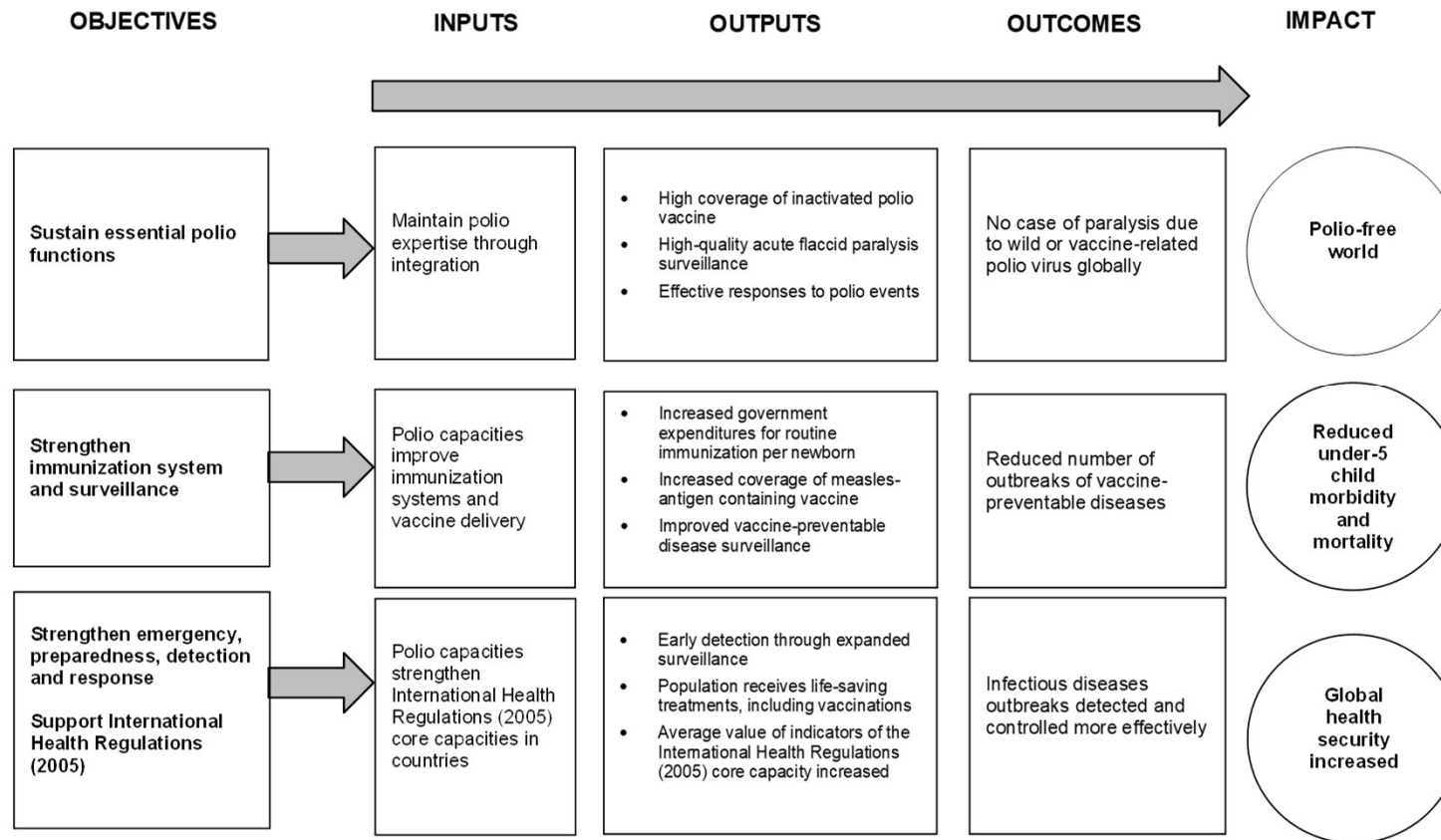


# Polio Transition Monitoring & Evaluation 2018-2022

Review of M&E Indicators in 20 priority countries of the  
Strategic Action Plan on Polio Transition (2018-2023)

**Results chain of the polio transition plan (2018-2023)**



**M&E Dashboard:** <https://www.who.int/teams/polio-transition-programme/monitoring-and-evaluation-dashboard>

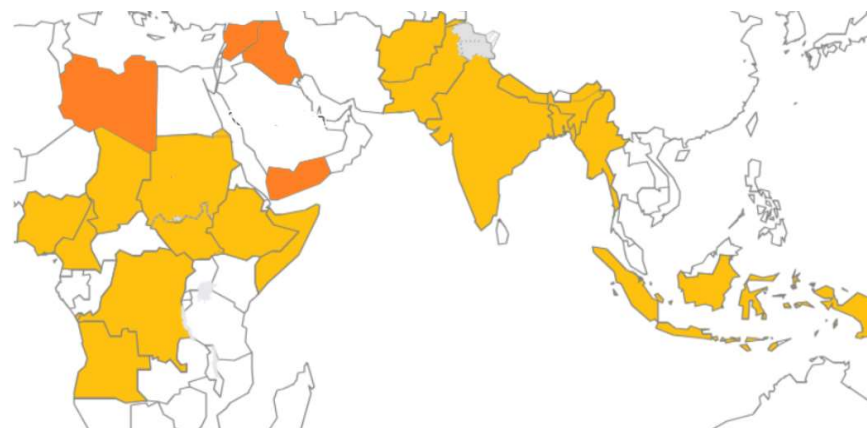
# 20 Polio Transition Priority Countries

The current set of slides refer only to M&E indicators reported by the 20 polio transition priority countries as defined in the strategic action plan (2018-2023):

**AFR (7):** Angola, Cameroon, Chad, DRC, Ethiopia, Nigeria, South Sudan

**SEAR (5):** Bangladesh, India, Indonesia, Myanmar, Nepal

**EMR (8):** Afghanistan, Iraq, Libya, Pakistan, Somalia, Sudan, Syria, Yemen



Polio Transition M&E Indicators in 20 Priority countries (2018-2022)

# High level summary

- There has been limited progress in reaching the three objectives of the Strategic Action Plan on Polio Transition (2018-22).
- There are large variations between countries and regions on most output indicators over the period of 2018-2022.
- Immunization coverage has increased overall, particularly in 2021-22 following the drop during the Covid-19 pandemic crisis. However, district level data shows that there has been limited progress on geographical inequities.
- In AFR and EMR, coverage for polio and measles containing vaccines are generally far behind performance targets with some exceptions in EMR (Iraq, Pakistan and Sudan), whereas in SEAR coverage levels are generally high (reaching 90% in Bangladesh and India).
- Polio surveillance improved across all the regions and countries in this period.
- WPV and cVDPV cases in the 20 priority countries increased in 2019-2020, followed by a drop in 2021 and then increased again in 2022.
- Government expenditures on routine immunization increased overall, and country self-assessment on health emergency core capacity indicators generally increased over the period.

## HIGHLIGHTS

### 1. Sustaining a polio free world

The progress to reach this objective was uneven. While IPV1 and OPV3 coverage and polio surveillance (non-polio AFP detection and increased number of environmental surveillance sites) slightly improved, the number of WPV and cVDPV cases continued to increase after a brief decline in 2021.

- The estimated coverage of IPV1 varies greatly across the 20 polio transition priority countries, however the overall average increased from 63% (2018) to 73% (2022).
- The average OPV3 coverage remained relatively stable around 72%, despite a decline in 2021.
- The non-polio AFP rate increased from 7.6 (2018) to 11 (2022), coupled by a similar improvement in stool specimen rate from 87% (2018) to 91% (2022).
- The number of WPV cases in the two endemic countries (Afghanistan and Pakistan) reached the minimum of 5 cases in 2021, then increased to 27 in 2022.
- The number of cVDPV cases in the 20 priority countries reached its peak of 833 in 2020, and despite a decline in 2021, 772 cases were counted in 2022.
- The number of surveillance sites increased from 366 (2018) to 600 (2022), especially in Afghanistan, Pakistan, Nigeria and DRC. Yet, the average of samples per site declined from 21 (2018) to 13 (2022).

