

Polio Eradication – Global update

Polio Partners Group Meeting, Geveva 8 June 2018

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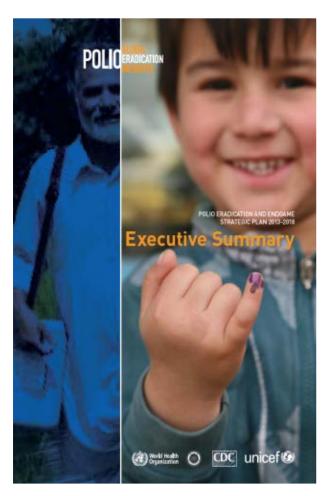






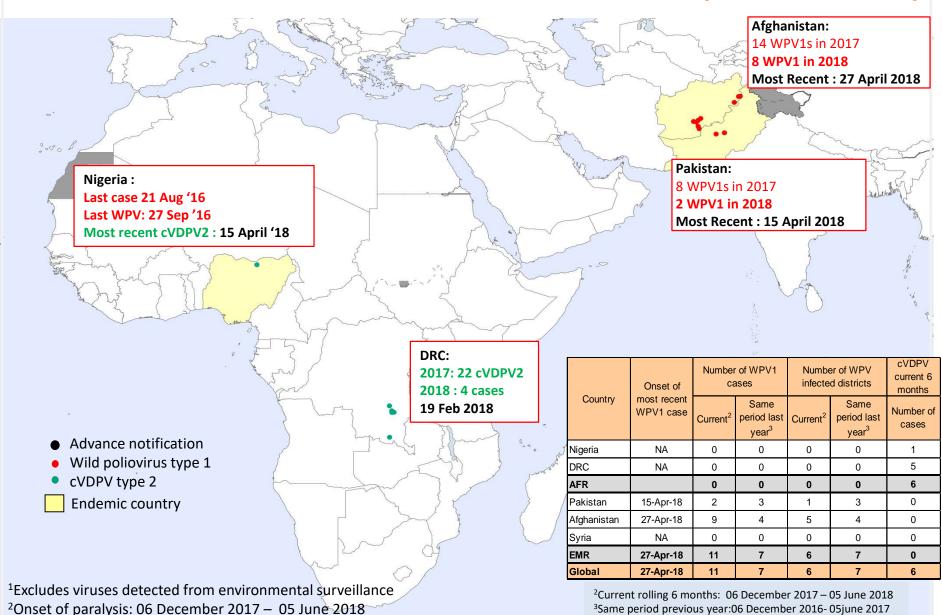
Polio Eradication and Endgame Strategy

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

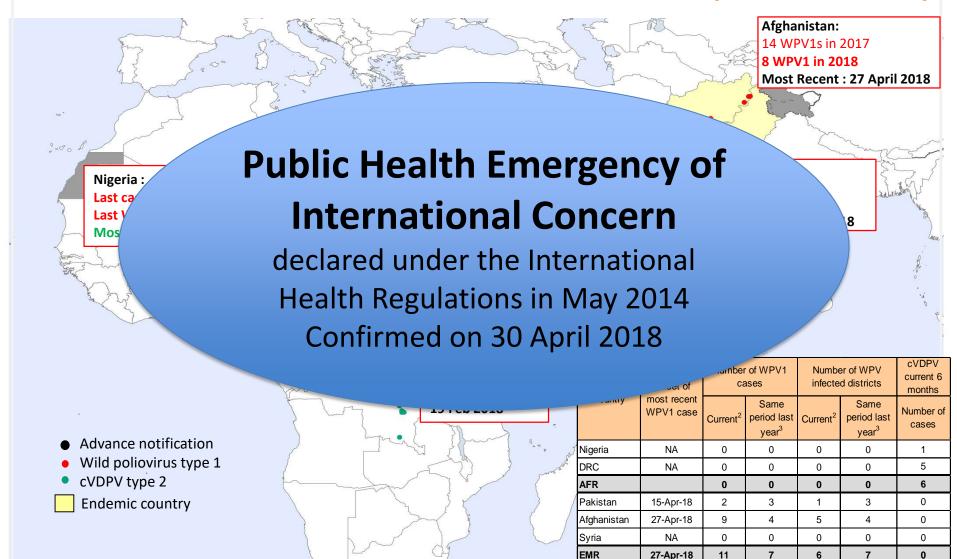




Global Wild Poliovirus & cVDPV Cases¹ (Past 6 Months²)



Global Wild Poliovirus & cVDPV Cases¹ (Past 6 Months²)



