Leveraging CSO Contributions to Advance Polio Transition and Integration Efforts in the African Region

Photo: Diana Zeyneb Alhindawi/United Nations Foundation,
Moluka Giresse, 6, waits to be vaccinated in Lugunga I village on Lugunga island, Kinshasa, Democratic Republic of the Congo

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About This Report

This report describes the initiatives implemented by four CSOs to enhance polio transition and integration efforts in their respective countries: VillageReach in the Democratic Republic of Congo (DRC), the Consortium of Christian Relief and Development Associations (CCRDA) in Ethiopia, which is part of the CORE Group Polio Project (CGPP), Vaccine Network for Disease Control (VNDC) in Nigeria, and Impact Health Organization (IHO) in South Sudan.

- Section 1 of the report provides background information on the status of polio in the African Region, the importance of sustaining polio infrastructure, and the role of CSOs in this process.
- Section 2 describes the overall approach of this project and outlines the support that the United Nations Foundation (UN Foundation) provided to these four CSOs over 2021-2022 period. Table 1 provides a list of all activities implemented throughout the project, which going forward, can serve as a "menu of options" for CSO support to polio transition and integration.
- Section 3 summarizes three key areas of CSO contributions: (1) elevating awareness and sense of urgency for polio transition and integration among key stakeholders; (2) promoting domestic allocation of funds for immunization and polio; and (3) integrating polio in other health services.
- Section 4 provides examples of the challenges faced in implementing these projects, which include lack of awareness and/or urgency for polio transition among key stakeholders, constraints on health system capacity, competing health priorities, changes in political leadership, and civic instability.
- Section 5 includes country findings and field insights, along with country specific recommendations made by the CSOs in six areas: political will and polio task forces, strategic action plans, advocacy, securing financing, integration, and vaccination coverage.
- Section 6 provides a set of conclusions that can be drawn from this report on (1) what successful polio transition and integration require; (2) what civil society can bring to this process; and (3) what is needed to fully leverage the potential of CSO contributions.
- Section 7 lists three sets of recommendations for the following groups of stakeholders:
    - Governments and WHO & UNICEF country offices in polio transition priority countries in Africa;
    - Civil society, including individual CSOs and/or networks of CSOs working at the country level on issues related to immunization strengthening, surveillance, and outbreak response; and
    - Global and regional partners, including WHO and UNICEF global and regional offices, GPEI partners, and other coordination groups on polio and immunization, such as the Polio Partners Group (PPG) and Immunization Agenda 2030 (IA2030).

The annexes include supporting information to the report, such as the abbreviations used throughout the report (Annex 1), the specific project objectives for each of the four organizations (Annex 2), a detailed overview of CSO activities implemented throughout the project (Annex 3), contextual information on each of the four countries where the CSOs worked (Annex 4), background information on each of the CSO organizations (Annex 5), country performance on transition indicators (Annex 6), and finally a list of acknowledgments to thank the many partners involved (Annex 7).

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1. Background

Status of Polio in the African Region

The African region was declared free of wild poliovirus (WPV) in August 2020. This incredible achievement was a result of decades of work by a coalition of international health bodies, national and local governments, civil society and community volunteers. Notwithstanding this significant milestone, the African Region is still experiencing outbreaks of the non-wild variant of poliovirus, known as circulating vaccine-derived poliovirus (cVDPV). Since 2020, 25 countries in the African Region have experienced cases of this non-wild variant, and seven countries that haven't reported cases, have detected the virus in the environment. Furthermore, in 2022, WPV importations were reported in two countries that had been polio-free for over three decades, Malawi and Mozambique. These detections highlight that until all forms of polio are eradicated everywhere, the risk of importation remains a constant threat. This further emphasizes the importance of maintaining the GPEI infrastructure in order to both achieve and maintain a polio-free world.

Sustaining Polio Infrastructure

Over the past three decades, the GPEI has built significant health system infrastructure and staff capacity to support not only polio eradication but also several related public health efforts at scale. To ensure that the critical polio infrastructure is sustained and integrated into broader health systems, governments were tasked with developing national polio transition plans. Preparing and implementing these plans provides the opportunity to sustain this infrastructure to strengthen health systems, bolster global health security and make progress towards broader health goals.

The World Health Organization (WHO) and UNICEF have been supporting this process at country level as well as working towards ensuring effective integration and transition within their internal agencies. However, this is no small task and there are many challenges that face its success, including continued circulation of WPV and cVDPV, the ongoing COVID-19 global pandemic, and other competing health priorities. This effort is made even harder in areas experiencing conflict and civil unrest. To make polio transition and integration a reality, will require all health system actors working together, including GPEI partner agencies, governments, communities, and civil society.

Defining Polio Transition & Integration

Polio transition is the process of repurposing and transferring GPEI infrastructure to strengthen broader health priorities, especially essential immunization and emergency preparedness and response, under the leadership of national authorities.[1]

Integration is, wherever possible, taking advantage of shared infrastructure and creating programmatic synergies to improve efficiency and impact. It is an important piece of WHO's 13th General Program of Work (GPW13) and a strategic priority of Immunization Agenda 2030 and Gavi 5.0.

Within GPEI, the term 'integration' is defined in a more specific manner to refer to joint efforts between the polio eradication programme and a range of partners with the objective of improving immunization outcomes in targeted geographies.

Integration can help lay a path towards successful transition by building synergies between polio and other health programs and emphasizing the value of the polio infrastructure for broader health goals, with a view of encouraging country ownership, political commitment and sustainable financing.

The Role of Civil Society

CSOs have a vital role to play in this process. Some CSOs play a pure advocacy role to sustain commitments of governments, communities and donor funding, some support implementation of program activities, and some do both. CSO involvement needs to be tailored to their specific strengths. This report outlines specific areas where CSO support can be of value for polio transition and integration, with emphasis on:

- **Elevating awareness and sense of urgency** for polio transition and integration;
- **Advocating for domestic funding** with key decision makers; and
- **Integrating polio in other health services.**

CSO Strengths

Beyond the examples covered in this report, the Core Group Partners Project (CGPP), an NGO consortium of international and local NGOs funded by USAID, has further examples of the impact of CSOs on the implementation side of polio eradication, especially in the area of community-based surveillance that has expanded over the years to include not only polio, but other vaccine preventable and zoonotic diseases, community engagement, and identifying zero-dose children.

CSO Polio Integration and Transition Working Group (ITWG)

With the goal of elevating the civil society voice to the polio endgame and ensuring that the variety and scope of CSO strengths are fully leveraged and understood by partners, the UN Foundation created the CSO Polio Integration and Transition Working Group (ITWG) in 2018, to serve as a platform for information sharing and coordination amongst CSOs working on these issues. The ITWG has over twenty members that represent a range of CSOs from both country and global levels. Over the last few years, ITWG efforts have helped document CSO contributions to polio integration and transition and define clearer ways for civil society involvement, which has contributed to greater inclusion of CSOs in polio transition planning at all levels. The ITWG works closely with other CSO networks, such as the Gavi CSO Constituency and with global partners. ITWG members have participated in recent meetings of the Transition Independent Monitoring Board (TIMB) and the Polio Partners Group (PPG) and have collectively fed into global reports and strategies on polio eradication, transition, and integration.

WHO and UNICEF polio transition focal points have participated in ITWG meetings and webinars to provide global and regional updates and to hear from CSOs on their perspective of this process at the country level. This has led to their increased commitment to strengthen the involvement of CSOs at national and sub-national levels. In November 2021 at the 5th Transition Independent Monitoring Board (TIMB) Meeting, the WHO polio transition team reported that closer CSO engagement is one of their seven strategic shifts to adapt to the changing transition context. In the April 2022, the Mid-term evaluation of the implementation of the Strategic Action Plan on Polio Transition (2018–2023), highlighted CSOs in three key recommendations:

- CSOs, along with other partners, should be involved in strengthening buy-in, fundraising and stakeholder engagement in regional transition efforts (SAP Evaluation Recommendation 2);
- WHO should actively engage with CSOs on transition planning and identifying context-appropriate solutions to challenges; (SAP Evaluation Recommendation 4); and
- CSOs have a role to play in supporting capacity-building activities for improved integrated VPD surveillance, within government health systems. (SAP Evaluation Recommendation 8).

2. Overall Approach

Over 2021-2022, the UN Foundation provided support to selected CSOs in priority countries to implement advocacy interventions to enhance polio transition and integration efforts in their countries.

Large Grants

In May 2021, after a competitive selection process, the UN Foundation awarded two grants in the amount of USD $100,000 to VillageReach in the Democratic Republic of Congo (DRC) and the Consortium of Christian Relief and Development Association (CCRDA), which is also a member of the CORE Group Polio Project (CGPP) in Ethiopia, to implement interventions to advance polio integration and transition in their respective countries. Grant activities took place between May 2021 and September 2022.

Coaching & Small Grants

Following early success of grant activities reported in DRC and Ethiopia, the UN Foundation believed that with guided support in planning and preparation, other CSOs would be able to implement certain advocacy activities into existing work-plans without large budget implications. To pilot test this idea, in September 2021, the UN Foundation contracted Dr. Clarisse Loe Loumou, child health champion and ITWG co-chair, to work with CSOs in the African Region to raise their awareness on polio transition and integration and help them develop and implement an advocacy action plan. During Phase 1 of the pilot project (Sep-Dec 2021), four CSOs participated from Benin, Chad, Nigeria, and South Sudan. Two CSOs were selected to continue for Phase 2 of the project: Vaccine Network for Disease Control (VNDC) in Nigeria and Impact Health Organization (IHO) in South Sudan. Only the results from the two CSOs that completed both phases of the pilot project are included in this report. In addition to regular coaching sessions, these CSOs received a total of USD $6,000 to supplement support of the activities in their workplan.

