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# Polio Transition Monitoring & Evaluation

## Strategic Outcome & Milestone Indicators (Q1/2024)

# Background

- M&E is a key component of the post-2023 framework, intended to measure country progress in:
  - 1) building **resilience** (strategic outcomes) and
  - 2) transition **readiness** (milestones).
- Developed between April-November 2023 through a series of technical consultations at the country, regional and global level.
- The M&E Framework document is accompanied by the Metadata providing details on each indicator.
- Baseline year: 2023.



## GLOBAL VISION

A world in which polio investments are sustained and used to build strong, resilient and equitable health systems, where all countries:

- 1) Remain polio-free
- 2) Minimize the burden and eliminate vaccine-preventable diseases
- 3) Rapidly detect and control disease outbreaks

### Strategic Outcomes



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



National surveillance systems rapidly detect and report poliovirus and other diseases.



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



Poliovirus materials are safely and securely contained in line with established bio risk management standards.

### Milestones

1

Polio essential functions are safeguarded by WHO and its partners ("intermediate transition")

2

Action plan jointly developed.

3

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

4

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

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# Strategic Outcomes

# Progress Towards Strategic Outcomes

## SO1 - Immunization

Coverage is suboptimal in most priority countries:

- *IPV1/DTP3 coverage is below 70% in all AFR priority countries.*
- *Bangladesh, Iraq and India are the only countries with both coverages above 90%.*

## SO2 – Surveillance

Surveillance sensitivity is weak in more than 50% of the priority countries:

- *In Angola, DRC and South Sudan in AFR, Somalia and Sudan in EMR, Myanmar and Nepal in SEAR indicators are off track.*

## SO3 – Preparedness / Response

Emergency management capacities are weak and there are gaps in quality of response:

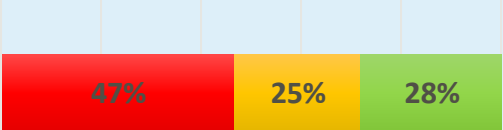
- *Only Nigeria and Indonesia responded timely to polio/measles outbreaks.*
- *IHR health emergency management capacities are weak in 70% of the priority countries:*

## SO4 – Containment

Risks are mainly related to destruction of vaccine vials following SIAs, but there are some data gaps.



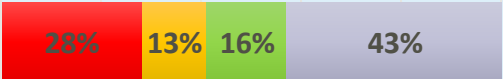
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.



SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.



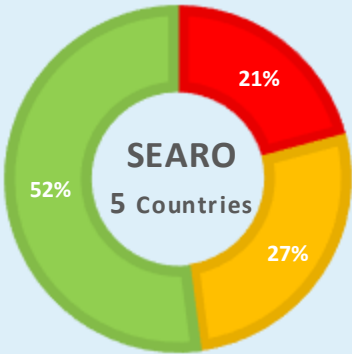
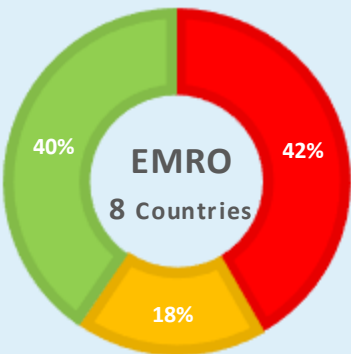
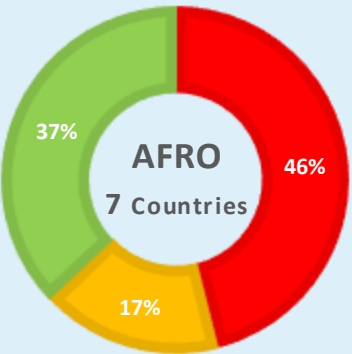
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.



SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk management standard



■ Off Track   ■ At Risk   ■ On Track   ■ Not applicable/Not reported



The two endemic countries (Afghanistan and Pakistan) will undergo transition once wild poliovirus interruption has been achieved. Therefore, for these two countries Strategic Outcome indicators are monitored to provide a baseline for the future and milestone data is not yet collected

## SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines

- Essential immunization is weak in all countries, with the exception of Bangladesh, India and Iraq
- IPV1 and DTP3 coverage is below 70% in nine of the countries
- There are equity challenges - only 8 countries, report over 80% of district with DTP3 coverage greater or equal 80%
- There are also challenges related to data availability and quality (e.g. no sub-national data for Sudan, 90% of districts with coverage greater or equal 80% in DRC)

Indicator		1.1.National coverage of IPV1 provided through routine service	1.2.National coverage of DPT3 provided through routine services	1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%
Region	Country*	2022	2022	2022
AFR	Angola	38	42	22
EMR	Somalia	42	42	52
EMR	Syria	65	46	44
AFR	Nigeria	62	62	55
AFR	Cameroon	67	68	47
AFR	Chad	61	60	69
AFR	Ethiopia	65	65	68
AFR	South Sudan	67	73	56
AFR	DR Congo	68	65	90
SEAR	Myanmar	71	71	46
EMR	Yemen	72	74	68
EMR	Afghanistan	71	69	80
SEAR	Indonesia	77	85	82
EMR	Libya	74	73	100
EMR	Pakistan	90	85	74
EMR	Sudan	94	85	-
SEAR	Nepal	84	90	86
SEAR	India	91	93	80
EMR	Iraq	96	93	88
SEAR	Bangladesh	96	98	100
Countries are ranked by the number of indicators off-track, at risk and on-track				
Legend:		<70	<70	<70
		70 - 90	70 - 90	70 - 80
		≥ 90	≥ 90	≥ 80

## SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.

- Twelve countries report at least one of the surveillance sensitivity indicators off-track
- Sudan, Angola, Somalia and Myanmar have extremely low indicators of surveillance sensitivity including low (or not reported) rates of non-measles and non-rubella cases per 100,000 population
- Afghanistan, Pakistan, Iraq, Syria and Bangladesh report all three sensitivity indicators, between 90 and 100%, including rates of non-measles and non-rubella cases above the threshold of 2 per 100,000 population.
- Thirteen countries report low IHR capacity score related to laboratory compared to the regional averages.

