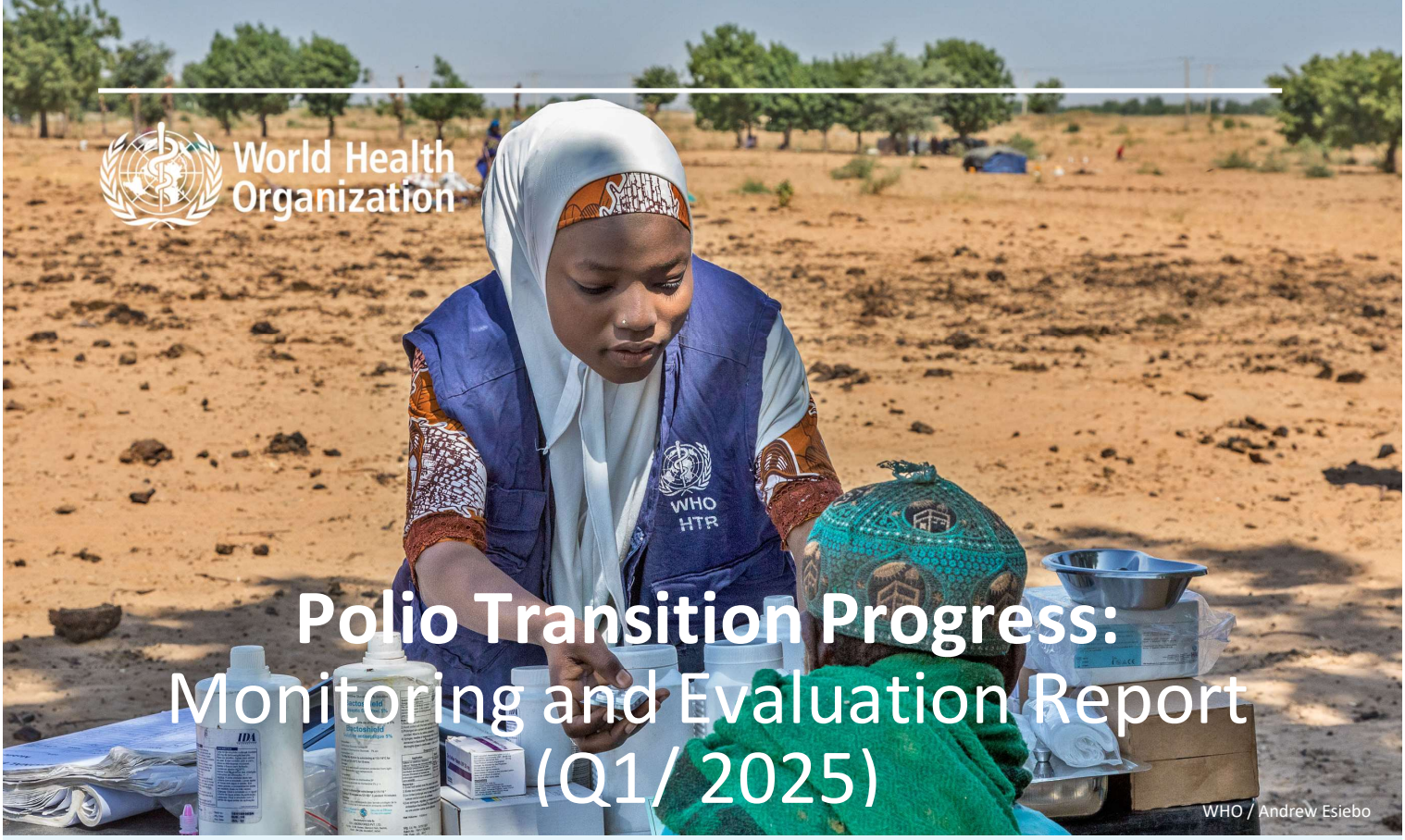


Polio Transition Progress: Monitoring and Evaluation Report (Q1/ 2025)

WHO / Andrew Esiebo

This polio transition monitoring and evaluation progress report provides an overview of the progress made as of Q1 2025 in countries prioritized for polio transition towards the goals, strategic outcomes, and milestones of the Polio Transition Strategic Framework. The list of priority polio transition countries was revised in 2024 using standardized criteria that guide decisions on countries' eligibility to enter onto or readiness to exit from the polio transition priority country list. The list now comprises a total of 21 countries: 14 from the African Region and six from the Eastern Mediterranean Region and one from the South-East Asia Region[1]. Countries that have exited the priority list are placed on a 'watch list' and monitored for a minimum of three years to ensure there is no backsliding of functions[2].