Annex 2 lists the specific objectives developed by each organization for their project.

Throughout the period of these projects, the ITWG met monthly and served as a place for the CSOs to exchange experiences, hold each other accountable, and compile best practices that could be repeated in other countries and contexts.

Photo: Frank Dejongh/UNICEF

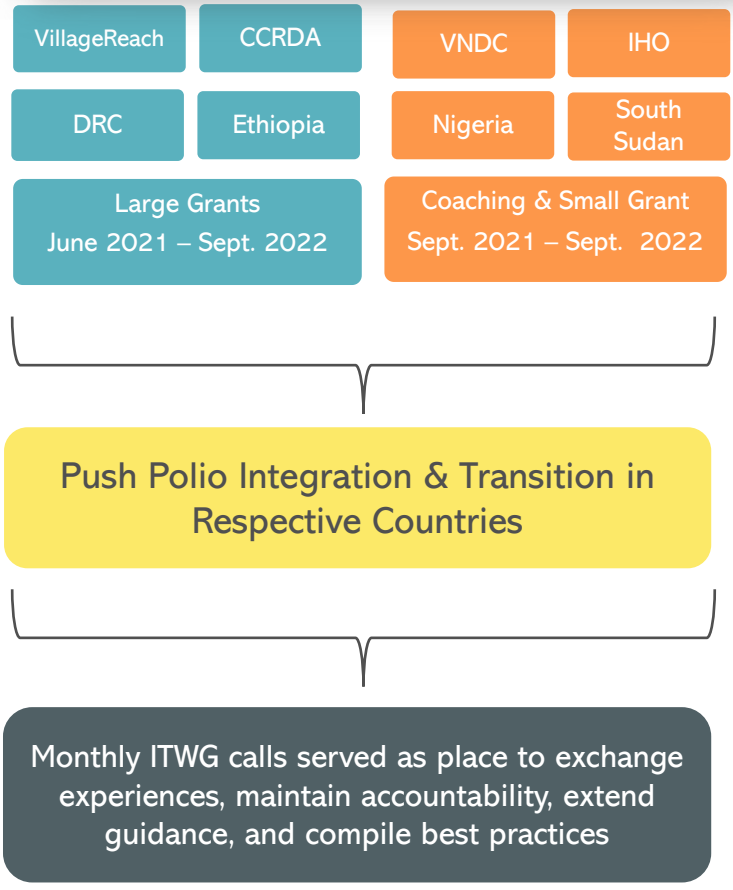
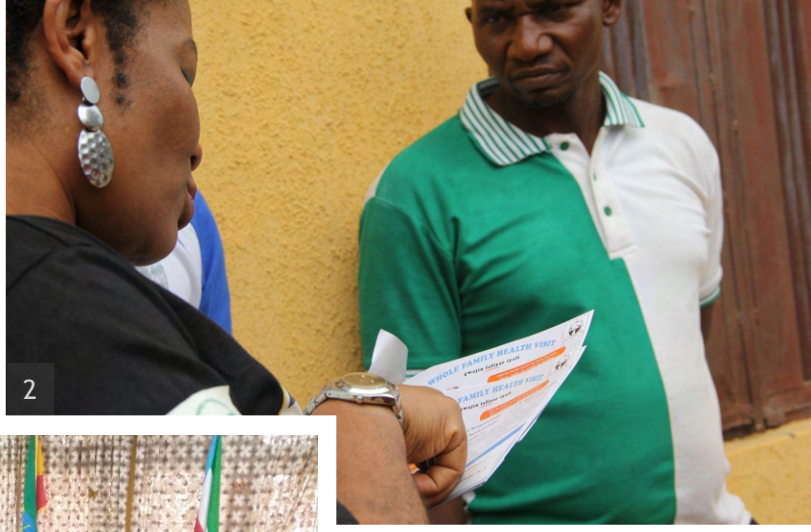
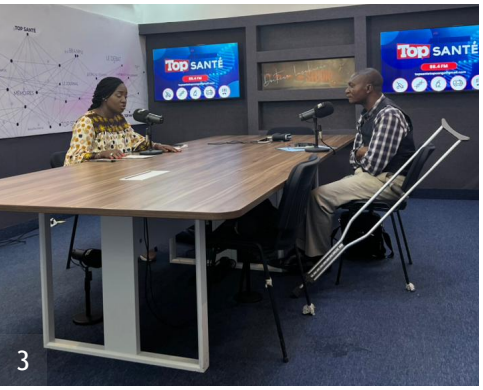


Table 1. Overview of CSO Contributions

		DRC	ETHIOPIA	NIGERIA	S SUDAN
3.1	Elevating awareness and sense of urgency for polio transition and integration	✓	✓	✓	✓
3.1.1	Engaging other CSOs to highlight importance and urgency of polio transition and integration	✓	✓		✓
3.1.2	Developing communication materials for polio transition		✓	✓	
3.1.3	Mobilizing other stakeholders for polio transition planning		✓		✓
3.1.4	Establishing a Polio Transition Task Force		✓		✓
3.2	Advocating for domestic allocation of funds with key decision makers	✓	✓		✓
3.2.1	Establishing framework(s) for securing funding for polio transition	✓	✓		
3.2.2	Engaging with parliamentarian networks to promote national and subnational immunization financing	✓			
3.2.3	Tracking the disbursement of funds for immunization and polio eradication	✓			
3.2.4	Building awareness and pressure for sustainable financing for immunization and polio through the media	✓			
3.2.5	Mobilizing other stakeholders for increased government funding				✓
3.3	Integrating polio in other health services		✓	✓	
3.3.1	Building capacity of frontline health workers for emergency preparedness and outbreak response		✓		
3.3.2	Integrating polio functions in COVID-19 response		✓		
3.3.3	Integrating polio functions in primary health care			✓	
3.3.4	Developing strategic partnerships with private organizations for integration of polio in other health services			✓	

See Annex 3 for the comprehensive detail of the activities outlined here.





3. Key Contributions

All four organizations, CCRDA, IHO, VillageReach, and VNDC, were able to make impactful contributions to polio transition and integration efforts in their respective countries, despite varying country contexts and significant contextual challenges. These contributions helped elevate awareness and sense of urgency for polio transition among key stakeholders, promote domestic allocation of funds for immunization and polio, and integrate polio in other health services. Below are just a few selected examples of the impact of these interventions. Table 1 on the previous page provides a full overview of all activities implemented, and Annex 3 provides more information on each activity.

Elevating awareness and sense of urgency for polio transition

In Ethiopia, at the start of CCRDA's project, government authorities and UN partners were dealing with COVID-19 pandemic response, as well as facing war and instability, and dealing with an outbreak of cVDPV, which left very little time for polio integration and transition planning. However, after a series of advocacy activities and meetings convened by CCRDA with government officials and UN partners, polio transition planning activities were given increased attention by the Federal Ministry of Health and key polio partners. Through elevating these issues to the highest levels, CCRDA was able to help Ethiopia establish a Polio Transition Task Team, finalize the updated national polio transition plan (2022-2025), and establish and train subnational level teams to coordinate polio integration and transition activities at localized levels.

In DRC, VillageReach partnered with 18 CSOs across the provinces of Equateur, Kinshasa, and Kwilu to enlist their support in advocating for polio transition, increased domestic funding, and continued vaccination to curtail the spread of polio. VillageReach also briefed journalists in Kinshasa and Kwilu on past commitments made by the government, which resulted in the broadcast of polio transition information on national television and on the radio, aiming to inform the public, specifically stakeholders and decision makers, of the need for sustainable funding from local governments.

Advocating for domestic allocation of funds

VillageReach made significant impacts through partnering with national and sub-national parliamentarians to build their awareness on polio transition and the role parliamentarians have in respecting the Kinshasa Declaration on Immunization and Polio Eradication, a document signed in 2019 and renewed in 2021 by key leaders (the President, governors, and presidents of provincial parliamentarians), to ensure funding in support of polio and immunization. VillageReach organized briefings and meetings with parliamentarians across Equateur, Kinshasa, and Kwilu. A key result of this effort was the development of a provincial edict for Kinshasa, which will serve as a legal framework to secure annual budgeting for immunization and polio – and while the edict is still under review, Kinshasa included a budget line for immunization for 2023. Another important result of this work, was the establishment of an official branch of the Parliamentarian Network for Immunization Financing (REPACAV) in Equateur.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In South Sudan, the polio transition plan developed in 2017 had not yet been updated, and no funds had been allocated by the government for its implementation. IHO was able to create a network of CSOs to build pressure on the government to prioritize this issue. They convened meetings with the government authorities and the key polio partners and supported the country to extend the current plan and discuss the need to advocate for more government funding for polio and immunization.


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Integrating polio in other health services

In Ethiopia, CCRDA worked to integrate polio functions into Ethiopia's COVID-19 vaccination response. This involved outreach with key messages on COVID-19 vaccination through national media, and the involvement of religious leaders in the dissemination of COVID-19 vaccination campaign messages.


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In Nigeria, VNDC was instrumental in pilot testing the workability of the Whole Family Approach (WFA) program in selected Primary Health Care (PHC) centers in Nigeria. They developed an accountability framework to gauge the level of preparedness of health facilities in the effective integration of polio vaccination and routine immunization with COVID-19 vaccination. They also helped train six local women-owned CSOs to strengthen community awareness and demand for WFA.

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Photo Descriptions

1: IHO medical team vaccinating child, South Sudan; 2: VNDC Community Sensitization for WFA, Nigeria; 3: Radio interview with a polio victim on Top Congo, DRC; 4: CCRDA advocacy meeting with zonal administer for the COVID 19 Vaccination campaign in Sitti zone of Somali region, Ethiopia; 5: Taping of TV program, with two Kinshasa parliamentarians, EPI Director, and VillageReach Country Director, DRC; 6: Briefings of Parliamentarians in Kwilu, DRC; 7: Visit by a CSO rep and journalist with one of the key drafters of the edict in Kwilu to discuss 2023 budgeting; 8: World Polio Day Celebration at a health post in Jinka during the nOPV2 vaccination campaign in South Omo Zone, supported by CCRDA, Ethiopia; 9: Setting up for WFA sensitization at Gosa PHC, Nigeria.

