

POLIO | GLOBAL ERADICATION INITIATIVE

Polio Eradication – Global update

SAGE Meeting , Geneva

24 October 2018

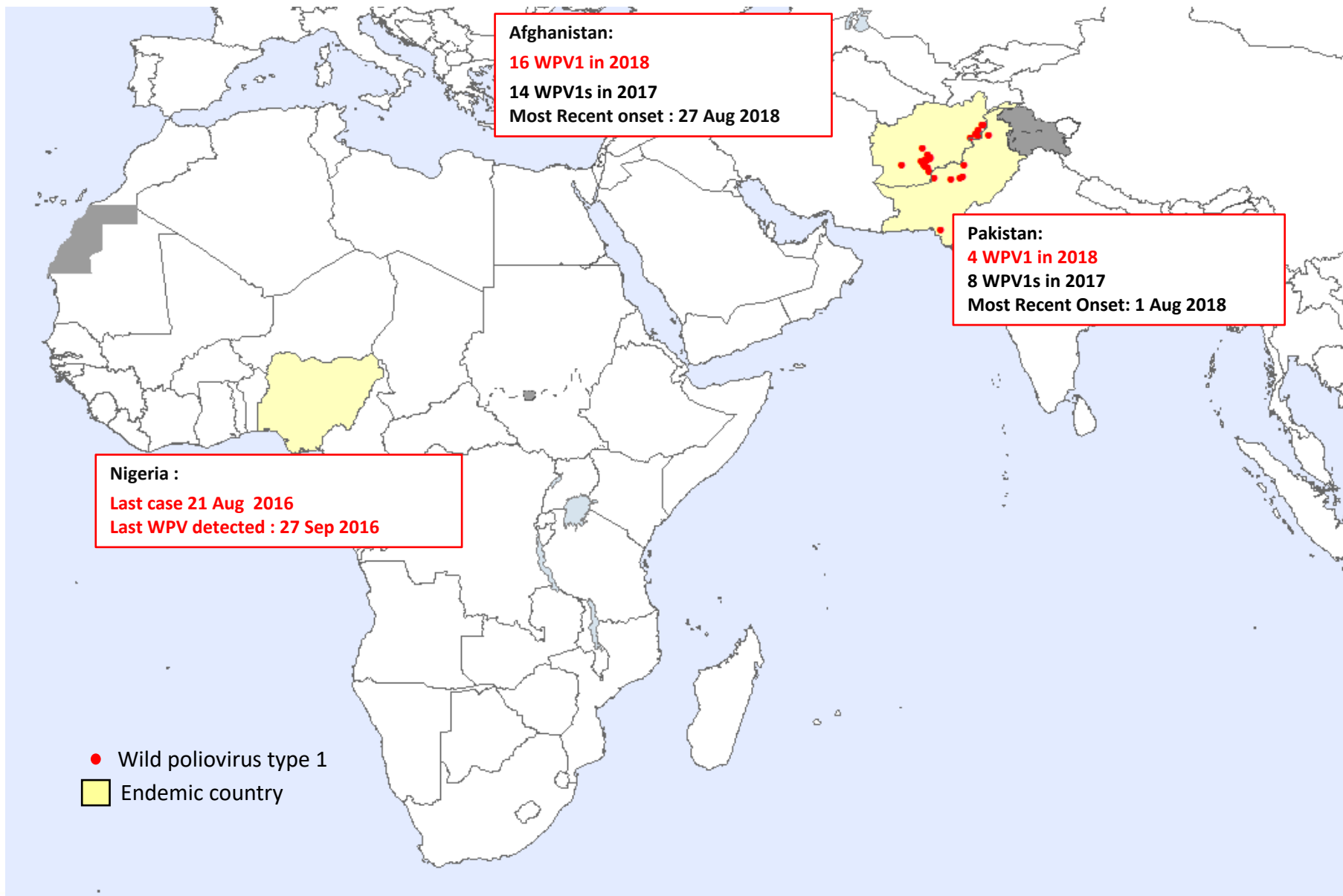
Michel Zaffran, Director Polio Eradication, WHO



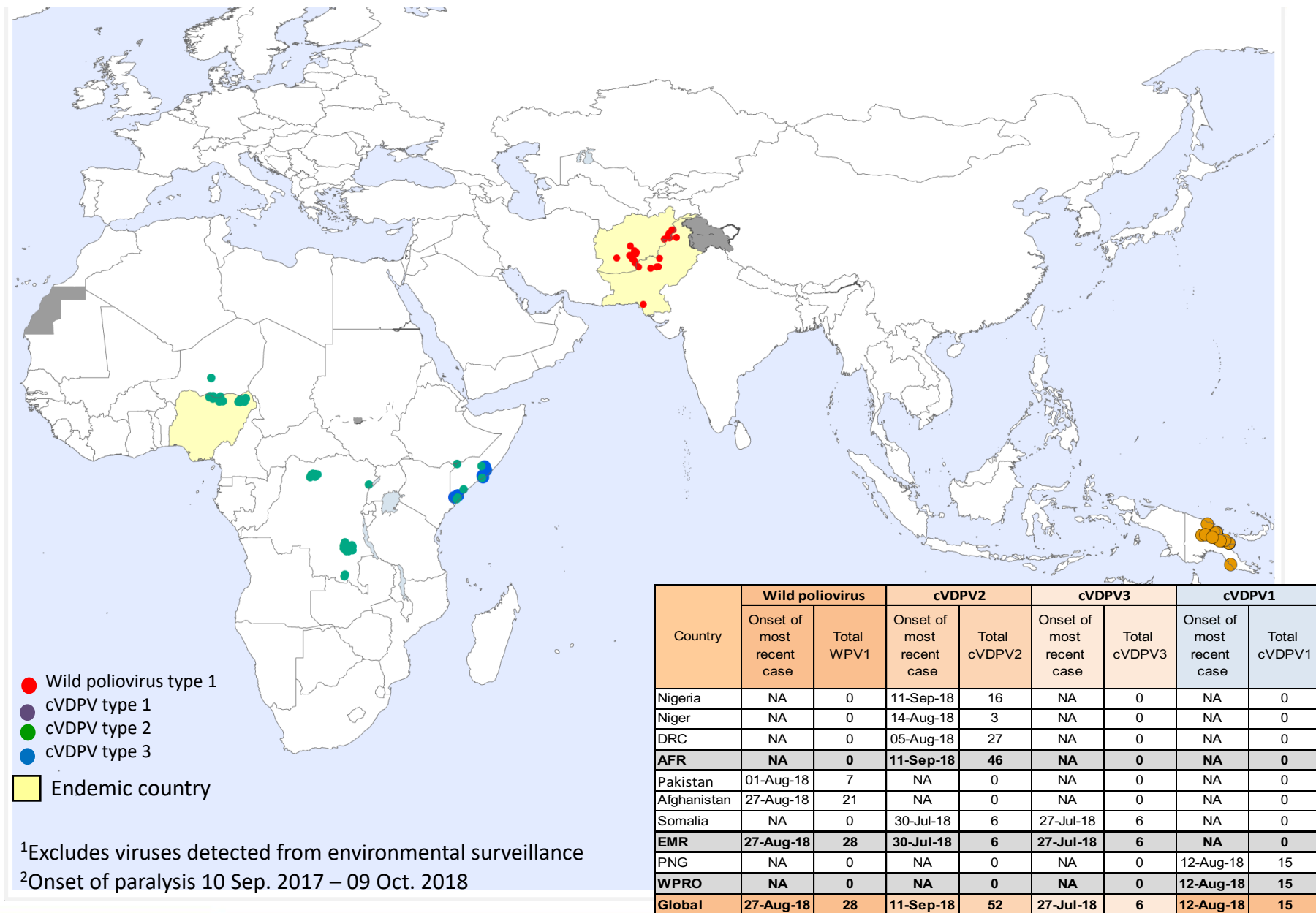
BILL & MELINDA
GATES *foundation*



Wild Poliovirus Cases (2017 and 2018)

