

Polio Eradication, Certification and Integration: the Endgame Strategy

PPG Meeting
December 3, 2018

Why a revised strategy?

- The Polio Eradication & Endgame Strategic Plan (PEESP) 2013-2018 was developed to guide the program to the anticipated goal of polio eradication with a cost of \$5.5B
- The PEESP was updated in 2015 after a mid-term review, and extended through 2019 and an additional \$1.5B
- Even though we continue to make progress, we have not stopped transmission in the endemic countries so the polio program will be extended to reach our goal of eradication
- A new budget for the period 2019-2023 was approved by the Polio Oversight Board in September 2018 to support the program's work
- GPEI will review current strategies and provide revisions and innovations required to achieve the eradication goal

Process and content

- We want the process to be transparent and inclusive, seeking stakeholder engagement to ensure political support and ownership
- The strategy will review and focus on the following categories:
 - Continue the functions that we will need to reach eradication
 - Assess these functions to ensure they are being performed optimally and make adjustments as needed
 - Identify any new activities and innovations
- GPEI will identify cost effective improvements or changes to the budget as needed
- WHO Executive Board and other partners informed of this process and this strategy will be noted for the WHA 2019 (as was done for the previous strategies)

Strategy outline

The strategy is currently being drafted and the key elements to be covered are:

- **A review of the current state**
 - Epidemiology in endemic countries
 - Outbreaks
 - Challenges and risks
- **Eradication**
 - Stopping transmission of the wild poliovirus
 - Preventing, detecting, and responding to outbreaks
- **Certification and Containment**
 - Certification: strategic process, challenges, priorities
 - Containment: what will be done and who oversees the work
- **Integration**
 - Collaborate with partners in their efforts to strengthen routine immunization and health systems
 - Sustaining sensitive poliovirus surveillance and integrating with comprehensive VPD/communicable disease surveillance systems
 - Collaborating with development and humanitarian partners to enable eradication, stop outbreaks and tackle emergencies
- **Cross-cutting Enabling Functions**
 - Governance & Management
 - Research
 - Budget & Finance
 - PCS Preparation

Eradication

- Objective 1 of PEESP (2013-19) is stopping transmission of WPV, but GPEI has also focused on introducing IPV, ensuring adequate vaccine supply, tOPV to bOVP switch, containment, and transition planning
- Need to re-focus and implement an emergency posture centered on endemic countries
- Ongoing key challenges: inaccessibility, persistently missed children, weak routine immunization, gaps in surveillance & monitoring
- The core pillars of eradication (e.g. surveillance, campaigns, immunization) are sound and should continue to be the cornerstone of eradication efforts
- New plan provides high level strategies which build on proven strategies, improvements to existing strategies and additional innovations

Global Certification Commission Oct 2018 Meeting

- **Certification of the eradication of the wild polio virus** will follow a sequential approach
- **The sequential approach:**
 - WPV type 3 eradication certification (after African region certification)
 - Certification of WPV1 eradication (~ 3 years after last WPV1 detection)
 - Validation of the absence of cVDPVs (after global OPV cessation)
- **The validation of the absence of cVDPVs** will only be possible after the total withdrawal of use of all oral polio vaccines
- **Key priorities**
 - Tracking current surveillance quality and supporting innovative surveillance strategies for inaccessible areas
 - Implement global containment strategies

Containment

- WHA Resolution 71.16 (2018) approved
- Short-term priorities
 - Strong communication advocacy strategy
 - Implementation of the potentially infectious materials (PIM) guidance and update of inventories
 - Verification mechanism of the data quality of inventories
 - Implementation of GAPIII – containment certification scheme
 - Training plan and workshops to strengthen auditing capacity of National Authorities for Containment

Integration

During the 2019-2023 period, GPEI is looking to build on synergies with other programs and health initiatives:

1. Collaborating with partners to achieve and sustain eradication and **to strengthen RI and health systems**
2. Sustaining sensitive **poliovirus surveillance** and **integrating with comprehensive vaccine preventable disease/communicable disease surveillance** systems
3. Collaborating with **development and humanitarian partners** to enable eradication, stop outbreaks and tackle emergencies

What is in the integration section?

- Aiming for a fundamental shift towards:
 - **Systematic** collaboration between GPEI and other health actors
 - **Clear accountability framework** defining where GPEI will play a lead, catalytic or supporting role
 - More **targeted interventions** prioritizing the multiply-deprived communities
 - Integrated approaches **supporting mutual gains** to active/sustain eradication and to protect populations
- **Capitalizing on polio's key strengths:** reaching the unreached, targeting the unvaccinated, demand generation, using data to drive program decisions, political advocacy
- **Maximizing efficiencies and cost sharing:** with clarity on funding source (GPEI, Gavi, GPW13)
- **Inclusiveness:** different models of cooperation appropriate to each country context, including leveraging links with the civil society organizations

Where does polio transition fit?

- The **scope of the “integration” section is broader than polio transition** (e.g. how to use existing polio resources/funding to strengthen RI)
- In May 2018, at the World Health Assembly endorsed the **“Strategic Action Plan on Polio Transition”** with three clear and interlinked objectives:
 - Sustaining a polio-free world
 - Strengthening immunization systems;
 - Strengthening emergency preparedness, detection and response
- Work is underway to **map out the interlinkages** between the three objectives of the Strategic Action Plan and the GPEI Strategy 2019/23 to ensure **collaboration and continuity**
- These interlinkages will be outlined in the new Strategy, as well as **GPEI’s specific accountability** in each part of this work.

