Polio Eradication – Global update
Polio Partners Group Meeting, Geveva 8 June 2018
Michel Zaffran, Director, Polio Eradication, WHO & Akhil Iyer, Director Polio Eradication, Unicef
On Behalf of the GPEI
Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
3. Containment & Global Certification
4. Transition Planning
Global Wild Poliovirus & cVDPV Cases¹ (Past 6 Months²)

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

Data in WHO HQ as of 5 June 2018

1. **Nigeria**:
   - Last case: 21 Aug '16
   - Last WPV: 27 Sep '16
   - Most recent cVDPV2: 15 April '18

2. **DRC**:
   - 2017: 22 cVDPV2
   - 2018: 4 cases
   - 19 Feb 2018

3. **Pakistan**:
   - 8 WPV1s in 2017
   - 2 WPV1 in 2018
   - Most Recent: 15 April 2018

4. **Afghanistan**:
   - 14 WPV1s in 2017
   - 8 WPV1 in 2018
   - Most Recent: 27 April 2018

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1. Excludes viruses detected from environmental surveillance
2. Onset of paralysis: 06 December 2017 – 05 June 2018

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### Country Summary

<table>
<thead>
<tr>
<th>Country</th>
<th>Onset of most recent WPV1 case</th>
<th>Number of WPV1 cases</th>
<th>Number of WPV infected districts</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Current²</td>
<td>Same period last year³</td>
</tr>
<tr>
<td>Nigeria</td>
<td>NA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>DRC</td>
<td>NA</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>AFR</td>
<td>15-Apr-18</td>
<td>2</td>
<td>3</td>
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<td>Pakistan</td>
<td>27-Apr-18</td>
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<td>4</td>
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<td>Syria</td>
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<td>0</td>
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<tr>
<td>EMR</td>
<td>27-Apr-18</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>Global</td>
<td>27-Apr-18</td>
<td>11</td>
<td>7</td>
</tr>
</tbody>
</table>

²Current rolling 6 months: 06 December 2017 – 05 June 2018
³Same period previous year: 06 December 2016-05 June 2017
Global Wild Poliovirus & cVDPV Cases¹ (Past 6 Months²)

- **Endemic country**
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**Data in WHO HQ as of 5 June 2018**

- **Advance notification**
  - 4

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- **EMR**
  - 27-Apr-18
  - 11

- **Global**
  - 27-Apr-18
  - 11

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¹Excludes viruses detected from environmental surveillance

²Onset of paralysis: 06 December 2017 – 05 June 2018

Public Health Emergency of International Concern declared under the International Health Regulations in May 2014

Confirmed on 30 April 2018
Pakistan and Afghanistan
WPV1* in Afghanistan and Pakistan
1 January – 4 June 2018

Afghanistan – Risks
• Continued transmission in Southern region
• Chronic inaccessibility and access with limitations
• National Elections at the end of the Year

TAG
• Intensify advocacy to gain quality access including house-to-house access
• Strengthen Routine EPI (6 of 8 cases in 2018 had received 0 dose of vaccine)

Pakistan - Risks
• Missed populations particularly in the northern corridor.
• National elections in 2018

TAG
• Transmission persists in core reservoirs and in corridors
• Need to continue to invest in programme quality and communication
• Strengthening routine EPI a priority

*In ENV and AFP cases
Surveillance Remains strong

Pakistan

Non-Polio AFP Rate by District

Afghanistan

<table>
<thead>
<tr>
<th>Year</th>
<th>0.00 - 0.99</th>
<th>1.00 - 1.99</th>
<th>2.00 - 3.99</th>
<th>4.00 - 5.99</th>
<th>6.00 Plus</th>
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<tbody>
<tr>
<td>2017</td>
<td>13</td>
<td>16</td>
<td>15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>13</td>
<td>16</td>
<td>15</td>
<td></td>
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</tr>
</tbody>
</table>

Data as of 30 May 2018

AFP cases vs access
Nigeria and Lake Chad
Innovative strategies

- **RES**: Reach Every Settlement (civilian vaccinators with security support) - Over 95% of targeted settlements reached (272,000 children vaccinated)
- **RIC**: Reach Inaccessible Children (security forces as vaccinators). So far 36% targeted settlements reached (>50,000 children vaccinated)

Risks

- Main issue remains **access challenges** for vaccination and surveillance in Borno and a few other states
- **Sustained** political and financial commitment by Government are critical

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### Inaccessible population Sep 17-Dec 17

- Declining number of unreached or trapped population in Borno
- Strategies like RIC, RES & vaccination and profiling at transit points have contributed to the reduction in trapped population
Communication and Interrupting Transmission
Afghanistan

“Where are we chronically missing children?”