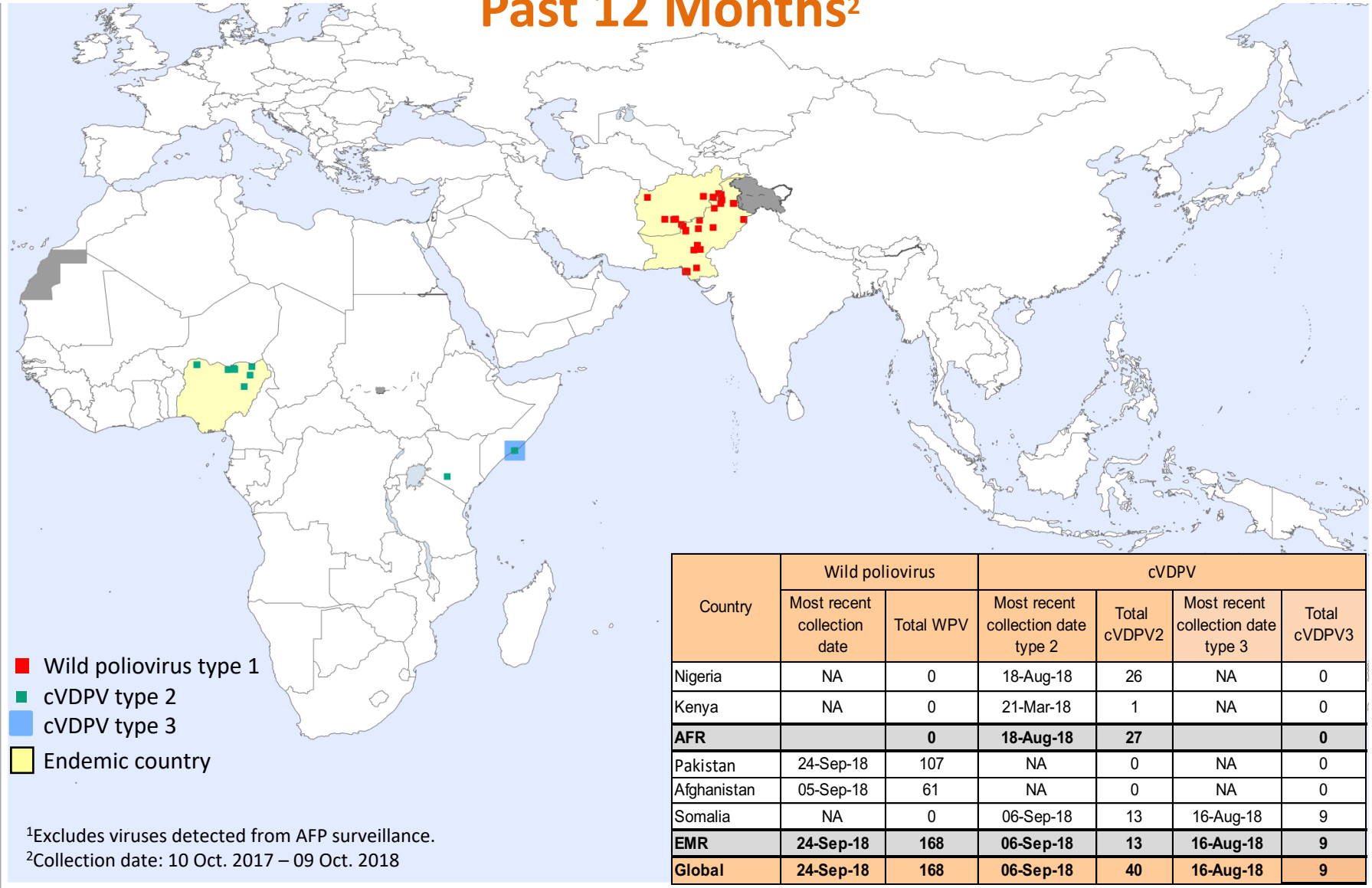


Wild Poliovirus & VDPV Cases¹ (Past 12 months²)



Environmental Positives¹, WPV and cVDPVs

Past 12 Months²



Environmental Positives¹, WPV and cVDPVs

Past 12 Months²

Public Health Emergency of International Concern

declared under the International
Health Regulations in May 2014
Confirmed on 15 August 2018

- Wild poliovirus type 1
- cVDPV type 2
- cVDPV type 3
- Endemic country

Country	Wild poliovirus		cVDPV			
	Most recent collection date	Total WPV	Most recent collection date type 2	Total cVDPV2	Most recent collection date type 3	Total cVDPV3
Nigeria	NA	0	18-Aug-18	26	NA	0
Kenya	NA	0	21-Mar-18	1	NA	0
AFR		0	18-Aug-18	27		0
Pakistan	24-Sep-18	107	NA	0	NA	0
Afghanistan	05-Sep-18	61	NA	0	NA	0
Somalia	NA	0	06-Sep-18	13	16-Aug-18	9
EMR	24-Sep-18	168	06-Sep-18	13	16-Aug-18	9
Global	24-Sep-18	168	06-Sep-18	40	16-Aug-18	9

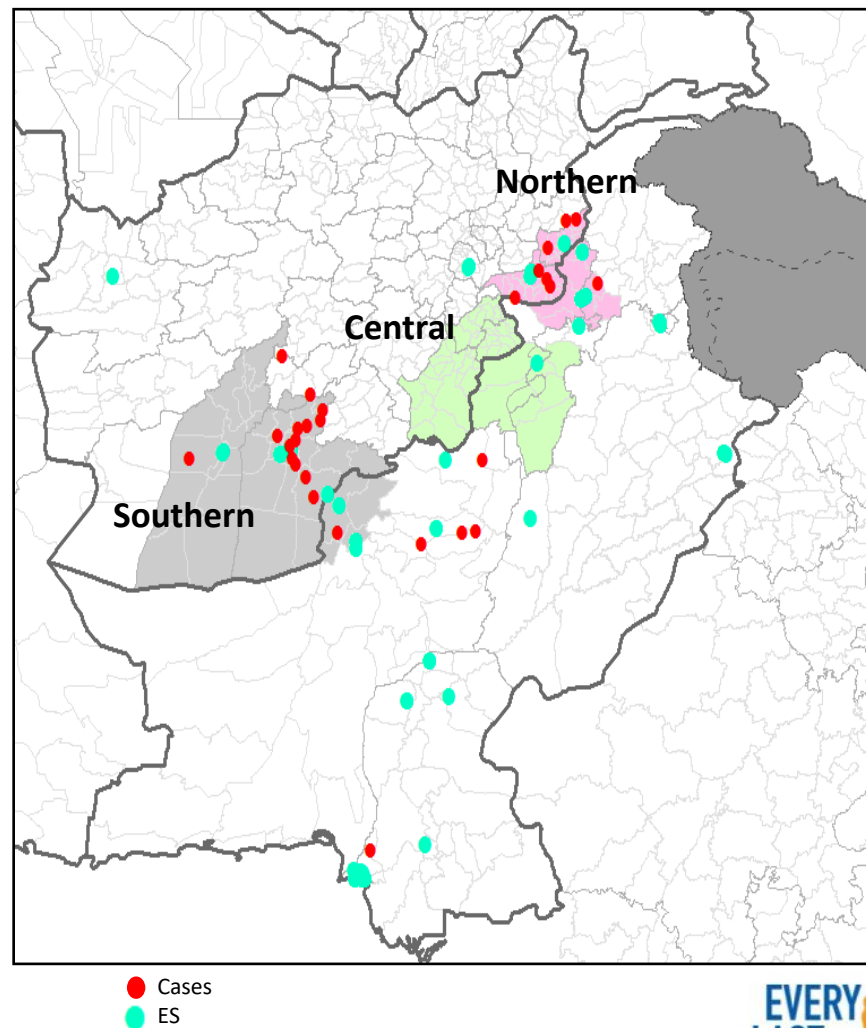
¹Excludes viruses detected from AFP surveillance.