## HIGHLIGHTS

### **2. Strengthening immunization systems and surveillance**

There has been limited progress in reaching this objective, as measured in terms of MCV coverage and government expenditure for routine immunization.

- The estimated coverage of MCV1 varies greatly across countries. The unweighted average of MCV1 is around 70% coverage, despite a slight decline in 2020-21.
- The estimated MCV2 coverage remains sub-optimal. The unweighted average of MCV2 coverage declined from 66% (2018) to 57% (2022), with only a slight increase at the subnational level from 44% (2018) to 46% (2022).
- In terms of resources, countries reported increased commitments, with the government expenditure on routine immunization per surviving infant on average increasing from US\$ 11.2 (2018) to US\$ 17.5 (2022). Yet, there are gaps in country reporting.

### **3. Strengthening emergency, preparedness, detection and response capacity (IHR)**

There has been some progress in reaching this objective, as measured by countries' surveillance, laboratory and emergencies management core capacities under the IHR (through electronic IHR States Parties Self-Assessment Annual Reporting Tool (e-SPAR)). Yet, the data relies on self-reporting, which carries limitations.

- Laboratory core capacity on average increased from 54 (2018) to 61 (2022).
- Surveillance core capacity on average increased from 73 (2018) to 76 (2022).
- Emergency framework core capacity on average increased from 49 (2018) to 60 (2020, last year reported).

## PROGRESS IN A SNAPSHOT

The 20 polio transition priority countries reported the following progress over the period 2018-2022:

### 1. Sustaining a polio free world

- ● IPV1 coverage on average **increased** from 63% (2018) to 73% (2022)
- ● OPV3 coverage remained relatively **stable** around 72%, despite a decline in 2021
- ● Rate of non-polio AFP/100,000 children <15 years **increased** from 7.6 (2018) to 11 (2022)
- ● Percentage of AFP cases with two adequate stool specimens **increased** from 87% (2018) to 91% (2022)
- ● The number of WPV cases reached the **minimum** of 5 cases in 2021, then **increased** to 27 in 2022
- ● The number of cVDPV cases **increased**, reaching its peak of 833 in 2020, still counting 772 cases in 2022
- ● The number of surveillance sites **increased** from 366 (2018) to 600 (2022)
- ● The average of samples per site **declined** from 21 (2018) to 13 (2022)

### 2. Strengthen immunization systems and surveillance

- ● The unweighted average MCV1 coverage, after a **decline** in 2020-21, returned to the **same level** as 2018 of 70% coverage
- ● The unweighted average MCV2 coverage **declined** from 66% (2018) to 57% (2022)
- ● Percentage of districts with MCV2 coverage >80% on average **slightly increased**, from 44% (2018) to 46% (2022)
- ● The government expenditure on routine immunization per surviving infant on average **increased** from US\$ 11.2 (2018) to US\$ 17.5 (2022)

### 3 Strengthen emergency, preparedness, detection and response capacity (IHR)

The average score of:

- ● Laboratory core capacity **increased** from 54 (2018) to 61 (2022)
- ● Surveillance core capacity **increased** from 73 (2018) to 76 (2022)
- ● Emergency framework core capacity **increased** from 49 (2018) to 60 (2020, last year reported)

# 1<sup>st</sup> dose Inactivated Poliovirus Vaccine (IPV1) coverage

The estimated coverage of IPV1 varies greatly across regions and countries. Thirteen countries reported an increase between 2018 and 2022, four countries reported unchanged estimates and three countries reported a decline in estimated IPV1 coverage.

Countries in **AFR** either increased coverage of IPV1 (Chad, DRC, Ethiopia, Nigeria and South Sudan) or coverage remained unchanged (Cameroon) or declined (Angola). None of the countries reached 90% coverage of the 1st dose, the closest being DRC reaching 68% in 2020. Average coverage levels of the seven countries were 51% and 61%, in 2018 and 2022, respectively.

In **EMR** IPV1 coverage decreased or remained unchanged for all countries between 2018 and 2022, except in Syria. Three countries (Iraq, Pakistan and Sudan) reached the benchmark of a 90% coverage estimate in 2022, and Somalia remained at the lowest level of 42% coverage for the period 2018-2022. Averages from 2018 to 2022 for the eight countries were 71% and 76% respectively.

Countries in **SEAR** have a higher IPV1 coverage estimate overall than the other two regions. Bangladesh and India reached above 90% coverage in 2022, whereas Indonesia and Myanmar reported sharp decreases in 2020 and 2021, respectively, followed by increases in 2022. Average coverage levels for the five countries were 62% and 84% in 2018 and 2022 respectively.



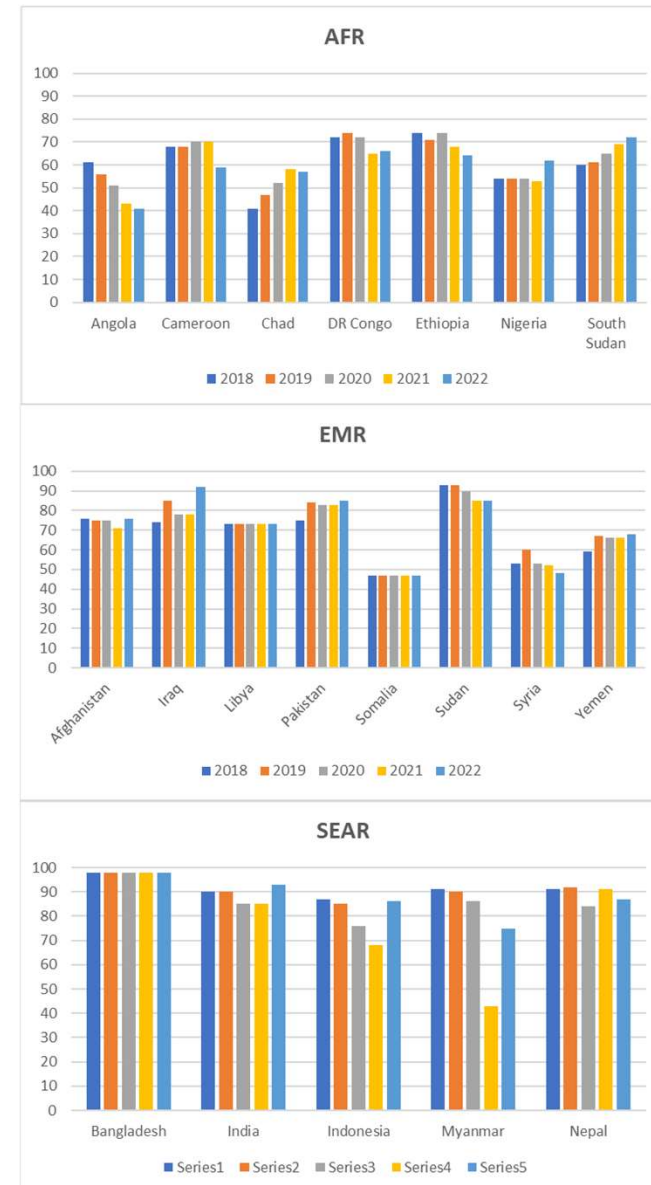
# 3<sup>rd</sup> dose of Oral Polio Vaccine (OPV3) coverage

The estimated coverage of OPV3 varies significantly across the 20 polio transition countries. Seven countries reported an increase between 2018 and 2022, four countries reported unchanged estimates and nine countries reported a decline in estimated OPV3 coverage.

In **AFR** three countries increased coverage of OPV3 (Chad, Nigeria and South Sudan) and four countries experienced a decline in coverage (Angola, Cameroon, DRC and Ethiopia). None of the countries reached 90% coverage of the 3<sup>rd</sup> dose, the closest being South Sudan reaching 67% in 2022. Average coverage levels of the seven countries were 61% and 60%, in 2018 and 2022, respectively.

