World Health Organization

SEVENTY-SECOND WORLD HEALTH ASSEMBLY **A72/10**
Provisional agenda item 11.3 **10 May 2019**

Polio

Transition

Report by the Director-General

1. An earlier version of this report was considered and noted by the Executive Board at its 144th session.[1] It has been updated and substantially expanded with information on costs and financing, human resources planning, and the monitoring and evaluation framework.

2. This report provides an update on the implementation of the strategic action plan on polio transition, which was requested by the Seventieth World Health Assembly in May 2018 in decision WHA70(9) and noted by the Seventy-first World Health Assembly.[2]

3. The strategic action plan has three key objectives:

(1) sustaining a polio-free world after eradication of polio virus;

(2) strengthening immunization systems, including surveillance for vaccine-preventable diseases, to achieve the goals of WHO's Global Vaccine Action Plan 2011–2020;

(3) strengthening emergency preparedness, detection and response capacity in countries to fully implement the International Health Regulations (2005).

The results chain for the plan is illustrated in Annex 1.

4. The strategic action plan is a living document, and the management of polio transition is a country-focused process. Planning at the country level, across WHO's key programmatic areas, will be required throughout the action plan's five-year time span to ensure that it adapts to the evolving situation on the ground.

5. Implementation will be affected by uncertainties linked to the date of certification of the eradication of poliovirus, the evolution of discussions on the implementation of the polio Post-Certification Strategy, including its governance, oversight and financing, and ongoing initiatives related to vaccines, immunization and disease surveillance, such as WHO's post-2020 vaccine and immunization strategy and Gavi 5.0 – the Alliance's 2021–2025 strategy, among others. The Secretariat

[1] See document EB144/10 and the summary records of the Executive Board at its 144th session, fourth meeting.

[2] See document A71/9 and the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings.

has established a dedicated webpage, which is regularly updated about progress in implementation of the strategic action plan.[1]

6. Since the development of the strategic action plan in 2017, the Global Polio Eradication Initiative has been extended for the five-year period 2019–2023. The estimated budget for this extension of the Initiative is US$ 4200 million. The extension allows an additional period to prepare for sustaining a polio-free world after eradication and to strengthen routine immunization systems and emergency outbreak preparedness, detection and response capacities. That said, there is a risk that the additional time period and budget may engender a level of complacency among key stakeholders. Accordingly, WHO continues to advocate and support transition planning and to facilitate implementation of the strategic action plan in non-endemic priority countries.

7. As the world gets closer to the goal of polio eradication, the Director-General has made polio transition a key priority for the Organization at all three levels under the oversight of the Deputy Director-General. A high-level Polio Transition Steering Committee has been established, chaired by the Deputy Director-General, to consider issues such as the implications of the budget of the Global Polio Eradication Initiative for WHO's base budget, monitoring of the progress of country support visits, and the process launched by the first stakeholders' meeting to secure agreement on the implementation and governance of the Post-Certification Strategy (hereafter referred to as the "Montreux process" – see also paragraphs 11–12 below).

8. Since May 2017, the Secretariat has worked with the 16 countries[2] globally that were identified for polio transition and is planning to support four additional high-risk countries that are prioritized by the Regional Office for the Eastern Mediterranean.[3]

9. A polio transition team was established in the Secretariat in September 2018 to lead the programme of work laid out in the strategic action plan. The cornerstone of this work is country support visits to review polio-funded functions and capacities and to examine national transition plans to ensure that they meet the objectives of the strategic action plan.

10. Whereas previously polio transition planning focused primarily on decreasing the indemnity risks faced by the Organization owing to the large numbers of polio-funded staff with continuing appointments and fixed-term positions, the country planning process has revealed the need to sustain and/or selectively re-purpose experienced members of the health work force currently employed with polio funds, particularly in fragile and conflict-affected countries, in order to sustain eradication and to avoid backsliding on vaccine-preventable disease control efforts.