Key highlights:

Polio transmission has not been fully interrupted in all countries

- Pakistan and Afghanistan remain polio endemic countries.
- Twelve polio transition priority countries reported a total of 23 cVDPV outbreaks.

Immunization & surveillance: Mixed performance across countries

- Only one country met the 90% coverage benchmark for both IPV and DTP3.
- Nine countries achieved the target for district-level DTP3 coverage.
- AFP detection systems are strong in 18 countries, but only nine met surveillance timeliness benchmarks.

Integration efforts and self-reliance in funding: Mixed performance across countries

- Country action plans show limited completion because new countries (without action plans yet developed) entered in the priority list.
- Most countries remain heavily reliant on GPEI and external funding, with only few countries reporting share of domestic funding above 40%.

1 In 2024, 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.

Progress Towards Impact Goals

GOAL 1: All countries remain polio free

While Pakistan and Afghanistan continue to be polio endemic, the threat of poliovirus remains significant beyond these two countries. In 2024, 12 polio transition priority countries reported a total of 23 cVDPV outbreaks. Moreover, Indonesia, a watchlist country, also experienced an outbreak during the same period. These occurrences highlight the need for sustained vigilance, robust surveillance systems, and rapid response measures across all countries.

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

Overall, only one country has achieved the benchmark (≥ 90%) for both Inactivated Polio Vaccine (IPV) and DTP3 national coverage, reflecting strong national-level immunization performance. When looking at sub-national data, ten countries remain below the benchmark for DTP3 coverage at the sub-national level. Strengthening equity in immunization coverage and addressing disparities within and across countries will contribute to achieving consistent national-level performance across all priority countries.

GOAL 3: Rapidly detect and control disease outbreaks

Progress continues toward strengthening preparedness, detection, and timely response to public health emergencies, though opportunities for improvement remain. Notably, Nigeria met the benchmark for the measles outbreak response indicator, demonstrating effective response capacity. 18 priority countries reported IHR core capacity scores for health emergency management below the regional average, highlighting that further targeted support and capacity building is required to enhance outbreak detection and response efforts.


WHO / Gabreez

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:

IPV1 and national DTP3 coverage: In 2023, one country (Burkina Faso) was on track for IPV and DTP3 coverage among 21 priority countries. Four countries reported below 50% both on IPV and DTP3 coverage (Central African Republic, Guinea, Somalia and Yemen). Sub-national DTP3 coverage: Nine countries reported reaching 80% of districts with DTP3 coverage greater than or equal to 80%.

Overall immunization indicators: None of the priority countries reported being on track for all three immunization indicators. Angola, Nigeria and Yemen were reported as below the minimum threshold for all three indicators.

Watchlist countries:

Among watchlist countries, three countries were reported as on track for IPV coverage. Additionally, five countries met the benchmark for DTP3 coverage, and three countries met the benchmark for sub-national DTP3 coverage.

	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 RI	1	8	12	3	4	0
1.2: National coverage of DPT3 provided through RI	1	9	11	5	2	0
1.3: % of districts with DTP3 coverage ≥ 80%	9	3	7	3	3	1

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

Priority countries:

Overall, the surveillance indicators of priority countries showed that 18 countries are on track for the non-polio AFP detection rate, while nine countries are on track for the timeliness of reporting and four countries meet the sensitivity threshold. Thirteen countries met the criteria for the rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data). Five countries reported an IHR capacity score related to laboratory higher than the regional average. Cameroon, Myanmar, Pakistan and Syria reached the benchmark on four indicators. Angola and Sudan did not meet the criteria for any of the five indicators.