4. Challenges

This work uncovered important challenges to consider for polio transition planning and implementation at country-level, including lack of awareness and/or urgency for polio transition, constraints on health system capacity, COVID-19 and competing health priorities, changes in political leadership, and civic instability and prolonged conflicts. Below are examples of how these challenges impacted progress in each of those areas. While the examples are contextually specific, other countries going through polio transition may face similar challenges. Nevertheless, as demonstrated by the results achieved, these challenges were not barriers of progress. The key takeaway is that with planning, preparation, and persistence, progress can be made even within challenging circumstances.

Lack of awareness and/or urgency

Lack of awareness and/or urgency for polio transition among key stakeholders was a key challenge.

In Ethiopia, uncertainty regarding the timeline of polio transition created hesitancy to fully engage in polio transition activities at national and subnational levels.

In DRC, an updated transition plan was developed in 2021, but has not yet been approved by the ICC.

In South Sudan, IHO reported that many CSOs were unfamiliar with the transition plan.

Constraints on health system capacity

Constraints for health capacity and adequate staffing remained a universal concern and became a challenge for the implementation of CSOs' activities.

In DRC, public sector health workers were on prolonged strike due to not receiving pay for several months.

In Nigeria, VNDC noted that community health workers and CSOs were not well informed about WFA.

COVID-19 and competing priorities

The constrained health sector was further impacted by the COVID-19 pandemic, diverting priorities away from polio transition efforts.

In Ethiopia, government attention was diverted to the COVID-19 emergency response which delayed planned CCRDA activities.

South Sudan reported a migration of health workers for pandemic work, resulting in a scaling-back of polio transition progress achieved.

Changes in political leadership

Changes in political leadership and governance impacted CSOs' advocacy efforts.

DRC underwent a change of provincial ministers in August 2021. Prior to that, VillageReach had been sensitizing the previous provincial government on polio transition, but these efforts were needed to be repeated with the new leadership.

Ethiopia also saw a change in government following the country's sixth national elections in June 2021. The new parliament started functioning in October 2021, necessitating fresh advocacy efforts by CCRDA.

Civic instability and prolonged conflicts

Civic instability and the internal displacement of populations due to conflict also scaled back polio transition progress.

In Ethiopia, the war in Tigray and instability in other parts of the country affected the facilitation of polio transition activities, especially activities related to regional advocacy visits.

South Sudan's approximately 4 million IDPs mean that this significant population proportion remains deprived of routine health services, which also impact immunization, surveillance, reporting and response.

5. Country Findings & Field Insights

This section includes country findings and field insights, along with country specific recommendations made by the CSOs.

Political Will and Polio Task Forces: National polio transition task forces exist in all four countries, despite variation in their formations. There is, however, a need to streamline the activities of national task forces with respect to transition and integration goals. In DRC, for example, the Polio Task Force needs to broaden its scale beyond emergencies. In South Sudan, focus should be given to member engagements, progress reviews and addressing challenges. Furthermore, with the exception of Nigeria, task force activity at sub-national levels needs to be improved and stimulated. Notably, the activity outreach of task forces need not be limited only to provincial administrative levels; rather, efforts must be made to extend outreach to previously excluded areas, regions and populations.

Strategic Action Plans: All four countries have drafted an updated national polio transition plan, which detail financial needs and financing options. However, with the exception of Nigeria, strategic action plans for polio transition have not been blueprinted. It is essential that review of the transition plans is expedited so that their implementation may begin. Additionally, all countries should consider periodic reviews of the progress made against action plans, so that if any changes need to be made, they are developed in a timely manner to ensure greater effectiveness. It is also recommended that national transition plans be put into practice at sub-national levels.

Advocacy: CCRDA in Ethiopia recommends that the government be supported in facilitating a number of advocacy activities in their transition plan. This support should focus on building the capacity of national and sub-national polio transition actors through training workshops. Moreover, CCRDA recommends that efforts be coordinated to mobilize traditional and new polio partners to implement polio integration and transition activities. Similarly, IHO in South Sudan calls for advocacy support from many platforms for domestic funding and immunization.

Securing Financing: While polio transition plans for all countries contain finance-related indicators, the essence of the problem is that polio functions continue to be primarily funded by external sources. Hence, there is an urgent need for securing financing options and domestic resource mobilization. Resolute civil society pressure would push towards implementation of financial disbursements in a two-fold manner: by increasing awareness of the importance of sustained funding and by holding political leaders accountable. VillageReach recommends that DRC pursue the endorsement of the transition plan by both the Minister of Health and the Minister of Budget and Finances, so that funding can be secured.

Integration: Across all four countries, polio staff were actively engaged with COVID-19 activities such as vaccination, social mobilization, and surveillance. VNDC in Nigeria has worked towards the integration of WFA in the country's polio transition strategy. To sustain momentum in this objective, VNDC recommends that the "Adopt a Primary Health Center (PHC)" strategy be continued. They further recommend that pilot testing of WFA on a larger scale be carried out with the involvement of mass media and tracking of essential PHC services in order to test its effectiveness at a large scale. IHO recommends that in South Sudan, the resources energized for the COVID-19 response, such as surveillance and emergency preparedness, be kept vitalized and incorporated into polio transition and integration.

Vaccination Coverage: It is notable that none of these countries are close to achieving 90% coverage for polio immunization. This shows that there is a need for effective communication strategies for communities to generate vaccine acceptance and for political and administrative leadership to ensure polio essential functions are incorporated into national systems. Developing these strategies and tailoring messages to community needs is a role that CSOs can support.

6. Conclusions

What successful polio transition and integration require

Polio transition and integration needs to happen at the country level and serve the needs of populations. Success will require all health system actors, governments, WHO and UNICEF, communities, and civil society, to work together – at national and sub-national levels to clarify roles, share information, track progress, confront challenges, and agree on a vision for the future.

What civil society can bring to polio transition and integration

CSOs can provide polio transition and integration support in the following areas:

- **Elevating awareness and sense of urgency** for polio transition and integration;
- **Advocating for domestic funding** with key decision makers; and
- **Integrating polio in other health services.**

The following CSO qualities make them invaluable partners in this process:

- **Strong comprehension of community needs and opinions**, ability to tailor messages to specific communities and identify context appropriate solutions to challenges;
- **Trusted and credible community members** with access to community stakeholders such as: health care workers, parents and caregivers, local governments, and influential leaders;
- **Ability to push governments to action** and hold them accountable; and
- **Strong networks** to amplify message and increase impact of interventions.

CSOs are not homogenous and have varying capabilities and mandates. Some CSOs play a pure advocacy role, some implement program activities, and some do both. Therefore, specific CSO collaboration for polio transition and integration needs to be tailored to their individual strengths.

What is needed to leverage full potential of CSO contributions

Many CSOs are already working on issues related to the goals of polio integration and transition, such as immunization strengthening, surveillance, and outbreak response; however, some are not yet specifically aware of polio transition and integration goals. With targeted involvement and capacity building, more CSOs could be equipped to support these efforts at national and subnational levels.

In order to harness the full potential of civil society for these issues, they need to be included in the whole process of eradication, integration, and transition. This requires commitment of global health leaders and governments to continue to work with local CSOs and leverage the strengths they bring to ensure implementation of national polio transition action plans.

7. Recommendations

Based on the experiences from these four CSOs in DRC, Ethiopia, South Sudan, and Nigeria, the following recommendations have been developed for three stakeholder groups: 1) Governments and WHO & UNICEF country offices; 2) Civil Society Organizations; and 3) Global and Regional Partners.

Governments and WHO & UNICEF country offices

In polio transition priority countries in the African Region:

- Secure financing options and domestic resource mobilization for polio and immunization.
- Expedite the review and approval of updated transition plans and periodically review progress.
- Ensure polio task forces are fit for purpose – at national and sub-national levels - and include polio transition and integration goals.
- Implement transition plans at sub-national levels and build sub-national capacity for polio transition through training workshops.
- Ensure effective coordination and communication between national and subnational leadership.
- Work with local CSO networks and harness the advantages that they can bring to transition goals.

Civil Society Organizations

Including individual CSOs and/or networks of CSOs working at country level on issues related to immunization, surveillance, and outbreak response:

- Track government commitments for immunization and polio and hold leaders accountable.
- Learn the status of your country's polio transition plan.
- Evaluate areas your organization would be fit to support these goals. *For inspiration, review Table 1 Overview of CSO Contributions, as a "menu of options."*
- Map out other CSOs in your network and encourage their involvement to amplify efforts.
- Convene meetings with other CSOs and polio stakeholders to coordinate actions and share information.

Global & Regional Partners

Including WHO & UNICEF global & regional offices, GPEI partners, and other coordination groups on polio and immunization, such as the Polio Partners Group (PPG) and IA2030:

- Include civil society voices at global and regional level meetings and during development of global and regional level strategies.
- Facilitate and hold country partners accountable for targeted and intentional inclusion of civil society.
- Encourage all partners to advocate with key decision makers at country level for polio transition and integration issues, with a focus on programmatic and financial sustainability.

Annexes

Photo descriptions:

1: CCRDA monitoring COVID 19 Vaccination campaign support in in selected health posts and outreach posts in Shinele and Erer district, Ethiopia; 2: Journalists interviewing Parliamentarians in Kwilu, DRC after VillageReach organized briefing; 3: VNDC representative presenting at a sensitization workshop for CSOs on the Whole Family Approach; 4: IHO staff meeting with MOH stakeholders at the Ministry of Health.