Indicator		2.1.Percentage of districts with rate of non-polio AFP detected annually $\geq 2$ per 100 000 population aged less than 15 years. (*)	2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	2.5 Country average IHR capacity score related to laboratory compared to regional average (**)
Region	Country	2023	2023	2023	2023	2023
EMR	Sudan	63%	41%	50%	0.8	60 (72)
AFR	Angola	59%	42%	15%	1.2	72 (57)
EMR	Somalia	65%	94%	35%	-	48 (72)
AFR	DR Congo	92%	69%	4%	2.6	36 (57)
SEAR	Nepal	61%	28%	100%	6.5	48 (69)
AFR	South Sudan	100%	53%	29%	2.5	36 (57)
SEAR	Myanmar	0%	97%	50%	0.3	64 (69)
AFR	Chad	100%	73%	67%	6.6	24 (57)
EMR	Libya	63%	91%	-	26.3	56 (72)
EMR	Yemen	100%	4%	100%	4.4	36 (72)
SEAR	Indonesia	88%	79%	58%	6.5	72 (69)
AFR	Ethiopia	78%	69%	100%	2.7	80 (57)
EMR	Afghanistan	100%	96%	100%	5.7	44 (72)
EMR	Iraq	91%	95%	100%	4.5	60 (72)
EMR	Pakistan	100%	91%	96%	8.1	60 (72)
EMR	Syria	94%	96%	100%	5.4	36 (72)
AFR	Cameroon	83%	95%	50%	2.2	72 (57)
SEAR	India	91%	88%	100%	5.7	80 (69)
AFR	Nigeria	99%	99%	56%	3.1	68 (57)
SEAR	Bangladesh	95%	100%	100%	3.9	76 (69)
Countries are ranked by the number of indicators off-track, at risk and on-track						
Legend:		<70	<80	< 50	< 2	$\leq$ reg. avg. - 5
		70 - 90%	80 - 90%	50 - 90%		=reg. avg +/- 5
		$\geq 90$	$\geq 90$	$\geq 90$	$\geq 2$	$\geq$ reg. avg +5



## SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.

- Countries reported capacity to respond timely to polio outbreaks by stopping all of them within 120 days of outbreak confirmation, except DRC and Cameroon which managed to stop 50% of the outbreaks within this timeframe.
- First large-scale campaigns were implemented timely (within 28 days from outbreak confirmation) in Nigeria and Indonesia, whereas delays were reported in eight countries with average delays up 168 days in DRC and 172 days in Cameroon.
- Four countries had measles outbreaks in 2023, among them only Nigeria managed to stop the outbreak within 35 days, Chad Ethiopia and Nepal stopped the outbreaks within 68-99 days.
- Thirteen countries report low IHR capacity score related to health emergency compared to the regional averages.

Indicator		3.1.Percentage of polio (WPV and cVDPV) outbreaks stopped within 120 days of outbreak confirmation	3.2.Percentage of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation (in brackets average number of days)	3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	3.4 Percentage of Measles outbreaks with timely detection and response - provisional data - (in brackets average number of days)	3.5.Country average IHR capacity score related to Health Emergency management compared to regional average (**)
Region	Country	2021-23	2021-23	2021-23	2023	2023
AFR	Chad	100%	0% (69)	25%	0% (99)	40 (57)
AFR	DR Congo	50%	13% (168)	30%	-	27 (57)
EMR	Yemen	100%	0% (79)	67%	-	27 (71)
AFR	South Sudan	100%	0% (57)	25%	-	40 (57)
AFR	Ethiopia	100%	0% (102)	25%	0% (79)	73 (57)
SEAR	Nepal	-	-	-	0% (68)	53 (78)
EMR	Somalia	-	-	71%	-	40 (71)
EMR	Pakistan	100%	50% (19)	42%	-	53 (71)
AFR	Cameroon	50%	0% (172)	44%	-	73 (57)
EMR	Sudan	100%	0% (89)	50%	-	80 (71)
EMR	Afghanistan	-	-	18%	-	53 (71)
EMR	Syria	-	-	0%	-	53 (71)
EMR	Iraq	-	-	-	-	33 (71)
SEAR	Myanmar	-	-	-	-	67 (78)
AFR	Nigeria	100%	100% (21)	38%	100% (28)	67 (57)
AFR	Angola	-	-	25%	-	47 (57)
SEAR	Indonesia	-	100% (0)	50%	-	93 (78)
SEAR	Bangladesh	-	-	-	-	73 (78)
EMR	Libya	-	-	-	-	73 (71)
SEAR	India	-	-	-	-	93 (78)

Countries are ranked by the number of indicators off-track, at risk and on-track

The symbol "-" is used when the indicator is not applicable, e.g. there was no outbreak confirmed in the period

Legend:		< 30%	< 30%	> 60%	> 60%	< -10 reg. avg
		30 - 60%	30 - 60%	30 - 60%	30 - 60%	+/- 10 reg. avg
		> 60 %	> 60 %	< 30%	< 30%	> + 10 reg. avg



## SO4: Poliovirus materials are safely and securely contained in line with established biorisk management standards.

- Yemen, and Sudan report no vials were destroyed.
- Sudan, Somalia and DR Congo destroyed percentages comprised between 58% and 86%.
- Cameroon and Chad destroyed 100% of nOPV2 vials that were received by the country, opened and used during SIAs, as well as and unusable vials.
- The indicator on the number of biomedical facilities retaining poliovirus infectious material will be made available in the second half of 2024

Indicator		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	4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM)
Region	Country	2023	2023
EMR	Yemen	0%	nr
EMR	Sudan	0%	nr
EMR	Somalia	58%	nr
AFR	DR Congo	65%	nr
AFR	Nigeria	86%	nr
AFR	Cameroon	100%	nr
AFR	Chad	100%	nr
AFR	Ethiopia	nr	nr
SEAR	Indonesia	nr	nr
AFR	Angola	-	nr
AFR	South Sudan	-	nr
EMR	Afghanistan	-	nr
EMR	Iraq	-	nr
EMR	Libya	-	nr
EMR	Pakistan	-	nr
EMR	Syria	-	nr
SEAR	Bangladesh	-	nr
SEAR	India	-	nr
SEAR	Myanmar	-	nr
SEAR	Nepal	-	nr

