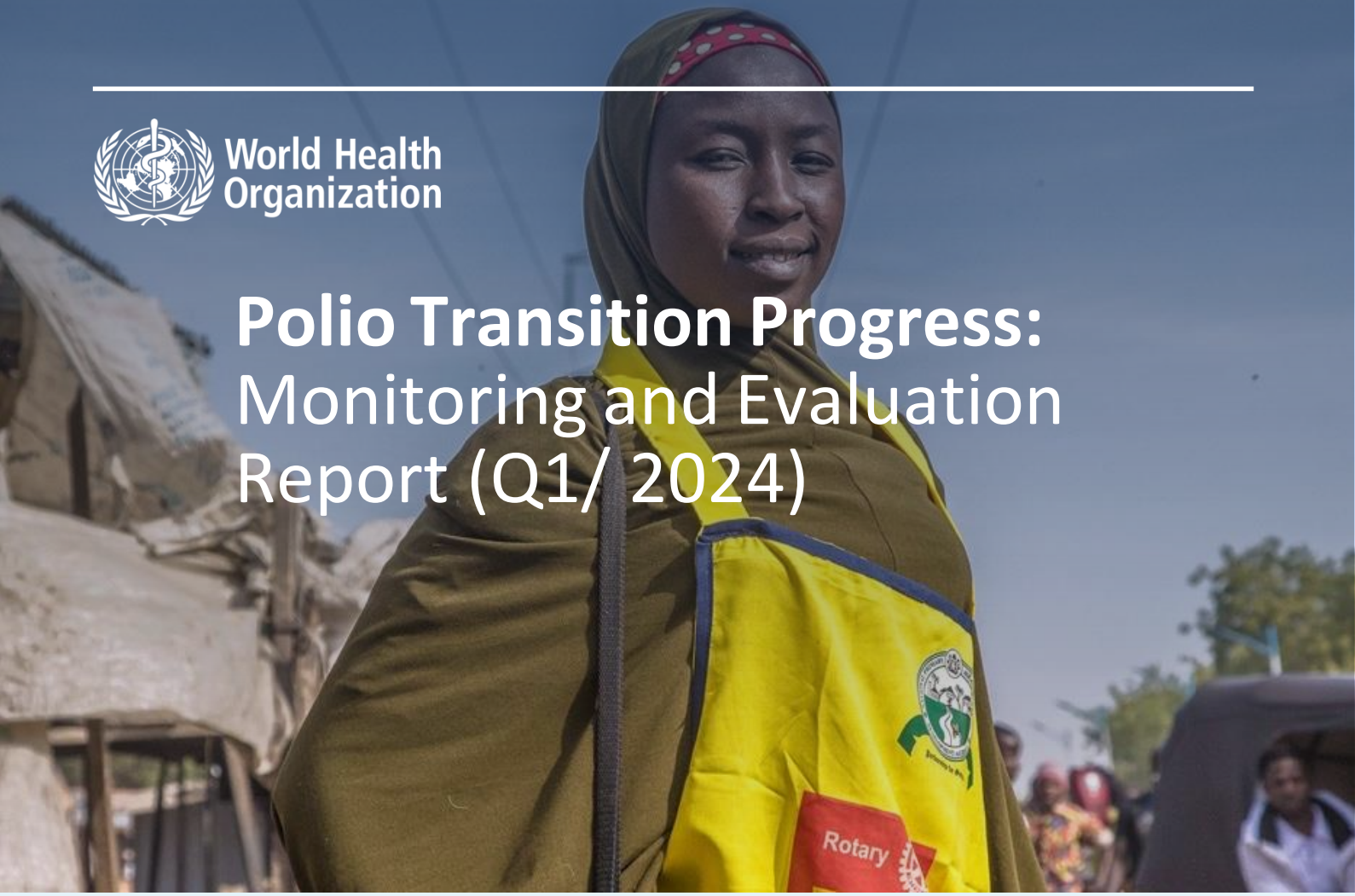

World Health Organization

Polio Transition Progress: Monitoring and Evaluation Report (Q1/ 2024)

The Polio Transition Monitoring and Evaluation Report aims to provide an overview of the progress made in countries prioritized for polio transition towards the goals, strategic outcomes, and milestones of the Global Vision to use polio investments to build strong, resilient, and equitable health systems. The first evaluation report (Q1/ 2024) will serve as the baseline.

Key highlights:

Immunization coverage is suboptimal in most priority countries, with most countries in the African region reporting below 70% coverage for IPV1 and DTP3.

Surveillance quality and sensitivity shows a mixed picture - Some countries have robust surveillance systems, but environmental surveillance and timeliness of reporting is sub-optimal in almost half of the countries.