Annex 1: Abbreviations

AFP	Acute Flaccid Paralysis
ARCC	African Regional Certification Commission
ARFH	Association for Reproductive and Family Health (Nigeria)
CCRDA	Consortium of Christian Relief and Development Association (Ethiopia)
CSOs	Civil Society Organizations
CGPP	CORE Group Polio Project
cVDPV	Circulating Vaccine Derived Poliovirus
DRC	Democratic Republic of Congo
EPI	Expanded Program on Immunization
FERICC	FCT Emergency Routine Immunization Coordination Center (Nigeria)
FCT	Federal Capital Territory (Nigeria)
GPEI	Global Polio Eradication Initiative
IA2030	Immunization Agenda 2030
ICC	Interagency Coordination Committee
IDP	Internally Displaced Persons
IHO	Impact Health Organization (South Sudan)
IPV	Inactivated Poliovirus Vaccine
mOPV	Monovalent Oral Poliovirus Vaccine
NAPHS	National Plan for Health Security (Nigeria)
NERICC	National Emergency Routine Immunization Coordination Center (Nigeria)
NPHCDA	National Primary Health Care Development Agency
nOPV	Novel Oral Poliovirus Vaccine
OPV	Oral Poliovirus Vaccine
PHC	Primary Health Care/Primary Health Center
PTTF	Polio Transition Task Force
PPG	Polio Partners Group
REPACAV	Parliamentarian Network for Immunization Financing / Réseau des Parlementaires Congolais pour l'Appui à la Vaccination (DRC)
RES	Reaching Every Settlement
RIS	Reaching Inaccessible Children
RJAE	Child-Friendly Journalists' Network / Réseau des Journalistes Amis de l'Enfant (DRC)
RMNCH	Reproductive, Maternal, Newborn, Child & Adolescent Health
TIMB	Transition Independent Monitoring Board
UN Foundation	United Nations Foundation
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
VNDC	Vaccine Network for Disease Control (Nigeria)
WFA	Whole Family Approach (Nigeria)
WHO	World Health Organization
WPV	Wild Poliovirus

Annex 2: CSO Polio Transition & Integration Project Objectives

VillageReach (DRC)

Promote domestic ownership and financing for immunization and the Polio Transition Plan.

- Support the Parliamentarian Network for Immunization Financing (REPACAV) in advocacy work and monitoring of the national immunization budget and Polio Transition Plan.
- Support provincial parliamentarians in advocacy work and monitoring of the provincial immunization budget and Polio Transition Plan.
- Support the dissemination of DRC's Polio Transition Plan through media and CSOs.

CCRDA (Ethiopia)

Increase commitment and ownership of political leaders for the smooth transition and integration of polio assets and infrastructure.

- Establish and facilitate the functioning of a Polio Transition Taskforce.
- Prepare and disseminate polio transition advocacy messages and materials.
- Coordinate national and regional level advocacy visits and workshops.
- Facilitate resource mobilization for the functioning of polio endgame strategies.
- Ensure accountability of integration and transition of polio funded assets.

IHO (South Sudan)

Push for the government to provide domestic funding for immunization and to expedite the implementation of the polio transition plan.

- Establish a CSO platform for all international nongovernmental development organizations (INGDOs) and national CSOs, and map CSO activities across all states.
- Encourage CSO participation at the national and state level coordination forums.
- Support the finalization of the transition plan and allocation of funds.

VNDC (Nigeria)

Support efforts to close gaps in polio vaccination by curbing missed opportunities for children at primary health care levels using the Whole Family Approach (WFA).

- Identify and engage women-owned organizations with high interest and high influence.
- Improve accountability of polio funded assets integration and transition in the PHCs.
- Support integration of essential functions of polio eradication in to the existing COVID-19 response activities.

Annex 3: Overview of CSO Activities & Impact

3.1 Elevating awareness and sense of urgency for polio transition and integration	DRC	ETHIOPIA	NIGERIA	S SUDAN
	✓	✓	✓	✓

All four CSOs contributed to supportive processes for polio transition planning in their respective countries in various scopes. The following sub-sections will describe the type of support provided.

3.1.1 Engaging other CSOs to highlight importance and urgency of polio transition and integration	DRC	ETHIOPIA	NIGERIA	S SUDAN
	✓			✓

In DRC, VillageReach partnered with 18 CSOs across the provinces of Equateur (7), Kinshasa (7), and Kwilu (4) to enlist their support in advocating for the importance of polio transition, increased domestic funding, and continued vaccination to curtail the spread of polio. VillageReach held a briefing in each of the three provinces in close collaboration with provincial EPI coordination offices, WHO and UNICEF. Many of the selected CSOs already had experience in advocating for children or women's issues. Participants were sensitized on the roles their organizations could play in supporting the advocacy process, for example by:

- Urging decision-makers to create a budget line based on an edict and by encouraging them to respect the commitments made during the signing of the Kinshasa Declaration (initially in 2019 and renewed in 2021);
- Monitoring commitments and actual disbursements of funds;
- Advocating to community leaders on the importance of remaining polio free; and
- Mobilizing communities to ensure their adherence to polio vaccination and disease surveillance.

In South Sudan, IHO established an independent CSO platform for national and international civil society groups. The platform, which has ten members, meets every month, and has been instrumental in raising awareness and ensuring that polio transition is a topic of discussion in many online communities. It is expected that civil society organizations will continue to use the advocacy platform to ensure that polio transition planning remains a priority in national and global health planning. Furthermore, the platform participates in national-level coordination forums, including both the health cluster and the EPI technical working group. This promotes polio transition awareness among various stakeholders, leads to increased coordination between civil society organization and the government, and gives the platform the opportunity to openly participate and express their opinions on the polio transition strategy.

3.1.2 Developing communication materials for polio transition	DRC	ETHIOPIA	NIGERIA	S SUDAN
		✓	✓	

In Ethiopia, polio transition messages were published digitally in CCRDA's quarterly newsletter and circulated to key national stakeholders and implementation partners to sustain stakeholder involvement momentum. CCRDA remained actively involved in doing the requisite work to support its advocacy strategy with evidence. CCRDA also developed advocacy materials to be used during polio and COVID-19 campaigns, including an advocacy factsheet, a document outlining visit guidelines to facilitate regional level advocacy activities, and a document containing talking points and standardized advocacy messages.

In Nigeria, in October 2021, for World Polio Day, VNDC developed a video-clip and a press release highlighting polio transition messages and disseminated messages through social media platforms.

3.1.3 Mobilizing other stakeholders for polio transition planning	DRC	ETHIOPIA	NIGERIA	S SUDAN
		✓		✓

In Ethiopia, CCRDA facilitated a series of sub-national level advocacy and sensitization workshops in polio eradication, integration and transition in the Gambella and Sidama regions. The anticipated impact of this is to strengthen the team of regional health bureaus, polio partners and CSOs to plan and coordinate polio eradication, integration and transition activities at regional and woreda levels.

In South Sudan, in October and November 2021, IHO was able to convene stakeholder engagement which were crucial in aligning understandings on the country's transition planning. As a result of three in-person meetings with EPI's National Director, Program Officers and Polio Surveillance Officer, the finalization of South Sudan's Transition Plan was agreed upon. In addition, the vantage position of CSOs was acknowledged, and it was agreed that CSOs would be closely involved in polio transition advocacy. Likewise, a mobilization meeting held in October 2021 with representatives of WHO, resulted in the development of a common response regarding polio eradication, integration and transition. South Sudan's specific progress was discussed, which helped IHO in drafting its strategic plan and begin networking with key polio focal points. In 2022, several meetings were held with key stakeholders, including the WHO and the Ministry of Health. As a result of the momentum propelled by these meetings, the Polio Transition Plan that was developed in 2017 was extended and continues to be used for implementation.

3.1.4 Establishing a Polio Transition Task Force	DRC	ETHIOPIA	NIGERIA	S SUDAN
		✓		

In Ethiopia, CCRDA sought to increase the political commitment and ownership at national and sub-national levels for the complete integration and transition of polio-funded assets and infrastructure. A significant achievement in August 2021 was the convening of key stakeholders, which resulted in a national move towards significant up-gradations in the country's transition planning, one of which was to establish a Polio Transition Planning Task Force (PTPTF). Moreover, a virtual consultation meeting was held on August 5, 2021, between the Director of MCH Directorate, the Head of the EPI Case Team, along with representatives of WHO, UNICEF and USAID, and attended by the Executive Director and Polio Transition Advocacy Advisor from CCRDA / CGPP. In addition to the establishment of PTPTF, it was agreed that the national polio transition plan be revised, while also coordinating the transition between national and regional level advocacy activities to promote polio eradication. Through consistent follow-up, CCRDA was able to engineer favorable results. As a result, the terms of reference and a six-month action plan of Ethiopia's Polio Transition Task Force was created (currently under ICC review).

3.2 Advocating for domestic allocation of funds with key decision makers	DRC	ETHIOPIA	NIGERIA	S SUDAN
	✓	✓		✓

3.2.1 Establishing framework(s) for securing funding for polio transition	DRC	ETHIOPIA	NIGERIA	S SUDAN
	✓	✓		

In DRC, VillageReach facilitated the development of a provincial edict for Kinshasa during the last quarter of 2021, which has been in review during most of 2022 by Kinshasa parliamentarians. Kinshasa is one of the nine remaining provinces lacking an edict that would secure annual provincial budgeting of immunization and polio eradication activities. Moreover, by following up through engagement with provincial and legal entities, VillageReach was able to get the Kwilu provincial edict

engagement with provincial and legal entities, VillageReach was able to get the Kwilu provincial edict published in the Official Journal in August 2021. This resolution ensured that the country's polio transition plan would have official and legally enforceable funding in Kwilu.