Between 2018 and 2022 in **EMR** OPV3 coverage decreased in two countries (Sudan and Syria), remained unchanged in three countries (Afghanistan, Libya and Somalia) and increased in three countries (Iraq, Pakistan and Yemen). Only Iraq reached the benchmark of a 90% coverage estimate in 2022, and Somalia remained at the lowest level of 47% coverage for the period 2018-2022. Averages from 2018 to 2022 for the eight countries were 69% and 72% and respectively.

Countries in **SEAR** have a higher OPV3 coverage estimate overall than the other two regions. Bangladesh and India reached above 90% coverage in 2022, whereas Indonesia and Myanmar reported sharp decreases in 2020 and 2021, respectively, followed by increases in 2022. Average coverage levels for the five countries were 91% and 88% in 2018 and 2022 respectively.



# Rate of non-polio AFP/100,000 children <15 years

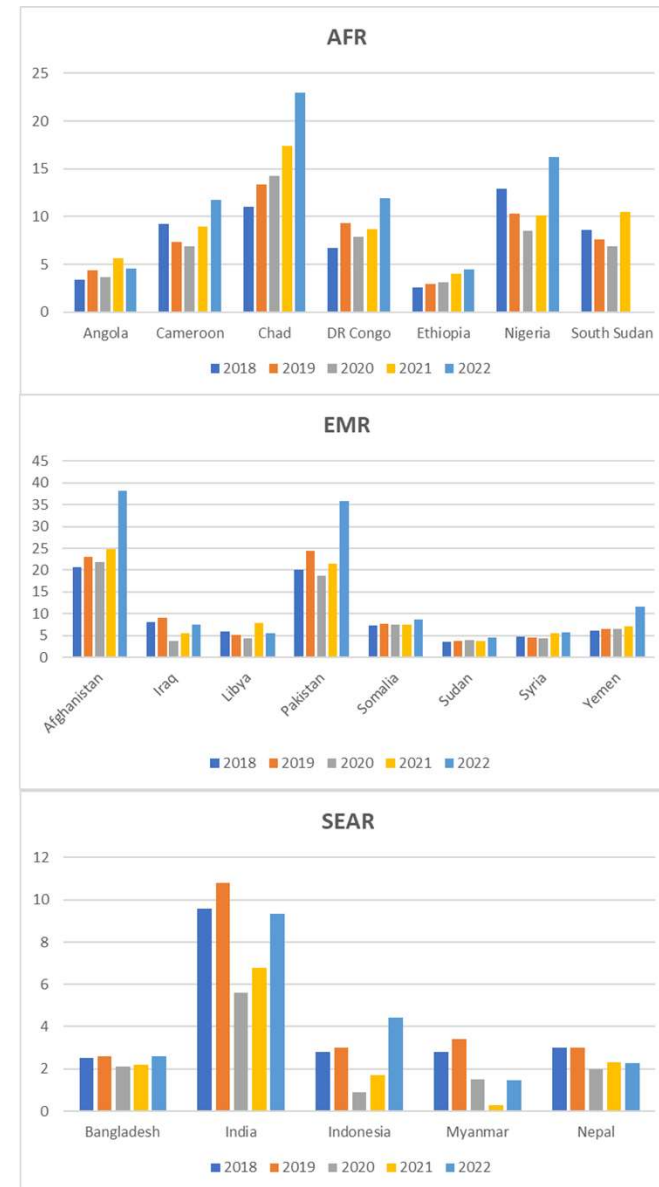
The rate of non-polio AFP cases has been reported above the performance targets of 1/100,000 (and for endemic countries: 2/100 000) for almost all polio transition countries throughout the period 2018-2022. Only Indonesia and Myanmar reported rates below 1/100 000 in 2020 and 2021, respectively.

In **AFR**, all seven countries reported higher rates in 2022 compared to 2018. They reported rates well above the target of 1/100 000 in all years. Averages from 2018 to 2022 for the seven AFR countries were 7.8 and 12 respectively.

In **EMR**, the non-polio AFP rates have seen a more stable trend across the period 2018-2022, with small fluctuations in five countries (Libya, Somalia, Sudan, Syria, and Yemen), and increases compared to baseline in 2018 in Afghanistan and Pakistan, albeit with decreases in 2020. All eight countries reported rates above the target in all years. Averages for the eight EMR countries were 9.5 and 14.7 for the years 2018 and 2022, respectively.

**SEAR** shows an overall lower rate of non-polio AFP than the two other regions and an overall decreasing trend across the time-period 2018-2022. India reported the highest rates in all years among the five countries. Rates in Myanmar remained the lowest, with 0,3/100 000 and 1,4/100 000 in 2021 and 2022, respectively.

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



# Percentage of AFP cases with two adequate stool specimens

The indicator on the percentage of AFP cases with two adequate stool specimen, showed 18 out of 20 polio transition priority countries reaching the performance target of 80% in 2022. Performance however varied among the three polio priority regions, with AFR showing the lowest proportion of adequate stool specimen collection.

**AFR** showed significant fluctuations in the period under review, with declines in three countries particularly in 2020 (Angola, Cameroon and Chad). Average rates for 2018-2022 for the seven AFR countries were 79% and 90% respectively.

All polio transition priority countries in **EMR** had a continued high proportion of coverage above 80% in all countries across the years. Declining but still above the target in the recent years were reported by Pakistan and Yemen. Average rates for 2018-2022 for the eight EMR countries were 91% and 94% respectively.

In **SEAR**, a declining trend over the years 2018-2021 and particularly in 2021 was observed in Indonesia and Myanmar. Except Indonesia, all the countries reached above the performance target of 80% in all years of the period. Average rates in 2018-2022 for the five SEAR countries were 92% and 90% respectively.



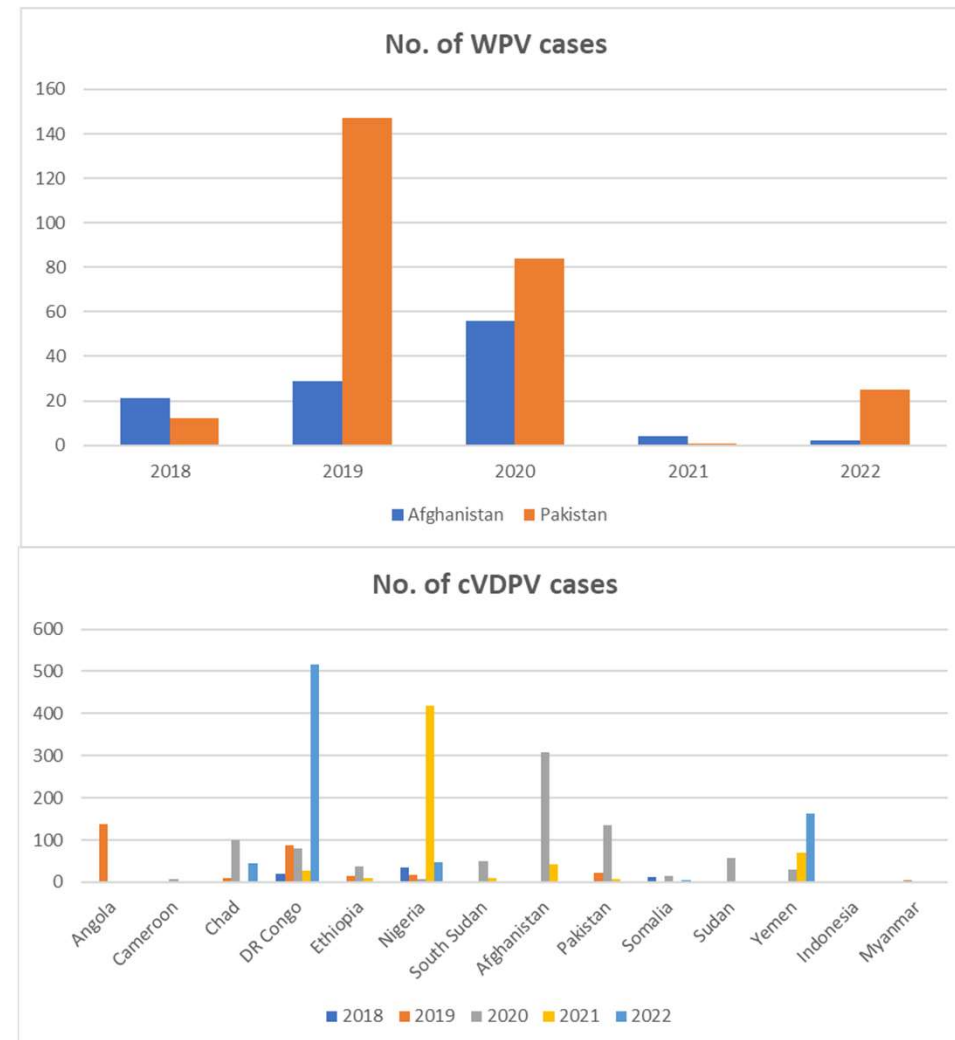
# Wild Poliovirus (WPV) and circulating Vaccine-Derived Poliovirus (cVDPV) cases