Despite good progress on integration, countries still rely on external partners for managing surveillance, outbreak response and immunization functions. In some countries, there is also high dependence on polio-funded workforce.

Countries are generally a long way from full financial sustainability, with high dependence on external funding, except in the South-East Asia region.

For more detail, please refer to the Monitoring and Evaluation Report (Q1/ 2024) slidedeck.
https://www.who.int/publications/m/item/polio-transition-strategic-outcome---milestone-indicators-(q1-2024)

1 The current list of 20 priority countries includes Angola, Cameroon, Chad, DRC, Ethiopia, Nigeria and South Sudan in the African Region; Afghanistan, Iraq, Libya, Pakistan, Somalia, Sudan, Syria and Yemen in the Eastern Mediterranean Region; Bangladesh, India, Indonesia, Myanmar and Nepal and he South-East Asia Region.

1 Progress Towards Impact Goals:

The Strategic Framework for Polio Transition sets out three central goals towards achieving strong, resilient, and equitable health systems. In 2023, countries and regions continued efforts towards achieving global polio eradication, while also undertaking work to sustainably transition the systems established by the polio eradication programme to national health systems.

GOAL 1: All countries remain polio free

This goal has not yet been achieved, with the two remaining endemic countries (Afghanistan and Pakistan) still reporting wild poliovirus cases and continued outbreaks of variant poliovirus in 10 polio transition priority countries. Similarly, despite efforts to increase poliovirus immunity through routine immunization and to introduce IPV second dose, IPV1 coverage remains sub-optional (i.e. less than 90%) in 75% of the priority countries, and there are gaps in polio surveillance (AFP and environmental surveillance) and timeliness of response to polio outbreaks.

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

In many countries, the infrastructure established by the polio eradication programme has become the backbone for other VPDs. Therefore, it is critical to monitor broader routine immunization performance, including VPD surveillance, to ensure that there is no backsliding on key indicators during transition. There are notable challenges to reach this goal. In 2023, DPT3-containing vaccine coverage was sub-optimal in most polio transition countries, both at the national and sub-national level, highlighting systematic weaknesses and equity concerns. By contrast, measles surveillance appears strong in most priority countries, although sub-national gaps are likely to exist.

GOAL 3: Rapidly detect and control disease outbreaks

There are challenges related to overall health systems performance when managing public health emergencies, in terms of preparedness, detection and quality and timeliness of response. For instance, except for one country, none of the priority countries responded to measles outbreaks in a timely manner in the reporting period. Similarly, 80% of the priority countries reported much lower than the regional average on the IHR core capacity score related to health emergency management, which demonstrates a country's capacity to detect and respond to outbreaks.

2 Progress Towards the Strategic Outcomes and Milestones

The indicators for strategic outcomes measure health systems performance and resilience related to the polio essential functions, whereas the indicators for milestones measure transition readiness and progress. These complementary indicators together monitor if programmatic quality is sustained, as countries transition out of Global Polio Eradication Initiative support.[2]

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

Strength of national immunization programmes varied during this reporting cycle across the priority countries, but overall routine immunization coverage is weak. The immunization programmes in Bangladesh, India and Iraq are strong (demonstrating above 90% coverage), both at the national and sub-national level. However, in the rest of the priority countries there are major gaps in coverage and equity. The majority of priority countries in the African region reported below 70% coverage for IPV1 and DTP3. Among the priority countries, Angola, Somalia, Syria and Nigeria report the lowest coverage. Equity is also a challenge - only 8 countries report over 80% of districts with DTP3 coverage above 80% level. Reporting shows that there are also challenges related to data availability and quality.

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

National surveillance systems show different levels of performance. Angola, Sudan, Somalia and Myanmar have very low indicators of surveillance sensitivity, both for polio and measles. By contrast, reporting shows high surveillance sensitivity in Afghanistan, Pakistan, Iraq, Syria, Bangladesh and India.

There are gaps in environmental surveillance and timeliness of detection. In nine countries, the percentage of active environmental sites meeting the minimum reporting threshold was less than 60% (in Angola, DRC, Somalia and South Sudan, this was less than 35%). Similarly, half of the countries did not meet the indicators on timeliness of reporting. In most of the priority countries, IHR core capacities related to laboratories are low compared to the regional average. Chad, DRC and South Sudan in the African region, Nepal in the South-East Asia region and all priority countries in the Eastern Mediterranean region report below their respective regional averages.