In Ethiopia, CCRDA supported the preparation of 'Polio Transition Resource Mobilization Strategy' to systematically outline areas for advocacy beyond the project to sustain polio transition efforts. However, the strategy could not be reviewed and finalized due to delay in approval of the polio transition plan by ICC.

3.2.2	Engaging with parliamentarian networks to promote national and subnational immunization financing	DRC	ETHIOPIA	NIGERIA	S SUDAN
		✓			

VillageReach worked closely with the Parliamentarian Network for Immunization (REPACAV), mobilizing the network to work towards increasing domestic allocation of immunization and polio eradication funds in light of decreased external funding. The REPACAV President, members of the coordination office, and national parliamentarians were briefed on the project scope and the key roles they would play in the process. It was agreed that the role of the parliamentarians would include setting up provincial chapter of REPACAV in Equateur and Kinshasa; supporting REPACAV Kinshasa on passing a provincial edict to secure local funding; and following-up on the commitments made by the National And Provincial Authorities during the Kinshasa Declaration on Immunization and Polio Eradication.

Learning from the partnership with and mobilization of national REPACAV parliamentarians, a provincial matinee hosted by the Equateur governor was held with all provincial government officials. The intended impact was to increase awareness on the part of provincial government officials on funding gaps in immunization and polio eradication efforts, which would result in annual budgeting for immunization and polio transition efforts, along with eventual disbursement of funds. In support of this objective, VillageReach briefed six provincial parliamentarians in Kinshasa and 19 in Kwilu on polio eradication and transition, immunization-financing commitments (including the Declaration of Kinshasa), and the role of parliamentarians in helping secure funding.

In November 2022, VillageReach organized a briefing for the entire parliament in Equateur on the Declaration of Kinshasa, as well as on the importance of creating a local REPACAV. And within a few days, the parliament was able to establish a REPACAV in Equateur.

3.2.3	Tracking the disbursement of funds for immunization and polio eradication	DRC	ETHIOPIA	NIGERIA	S SUDAN
		✓			

VillageReach participated in the Second National Forum on Immunization and Polio Eradication on October 24th, 2021, during which disbursement levels for the national immunization budget were monitored. The Forum allowed for the evaluation of efforts on immunization financing made by provinces and the nation. At this setting, the President and key government officials, such as the Minister of Budget, Minister of Finance, and all 26 provincial governors, were present to oversee contributions, and to renew commitments to the Declaration of Kinshasa. Participation in the Second National Forum on Immunization and Polio Eradication allowed VillageReach to ensure that key messages for the Forum would include needs for polio transition and mutualization of resources mobilized from COVID-19 in support of polio. Follow-ups during the Forum revealed that only ten provinces disbursed some funds for immunization activities. The three provinces in which VillageReach activists focused on have yet to disburse immunization funds and are calling for more intensified advocacy at the provincial level.

3.2.4	Building awareness and pressure for sustainable financing through the media	DRC	ETHIOPIA	NIGERIA	S SUDAN
		✓			

In August 2021, ten Réseau des Journalistes Amis de l' Enfant (RJAE, or Child-Friendly Journalists' Network) journalists were briefed in Kinshasa and Kwilu and were provided information on past commitments made by the DRC governments (i.e., Addis Ababa Declaration, Kinshasa Declaration). They were updated on advocacy efforts and funding status and were apprised of the role the media could play in supporting advocacy efforts for sustainable financing of the Polio Transition Plan. Following the briefing, information was broadcasted on national television, aiming to inform the public, specifically stakeholders and decision makers, of the need for sustainable funding from local governments. Most of the advocacy activities carried out by VillageReach were broadcasted by the RJAE for further dissemination to the larger public.

3.2.5	Mobilizing other stakeholders for increased government funding	DRC	ETHIOPIA	NIGERIA	S SUDAN
					✓

IHO met with WHO officials and discussed the need to advocate for more government funding for polio and immunization initiatives, which will be addressed at an upcoming meeting between IHO, WHO, and civil society organizations. In order to assist in the execution of the polio transition strategy, the government has demonstrated a willingness to collaborate with partners. The talks IHO held with stakeholders also produced the following results:

- The Ministry of Health provided people to assist and collaborate with CSOs in their advocacy efforts.
- IHO received detailed updates on the implementation of the Polio Transition Plan.
- Together with the Ministry of Health, IHO was able to pinpoint the crucial areas where the government may require assistance.

Photo above: CSO rep and journalist visit the Kwilu's Governor Office to discuss 2023 budget line for polio and immunization.

Photo above: CSO platform members outside IHO office, South Sudan

3.3 Integrating polio in other health services

DRC	ETHIOPIA	NIGERIA	S SUDAN
	✓	✓	

3.3.1 Building capacity of frontline health workers for emergency preparedness and outbreak response

DRC	ETHIOPIA	NIGERIA	S SUDAN
	✓		

In Ethiopia, CCRDA actively engaged with communities during polio campaigns, carrying out district-wide training of health workers. This engagement is expected to generate efficient identification, reporting, and response to emerging cases. In addition to advocacy and social mobilization training, this training included vaccine administration, and polio case surveillance, identification and reporting. CCRDA provided technical and vehicle support to facilitate the nOPV2 campaigns in Addis Ababa and the SNNPR region. During the nOPV2 vaccination campaign in the South Ari and Benetsemay districts during October 2021, 12 supervisors, 61 vaccinators and 61 social mobilisers were trained in South Ari, while 4 supervisors, 18 vaccinators and 18 social mobilisers were trained in Benetsemay, bringing the total to 252 trained front-line health workers in the two districts. Moreover, field-level campaign supervision was carried out in Benetsemay and Male districts in October 2021 over a period of 5 intra-campaign and 2 post-campaign intervals. The purpose was to track advocacy and social mobilization, vaccine administration, and polio case surveillance, identification and reporting.

3.3.2 Integrating polio functions in COVID-19 response

DRC	ETHIOPIA	NIGERIA	S SUDAN
	✓		

In Ethiopia, CCRDA worked to integrate polio functions into Ethiopia's COVID-19 vaccination response. This involved outreach with key messages on COVID-19 vaccination through national media; involvement of religious leaders in the dissemination of COVID-19 vaccination campaign messages; and provision of technical and vehicle support to facilitate two rounds of COVID-19 campaigns in Addis Ababa and the Gambella region. In addition, CCRDA also facilitated an advocacy workshop on the role of religious leaders on COVID-19 vaccination in the Gambella region and conducted assessment and documentation on the role of polio legacy for COVID-19 vaccination.

3.3.3 Integrating polio functions in primary health care

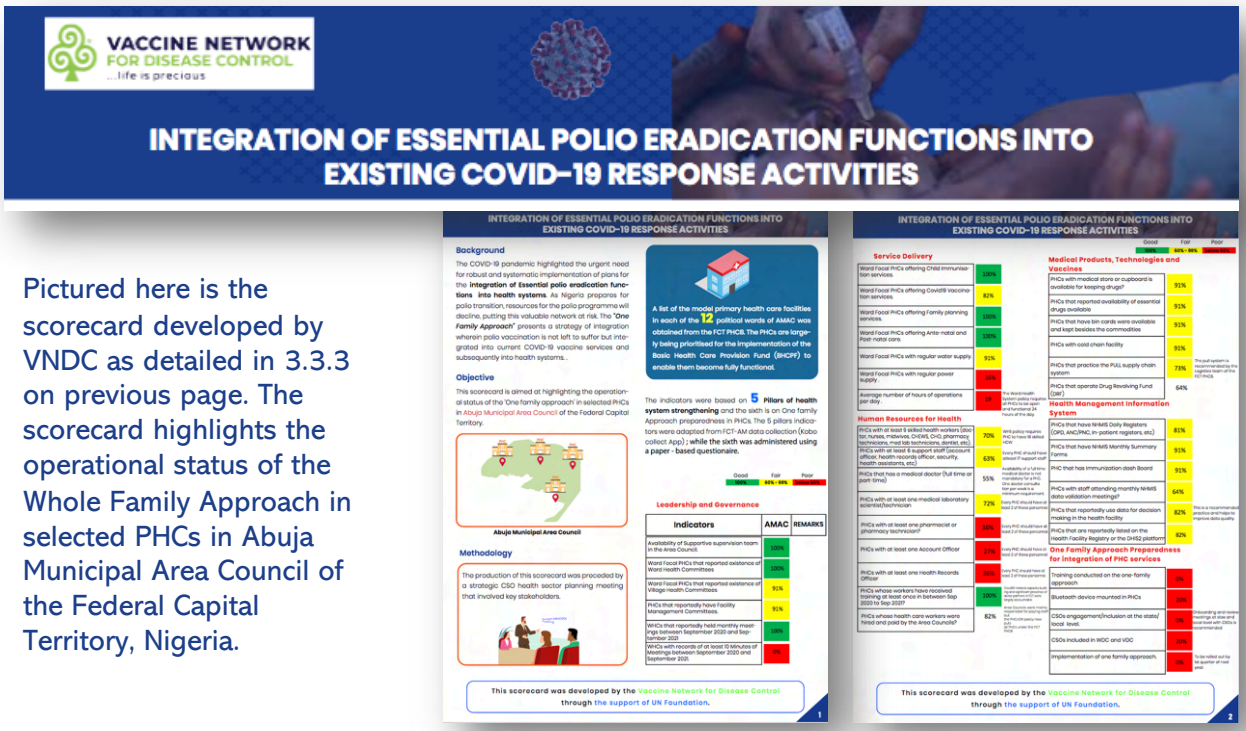
DRC	ETHIOPIA	NIGERIA	S SUDAN
		✓	

In order to integrate the routine functions of polio eradication, VNDC tested the workability of the WFA in selected Primary Health Care (PHC) centers in Nigeria. VNDC developed a scorecard (pictured on following page) to gauge the level of preparedness of health facilities in the effective integration of polio and routine immunization with COVID-19 vaccination. As a result of two advocacy and coordination visits to the Federal Capital Territory (FCT) Primary Health Care Board, indicators were agreed upon to collect data about the health facilities. Based on these indicators, data was collected from 12 model PHCs in Abuja Municipal Area Council, Nigeria to build evidence for advocacy with key legislators. Evidence-based data obtained from PHCs, according to this framework, was submitted to the Secretariat and redesigned for engagement with key stakeholders. This is expected to secure adequate funds to empower PHCs in Abuja's Municipal Area Council.

