



## Summary of key messages

The Independent Monitoring Board (IMB) was convened at the request of the World Health Assembly to monitor and guide the progress of the Global Polio Eradication Initiative's 2010-12 Strategic Plan.

This is a graphical synopsis of the IMB's sixth report. The full report is available at [www.polioeradication.org/imb.aspx](http://www.polioeradication.org/imb.aspx)

## Global polio transmission will not be stopped by end-2012, but this year has brought the world a great stride closer to that goal

The Global Polio Eradication Initiative aimed to stop global polio transmission by the end of 2012. It is now certain to fail. That said, there has been substantial progress this year. There have been 175 polio cases worldwide so far in 2012: half the number of 2011, and less than 0.1% of the 350,000 cases in 1988 (the year when the GPEI began). Just 0.2% of the Earth's land surface area is now infected with polio. The end of 2012 will not bring the end of polio, but we may now be seeing the polio virus make its last stand.

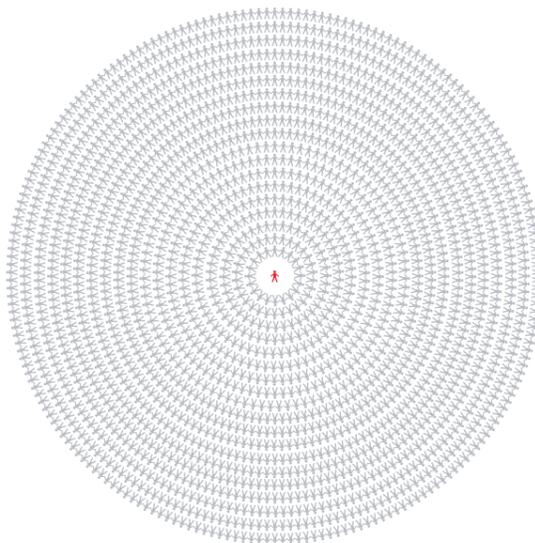
**India** has been removed from the list of polio endemic countries: a great achievement in the history of global public health. **Angola** and **DR Congo** have not had a polio case for over 10 months. **Chad** has reported only five cases this year. All four remain vulnerable to future polio importations and outbreaks: surveillance must be sensitive, and immunisation coverage high.

The Programme in **Pakistan** has improved significantly: less than half the number of polio cases this year than last. This trajectory of improvement must continue. The potential disruption of upcoming elections is of grave concern.

**Afghanistan** has recovered from a spike in polio cases in 2011 but has a lot more work to do. The rate of improvement is slow. The basic management challenges are clear. The solutions are written down, but need more speedy implementation.

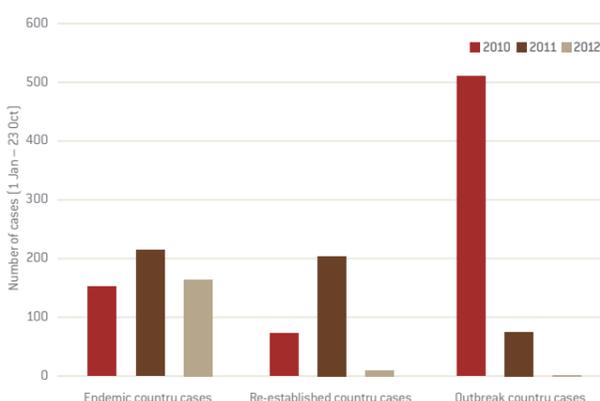
**Nigeria** has hosted over half the world's polio cases this year. It has reported more than twice as many cases in 2012 as it did in 2011. Cases are concentrated in a small number of Local Government Areas (LGAs). The power to eradicate polio from Nigeria now rests particularly with LGA Chairmen and Traditional Leaders. National & State Government, and GPEI Partners, must do everything to support them. There are green shoots suggesting that Nigeria's Polio Programme is improving. These need rapidly to bloom, otherwise Nigeria will re-infect other countries as it has done before.

Figure A. Polio's last stand?



