Note: Gavi requirements of $122.2 million are not included in this slide.
An Innovative Partnership

Committed to Results & Cost-Effectiveness
Unprecedented global partnership and support

G7 commit to polio eradication

Global health leaders at WHA reaffirm commitment
Progress in WPV eradication
Lowest-ever polio levels

PHEIC remains in place: failure could lead to 200,000 yearly cases within 10 years
Afghanistan, Pakistan: Environment surveillance, previous 6 months

Data in WHO HQ as of 14 June 2016
Why are children still unvaccinated with OPV? And How is being addressed
Number of Children Missed in Afghanistan Due to Inaccessibility

May 2016

Number of children inaccessible

- Nazwad, 1 case
- Shahwlikot, 1 case
- Shigal Wa Sheltan, 4 cases

Note: Districts with inaccessible children are highlighted with shades of blue. Province aggregates are labeled with province name.

Source: Joint UNICEF/WHO Access Analysis
Strategies for inaccessible areas:

- Access negotiations at different levels
- Engagement of religious leaders and community elders
- Campaign surrounding areas
- Health camp, polio plus services in surrounding the concerned areas
- Mobilizing families to bring children to nearby areas by incentivizing local transporters etc
Trends in missed children in Tier 1 and 2 districts, Pakistan, Oct 2015 - Apr 2016

Source: Post Campaign Measurement (PCM)
Switch from campaign-based to full time local team on the ground

Community Based Vaccination

Development of detailed Micro census & micro plans

Analysis/action before, during, between and after campaign rounds

Tracking missed children and vaccinating missed children

To build trust and goodwill for Frontline Workers, in particular vaccinators

Strategy for reaching the unreached CHILDREN in highest risk areas
Performance in Core Reservoirs

Targets met in two, gaps remain in Karachi

bOPV only campaigns
LQAS pass rate* in Core Reservoir areas,
Sep 2015 – May 2016

Combined bOPV/IPV campaigns
IPV LQAS pass rate* in Core Reservoir areas,

LOQS pass set at 90% (3/60 missed) for bOPV-only campaigns and 80% (8/60 missed) for combined bOPV/IPV campaigns
Continued Scale up of social mobilization networks in Endemics (#)

January 2013 – June 2016

*Note: Pakistan numbers for 2016 January, June and September include both COMNet staff and CBVs under UNICEF management.

Source: UNICEF Monitoring
Pakistan and Afghanistan – managing the risks

- National emergency action plans (NEAPs) overseen by head of state to ensure 'all of government' approach
- Focus on:
  - Identification of 'missed' children, by area
  - Assessment of reasons for 'missed' children, by area
  - Implementation of targeted and area-specific operational plans
- Special tactics for insecure/inaccessible areas:
  - Vaccination of populations (older age groups) entering/leaving areas
  - Local level access negotiations
  - Increased engagement of traditional and religious leaders
  - Continued improved access in Pakistan; however, in Afghanistan, intensified conflict in 2016 increased 'missed children' in parts of Eastern and Southern Region
- NOTE: Operational challenges remain primary reason for missed children: core principle of NEAPs are to address these challenges
Global switch from tOPV to bOPV
Tracking and responding to type 2
Type 2 outbreak response

- Population immunity against type 2 has been boosted before the switch
  - IPV supply constraint: IPV’s main role is to prime populations in case of emergence of type 2 vaccine-derived poliovirus; available supply allocated to highest risk areas

- Surveillance in place to identify both type 2 cases or environmental isolates

- Type 2 outbreak response protocol finalized, which calls for the launch of a response within 14 days
  - A global stockpile of mOPV2 (under control of WHO/DG) as well as an IPV reserve-stock are available to respond to any type 2 outbreak
Polio 'Plus'