²Collection date: 10 Oct. 2017 – 09 Oct. 2018

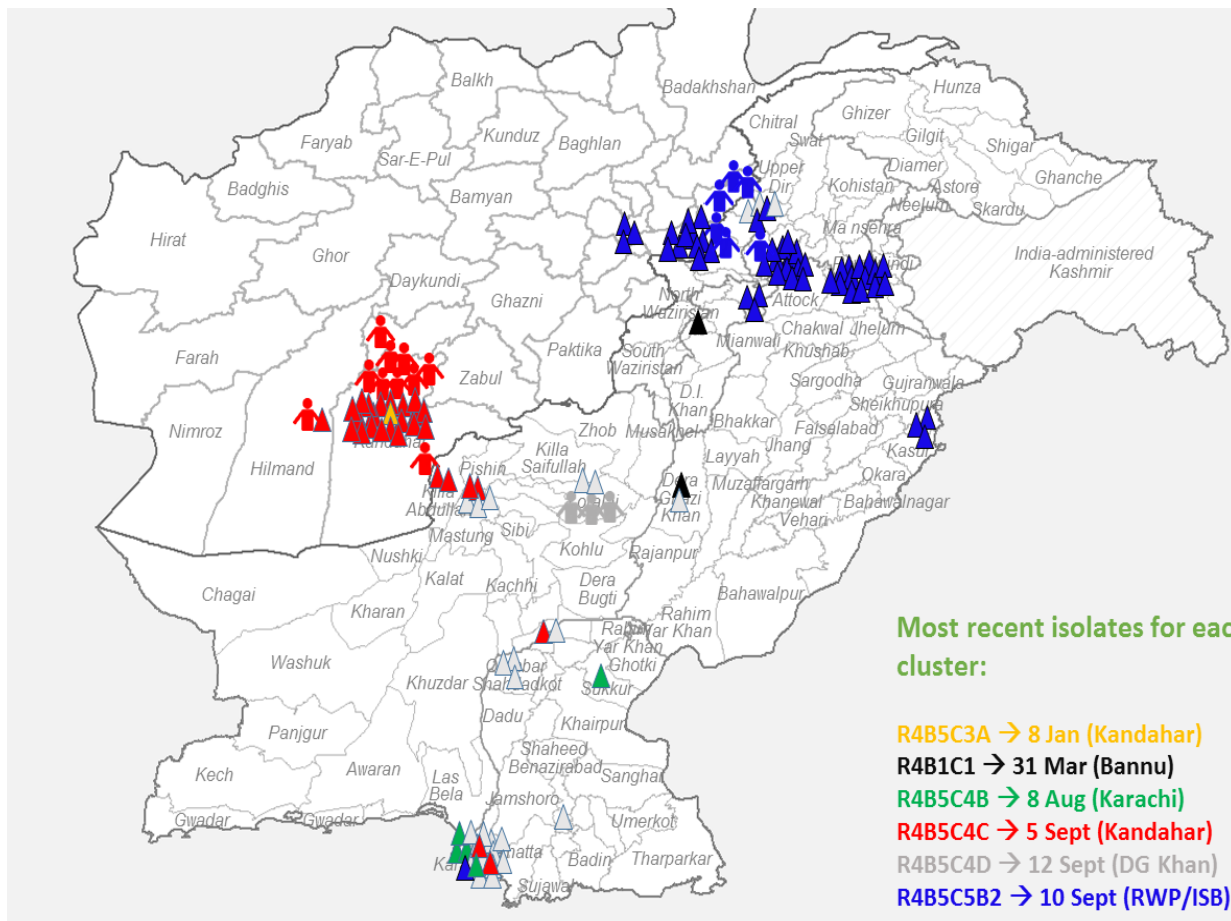
Pakistan and Afghanistan

Afghanistan – Current Situation

- On going transmission of wild poliovirus in Northern and Southern corridors
- Genetic sequencing data shows that population groups harboring transmission in the Northern Corridor **have not been reached.**
- **Ban on house to house campaigns:** Over 1 million children missed since May
- **Gaining & maintaining access remains the most significant bottleneck to stopping transmission**



Pakistan - Current status



- 4 WPV1 cases in 2018 vs 5 at same date in 2017.
- 3 are from one district (Dukki) in Balochistan Vs 5 in 2017. One is from Charsads district in KP
- Most recent case had paralysis onset on 1 Aug, 2018
- Environmental positive samples isolated primarily in core reservoirs but also outside areas
- **Northern and Southern Transmission Corridors, and Karachi, remain the greatest risk to polio eradication in Pakistan & Afghanistan**

WPV1 Cases & ES+, by Cluster, 2018

Pakistan/Afghanistan: Main risks

Afghanistan

Ongoing transmission in the Southern & Eastern regions due to access and security challenges

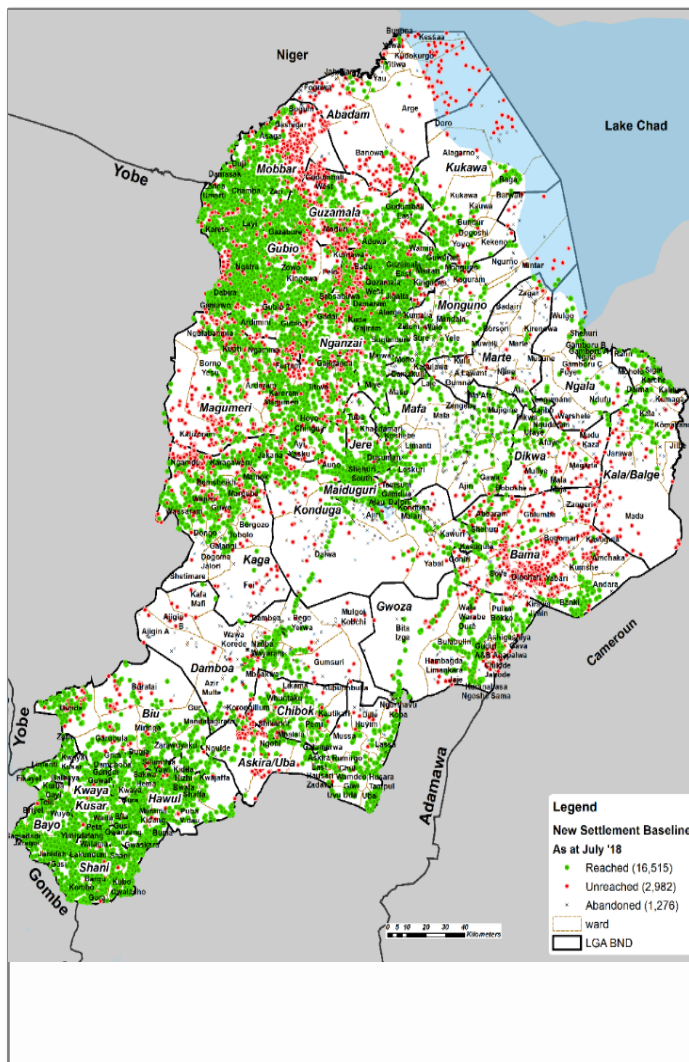
- Bans on house to house campaigns in South
- Increasing inaccessibility in Eastern region
- Deteriorating security situation creates environment of fear
- Challenges in getting female front line workers particularly in high risk areas
- Impact of upcoming parliamentary elections

Pakistan

- Sustained transmission throughout the Pakistan-Afghanistan epidemiologic block
- Sustaining government commitment at all levels
- Persistent resistance to vaccination (both overt and covert)
- Systemic weaknesses in EPI throughout many parts of the country

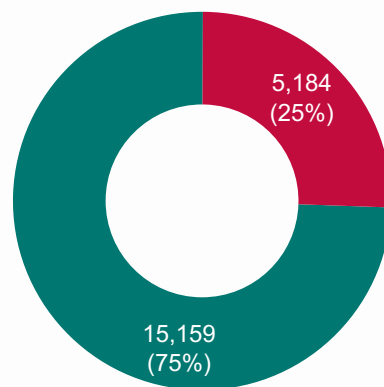
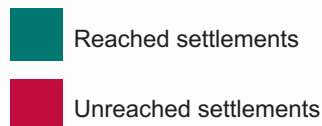
Nigeria

Key risk: ~102K children unreached in Borno



Breakdown of vaccination reach in Borno state as at July 2018 (*Number of settlements*)

N = 20,343



- Over 346,807 children have been reached by the RES/RIC intervention but ~ 102,256 children yet to be vaccinated remain trapped in ~5,000+ unreached settlements

- In **August 2016**, over 600,000 children across over 10,000 communities were not unreached
- Today**, about 102,000 children remain unreached thanks to innovative strategies (*Reach Every Settlement – RES- and Reach Inaccessible Children - RIC*)
- RES implemented in the partially accessible settlements with local security support
- RIC implemented in fully inaccessible settlements using special immunization teams

cVDPV Outbreaks

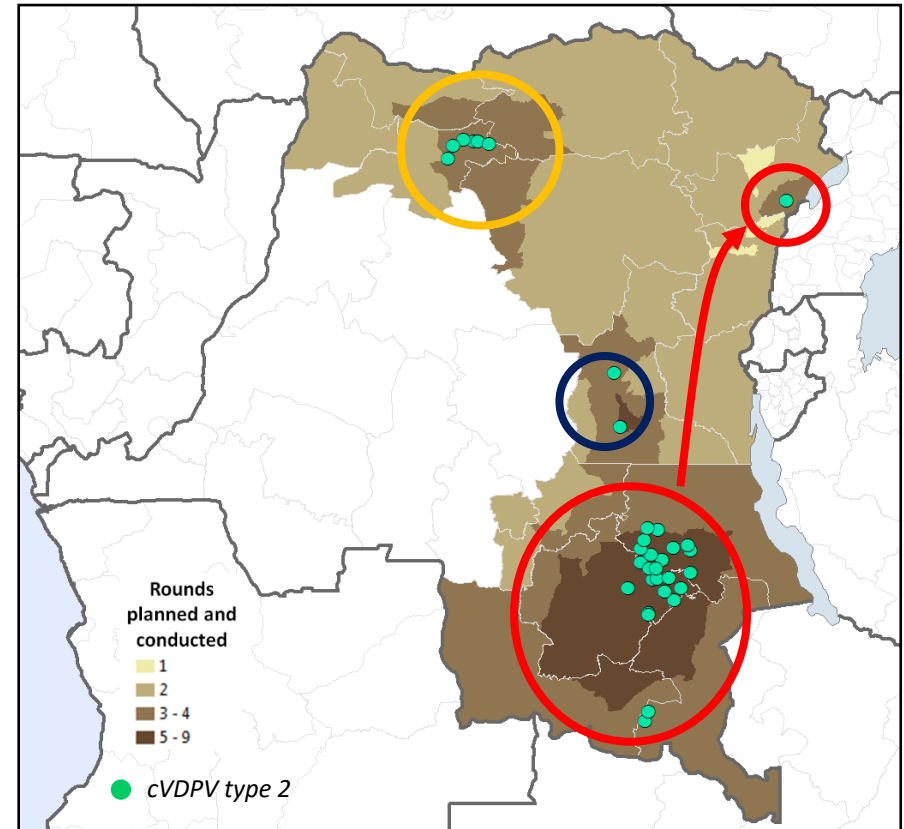
The good news:

Syria cVDPV2 outbreak likely interrupted

- Last cVPDV2 sample detected 13 months ago-- September 21, 2017
- Recent outbreak assessment review conducted
- Review noted that an absence of cVPDV2 for 12 months, despite continued high quality surveillance, means it very likely cVPDV2 transmission has been interrupted
 - A big congratulations to the EMRO and Syria teams for this incredible achievement in a particularly challenging country context

Democratic Republic of Congo

- **37 cVDPV2 cases since May 2017**
- **3 distinct cVDPV2 outbreaks:**
 - Maniema
 - Haut Lomami/Tanganyika, Ituri
 - Mongala
- **Situation complicated by Ebola, Cholera outbreaks & insecurity**
- **Two vaccination rounds in Sep/Oct 2018, targeting 16 provinces**
- **Key risks**
 - Lack of commitment at provincial level
 - Outbreak not treated as an emergency like Ebola
 - Risk of continuation & spread to neighbouring areas/countries



○ Haut Lomami / Tanganyika outbreak; last onset 27 May 2018

○ Mongala outbreak; last onset on 22 July 2018

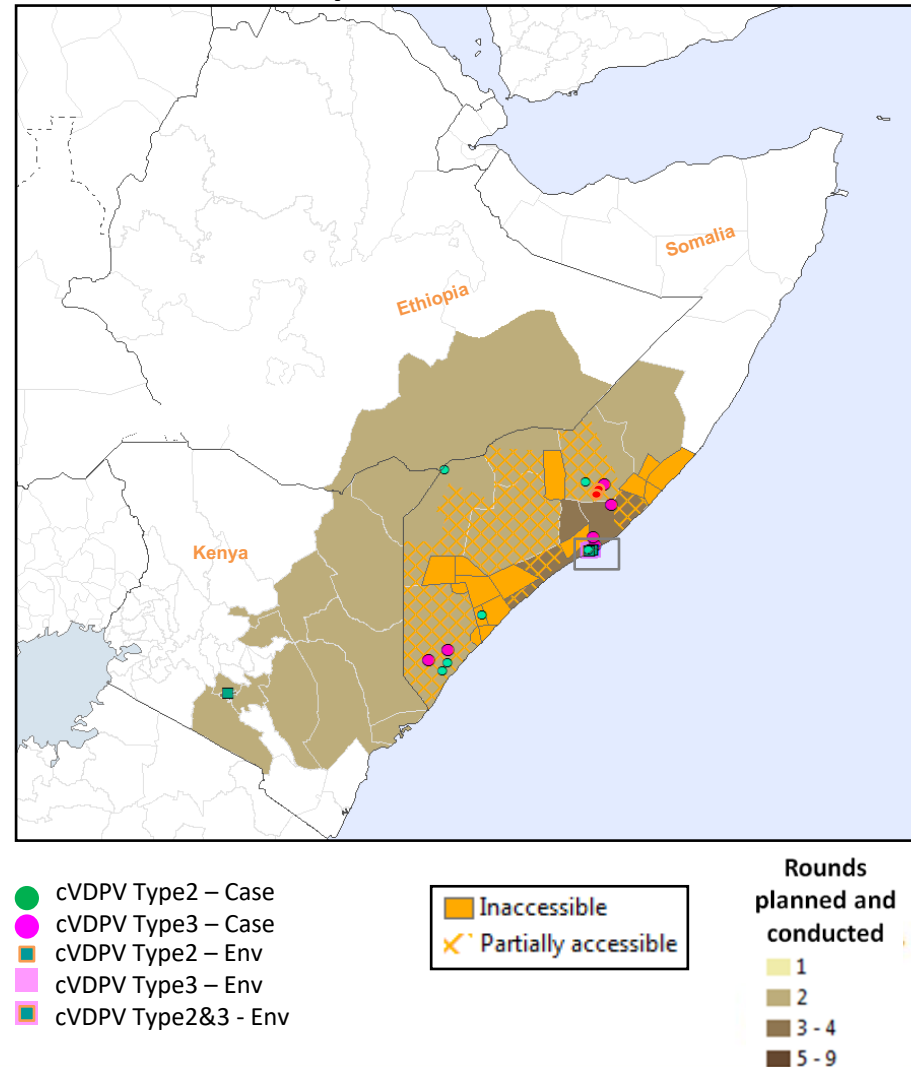
○ Maniema outbreak; last onset on 2 May 2017



Horn of Africa

- **cVDPV2 & cVDPV3 co-infection in Somalia and Kenya – with risk of spread to Ethiopia**
- **cVDPV2 outbreak**
 - Somalia: 6 cVDPV2 cases from 4 provinces & 13 positive env. samples
 - Kenya: one positive env. sample from Nairobi (21 Mar. 2018)
 - Continuing transmission despite multiple vaccination rounds
- **cVDPV3 outbreak**
 - 6 cVDPV3 cases & 11 positive env. samples from two provinces
- **Key Risks**
 - Inaccessibility in Somalia (>300,000 children not accessible persistently)
 - Deteriorating security in Ethiopia – causing inaccessibility & delay in vaccination rounds
 - Large scale population movement within and across the countries

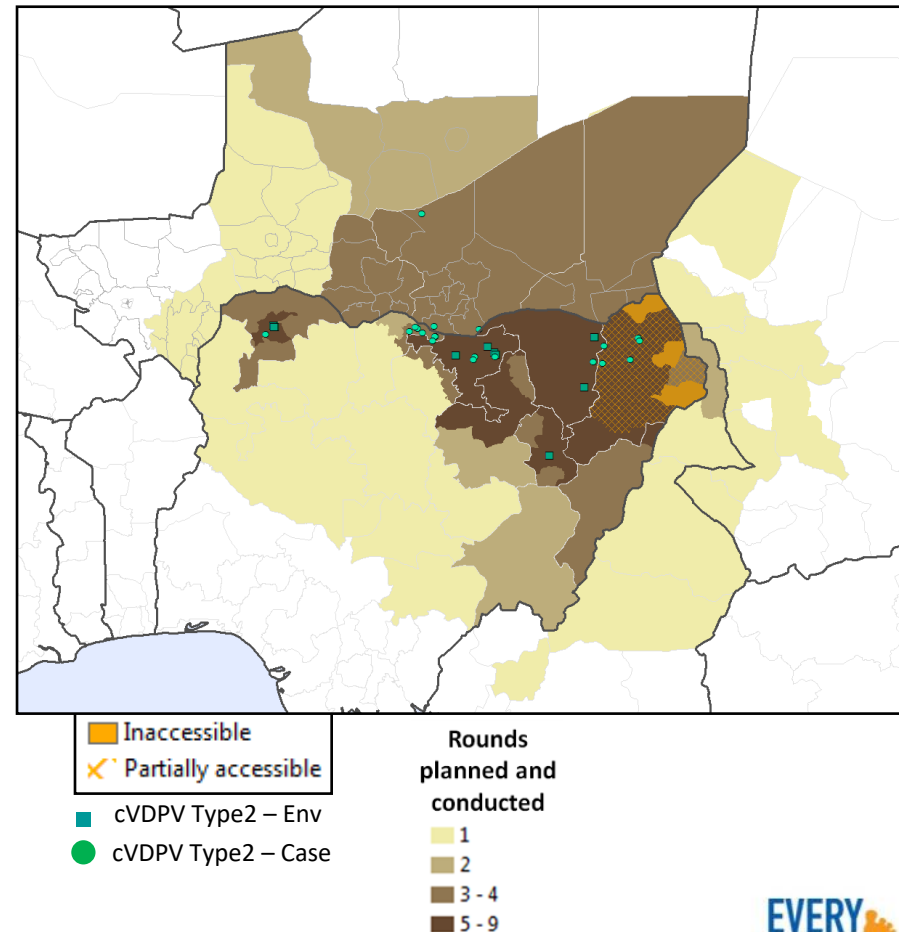
Distribution of cVDPV2 & cVDPV3 cases & Env. Samples in HoA, 2017 - 2018