[1] Polio transition (https://www.who.int/polio-transition/en/, accessed 10 April 2019).

[2] The 16 global polio transition priority countries by region are: African Region (Angola, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, Nigeria and South Sudan), South-East Asia Region (Bangladesh, India, Indonesia, Myanmar and Nepal) and Eastern Mediterranean Region (Afghanistan, Pakistan, Somalia and Sudan).

[3] Iraq, Libya, Syrian Arab Republic and Yemen.

THE MONTREUX PROCESS: IMPLEMENTATION AND GOVERNANCE OF THE POST CERTIFICATION STRATEGY

11. The Secretariat convened a high-level meeting of key polio transition stakeholders (Montreux, Switzerland, 13 and 14 November 2018) in order inter alia to clarify the implications of the new five-year strategy of the Global Polio Eradication Initiative on polio transition; identify existing and potential financing options for polio transition; evaluate ways of achieving a smooth transition; and discuss options for governance of the polio transition and post-certification process.

12. At the meeting, the Secretariat committed itself, in order to lead the transition process forward, to undertake the following actions :

- to convene follow-up expert consultations[1] on the pragmatic implications of polio transition, across four thematic priorities:

    (a) integrated disease surveillance;

    (b) consultation on emergency preparedness, detection and response;

    (c) consultation on polio containment;

    (d) strengthening immunization systems

  and to proceed to the next stage in the Montreux process: the conclusions and recommendations of the four strategic consultations will be presented to a second high-level meeting of key polio transition stakeholders, to be organized by WHO in Geneva; this second high-level event will also consider future post-certification governance issues;

- to contribute to the development of the strategy of the Global Polio Eradication Initiative for 2019-2023;

- to work closely with the Global Polio Eradication Initiative on detailed analyses of country transition budgets to ensure that there is no duplication between transition budgets and funding of the Initiative and WHO;

- to continue to organize joint country visits to review national transition plans to ensure that they meet the objectives of WHO’s strategic action plan.

[1] At the time of writing (1 April 2019), feedback from these expert consultations is pending.

JOINT COUNTRY VISITS

13. The target of six joint country visits that was set for the 12-month period before the Seventy-second World Health Assembly has been exceeded. Between September 2018 and March 2019, the Secretariat has organized country support visits to Angola, Bangladesh, Cameroon, Chad, Ethiopia, India, Myanmar and South Sudan. The visits are ongoing, and a summary of outcomes (as at April 2019) is given in Table 1. Additional joint country support visits are planned to the remaining priority transition countries.

Table 1. Status update following country visits

Country	Outcomes
Myanmar – October 2018	The Ministry of Health and Sport plans to broaden the scope of the analysis provided in the document by elaborating further on the experience of the Regional Surveillance Officers, including key functions required at the regional, state and township levels and exploring options for the integration of surveillance within the organizational structure of the Ministry.
Bangladesh – November 2018	The national polio transition plan is well structured and laid out with clear action points and deliverables for each of the three planned phases of implementation. Planned activities under Phase 1 (2016–2019) are well on track.
India – November 2018	Implementation of national polio transition plan is on track. Government domestic funding is agreed for the National Polio Surveillance Project to maintain India polio-free and to support non-polio vaccination campaigns. Plans to transition management of the National Polio Surveillance Project from WHO to the Government are to be reviewed in 2020.
Ethiopia – December 2018	The national polio transition plan has been finalized and was endorsed by the national Inter-Agency Coordinating Committee in April 2018. The plan is comprehensive and provides detailed information on activities and costs. WHO and partners agreed to include an addendum to address the long-term vision and strategies for polio transition. The addendum will specify how essential functions will be transitioned to the Government, with timelines, and how WHO and partners can support this crucial phase. The document will be the basis for consultations with donors along with advocacy materials.
South Sudan – February 2019	The national polio transition plan was finalized in June 2018, following which the Government hosted a stakeholder consultation. The Government then endorsed the plan. Further support from WHO and partners is planned to integrate polio-funded human resources into the Expanded Progamme on Immunization, health emergencies and the Boma Health Initiative.
Cameroon – February 2019	Although requiring updating, the national polio transition plan is well developed with activities to be implemented and WHO and UNICEF budgets that show a decline over time as the country becomes less dependent on external funding.

