (RAC) to keep in sight resource needs of the outputs capturing surveillance to ensure that gaps are adequately considered and addressed for the allocation of thematic fund.; e) Through the Output Delivery Teams (ODTs) prioritize thematic funds allocation to support sustaining surveillance in priority countries.</i></p>
Revise the Post-Certification Strategy (PSC) to articulate how polio surveillance will be sustained in the long term.	POL / DDGO (With GPEI)	Q4 2023	In progress	<i>Planning for the post-certification surveillance capacity – including laboratory functions – needed to keep the world polio-free, and determining where that capacity will reside programmatically is a prominent feature of the revision of the post-Certification Strategy, which will be finalized by the end of 2023.</i>
Use integrated public health teams as entry points for building country surveillance capacity.	AFRO, EMRO	Q4 2023	In progress	<i>At the country level, polio surveillance is already integrated into VPD and broader disease surveillance. Integrated public health teams that are being rolled out provide an excellent platform to strengthen surveillance at the country level. The composition and ToRs of these teams are tailored to country context.</i>
Finalize and implement the Global Surveillance Strategy.	DDG with WHE, IVB, ROs	Q3 2023	In progress	<i>Efforts have been underway to plan for integrated disease surveillance approaches. A dedicated working group will delineate specific actions and implementation pathways for better integration of disease surveillance from institutional, operational, and systems perspectives, and for integrating (transitioning) polio assets.</i>
Deploy tool to assist countries to budget adequate resources to strengthening disease surveillance.	DDGO /PTP together with ROs	Q4 2023	In progress	<i>The methodology and tool for planning and budgeting for vaccine preventable disease (VPD) surveillance developed in 2021 have been piloted in India and Sudan. The results of these pilots are being used for further dissemination, and have informed a dedicated User Guide.</i>

Results monitoring, reporting and learning

<p>Recommendation 9: Develop, as a matter of urgency, a final monitoring and evaluation framework, with key performance indicators and end-points for 2023 and milestones for all output indicators that are realistic and aligned with the draft monitoring and evaluation framework of the Action Plan (following the theories of change in recommendations 1 and 2), to strengthen the relevance and strategic use of the monitoring and evaluation framework and to steer implementation of the Action Plan.</p> <p>Sub-recommendations:</p> <ul style="list-style-type: none"> (a) revise Action Plan output indicators and targets to increase their relevance; add indicators on polio containment and health emergency preparedness and response that are not self-assessed; (b) add gender and equity disaggregated data (including zero-dose children) when available or already collected by partners; (c) process indicators: closely monitor implementation status of national transition plans, trends in all WHO contract types of Global Polio Eradication Initiative-funded staff and functional integration within WHO to deliver on the Action Plan; (d) agree on differentiated targets for polio transition in regional workplans for all indicators with milestones up to 2023; (e) identify more specific and defined activities, with clearer milestones in joint corporate workplans, with active monitoring and reporting. 				
Management response	<p>Accepted</p> <p><i>WHO agrees to review the current M&E framework in the light of the sub-recommendations provided by the mid-term evaluation, and will follow the development of the Theory of Change as noted in Recommendation 1 and 2. The revision of the M&E framework and related indicators will be done using a consultative process to ensure consensus and full participation all relevant stakeholders in the monitoring process. The revision will introduce gender and equity disaggregated indicators, if feasible. It will set realistic targets and will strengthen the monitoring of the implementation of national polio transition plans.</i></p>			
Status	Not Initiated			
Key actions	Responsible	Due date	Status	Comments
Revise the M&E Framework and related set of indicators.	DDGO / PTP With ROs, WHO technical programmes and partners	Q1 2023	Not initiated	<i>The current M&E framework will be refined through a consultative process and will align with the theories of change outlined in recommendations 1 and 2. Whilst making improvements, attention will be paid to use existing data where possible, to minimize the data collection burden on the countries. New indicators will be balanced to consider different regional and country contexts, whilst maintaining metrics that can be broadly measured and compared. The updated transition M&E framework will be aligned with the revised GPEI M&E framework and scorecard.</i>

Recommendation 10: Enhance dissemination of monitoring and evaluation reporting and learning.

Sub-recommendations:

- (a) develop an operational research agenda and specific analyses, including to document lessons from past integration efforts, readiness for transitioning polio assets to governments), specific approaches that into account fragility of health systems, political insecurity, circulating vaccine-derived poliovirus outbreaks and domestic funding potential, and different transition/integration pathways for different contexts;
- (b) regularly update (at least twice a year) the Action Plan dashboard monitoring and evaluation framework indicators, linking directly to data sources if possible;
- (c) provide annual updates on the most strategic output indicators and discuss these for decision-making at polio transition steering committee meetings. Monitor and discuss to a greater extent polio outbreaks in technical polio transition meetings (new data are continuously available for this critical indicator in relation to objective A (sustaining a polio-free world));
- (d) provide a more detailed analysis in reports to governing bodies of the trends in Action Plan output indicators. This should be integrated and analysed in the main reports and include indicator trends by country and region. Include a polio “non-staff” overview and trends in reports to WHO governing bodies;
- (e) regularly provide updates on progress to all donors and polio partners.

Management response	Accepted WHO is already taking action on this recommendation, with the publication of a paper on the role of polio transition in strengthening health systems, in an upcoming special issue of the Journal of Health Policy and Planning. Alongside this publication, an agenda of operational research will be developed to ensure that the experience and lessons learned from polio transition will be further elaborated and disseminated. Regular updates and trend analysis of the M&E dashboard indicators will be prepared and disseminated among stakeholders and governing bodies.			
Status	In progress			
Key actions	Responsible	Due date	Status	Comments
Develop an operational research agenda and specific analyses on the experience and lessons-learned from polio transition, with method for adaptation and mid-course corrections.	DDGO/PTP	Q4 2023	In progress	The research agenda will identify key areas for specific analysis, useful for countries at different stages/contexts of transition. An initial project has recently begun, to develop an academic paper for publication, focused on the transition process in the context of strengthening health systems.
Regularly update polio transition dashboard indicators and trend analysis reported to governing bodies.	DDGO/PTP	Q4 2022	In progress	Regular (biannual) updates of the polio transition dashboard will be followed by a detailed trend analysis for dissemination among priority countries and reporting to WHO Governing Bodies, with regular updates to partners.
Regular reporting to Governing Bodies, donors and partners.	DDGO/PTP	Q3 2022	Implemented	Progress updates on polio transition and the mid-term evaluation results were presented to WHA75 in May 2022. Periodic Member State Information Sessions (including in November 2022) and regular updates to donors and partners, will present progress and steps taken on the management response.