▲ = 350,000 cases in 1988 ▲ = 175 cases in 2012 (year to date)

Figure B. The hard core challenge: re-established transmission and outbreaks are almost at zero but endemic country cases have barely changed



## Further programme improvements are needed to maintain the pace of improvement in 2013: recommendations

The IMB report makes ten recommendations, which are summarised here:

- Any child or adult travelling out of Afghanistan, Nigeria and Pakistan should be certified as vaccinated against polio, to reduce the substantial risk of the virus spreading to polio-free countries. A standing recommendation under the International Health Regulations should be issued by May 2013.
- Extensive country action plans are impressive but priorities unclear. The upcoming low transmission season is a golden opportunity. Country programmes should list no more than five priority goals that they will achieve by the end of April 2013 – and communicate these to all their staff.
- Can too many vaccination campaigns mean not enough time for between-campaign improvements? An urgent analysis should be commissioned to find the answers.
- Parental demand for the vaccine would transform the Programme. Currently parents do not have a voice within the Programme's power structures. Every endemic country district-level task force should include a parent, representing parents of the community.
- Too many communities see polio vaccination as an imposition with no benefit: yet they are in desperate need of other services. To increase polio vaccine uptake and improve health,

every opportunity should be taken to 'pair' polio vaccine with other benefits.

- Vaccine supply is vital, but has recently been disrupted. Manufacturers have a great responsibility. The IMB requests a report on vaccine supply at all future meetings.
- Learning from polio eradication is a vital and distinct part of the Programme's legacy. Other health initiatives can gain a lot from the polio experience. Capturing this learning must be accelerated – with minimal disruption to current work.
- Whilst the Programme is right to focus on stopping transmission in the remaining four polio-affected countries, it must not lose sight of vulnerabilities elsewhere in the world. An intensive 'Polio Watch' should be established in the highest risk countries and an action plan drawn up to improve surveillance and vaccination coverage.
- It is vital that India maintains its polio-free status. To ensure the readiness of emergency response plans, a simulation exercise should be conducted in 2013.
- The establishment of an Emergency Operations Centre in Nigeria to support the current response is welcome and a great opportunity to bring all expertise to bear. A live audiovisual feed should be broadcast online with a facility for the world's polio experts to provide input.

## Polio's Last Stand? Only if the next Strategic Plan is up to the job

Despite strong progress over the last twelve months, the Programme must not lose sight of the facts: it promised it would stop polio transmission globally by now, and has failed to do so. The '2013-18 Endgame Strategic Plan' must learn the lessons of the past, standardise the use of best practise, and tackle those previously neglected hardcore challenges that stand in the way of eradication. It must be a once-in-a-generation plan if it is to fulfil a once-in-a-generation opportunity.

Vital to this plan will be:

A convincing business case for a US\$5.5 billion investment: based on robust, transparent and peer-reviewed evidence and setting out the full benefits that eradication will bring.

Clear terminology ('endgame', 'legacy' and 'eradication')

An unambiguous statement on the relationship between routine immunisation and the GPEI.

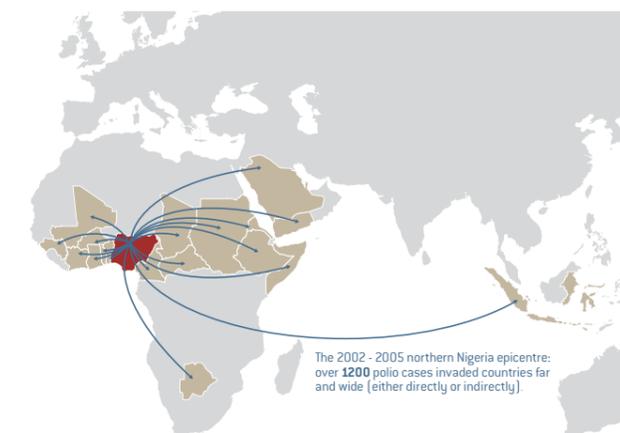
Contingency planning - rapid implementation of 'Plan A' but preparations for different potential scenarios.

Clarity on the provenance, governance and accountability of the new Strategic Plan: the endemic countries must be key owners of the plan, governance should be sharpened, approval processes must be crystal clear.

A focus on delivery, not aspirational goals: tracking progress towards the eradication goal is vital if the Programme is to rapidly judge where improvements are required.

Not diluting the focus on interrupting polio virus transmission. Activities in the new Strategic Plan will require a broadening of both geography and scope – but this must not dilute the energy available to stop the virus.

Figure C. A warning from history: how the polio virus escaped the GPEI



The poliovirus may be making its last stand. But success is far from assured.

There is one magic ingredient that is still missing in the remaining endemic countries – absolute ownership: from parents demanding the vaccine and from local leaders grasping the challenge of wiping polio from their areas. National pride is at stake if absolute ownership is not realised.

The GPEI's new Strategic Plan must be very different to its predecessors. It must address human factors as strongly as technical factors. It must rigorously establish the case for why polio must and can be eradicated, and how this will be achieved. It must draw in everybody in the world who can help ensure that this really is polio's last stand.