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**ENSURING IMPLEMENTATION OF NATIONAL POLIO TRANSITION PLANS IN THE
AFRICAN REGION**

Report of the Secretariat

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BACKGROUND

1. In the African Region, the Regional Director, at the Sixty-sixth session of the WHO Regional Committee for Africa (2016), held consultative and advocacy meetings with ministers of health of priority countries to fast-track the implementation of their national polio transition plans. During subsequent Regional Committee meetings,¹ updates on polio transition planning have been submitted by the Secretariat as part of progress towards achieving the goals of polio eradication and the endgame strategy.
2. In 2017, the Seventieth session of the World Health Assembly (WHA) endorsed decision WHA70(9)² that outlined the programmatic, financial and human resource-related risks resulting from the current winding down and eventual discontinuation of the Global Polio Eradication Initiative (GPEI), as well as actions taken and planned to mitigate those risks while ensuring that essential polio-related functions are maintained in the post-certification period.
3. Also in 2017, an independent survey³ was conducted in 43 out of the 47 Member States in the African Region on the perceived contribution of the polio programme to other public health interventions. Among the major findings, 71% of respondents reported that the withdrawal of polio funded resources would weaken surveillance for other diseases, while 62.9% reported that there would be inadequate resources to carry out some public health activities.
4. In 2018, the Seventy-first session of the WHA noted the Strategic action plan on polio transition,⁴ which has three key objectives: (1) sustaining a polio-free world; (2) strengthening immunization systems; and (3) strengthening capacity in countries to fully implement the International Health Regulations (IHR 2005). A monitoring and evaluation framework was agreed upon to measure progress towards implementation of the strategic action plan on polio transition, including reporting to Regional Committees.
5. By 2018, six⁵ out of seven⁶ high priority Member States for polio transition in the African Region, which account for almost 85% of polio-funded resources, had developed and costed national polio transition plans. The plans had been endorsed by their national interagency coordination committees (ICC). The remaining 40 out of the 47 Member States in the Region had conducted mapping of their polio assets for other programmes.
6. With the imminent certification of wild poliovirus eradication in the African Region in 2020, GPEI funding for the polio programme will reduce as per the projected GPEI budget ceilings for 2019–2023.⁷ There is also a risk that the GPEI will divert the funding for the African Region to polio endemic countries outside of the Region.

¹ Information documents: Sixty-sixth Regional Committee (RC67) and RC69; and Framework for Certification of Polio Eradication in the African Region (RC68).

² Polio Transition Planning, https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70_14Add1-en.pdf

³ The contribution of the polio eradication initiative on the operations and outcomes of non-polio public health programs: a survey of programs in the African region: *Pan Afr Med J*. 2018; 31: 207. Published online 2018 Nov 26.doi: [10.11604/pamj.2018.31.207.17666](https://doi.org/10.11604/pamj.2018.31.207.17666)

⁴ Strategic action plan on polio transition, https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_9-en.pdf

⁵ Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia and South Sudan.

⁶ Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan.

⁷ GPEI Multi-Year Budget Plan 2019 – 2023: <http://polioeradication.org/financing/financial-needs/financial-resource-requirements-frr/gpei-budget-2019-2023/>

7. This technical report reviews the state of implementation of national polio transition plans in the African Region and provides guidance to Member States on initiating and accelerating the implementation of their national transition plans.

ISSUES AND CHALLENGES

8. **Gaps in the quality of polio transition plans:** By December 2018, seven (44%) out of the 16 high priority countries, globally, had costed plans endorsed by their national ICC. Six⁸ (86%) out of the seven ICC-endorsed plans were from the African Region. However, some of the steps for developing the plans were not strictly adhered to, resulting in variations in the quality of the plans. Some of the plans have proposed huge budgets which may hinder domestic resource mobilization within the government or from local development partners.