Nigeria

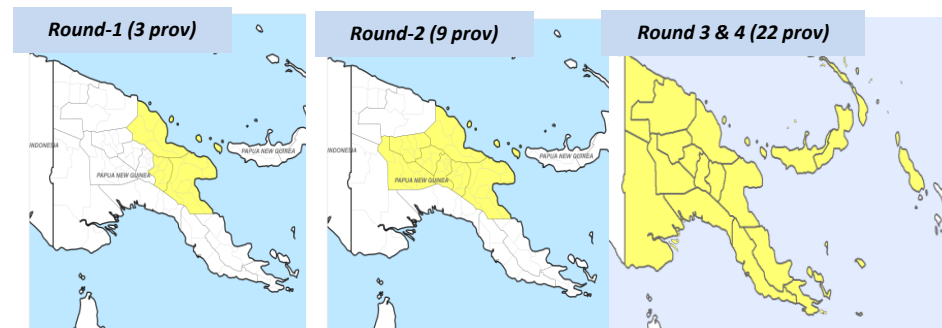
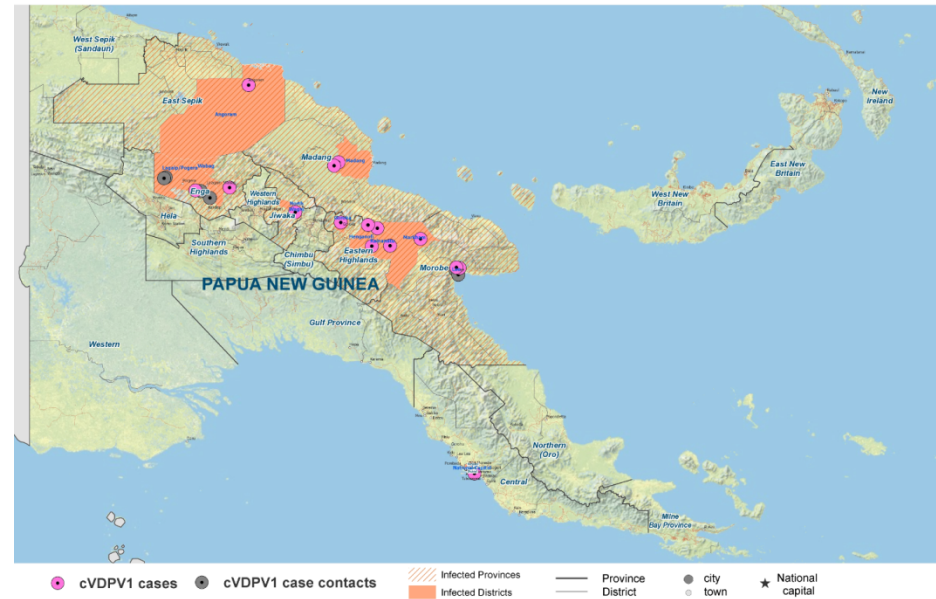
- **2 separate cVDPV2 outbreaks:**
 - ***Sokoto North*** – 1 case, 14 *Env. positives*
 - ***Jigawa***– 16 cases, 12 *Env. Positives*, **3 cases in Niger.**
- **Key Risks**
 - Inaccessibility in Borno State
 - Large scale population movement within and across the countries

Distribution of post switch cVDPV2 cases & Env. Samples in Nigeria



Papua New Guinea

- **15 cVDPV1 cases since 25 April**
- Two sub-national vaccination rounds implemented targeting children < 5 y (Jul & Aug 2018)
- Two nationwide rounds planned targeting children < 15y (Oct. & Nov 2018)
- **Key Risks**
 - Very low population immunity
 - Significant population movement
 - Very low human resource capacity & limited literacy
 - Insecurity / volatile law & order (unpredictable violence among tribal groups)



Rounds 1 & 2 implemented (<5 y) & rounds 3 and 4 planned (<15 y)

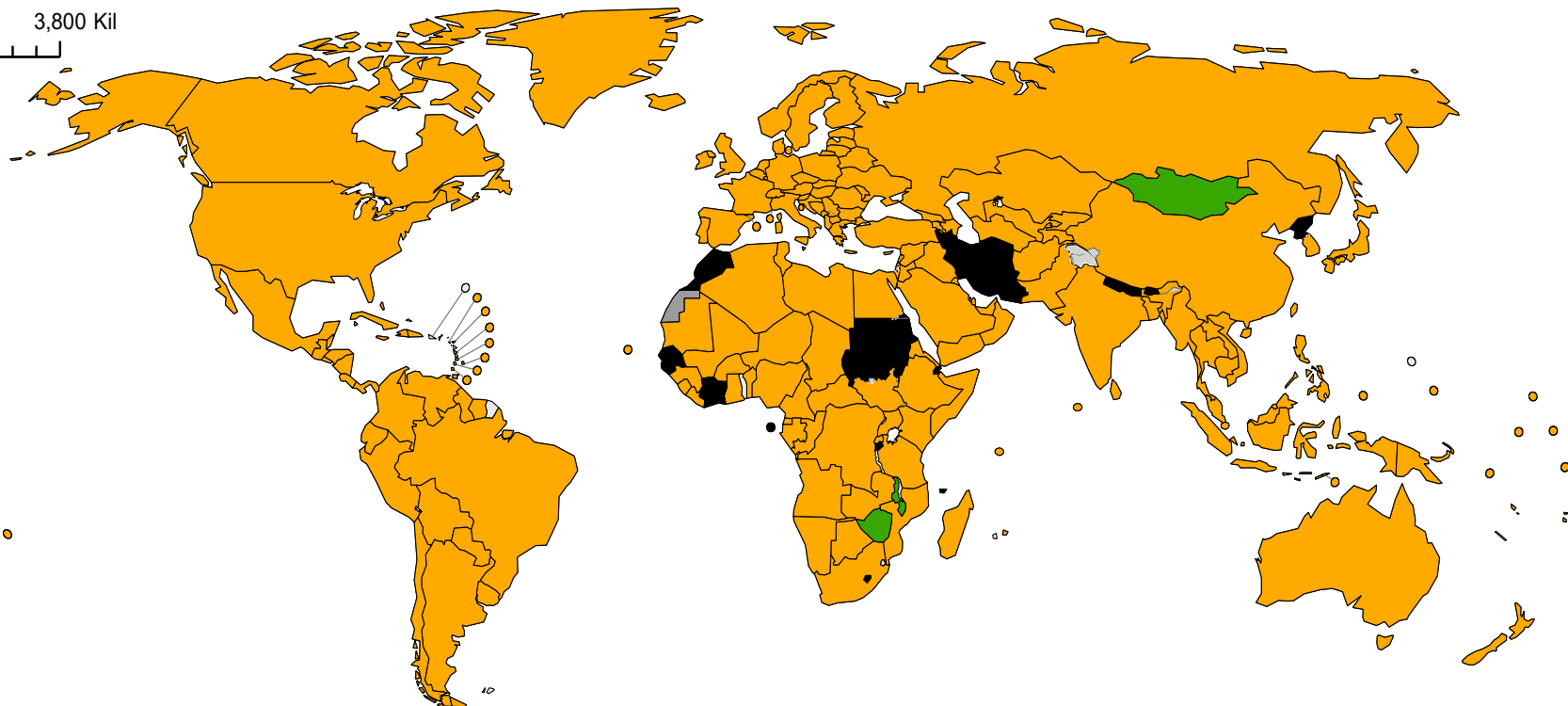
Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
- 2. OPV2 withdrawal, IPV introduction, immunization system strengthening**
3. Containment & Global Certification
4. Transition Planning