Countries are ranked by the number of indicators off-track, at risk and on-track

"-" not applicable; nr = not reported

Legend:	<50
	50 - 90%
	≥ 90

## STRATEGIC OUTCOMES - BASELINE YEAR 2023

	AGO	CMR	TCD	DRC	ETH	NGA	SSD	AFG	IRQ	LBY	PAK	SOM	SDN	SYR	YEM	BGD	IND	IDN	MMR	NPL
	AFR	AFR	AFR	AFR	AFR	AFR	AFR	EMR	EMR	EMR	EMR	EMR	EMR	EMR	EMR	SEAR	SEAR	SEAR	SEAR	SEAR
<b>SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.</b>																				
1.1.National coverage of IPV1 provided through routine service	38	67	61	68	65	62	67	71	96	74	90	42	94	65	72	96	91	77	71	84
1.2.National coverage of DPT3 provided through routine services	42	68	60	65	65	62	73	69	93	73	85	42	85	46	74	98	93	85	71	90
1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%	22	47	69	90	68	55	56	80	88	100	74	52	-	44	68	100	80	82	46	86
<b>SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.</b>																				
2.1.Percentage of districts with rate of non-polio AFP detected annually $\geq 2$ per 100 000 population aged less than 15 years.	59%	83%	100%	92%	78%	99%	100%	100%	91%	63%	100%	65%	63%	94%	100%	95%	91%	88%	0%	61%
2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	42%	95%	73%	69%	69%	99%	53%	96%	95%	91%	91%	94%	41%	96%	4%	100%	88%	79%	97%	28%
2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	15%	50%	67%	4%	100%	56%	29%	100%	100%	-	96%	35%	50%	100%	100%	100%	100%	58%	50%	100%
2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population - provisional data	1.2	2.2	6.6	2.6	2.7	3.1	2.5	5.7	4.5	26.3	8.1	-	0.8	5.4	4.4	3.9	5.7	6.5	0.3	6.5
2.5 Country average IHR capacity score related to laboratory compared to regional average	72 (57)	72 (57)	24 (57)	36 (57)	80 (57)	68 (57)	36 (57)	44 (72)	60 (72)	56 (72)	60 (72)	48 (72)	60 (72)	36 (72)	36 (72)	76 (69)	80 (69)	72 (69)	64 (69)	48 (69)
<b>SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.</b>																				
3.1.Percentage of polio (WPV and cVDPV) outbreaks stopped within 120 days of outbreak confirmation	-	50%	100%	50%	100%	100%	100%	-	-	-	100%	-	100%	-	100%	-	-	-	-	-
3.2.Percentage of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation (in brackets average number of days)	-	0% (172)	0% (69)	13% (168)	0% (102)	100% (21)	0% (57)	-	-	-	50% (19)	-	0% (89)	-	0% (79)	-	-	100% (0)	-	-
3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	25%	44%	25%	30%	25%	38%	25%	18%	-	-	42%	71%	50%	0%	67%	-	-	50%	-	-
3.4 Percentage of Measles outbreaks with timely detection and response - provisional data (in brackets average number of days)	-	-	0% (99)	-	0% (79)	100% (28)	-	-	-	-	-	-	-	-	-	-	-	-	-	0% (68)
3.5.Country average IHR capacity score related to Health Emergency management compared to regional average	47 (57)	73 (57)	40 (57)	27 (57)	73 (57)	67 (57)	40 (57)	53 (71)	33 (71)	73 (71)	53 (71)	40 (71)	80 (71)	53 (71)	27 (71)	73 (78)	93 (78)	93 (78)	67 (78)	53 (78)
<b>SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk management standard</b>																				
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%	100%	65%	nr	86%	-	-	-	-	-	58%	0%	-	0%	-	-	nr	-	-
4.2 Number of biomedical facilities retaining poliovirus infectious material (new indicator that be available in the second half of the year)	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr	nr

LEGEND - Strategic Outcome Indicators			
	Off Track	At Risk	On Track
<b>SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.</b>			
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
<b>SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.</b>			
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
<b>SO3: National health emergency systems prepare for and respond to polio and other disease</b>			
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
<b>SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk management standard</b>			
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)	-	-	-
reg. avg. = regional average			

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# Milestones

# Progress Towards Milestones

## M1 – “Intermediate Transition”

Many countries will not move beyond this milestone in the short / medium term:

- *Functional integration is high in many countries,*
- *High dependence on polio workforce in AFR + Somalia,*
- *Alternative funding sources have been identified in all countries that have transitioned out of GPEI support.*

## M2 – National Planning

An action plan doesn't always mean that it will be implemented:

- *Plans don't always have government ownership, or they do not address key elements.*

## M3 – Management

Most countries depend on partner support for management of functions:

- *Countries have high/medium dependence on partners for surveillance, except Iraq and Libya*
- *Highest dependence overall in AFR, Somalia, Sudan.*

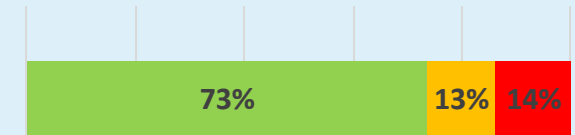
## M4 – Financing

Countries are a long way from financial sustainability:

- *In AFR & EMR, high dependence of health systems on external funding,*
- *Level of funding generated from national budgets is high*



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



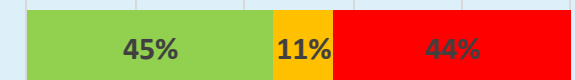
M2. Action Plan jointly developed



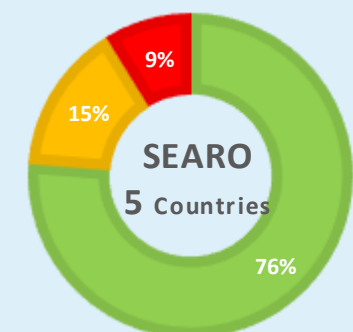
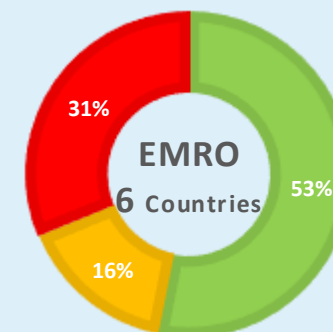
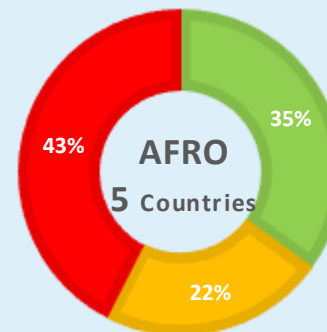
M3. National government is managing polio essential functions as a part of the national health system



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



■ Achieved ■ Partially Achieved ■ Not Achieved



The two endemic countries (Afghanistan and Pakistan) will undergo transition once wild poliovirus interruption has been achieved. Therefore, for these two countries Strategic Outcome indicators are monitored to provide a baseline for the future and milestone data is not yet collected. Angola and DR Congo did not report milestone indicators.

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

Chad, South Sudan, Cameroon and Somalia report high shares (> 25%) of workforce funded by GPEI, whereas Nigeria reports a share between 10% and 25%. These five countries and Ethiopia reported also having a low level of non-GPEI funding mobilized to support integrated polio essential functions during the WHO budget period 2022-23.

Most of the countries report having prepared plans and implement integration of relevant programs. Chad and Yemen limited the integration to surveillance and immunization, South Sudan integrated only surveillance

Indicator		1.1 Share of workforce in WHO Country Office funded by GPEI over the last 12 months.	1.2 Integration plans have been developed by polio and recipient programmes	1.3 Recipient programmes have integrated polio essential functions.	1.4 Level of non-GPEI funding secured for integrated polio essential functions in the current WHO Programme Budget period.
Region	Country	2023	2023	2023	2023
AFR	Chad	H	P	P	L
AFR	South Sudan	H	P	P	L
AFR	Cameroon	H	Yes	Yes	L
EMR	Somalia	H	Yes	Yes	L
AFR	Nigeria	M	Yes	Yes	L
AFR	Ethiopia	L	Yes	Yes	L
EMR	Yemen	L	P	P	H
EMR	Iraq	L	Yes	Yes	H
EMR	Libya	L	Yes	Yes	H
EMR	Sudan	L	Yes	Yes	H
EMR	Syria	L	Yes	Yes	H
SEAR	Bangladesh	L	Yes	Yes	H
SEAR	India	L	Yes	Yes	H
SEAR	Indonesia	L	Yes	Yes	H
SEAR	Myanmar	L	Yes	Yes	H
SEAR	Nepal	L	Yes	Yes	H
AFR	Angola	nr	nr	nr	nr
AFR	DRC	nr	nr	nr	nr

Countries are ranked by the number of milestone indicators not achieved, partially achieved and achieved

Legend:	High > 25%	No	No	Low 0-50%
	Medium 10-25%	Partially	Partially	Medium 50-80%
	Low <10%	Yes	Yes	High ≥80%

## M2. Action Plan jointly developed

All countries developed jointly action plans for polio transition involving central partners.