In the two endemic countries, the number of wild poliovirus type 1 reached a minimum of 5 cases in 2021, then increased to 27 cases in 2022. Thirteen priority countries were affected by cVDPV, with case load reaching a peak in 2020 with 833 cases. 772 cases were counted in 2022.

All seven countries in **AFR** were affected by cVDPV over the period 2018-2022. They reported in total almost 1700 cases in the period 2018-2022.

In **EMR**, Afghanistan and Pakistan, the two endemic countries, reported 2 and 25 WPV cases respectively, in 2022. Five countries reported in total 869 cVDPV cases in the period 2018-2022.

**SEAR** reported two cVDPV outbreaks in Indonesia and one in Myanmar, with a total of 8 cases across the reporting period.



# Environmental surveillance

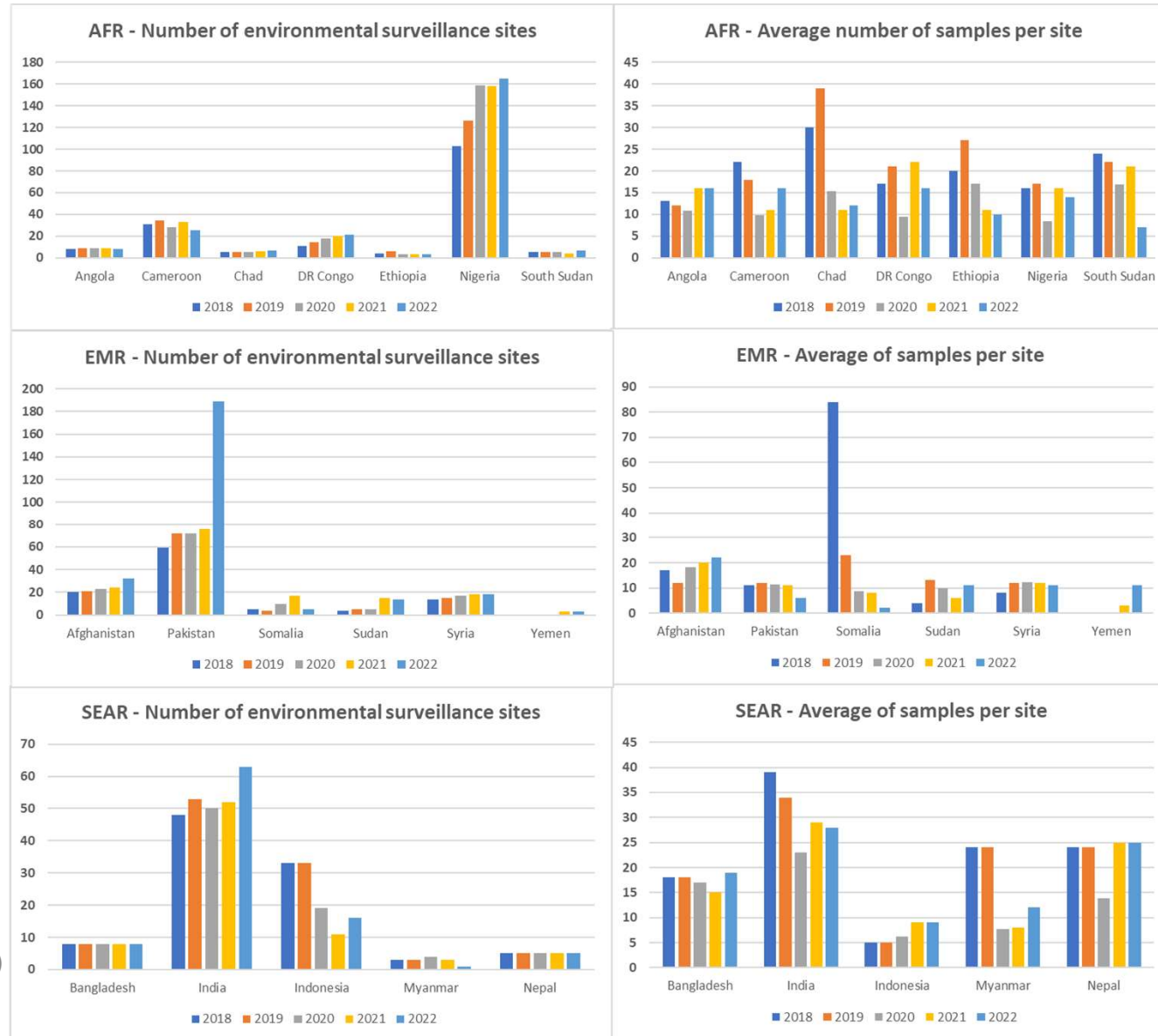
The total number of environmental surveillance sites in the priority countries **increased** from 366 (2018) to 600 (2022). In the last three years, the average number of samples collected per site has been around 13.

In **AFR** the number of environmental sites increased, especially in DRC and Nigeria. The average number of samples per site declined from 20 (2018) to 13 (2022).

In **EMR** the number of environmental sites increased, especially in Afghanistan and Pakistan. The average number of samples per site declined from 21 (2018) to 10 (2022).

In **SEAR** the number of environmental sites increased in India, whereas declined in Indonesia and Myanmar. The average number of samples per site declined from 22 (2018) to 19 (2022).