9. **Insufficient domestic funding:** Although Member States have costed plans and have made efforts to mobilize resources for implementation, they have not been successful.⁹ Additionally, donors have requested Member States to contribute seed funds before they make their contribution. Also, in 2018, some Member States realized the urgency of domestic resource mobilization for their national plans as the GPEI financial contributions were expected to phase out by the end of the year. However, with the extension of the GPEI Endgame Strategic Plan from 2019 to 2023, the momentum seems to have slowed.

10. **Polio funding competing with other priorities:** While implementation of polio transition plans will support polio eradication post-certification and benefit other public health interventions, there are other competing priorities demanding direct funding from government and partners. Furthermore, the transitioning of the contribution of some global funding institutions such as Gavi, and the Global Fund to fight aids, tuberculosis and malaria (GFATM) to other priority areas such as universal health coverage, poses a risk of reduced funding for the implementation of polio transition plans in Member States.

11. **Lack of funding for the developed business and investment cases:** To fill the funding gap that will arise for immunization programmes after GPEI funding stops, a WHO Immunization Business Case for the African Continent¹⁰ was jointly developed by the WHO Regional Office for Africa (AFRO) and the WHO Regional Office for the Eastern Mediterranean (EMRO) in 2017. It was presented to Member States and developmental partners at the World Health Assembly (WHA71)¹¹ in May 2018. While some funds have been mobilized, there is still a gap in funding to implement the planned activities.

⁸ Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia and South Sudan.

⁹ WHO Director-General's report, EB146/2, https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_9-en.pdf

¹⁰ Business case for WHO immunization activities on the African continent 2018-2030

<https://www.afro.who.int/publications/business-case-who-immunization-activities-african-continent-2018-2030>

¹¹ Launch of the WHO Immunization Business Case for Africa at the Seventy-first WHA, 23 May 2018

<https://www.afro.who.int/news/who-launches-business-case-immunization-africa-world-health-assembly>

12. Ramp-down of polio-funded staff and risk of diversion of funds to other WHO Regions:

There was a 31% reduction of WHO polio-funded staff in the African Region between 2016 to the end of 2019.¹² With the increase in wild polio outbreaks outside of the African Region and given that all Member States in the African Region may be certified to have eradicated wild poliovirus in 2020, there is a possibility of an additional reduction of the financial support to the Polio Programme and staff. This situation may increase the risk of future wild polio outbreaks.

13. Low absorption of polio staff by other WHO departments and governments:

Transition planning is the process of analysing the infrastructure, knowledge, expertise and functions of the polio programme, and managing their scale-down or transfer to other health programmes. As part of this plan, polio staff are expected to be transferred to other programmes. However, the absorption rate has been low. For example, from 2017 to 2019, out of a total of 229 abolished polio-funded positions, only 13 staff have been absorbed by other programmes within WHO as of December 2019.¹³ One of the reasons for government reluctance to absorb GPEI-funded staff has been the huge discrepancy in salary scales.

14. Increasing number of circulating vaccine-derived poliovirus (cVDPV) outbreaks:

There has been an increase in the number of cVDPV2 outbreaks since the switch from trivalent oral polio vaccine (tOPV) to bivalent OPB (bOPV), mostly in the African Region. The implementation of the large number of unplanned outbreak responses have resulted in the depletion of GPEI budget projections. For example, by the end of 2019, the GPEI budget for polio outbreak responses was US\$ 52 million for 2020. However, with the procurement of additional monovalent OPV type 2 (mOPV2) vaccines and the projected increase in operational costs for outbreak responses, the budget has doubled to US\$ 110 million.¹⁴

15. The threat of the COVID-19 pandemic: The COVID-19 pandemic has negatively affected economic growth in all Member States globally, regardless of the income levels. It may affect investment in health, including resource mobilization for the polio transition plans. Furthermore, the economic downturn may affect the availability of resources for the GPEI, which may result in an accelerated decline in funding to countries for activities and personnel.