Six of the plans (Ethiopia, Libya, Myanmar, Sudan, Syria, and Yemen) are not yet endorsed by the government.

The overall quality scores of the plans have been reported as medium and high

The action plan of Cameroon and Myanmar are not up to date.

Indicator		2.1 Country Action Plan completed.	2.2 Country Action Plan quality score.	2.3 Country Action Plan is up to date.
Region	Country	2023	2023	2023
AFR	Cameroon	Yes	M	No
SEAR	Myanmar	Yes*	H	No
EMR	Libya	Yes*	M	Yes
AFR	Ethiopia	Yes*	H	Yes
EMR	Sudan	Yes*	H	Yes
EMR	Syria	Yes*	H	Yes
EMR	Yemen	Yes*	H	Yes
AFR	Chad	Yes	M	Yes
AFR	South Sudan	Yes	M	Yes
AFR	Nigeria	Yes	H	Yes
EMR	Iraq	Yes	H	Yes
EMR	Somalia	Yes	H	Yes
SEAR	Bangladesh	Yes	H	Yes
SEAR	India	Yes	H	Yes
SEAR	Indonesia	Yes	H	Yes
SEAR	Nepal	Yes	H	Yes
AFR	Angola	nr	nr	nr
AFR	DRC	nr	nr	nr

Countries are ranked by the number of milestone indicators not achieved, partially achieved and achieved

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

Legend:		No	Low (0-3)	No
		Yes*	Medium (4-6)	-
		Yes	High (7-9)	Yes



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

In general, national governments have not yet been able to take on full responsibility for managing polio essential functions.

- Most of the countries report high/medium dependency to external partners to manage the essential functions:
  - surveillance: 9 countries high dependency, 5 countries medium;
  - immunization: 3 countries high dependency, 7 countries medium; and
  - outbreak response 6 countries high dependency, 7 countries medium.
- Nonetheless, there are some strong examples of ownership, for instance in India, Iraq and Libya.
- Structured capacity building is systematically conducted to sustain the quality of polio essential functions in all countries except Sudan, Chad, South Sudan and Libya (tbc).

Indicator		3.1 Extent of dependence on external partners for managing the surveillance function within the national health system.	3.2 Extent of dependence on external partners for managing the immunization function within the national health system.	3.3 Extent of dependence on external partners for managing the outbreak response function within the national health system.	3.4 A polio transition management meeting has been conducted by the government in the last 12 months.	3.5 Structured capacity building is systematically conducted to sustain the quality of polio essential functions.
Region	Country	2023	2023	2023	2023	2023
EMR	Sudan	H	H	H	No	No
AFR	Chad	H	M	H	No	No
AFR	South Sudan	H	M	H	No	No
AFR	Cameroon	H	H	H	No	Yes
EMR	Somalia	H	H	H	No	Yes
EMR	Syria	H	M	M	Yes	Yes
EMR	Yemen	H	M	M	No	Yes
AFR	Nigeria	H	M	H	Yes	Yes
SEAR	Myanmar	H	L	L	No	Yes
EMR	Libya	L	L	L	No	No
SEAR	Indonesia	M	M	M	No	Yes
AFR	Ethiopia	M	L	M	No	Yes
SEAR	Nepal	M	M	M	Yes	Yes
SEAR	Bangladesh	M	L	M	Yes	Yes
SEAR	India	M	L	M	Yes	Yes
EMR	Iraq	L	L	L	Yes	Yes
AFR	Angola	nr	nr	nr	nr	nr
AFR	DRC	nr	nr	nr	nr	nr
Countries are ranked by the number of milestone indicators not achieved, partially achieved and achieved						
Legend:		High	High	High	No	No
		Medium	Medium	Medium	-	-
		Low	Low	Low	Yes	Yes

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

The level of financing through national budgets varies across the countries:

- 5 countries have high dependence on GPEI funding,
- 3 countries have moderately dependence, and
- 8 countries have low dependence. These latter are Iraq and Syria, Ethiopia and the five SEAR countries.

All the countries highly and moderately dependent on GPEI are also highly dependent on other external sources of financing health system.

Six countries, Bangladesh, India, Indonesia, Myanmar, Nepal and Libya, mobilized domestic or non- GPEI funding to support polio essential functions.

Nine countries report having a line item for surveillance in the national or sub-national budget.

Indicator		4.1 Level of health system dependence on GPEI funding.	4.2 Level of health system dependence on external funding sources.	4.3 Level of funding generated from national or sub-national budget (domestic or other non-GPEI sources) for polio essential functions.	4.4 A line item has been included in the national and/or sub-national budget on surveillance.
Region	Country	2023	2023	2023	2023
EMR	Somalia	H	H	L	No
EMR	Sudan	H	H	L	No
EMR	Yemen	H	H	L	No
AFR	South Sudan	M	H	L	No
AFR	Chad	H	H	L	Yes
AFR	Nigeria	H	H	L	Yes
EMR	Syria	L	H	M	No
EMR	Iraq	L	H	L	Yes
SEAR	Myanmar	L	H	H	No
AFR	Cameroon	M	H	M	Yes
EMR	Libya	M	M	H	No
SEAR	Nepal	L	H	H	Yes
AFR	Ethiopia	L	L	M	Yes
SEAR	Bangladesh	L	M	H	Yes
SEAR	India	L	L	H	Yes
SEAR	Indonesia	L	L	H	Yes
AFR	Angola	nr	nr	nr	nr
AFR	DRC	nr	nr	nr	nr

Countries are ranked by the number of milestone indicators not achieved, partially achieved and achieved

Legend:	High >10%	High >10%	Low 0-40%	No
	Medium 2-10%	Medium 5-10%	Medium 40-80%	-
	Low <2%	Low <5%	High ≥80%	Yes