Country	Outcomes
Angola – March 2019	The national polio transition plan is comprehensive with activities listed and costed for implementation. The Government is exploring options for the recruitment of public health officers to sustain integrated surveillance. Implementation of the plan will follow subject to approval of the plan by the Ministry of Health.
Chad – March 2019	A national committee for monitoring the implementation of the national polio transition plan was constituted in November 2018. This committee has been active in developing an addendum to the polio transition plan. This addendum extends the plan to 2023, adds details regarding the activities to pursue, and re-estimates the budget in line with these activities.

14. The main objectives of these country visits are:

(a) to review key elements of national polio transition plans;

(b) to discuss progress and timelines of the implementation of the plans;

(c) to review country-level financing opportunities and financing gaps;

(d) to discuss and align the national monitoring and evaluation framework with the global monitoring and evaluation framework of WHO's strategic action plan on polio transition, and to identify and engage key contributors to the inputs and outputs, as well as the proposed monitoring bodies to consult with stakeholders, including donors and development agencies, to raise awareness of transition funding requirements.

COSTS AND FINANCING TO SUPPORT THE OBJECTIVES OF THE STRATEGIC PLAN

15. In close collaboration with the regional offices for Africa, South-East Asia and the Eastern Mediterranean, staff at headquarters have gathered data from each polio priority country and from non-priority countries on the essential polio functions that need to be sustained for the period 2019–2023 according to the requirements of the polio Post-Certification Strategy – especially, polio surveillance and laboratories, and strengthened immunization and some core capacity to respond to possible outbreaks. These functions are crucial for meeting all three objectives of the strategic action plan and were estimated to cost US$ 227 million for the biennium 2020–2021 and US$ 438 million for the biennium 2022–2023. The details of these costs, by country, region and headquarters, were included in the strategic action plan on polio transition noted by the Seventy-first World Health Assembly in 2018.[1]

The budget of the Global Polio Eradication Initiative 2019–2023 in relation to that of WHO's Thirteenth General Programme of Work, 2019–2023 and the Proposed programme budget 2020–2021

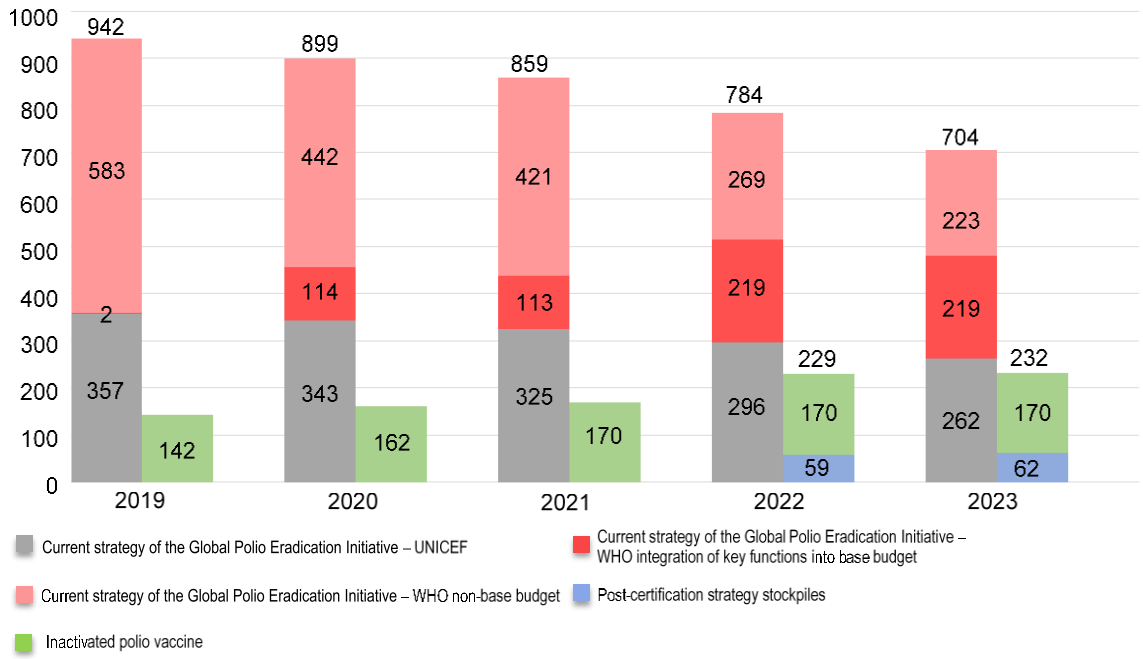
16. The WHO investment case to support the Thirteenth General Programme of Work, 2019–2023 includes a total of US$ 1867 million – US$ 1200 million for polio eradication and US$ 667 million for