Countries using IPV vaccine to date

0 950 1,900 3,800 Kil



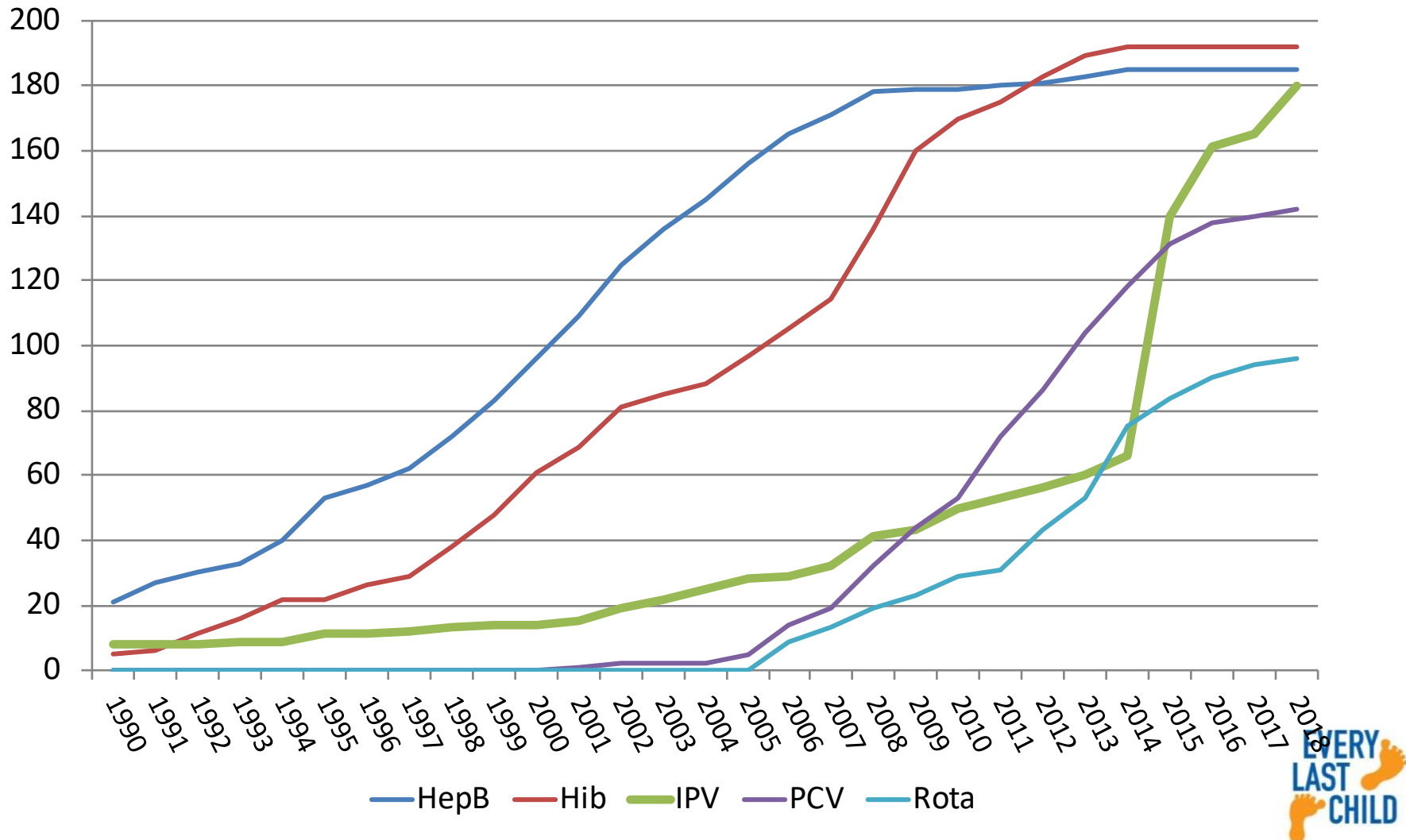
- Introduced* to date (176 countries)
- Re-introduced (15 countries)
- Formal commitment to introduce in 2018-2019 (3 countries)
- Not available
- Not applicable

* Including partial introduction in India

Data source: WHO/IVB Database, as of 11 October 2018
Map production Immunization Vaccines and Biologicals (IVB), World Health Organization

IPV introduction

An unprecedented achievement



Supply evolution from 2014 to 2018

From 'Comfortable' to 'Crisis Management'

- Both IPV suppliers to UNICEF and PAHO experienced significant challenges in scale up
- 35* lower risk countries procuring IPV vaccines through UNICEF were unable to access continuous IPV supply since the Switch
 - *18 countries did not have access to IPV for routine introduction*
 - *17 countries had supply interrupted post introduction*
- Supply situation has improved, and all countries offered access to IPV by mid 2018

Status on IPV for routine across the 33 (re)introducing countries (9 October 2018)

Countries introduced (15)	Rwanda, Sierra Leone, Tanzania, Turkmenistan, Uzbekistan, Ghana, Moldova, Egypt, Burkina Faso, Eritrea, Kyrgyzstan, Tajikistan, Togo, Vietnam, Zambia
Countries reintroduced (15)	Bhutan, Burundi, Cote d'Ivoire, Comoros, Sao Tome, Senegal, Sudan, Morocco, Djibouti, Gambia, Guinea Bissau, DPR Korea, Lesotho, Iran, Nepal
Remaining countries (3)	Introduction: Malawi, Mongolia (October 2018), Zimbabwe (Q1 2019)

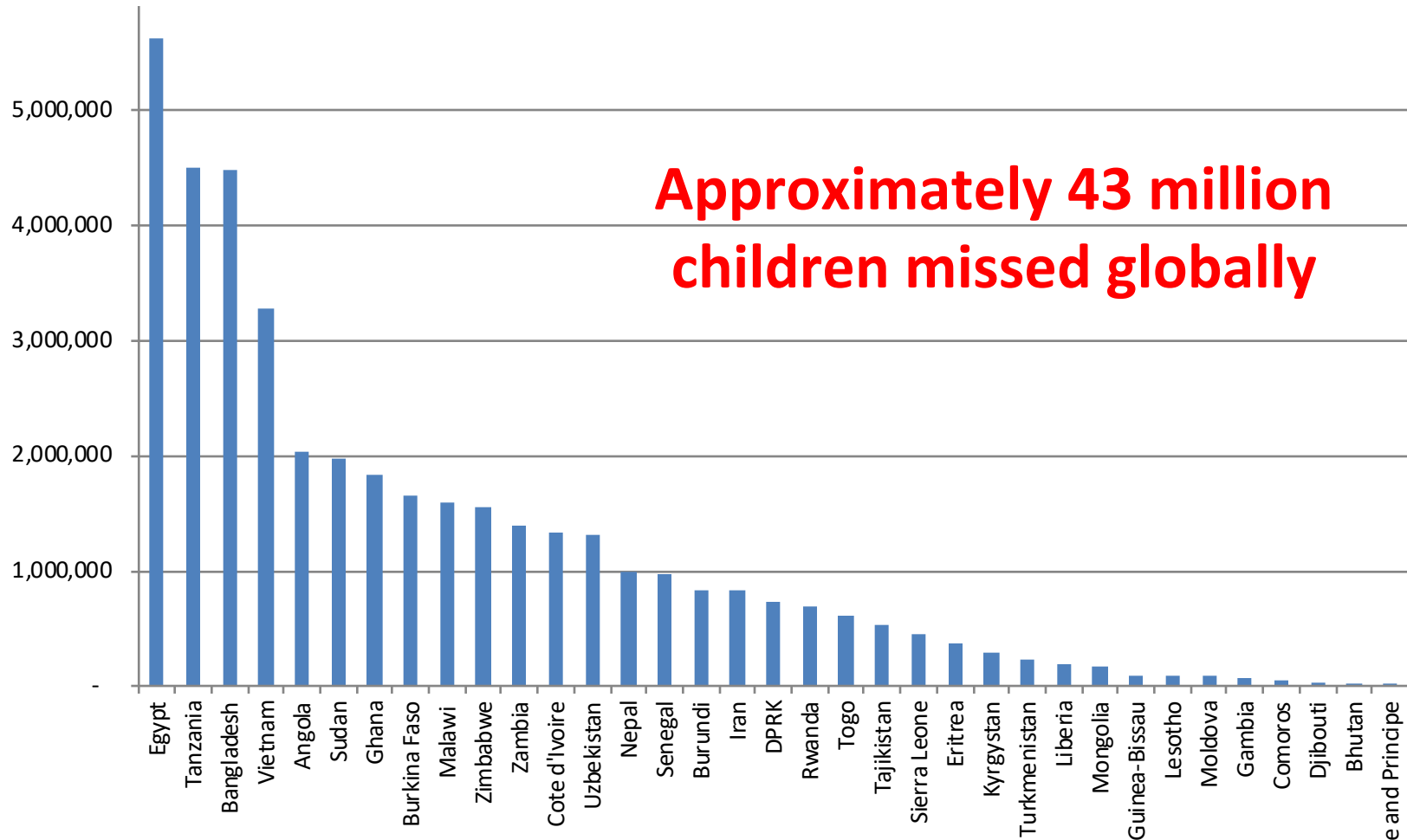
** 33 countries in total as Carbo Verde & Swaziland had sufficient supply to not interrupt*

