

# Polio transition in a snapshot: Ethiopia

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## Background

### DEMOGRAPHICS<sup>1</sup>



Total population, 2022:  
**123 million**



Birth rate (per 1000 people),  
2020: **32**



Infant mortality rate (per 1000 live  
births), 2021: **34**



Under-5 child mortality rate (per  
1000 live births), 2021: **47**

### FINANCIALS<sup>2</sup>



GDP per capita, 2022:  
**US\$ 1027**



Health expenditure per capita, 2020:  
**US\$ 28.70**



Health expenditure (% of GDP), 2020:  
**3.48%**



External health expenditure (% of current  
health expenditure), 2020: **34.45%**

### KEY RESOURCES

- The Federal Democratic Republic of Ethiopia: Polio Transition Plan 2022-2025
- Africa Regional Strategic Plan for Polio Transition

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

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



# Overview of polio eradication and transition planning in Ethiopia

The Federal Democratic Republic of Ethiopia has made impressive progress to eradicate polio. The last case of wild poliovirus in Ethiopia was detected in January 2014<sup>3</sup>. Since then, the country has experienced periodic outbreaks of circulating vaccine-derived polioviruses (cVDPVs). Ethiopia remains committed to strengthening surveillance and immunization efforts, alongside international partners.

Polio transition planning was initiated in Ethiopia in conjunction with the implementation of the Global Polio Eradication Initiative (GPEI) Polio Eradication and Endgame Strategic Plan 2013–2018, of which transition was a core pillar<sup>4</sup>. From the beginning, the overarching aim was to maintain a polio-free Ethiopia and ensure that the investments made for eradication are used to contribute to broader health goals. However, due to the challenges in eradicating polio from the African continent and globally, coupled with outbreaks of cVDPV, the Interagency Coordination Committee-endorsed Ethiopia Polio Transition Plan (2018 – 2022) was not implemented.



The revised and updated Federal Democratic Republic of Ethiopia Polio Transition Plan (2022 – 2025) aims to build on the original plan, whilst accounting for contextual changes. The plan aims to facilitate the transition of polio assets and functions to the national health system, through addressing ongoing risks, leveraging best practices, and introducing systems improvement to prevent a future resurgence of polio. The plan aligns with the GPEI Polio Eradication Strategy 2022 – 2026: Delivering on a Promise.

The revised plan has two phases. The first phase comprises a period of preparation for the transition, with a focus on integration, capacity-building and system strengthening. In this phase, core polio programme activities will be maintained with the support of GPEI partners (WHO, UNICEF and CORE group<sup>5</sup>) using existing structure, assets and funds<sup>6</sup>. During the second phase functions will be mainstreamed to the national health system, and the government will aim to adopt full responsibility for sustaining polio functions and maintaining the polio-free status, enabled through resource mobilization from national and international donors. The timelines for each phase are subject to change, to ensure alignment with progress towards global polio eradication.

3 Deressa, W., Kayembe, P., Neel, A.H. et al. Lessons learned from the polio eradication initiative in the Democratic Republic of Congo and Ethiopia: analysis of implementation barriers and strategies. BMC Public Health 20 (Suppl 4), 1807 2020. <https://doi.org/10.1186/s12889-020-09879-9>

4 The Federal Democratic Republic of Ethiopia Polio Transition Plan (2022 - 2025)

5 The CORE Group Polio Project is a multi-country, multi-partner initiative providing financial support and on-the-ground technical guidance and support to strengthen country efforts to eradicate polio.

6 GPEI continues to fund activities in ten polio high-risk countries, including Ethiopia, and core regional functions in 2022 – 2023.



# Journey to transition: polio transition plan 2022 - 2025

## 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 African Region sets out the aims of regional polio transition.

The main goals proposed in the revised polio transition plan for Ethiopia are aligned with global objectives. Despite progress in overall child health and advances in immunization, Ethiopia has low essential immunization coverage in some regions, especially amongst pastoralists, in border areas, and hard-to-reach areas. There is considerable potential to use transitioned GPEI assets to support broader health systems strengthening. Overall, the transition plan aims to sustain and adapt activities for routine immunization, polio surveillance, communication, outbreak response and containment, in line with the guiding principle of equity and equality enclosed within Ethiopia's Health Sector Transformation Plan (2019/20 – 2024/25). This aims to ensure equal access to immunization services and disease surveillance, using appropriate strategies linked to community needs.

