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Dear Sir Liam,

Thank you for the 5th report of the Transition Independent Monitoring Board (TIMB).

I had a discussion with the members of the WHO Steering Committee for Polio Transition on its content and the recommended actions. I am happy to note that overall, the recommendations of the Board are largely aligned with our current thinking and programmatic actions.

I would like to summarize below the highlights of our discussion and the specific actions that WHO is taking, together with our partners, with respect to specific recommendations:

- WHO is supportive of the first recommended action on reviewing the country plans from a broader lens. Specific actions are being taken by WHO's regional offices to take this recommendation forward, depending on the regional and country context. The African Region has identified a new focal point to support transition activities, whose Terms of Reference include monitoring progress at the country level. Evaluating the level of polio capacities will continue to be the focus of multi-disciplinary advocacy missions to priority countries during 2022. In the Eastern Mediterranean Region, polio surveillance and outbreak indicators are crucial tools, among others, to measure country capacity and resilience to implement national transition plans. The Regional Office will explore ways to better streamline the reporting of this information to the global level. The South-East Asia Region already has a robust framework to monitor the implementation of country transition plans. Moving forward, closer focus will be placed on country capability and resilience, with specific indicators to monitor progress, in view of the changing country contexts, especially in Myanmar and Nepal.
- Significant work is ongoing in the area of essential immunization that will help address recommended action three, the impact of COVID-19 surge support on essential immunization, and recommended action eight, on the "zero dose" agenda. WHO, together with its partners, is leading four interrelated workstreams to assess the scale, scope and duration of staffing required for COVID-19 vaccination, and its impact on essential immunization, which will be finalized before the end of this year. The collective outcome of these workstreams will allow us to have a strong steer on the resources being diverted away from essential immunization and to help countries to make the necessary adaptations to avoid backsliding on immunization coverage and to recover from the pandemic. We will present these outcomes at the next TIMB meeting. Similarly, the focus on "zero

dose” communities is at the centre of both the Immunization Agenda 2030 (IA2030) and Gavi 5.0 Strategies. All partners are aligning their efforts to target specific countries with the largest number of un or under immunized children, which include polio endemic and high risk countries. At the global level, the Zero-dose Working Group, co-led by WHO, UNICEF and Gavi, is coordinating these efforts, together with a dedicated IA2030 working group on coverage and equity. At the regional level, reaching and fully vaccinating zero dose children is a key component of regional vaccine implementation plans aligned with IA2030. At the country level, there are many targeted initiatives. Gavi full portfolio planning (FPP) in Pakistan is a good and recent example of integrating the polio programme’s insights with broader immunization efforts, to ensure that polio expertise is efficiently leveraged to achieve zero-dose targets. Other FPPs that will take place within 2022 in polio priority countries will provide similar opportunities to create synergies between polio eradication and essential immunization programmes.

- Since its inception, the TIMB has been a pioneer in positioning integrated surveillance as a “global good”, building on the polio legacy. The two synergistic recommended actions six and seven on surveillance align with that positioning. WHO agrees that COVID-19 provides an excellent opportunity to advocate for the importance of surveillance beyond its role as a hidden technical function. Much has been done already on integrated surveillance at the global, regional and country level. At this stage, as a next step, preference should be given to interoperability, and better coordination and alignment of different surveillance systems. To this end, the Steering Committee agreed on the urgent need to set up a mechanism to improve coordination within the WHO on surveillance, to identify potential overlaps and synergies, and to flag areas that require strategic direction and guidance.
- Important steps have been taken in Nigeria to address recommended action ten related to improving performance. The Regional Office for Africa conducted a high level mission in October 2021, which led to the establishment of a five-year budget and workplan to sustain support for the polio functions, with the agreement to maintain, and in some cases expand capacities above and beyond 2021 levels. This was followed by a subsequent visit of the Regional Director early this year to advocate with the Government, highlighting the importance of using the polio resources to support the country’s health system. In addition to these efforts led by WHO, the high level mission by Gavi, the Vaccine Alliance, conducted at the end of February 2022 provided an opportunity to link polio more closely with the discussions and investments on “zero dose” and primary healthcare at the country level. Given the critical investments for polio eradication, essential immunization and primary healthcare in Nigeria, and close involvement of multiple stakeholders in all these efforts, WHO proposes a special session at the next TIMB meeting to be led by the Nigerian national authorities to report back on progress.

For the first time, the TIMB report also contains recommended actions related to eradication, recognizing the interdependence of polio eradication and polio transition. The four recommended actions pertaining to eradication were discussed by the Global Polio Eradication Initiative (GPEI) leadership, through the GPEI Strategy Committee (SC) and the Polio Oversight Board (POB). The outcome of these discussions is summarized below, which I believe, will be also communicated to you by the POB Chair:

- On recommended action two, the POB decided that an expansion of the POB and the SC is not needed, emphasizing, however, their commitment to regular communication and coordination.
- On recommended action four on vaccine management, the SC agrees that focus continues to be needed on implementation of the new strategy. The establishment of an Executive Management Unit (EMU) within the GPEI is intended to maintain focus on implementation and improve coordination across the partnership. In addition, a monitoring dashboard is under development to be used to track progress against achievement of goals and objectives and to enable the SC and the POB to focus on

areas that are not on track and require attention. In addition, a strengthened supply of nOPV2 is anticipated throughout 2022.

- Regarding recommended actions five and nine on stepping up timely and assertive outbreak response and polio biosecurity respectively, the SC agrees with these recommendations and steps are already being taken to move them forward. On the former, GPEI is developing a letter through its Political Advocacy Group (PAG), along with working through the International Health Regulations (IHR) process to keep polio designated as a public health emergency of international concern (PHEIC). On the latter, WHO will continue to engage with all relevant countries to ensure fully compliance with resolution WHA71.16 on poliovirus containment.

Allow me to once again express my gratitude to you and the Board for this excellent report. 2022 is an important year for both polio eradication and transition, and your guidance will be critical to successfully move forward towards these twin goals.

Yours sincerely,



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Deputy Director-General