Demand for 1 dose in 87 countries fulfilled in 2018 for the first time since the launch of the effort



Missed cohorts in affected countries

**Approximately 43 million
children missed globally**

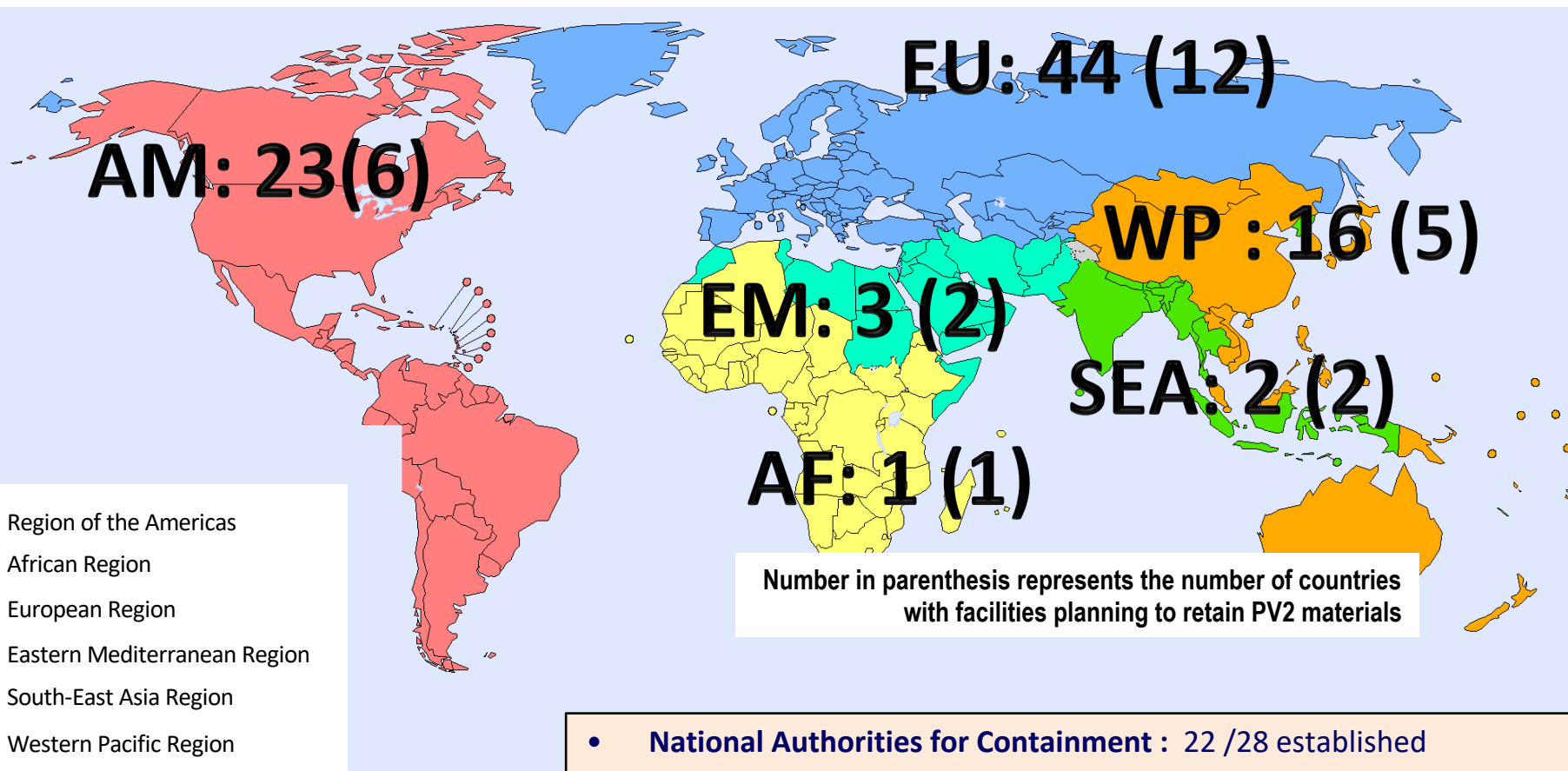


Polio Eradication and Endgame Strategy

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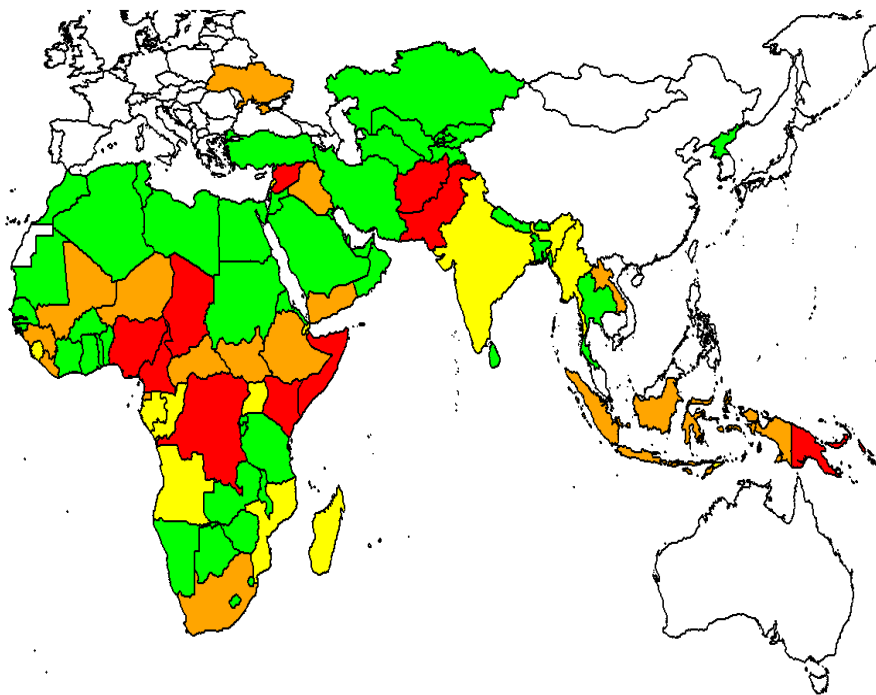
28 countries plan to retain poliovirus type 2 materials in 89 Facilities



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

- **National Authorities for Containment** : 22 /28 established
- **Poliovirus Essential facilities** : 6 applications for containment certification (certificate of participation) submitted to GCC
 - Application endorsed by GCC: 1
 - Applications on hold: 2
 - Applications under review: 3

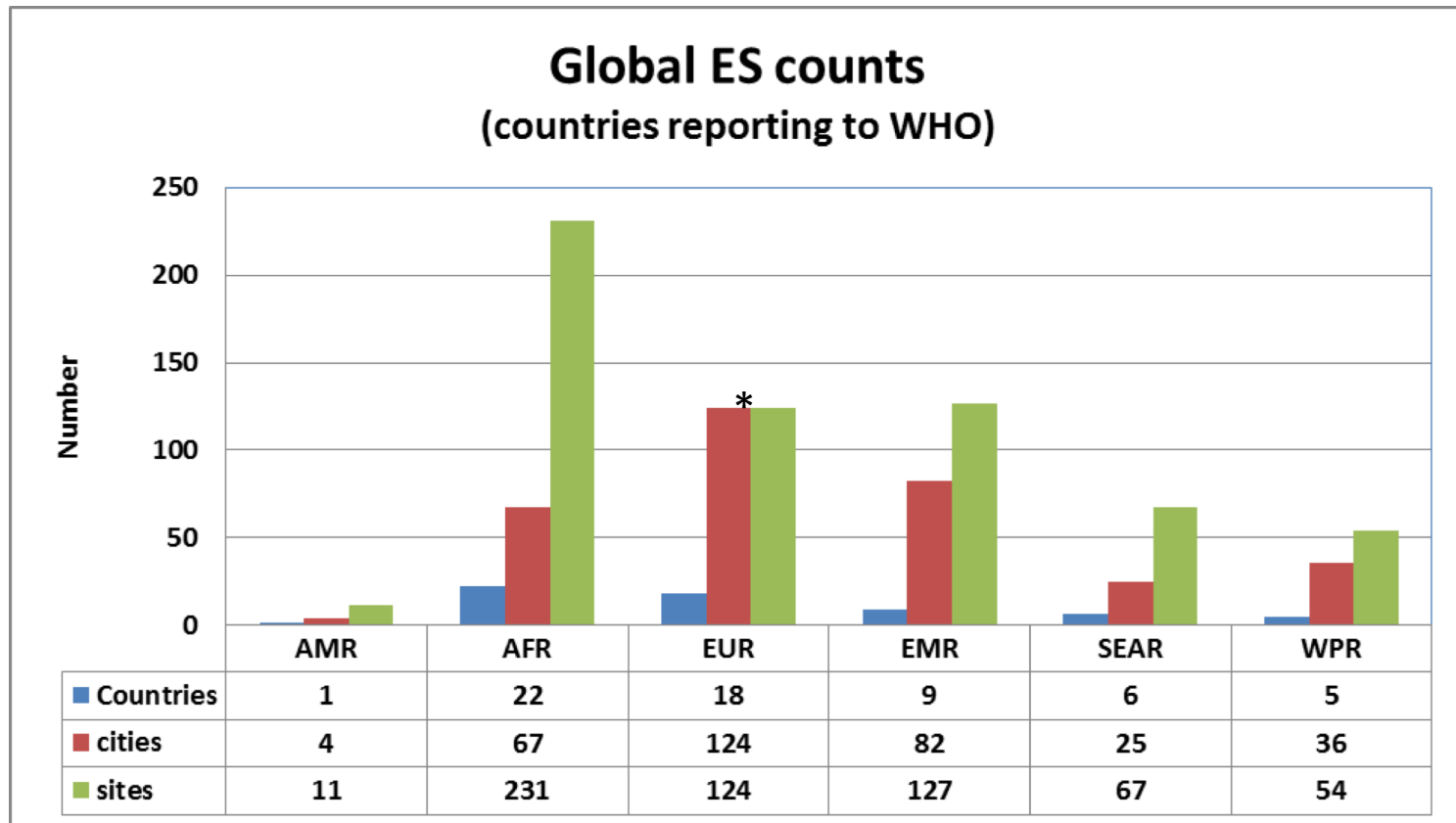
Summary Risk Assessment (Aug 2018)