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



# 1<sup>st</sup> dose of Measles Containing Vaccine (MCV1) coverage

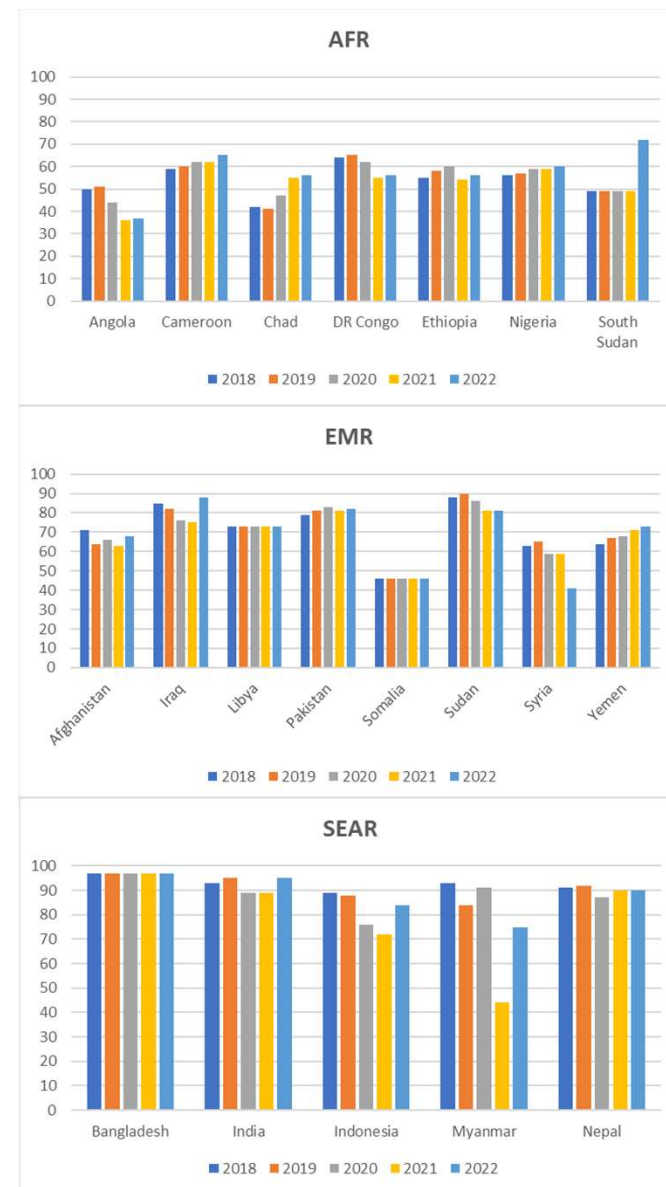
The estimated coverage of MCV1 varies greatly from region to region and country to country. Nine out of 20 polio transition priority countries showed an increase in coverage between 2018 and 2022. Three countries had unchanged estimates and eight countries reported a decline in estimated MCV1 coverage.

In **AFR** five countries increased coverage of MCV1 (Cameroon, Chad, Ethiopia, Nigeria and South Sudan) and two countries experienced a decline in coverage (Angola and DR Congo). All countries are still far from the performance target of >90% coverage, the closest being South Sudan reaching 72% in 2022. Average coverage levels of the seven countries were 54% and 57%, in 2018 and 2022, respectively.

Between 2018 and 2022 in **EMR** MCV1 coverage decreased in three countries (Afghanistan, Sudan and Syria), remained unchanged in two countries (Libya and Somalia) and increased in three countries (Iraq, Pakistan and Yemen). None of the countries reached the benchmark of a 90% coverage estimate in 2022. Averages from 2018 to 2022 for the eight countries were 71% and 69% respectively.

Countries in **SEAR** have a higher MCV1 coverage estimate than the other two regions. Bangladesh, India and Nepal reached above the 90% coverage target in 2022, whereas Indonesia and Myanmar reported decreases in 2020 and 2021, followed by increases in 2022. Average coverage levels for the five countries were 93% and 88% in 2018 and 2022, respectively.

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



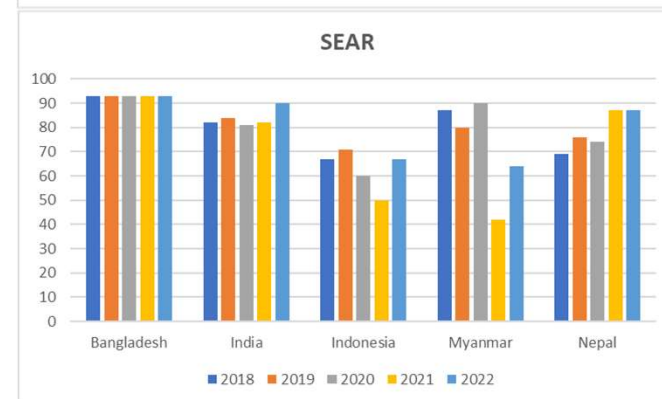
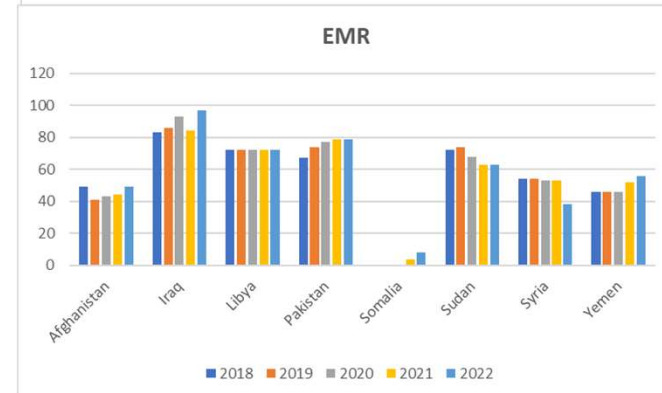
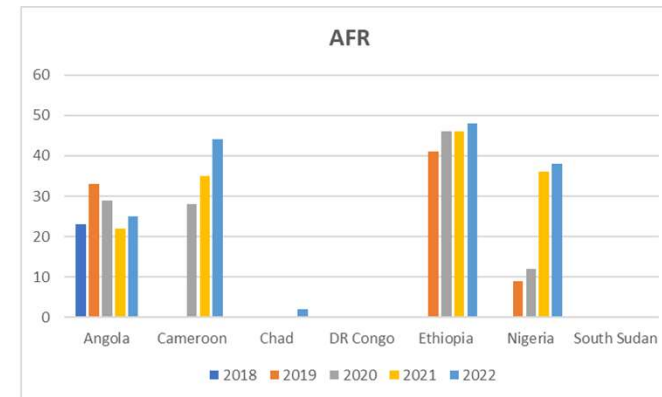
# 2<sup>nd</sup> dose of Measles Containing Vaccine (MCV2) coverage

Large variations are reported on the coverage of MCV2 across regions and countries. Most of the countries reported an increasing trend over the period 2018 - 22. Three countries reported a decline in the estimated MCV2 coverage.

In **AFR** five countries reported increased coverage of MCV2 (Angola, Cameroon, Chad, Ethiopia and Nigeria) and two countries did not report as they did not introduce the 2<sup>nd</sup> dose during the reporting period (DRC and South Sudan). The average coverage of the reporting countries was 23% and 31%, in 2018 and 2022, respectively.

Between 2018 and 2022 in **EMR** MCV2 coverage increased in four countries (Iraq, Pakistan, Somalia and Yemen), remained unchanged in two countries (Afghanistan and Libya) and decreased in two countries (Sudan and Syria). Averages from 2018 to 2022 for the eight countries were 63% and 58% respectively.

Countries in **SEAR** have a higher MCV2 coverage estimate than the other two regions. Bangladesh and India reached 90% coverage in 2022. Indonesia and Myanmar reported decreases in 2021, followed by increases in 2022. Average coverage levels for the five countries were stable at around 80% in the period 2018-22.



# Percentage of districts with MCV2 coverage >80%

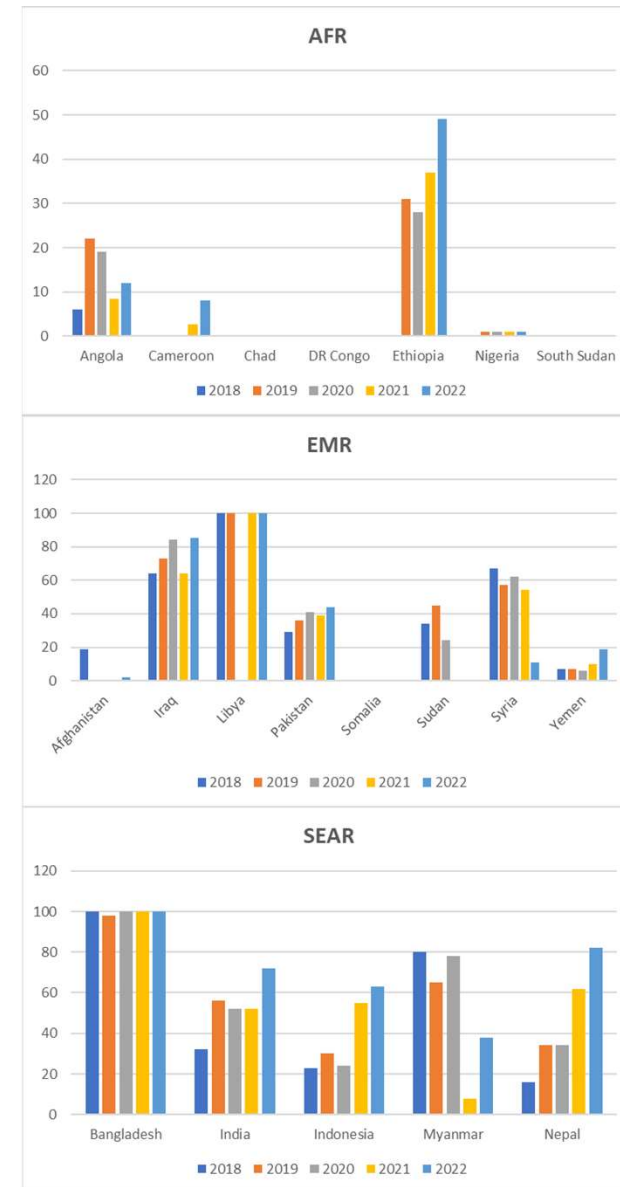
There are variations in the reporting on the percentage of districts with coverage of MCV2 greater or equal to 80% across regions and countries. Most of the countries reported an increasing trend over the period 2018 - 22.

