

30 September 2015

Sir Liam Donaldson
Chair
Independent Monitoring Board

Dear Sir Liam,

In the year 2015, the Global Polio Eradication Initiative (GPEI) has achieved a number of important milestones, far along the rocky road towards ending poliovirus transmission everywhere. The last wild poliovirus case (WPV) was detected on the African continent over a year ago, and Nigeria has been removed from the list of polio-endemic countries. November will mark three years since type 3 WPV has been seen anywhere. And the Global Commission for the Certification of Poliomyelitis Eradication has concluded that type 2 wild poliovirus has been eradicated worldwide.

The GPEI continues to build confidence and support among donors, although this is now contingent on legacy planning as well as progress towards eradication. The GPEI enjoys strong support from WHO Member States, as evidenced by the adoption of the World Health Assembly resolution and country commitments to implement the endgame, including the fastest introduction of a new vaccine since the establishment of EPI, and the detailed plans country-by-country for near-simultaneous withdrawal of type 2 oral polio vaccine around the world. By December, inactivated polio vaccine (IPV) will be used in routine programs in 93 countries for the first time. New leadership in the AFRO region also represents a real opportunity to pursue a focused agenda to improve the quality of supplementary immunization activities and surveillance in order to reach certification for the region by 2017. A better staffed EMRO, is on a strong footing to help Pakistan and Afghanistan finally get rid of polio.

Nonetheless, significant challenges remain. Wild poliovirus transmission increased this year in Afghanistan, while in Pakistan – despite profound improvements to how that program is structured and managed – more time is required to see the benefit of their efforts to interrupt transmission. The continued spread of WPV1 from Afghanistan to Pakistan led the International Health Regulation (IHR) Emergency Committee to conclude in August of this year that the spread of poliovirus continues to be a Public Health Emergency of International Concern. The gains in Africa are also fragile, and will require a concerted effort to ensure that surveillance gaps are closed, immunization activities reach the most neglected children and political attention is sustained. Not surprisingly, given the difficulty of sustaining routine immunization, vaccine-derived polioviruses have emerged in three regions.

We believe that GPEI is better equipped than it was six months ago to respond to these challenges and finish the job. Following the GPEI Mid-term review, important action is underway to further strengthen surveillance, SIA quality, communications, strategic IPV use, and to target missed children in a more focused way. All regions are being provided with the tools necessary for top-of-the line outbreak preparedness and response. Additional surge support is being provided in several high-risk areas.

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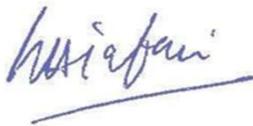
The partnership recognizes that more remains to be done to optimize how GPEI works and is managed. GPEI has improved its coordination, although this has been incremental rather than transformative. Recruitment of international experts to key management positions and attracting the right talent to the most difficult places in which to work remain critical challenges for the program. That said, we are offsetting this by developing a roster of consultants who can rapidly respond to polio needs, increasing the size and scope of STOP teams, and using innovative contracting arrangements.

Raising the additional \$1.5 billion needed to complete eradication will put our advocacy and fundraising efforts to the test. We are working to achieve the systematic excellence, consistent accountability, and better human resource systems that are needed to help us reach children in the last pockets on earth where the virus persists.

Our goal for the next 12 months is to interrupt poliovirus transmission in Afghanistan and Pakistan in 2016, while we also advance the end-game and launch key components of our legacy strategy. Our focus in Africa will be to sustain recent gains through high quality immunization activities, stronger surveillance, vigilance and risk mitigation, and through advocacy to sustain unwavering political commitment in high risk countries especially. We will continue to strengthen responses to VDPV outbreaks wherever they arise.

The enclosed slides describe the progress and challenges for the GPEI, as we strive to make 2016 the last year in which any child, anywhere, is paralysed by wild poliovirus. We have tried to set out our position clearly and frankly, and look forward to discussing it with you.

Yours sincerely,

A handwritten signature in blue ink, appearing to read "Hamid Jafari", with a horizontal line underneath.

Dr Hamid Jafari
Chair
On behalf of the Strategy Committee