¹Excludes viruses detected from environmental surveillance

²Current rolling 6 months: 06 December 2017 – 05 June 2018

Global

27-Apr-18

³Same period previous year:06 December 2016-05june 2017

²Onset of paralysis: 06 December 2017 – 05 June 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

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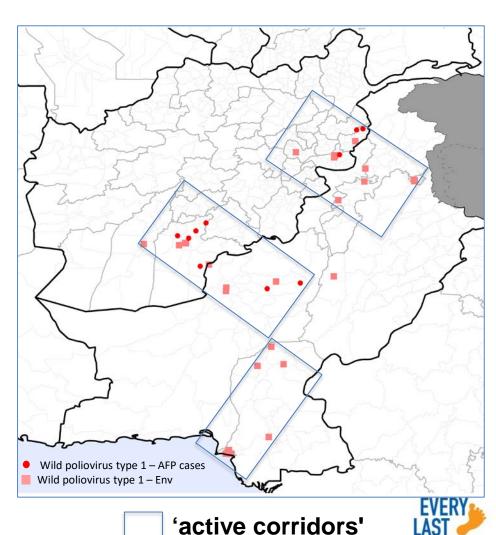
- Intensify advocacy to gain quality access including house-to-house access
- Strengthen Routine EPI (6 of 8 cases in 2018 had received 0 dose of vaccine)

Pakistan- Risks

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

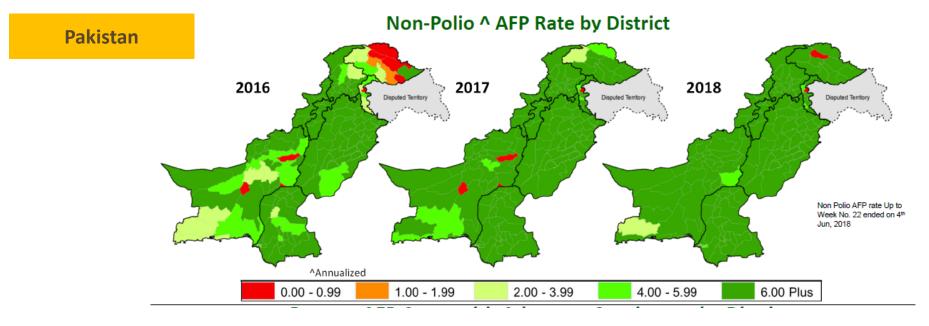
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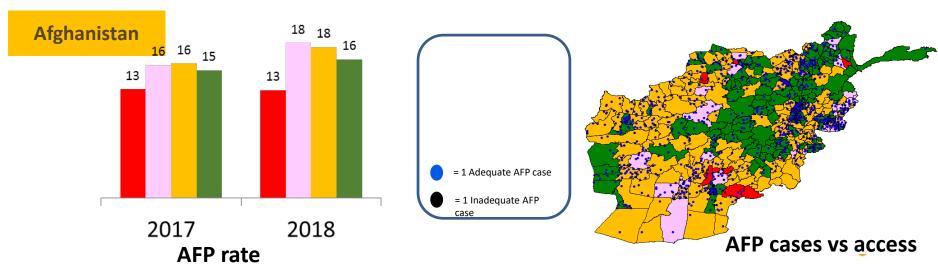
- Transmission persists in core reservoirs and in corridors
- Need to continue to invest in programme quality and communication
- Strengthening routine EPI a priority



*In ENV and AFP cases

Surveillance Remains strong





Nigeria and Lake Chad



Nigeria

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)

<u>Risks</u>

- 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

Inaccessible population Sep 17-Dec 17

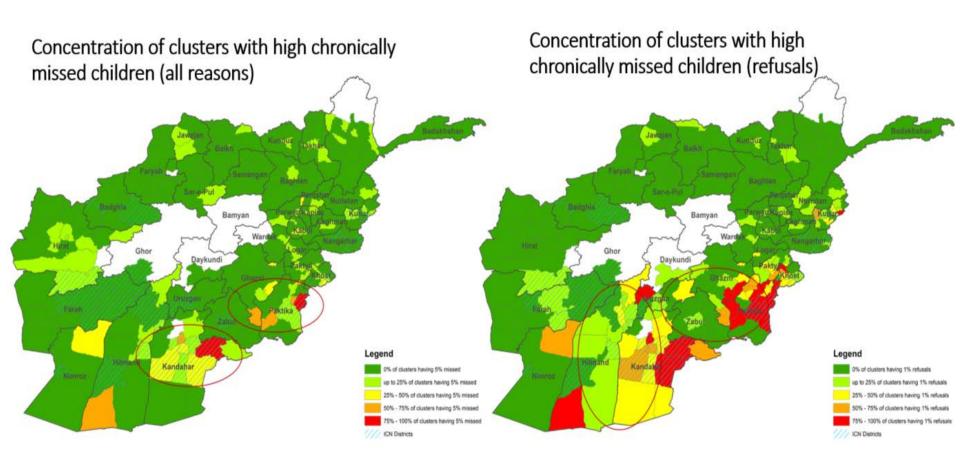


- Declining number of unreached or trapped population in Borno
- Strategies like RIC, RES & vaccination and profiling at transit points have contributed to the reduction in trapped population