MILESTONES - BASELINE YEAR 2023		CMR	TCD	ETH	NGA	SSD	IRQ	LBY	SOM	SDN	SYR	YEM	BGD	IND	IDN	MMR	NPL
		AFR	AFR	AFR	AFR	AFR	EMR	EMR	EMR	EMR	EMR	EMR	SEAR	SEAR	SEAR	SEAR	SEAR
<b>M1. Polio essential functions are safeguarded by WHO with support from partners ("intermediate transition")</b>																	
	1.1 Share of workforce in WHO Country Office funded by GPEI over the last 12 months.	H	H	L	M	H	L	L	H	L	L	L	L	L	L	L	L
	1.2 Integration plans have been developed by polio and recipient programmes.	Yes	P	Yes	Yes	P	Yes	Yes	Yes	Yes	Yes	P	Yes	Yes	Yes	Yes	Yes
	1.3 Recipient programmes have integrated polio essential functions.	Yes	P	Yes	Yes	P	Yes	Yes	Yes	Yes	Yes	P	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.	L	L	L	L	L	H	M	L	H	H	H	H	H	H	H	H
<b>M2. Action Plan jointly developed</b>																	
	2.1 Country Action Plan completed.	Yes	Yes	Yes*	Yes	Yes	Yes	Yes*	Yes	Yes*	Yes*	Yes*	Yes	Yes	Yes	Yes*	Yes
	2.2 Country Action Plan quality score.	M	M	H	H	M	H	M	H	H	H	H	H	H	H	H	H
	2.3 Country Action Plan is up to date.	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes
<b>M3. National government is managing polio essential functions as a part of the national health system</b>																	
	3.1 Extent of dependence on external partners for managing the surveillance function within the national health system.	H	H	M	H	H	L	L	H	H	H	H	M	M	M	H	M
	3.2 Extent of dependence on external partners for managing the immunization function within the national health system.	H	M	L	M	M	L	L	H	H	M	M	L	L	M	L	M
	3.3 Extent of dependence on external partners for managing the outbreak response function within the national health system.	H	H	M	H	H	L	L	H	H	M	M	M	M	M	L	M
	3.4 A polio transition management meeting has been conducted by the government in the last 12 months.	No	No	No	Yes	No	Yes	No	No	No	Yes	No	Yes	Yes	No	No	Yes
	3.5 Structured capacity building is systematically conducted to sustain the quality of polio essential functions.	Yes	No	Yes	Yes	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>M4. Polio essential functions are predictably and sustainably funded through national budgets</b>																	
	4.1 Level of health system dependence on GPEI funding.	M	H	L	H	M	L	L	H	H	L	H	L	L	L	L	L
	4.2 Level of health system dependence on external funding sources.	H	H	L	H	H	M	L	H	H	H	H	M	L	L	H	H
	4.3 Level of funding generated from national or sub-national budget (domestic or other non-GPEI sources) for polio essential functions.	M	L	M	L	L	M	H	L	L	M	L	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	No	Yes	Yes	No	No	No	No	Yes	Yes	Yes	No	Yes

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

LEGEND - Milestones Indicators			
	Not Achieved	Partially Achieved	Achieved
<b>M1. Polio essential functions are safeguarded by WHO with support from partners ("intermediate transition")</b>			
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%
<b>M2. Action Plan jointly developed</b>			
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
<b>M3. National government is managing polio essential functions as a part of the national health system</b>			
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
<b>M4. Polio essential functions are predictably and sustainably funded through national budgets</b>			
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			

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# Country 2023 Baseline

Low immunization coverage rates, **67%** IPV1 and **68%** DTP3

Medium surveillance sensitivity indicator **83%** of districts with non-polio AFP  $\geq 2$ ; and high indicator **95%** of reporting final results AFP and ES sample within 35 days; **50%** of active ES sites meeting sensitivity

High IHR capacity score related to laboratory, **72** compared to regional average, 57

High IHR capacity score related to health emergency management, **73** compared to regional average, 57

**50%** polio-outbreaks stopped within 120 days; **0%** of R1 campaign implemented within 28 days.

**44%** of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

**100%** of nOPV2 vials received by the country opened, used during SIAs, and unusable were subsequently destroyed

**High** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed but **not updated**.

**Highly dependent** on external partners to manage polio essential functions

**Moderate dependency** from GPEI funding, whereas **high dependency** from other external sources of funding

There is a **budget line** for surveillance in the national budget

<b>CAMEROON</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	67	68	47		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	83%	95%	50%	2.2	72 (57)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	50%	0% (172)	44%	-	73 (57)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	100%	nr			
<b>Milestones</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	H	Yes	Yes	L	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	M	No		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	H	H	No	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	M	H	M	Yes	

Low immunization coverage rates, **61%** IPV1 and **60%** DTP3

High surveillance sensitivity indicator **100%** of districts with non-polio AFP  $\geq 2$ ; and low indicator **73%** of reporting final results AFP and ES sample within 35 days; **67%** of active ES sites meeting sensitivity threshold

Low IHR capacity score related to laboratory, **24** compared to regional average, 57

Low IHR capacity score related to health emergency management, **40** compared to regional average, 57

**100%** polio-outbreaks stopped within 120 days; **0%** R1 campaign implemented within 28 days.

**25%** of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

**0%** Measles outbreaks with timely detection and response

**100%** of nOPV2 vials received by the country opened, used during SIAs, and unusable were subsequently destroyed

**High** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **partially integrated**.

Action plan has been developed and **updated**.

**Highly dependent** on external partners to manage polio essential functions

**Highly dependent** from GPEI funding and other external sources of funding

There is a **budget line** for surveillance in the national budget

<b>CHAD</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	61	60	69		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	100%	73%	67%	6.6	24 (57)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	100%	0% (69)	25%	0% (99)	40 (57)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	100%	nr			
<b>Milestones</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	H	P	P	L	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	M	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	M	H	No	No
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	H	H	L	Yes	



Low immunization coverage rates, **65%** for both IPV1 and DTP3

Low – at risk surveillance sensitivity indicators **78%** of districts with non-polio AFP  $\geq 2$ ; **69%** of reporting final results AFP and ES sample within 35 days; High indicator, **100%** of active ES sites meeting sensitivity threshold

High IHR capacity score related to laboratory, **80** compared to regional average, 57

High IHR capacity score related to health emergency management, **73** compared to regional average, 57

**100%** of polio outbreaks stopped within 120 days of outbreak confirmation; **0%** first large-scale campaign (R1) implemented within 28 days of outbreak confirmation.

**25%** of polio outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

Integration plan has been developed for surveillance, immunization and health emergency which are reported as **integrated**.

Action plan has been developed, but **not endorsed** by MOH.

**Moderately dependent** on external partners to manage polio essential functions

**Low dependency** from GPEI funding and other external sources of funding

There is a **budget line** for surveillance in the national/subnational budget

## ETHIOPIA

### Strategic Outcome Indicators

SO1: National immunization programmes systematically reach and immunize everyone with	SO 1.1	SO 1.2	SO 1.3		
	65	65	68		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	78%	69%	100%	2.7	80 (57)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	100%	0% (102)	25%	0% (79)	73 (57)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line	SO 4.1	SO 4.2			
	nr	nr			

### Milestones (not reported)

1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	L	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes*	H	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	M	L	M	No	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	L	M	Yes	

Low immunization coverage rates, **62%** IPV1 and DTP3

High surveillance sensitivity indicator **99%** of district with non-polio AFP  $\geq 2$ ; and **99%** of reporting final results AFP and ES sample within 35 days; **56%** of active ES sites meeting sensitivity

High IHR capacity score related to laboratory, **68** compared to regional average, 57

Medium/High IHR capacity score related to health emergency management, **67** compared to regional average, 57

**38%** of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

**100%** Measles outbreaks with timely detection and response

**86%** of nOPV2 vials received by the country opened, used during SIAs, and unusable were subsequently destroyed

**Moderate** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed and **updated**.

**Highly dependent** on external partners to manage polio essential functions

**Highly dependent** from GPEI funding and other external sources of funding

There is a **budget line** for surveillance in the national/subnational budget

NIGERIA					
Strategic Outcome Indicators					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	62	62	55		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	99%	99%	56%	3.1	68 (57)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	100%	100% (21)	38%	100% (28)	67 (57)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	86%	nr			
Milestones					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	M	Yes	Yes	L	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	H	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	M	H	Yes	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	H	H	L	Yes	

Immunization coverage rates at risk, **67%** IPV1 and **73%** DTP3

High surveillance sensitivity indicator **63%** of district with non-polio AFP  $\geq 2$ .