In **AFR** four countries reported the percentage of districts with MCV2 coverage >80% (Angola, Cameroon, Ethiopia and Nigeria). The average indicator values of reporting countries were 8% and 18%, in 2018 and 2022, respectively.

In **EMR** the percentage of districts with MCV2 >80% increased in three countries (Iraq, Pakistan and Yemen), remained unchanged in one countries (Libya) and decreased in two countries (Sudan and Syria). The average indicator values of reporting countries were 46% and 44%, in 2018 and 2022, respectively.

In **SEAR** all polio transition countries reported increasing percentages of districts with MCV2 coverage >80%, except Myanmar. The average indicator values of reporting countries were 50% and 71%, in 2018 and 2022, respectively.

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



# Government expenditure on routine immunization per surviving infant (US\$)

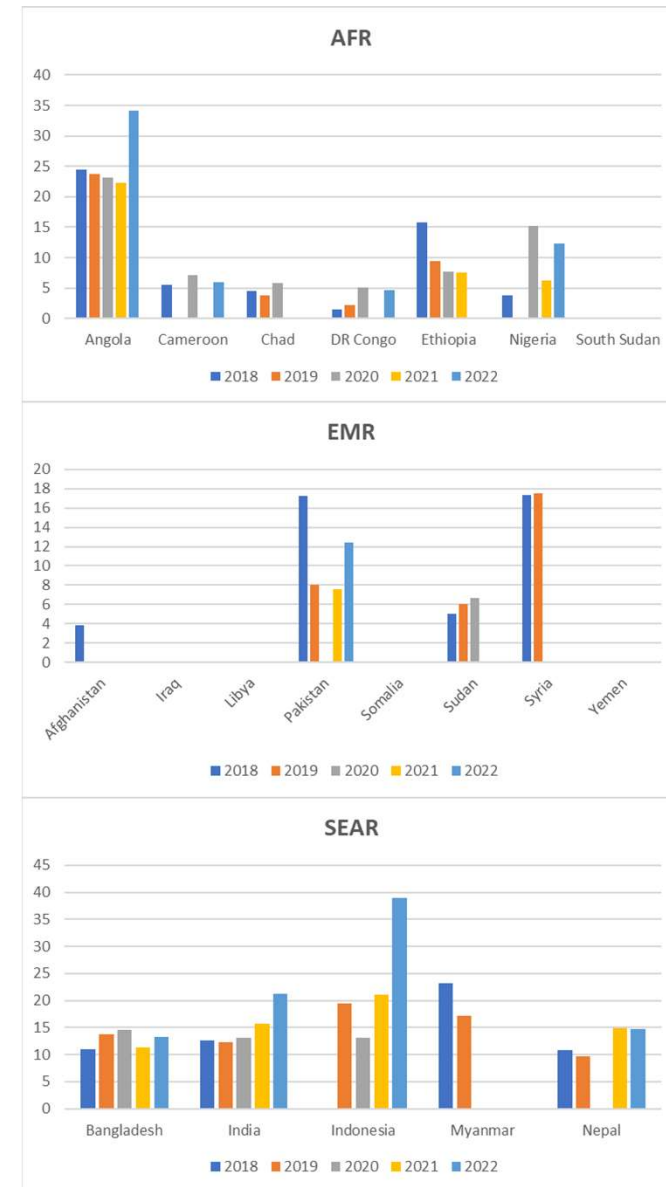
There are variations and gaps in the reporting on government expenditure on routine immunization across regions and countries. This limitation impedes the ability to monitor the financial sustainability of the transition process.

Government expenditures on routine immunization slightly increased in **AFR** between 2018 and 2020. The total averages for the six AFR reporting countries were US\$ 9.3 per surviving infant in 2018 and US\$ 14.2 in 2022.

Few polio transition priority countries of the **EMR** have reported over the period on this indicator. Among the countries reporting, the trend is increasing in the recent years. The total averages of government expenditure on routine immunization are US\$ 10.9 per surviving infant in 2018 and US\$ 12.4 in 2022.

In **SEAR** government expenditures show an increasing trend for the polio transition priority countries between 2018-2022, except Myanmar. The total averages for the five SEAR countries were US\$ 14.4 in 2018 and US\$ 22.1 in 2022.

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



# Laboratory core capacity

Laboratory core capacity (IHR indicator) has increased for most of the polio transition priority countries. Four countries reported a decline in the laboratory core capacity between 2018 to 2022.

All seven countries in **AFR** reported increased laboratory core capacity over the period. The average indicator values of the reporting countries were 47% and 66%, in 2018 and 2022, respectively.

Between 2018 and 2022 in **EMR** laboratory core capacity increased in three countries (Afghanistan, Iraq and Syria), remained unchanged in two countries (Libya and Pakistan) and decreased in three countries (Somalia, Sudan and Yemen). Averages in 2018 and 2022 for the eight countries were 58% and 51% respectively.

Countries in **SEAR** reported increased laboratory core capacity, except Myanmar, in the period 2018 and 2022. Average coverage levels for the five countries were 57% and 69%, in 2018 and 2022, respectively.



# Surveillance core capacity

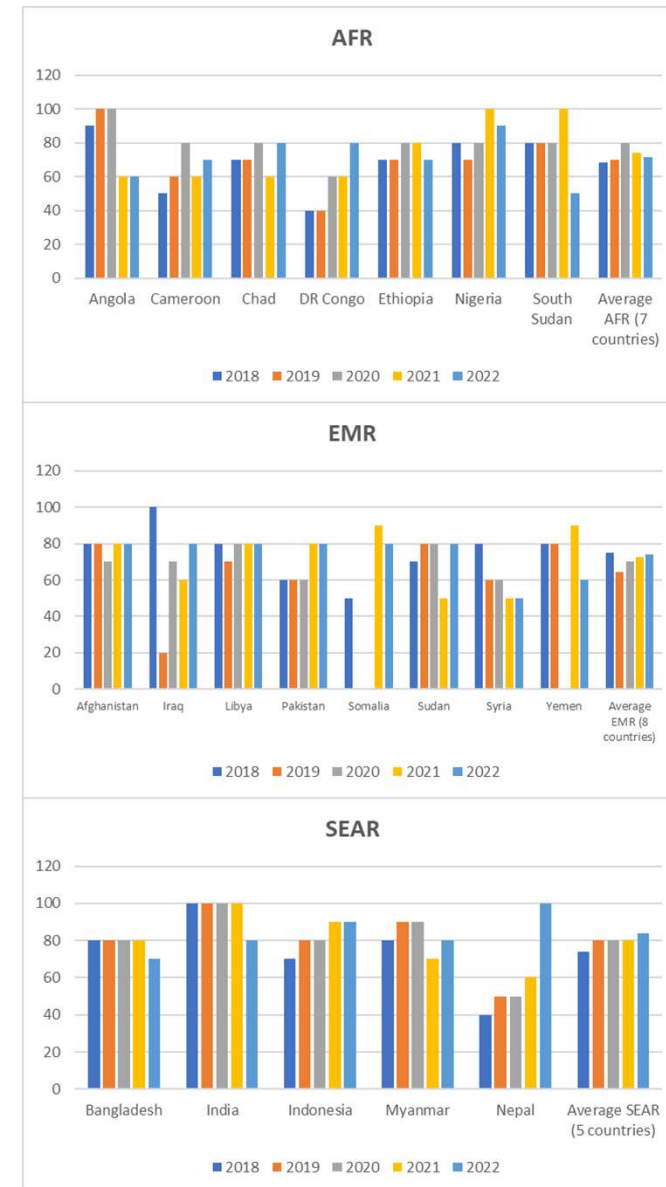
Surveillance core capacity (IHR indicator) increased in eight polio transition priority countries, remained stable in five countries and declined in seven countries between 2018 to 2022.

