

15.2 Polio transition planning and post-certification

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In focus

The Secretariat advises:

Pursuant to decision [WHA70\(9\) \(2017\)](#), the Director-General will provide a status update ([EB148/23](#)) on the implementation of WHO's Strategic Action Plan on Polio Transition for the period 2019–2023, with a focus on measures taken to address those COVID-19 restrictions that risk impeding its implementation, as well as a summary of progress with priority country action plans. The Board will be invited to note the report.

Background

[Previous GB discussions of Polio](#)

[Secretariat's Topic Page on Polio](#)

[Strategic Action Plan on Polio Transition \(A71/9\)](#)

PHM Comment

Transition and Integration in the context of COVID-19.

PHM appreciates the setting up of “Integrated Public Health Teams” in WHO country offices in Polio transition priority countries as a move in the right direction. But our concern is that it is limited in description to integrating the polio program to the COVID-19 program. This is still very much in the frame of vertical stand-alone interventions. In practice, the polio workers have in most contexts got re-purposed as COVID-19 workers and this has been at the cost of the polio program. Merely changing their name will not change this reality. Therefore, Integrated Public Health Teams should not only be looking at COVID-19 and Polio but the entire range of public health functions including NCDs. Which means a larger density of multi-skilled frontline teams . The current draft could be taken to mean that such integrated public health teams are for country and sub-national levels. On the other hand, integrated public health teams must also be

part of a network of primary health care facilities which has enough staff reserves and auxiliaries to respond to any outbreaks.

It must be ensured that CSOs and independent experts from within the country must also be brought on board in the Integrated Public Health Teams of the country and sub-national management levels. This diversity will allow the building of strong capabilities for disease surveillance in the context of the marginalised communities in the country.

Budget, Planning and Human Resources

Polio programme of the WHO has been one of its biggest in terms of budget and human resources (staff and contractual). Funding is based entirely on voluntary contributions. While the eradication itself may be delayed given the challenges that come from COVID-19, there is a significant concern that funding may be cut down significantly without the adequate strengthening of infectious diseases and vaccine preventable disease surveillance.

PHM calls upon WHO to ensure that continued funding enables a sustained transition where in the countries are able to continue to build strong infectious disease surveillance and outbreak response systems, where the AFP surveillance/ Environmental surveillance currently stands.

Notes of discussion