

Polio Transition Progress: Monitoring and Evaluation Report (Q3/ 2024)

The Polio Transition Monitoring and Evaluation Report provides an overview of the progress made as of Q3 2024 in countries prioritized for polio transition towards the goals, strategic outcomes, and milestones of the Polio Transition Strategic Framework. The list of priority Polio Transition countries was revised in 2024 using standardized criteria that guide decisions on countries' eligibility to enter onto or readiness to exit from the polio transition priority country list. The list now comprises a total of 21 countries: 14 from the African Region and 6 from the Eastern Mediterranean Region and 1 from the South-East Asia Region¹. Countries that have exited the priority list are placed on a 'watch list' and monitored for a minimum of three years to ensure there is no backsliding of functions².

Key highlights:



Immunization coverage remains sub-optimal in most priority countries, with only one country reaching the 90% IPV coverage benchmark and just four countries reporting over 90% DTP3.



Surveillance quality and sensitivity show a mixed picture: 15 countries reported robust surveillance for AFP detection, nine countries met the timeliness benchmark, and only four countries achieved the environmental sites sensitivity threshold.



Despite progress on integration, countries still rely on external partners for managing **surveillance, outbreak response and immunization functions.**



Countries remain far from achieving full financial sustainability, with a high dependence on external funding, except in the South-East Asia Region. Some countries report high dependence of their national health systems on GPEI-funded workforce.

- 1 In 2024, the list of 21 priority countries includes Angola, Burkina Faso, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Madagascar, Mali, Mozambique, Niger, Nigeria and South Sudan in the African Region; Afghanistan, Pakistan, Somalia, Sudan, Syrian Arab Republic and Yemen in the Eastern Mediterranean Region; and Myanmar in the South-East Asia Region.
- 2 The 'watch list' comprises Kenya in the African Region; Iraq and Libya in the Eastern Mediterranean Region; Bangladesh, India, Indonesia and Nepal in the South-East Asia Region.

1 Progress Towards Impact Goals:

The Polio Transition Strategic Framework sets out three goals towards achieving strong, resilient, and equitable health systems. In 2024, global efforts remained focused on eradicating all types of polioviruses and ensuring the sustainable transition of essential functions established by the polio eradication programme into national health systems.



GOAL 1: All countries remain polio free

The goal has not been accomplished to date. Afghanistan and Pakistan remain endemic for wild polio virus, and 26 countries, 11 of which are polio transition priority countries, reported circulating vaccine-derived polioviruses between September 2023 until September 2024. Despite significant efforts to bridge immunity gaps through routine immunization, overall IPV1 coverage remains sub-optimal, with only one country reporting more than 90% IPV1 coverage. Moreover, gaps persist in surveillance, including acute flaccid paralysis, environmental surveillance and outbreak response timeliness.



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

Sustaining polio eradication requires building strong and resilient health systems at the country level. Ensuring high immunization coverage and effective surveillance is vital to avoid setbacks during the transition. DTP3 coverage in most countries remained sub-optimal. Among the priority countries, four reported coverage at or above 90%, while the rest fell below the benchmark. Gaps persist in overall surveillance indicators.



GOAL 3: Rapidly detect and control disease outbreaks

Challenges remain in preparedness, detection, and the quality of timely response to public health emergencies. Among the reporting countries, only Nigeria met the benchmark for the measles outbreak response indicator. Furthermore, fifteen priority countries reported significantly lower scores than the regional average on the International Health Regulations (IHR) core capacity indicator for health emergency management. This metric reflects a country's ability to detect and respond effectively to outbreaks.



2 Progress Towards the Strategic Outcomes and Milestones

The indicators for strategic outcomes measure health systems performance and resilience related to the essential functions³: immunization surveillance, health emergency preparedness and response, and poliovirus containment.



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

Progress in immunization coverage varied across regions and countries, with overall performance remaining low. Seven priority countries were reported to be off track for both IPV and DTP3 coverage, while Angola and Yemen were off track in all three indicators (national coverage with IPV and DTP3 and the percentage of districts with DTP3 coverage greater than or equal to 80%). Central African Republic and Somalia reported the lowest coverage. Equity remains a significant challenge, with ten countries off track for the percentage of districts with DTP3 coverage at or above 80%.