- Based on 3 models of WPV risk
- Endemic countries, outbreak countries and countries neighbouring WPV1
- **24 countries at medium high or high risk (from 22 six months ago)**

	Feb 2016	Aug 2016	Feb 2017	Aug 2017	Feb 2018	Aug 2018
Low	53 (60%)	50 (57%)	48 (55%)	52 (59%)	54 (61%)	53 (60%)
Medium	19 (22%)	19 (22%)	20 (23%)	13 (15%)	12 (14%)	12 (13%)
Medium/ High	8 (9%)	6 (7%)	11 (12%)	12 (14%)	12 (14%)	14 (16%)
High	8 (9%)	13 (15%)	9 (10%)	11 (13%)	10 (11%)	10 (11%)

Environmental Surveillance Network



Countries	cities	sites
61	338	614



* underestimated

Certification of polio eradication

- Global Certification Commission to discuss approach at the end of October
 - Including how to handle the different situations of wild poliovirus & vaccine derived poliovirus
- To date:
 - An options appraisal paper developed by Secretariat
 - Meeting of chairs of GPEI advisory bodies for input
- Next steps:
 - Discussion with Director General of WHO and Polio Oversight Board
 - Presentation to Executive Board and WHA

Addressing gender-related barriers

GPEI Gender Technical Brief

- **Gender-sensitive**

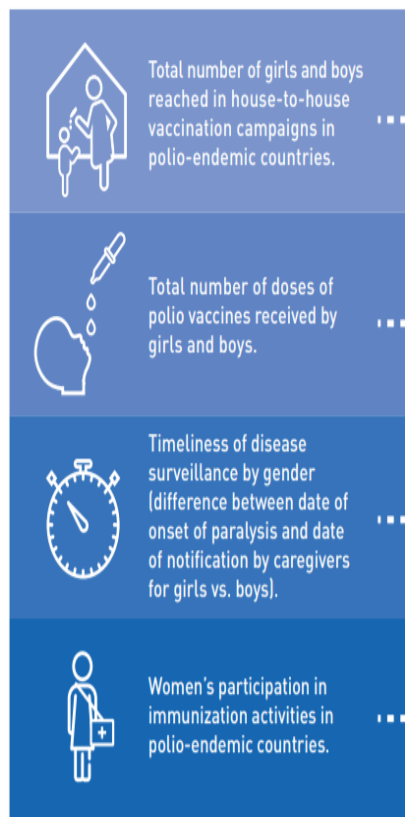
indicators:

- equal reach of girls and boys in campaigns
- total doses received
- timeliness of surveillance
- women's participation as front-line workers

- A **baseline assessment** of gender responsiveness in GPEI

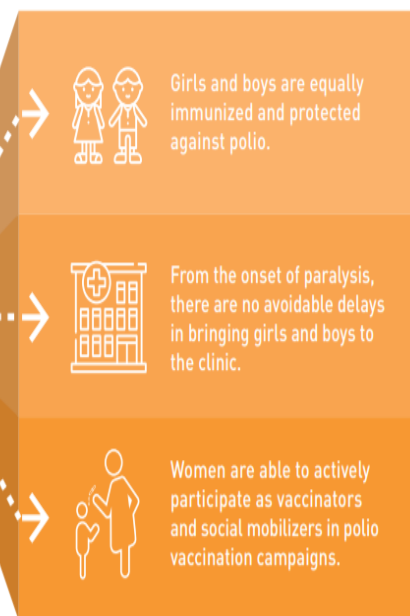
GPEI gender strategy currently being developed

THE GPEI CONTINUOUSLY TRACKS AND MONITORS:



MONITORING FOR GENDER EQUALITY

ENSURING THAT:



All information, indicator data, infographics, FAQ and reports can be accessed on the **GPEI gender website**:

<http://polioeradication.org/gender-and-polio/>

Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
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Strategic Action Plan for Polio Transition

- In May 2018, WHA adopted the “Strategic Action Plan” for Polio Transition”, which sets the global framework for polio transition
- The Strategic Action Plan has **three main objectives**:
 - *Sustaining a polio-free world*
 - *Strengthening immunization, including VDP surveillance*
 - *Strengthening emergency preparedness, detection and response capacity to fully implement IHR*
- “Living document” – with regular updates to WHO Governing bodies (Regional Committees, Executive Board , World Health Assembly).
- July 2018 - Discussions in the Regional Immunization Technical Advisory Groups (ITAGs) of African and South East Asia Regions
 - with specific recommendations emphasizing country ownership



Transition Planning: Challenges

Delayed eradication timelines:

- Revised GPEI Strategy / multiyear budget (2019-23) may be perceived by priority countries as an indication that there is no immediate need to transition or to raise domestic/other resources

Programmatic and financial sustainability

- As functions move from partner agencies to governments, quality needs to be maintained
- “aspirational budgets” need refining to achieve critical immunization outcomes

Multiple priorities

- Many countries are conducting transition while facing cVDPV or other VPD outbreaks



Transition Planning: Progress / Next Steps

- **Dedicated polio transition team established at WHO/HQ** to support implementation of the WHA polio transition strategic action plan
- **Country visits (Q4 2018 - Q2 2019):** up to 20 priority countries to review polio transition plans, identify next steps for implementation
- **“Supporting Transition: A Shared Responsibility” (Montreux, 13-14 November)** WHO is convening a stakeholders meeting to discuss:
 - ✓ Challenges of achieving a smooth **transition and sustainability of polio essential functions**
 - ✓ **Financing transition and sustainability of essential functions**
 - ✓ Defining key elements of the **future governance structure, oversight, accountability, and mobilization of additional financing** that may be required for sustaining activities that ensure a polio-free world

Polio Eradication and Endgame Strategy

Where are we now?

- WPV circulation will not be interrupted in 2018
- Current Strategic Plan and funding through 2019

Looking ahead

- Polio Oversight Board endorsed multi-year budget for 2019-2023
- GPEI developing a new strategy for that period



GPEI Strategy 2019-2023

- **Review and revisions** of current GPEI strategy underway to cover the period from now until certification, at which point the Post-Certification Strategy will begin
- Three main themes “**Eradication, Certification, Integration**”
- **The strategy will describe :**
 - How to address IMB external review of endemics
 - Path to achieving eradication and certification
 - Activities that work, need to be altered or discontinued
 - Specific work with immunization and emergency programs
 - Transformations and innovative updates to the program
- **Extensive stakeholder engagement**
 - Feedback and input will be requested in the last quarter of 2018 and into early 2019

Main activities for the next six months

Global

- Address outcomes of IMB external review
- Develop strategy for 2019-2023
- Mobilize resources to support new strategy

Endemic countries

- Maintain political commitment in the face of elections
- Maintain momentum in spite of “fatigue”
- Sustain surge of qualified personnel

Outbreak Countries

- Ensure quality vaccination responses in DRC, PNG and HoA

Thank you

Merci