The specific objectives of Ethiopia's transition plan are:

- 1. Ensuring that the functions needed to maintain a polio-free status are mainstreamed into national immunization and surveillance systems, via:**
  - a. Maintaining high routine polio vaccination coverage;
  - b. Stopping cVDPV2 transmission and preventing further outbreaks in the country;
  - c. Ensuring early detection and timely response to any polio outbreak;
  - d. Establishing environmental surveillance sites in all regions and strengthening the national polio laboratory for sample testing and biocontainment.
- 2. Ensuring that the knowledge generated and lessons learned from polio eradication activities are documented and shared for the benefit of other health initiatives.**
- 3. Where feasible and appropriate, ensuring that transition capabilities and processes are in place to support other health priorities and ensure the sustainability of GPEI functions, including:**
  - a. Ensuring that the Acute Flaccid Paralysis (AFP) case-based surveillance system is used for measles and other priority disease surveillance in an integrated manner at all health structure levels;
  - b. Ensuring that the polio communication network is used for demand creation for essential immunization.



## Phases of the polio transition plan (2022 - 25)<sup>7</sup>

Phases of transition 	Phase 1: Polio programme transition 	Phase 2: Mainstreaming polio functions 
Activity/Outcome 	<ul style="list-style-type: none"> <li>• Polio partners to maintain minimum structure and assets to continue essential polio functions until 2023</li> <li>• Planning resources required for the implementation of Polio Transition Plan (manpower, logistics and budget)</li> <li>• Resource mobilization to cover the budget gap (donor round-table meeting)</li> <li>• Build government capacity through training of EPI, surveillance &amp; communication FPs</li> <li>• Polio transition process monitoring framework</li> </ul>	<ol style="list-style-type: none"> <li>1. Transfer full responsibility to the government (FMoH) to mainstream polio functions to national health system from January 2024</li> <li>2. Support government financing efforts for mainstreaming polio functions to national immunization and surveillance systems, through resource mobilization for 2024 and 2025</li> <li>3. Partners provide technical assistance for the M&amp;E mainstreaming process</li> </ol>
Estimated timeline 	January 2022 - December 2023	January 2024 - December 2025

Each core function and sub-function of polio eradication efforts supported by WHO, UNICEF and the CORE Group has been mapped and aligned with national health priorities. The specific transition strategies and activities developed are focused on four main areas: a) Transition strategies and activities for polio eradication functions; b) Transition of polio eradication programme personnel; c) Transition strategies for polio eradication programme-funded physical assets (polio vehicles); and d) Transition strategies for polio eradication best practices.

### Transition strategies

#### Polio eradication functions

Polio eradication programme functions have been aligned with national objectives included in Ethiopia's Health Sector Transformation Plan as well as the national comprehensive multi-year strategic plan (cMYP) for immunization. These objectives relate to service delivery (increasing and sustaining high vaccination coverage and achieving new vaccine introduction); disease surveillance and outbreak response (strengthening IDSR, improving health emergency risk management, outbreak response, and laboratory facilities), and communications and community engagement (increasing demand for immunization services). In addition, transition strategies have been prepared to ensure that critical polio eradication activities, such as AFP surveillance and polio outbreak response, are sustained to prevent a resurgence of the poliovirus. To achieve greatest impact, the comparable benefits of transitioning polio personnel to undertake functions as opposed to utilizing existing government personnel has been considered.

#### Polio eradication programme-funded personnel

As the government builds capacity ahead of the mainstreaming of polio functions into the national health system, partners (WHO, UNICEF and CORE Group) must also take steps to ensure that vital capacity needed to deliver health services is retained. The emphasis is on ensuring that staff are transitioned, where appropriate, to other priority areas to support the achievement of key health objectives, with a tailored approach taken by each organization.