Among the 'watch list' countries, Bangladesh and Iraq achieved high coverage levels across all three indicators. India, Indonesia, Iraq and Nepal showed a decline in IPV1 coverage compared to 2022. On DTP3, the picture was mixed. Iraq and Nepal recorded a significant increase in national DTP3 coverage compared to 2022. However, at the sub-national level, progress was mixed, with four countries showing a decline in the percentage of districts with DTP3 coverage at or above 80%, including India (7% decline), Indonesia (21% decline) and Nepal (11% decline).



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

Sudan was reported to be off track for all surveillance indicators, while five priority countries – Angola, Mali, Mozambique, Myanmar and South Sudan – showed weak performance across four out of five indicators. Environmental surveillance continues to require improvement, as seven priority countries demonstrated low active environmental surveillance site sensitivity, with sensitivity at or below 38% (with the Democratic Republic of the Congo at 0%). Myanmar reported a 17% decrease in surveillance sensitivity indicator compared to 2023.

Similarly, 12 priority countries did not meet the timeliness of reporting requirements. In 15 priority countries, IHR core capacities related to laboratories remain below the regional average.

Among the 'watch list' countries Bangladesh and India were reported to be on track in four out of five surveillance indicators. Libya showed a decline in most surveillance indicators compared to 2023.



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

Indicators on outbreak preparedness and response present a mixed performance. Four countries– Burkina Faso, Democratic Republic of the Congo, Madagascar and Mali–remained below the benchmark for the timely control of outbreaks within the given time frame (2021 – Q3 2024). Among reporting countries, five achieved the benchmark for the timeliness of the first large campaign following outbreak confirmation. However, Cameroon, Chad, Guinea, Mali, Niger, Somalia and Sudan reported 0% on this indicator. Thirteen countries reported supplementary Immunization activities delayed or cancelled due to vaccine supply ruptures, causing shortages at the country level.

Among the 'watch list' countries Bangladesh, Iraq, Kenya, Libya and Nepal reported a IHR capacity score related to health emergency management lower than the regional average.



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

Among the 13 priority countries that reported, seven reached the benchmark on the percentage of nOPV2 vials due for destruction–opened, used during SIAs, and unusable vials–that were destroyed during the period January to September 2024.

Among the 'watch list' countries, Kenya reported 100% of eligible vials destroyed, while Indonesia remained off track with 0%.

Among the priority countries, Pakistan has one facility retaining poliovirus infectious material in the long term. Among the 'watch list' countries, India has two facilities, and Indonesia has three. All six facilities must undergo the certification process to ensure SOPs for safe containment.

3 Countries' performances are assessed on track, at risk and off-track according to the criteria presented in the legend on page 8.

Regional Summary on Strategic Objectives



The African Region:

Immunization performance (IPV and DTP3 coverage) is on track in Burkina Faso, whereas low immunization coverage is observed in Angola, Cameroon, Central African Republic, Chad, Democratic Republic of the Congo, Ethiopia, Guinea, Madagascar, Mali, Nigeria, and South Sudan. Surveillance performance is overall on track in Guinea and Nigeria, while Angola, Burkina Faso, Central African Republic, Chad, Democratic Republic of the Congo, Mali, Mozambique and South Sudan are largely identified as off-track in surveillance. Outbreak response and preparedness indicators are reported on track in Nigeria. However, Angola, Central African Republic, Chad, Democratic Republic of the Congo, Guinea, Madagascar, Mali and South Sudan remained off track for most outbreak preparedness and response indicators.

Among the 'watch list' countries Kenya reported low performance across all indicators except DTP3 coverage, measles surveillance and IHR capacity score related to laboratories.



The Eastern Mediterranean Region:

Immunization coverage falls below the benchmark in Afghanistan, Somalia, Sudan, Syrian Arab Republic and Yemen. While Pakistan demonstrates relatively better immunization coverage, the increasing number of WPV1 cases raises concerns. Afghanistan, Pakistan and Syrian Arab Republic have shown an enhanced performance in surveillance, whereas Somalia and Sudan remain off track for most surveillance indicators. None of the priority countries in the Eastern Mediterranean Region reached the regional average for IHR capacities related to laboratories.

Iraq and Libya, both on the 'watch list' of polio transition countries, show differing progress. Libya has low immunization coverage and a significant decrease in surveillance performance indicators compared to Q1 2024, placing it below the benchmark. Iraq is performing well overall; however, a slight decline is observed in surveillance performance indicators compared to 2023.



The South-East Asia Region:

Four countries of the Region are on the 'watch list'. Overall, Bangladesh and India are performing well across indicators. Indonesia shows sub-optimal performance in immunization coverage, three surveillance indicators and containment indicator. Nepal is at risk across several performance indicators. A special focus on strengthening immunization and surveillance systems is needed to prevent further backsliding in performance.

