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, Vaccine Network for Disease Control (VNDC) in Nigeria, and Impact Health Organization (IHO) in South Sudan.

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) in 25 countries.

Polio Transition and Integration

The Global Polio Eradication Initiative (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. “Polio transition” is the opportunity to sustain, and where needed repurpose, the network and infrastructure set up to eradicate polio in order to strengthen broader health priorities, especially immunization, disease detection, and emergency preparedness and response.

Similarly, “integration” is, wherever possible, taking advantage of shared infrastructure and creating programmatic synergies to improve impact. Integration 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, “integration” is defined more specifically to refer to joint efforts between the polio program and a range of partners to improve 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. Success requires all health system actors, including GPEI partners, governments, communities, and civil society, to work together, clarify roles, and agree on a vision for the future.

The Role of Civil Society

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

The United Nations Foundation (UN Foundation) created the CSO Polio Transition and Integration Working Group (ITWG) in 2018, to serve as an information sharing and coordination platform for CSOs working on these issues at global, regional, and country levels. The efforts of the UN Foundation and ITWG over the last few years have helped document CSO contributions and define clearer ways for CSO involvement, which has contributed to greater inclusion of CSOs in polio transition planning at all levels.

2. Overall Approach

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) 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.

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.
3. Key Contributions

All four organizations were able to make impactful contributions to polio transition and integration efforts in their respective countries, despite varying country contexts and significant contextual challenges. A few selected examples of the impact of these interventions are provided here. The table on page 5 lists a full overview of all activities implemented, and Annex 3 in the full report provides information on each activity.

In Ethiopia, CCRDA helped elevate awareness and sense of urgency for polio transition. At the start of CCRDA’s project, government authorities 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 key stakeholders. 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 made significant impacts in advocating for domestic allocation of funds through partnering with national and sub-national parliamentarians to build their awareness on the importance of polio transition and the role that parliamentarians have in helping to secure domestic funding. VillageReach also utilized their networks to build more pressure for local governments to allocate budget lines to polio and immunization. They trained 18 CSOs and journalists across three provinces, Equateur, Kinshasa, and Kwilu, to support advocacy efforts. One key result of this effort was the development of a provincial edict for Kinshasa, which is still under review, that would secure annual budgeting of immunization and polio eradication activities at the provincial level.

In South Sudan, IHO also helped elevate awareness and sense of urgency for polio transition and advocate for domestic financing. At the start of IHO’s project, the South Sudan polio transition plan, drafted in 2017, had not yet been updated and no funds had been allocated by the government for its implementation. IHO created 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.

In Nigeria, VNDC was instrumental in integrating polio into other health services. VNDC pilot tested the Whole Family Approach (WFA) program in selected Primary Health Care (PHC) centers in Nigeria. They developed a scorecard 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 trained six local women-owned CSOs to strengthen community awareness and demand for WFA.

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. The full report provides examples of how these challenges impacted progress in each of those areas. 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.

5. Country Findings & Field Insights

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. Furthermore, with the exception of Nigeria, task force activity at subnational levels needs to be improved and stimulated. Notably, the 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.
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.

Securing Financing: Polio functions in all four countries continue to be primarily funded by external sources. Hence, there is an urgent need for securing financing options and domestic resource mobilization. CSO advocacy could push towards securing funding in a two-fold manner: by increasing awareness of the importance of sustained funding and by holding political leaders accountable. VillageReach recommended that DRC pursue the endorsement of the transition plan by not only the Minister of Health, but also the Minister of Budget and Finance.

Integration: Across all four countries, polio staff were actively engaged with COVID-19 activities such as vaccination, social mobilization, and surveillance. IHO recommended that in South Sudan, the resources energized for COVID-19, 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 the 90% polio immunization coverage goal set by the World Health Assembly (WHA). This shows that there is a need for effective communication strategies for communities to generate vaccine demand 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

The following conclusions can be drawn from the experiences in these four countries. Many of these conclusions may also be applicable to other countries in the African Region going through polio transition.

What does 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 can civil society 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 the 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 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.

**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.

**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, view 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.

The full report can be accessed [here](#).
### Table 1. Overview of CSO Contributions

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<th>3.1</th>
<th>Elevating awareness and sense of urgency for polio transition and integration</th>
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<tr>
<td>3.1.1</td>
<td>Engaging other CSOs to highlight importance and urgency of polio transition and integration</td>
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<td>Developing communication materials for polio transition</td>
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<td>Mobilizing other stakeholders for polio transition planning</td>
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<td>Advocating for domestic allocation of funds with key decision makers</td>
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<td>3.2.1</td>
<td>Establishing framework(s) for securing funding for polio transition</td>
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<td>3.2.2</td>
<td>Engaging with parliamentarian networks to promote national and subnational immunization financing</td>
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<td>3.2.3</td>
<td>Tracking the disbursement of funds for immunization and polio eradication</td>
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<td>Building awareness and pressure for sustainable financing for immunization and polio through the media</td>
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<td>3.2.5</td>
<td>Mobilizing other stakeholders for increased government funding</td>
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<td>3.3</td>
<td>Integrating polio in other health services</td>
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<td>3.3.1</td>
<td>Building capacity of frontline health workers for emergency preparedness and outbreak response</td>
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<td>3.3.2</td>
<td>Integrating polio functions in COVID-19 response</td>
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<td>3.3.3</td>
<td>Integrating polio functions in primary health care</td>
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<td>Developing strategic partnerships with private organizations for integration of polio in other health services</td>
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See Annex 3 in the full report for the comprehensive detail of the activities outlined here.