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

Indicators on outbreak preparedness and response show a mixed picture. All priority countries - except for DRC and Cameroon - managed to stop the polio outbreaks that were confirmed during the past three years (between 2021-23) within 120 days of outbreak confirmation. By contrast, outbreak response campaigns were implemented in a timely manner (within 28 days from outbreak confirmation) only in Nigeria and Indonesia, whereas delays were reported in 8 countries, with average delays up 168 days in DRC and 172 days in Cameroon. Among the four priority countries that had measles outbreaks in 2023, only Nigeria managed to stop the outbreak within 35 days, with Chad, Ethiopia and Nepal stopping the outbreaks within 68-99 days. Outbreak preparedness, as measured by the IHR core capacity score related to management of health emergencies, is low in most countries compared to the regional averages, yet Ethiopia and Cameroon, and India and Indonesia report significantly (10 percent) above their respective regional averages.

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

Data on biorisk management was not comprehensively reported. Among the countries that used novel oral polio vaccine type 2 (nOPV2) during SIAs, only Cameroon and Chad reported 100% destruction of open, used and/or unusable nOPV2 vials.

2 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.

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

Despite considerable progress towards the integration of polio essential functions within WHO Country Offices, challenges remain, especially in countries where the GPEI retains a considerable outbreak response capacity.

Dependence on polio workforce is still high in some countries. In Cameroon, Chad, South Sudan and Somalia over 25% of the WHO workforce is funded by GPEI, whereas for Nigeria the polio-funded workforce still constitutes above 10%. These five countries also report mobilizing a low level of non-GPEI funding to support integrated polio essential functions during the WHO programme budget period 2022-23, although sustainable funding remains a concern for all priority countries.

Nonetheless, most of the WHO country offices report having integration plans and/or having achieved functional integration, with a few exceptions: Chad reports integration limited to immunization together with functional integration surveillance of VPDs and integrated data management; Yemen reports integration limited to surveillance and immunization functions; and in South Sudan, the human resource component remains pending, dependent on the finalization of the broader national plan.

M2: Action Plan jointly developed

Development of an action plan under the leadership of the national government, with the active participation of WHO and all other relevant partners and local stakeholders is an important step to ensure accountability and ownership. All countries have developed joint action plans for polio transition involving key partners. Most of these plans are operational and/or the key components remain relevant, with the exception of Cameroon and Myanmar. However, not all the plans address the key elements needed for successful operationalization. For instance, some countries do not include a resource mobilization strategy, accountability framework or monitoring and evaluation system. Furthermore, more than half of the plans do not address gender, equity, and human right considerations.

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

A key objective of transition is to ensure that reliance on external partners for the management of essential functions decreases over time. Reporting shows that there is still heavy reliance on partners for the management of essential functions, especially surveillance and outbreak response. Most of the countries report high/medium dependency on partners for surveillance (9 countries high, 5 countries medium); outbreak response (6 countries high, 7 countries medium) and immunization (3 countries high, 7 countries medium). Nonetheless, there are also some strong examples of national ownership, for instance in Iraq and Libya. Data shows that countries are also focused on sustaining programmatic quality. Structured capacity building is systematically conducted in all countries, except Sudan, Chad, South Sudan and Libya.

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

Another key component of transition is sustainability and predictability of funding – particularly domestic funding. This includes assessment of whether countries have integrated polio essential functions into their national health planning and budget. The level of financing through national budgets fluctuates across the countries and is in several cases closely tied to the strength of the local economy.

All priority countries in the African Region still have high/moderate dependence on GPEI funding, whereas all priority countries in the South-East Asia region, and two in the Eastern Mediterranean region (Iraq and Syria) have low dependence on GPEI. All the countries that are highly and moderately dependent on GPEI are also highly dependent on other external sources of financing for their health systems. There are, however, a few countries (Iraq, Myanmar, Nepal and Syria) that do not depend on GPEI, but still rely heavily on external funding.

Alternative funding sources are still weak, and countries are a long way from financial sustainability. Only six countries (Bangladesh, India, Indonesia, Myanmar, Nepal and Libya), mobilized significant levels of domestic and/or non- GPEI funding to support polio essential functions in the reporting period. Another important component for transition is sustainable funding for surveillance, as surveillance sensitivity needs to be sustained through eradication and beyond. In many countries surveillance is usually underfunded and/or heavily supported by external partners. Nine countries report having a line item for surveillance in the national or sub-national budget, but some of these countries (Bangladesh, Chad, Ethiopia, Nigeria) highlighted challenges related to sufficiency and allocation.

3 Regional oversight and integration:

WHO Regional Offices in the African, Eastern Mediterranean and South-East Asia region, where the 20 priority countries are located, provide strong oversight and strategic direction for operationalizing transition, tailored to national context.