3. Progress towards Milestones:

Countries and regions are expected to report updates on milestones in Quarter 1 2025. The latest milestone data, as presented in the Q1 2024 M&E Report can be accessed at [<https://www.who.int/teams/polio-transition-programme/monitoring-and-evaluation-dashboard>].

4 Data sources and limitations

This Quarter 3 report presents the set of Strategic outcome indicators.

Strategic Outcome indicators are integrated with existing monitoring frameworks and reporting systems, such as the Global Polio Eradication Initiative 2022–2026 strategy key performance indicators, the Immunization Agenda 2030 scorecard, and the e-SPAR (IHR State Party Self-Assessment Annual Report).

The baseline data collected in the third Quarter of 2024 cover the following periods:

- Immunization indicators (SO 1.1 - 1.3): year 2023, Jan – Dec 2023
- Surveillance indicators – Acute Flaccid Paralysis, environmental surveillance for Polio and Measles / Rubella surveillance (SO 2.1 - 2.4): year 2024 (Quarter 3), 12 months rolling: Oct 2023 – Sept 2024
- Surveillance indicators – IHR capacity (SO 2.5): year 2023, Jan – Dec 2023
- Health emergency – polio outbreak indicators (SO 3.1 - 3.3): years 2021-2024 (Quarter 3), Jan 2021 – Sept 2024
- Health emergency – measles outbreak and IHR indicators (SO 3.4 – 3.5): year 2023, Jan – Dec 2023
- Containment indicator (SO 4.1): year 2024 (Quarter 3), Jan – Sept 2024
- Biomedical facilities with Poliovirus Infectious Material Indicator (SO 4.2): year 2023

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. Overall data availability stood at 85%, with 267 of the 315 required data points available across the 21 transition countries. Gaps were observed in specific areas, with data missing for 3.4 and 4.2 indicators for the newly added countries. 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.

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 \(arcgis.com\)](https://polio-transition-monitoring.arcgis.com)

Summary tables of Strategic Outcomes – Priority Countries

	AGO	BFA	CMR	CAF	TCD	COD	ETH	GNA	MDG	MLI	MOZ	NER	NGA	SSD	AFG	PAK	SOM	SDN	SYR	YEM	MMR
	AFR														EMR						SEAR
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.																					
1.1.National coverage of IPV1 provided through routine service	44	93	71	44	67	66	72	47	63	77	86	85	62	67	59	86	42	58	72	47	78
1.2.National coverage of DPT3 provided through routine services	69	99	81	54	84	80	77	62	74	78	90	94	70	76	67	94	52	57	72	57	80
1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%	51	76	54	80	80	85	72	84	94	65	96	94	68	85	76	85	-	-	56	39	39
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.																					
2.1.Percentage of districts with rate of non-polio AFP detected annually ≥ 2 per 100 000 population aged less than 15 years.	63%	96%	97%	86%	100%	90%	79%	100%	98%	100%	88%	93%	100%	90%	100%	100%	93%	66%	95%	94%	80%
2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	65%	83%	95%	90%	68%	72%	95%	93%	90%	86%	55%	82%	98%	59%	87%	91%	77%	10%	95%	5%	96%
2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	56%	27%	70%	13%	60%	0%	71%	100%	68%	67%	25%	64%	76%	38%	100%	97%	50%	38%	100%	50%	33%
2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	0.6	0.6	3.4	4.4	4.2	2.9	1.8	3.4	4.8	1	5.5	0.8	3.5	2	10.4	12.6	-	0.4	4.5	3.6	0.5
2.5 Country average IHR capacity score related to laboratory compared to regional average	72 (57)	64 (57)	72 (57)	32 (57)	24 (57)	36 (57)	80 (57)	52 (57)	52 (57)	44 (57)	56 (57)	72 (57)	68 (57)	36 (57)	44 (72)	60 (72)	48 (72)	60 (72)	36 (72)	36 (72)	64 (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	100%	0%	100%	83%	100%	47%	100%	-	25%	0%	75%	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)	50% (39)	100% (11)	0% (144)	50% (59)	0% (39)	47% (51)	100% (0)	0% (634)	25% (54)	0% (137)	75% (10)	0% (115)	100% (17)	50% (57)	-	-	0% (188)	0% (12)	-	100% (0)	-
3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	43%	33%	9%	44%	29%	41%	44%	68%	50%	22%	39%	43%	13%	33%	5%	10%	30%	43%	0%	58%	-
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)	-	-	-	-	-	-	-	-
3.5.Country average IHR capacity score related to Health Emergency management compared to regional average	47 (57)	73 (57)	73 (57)	33 (57)	40 (57)	27 (57)	73 (57)	53 (57)	53 (57)	33 (57)	73 (57)	67 (57)	67 (57)	40 (57)	53 (71)	53 (71)	40 (71)	80 (71)	53 (71)	27 (71)	67 (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	0%	100%	100%	100%	100%	100%	0%	97%	-	-	-	78%	67%	100%	-	-	27%	-	-	0%	-
4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM) in the long term	0	-	0	-	0	0	0	-	-	-	-	-	0	0	0	1	0	-	0	-	0
Grey boxes represent missing data or not applicable																					