Communication and Interrupting Transmission

Afghanistan

"Where are we chronically missing children?"



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)





- · 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



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

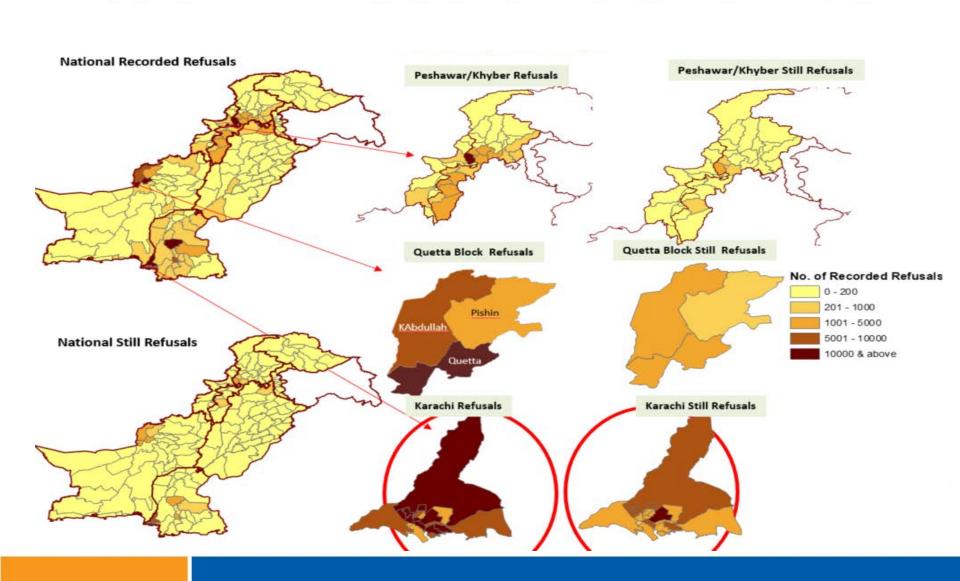
Results

 12,105 refusal children vaccinated after influencer interventions

Pakistan

Community Based Vaccinators reducing missed children

Recorded Refusals and Still Refusals in Pakistan NID April



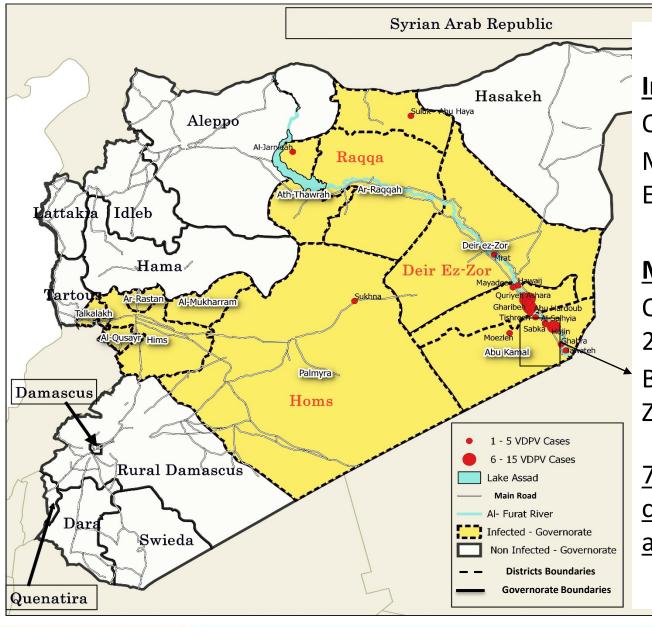
Nigeria

Volunteer Community Mobilisers playing an important role in recovering missed children