Estimated time allocation of polio personnel by country

- **Afghanistan**: 16% Polio eradication, 5% Routine Immunization, 7% Maternal, newborn, and child health and nutrition, 7% Other diseases or program areas
- **Angola**: 5% Polio eradication, 5% Routine Immunization, 7% Measles and rubella, 32% New vaccine introduction
- **Chad**: 13% Polio eradication, 7% Routine Immunization, 32% Maternal, newborn, and child health and nutrition, 23% Health systems strengthening
- **DRC**: 23% Polio eradication, 39% Routine Immunization, 44% Maternal, newborn, and child health and nutrition, 17% Health systems strengthening
- **Ethiopia**: 14% Polio eradication, 21% Routine Immunization, 28% Maternal, newborn, and child health and nutrition, 11% Health systems strengthening
- **India**: 11% Polio eradication, 7% Routine Immunization, 7% Measles and rubella, 22% Sanitation and hygiene
- **Nigeria**: 9% Polio eradication, 7% Routine Immunization, 18% Maternal, newborn, and child health and nutrition, 7% Sanitation and hygiene
- **Pakistan**: 5% Polio eradication, 18% Routine Immunization, 18% Maternal, newborn, and child health and nutrition, 11% Sanitation and hygiene
- **Somalia**: 7% Polio eradication, 18% Routine Immunization, 14% Maternal, newborn, and child health and nutrition, 3% Sanitation and hygiene
- **South Sudan**: 22% Polio eradication, 15% Routine Immunization, 9% Measles and rubella, 2% New vaccine introduction
- **Overall**: 46% Polio eradication, 22% Routine Immunization, 8% Measles and rubella, 1% New vaccine introduction

~46% time spent on RI-related activities

- **Polio eradication**: 16% in Afghanistan, 5% in Angola, 13% in Chad, 23% in DRC, 14% in Ethiopia, 9% in Nigeria, 7% in Pakistan, 13% in Somalia, 22% in South Sudan, 46% overall
- **Routine Immunization**: 5% in Afghanistan, 5% in Angola, 32% in Chad, 44% in DRC, 17% in Ethiopia, 7% in India, 11% in Nigeria, 18% in Pakistan, 9% in Somalia, 15% in South Sudan, 22% overall
- **Maternal, newborn, and child health and nutrition**: 14% in Afghanistan, 7% in Angola, 32% in Chad, 28% in DRC, 11% in Ethiopia, 7% in India, 7% in Nigeria, 7% in Pakistan, 5% in Somalia, 3% in South Sudan, 8% overall
- **Measles and rubella**: 23% in Afghanistan, 32% in Chad, 44% in DRC, 17% in Ethiopia, 9% in India, 7% in Nigeria, 7% in Pakistan, 9% in Somalia, 3% in South Sudan, 1% overall
- **Sanitation and hygiene**: 7% in Afghanistan, 32% in Chad, 44% in DRC, 21% in Ethiopia, 22% in India, 7% in Nigeria, 7% in Pakistan, 5% in Somalia, 3% in South Sudan, 1% overall
- **New vaccine introduction**: 7% in Afghanistan, 32% in Chad, 44% in DRC, 17% in Ethiopia, 28% in India, 11% in Nigeria, 7% in Pakistan, 11% in Somalia, 14% in South Sudan, 1% overall
- **Health systems strengthening**: 39% in Afghanistan, 40% in Chad, 39% in DRC, 39% in Ethiopia, 39% in India, 39% in Nigeria, 39% in Pakistan, 39% in Somalia, 39% in South Sudan, 39% overall
- **Natural disasters and humanitarian crises**: 29% in Afghanistan, 26% in Chad, 39% in DRC, 44% in Ethiopia, 44% in India, 44% in Nigeria, 44% in Pakistan, 54% in Somalia, 27% in South Sudan, 27% overall
- **Other diseases or program areas**: 29% in Afghanistan, 40% in Chad, 39% in DRC, 39% in Ethiopia, 39% in India, 39% in Nigeria, 39% in Pakistan, 54% in Somalia, 27% in South Sudan, 27% overall
GPEI 2016-2019 budget

- Delays in WPV eradication: **additional US$1.5 billion required**
- Rigorous cross-agency budgeting process
- Country & stakeholder consultations
- Multi-year SIA calendar
- Outbreak response budget for cVDPVs

A polio-free world will result in global savings of US$50 billion
Summary of Progress

• No WPV outside of Afghanistan & Pakistan
  - Nigeria removed from the list of endemic countries
  - No WPV case in Africa since August 2014

• Only WPV1 detected globally
  - WPV2 eradication certified in September '15
  - More than 3 Years without WPV3 detection

• Globally synchronized switch from tOPV to bOPV completed in all 155 countries
2016 Programmatic priorities

- Stopping transmission of WPV in Afghanistan and Pakistan
- Rapid detection and response to any type 2 virus
- Implementing global containment action plan
- Increased scale up of IPV supply including innovative solutions such as fractional dose IPV
- Rapid mobilisation of the additional US$ 1.5 billion budget requirements
- Country led plans for the transitioning of GPEI assets
GOOD-BYE POLIO
THANKS ROTARY