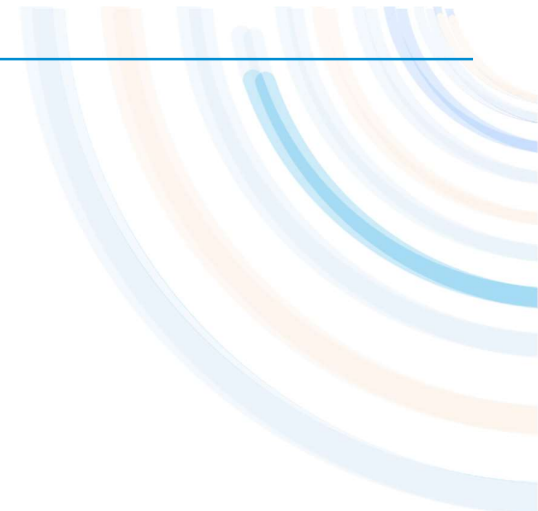
IDN	NPL
71	75
85	96
61	75

		KEN	IRQ	LBY	BGD	IND	IDN	NPL
		AFR	EMR		SEAR			
SO1: National immunization programmes systematically reach and immunize everyone with polio and other vaccines.								
	1.1.National coverage of IPV1 provided through routine service	87	94	74	98	90	71	75
	1.2.National coverage of DPT3 provided through routine services	97	97	74	99	93	85	96
	1.3.Percentage of districts with DTP3 coverage greater than or equal to 80%	79	86	100	100	73	61	75
SO2: National surveillance systems rapidly detect and report poliovirus and other diseases.								
	2.1.Percentage of districts with rate of non-polio AFP detected annually ≥ 2 per 100 000 population aged less than 15 years. (*)	55%	84%	57%	86%	93%	92%	86%
	2.2 Percentage of reporting AFP cases and ES sample final results within 35 days of onset of AFP cases or ES sample	86%	89%	69%	100%	89%	81%	54%
	2.3 Percentage of active ES sites meeting sensitivity threshold of at least 50% samples positive for enterovirus	79%	100%		100%	98%	54%	100%
	2.4 Rate of discarded non-measles non-rubella cases annually per 100,000 population (provisional data)	2.4	5.2	14.1	2.9	5.9	4.3	6.4
	2.5 Country average IHR capacity score related to laboratory compared to regional average (**)	68 (57)	60 (72)	56 (72)	76 (69)	80 (69)	72 (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	-	-	-	-	-	-	-
	3.2.Percentage of the first large-scale campaign (R1) implemented within 28 days of outbreak confirmation (in brackets average number of days)	-	-	-	-	-	100% (11)	-
	3.3 Percentage of polio (WPV and cVDPV) of outbreak response SIAs delayed or cancelled due to ruptures of vaccine supply	33%	-	-	-	-	0%	-
	3.4 Percentage of Measles outbreaks with timely detection and response - provisional data (in brackets average number of days) (***)		-	-	-	-	-	0% (68)
	3.5.Country average IHR capacity score related to Health Emergency management compared to regional average (**)	47 (57)	33 (71)	73 (71)	73 (78)	93 (78)	93 (78)	53 (78)
SO4: Poliovirus infectious materials are either destroyed or safely and securely contained in line with the established biorisk management								
	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%	-	-	-	-	0%	-
	4.2 Number of biomedical facilities retaining poliovirus infectious material (PV IM) in the long term		0	0	0	2	3	0

Grey boxes represent missing data or not applicable

Legend: Strategic Outcome Indicators

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



List of Abbreviations:

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