Syria Outbreak

Syria Outbreak Summary



74 cVDPV2 cases

<u>Index</u>

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

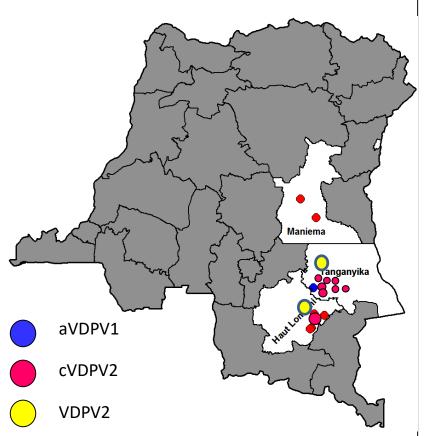
Most recent case

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



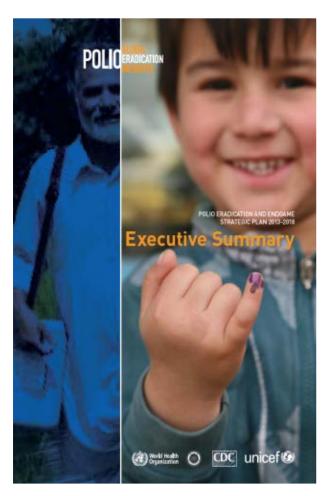
GPEI Gender Analysis

- 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 gendersensitive 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



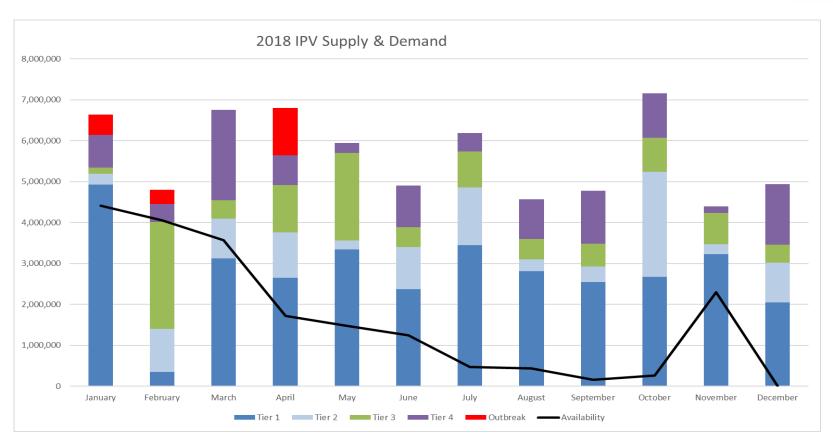
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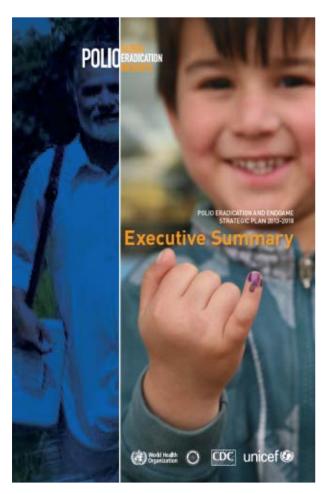
IPV supply: Improved but fragile



- 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

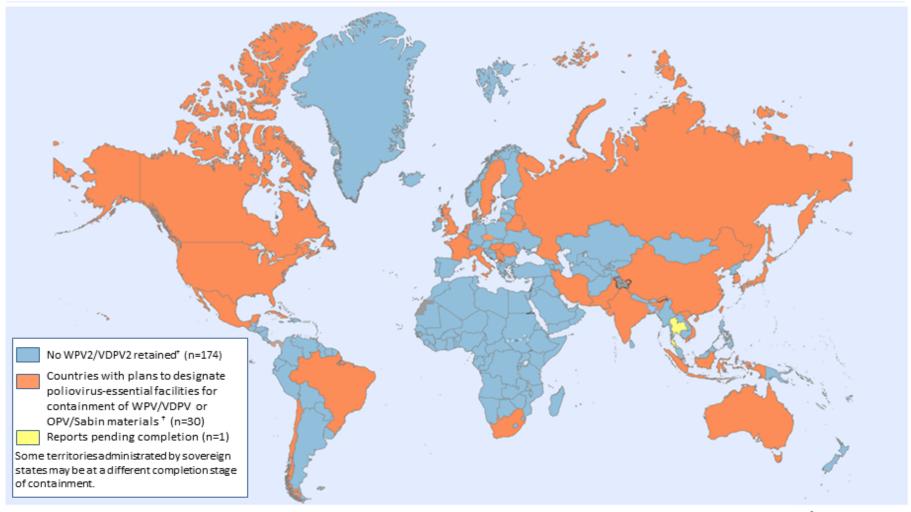
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30 countries plan to retain poliovirus materials* in 99 PEFs



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
- 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