Concentration of clusters with high chronically missed children (all reasons)

Concentration of clusters with high chronically missed children (refusals)

Extent of clusters that chronically have more than 5% children remained due to all reasons at end of campaigns.
Source: Admin data for Feb, Mar, Apr campaigns 2018.

Extent of clusters that chronically have more than 1% children remained due to refusal at end of campaigns.
Source: Admin data for Feb, Mar, Apr campaigns 2018.
Afghanistan
Community and household engagement through ICN

- Focus on reducing missed children during and in between campaigns
- Tracking chronically missed children
- Maintaining a register of households and under five children
- Promoting a broader package including routine immunization referral, hygiene and sanitation in between campaigns
- Identifying and tracking high risk populations

Immunization Communication Network (7,000, with focus on VHRDs)

South
- 125 local level (cluster) refusal resolution committees
- Religious scholars linking with local influencers for refusal negotiation

Results
- 6,813 refusal children vaccinated after cluster committee interventions
- 674 refusal children vaccinated after religious scholar interventions

South East
- 77 local level influencers supporting refusal negotiation

Results
- 12,105 refusal children vaccinated after influencer interventions

East
- 12 Swift Response teams for refusal negotiation
- Local level (cluster) refusal resolution committees with local influencers

Results
- 550 refusal children vaccinated after cluster committee interventions

Results from Jan – April 2018
Pakistan
Community Based Vaccinators reducing missed children

Recorded Refusals and Still Refusals in Pakistan NID April
Nigeria

Volunteer Community Mobilisers playing an important role in recovering missed children

April 2017-March 2018 (Polio High Risk States)

- Total No of missed children for 6 rounds: **270,040**
- Total No of missed children recovered: **217,218**
Syria Outbreak
Syria Outbreak Summary

74 cVDPV2 cases

Index
Onset 3 March 2017
Mayadeen district, Deir Ez-Zor governorate

Most recent case
Onset 21 September 2017, age: 5 months
Bokamal; district, Deir Ez-Zor governorate

76% of reported cVDPV2 cases had never received any routine OPV
DRC Outbreak
**DRC Outbreak**

- **First case onset**: 20 Feb 2017, Haut Lomami province.
  - Outbreak confirmed on May 8th, 2017.
  - Public health emergency of national concern declared 13 Feb 2018 by MoH

- **26 cases reported in four provinces**: Maniema, Haut Lomami, Tanganyika, Haut Katanga.

- **Most recent case** on 19 February, Kambove district, Haut Katanga province.

**Response undertaken**

- 5 SIAs with mOPV2
- One round planned in June covering a total of 34 Health Zones
GPEI Gender Analysis

• Gender analysis - how gender impacts **access** to and **provision** of vaccines → *GPEI Gender Technical Brief (2018) / polioeradication.org/gender*

• GPEI currently monitors and reports on 4 gender-sensitive indicators to track progress:
  ➢ Girls/boys reached in campaigns, # of doses received by girls/boys, surveillance timeliness, women’s participation as FLWs

• GPEI Gender Strategy being developed to support gender mainstreaming across the programme
  ➢ Gender baseline survey to all GPEI partners in June
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IPV supply: Improved but fragile

- All 35 countries have been offered supply
- Late 2019/early 2020 one new manufacturer to increase availability for 2020
- By end 2020 Supply sufficient to meet demand
- By 2022 sufficient supply to meet a two dose routine requirements in all 85 countries procuring through UNICEF
- GAVI Board discussion on-going on financial support for 2019-2020
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30 countries plan to retain poliovirus materials* in 99 PEFs

Includes WPV/cVDPV and OPV/Sabin
*for the WHO Region of the Americas and European Region, this includes poliovirus 1-3
Data reported by WHO Regional Offices as of 22 May 2018 and subject to change

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.
Certification of Eradication
Meeting of Chairs of GPEI advisory Bodies

• **Options appraisal document to be developed**
  – outline pros and cons of each option regarding requirements for certification of WPV eradication and relative impact on timeline and process.

• **Options**
  – Certification based on the interruption of WPV alone
  – Certification based on the interruption of WPV, with consideration of the context of ongoing or recent cVDPV outbreaks
  – Multi-phase process for certification of eradication, suggested as:
    • Step 1: Eradication of WPV
    • Step 2: Eradication of cVDPVs
    • Step 3: Certification of Containment of all PVs.

• **Options appraisal paper will be considered by GCC**
  – Careful consideration of the communications’ implications and impacts on certification of each of the options.
Priorities for the next six months

1. Gain access in Afghanistan and interrupt transmission
2. Sustain efforts in Pakistan and Interrupt transmission
3. Reach 100,000 children in Borno, Nigeria and Interrupt transmission
4. Stop cVDPV outbreaks in DRC, Somalia/Kenya
5. Continue to intensify surveillance in all at-risk areas
6. Build on WHA resolution to gain momentum with containment
Thank you