In **AFR** four countries reported increased surveillance core capacity (Cameroon, Chad, DRC and Nigeria), two countries declined (Angola and South Sudan) and one country remained stable (Ethiopia). The average indicator values of the reporting countries were 69% and 71%, in 2018 and 2022, respectively.

Between 2018 and 2022 in **EMR** surveillance core capacity increased in two countries (Somalia and Sudan), remained unchanged in three countries (Afghanistan, Libya and Pakistan) and decreased in three countries (Iraq, Syria and Yemen). Averages in 2018 and 2022 for the eight countries were 75% and 74% respectively.

In **SEAR** two countries reported in 2022 increased surveillance core capacity (Indonesia and Nepal), two countries reported a decline (Bangladesh and India) and one country reported the same value as in 2018 (Myanmar). Average indicator values were 74% and 84%, in 2018 and 2022, respectively.

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



# Emergency framework core capacity

The indicator on emergency framework core capacity (IHR indicator) has been available through e-SPAR only for the period 2018 to 2020, replaced by other indicators. Fifteen polio priority countries reported an increase of emergency framework core capacity or no change between 2018-2020. The increase was especially vivid between 2019 and 2020. This increase is assumed to be related to the strengthening of emergency responses in general during the COVID-19 pandemic.

All polio transition priority countries in the **AFR** except South Sudan reported an increased core capacity on emergency framework especially between 2019 and 2020, with large variations among countries. The largest increase was reported by DRC. The total averages for the AFR countries were 44% in 2018 and 58% in 2020.

In the **EMR**, the range also varied extensively from 33% reported by Libya in 2020 to 87% reported by Iraq. An increasing trend is noted for countries reporting, except in Sudan. The total averages for the EMR countries were 52% in 2018 and 62% in 2020.

All polio transition countries in the **SEAR** reported an increasing trend except Myanmar during the period 2018-2020. Variations were also present, yet slightly less pronounced in SEAR countries than for the other two regions, ranging from 47% in Myanmar and Nepal to 80% in Indonesia and India 2020. The total averages for the SEAR countries were 50% in 2018 and 61% in 2020.

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



# Process indicators

Twelve countries, 60% of the priority countries, developed and endorsed **National Polio Transition Plans**, four countries developed draft plans that however were not endorsed. All 7 countries in AFR, 3 countries in EMR 3 and 2 countries in SEAR developed and endorsed national transition plans.

Only two countries (Bangladesh and Nigeria) have developed related **Action Plans** for the implementation of National Polio Transition Plans.

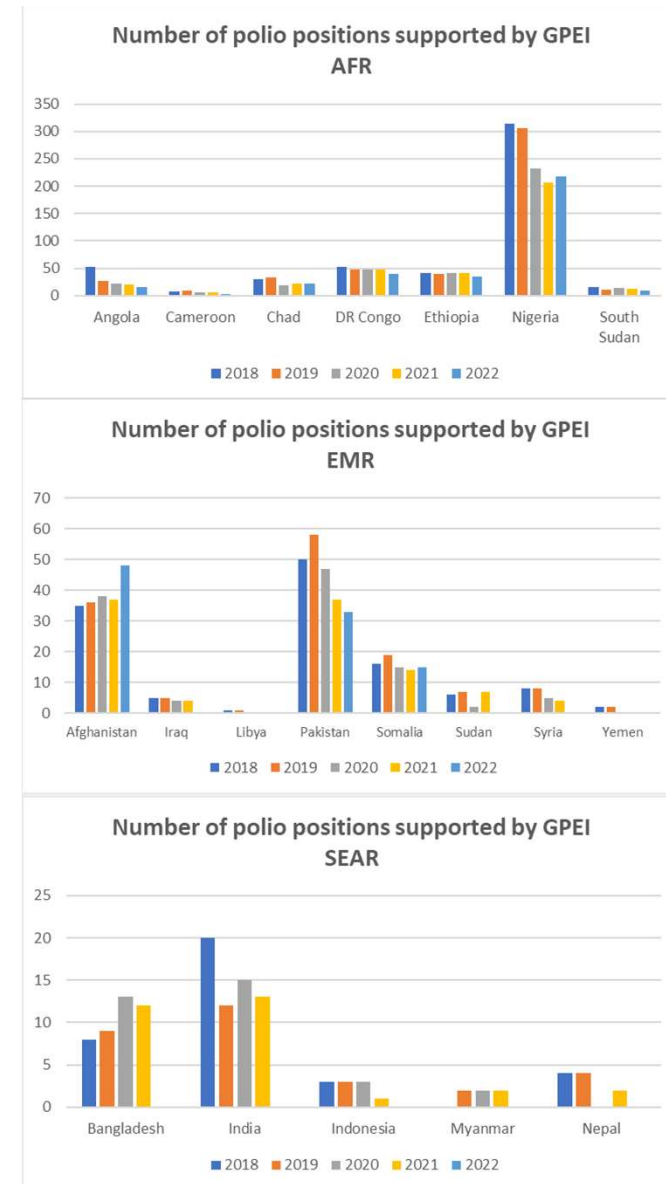
The **number of polio position supported by GPEI** declined progressively, from 671 staff positions in 2018 to 440 in 2022. These numbers do not include other types of contract arrangements, e.g. consultancies.

In **AFR** the majority of staff are positioned in Nigeria (218 in 2022), followed by DRC and Ethiopia (40 and 35 staff, respectively in 2022). Decline was reported by Angola (from 50 staff in 2018 to 16 staff in 2022), Chad (from 30 to 22) and South Sudan (from 16 to 10).

In **EMR** the two endemic countries, Afghanistan and Pakistan, have 48 and 33 staff respectively, and Somalia has 15 staff in 2022.

**SEAR** reduced the number of staff from 35 staff (working part-time on polio) in 2018 to zero staff in 2022.

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)