[1] See document A71/9 and the summary records of the Seventy-first World Health Assembly, Committee A, sixth and eighth meetings.

polio transition, which is a process to sustain and mainstream critical polio functions post-eradication, not only to sustain a polio-free world but to continue strengthening immunization systems and emergency preparedness, detection and response capacities, especially in countries with vulnerable populations and weak health systems. These figures were based on the expectation that transmission of wild poliovirus would be interrupted in 2018 and the world would be certified polio-free in 2021. Because transmission of wild poliovirus was not interrupted, the Polio Oversight Board adopted a new Global Polio Eradication Initiative budget for a five year period that extended the polio eradication programme from 2019 to 2023, at a total cost of US$ 4200 million, predicated on the expected interruption of wild polio virus in 2020.

17. The WHO portion of the Initiative's budget for 2019–2023 is US$ 2600 million – an increase of US$ 738 million from the combined US$ 1867 million figure for Polio Eradication and Polio Transition in WHO's investment case, which was prepared before the extension of the Global Polio Eradication Initiative. The budget for polio-specific activities at WHO for the biennium 2020–2021 is US$ 1090 million, comprised of US$ 863 million budgeted by the initiative, and US$ 227 million as part of WHO's base budget (as shown in Fig., which illustrates the polio transition budget in the context of the overall cost of achieving and sustaining polio eradication). The WHO base budget amount is the cost of supporting essential public health core capacities – vaccine-preventable disease surveillance, immunization and emergency response – a cost that is currently funded by the Global Polio Eradication Initiative but will now become embedded in WHO's base programmes with links to the broader agenda on universal health coverage when alternative and sustainable sources of support are identified.

Fig. Costs (in US$ million) to achieve and sustain polio eradication for each of the five years 2019–2023



Funding of polio transition

18. For the years 2019–2023, the contribution from WHO's non-base programme budget (Fig., top bar, pink) is accompanied by an additional sum (second bar from the top, red) representing the cost of essential functions that are or will be supported by WHO's base programme budget. Over time there is a shift from support by the Global Polio Eradication Initiative for these essential functions to support from WHO's budget, namely US$ 227 million for the biennium 2020–2021 and a total of US$ 667 million for 2020–2023. The WHO base budget for polio essential functions increases in the biennium 2022–2023 when the costs of core functions and capacities from the polio-endemic countries move onto WHO's base budget (that is to say, this budget assumes that wild type poliovirus transmission will be interrupted by 2020). Of the US$ 227 million WHO base budget requirements in 2020–2021, domestic funding by priority countries of about US$ 52 million is foreseen, thus reducing the fundraising requirement to US$ 175 million. It is also expected that countries will gradually reduce their reliance on the Global Polio Eradication Initiative support over the next four years as transition plans are implemented and alternative, sustainable sources of support for essential functions are found.