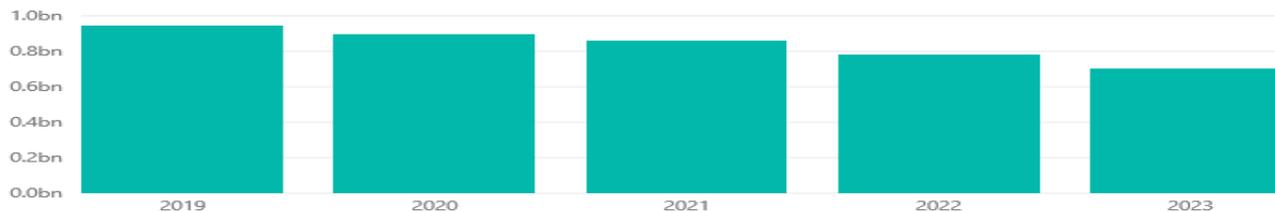
Multi-year GPEI Budget

- **Five year GPEI budget (2019-2023)**, based on expected interruption of transmission in 2020
- **Overall GPEI budget of \$4.2 billion**, including **\$3.27 billion of incremental costs** (from original \$7B)

GPEI 2019 – 2023 Multi-Year Budget Overview

Objective	2019	2020	2021	2022	2023	Total
Objective 1: Poliovirus detection and interruption	807,234,000	750,838,000	718,872,000	628,652,000	574,496,000	3,480,092,000
Campaigns - SIAs	328,308,000	299,802,000	286,030,000	234,802,000	187,767,000	1,336,709,000
Core functions & Infrastructure	161,028,000	149,168,000	141,145,000	125,205,000	119,430,000	695,976,000
Non-campaign immunization activities	100,762,000	93,950,000	92,365,000	91,263,000	90,391,000	468,731,000
Surveillance	217,136,000	207,918,000	199,332,000	177,382,000	176,908,000	978,676,000
Objective 2: Immunization systems strengthening and oral polio vaccine withdrawal	17,736,000	9,902,000	18,402,000	38,807,000	18,730,000	103,577,000
IPV Introduction	502,000	0	0	0	0	502,000
OPV Withdrawal - SWITCH	12,500,000	5,502,000	14,002,000	32,784,000	12,631,000	77,419,000
Technical Assistance	4,734,000	4,400,000	4,400,000	6,023,000	6,099,000	25,656,000
Objective 3: Containment and certification	9,501,000	9,501,000	9,501,000	9,501,000	9,501,000	47,505,000
Certification	2,650,000	2,650,000	2,650,000	2,650,000	2,650,000	13,250,000
Containment	6,851,000	6,851,000	6,851,000	6,851,000	6,851,000	34,255,000
Objective 4: Transition planning	4,818,000	4,539,000	3,409,000	2,842,000	2,712,000	18,320,000
Legacy	4,818,000	4,539,000	3,409,000	2,842,000	2,712,000	18,320,000
Outbreak-Emergency Operations	27,894,000	52,106,000	40,000,000	40,000,000	40,000,000	200,000,000
Outbreak-Emergency Operations	27,894,000	52,106,000	40,000,000	40,000,000	40,000,000	200,000,000
Other contingency and indirect costs	74,958,000	71,878,000	69,214,000	64,005,000	58,503,000	338,558,000
Contingency	10,000,000	10,000,000	10,000,000	10,000,000	10,000,000	50,000,000
Indirect	64,958,000	61,878,000	59,214,000	54,005,000	48,503,000	288,558,000
Total	942,141,000	898,764,000	859,398,000	783,807,000	703,942,000	4,188,052,000

Amount by Year



Multi-year GPEI Budget – Key Takeaways

- Endemic countries absorb half of the total budget
- SIA are the largest budget component
- Increased share of the budget for surveillance increases
- Continued ramp downs in low and medium risk countries
- Rapid drop-offs in budget for SEA Region, mostly India, post 2020
- IPV, Post-certification outside of GPEI Budget but within strategy and total estimated costs to achieve and sustain eradication
- Budget may need revision for new and intensified strategies

Multi-year GPEI Budget - Accepted Risks

- Reduced programs in Afghanistan, Pakistan only after transmission interruption; Nigeria earlier decline
- Some scaling back of SIA campaigns
- Faster drop-offs in budget for SEA Region, mostly India, post 2020
- Continued ramp downs in low and medium risk countries as they develop strategies, alternative funding sources to sustain essential functions
 - Cost of essentials functions will begin to shift onto WHO base budget starting in 2020-2021

Overview

2019-2023 Polio Cost distribution for WHO, PCS and IPV



	2019	2020	2021	2022	2023
■ Polio Eradication Estimate pre-MYB	\$500	\$400	\$300	0	0
■ Post-certification & IPV (non FRR)	0	\$170	\$170	\$409	\$351
■ GPEI MYB 2019-2023 for WHO (less base)	\$563	\$459	\$445	\$240	\$194
■ Post-MYB integration of key functions into base	\$2	\$81	\$80	\$219	\$219

High-level timeline

