

Dear Colleagues:

On 25 September 2015, the Polio Oversight Board (POB) held its in-person meeting hosted by Bloomberg Philanthropies in New York City, on the margins of the United Nations Sustainable Development Summit. (See <http://bit.ly/1WobJTh> for meeting summary). Significant progress has been made in polio eradication, particularly in the African region; Afghanistan and Pakistan remain the only two countries in the world where polio transmission has never stopped. We must build upon the momentum gained in Africa to accelerate efforts in Afghanistan and Pakistan to achieve polio eradication. We need to take full advantage of the low transmission season from January to April 2016 and do everything possible to extinguish polio's final reservoirs.



Since India got over the finish line in 2011, Africa, particularly Nigeria, has been a major focus to end polio. During the POB meeting on 25 September, the World Health Organization (WHO) Director General, Dr. Margaret Chan, announced that Nigeria had been removed from the WHO list of polio-endemic countries. This is the first time in history that Nigeria has interrupted transmission of wild poliovirus, and it brings the African region closer to being certified polio-free. Building on this momentum, the region is focused on rapidly responding and stopping outbreaks of circulating vaccine-derived poliovirus and strengthening surveillance systems to confirm and validate that zero case reporting truly means zero cases. The WHO Regional Office for Africa, represented at the POB meeting by the new Regional Director Dr. Matshidiso Moeti, in collaboration with countries and Global Polio Eradication Initiative (GPEI) partners, is working to address gaps in surveillance and population immunity by conducting reviews of national surveillance systems and expanding environmental surveillance. The lessons learned by the program in Africa are being used to inform eradication efforts in Afghanistan and Pakistan.

Afghanistan and Pakistan must overcome challenges: polio transmission among travelers between Afghanistan and Pakistan must be stopped, the quality of supplementary immunization activities needs to continue to improve, and the number of children not vaccinated must continue to be reduced. Eliminating poliovirus transmission is possible in both countries through accelerated efforts to improve coordination and collaboration, particularly in communities on the border and at border crossing points. Both Pakistan and Afghanistan developed comprehensive national emergency action plans with clear strategies, based on scientific evidence and lessons learned, to interrupt transmission in 2016.

Pakistan has established a national and several provincial emergency operations centers (EOCs) to coordinate polio response activities and has strengthened staff capacity to detect and respond in high-risk districts. EOC coordinators interact daily with the highest government officials, including the Prime Minister, and the Government of Pakistan uses its National Emergency Action Plan to coordinate with

international partners and provinces. The paradigm of achieving polio eradication in Pakistan has shifted from focusing on vaccination coverage to focusing on missed children. To reach missed children, Pakistan is using novel approaches such as transit and cross-border vaccination, targeted health camps, introduction of inactivated poliovirus vaccine, and comprehensive microplanning revision and validation. Pakistan is also strengthening surveillance and expanding community-based vaccination, but is facing a U.S. \$311 million funding shortage for its 2016-2018 polio eradication activities. Pakistan has reached out to key partners and donors to request funding assistance.

Afghanistan has relied heavily on supplementary immunization activities to deliver vaccines to children. Some children were missed due to ongoing conflict and insecurity; however, most missed children live in accessible areas. These children are often not reached due to failure to plan, implement, and supervise quality immunization activities. Afghanistan's National Emergency Action Plan includes strategies for detailed microplanning and supervision of immunization activities and addresses how to reduce the number of missed children. To rapidly accelerate interrupting transmission, Afghanistan needs to ensure that the EOCs at the national level and in the critical regions are fully functional to improve overall coordination and oversight of polio eradication activities. Afghanistan's political leaders and GPEI partners are working together toward this effort. To prevent and detect cross-border transmission, Afghanistan and Pakistan are working to conduct synchronized vaccination campaigns and to share information on virus circulation. Afghanistan established a requirement that all travelers younger than five years of age entering the country from Pakistan must receive the polio vaccine. At certain border points between Afghanistan and Pakistan, all travelers under ten years of age are being vaccinated to protect refugee populations who have a history of missed vaccinations.

The four-month low transmission season is a narrow window of opportunity. We must maintain our momentum in this marathon—staying focused on continuous improvement and accelerated efforts to end polio once and for all.

Thank you for what you do to protect the world's children.



Thomas R. Frieden, MD, MPH
Director, U.S. Centers for Disease Control and Prevention
Chairman, Polio Oversight Board

