

Polio transition in a snapshot: India

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Background

DEMOGRAPHICS¹



Total population, 2022:
1.42 billion



Birth cohort, 2022:
25 million



Infant mortality rate (per 1000 live births), 2021: **25**



Under-five mortality rate (per 1000 live births), 2021: **31**

FINANCIALS²



GDP per capita, 2022:
US\$ 2388



Government expenditure on health per capita, 2020: **US\$ 69.9**



Domestic general government health expenditure (% of GDP), 2020: **6.9%**



External resources on health as a % of total expenditure on health, 2020: **1%**

KEY RESOURCES

- NPSP Transition Planning Framework 2018 – 2021 & 2022 – 2026
- Report on mid-term assessment of WHO India's NPSP transition from polio to public health – 2020
- South-East Asia Regional Strategic Plan for Polio Transition

1 World Bank Data (<https://data.worldbank.org/country/india>); UNICEF (<https://www.unicef.org/india/key-data>)

2 World Bank Data (<https://data.worldbank.org/country/india>)

Overview of polio eradication and transition planning in India

India has been polio-free since 2011 and was certified polio-free with the rest of the WHO South-East Asia Region (SEAR) in 2014. Proximity to the two remaining polio endemic countries, Afghanistan and Pakistan, puts India at risk of poliovirus importation. Despite the significant progress made to recover from the impact of the COVID-19 pandemic on immunization coverage, India is home to over 1 million zero dose children. To maintain the gains, it is vital that the health system is continuously strengthened, and the integrated surveillance and immunization network is sustained.



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Journey to transition: polio transition plan 2018 - 2026

Objectives

The overall aim of polio transition is to safeguard the polio essential functions (poliovirus surveillance, immunization with appropriate polio vaccines, outbreak response and containment) that are needed to sustain a polio-free world, and use the polio investments - the tools, knowledge and infrastructure established through the eradication effort - to strengthen national health systems. A dedicated Regional Strategic Plan for the South-East Asia Region sets out the aims of regional polio transition³.

The WHO South-East Asia Region (SEAR) has a single integrated network for surveillance and immunization that provides support for polio eradication alongside measles and rubella elimination, surveillance for vaccine-preventable diseases (VPDs), essential immunization, and emergency preparedness and response. India has the largest such network in the region. The cohesive nature of this network is one of the main reasons for the success of SEAR in polio transition.

The objective of polio transition in India is for the Government of India to gradually take over responsibility for all polio related functions and activities at the sub-state level, including surveillance, monitoring and reporting functions. Robust strategic and coordinated planning between the government, the World Health Organization and various other partners has contributed to success so far. A full transition to wider public health functions to strengthen health systems and fully serve the needs of communities is the ultimate goal.

3 For more information, visit <https://www.who.int/teams/polio-transition-programme>



Shift from polio to public health

Polio transition in India entails a shift from a focus on eradicating polio to supporting broader public health. An important milestone was the renaming of India's "National Polio Surveillance Project" (WHO-NPSP), which was instrumental in eradicating polio, to become the "National Public Health Support Programme" (NPSP). This new name aligns with the expanded scope of work undertaken by staff. Nonetheless, maintaining India's polio-free status remains the highest priority for NPSP.

The shift from polio to public health in India consists of a two-phased plan, spanning the period 2018 to 2026:

1) **First phase (2018 to 2021): Focus on capacity-building, handing over some functions to the government, and using a state-wise approach with domestic funding support**

India was the first country in the region to complete the first phase of integration. In this phase, the government continued to invest in human capital and to strengthen their public health system, to ensure capacity was sustained and increased. The NPSP's primary focus during this phase was to build national and sub-national capacity, to enable the government to take over specific functions and activities.

To achieve this, the NPSP steadily handed over activities related to the implementation of programmatic functions and capacity-building at the substate level to the government. The activities historically undertaken by NPSP were extensive, comprising support for essential immunization, surveillance and outbreak response. The NPSP also supported government immunization priorities, including strengthening essential immunization, the Government of India's Mission Indradhanush (IMI), measles elimination and rubella and congenital rubella syndrome

(CRS) control, new vaccine introduction, vaccine-preventable disease surveillance, adverse events for immunization (AEFI) surveillance and surge capacity support for campaigns in the north-eastern states. In supporting these initiatives, the NPSP focused on providing technical guidance, advocacy, capacity building, and monitoring and evaluation. At the same time, the NPSP Delhi office provided key technical assistance and support on research, laboratory and information management. The NPSP's support was provided in the context of a reduction in workforce, under the guidance and responsibility of the WHO India Country Office and included a phased decrease in funding, human resources and physical assets.

The transition and handover of activities to the government was a process of negotiation between the NPSP, and the central and state governments. It was emphasized that the government would need to invest resources to maintain the NPSP as a viable entity and build internal capacity to take over responsibility for specific activities. Timelines for the handover of functions were agreed with state governments. The government and WHO also undertook a wide-ranging assessment to identify the activities to be retained within NPSP. Some areas (technical guidance, advocacy, capacity building at the state level and monitoring and evaluation) were identified as key functions to be continued.

