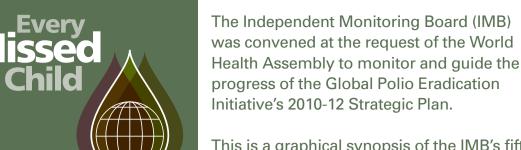
Global Polio Eradication Initiative Independent Monitoring Board

June 2012 report

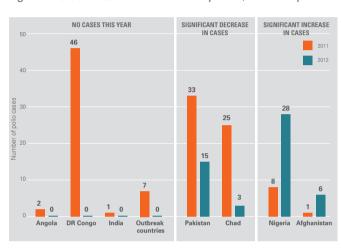
Summary of key messages



This is a graphical synopsis of the IMB's fifth report. The full report is available at www.polioeradication.org/imb.aspx

Progress in Angola, DR Congo, India, Pakistan and Chad contrasts with setbacks in Nigeria and Afghanistan

Figure A: Global situation: 1 Jan - 2 May: 2011/2012 comparison



Angola: With no case for 10 months, Angola has come far, but improvements in the organisation and quality of its programme are still needed to secure success. Forthcoming elections must not derail progress. Strengthening surveillance and immunisation coverage are key.

DR Congo: No cases in 2012, but DR Congo remains vulnerable. Encouraging improvements in the Programme must continue.

India: India has magnificently achieved polio-free status. This is proof of the capability of a country to succeed when it truly takes to heart the mission of protecting its people from this vicious disease.

Pakistan: The Programme in Pakistan has raised its game in the last year, and needs to build on the considerable improvements that have been made.

Chad: Chad too has come far in the last year, but its low routine immunisation coverage and proximity to Nigeria mean that it still has further to go.

Nigeria: Now the only country in the world to have all three types of polio virus. Nigeria poses a substantial risk to the global goal, in part because it has many neighbouring countries that are vulnerable to the spread of infection. The risk of an explosive return of polio in Nigeria and West Africa is ever-present and raises the chilling spectre of many deaths and a huge financial outlay to regain control. The country's impressive political and public health leaders are to be strongly encouraged: they have made strong progress in the past, and need to do so again.

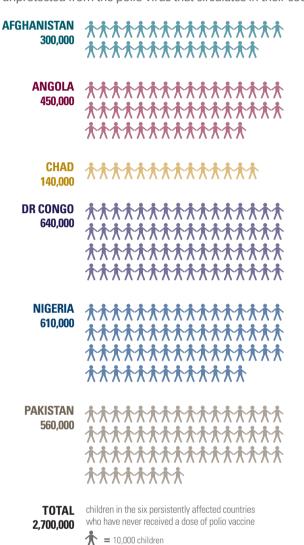
Afghanistan: Insecurity poses a great challenge, but there are also many problems in the way that the programme is being run. The basics of running a vaccination day are repeatedly going wrong. Afghanistan is on the 'critical list'.

Globally, there are ten 'sanctuaries' for the polio virus

The remaining polio virus is confined not just to a few countries, but to a small number of discrete locations within these countries. The IMB describes these as 'sanctuaries' – places with large numbers of missed children where the virus can take safe refuge, multiply, and attack the vulnerable.

Reaching missed children is the key to achieving global eradication

Figure B: The Never Children – 2.7 million children entirely unprotected from the polio virus that circulates in their country



A towering and malevolent statistic looms over the Polio Eradication Programme: 2.7 million children in the six persistently affected countries have never received even a single dose of polio vaccine. Many millions more are missed on each vaccination day. If the eradication effort cannot track down and vaccinate every missed child, this will be its downfall.

At the global level, at the national level, and in cities, towns and villages, the precise reasons for all missed children should be laid bare and corrective action taken.

The global programme has embarked upon a transformation of its management approach; this transformation needs to be vigorously continued

Previous IMB reports have criticised several aspects of the global programme's management. It had got stuck in a certain way of operating which, though capable of reducing the global incidence of polio by 99%, made it unable to reach the 100% mark needed for eradication. The IMB's critique of the programme's management has not been easy to hear, but has stimulated a good response. This report summarises ten transformations that were required. In some of these areas, there has been considerable progress, and the programme is in substantially better shape than it was a year ago. In other areas, the required transformation has barely started. This report urges the programme to push on with the process of programmatic change that has been started.

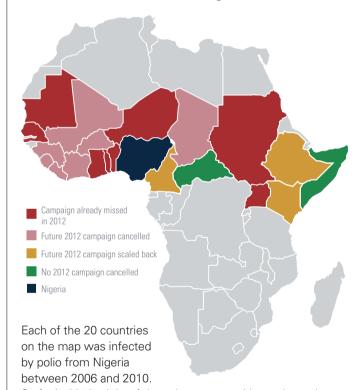
Polio is at its lowest level since records began

In the first four months of 2012, there have been many fewer cases of polio than at any previous time in history. Compared to the same period last year, there have been:

- substantially fewer cases (52, down from 123)
- in fewer districts (39, down from 72)
- in fewer countries (four, down from 12)

The primary risk to the programme is its precarious financial position

Figure C: Cuts in vaccination campaigns expose an entire band of West and Central Africa to great risk



So far in 2012, eight of these have gone without planned vaccination campaigns because of the funding shortfall. By the end of 2012, only two will not have been affected.

The programme is cancelling vaccination campaigns as a result of its \$945 million (US) funding shortfall for 2012-13. In 2012, it has cancelled 144,000,000 vaccine doses, intended to be given to 94,000,000 children over 68 campaigns in 33 countries. Under-financing is simply not compatible with the ambitious goal of stopping polio transmission globally. These cuts unacceptably escalate the risk of an explosive return of polio just as it is at its lowest level in history. Many of the cancelled campaigns were due to take place in West and Central Africa. While polio continues to circulate in northern Nigeria, these countries are at significant risk of infection, so cancelling campaigns is foolhardy.

Conclusions

The current position of the programme is strong in many ways, creating an opportunity to build momentum that really must be seized. It must be seized by addressing the substantial risks to the eradication goal – the financial shortfall chief amongst them. It must be seized by being ambitious about the further programmatic improvements that are possible. The prize of a polio-free world is drawing closer, but is far from secure.