Overview - Averages of the 20 priority countries							
<b>Objective 1 – Sustaining a polio-free world after eradication of poliovirus</b>							
Indicator		2018	2019	2020	2021	2022	Line trend
1.1	Coverage with inactivated poliovirus vaccine (IPV1)	63	71	68	68	73	
1.2	Coverage with bivalent oral polio vaccine (OPV)	72	74	72	68	72	
1.3	Rate of non-polio acute flaccid paralysis/100,000 children <15 years	7.6	8.1	6.7	8.1	11.0	
1.4	Percentage of AFP cases with two adequate stool specimens	87	91	90	90	91	
1.5.1	Polio Outbreak & endemic: Total number of cases of WPV	33	176	140	5	27	
1.5.2	Polio Outbreak & endemic: Total number of cases of cVDPV	67	301	833	589	782	
1.6.1	Total number of environmental surveillance sites	366	418	440	465	600	
1.6.2	Average number of environmental samples per site	21	19	13	14	13	
<b>Objective 2 – Strengthening immunization systems, including surveillance for vaccine-preventable diseases</b>							
Indicator		2018	2019	2020	2021	2022	Line trend
2.1	Vaccine coverage with one dose of measles containing vaccine (MCV1)	70	70	69	66	70	
2.2	Vaccine coverage with two doses of measles containing vaccine (MCV2)	66	62	60	56	57	
2.3	Percentage of districts with MCV2 >80%	44	44	40	40	46	
2.4	Government expenditure on routine immunization per surviving infant (US\$)	11	12	11	13	18	
<b>Objective 3 – Strengthening emergency preparedness, detection and response capacity</b>							
Indicator		2018	2019	2020	2021	2022	Line trend
3.1	Avg % of IHR self-assessment annual reporting of laboratory core capacity	54	58	66	62	61	
3.2	Avg % of IHR self-assessment annual reporting of surveillance core capacity	73	71	77	75	76	
3.3	Avg % of IHR self-assessment annual reporting of emergency framework core capacity	49	50	60	-	-	
<b>Process indicators</b>							
Indicator		2018	2019	2020	2021	2022	Line trend
4.1	Cumulative number of national polio transition plan endorsed	7	8	9	12	12	
4.2	Development of Action Plan (2021-2023)	-	-	2	2	2	
4.3	Total number of polio positions supported by the Global Polio Eradication Initiative	671	639	526	490	440	

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)

AFRO - Averages of the 7 priority countries (Angola, Cameroon, Chad, DR Congo, Ethiopia, Nigeria, South Sudan)							
<b>Objective 1 – Sustaining a polio-free world after eradication of poliovirus</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
1.1	Coverage with inactivated poliovirus vaccine (IPV1)	55	59	61	60	61	
1.2	Coverage with bivalent oral polio vaccine (OPV)	61	62	63	61	60	
1.3	Rate of non-polio acute flaccid paralysis/100,000 children <15 years	7.8	7.9	7.3	9.3	12.0	
1.4	Percentage of AFP cases with two adequate stool specimens	79	88	87	89	90	
1.5.1	Polio Outbreak & endemic: Number of cases of WPV	0	0	0	0	0	
1.5.2	Polio Outbreak & endemic: Number of cases of cVDPV	54	269	287	468	613	
1.6.1	Number of environmental surveillance sites	167	199	227	465	236	
1.6.2	Average number of environmental samples per site	20	22	13	15	13	
<b>Objective 2 – Strengthening immunization systems, including surveillance for vaccine-preventable diseases</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
2.1	Vaccine coverage with one dose of measles containing vaccine (MCV1)	54	54	55	53	57	
2.2	Vaccine coverage with two doses of measles containing vaccine (MCV2)	23	28	29	35	31	
2.3	Percentage of districts with MCV2 >80%	6	18	16	12	18	
2.4	Government expenditure on routine immunization per surviving infant (US\$)	9.3	9.8	10.7	12.0	14.2	
<b>Objective 3 – Strengthening emergency preparedness, detection and response capacity</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
3.1	Avg % of IHR self-assessment annual reporting of laboratory core capacity	47	53	64	66	66	
3.2	Avg % of IHR self-assessment annual reporting of surveillance core capacity	69	70	80	74	71	
3.3	Avg % of IHR self-assessment annual reporting of emergency framework core capacity	44	47	58	-	-	
<b>Process indicators</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
4.1	Cumulative number of national polio transition plan endorsed	5	6	7	7	7	
4.2	Development of Action Plan (2021-2023)	-	-	-	1	1	
4.3	Number of polio positions supported by the Global Polio Eradication Initiative	513	473	382	357	344	

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)

EMRO - Averages of the 8 priority countries (Afghanistan, Iraq, Libya, Pakistan, Somalia, Sudan, Syria, Yemen)							
<b>Objective 1 – Sustaining a polio-free world after eradication of poliovirus</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
1.1	Coverage with inactivated poliovirus vaccine (IPV1)	71	74	71	72	76	
1.2	Coverage with bivalent oral polio vaccine (OPV)	69	73	71	69	72	
1.3	Rate of non-polio acute flaccid paralysis/100,000 children <15 years	9.5	10.5	8.9	10.5	14.7	
1.4	Percentage of AFP cases with two adequate stool specimens	91	93	92	92	94	
1.5.1	Polio Outbreak & endemic: Number of cases of WPV	33	176	140	5	27	
1.5.2	Polio Outbreak & endemic: Number of cases of cVDPV	12	26	546	121	168	
1.6.1	Number of environmental surveillance sites	102	117	127	153	271	
1.6.2	Average number of environmental samples per site	21	12	12	10	10	
<b>Objective 2 – Strengthening immunization systems, including surveillance for vaccine-preventable diseases</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
2.1	Vaccine coverage with one dose of measles containing vaccine (MCV1)	71	71	70	69	69	
2.2	Vaccine coverage with two doses of measles containing vaccine (MCV2)	63	64	65	56	58	
2.3	Percentage of districts with MCV2 >80%	46	45	36	44	44	
2.4	Government expenditure on routine immunization per surviving infant (US\$)	10.9	10.5	6.7	7.6	12.4	
<b>Objective 3 – Strengthening emergency preparedness, detection and response capacity</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
3.1	Avg % of IHR self-assessment annual reporting of laboratory core capacity	58	54	62	57	51	
3.2	Avg % of IHR self-assessment annual reporting of surveillance core capacity	75	64	70	73	74	
3.3	Avg % of IHR self-assessment annual reporting of emergency framework core capacity	52	48	62	-	-	
<b>Process indicators</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
4.1	Cumulative number of national polio transition plan endorsed	0	0	0	3	3	
4.2	Development of Action Plan (2021-2023)	-	-	-	-	-	
4.3	Number of polio positions supported by the Global Polio Eradication Initiative	123	136	111	103	96	

SEARO - Averages of the 5 priority countries (Bangladesh, India, Indonesia, Myanmar, Nepal)							
<b>Objective 1 – Sustaining a polio-free world after eradication of poliovirus</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
1.1	Coverage with inactivated poliovirus vaccine (IPV1)	62	84	75	74	84	
1.2	Coverage with bivalent oral polio vaccine (OPV)	91	91	86	77	88	
1.3	Rate of non-polio acute flaccid paralysis/100,000 children <15 years	4.1	4.6	2.4	2.7	4.0	
1.4	Percentage of AFP cases with two adequate stool specimens	92	91	91	88	90	
1.5.1	Polio Outbreak & endemic: Number of cases of WPV	0	0	0	0	0	
1.5.2	Polio Outbreak & endemic: Number of cases of cVDPV	1	6	0	0	1	
1.6.1	Number of environmental surveillance sites	97	102	86	79	93	
1.6.2	Average number of environmental samples per site	22	21	14	17	19	
<b>Objective 2 – Strengthening immunization systems, including surveillance for vaccine-preventable diseases</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
2.1	Vaccine coverage with one dose of measles containing vaccine (MCV1)	93	91	88	78	88	
2.2	Vaccine coverage with two doses of measles containing vaccine (MCV2)	80	81	80	71	80	
2.3	Percentage of districts with MCV2 >80%	50	57	58	55	71	
2.4	Government expenditure on routine immunization per surviving infant (US\$)	14.4	14.5	13.6	15.8	22.1	
<b>Objective 3 – Strengthening emergency preparedness, detection and response capacity</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
3.1	Avg % of IHR self-assessment annual reporting of laboratory core capacity	57	71	74	66	69	
3.2	Avg % of IHR self-assessment annual reporting of surveillance core capacity	74	80	80	80	84	
3.3	Avg % of IHR self-assessment annual reporting of emergency framework core capacity	53	59	61	-	-	
<b>Process indicators</b>							
Indicator	2018	2019	2020	2021	2022	Line trend	
4.1	Cumulative number of national polio transition plan endorsed	2	2	2	2	2	
4.2	Development of Action Plan (2021-2023)	-	-	1	1	1	
4.3	Number of polio positions supported by the Global Polio Eradication Initiative	35	30	33	30	0	

Polio Transition M&E Indicators in 20 Priority countries (2018-2022)