



Role of the polio network in COVID-19 vaccine delivery and essential immunization

**Lessons learned for successful
transition**



**World Health
Organization**

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Abbreviations

AEFI	adverse event following immunization
AVADAR	Audio-Visual Acute Flaccid Paralysis Detection and Reporting
bOPV	bivalent oral polio vaccine
EPI	Expanded Programme on Immunization
IA2030	Immunization Agenda 2030
IDSR	Integrated Disease Surveillance and Response
nOPV2	novel oral polio vaccine type 2
tOPV	trivalent oral polio vaccine
WHO	World Health Organization

1. Executive Summary

“The COVID-19 pandemic underlined the importance of preparedness for health emergencies, the value of immunization and disease surveillance, the need for building resilient health systems. Polio transition is our chance to retain the polio expertise to build back stronger and more robust health systems.”

Dr Zsuzsanna Jakab, WHO Deputy Director-General¹

Over the last two years, the COVID-19 pandemic has dominated the public health agenda. The new virus revealed major gaps in health systems at the national and subnational levels. These gaps are felt more acutely in low- and middle-income countries.

As the world continues to respond to the pandemic, there is renewed focus on the need to close these gaps, and to build stronger, more equitable and resilient health systems. Building a skilled public health workforce that is well equipped to prepare for and respond to future health emergencies and to provide essential health services is at the centre of these efforts.

In many low-resource settings, the network set up to eradicate polio is a critical component of the public health workforce. Building on their historic contributions to global health, polio workers have been at the front line of pandemic response and immunization recovery efforts, including the massive endeavour to deliver COVID-19 vaccines. In June 2021, Group of Seven health ministers acknowledged their critical role in reaching vulnerable communities during the pandemic (1). Their support in areas ranging from coordination and training to data management and community engagement has reiterated their value as an agile and experienced public health workforce able to pivot to support national health programmes.

The work of the polio workforce during the pandemic has above all proved the case for polio transition on a global scale. As the world moves closer to eradication, the financial resources of the polio programme are increasingly concentrated on endemic countries and stopping polio outbreaks. This puts the future of the polio network at risk in many low- and middle-income countries that are now polio free, and risks backsliding on both polio eradication and the many immunization-related goals that the network routinely supports. This double jeopardy can be mitigated if there is a sustainable transition that will strategically keep or repurpose these networks to serve broader public health priorities.

Looking ahead, we have a shared responsibility to ensure a sustainable transition – one that enables us to build stronger immunization programmes, protect against outbreaks, and deliver essential health services to communities.

¹ Polio transition Member State information session, May 2021.



2. Role of the polio workforce in a changing global vaccine and immunization landscape

“There have been some outstanding examples of leveraging polio outbreak response to support COVID-19 vaccine roll-out. In Nigeria for example, co-delivery of nOPV and COVID-19 vaccines at the same facility has reduced the number of visits families need to make to health centres.”

Dr Katherine O’Brien, Director, WHO Immunization, Vaccines and Biologicals Department²

The COVID-19 pandemic has renewed focus on the essential role of the polio eradication network in immunization delivery. National immunization programmes are under enormous pressure to deliver the COVID-19 vaccine, while trying to avoid backsliding on essential immunization gains due to the impact of the pandemic. As of December 2021, more than 600 million doses of COVID-19 vaccine had been shipped by the COVAX initiative to 144 countries (2). National governments have prepared their health systems to manage increased vaccine supply (3). Simultaneously, incredible efforts are being made to deliver vaccines to children who missed out on routine immunizations during the first two years of the pandemic. In these activities, the polio workforce is playing a vital supportive role, underlining its value for broader vaccine priorities.

The Immunization Agenda 2030 (IA2030), which was launched in May 2021, lays out a strong global framework for vaccines and immunization (4). IA2030 places immunization programmes at the centre of primary health care, as one of the most cost-effective health investments. A key goal of IA2030 is to overcome challenges to reach and fully vaccinate “zero-dose” communities. Gavi, the Vaccine Alliance’s strategic plan, Gavi 5.0 (2021–2025), has an equal focus on zero-dose children, reflecting determination to address inequities to overcome barriers to access (5). These strategies

aim to respond to stagnation in immunization coverage, which left 17% of the world’s children consistently under-protected or unprotected in 2020. COVID-19 exacerbated this gap, leaving 3.7 million more children under-vaccinated or unvaccinated in 2020, compared to 2019 (6). Concerted, collaborative efforts are needed now, and in the years ahead, to minimize the negative impacts of the pandemic on overall childhood vaccination.



Caregivers maintain physical distance whilst waiting for routine immunization services in Bangladesh. Reaching all under-protected and unprotected children with vaccines is a priority of IA2030. Credit: WHO Bangladesh / Jubair Bin Iqbal

² 5th Meeting of the Transition Independent Monitoring Board.



Vaccination during a national polio and measles immunization campaign in Somalia. Polio staff are experienced at reaching zero-dose children, who often live in remote or conflict-affected areas. Their diverse skills and strong relationships with communities make them indispensable for broader public health. Credit: WHO Somalia / Ismail Taxta Ildoog

The integration of polio expertise, knowledge and assets into broader immunization programmes may help address this backsliding. Polio teams are highly skilled and focused on reaching “every last child” in the most vulnerable settings. They have strong partnerships with communities and local actors. In recent years, the polio programme has taken major steps towards overcoming barriers to immunization, including those related to gender and building trust with communities

using their skills more widely, countries aim to sustain vital parts of this workforce to make progress on national health priorities.

Vaccine-preventable disease surveillance is the “eyes and ears” that should guide vaccination programmes to prioritize and deliver vaccines with equity. However, an efficient disease surveillance system needs locally based staff who are well trained and equipped with

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