Two-way capacity building was central to success. WHO ensured the building of national and sub-national capacity for key functions ahead of their transition to the national health system, whilst the capacities of NPSP personnel were increased to support strengthened essential immunization and VPD surveillance.

2) **Second phase (2022 to 2026): Transition to wider public health functions, including support to COVID-19 response and other health emergencies, while ensuring continued support to all immunization initiatives**

A mid-term assessment evaluating the first phase of implementation was completed by the National Institute of Health and Family Welfare in 2021. Programmatic and non-programmatic areas, including human resources, operations, and finance were reviewed.

The main conclusions and recommendations drawn from the review included:

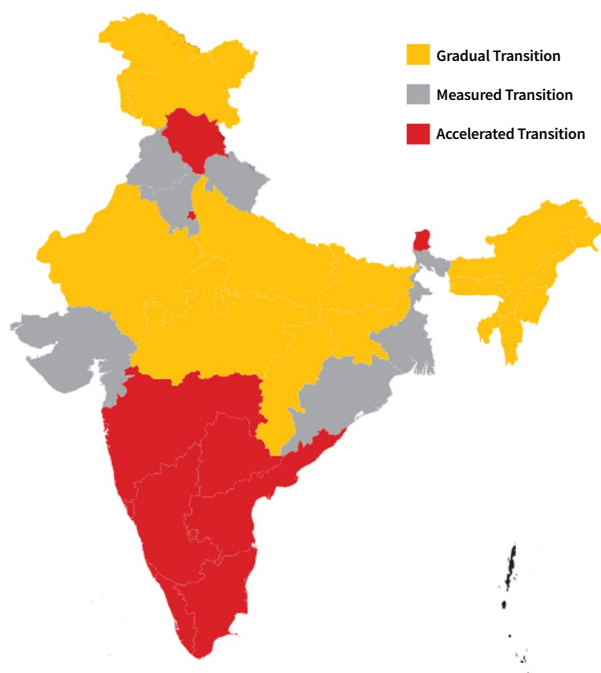
- Polio transition had significantly contributed to strengthening public health systems;
- The government's commitment and vision and WHO's leadership had placed the polio infrastructure in a key role nationally and sub-nationally;
- Increased financial support to sustain the immunization structure was needed;
- Gaps were identified, including variable ownership by state governments, and a lack of direct interface between the Ministry of Health administration and finance teams and the WHO.

To review progress and inform the second phase, a transition workshop was conducted in August 2021. State-specific transition plans were drafted with timelines, along with a monitoring and evaluation framework to track technical, financial, and human resources. Any transition modalities during this phase will be finalized based on continuous joint consultations between the government and WHO. The NPSP will continue a handover of capacity-building activities at the

sub-state level to the government, in addition to surveillance, monitoring and reporting functions. In principle, domestic funding to support the NPSP has been secured up until 2024.

Transition timeline at the state level

The map lays out a proposed timeline up to 2026, during which the handover of activities from NPSP to the government is anticipated to occur. The transition timeline for each state is aligned with the development of three-year annual rolling plans and state-level planning between state governments and Regional Team Leaders.



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Financial sustainability

India took the first steps for financial sustainability long before polio transition came onto the global agenda. Since 2016, there has been a gradual transition of funding from the Global Polio Eradication Initiative (GPEI) to domestic and other external sources.

WHO and the Government of India have committed to three-year rolling plans, with annual reviews containing detailed action plans and budgets, in consultation with donors and key stakeholders. The goal is that there will be no more than a 20% decrease in funding (from all sources) year-to-year. The transition process is implemented in accordance with a Memorandum of Agreement signed in 2018 between WHO and the Ministry of Health and Family Welfare.

The government provides the majority of funding, at both the central and state levels, to support implementation of the cohesive network of wider public health functions. The government has approved a US\$ 56 million budget to cover the period 2022 to 2024, which is being made available in tranches. State governments are providing additional support. Gavi, the Vaccine Alliance, together with the Centers for Disease Control and Prevention (CDC), provide additional funding to NPSP.

Continued and predictable sustainable financing from domestic and external sources is essential to sustain the critical components of this infrastructure, to continue to advance primary healthcare towards universal health coverage and to strengthen global health security.

Monitoring and evaluation

The Polio Transition Monitoring & Evaluation framework consists of two sets of indicators to measure health system performance in relation to the polio essential functions, and the polio transition process. The framework aims to guide decision-making, facilitate progress, and enable the monitoring of the quality of performance of the polio essential functions.

The datasets related to India can be accessed at <https://www.who.int/teams/polio-transition-programme>.

Risks/challenges

- Securing adequate long-term, predictable financing to sustain essential functions.
- Ensuring that polio eradication gains are sustained and protected, whilst strategically repurposing assets to serve broader health priorities.

Next steps

- Continued government ownership.
- Build on existing momentum to achieve greater alignment with the broader health agenda, including scaling up strategies to reach zero dose children and build back resilient health systems.
- Working with partners to ensure the long-term sustainability of the health system through dedicated financing and continued capacity building.