	Priority countries			Watchlist countries		
SO2 Indicators	On Track	At Risk	Off Track	On Track	At Risk	Off Track
2.1: % of districts with rate of non-polio AFP detected annually ≥ 2 per 100 000 population aged less than 15 years.	18	1	2	3	2	2
2.2: % of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	9	4	8	2	2	3
2.3: % of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	4	9	8	4	1	1
2.4: Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	13	0	7	6	0	1
2.5: Country average IHR capacity score related to laboratory compared to regional average	5	7	9	3	2	2

Watchlist countries:

Surveillance indicators in watchlist countries revealed that three countries are meeting the target for the non-polio AFP detection rate, while two countries are on track for timely reporting. Additionally, four countries have achieved the sensitivity threshold, and six countries met the criteria for measles surveillance. Three countries reported an IHR capacity score related to laboratory higher than the regional average. Among watchlist countries, India remains on track for all five indicators. Kenya, Iraq and Libya remained below the benchmark for both non-polio AFP detection rate and the sensitivity threshold.

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

Priority countries:

Outbreak preparedness and response indicators showed that nine countries are on track for timely polio outbreak control. Additionally, seven countries met the timeline for implementing the first large scale campaign, whereas thirteen countries had outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply. Two countries reported timely detection and response to measles outbreaks. Three countries reported an IHR capacity score related to health emergency management higher than the regional average. Madagascar and Mali are not on track for any of the four indicators.

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 at risk for outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply. Only India and Indonesia were reported as on track for an IHR capacity score related to health emergency management higher than the regional average.

	Priority countries			Watchlist countries		
SO3 Indicators	On Track	At Risk	Off Track	On Track	At Risk	Off Track
3.1: % of polio (WPV and cVDPV) outbreaks stopped within 120 days of outbreak confirmation	9	4	3	0	1	0
3.2: % of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation	7	4	5	1	0	0
3.3: % of polio (WPV and cVDPV) of outbreak response SIAs delayed/cancelled due to ruptures of vaccine supply	6	11	2	2	1	0
3.4: % of Measles outbreaks with timely detection and response	2	0	1	1	0	0
3.5: Country average IHR capacity score related to Health Emergency management compared to regional average	3	8	10	2	3	2

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, only Pakistan has a facility authorized to retain poliovirus infectious materials for long-term use.

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.

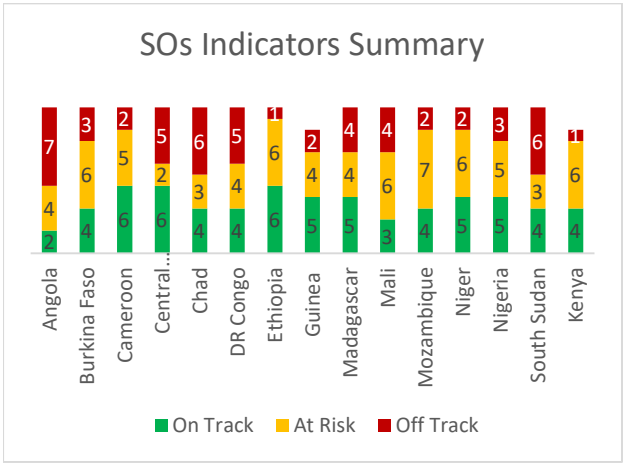
In the watchlist group, India has two facilities, and Indonesia has three facilities retaining poliovirus in the long term.

Countries with facilities retaining long term poliovirus

REGION	COUNTRY	FACILITY
EMRO	Pakistan	1
SEAR	Indonesia	3
SEAR	India	2

Regional Summary on Strategic Objectives

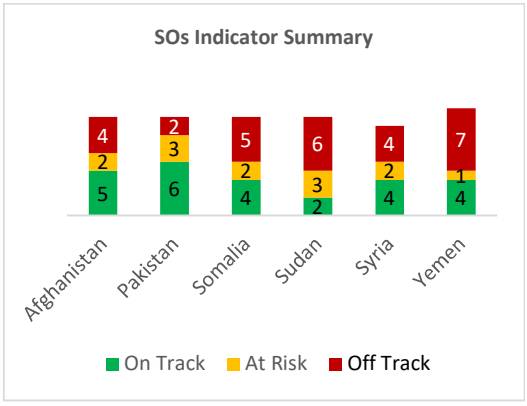
Summary update on the African Region:



Among the 14 priority countries, five (Angola, Cameroon, Ethiopia, Mali and South Sudan) are not on track for the immunization indicators. Additionally, two countries—Madagascar and Mali—are not on track for outbreak preparedness and response indicators. Angola is off track across all indicators except for the timely implementation of the first large-scale campaign (R1) within 28 days of outbreak confirmation. Cameroon is meeting all surveillance indicators except for surveillance sensitivity.