ACTIONS PROPOSED

For Member States and stakeholders at national level:

16. Revision of national transition plans: With the extension of GPEI funding for the period beyond 2019, some of the planned activities in the transition plans are now covered by the GPEI fund. This will require revision of the plans, particularly in terms of the funding that was expected to be contributed by Member States. The revision should be prioritized as funding from GPEI may end earlier than planned. Also, in the context of the COVID-19 pandemic, the funds pledged by donors may be diverted to mitigate the impact of the pandemic and not be available to support the implementation of national polio transition plans. Therefore, the national operational plans should be adjusted with new timelines against the background of COVID-19. The revision will also provide an opportunity for ensuring more realistic budgets.

¹² Polio transition and post-certification, Report of the WHO Director, Seventy-first WHA A71/9, May 2018 https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_9-en.pdf (updated with AFRO data for 2019).

¹³ AFRO Polio Programme Report to the HQ-AFRO high-level consultation meeting, Geneva, 21 January 2020.

¹⁴ 2020 GPEI Outbreak Budget Monitoring, <http://polioeradication.org/financing/2020-outbreak-budget-monitoring/>

17. **Integration of national transition plans:** There is need to ensure integration of aspects of strengthening routine immunization and mitigating the impact of health emergencies in the national polio transition plans. In addition, there should be prioritization of post-polio certification activities for integrated resource allocation by Member States.

18. **Increase government budget support:**—As part of ownership of the national polio transition plans, ministries of health should advocate with relevant government authorities to invest in the plans and ensure implementation. As there may be different priorities that will also require financial resources within the ministry, it is advisable that the polio transition plans be presented as a component of the overall health financing for the ministry.

19. **Mobilize additional resources from domestic development partners and global institutions:** Most of the polio transition countries will require additional bilateral and multilateral financing in the medium term, and some fragile Member States will require long-term financing to be able to sustain the essential functions of the polio eradication. Member States should, therefore, reach out to local development partners and agencies to support the transition plans. Member States should look at the possibility of using available resources from global funding institutions such as the health systems strengthening (HSS) support grant of Gavi to temporarily “bridge” the gap for sustaining essential functions of the polio eradication programme that also contribute to strengthening immunization systems.

20. **Prioritize within priorities for implementation:** The resource mobilization efforts may not be successful in fully funding the whole transition plan. As such, to start implementation, the activities should be further prioritized in an incremental order within an agreed time frame to commence implementation.

21. **Monitor and evaluate implementation of the plans at country level:** At the country level, under the leadership of the national government, the national immunization technical advisory group (NITAG) and ICC should engage in monitoring the implementation and performance of national polio transition plans through the country-level indicators and milestones set out in the developed national plans. It is advisable that the periodicity of these evaluations should allow timely contribution into the regional reports to be submitted by the Secretariat to the governing body meetings, namely the Executive Board, WHA and Regional Committees.

WHO should:

22. **Conduct advocacy country visits:** Pursuant to WHA71.9,¹⁵ WHO was called upon to provide country-level advocacy and resource mobilization support to national governments in securing additional financing to complement their domestic funding. The advocacy visits will also have a technical component to facilitate the development of implementation plans for the national plans. Where relevant, this will also be an opportunity to advocate for development of business or investment cases for other public health interventions. It is imperative that these visits be properly planned with national authorities and stakeholders to ensure that different or innovative approaches are adopted to avoid duplication of national efforts.

¹⁵ https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_9-en.pdf

23. **Monitor and evaluate implementation of the plan:** The WHA in decision WHA70(9) specifically called for regular reporting to it on the planning and implementation of the transition process through the Regional Committees and the Executive Board. At the regional level, AFRO will continue to engage the Regional Immunization Technical Advisory Group (RITAG) to review progress across the transition countries in the Region and report to the Regional Committee annually until 2023.

24. **Strengthen coordination mechanisms through polio transition steering committees:** The monitoring of the implementation of the strategic action plan will also require the tracking of specific commitments made by stakeholders, including national governments, multilateral agencies, private foundations, development partners, civil society organizations and vaccine manufacturers. The coordination mechanism will be built on the existing regional polio transition steering committee.

25. The Regional Committee is requested to review the report and adopted the proposed actions.