Low surveillance indicator **53%** of reporting final results AFP and ES sample within 35 days; only **29%** of active ES sites meeting sensitivity threshold

Low IHR capacity score related to laboratory, **36** compared to regional average, 57

IHR capacity score related to health emergency management, **40** around the regional average of 57

**100%** of polio-outbreaks stopped within 120 days; **0%** of R1 campaign implemented within 28 days.

**25%** of polio outbreak response SIAs delayed because vaccine supply

**High** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency however the programs are only **partially integrated**.

Action plan has been developed and **updated**.

**High/medium dependency** on external partners to manage polio essential functions

**Moderate dependency** from GPEI funding: **High level of dependency** from other external sources of funding.

**No budget line** for surveillance in national/sub-national budget

## SOUTH SUDAN

### Strategic Outcome Indicators

SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	67	73	56		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	100%	53%	29%	2.5	36 (57)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	100%	0% (57)	25%	-	40 (57)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			

### Milestones

1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	H	P	P	L	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	M	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	M	H	No	No
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	M	H	L	No	

Low immunization coverage rates, **38%** IPV1 and **42%** DTP3; only **22%** of districts with DTP3 coverage greater than or equal to 80%

Low surveillance sensitivity indicators **59%** of districts with non-polio AFP  $\geq 2$ ; **42%** of reporting final results AFP and ES sample within 35 days; and **15%** of active ES sites meeting sensitivity threshold.

**1.2** cases of discarded non-measles non-rubella annually per 100,000 population

High IHR capacity score related to laboratory, **72** compared to regional average, 57

Low IHR capacity score related to health emergency management, **47** compared to regional average, 57

**25%** of polio outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

<b>ANGOLA</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	38	42	22		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	59%	42%	15%	1.2	72 (57)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	25%	-	47 (57)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones (not reported)</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	

Low immunization coverage rates, **68%** IPV1 and **65%** DTP3

High surveillance sensitivity indicator **92%** of districts with non-polio AFP  $\geq 2$ ; Low surveillance indicators **69%** of reporting final results AFP and ES sample within 35 days; High indicator, **4%** of active ES sites meeting sensitivity threshold.

**2.6** cases of discarded non-measles non-rubella annually per 100,000 population

Low IHR capacity score related to laboratory, **36** compared to regional average, 57

Low IHR capacity score related to health emergency management, **27** compared to regional average, 57

**50%** of polio outbreaks stopped within 120 days of outbreak confirmation; **13%** first large-scale campaign (R1) implemented within 28 days of outbreak confirmation.

**30%** of polio outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

**65%** of nOPV2 vials that were received by the country and opened, used during SIAs, and unusable vials were destroyed.

<b>DR CONGO</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	68	65	90		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	92%	69%	4%	2.6	36 (57)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	50%	13% (168)	30%	-	27 (57)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	65%	nr			
<b>Milestones (not reported)</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	

High Immunization coverage rates, **96%** IPV1 and **93%** DTP3

High surveillance sensitivity indicators **91%** of districts with non-polio AFP  $\geq 2$ ; **95%** of reporting final results AFP and ES sample within 35 days; and **100%** of active ES sites meeting sensitivity threshold

Low IHR capacity score related to laboratory, **60** compared to regional average, 72

IHR capacity score related to health emergency management, **33** around the regional average of 71

No polio-outbreaks reported.

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are **integrated**.

Action plan has been developed and **updated**.

**Low dependency** on external partners to manage polio essential functions

**Low dependency** from GPEI funding; **moderate level** of dependency from other external sources of funding.

There is a **budget line** for surveillance in the national budget

<b>IRAQ</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with	SO 1.1	SO 1.2	SO 1.3		
	96	93	88		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	91%	95%	100%	4.5	60 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	-	-	33 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	H	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	L	L	L	Yes	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	M	M	Yes	

Immunization coverage rates at risk, **74%** IPV1 and **73%** DTP3

Low surveillance sensitivity indicator **63%** of districts with non-polio AFP ≥ 2.

Low IHR capacity score related to laboratory, **56** compared to regional average, 72

IHR capacity score related to health emergency management, **73** around the regional average of 71

**No** polio-outbreaks reported with confirmation in 2021-23 and six months from the last virus detection date

No nOPV2 vials received by the country

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan developed, **not endorsed** by government.

**Low dependency** on external partners to manage polio essential functions

**Low dependency** from GPEI funding and other external sources of funding. **High level** of domestic and/or non-GPEI funding for essential functions

There is a **budget line** for surveillance in national/sub-national budget

<b>LIBYA</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with	SO 1.1	SO 1.2	SO 1.3		
	74	73	100		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	63%	91%	-	26.3	56 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	-	-	73 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	M	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes*	M	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	L	L	L	No	No
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	L	H	Yes	



Low immunization coverage rates, **42%** and **42%** DTP3

Low surveillance sensitivity indicator **65%** of districts with non-polio AFP  $\geq 2$ ; High surveillance indicator **94%** of reporting final results AFP and ES sample within 35 days

Low IHR capacity score related to laboratory, **48** compared to regional average, 72

Low IHR capacity score related to health emergency management, **40** compared to regional average, 71

**71%** of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

**58%** of nOPV2 vials received by the country opened, used during SIAs, and unusable were subsequently destroyed

**High** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are **integrated**.

Action plan has been developed and **endorsed**.

**Highly dependent** on external partners to manage polio essential functions

**Highly dependent** from GPEI funding and other external sources of funding

<b>SOMALIA</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	42	42	52		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	65%	94%	35%	-	48 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	71%	-	40 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	58%	nr			
<b>Milestones</b>					
M1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	H	Yes	Yes	L	
M2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	H	Yes		
M3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	H	H	No	Yes
M4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	H	H	L	No	

High immunization coverage rates, **94%** IPV1 and **85%** DTP3

Low surveillance sensitivity indicators, e.g. **63%** of districts with non-polio AFP  $\geq 2$ .