Among the watchlist countries, Kenya is on track for national DTP3 coverage and meets the benchmark for measles surveillance. It also reports an IHR capacity score for laboratory functions above the regional average. However, Kenya does not meet the benchmark for the other applicable indicators.

Summary update on the Eastern Mediterranean Region:

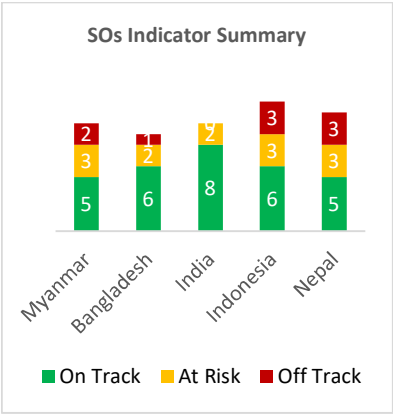


Out of the six priority countries in the region, five (Afghanistan, Somalia, Sudan, Syria and Yemen) are not on track for the immunization indicators. Pakistan and Syria are on track for most surveillance indicators, except for the IHR capacity score for laboratory functions, which falls below the regional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

Among the watchlist countries, Iraq meets all immunization indicator benchmarks but faces challenges in several surveillance indicators. Libya also reports surveillance challenges, although it meets the criteria for measles surveillance. Iraq and Libya report health emergency management IHR capacity scores that fall below the regional average.

Summary update on the South-East Asia Region:



Myanmar, the sole 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, Bangladesh is on track for most indicators, except for measles surveillance and IHR capacity scores for laboratory functions and health emergency management, both of which are below the regional average. Indonesia faces challenges across multiple areas, including immunization, surveillance (timeliness and sensitivity), and ongoing outbreak (cVDPV2) control.

India meets the benchmark for all indicators except sub-national DTP3 coverage. Nepal is on track for four indicators: DTP3 national coverage, sensitivity threshold, measles surveillance, and outbreak response SIAs delayed or cancelled due to vaccine supply disruptions, however, faces challenges in other areas.

3 Update on Milestones:

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

Several countries—Burkina Faso, Cameroon, Ethiopia, Madagascar and South Sudan—are facing ongoing funding challenges, particularly following reductions in international donor support.

While Mali and Nigeria receive funding from both GPEI and local sources, funding gaps remain.

The DRC continues to face delays in fund disbursement despite support from multiple stakeholders. In terms of GPEI reliance, DRC, Ethiopia, Niger and Nigeria reported high dependence, while Cameroon and Kenya indicated moderate reliance. Burkina Faso, Madagascar, Mali, Mozambique and South Sudan reported lower levels of dependence on GPEI.

Integration progress also varies across countries. Burkina Faso, Ethiopia and Madagascar have not yet initiated integration efforts, while Mali has made partial progress. Significant strides have been made in Cameroon, DRC, Kenya, Mozambique, Niger, Nigeria and South Sudan, where integration is either included in strategic plans or actively under discussion. Iraq and Libya reported low dependence, operating entirely with domestically generated funds and without support from GPEI.

M2: Action Plan jointly developed:

Out of the countries reported, seven (Cameroon, DRC, Kenya, Mali, Niger, Nigeria and South Sudan) reported having a country plan in place. It is also noted that while Mali has a plan, there is not yet full government ownership.

Three countries—Burkina Faso, Madagascar and Mozambique—reported having no action plan.

In DRC, 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.

Notably, Ethiopia has revised its plan, but it is still pending official government endorsement. Iraq and Libya have updated polio transition plans, with Iraq fully assuming and integrating all polio essential functions into its national health system.

WHO / Gabreez

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

In the African Region, most countries continue to rely heavily on external partners for managing key programmatic areas. Surveillance functions in Burkina Faso, Cameroon, DRC, Ethiopia, Madagascar, Mali, Mozambique, Nigeria and South Sudan are largely supported by WHO, with over 80% of activities externally funded; Kenya and Niger reported moderate reliance. For immunization functions, Cameroon, DRC, Kenya, Mozambique, Niger and Nigeria reported moderate dependence despite operating within integrated national systems, while Burkina Faso, Ethiopia, Madagascar, Mali and South Sudan remain highly reliant on partners such as Gavi, WHO, and UNICEF.