3.3.4	Developing strategic partnerships with organizations for integration of polio in other health services	DRC	ETHIOPIA	NIGERIA	S SUDAN
				✓	

According to VNDC, one of the important lessons learnt from Nigeria's polio eradication efforts, is the strength that comes from partnerships, both local and foreign. As a fall-out from the assessment of facilities, VNDC sought to forge strategic partnerships with private organizations to help strengthen health facilities at all levels and contribute to their readiness for WFA testing. Following this ambition, seven women-owned organizations were mapped out by VNDC, resulting in partnerships with five of them. As a result of these collaborations, medical products and instruments were provided for the PHC centers, physical renovations of the facilities were carried out, and government buy-in was secured through memorandums of understanding (MOUs). However, one of the challenges was slow execution, owing to bureaucratic delays on the part of the government in signing MOUs and granting approvals. This was in part due to turnover of staff and leadership at the Primary Health Care Board. Moreover, some of the private organizations wanted to engage in a massive structural change at the facilities, causing some delays in financial alignment. As a result, VNDC proposed micro-adoption, whereby the partners could begin on a smaller scale and advance when ready.

In order to address vaccine hesitancy in Nigeria's village and ward administrative levels, VNDC selected and trained six local CSOs to facilitate their collaboration with social mobilization and community development committees at the village and ward administrative levels. The capacity of the trained CSOs was thus strengthened in order to create community awareness, and greater demand for the WFA. In this way, Nigeria's WFA in health services would be eased into health facilities at the village and ward levels. VNDC also worked with participants from the six CSOs and built their capacity on polio assets and the WFA. The session was attended by twelve CSO representatives in addition to community members. Participants were trained on proper integration of polio vaccination messages into their local level activities. An additional focus of this training was to increase participants' knowledge on polio-funded assets and their appropriate integration into COVID-19 vaccination services.



Pictured here is the scorecard developed by VNDC as detailed in 3.3.3 on previous page. The scorecard highlights the operational status of the Whole Family Approach in selected PHCs in Abuja Municipal Area Council of the Federal Capital Territory, Nigeria.

Annex 4: Contextual Country Information

4.1 Country Information, Polio Status, Immunization Coverage, Vaccine Schedule

Official Country Name	Democratic Republic of Congo (DRC)	Federal Democratic Republic of Ethiopia	Federal Republic of Nigeria	Republic of South Sudan
Capital	Kinshasa	Addis Ababa	Abuja	Juba
Official Language	French	Amharic (plus various official working languages)	English	English
Size (sq. km)	2,344,858 sq. km	1,104,300 sq. km	923,768 sq. km	644,329 sq. km
Total Population	95.25 million	120.8 million	216.7 million	11.6 million
Polio Information				
Last case of WPV	2011	2014	2016	2009
Declared WPV free by ARCC	2015	2017	2020	2020
Last case of cVDPV	Nov 2022	April 2022	Sept 2022	April 2021
cVDPV cases (2022)	304	10	42	0
cVDPV cases (2021)	28	1	415	9
Immunization Coverage (2021)				
DTP 1st dose	81%	70%	70%	51%
DTP 3rd dose	65%	65%	56%	49%
IPV 1st dose	68%	65%	56%	39%
Polio 3rd dose	65%	68%	53%	50%
Measles 1st dose	55%	54%	59%	49%
Measles 2nd dose	Not in schedule	46%	36%	Not in schedule
Vaccine Schedule				
DTwP-Hib-HepB*	6, 10, 14 weeks	6, 10, 14 weeks	6, 10, 14 weeks	6, 10, 14 weeks
Pneumococcal	6, 10, 14 weeks	6, 10, 14 weeks	6, 10, 14 weeks	6, 10, 14 weeks
IPV	14 weeks	14 weeks	6, 14 weeks	14 weeks, 9 months
OPV	0, 6, 10, 14 weeks	0, 6, 10, 14 weeks	6, 10, 14 weeks	0, 6, 10, 14 weeks
Rotavirus	6, 10, 14 weeks	6, 10 weeks	6, 10, 14 weeks	6, 10, 14 weeks
Measles	9 months	9, 15 months	9, 15 months	9 months
BCG	Birth (0 weeks)	Birth (0 weeks)	Birth (0 weeks)	Birth (0 weeks)

*Diphtheria, Tetanus, Pertussis, Haemophilus influenzae, Hepatitis B

Sources:

WHO Immunization Data Portal, accessed January 20, 2023: https://immunizationdata.who.int/pages/profiles/cod.html

GPEI Polio News, accessed January 20, 2023; https://polioeradication.org/wp-content/uploads/2023/01/weekly-polio-analyses-cVDPV-20230110.pdf

World Bank Country indicators, accessed January 20, 2023: https://databank.worldbank.org/source/africa-development-indicators

4.2: Democratic Republic of Congo

The DRC is inhabited by 95.25 million people in its 26 provinces and 519 districts, with 17.3% of its population being under the age of 4 years old[1], and 45% under the age of 14 years old[2]. Reeling from a long history of violence and civil unrest since the mid- to late-1990s, DRC continues to experience protracted conflicts and armed violence. This scenario has left 5.2 million people displaced from their homes. The overall estimate of DRC's insecure, unsettled and vulnerable includes 3 million children.[3]

DRC was declared to have eradicated WPV in 2015, four years after their last case of WPV in 2011. The country maintained this status through surveillance and routine immunization. Since 2017, however, recurrent outbreaks of cVDPV have continued to pose threats to eradication efforts. DRC reported 81 cases in 2020, 28 cases in 2021, and 236 cases in 2022.[4]

From May 2017 through August 2022, DRC recorded 16 separate cVDPV2 outbreaks of which 11 are officially closed while 5 remain active (Maniema: 4 and Bas Uélé: 1).[5] In order to address these recurrent outbreaks of cVDPV2, several rounds of vaccination campaigns were organized with the support of GPEI partners.

DRC does not currently offer primary health care (PHC), and childhood immunization coverage has been modest at most. In 2021, an estimated 8.65% of total expenditure on routine immunization was financed by government funds. In the same year, 68% of the eligible population was immunized with first dose of polio, and 65% received all three doses of polio,[6] leaving the country lagging behind the >90% coverage goal set by the World Health Assembly.[7] By 2021, as many as 34% of eligible children remained at a zero-dose status. Surveillance indicators report 68% adequate stool collection conducted in 2021, and out of 18 environmental surveillance sites countrywide, an average of 9 adequate samples were collected from each site. In view to further efforts on polio eradication, in September 2017, DRC developed its Polio Transition Plan as part of the country's GPEI 2018-2022, which was updated in 2021 to take into account the COVID-19 context.

1 https://data.worldbank.org/country/congo-dem-rep

2 https://www.unfpa.org/data/world-population/CD

3 https://news.un.org/en/story/2021/02/1085182?msclkid=467e596cb4a111ec90fc42342e207e61

4 https://polioeradication.org/wp-content/uploads/2023/01/weekly-polio-analyses-cVDPV-20230110.pdf

5 Weekly Response Bulletin to the cVDPV2 Epidemic in the DRC (Bulletin hebdomadaire de riposteà l'épidémie de PVDV2c en RDC), published by the Programme Élargi de Vaccination (PEV), DRC

6 https://immunizationdata.who.int/pages/profiles/cod.html

7 https://apps.who.int/iris/bitstream/handle/10665/276315/A71_9-en.pdf

4.3: Federal Democratic Republic of Ethiopia

The Federal Democratic Republic of Ethiopia has a population of 120.8 million, with 14.3% of their population under the age of 4 years old and 39% under the age of 14 years old.[8] The country has 11 regions and 891 districts.[9]

Since the early 1990s, the Ethiopian People's Revolutionary Democratic Front (EPRDF), an autocratic alliance of ethnic parties from across the country, has governed Ethiopia. The EPRDF's strategy to quell rural insurgencies and gain political control was to win the rural population over through investments in social and health sectors. As a result, preventive primary health care gained priority, resulting in what would over time be hailed as a model primary health care regime in the region. [10]

In 2019, the Ethiopian government spent an estimated USD 32.7 million on routine immunization, which tapered slightly to USD 27 million the following year (about USD 7.5 spent was spent per newborn on routine immunization in 2020). As a percentage of total government expenditure, routine immunization accounted for 40% in 2019 and 29.09% in 2020. In 2020, IPV coverage was 71% while OPV coverage stood at 74%.[11] By 2021, Ethiopia reported 24% zero-dose children.[12] Regarding surveillance, 46% of collected stool was deemed adequate in 2021. There are three environmental surveillance sites countrywide, from where an average of 17 adequate samples were collected per site in 2020. Following outbreaks in 2019, Ethiopia launched a polio vaccination campaign with the type 2 novel oral polio vaccine (nOPV2) in October 2021, which targeted over 17 million children under 5 years old, and aimed to end the circulation of vaccine-derived poliovirus. The campaign was officially launched by the Ministry of Health (MOH)[13] and polio partners in Hawassa and Sidama alongside the commemoration of World Polio Day.[14] While 10 cases of cVDPV2 were reported in 2021, only one case has been reported in 2022.[15]

In June 2017 the country was declared free of WPV by the African Regional Certification Commission (ARCC) for maintaining a polio-free status for nearly four consecutive years. However, Ethiopia remained classified as 'key at-risk' by the GPEI, in part because the country is located in the wild poliovirus importation belt, a band of countries that are recurrently re-infected. In May 2019, Ethiopia was reclassified as an outbreak country, given confirmation of an isolated cVDPV type 2 virus associated with an outbreak in the Horn of Africa and the presence of cVDPV type 3, both in the Somali region.[16] Notably, in addition to local financial prioritization of polio immunization, GPEI support continues, with 41 polio positions still backed by GPEI in 2020 and 2021.[17] The Interagency Coordination Committee (ICC) was reviewing Ethiopia's Polio Transition Plan (2022-2025) for approval, however, the plan was unable to be implemented due to several compounding factors including the COVID-19 pandemic, war and instability in the region, and the 2019 cVDPV outbreak . Due to these challenges and other prime concerns, polio integration and transition activities have not been given priority by the government and polio partners.