Low rate of discarded non-measles non-rubella case, **0.8** per 100k population (provisional data)

Low IHR capacity score related to laboratory, **60** compared to regional average, 72

High IHR capacity score related to health emergency management, **80** compared to regional average, 71

**All (100%)** polio-outbreaks stopped within 120 days, however **no (0%)** R1 campaign implemented within 28 days.

**50%** of polio outbreak response SIAs delayed because vaccine supply

**No (0%)** nOPV2 vials received by the country, opened, used during SIAs, and unusable vials were subsequently destroyed

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed, but **not endorsed** by the government.

**Dependent** on external partners to manage polio essential functions

**High dependency** from GPEI funding and other external sources of funding

<b>SUDAN</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with	SO 1.1	SO 1.2	SO 1.3		
	94	85	-		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	63%	41%	50%	0.8	60 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	100%	0% (89)	50%	-	80 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line	SO 4.1	SO 4.2			
	0%	nr			
<b>Milestones</b>					
M1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
M2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes*	H	Yes		
M3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	H	H	No	No
M4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	H	H	L	No	
	* Action Plan developed but not endorsed by the government				

Low immunization coverage rates, **65%** IPV1 and **46%** DTP3

High surveillance sensitivity indicators, e.g. **94%** of districts with non-polio AFP  $\geq 2$ .

Low IHR capacity score related to laboratory, **36** compared to regional average, 72

Low IHR capacity score related to health emergency management, **53** compared to regional average, 71

**No** polio-outbreaks reported.

**No** nOPV2 vials received by the country

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed, but **not endorsed**.

**Dependent** on external partners to manage polio essential functions

**Low dependency** from GPEI funding.

**High dependency** from other external sources of funding

<b>SYRIA</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with	SO 1.1	SO 1.2	SO 1.3		
	65	46	44		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	94%	96%	100%	5.4	36 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	0%	-	53 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones</b>					
M1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
M2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes*	H	Yes		
M3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	M	M	Yes	Yes
M4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	H	M	No	
* Action Plan developed but not endorsed by the government					

Immunization coverage rates at risk, **72%** IPV1 and **74%** DTP3

Only **4%** of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample

Low IHR capacity score related to laboratory, **36** compared to regional average, 72

Low IHR capacity score related to health emergency management, **27** compared to regional average, 71

First large-scale campaign (R1) implemented on average within **79** days of outbreak confirmation.

**No** nOPV2 vials received by the country opened, used during SIAs, and unusable vials were subsequently destroyed

Integration plan has been developed for Surveillance and immunization which are reported **integrated**.

Action plan has been developed, but **not yet endorsed**.

**Dependent** on external partners to manage polio essential functions

**Highly dependent** from GPEI and other external sources of funding

<b>YEMEN</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with	SO 1.1	SO 1.2	SO 1.3		
	72	74	68		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	100%	4%	100%	4.4	36 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	100%	0% (79)	67%	-	27 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line	SO 4.1	SO 4.2			
	0%	nr			
<b>Milestones</b>					
M1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate	M 1.1	M 1.2	M 1.3	M 1.4	
	L	P	P	H	
M2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes*	H	Yes		
M3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	M	M	No	Yes
M4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	H	H	L	No	

Low – at risk immunization coverage rates, **71%** IPV1 and **69%** DTP3

High surveillance sensitivity indicator **100%** of districts with non-polio AFP  $\geq 2$ ; **96%** of reporting final results AFP and ES sample within 35 days; and **100%** active ES sites meeting sensitivity threshold

Low IHR capacity score related to laboratory, **44** compared to regional average, 72

Low IHR capacity score related to health emergency management, **53** compared to regional average, 71

**18%** of polio outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

AFGHANISTAN					
Strategic Outcome Indicators					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	71	69	80		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	100%	96%	100%	5.7	44 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	18%	-	53 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			
Milestones <i>(not reported)</i>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	

High immunization coverage rates, **90%** IPV1 and **85%** DTP3

High surveillance sensitivity indicator **100%** of districts with non-polio AFP  $\geq 2$ ; **91%** of reporting final results AFP and ES sample within 35 days; and **96%** active ES sites meeting sensitivity threshold

Low IHR capacity score related to laboratory, **60** compared to regional average, 72

Low IHR capacity score related to health emergency management, **53** compared to regional average, 71

**100%** of polio outbreaks stopped within 120 days of outbreak confirmation

**50%** of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation

**42%** of polio outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply

<b>PAKISTAN</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	90	85	74		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	100%	91%	96%	8.1	60 (72)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	100%	50% (19)	42%	-	53 (71)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones (not reported)</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	

High immunization coverage rates, **96%** IPV1 and **98%** DTP3

High surveillance sensitivity indicator **95%** of districts with non-polio AFP  $\geq 2$ ; **100%** of reporting final results AFP and ES sample within 35 days; and **100%** active ES sites meeting sensitivity threshold

High IHR capacity score related to laboratory, **76** compared to regional average, 69

Moderate IHR capacity score related to health emergency management, **73** compared to regional average, 78

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed and **updated**.

**Moderate/low dependency** on external partners to manage polio essential functions

**Low dependency** from GPEI funding and **moderate dependency** from other external sources of funding

There is a **budget line** for surveillance in the national budget

<b>BANGLADESH</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	96	98	100		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	95%	100%	100%	3.9	76 (69)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	-	-	73 (78)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	H	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	M	L	M	Yes	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	M	H	Yes	



High immunization coverage rates, **91%** IPV1 and **93%** DTP3

High surveillance sensitivity indicator **91%** of districts with non-polio AFP  $\geq 2$ ; **88%** of reporting final results AFP and ES sample within 35 days; and **100%** active ES sites meeting sensitivity threshold

High IHR capacity score related to laboratory, **80** compared to regional average, 69

High IHR capacity score related to health emergency management, **93** compared to regional average, 78

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed and **updated**.

**Moderate dependency** on external partners to manage polio essential functions

**Low dependency** from GPEI funding and from other external sources of funding

There is a **budget line** for surveillance in the national budget

<b>INDIA</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	91	93	80		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	91%	88%	100%	5.7	80 (69)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	-	-	93 (78)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	H	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	M	L	M	Yes	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	L	H	Yes	

Immunization coverage rates at risk, **77%** IPV1 and **85%** DTP3

Low – at risk surveillance sensitivity indicators **88%** of districts with non-polio AFP  $\geq 2$ ; **79%** of reporting final results AFP and ES sample within 35 days; and **58%** active ES sites meeting sensitivity threshold

IHR capacity score related to laboratory, **72** around the regional average, 69

High IHR capacity score related to health emergency management, **93** compared to regional average, 78

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed and **updated**.