In outbreak response, all reporting countries—except Niger, which reported moderate dependence—showed high reliance on external partners. Iraq and Libya demonstrated low dependence on external donors and showed strong government ownership, with Iraq conducting polio transition management meetings and structured capacity-building sessions.

Polio transition management meetings have not yet taken place in any AFRO country except Madagascar, where the zero draft of the transition plan was shared during a GPEI coordination meeting. Capacity-building efforts were carried out in Burkina Faso, Cameroon, DRC, Niger, and Nigeria while funding constraints limited similar initiatives in Ethiopia, Kenya, Madagascar, Mozambique, South Sudan and Mali.

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

In the African Region, countries exhibit varied levels of reliance on GPEI and other funding sources for immunization and surveillance.

Ethiopia stands out with low dependence on GPEI and high reliance on domestic or non-GPEI sources, while Mali reported moderate reliance on both. Cameroon, Nigeria, and South Sudan indicated moderate GPEI dependence, whereas Burkina Faso, DRC, Kenya, Madagascar, Mozambique and Niger reported high reliance.

Overall, all reporting countries remain significantly dependent on external funding, with most—except Ethiopia—only partially relying on domestic sources. Budget allocation for surveillance remains a key challenge: DRC, Madagascar, Mozambique, Niger and South Sudan lack dedicated surveillance budget lines, while Burkina Faso, Cameroon, Ethiopia, Kenya, Mali and Nigeria, despite having budget allocations, still face resource gaps or rely heavily on external partners.

Iraq and Libya were the only countries to report low external dependence, operating entirely with locally sourced funds.

4 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 2022–2026 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 2024 cover the following periods:

- Immunization indicators (SO 1.1 - 1.3): year 2023, Jan – Dec 2023
- Surveillance indicators – Acute Flaccid Paralysis, environmental surveillance for Polio and Measles / Rubella surveillance (SO 2.1 - 2.4): year 2024 (Quarter 1), 12 months rolling: Jan 2024 – Dec 2024
- Surveillance indicators – IHR capacity (SO 2.5): year 2024, Jan – Dec 2024
- Health emergency – polio outbreak indicators (SO 3.1 - 3.3): years 2021-2024 (Quarter 3), Jan 2021 – Dec 2024
- Health emergency – measles outbreak and IHR indicators (SO 3.4 – 3.5): year 2023, Jan – Dec 2023
- Containment indicator (SO 4.1): year 2024 (Quarter 3), Jan – Dec 2024
- Biomedical facilities with Poliovirus Infectious Material Indicator (SO 4.2): year 2024
- Milestone Indicators (M1 – M4): year 2024
- 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 85%, with 267 out of 315 required data points reported across the 21 transition countries. Specific gaps were noted, particularly in indicators 3.4 and 4.2 for the recently added 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