Avoiding potential duplication between the budgets of the Global Polio Eradication Initiative and WHO

19. Member States have requested assurances that there is no duplication between the polio transition budgets of the Global Polio Eradication Initiative and WHO. At present, the polio budget subsumes both the base and non-base portion of WHO's programme budget, since activities within the WHO base are also part of the overall budget and strategy of the Global Polio Eradication Initiative for 2019–2023. These same costs do not appear anywhere else in WHO's programme budget. Over time, when core functions move into WHO's base programmes the budgets for the recipient programmes will increase and the polio budget will decline.

20. The results structure of the Proposed programme budget 2020–2021[1] includes a specific output (2.2.4 Polio eradication and transition plans implemented in partnership with the Global Polio Eradication Initiative) for which both budgets supporting WHO's polio activities (base and non-base) will be accounted for in order to avoid the duplication and allow clarity and transparency of the budget and funding.

21. Transition planning should continue uninterrupted regardless of the extended duration of the Global Polio Eradication Initiative. To ensure a smooth and timely transition, in non-endemic countries, health ministries can start to take on more essential functions, and within the Secretariat responsibilities for programme support will shift from polio departments to non-polio departments (and costs move onto WHO's base budget). Moreover, transitioning countries can use funding from the Global Polio Eradication Initiative to re-orient their polio-supported activities in accordance with their transition plans, provided that polio-essential functions necessary for certification are not weakened.

Domestic funding of transition plans

22. Polio transition countries with costed national transition plans have included a limited level of domestic funding. It is encouraging that their planned contributions increase over the five years of the strategic action plan and beyond. However there are many issues to bear in mind, including: (1) the exact funding allocations for the essential functions are hard to estimate, because many countries intend

[1] Document A72/4.

to contribute towards their broader transition plan priorities rather than just towards the costs of the essential polio functions; (2) many countries intend to start providing domestic funding towards the end of the five-year period and expect WHO to continue supporting these functions until they are fully ready to take over; (3) many of the more fragile transition priority countries either will not be in a position to pledge co-financing or might not be able to allocate the funding they have committed to provide without external budget support; and (4) some countries would like WHO to continue to manage their polio-built infrastructures for a certain period of time while they are re-purposed to cover broader functions, and so will be financing these functions with contributions to WHO's programme budget.

23. Most of the polio transition countries will require additional bilateral and multilateral financing in the medium term, and some very fragile States will require long-term financing to be able to sustain polio essential functions. The Secretariat has been called upon to provide country-level advocacy and resource mobilization support to national governments in securing additional financing to complement their domestic funding. In many transition countries, negotiations are ongoing to secure time-limited "bridge" funding from Gavi, the Vaccine Alliance through its grants for health system strengthening so as to help to sustain some of the essential polio functions that also contribute to strengthening immunization systems and to help to achieve coverage and equity goals.

UPDATE ON HUMAN RESOURCES PLANNING

24. The Secretariat continues to track changes in polio programme staffing through a dedicated database of polio human resources that has been developed for this purpose.

25. Priority is being given to maintaining the workforce required to provide support to Member States in ensuring the interruption of poliovirus transmission, sustaining high levels of immunity, responding to outbreaks and conducting surveillance. In non-endemic and lower-risk countries, positions needed to support surveillance, including those in laboratories, and maintain high routine immunization coverage rates are retained, while remaining positions are phased out. All vacancies are scrutinized and less critical positions are discontinued or repurposed.

26. As shown in Table 2, the number of filled positions has declined by 15% since the downscaling of the budgets of the Global Polio Eradication Initiative began in 2016. Based on the declining budgets and the guidance provided, the number of polio funded staff positions has been decreased in lower-risk and non-endemic countries in all regions and at headquarters. Detailed information for WHO staff members in country offices aggregated per contract type is provided in Annex 2. It highlights the continued indemnity risks faced by the Organization owing to the large numbers of staff members with continuing appointments and fixed-term positions. An indemnity fund with more than US$ 50 million