#### Polio eradication programme-funded physical assets

Vehicles funded by the polio eradication programme are critical to deliver a broad range of health services to communities, and thus form a vital part of transition planning. The transition plan proposes that WHO and CORE Group will gradually transfer polio-funded vehicles to the Federal Ministry of Health as the polio workforce is transitioned or scaled down. It is anticipated that the remaining WHO polio-funded vehicles will be ultimately transferred to the government, who will use them to deliver national health priorities. The CORE Group is likely to retain some vehicles in order to continue their work supporting essential immunization and surveillance.

#### Polio eradication best practices

Underlining the broader contributions of the polio workforce and functions, ten best practices used in eradication efforts have been selected for specific transition in line with national health priorities. These practices have already helped to tackle other diseases and deliver health services, and their retention and integration is intended to bolster existing linkages and apply best practices to a broader range of diseases.

<sup>7</sup> The timelines for each phase are subject to change, to ensure alignment with progress towards global polio eradication.

An example of the best practices identified is adapting the bottom-up comprehensive microplanning approach used for polio eradication to improve the reach of services including essential immunization, TB screening, anti-natal and post-natal care. This will necessitate capacity building and adaptation of the polio SIA micro-planning tools, whilst retaining the focus on reaching all communities.

Another best practice focuses on the local community and religious leaders, birth attendants and medical practitioners who have for many years helped the polio programme detect AFP cases and share information related to poliovirus with communities. It is anticipated that these individuals could be engaged to share information related to family health, outbreak detection, nutrition, NTDs and other community-based health interventions. Sustaining the intersectoral and cross-agency collaboration and communication systems established to deliver polio vaccines will also help to benefit communities, through the more effective delivery of a wider range of health interventions.

At borders, and in hard-to-reach areas, the insights and learnings of the polio eradication programme will continue to be critical. Strategies such as mapping entry points at the border and documenting the seasonal movement patterns of pastoral communities, can all be adapted to ensure that families are greeted with appropriate health services, ranging from essential immunization and deworming to cervical cancer screenings, thus reducing barriers to access.

## Financial sustainability and resource mobilization

Approximately US\$ 9.4 million will need to be mobilized from international and national donors to smoothly implement the activities foreseen in Ethiopia's national transition plan and sustain vital immunization and surveillance activities between 2022 – 2025. Three key strategies have been identified to map and advocate with local and international donors:

- 1) Continue to mobilize resources from GPEI partner agencies, where the agencies are committed to the implementation of polio transition strategies and activities.
- 2) Identify and advocate with local donors to sustain transitioned functions (private sectors, civil society organizations and individuals).
- 3) Identify and advocate with new international donors.

Specific activities to achieve these aims include establishing a resource mobilization taskforce in collaboration with the Partnership Coordination Directorate of the Federal Ministry of Health; organizing a donor round table to advocate for the timely delivery of funding commitments; finalizing donor funding commitments using a Memorandum of Understanding and developing and submitting funding proposals to committed donors. Resource mobilization will be particularly critical as the transition moves from Phase 1, supported by WHO, UNICEF and CORE Group, to Phase 2, during which functions will be taken over by the Government of Ethiopia.

## Monitoring and evaluation

If adopted, the implementation of the Polio Transition Plan 2022 – 2025 will be fully coordinated by the Ethiopian Federal Ministry of Health and Ethiopian Public Health Institute. Daily management will be undertaken in collaboration with respective agencies. The monitoring and evaluation processes during Phase 1 of the plan will comprise:

- Initial annual monitoring of available resources at all levels at the beginning of each year;
- Biannual monitoring and evaluation of transition activities through review meetings;
- Mid-term evaluation of the transition plan;
- Final evaluation of the transition plan.

The estimated cost for the biannual monitoring and evaluation of Phase 1 activities is estimated to be US\$ 200,000.

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

## Risks/challenges

- Ongoing cVDPV2 outbreaks and risk of poliovirus importation, exacerbated by low immunity levels amongst some population groups.
- Internal population displacement and interruption of essential health service in some areas.
- Inability to identify sufficient alternative resources of funding to replace GPEI funding.
- Challenges in implementation of specific strategies in hard-to-reach-areas.
- High turnover of health staff in the national health system, causing capacity and knowledge gaps.

## Next steps

- Interagency Coordination Committee review and endorsement of the revised polio transition plan (2022 – 2025).
- Implementation of transition plan objectives with the involvement of relevant partners, including resource mobilization to sustain polio functions in the long-term.