Summary tables of Strategic Outcomes – Priority Countries

	AGO	BFA	CMR	CAF	TCD	COD	ETH	GNA	MDG	MLI	MOZ	NER	NGA	SSD	AFG	PAK	SOM	SUD	SYR	YEM	MMR
	AFR														*EMR*						*SEAR*
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.																					
1.1. National coverage of IPV1 provided through routine service	44	93	71	44	67	66	72	47	63	77	86	85	62	67	59	86	42	58	72	47	78
1.2. National coverage of DPT3 provided through routine services	54	94	75	42	67	60	72	47	65	77	70	85	62	73	60	86	42	51	66	46	76
1.3. Percentage of districts with DTP3 coverage greater than or equal to 80%	51	76	54	80	80	85	72	84	82	65	96	94	68	85	76	85	ND	ND	56	39	39
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.	39%	98%	97%	100%	100%	92%	89%	100%	97%	100%	95%	98%	100%	90%	100%	100%	96%	68%	95%	100%	100%
2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	71%	85%	95%	90%	69%	69%	97%	93%	90%	88%	57%	82%	98%	65%	87%	91%	77%	9%	92%	7%	95%
2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	65%	45%	74%	20%	60%	0%	71%	86%	64%	100%	8%	82%	76%	44%	100%	98%	57%	38%	100%	17%	0%
2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	0.3	0.46	3.28	4.2	3.2	2.4	1.51	3.59	4.49	0.9	3.3	1.1	3.3	0.89	13.3	11.4	ND	0.3	3.94	2.1	9.99
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	50%	0%	100%	100%	100%	46%	100%	NA	0%	0%	33%	100%	33%	100%	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)	100%(0)	100% (11)	0% (92)	60% (33)	0% (39)	46% (48)	100% (0)	NA	0% (121)	0% (137)	33%(18)	67%(18)	67%(24)	0%(57)	NA	NA	100%(0)	50%(2)	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	50%	57%	25%	56%	36%	20%	56%	71%	56%	43%	44%	42%	12%	67%	3%	0%	16%	33%	NA	57%	NA
3.4 Percentage of Measles outbreaks with timely detection and response (in brackets average number of days)	ND	ND	ND	ND	0% (99)	ND	0% (79)	ND	ND	ND	ND	ND	100% (28)	ND	ND	ND	ND	ND	ND	ND	ND
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%	51%	100%	72%	100%	90%	0%	84%	NA	44%	NA	5%	100%	37%	NA	NA	20%	0%	NA	0%	NA
4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM) in the long term	0	NA	0	NA	0	0	0	NA	NA	NA	NA	NA	0	0	0	1	0	NA	0	NA	0

ND: No Data reported
NA: Not Applicable

Summary tables of Strategic Outcomes – Watchlist Countries

	KEN	IRQ	LIY	BGD	IND	IDN	NPL
	AFR	*EMR*		*SEAR*			
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.							
1.1. National coverage of IPV1 provided through routine service	87	94	74	98	90	71	75
1.2. National coverage of DPT3 provided through routine services	93	91	73	98	91	83	94
1.3. Percentage of districts with DTP3 coverage greater than or equal to 80%	79	86	100	100	73	61	75
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. (*)	66%	87%	29%	97%	95%	94%	89%
2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	87%	89%	69%	100%	90%	78%	61%
2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	73%	100%	NA	100%	100%	38%	100%
2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population	3.7	4.7	2.07	0.44	2.77	5.79	7.05
2.5 Country average IHR capacity score related to laboratory compared to regional average (**)	64 (57)	68 (71)	56 (71)	68 (71)	80 (71)	80 (71)	48 (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	50%	NA
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	100% (0)	NA
3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	44%	NA	NA	NA	NA	0%	0%
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% (68)
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)	87 (75)	53 (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	100%	NA	NA	NA	NA	0%	NA
4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM) in the long term	NA	0	0	0	2	3	0
ND: No Data reported *NA: Not Applicable*							

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

Summary tables of 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	Yes
1.3 Recipient programmes have integrated polio essential functions.	P	Yes	Yes	No	No	P	Yes	Yes	Yes	Yes	Yes	Yes	Yes	P	Yes
1.4 Level of non-GPEI funding secured for integrated polio essential functions in the current WHO programme budget period.	NR	L	L	NR	NR	NR	NR	NR	NR	NR	L	H	H	H	H
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	H
2.3 Country Action Plan is up to date.	No	Yes	No	Yes	No	No	No	Yes	No	No	Yes	Yes	Yes	Yes	No
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	L
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	L
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	No
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	Yes
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	H
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	H
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	Yes

- *Pakistan and Afghanistan are endemic, they do not report on Milestones.*
- *Angola, Central African Republic, Chad, Guinea did not report.*
- *SEARO reported as of Q1 2024*
- *NR: Not Reported*

Summary tables of Milestones – Watchlist Countries

		KEN	IRQ	LIY	BGD	IND	IDN	NPL
		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.	M	L	L	L	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	H	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	H	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	M	M
	3.2 Extent of dependence on external partners for managing the immunization function within the national health system.	M	L	L	L	L	M	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	M	M
	3.4 A polio transition management meeting has been conducted by the government in the last 12 months.	No	Yes	Yes	Yes	Yes	No	Yes
	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	M	L	L	H
	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	H	H	H	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

- SEARO countries reported data as of Q1 2024
- NR: No Response

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

* Action Plan developed as WCO internal plan or Action Plan not endorsed by the government