**Moderate dependency** on external partners to manage polio essential functions

**Low dependency** from GPEI and other external sources of funding, **high level of financing** from national sources

There is a **budget line** for surveillance in the national budget

<b>INDONESIA</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with	SO 1.1	SO 1.2	SO 1.3		
	77	85	82		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	88%	79%	58%	7.2	72 (69)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	100% (0)	50%	-	93 (78)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line	SO 4.1	SO 4.2			
	nr	nr			
<b>Milestones (not reported)</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	H	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	M	M	M	No	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	L	H	Yes	

Immunization coverage rates at risk, **71%** IPV1 and DTP3

Low surveillance sensitivity indicator **0%** of districts with non-polio AFP  $\geq 2$ ; **97%** of reporting final results AFP and ES sample within 35 days; and **50%** active ES sites meeting sensitivity threshold

Relatively low IHR capacity score related to laboratory, **64** compared to regional average, 69

Low IHR capacity score related to health emergency management, **67** compared to regional average, 78

**Low** share of WCO workforce funded by GPEI

**Integration plan** has been developed for surveillance, immunization and health emergency which are reported integrated.

Action plan has been developed, but **not endorsed** and **not updated**.

**High dependency** on external partners to manage surveillance; **Low dependency** to manage other polio essential functions

**Low dependency** from GPEI funding, whereas **high dependency** from other external sources of funding

There is **no budget line** for surveillance in the national budget

MYANMAR					
Strategic Outcome Indicators					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	71	71	46		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	0%	97%	50%	0.3	64 (69)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	-	-	67 (78)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			
Milestones (not reported)					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes*	H	No		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	H	L	L	No	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	H	H	No	

Immunization coverage rate at risk for IPV1 **84%** and high for DTP3 **90%**

Low surveillance sensitivity indicator **61%** of districts with non-polio AFP  $\geq 2$ ; and **28%** of reporting final results AFP and ES sample within 35 days; **100%** of active ES sites meeting sensitivity threshold

Low IHR capacity score related to laboratory, **48** compared to regional average, 69

High IHR capacity score related to health emergency management, **53** compared to regional average, 69

**0%** Measles outbreaks with timely detection and response

**Low** share of WCO workforce funded by GPEI

Integration plan has been developed for surveillance, immunization and health emergency which are reported **integrated**.

Action plan has been developed and **updated**.

**Moderate dependency** on external partners to manage polio essential functions

**Low dependency** from GPEI funding, whereas **high dependency** from other external sources of funding

There is a **budget line** for surveillance in the national budget

<b>NEPAL</b>					
<b>Strategic Outcome Indicators</b>					
SO1: National immunization programmes systematically reach and immunize everyone with polio and other	SO 1.1	SO 1.2	SO 1.3		
	84	90	86		
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.	SO 2.1	SO 2.2	SO 2.3	SO 2.4	SO 2.5
	61%	28%	100%	6.5	48 (69)
SO3: National health emergency systems prepare for and respond to polio and other disease outbreaks.	SO 3.1	SO 3.2	SO 3.3	SO 3.4	SO 3.5
	-	-	-	0% (68)	53 (78)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the	SO 4.1	SO 4.2			
	-	nr			
<b>Milestones</b>					
1. Polio essential functions are safeguarded by WHO, with support from partners ("intermediate transition")	M 1.1	M 1.2	M 1.3	M 1.4	
	L	Yes	Yes	H	
2. Action Plan jointly developed	M 2.1	M 2.2	M 2.3		
	Yes	H	Yes		
3. National government is managing polio essential functions as a part of the national health system	M 3.1	M 3.2	M 3.3	M 3.4	M 3.5
	M	M	M	Yes	Yes
4. Polio essential functions are predictably and sustainably funded through national budgets	M 4.1	M 4.2	M 4.3	M 4.4	
	L	H	H	Yes	

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# Country progress towards polio transition

# Strategic Outcome Indicators: Performance/Resilience

## Countries most on track:

Bangladesh, India, Iraq

## Countries most off track:

Somalia, DRC, Angola, Chad

## Countries at high risk:

Yemen, South Sudan, Sudan,  
Nigeria, Pakistan, Ethiopia,  
Cameroon, Myanmar, Indonesia

Region	Country	On Track	At risk	Off track	Not Reported / Not Applicable
SEAR	Bangladesh	8	1	0	6
SEAR	India	8	1	0	6
EMR	Iraq	7	0	2	6
AFR	Nigeria	7	4	3	1
EMR	Pakistan	6	4	2	3
EMR	Afghanistan	6	1	3	5
AFR	Cameroon	6	2	5	2
AFR	Ethiopia	6	1	6	2
EMR	Syria	5	0	5	5
EMR	Yemen	5	2	6	2
AFR	Chad	5	1	8	1
SEAR	Indonesia	4	6	1	4
SEAR	Nepal	4	1	5	5
AFR	South Sudan	4	2	6	3
AFR	DR Congo	4	2	7	2
EMR	Libya	3	3	2	7
EMR	Sudan	2	4	6	3
AFR	Angola	2	1	7	5
SEAR	Myanmar	1	4	4	6
EMR	Somalia	1	1	8	5

Countries are ranked by the number of strategic indicators on track

# Milestone Indicators: Transition Readiness/Progress

**Countries most on track:**  
Iraq, India and Bangladesh

**Countries most off track:**  
Somalia, Sudan, Chad, South  
Sudan and Cameroon

Region	Country *	Achieved	Partially Achieved	Not Achieved
EMR	Iraq	14	2	0
SEAR	India	14	2	0
SEAR	Bangladesh	13	3	0
SEAR	Indonesia	12	3	1
SEAR	Nepal	12	3	1
EMR	Libya	11	3	2
AFR	Ethiopia	10	4	2
SEAR	Myanmar	10	1	5
EMR	Syria	9	4	3
AFR	Nigeria	8	2	6
EMR	Sudan	7	0	9
EMR	Somalia	6	0	10
EMR	Yemen	5	5	6
AFR	Cameroon	5	3	8
AFR	South Sudan	3	5	8
AFR	Chad	3	4	9
Countries are ranked by the number of milestone indicators achieved				
* Angola and DRC did not report data				

# Strategic Outcome and Milestone Indicators: Performance in 2023

## Higher performance:

India, Iraq and Bangladesh

## Lower performance:

Sudan, Chad, Somalia, South Sudan

Region	Country	On Track / Achieved	At risk / Partially Achieved	Off track / Not Achieved	Not Reported / Not Applicable
SEAR	India	22	3	0	6
EMR	Iraq	21	2	2	6
SEAR	Bangladesh	21	4	0	6
SEAR	Nepal	16	4	6	5
AFR	Ethiopia	16	5	8	2
SEAR	Indonesia	16	9	2	4
AFR	Nigeria	15	6	9	1
EMR	Syria	13	4	8	6
AFR	Cameroon	11	5	13	2
SEAR	Myanmar	11	5	9	6
EMR	Libya	14	6	4	8
EMR	Yemen	10	7	12	2
EMR	Sudan	9	4	15	3
AFR	Chad	8	5	17	1
EMR	Somalia	7	1	18	5
AFR	South Sudan	7	7	14	3
Countries reporting only strategic outcome indicators (no milestones):					
EMR	Afghanistan	6	1	3	5
EMR	Pakistan	6	4	2	3
AFR	DR Congo	4	2	7	2
AFR	Angola	2	1	7	5