8 https://data.worldbank.org/country/ethiopia?view=chart

9 https://www.unfpa.org/data/world-population/et?msclkid=8da53f86b4a411ecb19d9acfb7928933

10 https://pubmed.ncbi.nlm.nih.gov/33169151/

11 https://www.who.int/teams/polio-transition-programme/monitoring-and-evaluation-dashboard

12 https://data.unicef.org/topic/child-health/immunization/?msclkid=d167fb34b49b11eca26c2f0b963a8dfc

13 https://www.moh.gov.et/site/directorates

14 https://reliefweb.int/report/ethiopia/joint-statement-who-unicef-rotary-world-polio-day?msclkid=70baf251b1a311ec8ce0576967e41238

15 https://polioeradication.org/polio-today/polio-now/this-week/circulating-vaccine-derived-poliovirus/

16 http://polioeradication.org/where-we-work/ethiopia/

17 https://www.who.int/teams/polio-transition-programme/monitoring-and-evaluation-dashboard

4.4: Federal Republic of Nigeria

Nigeria is the most populous nation in Africa, with almost 216.7 million people recorded in 2022.[18] Around 16% of this population is under the age of 4 years old,[19] and 43% under 14 years old.[20] The population of children under 5 years old stands at nearly 31 million, with an estimated 7 million newborns added each year.[21] Administratively, the country has 36 states, each with 3 senatorial districts, in addition to the Federal Capital Territory (FCT), which has 1 senatorial district. The National Primary Health Care Development Agency (NPHCDA)[22] oversees the main health services of the country with the national immunization coordination falling under the National Emergency Routine Immunization Coordination Center (NERRIC), with its state level counterparts such as, the FCT Emergency Routine Immunization Coordination Center (FERRIC) catering to the FCT. Overall, government expenditure on routine immunization financed by government funds in 2020 was 17.04%, with the government spending USD 13.4 per newborn on routine immunization in 2021.[23] Immunization coverage in Nigeria was reportedly 71% for IPV and 74% for bivalent OPV in 2020. In the same year, however, Nigeria reported 45% zero-dose children,[24] contributing to around 30% of the global number of unimmunized children between the ages of zero to 5 years old.[25]

Nigeria was declared free of WPV in 2020. However, fluctuating levels of vaccine coverage against polio have caused flare-ups of cVDPV2 in susceptible communities. Officials have observed cases of cVDPV2 during 2021 in at least 22 states, with Jigawa, Kebbi, Kano, and Borno reporting the greatest number of cases.[26] In 2021, 415 cases of cVDPV2 were reported, in 2022, that number dropped to only 42 cases. These outbreaks occur because of immunity gaps in children. Immunity gaps include low routine immunization coverage, missed children during immunization campaigns, and of critical concern, missed opportunities at health facilities. The COVID-19 pandemic disrupted the normal functioning of PHCs and shifted the focus to containment of the pandemic, thus affecting other primary health services, especially routine immunization and polio vaccination.

The progress that the country did achieve was due to a ten-year national immunization and primary health care plan,[28] which was embedded with sensitization and education of families.[29] The plan prioritized increased vaccination and surveillance reach in inaccessible areas in the northeast. Reaching Every Settlement (RES) and Reaching Inaccessible Children (RIC). Such strategies were employed specially in Borno and Yobe states to address areas with security risks. The programs continued to implement innovative and impactful in-between round special interventions targeting the vaccination of a greater number of children potentially missed through the house-to-house campaigns. These strategies included profiling and vaccination of children liberated from captivity in security-compromised areas, and vaccinations at transit points including internally displaced persons (IDPs) camps, hospitals, and markets. In order to strengthen immunization efforts, the federal government launched the Whole Family Approach (WFA) on October 21, 2021. The WFA aims at integrating basic health services and capturing missed opportunities for routine immunization by ensuring that every member of a family receives at least one health service during a visit at the PHC (integrated PHC service delivery). This is intended to directly strengthen integrated health servicing, increase COVID-19 vaccination, curb incomplete vaccination, and reduce the incidence of cVDPV2 in Nigeria.

18 https://www.unfpa.org/data/world-population/NG?msclkid=c488fb5bb4c111ecba1a80b13eb023d3
19 https://data.worldbank.org/country/nigeria?view=chart
20 https://www.unfpa.org/data/world-population/NG
21 https://www.unicef.org/nigeria/situation-women-and-children-nigeria#:~:text=According%20to%20data%2C%20Nigeria%20is%20a%20%60country%20of,year%20at%20least%207%20million%20babies%20are%20born.?msclkid=62707cc8b49a11ec8276066d94caa4ef
22 https://nphcda.gov.ng/?msclkid=20dec22ab0ec11eca197510b0a1fb27a
23 https://www.who.int/teams/polio-transition-programme/monitoring-and-evaluation-dashboard
24 https://data.unicef.org/topic/child-health/immunization/?msclkid=d167fb34b49b11eca26c2f0b963a8dfc
25 https://www.unicef.org/nigeria/press-releases/unicef-urges-nigeria-seize-moment-routine-vaccination?msclkid=137a3307b4c011ecbc9ca24b4dcfd328
26 https://crisis24.garda.com/alerts/2021/11/nigeria-polio-activity-reported-in-additional-states-during-november-update-3
27 https://polioeradication.org/wp-content/uploads/2022/11/weekly-polio-analyses-cVDPV-20221122.pdf
28 https://www.publichealth.com.ng/national-program-on-immunization-npi-schedule-in-nigeria/?msclkid=d168f2bbb49b11ecbde8fb6f6b2e8a13
29 https://www.gavi.org/vaccineswork/you-need-plan-successfully-immunising-zero-dose-children-nigeria?msclkid=d1678400b49b11ec844c142e843494d7

4.5: Republic of South Sudan

The conflict ravaging South Sudan has inflicted serious health consequences for the country's population of 11.6 million people. The protracted and complex humanitarian crisis, combined with multi-year flooding, left the country's 10 states and 29 administrative counties with severe food insecurity and outbreaks of diseases, including cholera, measles, hepatitis E, yellow fever, Rift Valley fever, cVDPV2, and more recently COVID-19. Children are particularly at risk in South Sudan: 15% of the total population is under the age of 4 years old,[30] while 41% are under 14 years old.[31] Widespread displacement and constant population movements due to on-going conflicts have also resulted in low immunization coverage. In addition, access to healthcare facilities is limited due to insecurity, poor road infrastructure and harsh climate. Prolonged rainy spells with flooding make many counties inaccessible for six months of the year. Children's vulnerability to cVDPV2 was especially prominent in besieged and hard-to-reach areas. In 2020, there were 49% zero-dose children in South Sudan, a fifth of whom live in conflict zones.[32]

In these circumstances, a polio outbreak was declared in September 2020, spreading to 25 counties out of 79 counties in all ten states of the country. South Sudan reported 50 cases of cVDPV2 in 2020, nine in 2021 and zero cases in 2022.[33] Based on this, the International Health Regulations (IHR) classifies South Sudan as a cVDPV2-infected state with a possible risk of international dissemination. As a result, beginning in February 2022, South Sudan is subject to interim recommendations (GPEI). In response to this outbreak, the government conducted the first round of the monovalent oral polio vaccine type 2 (mOPV2) vaccination campaign in November and December 2020, which reached a total of 2.6 million children aged 0 - 59 months. The second round, in February 2021, targeted 74 counties. Moreover, in December 2020, the government launched a National Action Plan for Health Security (NAPHS) as the overarching framework of national priorities for enhancing health security.[34] Core priority actions in NAPHS include carrying out regular multi-sectoral risk assessments and developing a national multi-hazard response plan.[35] In 2021, routine childhood immunization was reported to be 60%. Surveillance indicators report 57% adequate stool collection in 2020, and an average of 17 adequate samples collected per site from five environmental sites nation-wide that same year.

The South Sudanese government's 2018–2022 Polio Transition Plan is currently largely unfunded, and the GPEI ramp down means decreased financing for vital health system operations, which in turn could cause immunization programs to fail. In order to ensure that the nation is ready for the transition, advocacy work must be carried out at all levels.

