



World Health
Organization



Polio transition in a snapshot: Bangladesh

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Background

DEMOGRAPHICS¹



Total population, 2022:
171 million



Birth rate (per 1000 people),
2021: **18**



Infant mortality rate (per 1000 live
births), 2021: **23**



Under-5 mortality rate (per 1000
live births), 2021: **27**

FINANCIALS²



GDP per capita, 2022:
US\$ 2688



Health expenditure per capita, 2020:
US\$ 50.60



Current health expenditure (% of GDP),
2020: **2.63%**



External health expenditure (% of current
health expenditure), 2020: **5.41%**

KEY RESOURCES

- Government of the People's Republic of Bangladesh and Ministry of Health and Family Welfare Polio Transition Plan
- South-East Asia Regional Strategic Plan for Polio Transition

¹ World Bank Data (<https://data.worldbank.org/>)

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

Overview of polio eradication and transition planning in Bangladesh

The last case of wild poliovirus in the People's Republic of Bangladesh was detected in 2006. Bangladesh was certified polio-free along with the rest of the WHO South-East Asia Region (SEAR) in 2014. Today, the Extended Programme on Immunization (EPI) provides immunization against polio and other vaccine-preventable diseases to over 90% of children³. District Maternal Child Health and Immunization Officers (DMCHIO) work together with Bangladesh's Surveillance Medical Officer network to support all EPI functions.



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Bangladesh is one of five priority countries for polio transition in the South-East Asia region, and strong progress has been made towards sustaining the network that was initially set up to eradicate polio to support broader immunization activities. Current priorities include recovering from the impact of the COVID-19 pandemic to boost immunization coverage and sustaining surveillance to rapidly detect and respond to polio and other disease outbreaks.

3 World Health Organization [<https://www.who.int/bangladesh/activities/strengthening-vaccination-coverage/strengthening-vaccination-coverage/>]

Journey to transition: Bangladesh's polio transition plan

Overall 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 transition⁴.

The three main aims of Bangladesh's polio transition strategy are as follows:

Sustaining the polio-free status until global eradication certification and beyond.

After polio has been eradicated, some activities and functions of the polio programme will need to continue. The Government, with support from partners, recognizes the need to plan for the polio essential functions to be incorporated into existing public health programmes to ensure the country stays polio-free.

Transitioning polio assets to support other health priorities.

Bangladesh has developed an extensive national disease surveillance system, and a national polio and measles laboratory with the support from GPEI. Supported by immunization and health system partners, a national planning process is underway to ensure that these assets are incorporated into the wider health system and used for the achievement of broader health and development goals.

Capturing and transferring the lessons learned from polio eradication for the benefit of other programmes.

Investments made in polio eradication can provide public health dividends for years to come, by ensuring the transfer of lessons learnt to other relevant programmes and/or initiatives. The Government is committed to ensuring that these lessons are retained and utilized.



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4 See <https://www.who.int/teams/polio-transition-programme> for more details

Three phased transition plan

Transition in Bangladesh is carried out in three phases, correlating with the available and anticipated funding support from different sources. The first phase of the plan, which focuses on integration, has been completed. Efforts are now focused on implementation of the second and third phases.

The polio transition plan for Bangladesh was approved by the Interagency Coordination Committee on Immunization (ICC) in 2018. The plan was developed in a consultative manner with participation of relevant government agencies and departments, including the Programme Management and Monitoring Unit (PMMU) of the Ministry of Health (MoH), the Institute of Epidemiology, Disease Control and Research (IEDCR), the Extended Programme on Immunization, the Institute of Public Health (IPH) and developmental partners such as UNICEF, WHO and USAID. The PMMU of the MoH is the lead agency in planning and implementing the polio transition plan, in close collaboration and coordination

with other relevant departments, programmes and developmental partners. The ICC acts as the overall monitoring and overseeing body.

Key achievements during the first phase of transition include the successful consolidation of SMOs and DMCHIOs under the new title of Surveillance and Immunization Medical Officers (SIMOs), and an increase in their number from 32 to 64 (32 SMOs and 32 DMCHIOs). The SIMOs are evenly distributed across the country, with one per district.

Transition is carried out in a phased manner across geographies, with 25 districts transitioned in 2024, an additional 25 districts transitioned in 2025, and the remaining districts and city corporations transitioned in 2026. The plan anticipates that the SIMO network will cease to function in 2026, when all functions and assets will be fully transitioned to the government health system.

Transition phases

Phase 1: Integration of the polio infrastructure, human resources, functions and assets with EPI	Phase 2: Integration of EPI functions with other priority public health programmes	Phase 3: Mainstreaming of functions and assets to the government, IEDCR and EPI
<ul style="list-style-type: none">• Stocktaking of the polio programme assets and lessons learnt.• Merging of SMO and DMCHIO into the Surveillance and Immunization Medical Officer (SIMO) network.• Creation of a new terms of reference for the SIMO network, which would contain routine immunization and other VPD surveillance responsibilities in addition to the previously assigned activities related to polio (AFP surveillance, case investigation, follow-up, and response).• Development of a web based VPD surveillance management system and integration with MIS (DIS2).• Upgrading laboratory functions.	<ul style="list-style-type: none">• SIMO network carrying out additional responsibilities beyond EPI, such as malaria surveillance, the kala azar elimination programme, emerging and reemerging infectious disease surveillance and public health emergency and response.• Initiation by the government of a post of Public Health Specialist or epidemiologist at the district level to oversee public health, surveillance and EPI activities.• Modification of the Medical Officer Disease Control role at the sub-district level.• Preparation and operational planning for final takeover by the government of functions and assets.	<ul style="list-style-type: none">• Creation of new posts (district public health specialist/ epidemiologist).• Gradual takeover of functions (Year 1: 25 Districts; Year 2: 25 Districts; Year 3: Remaining Districts and City Corporations).• Complete government takeover, with full integration of the surveillance network and cessation of the SIMO network.



Financial sustainability

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. The Government is aware of the need for financial sustainability in order to ensure that all milestones in the polio transition plan are reached and to ensure effective public health integration in both the short-term and long-term. Since 2016, there has been a gradual transition of funding to Bangladesh from the Global Polio Eradication Initiative (GPEI) to other sources of funding. The current annual surveillance cost, after implementation of the first phase of the transition plan, which includes human resources, operations and training costs for the surveillance network and laboratory supports costs, was estimated to be US\$ 3.5 million. Financial support for this phase has been obtained from GPEI and GAVI Health System Strengthening 2 (HSS2).

The annual total requirement for implementing the second phase of the plan is estimated to be US\$ 3.5 to 4.1 million. Financial support for this phase may be obtained from GAVI HSS3 and government pooled funding.

The annual total requirement for implementing the third phase of the plan is estimated to be US\$ 2.5 to 3.8 million. Financial support for this phase is planned to be secured from government pooled funds, through incorporation into the Health, Nutrition and Population Sector Programme (2022-2027) and from the government's regular budget.

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 Bangladesh can be accessed at <https://www.who.int/teams/polio-transition-programme>.

Risks & challenges to successful implementation of the transition plan

- Recovering from the impact of COVID-19 on transition plan implementation.
- Ensuring that polio eradication gains are sustained and protected, whilst strategically repurposing assets to serve broader health priorities.
- Retention of experienced staff and risk of attrition.

Next steps

- Achieving greater alignment with the broader health agenda, including scaling up strategies to reach zero dose children and build back resilient health systems to recover from the impact of the COVID-19 pandemic.
- Working to implement the second and third stages of the transition plan.
- Securing adequate long-term, predictable financing to sustain essential functions.