The African Region, has a three-phased operationalization plan, focused on interruption of all poliovirus transmission, building resilience by strengthening immunization and surveillance, and sustaining eradication. The draft plan was validated by the AFRO Steering Committee in March 2024 and will be refined during 2024/25, to be endorsed by the AFR Regional Committee in 2025. The Region has a functional Polio Transition Steering Committee and polio transition is a regular item on regional governance and technical bodies (e.g. Regional Committee, RITAG, EPI Managers meetings). Level of coordination and integration is progressing at the regional level, with integration of immunization and surveillance functions, and strong coordination between the polio and immunization teams on integrated multi-antigen campaigns, the formal framework for collaboration for coordinating VPD outbreaks aims to be completed this year. Polio outbreak response is still managed by the polio programme. Ongoing outbreaks and uncertainties about future funding are key challenges.

The Eastern Mediterranean Region has a Regional Strategic Plan (2024-2026) focusing on moving forward transition in the priority countries and programmatic integration at the Regional Office level to ensure integrated and streamlined support to countries. The Region has a functional Polio Transition Steering Committee. As the only polio-endemic region, functions are yet to be integrated at the Regional Office level. Ongoing poliovirus transmission, coupled with conflicts, humanitarian emergencies and economic challenges cause delays in the implementation of WHO programmatic integration. A new investment case, published in Q1 2024, demonstrates successful polio transition in the eight priority countries of the WHO Eastern Mediterranean Region will have a very high return on investment

The South-East Asia Region has a draft Regional Strategic Plan for Polio Transition, which was presented for input to the Regional Immunization Technical Advisory Group in 2023, and is expected to be finalized in 2024. The membership of the Regional Steering Committee for Polio Transition is currently under review. Polio transition is a standing agenda on relevant regional fora (e.g. RC and ITAG). In independent evaluation, SEAR has been recognized as the most advanced region in polio transition, attributing the integrated setup of the networks as the key success factor. Despite significant contributions of domestic funding – primarily from the Government of India – there is still dependency on external funding.

4 Data sources and limitations

The M&E framework consists of two sets of indicators for Strategic Outcomes and Milestones, which have a different methodology for data collection.

To facilitate and streamline reporting, the Strategic Outcome indicators are derived from the existing monitoring frameworks and reporting systems (e.g. Global Polio Eradication Initiative 2022-2026, strategy key performance indicators; Immunization Agenda 2030, scorecard; 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 baseline data collected in the first quarter of 2024 cover the following years:

- Immunization indicators (SO 1.1 - 1.3): year 2022
- Surveillance indicators (SO 2.1 - 2.5): year 2023
- Health emergency – polio outbreak indicators (SO 3.1 - 3.3): years 2021-2023;
- Health emergency – measles outbreak and IHR indicators (SO 3.4 – 3.5): year 2023
- Containment indicator (SO 4.1): year 2023
- Milestone Indicators (M1 – M4): year 2023
- Milestone indicator – external health expenditure (M4.2): 2021 or latest available year.

The M&E framework has some limitations: Strategic Outcome indicators are subject to the limitations of the existing frameworks, including data quality and availability. Due to lags in reporting, the most recent available data has been used (as indicated above), which may present challenges for comparison. Data extracted from the existing frameworks and reporting mechanisms were not further scrutinized for quality checks. Proxy indicators (e.g. DTP3 coverage, measles surveillance / outbreak response, IHR core capacities) are used to assess broader health systems performance. For milestones, self-reporting poses a limitation, although country reporting has been validated by the regional offices.

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)
- Global Health Expenditure Database: https://apps.who.int/nha/database

Summary tables of Strategic Outcomes

Strategic Outcomes - Baseline Year 2023

	AGO *AFR*	CMR *AFR*	TCD *AFR*	DRC *AFR*	ETH *AFR*	NGA *AFR*	SSD *AFR*	AFG *EMR*	IRQ *EMR*	LBY *EMR*	PAK *EMR*	SOM *EMR*	SDN *EMR*	SYR *EMR*	YEM *EMR*	BGD *SEAR*	IND *SEAR*	IDN *SEAR*	MMR *SEAR*	NPL *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	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
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.	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)
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%	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)
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%	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
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)	-	-	-

reg. avg. = regional average

Summary tables of Milestones

Milestones - Baseline Year 2023	CMR AFR	TCD AFR	ETH AFR	NGA AFR	SSD AFR	IRQ EMR	LBY EMR	SOM EMR	SDN EMR	SYR EMR	YEM EMR	BGD SEAR	IND SEAR	IDN SEAR	MMR SEAR	NPL 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.	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
M2: Action Plan jointly developed																
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
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	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
M4: Polio essential functions are predictably and sustainably funded through national budgets																
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
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