30 https://data.worldbank.org/country/south-sudan?view=chart

31 https://www.unfpa.org/data/world-population/SS?msclkid=020e3bccb4a011ec948c60222c4bd65d

32 https://www.gavi.org/programmes-impact/country-hub/africa/south-sudan

33 https://polioeradication.org/wp-content/uploads/2023/01/weekly-polio-analyses-cVDPV-20230110.pdf

34 https://moh.gov.ss/?msclkid=2c8e61fcb1aa11ec95ffba3147c9c312

35 https://www.afro.who.int/news/multisectoral-health-emergency-risk-profiling-health-security-south-sudan?msclkid=55538db7b1a211ec8523a0bb216369f0

Annex 5: CSO Profiles

Partner CSOs and Countries where CSOs are working	
VillageReach	DRC
CCRDA	Ethiopia
IHO	South Sudan
VNDC	Nigeria

Key Message in Vision Statement	
VillageReach	A world where each person has the health care needed to thrive
CCRDA	Envisions a poverty free Ethiopia with vibrant CSOs and assured social justice
IHO	World where people are healthy and treated with dignity and respect
VNDC	Sustainable Health and Development for all

Key Message in Mission Statement	
VillageReach	Transform health care delivery to reach everyone
CCRDA	Strives to strengthen members' efforts towards effective national and community development through advocacy, networking, partnership and capacity building
IHO	Help vulnerable communities achieve immediate and lasting change in order to manage and maintain their own health and well being
VNDC	Promoting community health and development through education, collaboration, women empowerment, policy advocacy and immunization campaigns

Sectoral Focus of Partner CSOs				
Sectors	VillageReach	CCRDA	IHO	VNDC
Health	X	X	X	X
WASH		X	X	
Nutrition			X	
Education			X	X
FS		X		
Gender		X		X
Humanitarian Emergency Support		X		
Women Empowerment				X
Policy Advocacy				X
Environment				
Sanitation				

Core Expertise of the Organization				
Core Expertise	VillageReach	CCRDA	IHO	VNDC
Project Management			X	
Humanitarian Emergency Support		X		
Supply Chain and Logistics	X			
Digital Health Technology	X			
Data Analytics	X			
Health Workforce Development	X			
Community Engagement				X
Gender Mainstreaming				X
Immunization & RMNCH Advocacy				X

Partnerships with Government	
Partner CSOs	Yes/No
VillageReach	Yes
CCRDA	Yes
IHO	Yes
VNDC	Yes

Association with Health Networks	
Partner CSOs	Yes/No
VillageReach	(3) Community Health Impact Coalition, COVID 19 Action Fund for Africa, Unmanned Aerial Vehicles for Payload Delivery Working Group (UPDWG)
CCRDA	Part of CORE Group Polio Project Network
IHO	Shabab le Shabab Youth Alliance
VNDC	(7): Association of Orphans and Vulnerable Children NGOs in Nigeria; Expanded Civil Society Initiative on Immunization (a GAVI CSO); Women Advocate for Vaccine Access; Health Sector Reform Coalition; Health Reform Foundation of Nigeria; CSO-led COVID-19 Accountability Group Federal Capital Territory Accountability Mechanism

Number of Full Time Paid Staff	
Partner CSOs	Number
VillageReach	35
CCRDA	56
IHO	52
VNDC	62

Number of Field Offices	
Partner CSOs	Number
VillageReach	05
CCRDA	05
IHO	05
VNDC	03

Researche Undertaken During 2020/21/22	
Partner CSOs	Yes/No
VillageReach DRC	Yes
CCRDA	Yes
IHO	No
VNDC	Yes

Research Results Used for Advocacy Interventions During 2020/21/22	
Partner CSOs	Yes/No
VillageReach DRC	Yes
CCRDA	Yes
IHO	N/A
VNDC	Yes

Availability of Advocacy Strategy	
Partner CSOs	Yes/No
VillageReach DRC	Yes
CCRDA	Yes
IHO	Yes
VNDC	Yes

Advocacy Interventions Implemented	
Partner CSOs	Yes/No
VillageReach DRC	Yes
CCRDA	Yes
IHO	Yes
VNDC	Yes

Types of Engagement with Media				
Types of Engagement	VillageReach	CCRDA	IHO	VNDC
Training	No	No	No	Yes
Briefing	Yes	Yes	No	Yes
Seminars	No	Yes	No	No
Press Release	Yes	Yes	Yes	Yes
Press Conference	Yes	Yes	No	Yes
Coverage	No	No	No	No

Social Media Accounts				
Social Media	VillageReach	CCRDA	IHO	VNDC
Facebook	Yes	Yes	Yes	Yes
LinkedIn	Yes	No	No	Yes
Twitter	Yes	No	Yes	Yes
Instagram	No	No	Yes	Yes
YouTube	Yes	Yes	No	Yes

Implemented Social Media Campaign	
Partner CSOs	Yes/No
VillageReach	Yes
CCRDA	No
IHO	Yes
VNDC	Yes

Messages on Radio/TV in 2020/21/22	
Partner CSOs	Yes/No
VillageReach DRC	Yes
CCRDA	Yes
IHO	Yes
VNDC	No

SOURCE: SELF REPORTED BY CSO REPRESENTATIVE

Annex 6. Country Performance Levels on Polio Transition and Integration

Disclaimer: The data presented in Annex 6 was collected through available information online and/or CSO reports. The data reflected may not reflect the current situation. This should be viewed as informational context only and not official country data. To view available official data on polio transition, visit the WHO Polio Transition Monitoring and Evaluation Dashboard.

Country Performance Levels

		Nigeria	South Sudan	DRC	Ethiopia
HIGH POLITICAL WILL					
1	The core capacity indicators are available and in line with international health regulations available in this country laboratory, surveillance, emergency preparedness	60%, 80%, 60%	60%, 80%, 40%	60%, 60%, 60%	80%, 80%, 87%
2	Country National Task Force for polio exists and holds at least two meetings per year, reviews progress and addresses challenges	Yes, National Task Force and Routine Immunization	Exists but not active	COUP serves as the Polio Task Force, but focuses mostly on emergencies	Yes, National EPI Task Force
3	Provincial Polio Task Forces are chaired by provincial chief secretaries, governors, health ministers or health directors who undertake review of number of missed children and quality of mass vaccination campaigns, and ensure timely corrective actions	Yes, State Polio and Routine Immunization Task Force	Yes, but inactive	Provincial Coordination Committee (CPC) presided by the governor, & Local Coordination Committee (LCC) presided by mayor, health zone/district management.	Not yet
4	The country has a report containing comprehensive review of polio-funded human resources	Yes	Yes	Yes	Yes
FINANCING					
5	The country has a comprehensive review of the financing risks of the scaling down of the polio programme	Unsure	Yes	Yes	Yes
6	The country has a bottom-up estimation of the costing of essential polio functions	Yes	Yes	Yes	Yes
7	The country has undertaken an analysis of potential impact of the downscaling of the GPEI budget	Yes	Yes	Yes	Yes
8	The country has prepared preliminary financing options derived from national transition plans, and estimation of costs to be included in the investment case for transition	Yes	Yes	Yes	Yes
9	The country level review findings input into the development of the proposed programme budget to highlight the transfer of the costs of essential functions and other assets from the polio budget to the WHO core budget development of country-level resource mobilization plans	Yes	Yes	Yes	Yes
10	The country has a resource mobilization plan for funding transition plans	Yes	Yes	Yes	Yes
COUNTRY PERFORMANCE LEVELS					
11	The country's routine immunization programme is funded by its government	Data not found	Sourced externally. The government, private sector, and donor contributions are 8.5%, 21.3% and 70.2% respectively.	Uncertain	No, donor funded

		Nigeria	South Sudan	DRC	Ethiopia
STRATEGIC ACTION PLAN ON POLIO TRANSITION					
12	The country has a framework for the development of the draft strategic action plan on polio transition	Yes, developed	No	No	No
13	The country has a national transition plan	Yes, finalized	Yes (under review)	Yes (under review)	Yes (under review)
14	The country's polio transient plan entails detailed information on the costing of essential polio functions	Yes, but few details	Yes	Yes	Yes
15	The country's polio transition plan entails detailed information on preliminary analysis of financing options and financing needed	Yes	Yes	Yes	Yes
16	The country's polio transition plan entails detailed information about human resource data	Yes	Yes	Yes	Yes
17	The country has begun implementation of the transition plan	Yes	No	No	No
VACCINE ACCEPTANCE					
18	The country has high-level advocacy strategies to support mainstreaming of polio essential functions into national systems	Yes. Polio functions have already been mainstreamed in Nigeria PHCs	Advocacy as part of transition plan	Advocacy as part of transition plan	Advocacy as part of transition plan
19	The country has a communication strategy about polio transition	Yes	No	No	No
20	The country has 90% coverage of first dose of inactivated polio vaccine (IPV)	No (56%, 2021)	No (39%, 2021)	No (68%, 2021)	No (65%, 2021)
INTEGRATION					
21	The country has integrated essential functions of polio programme into other programme areas	Yes Currently, all programs are integrated	No	No	No
22	The country holds country-level review of polio-funded functions and capacities through joint planning visits by the polio eradication, immunization, emergencies, and other programme areas	38th Meeting of the Expert Review Committee (ERC) on Polio Eradication and Routine Immunization	Data not found	Data not found	Data not found
23	The country has updated terms of reference for staff members performing essential polio functions in new programme areas	Yes	Yes, as reported by CSO	Data not found	Yes, but not approved yet
24	Polio HR contributes towards Covid-19 response	Yes, staff integrated	Yes, staff has been actively involved in administration of Covid-19 vaccine and creating awareness	Yes	Yes, vaccination campaign planning and implementation and M&E, advocacy, social mobilization and communication, and surveillance
EMERGENCY PREPAREDNESS					
25	The country has a functional system of detection of health events which may cause health risks	Data not updated, NCDC Nigeria can activate its public health Emergency Operations Center (EOC) within two hours of receiving an early warning or information of an event	Public Health Emergency Operation Center	Yes, surveillance system is in place for several diseases with potential outbreaks such as Ebola, measles, etc.	Data not found
EFFECTIVE SURVEILLANCE					
26	The country has increased capacity of disease surveillance and laboratories	Uncertain	Surveillance focused on Covid by MOH	Data not found	Data not found or not updated

Annex 7: Acknowledgments

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