



24 October, 2017

Sir Liam Donaldson  
Chair  
Independent Monitoring Board

Dear Sir Liam,

The IMB June 2017 report entitled “Every last virus” provided strong, operational recommendations and summarized both the progress and continuing challenges within the GPEI programme from the frontline to the global level. The GPEI programme continues to address concerns regarding the quality and authenticity of surveillance data, missed children in Pakistan and Afghanistan, and persistent inaccessibility in Nigeria, to improve programme quality in innovative ways.

For the IMB consideration for the upcoming meeting, I attach two slide decks: 1) GPEI full report on the programme current status; and 2) an update of polio surveillance. Also enclosed is an update on the actions taken in response to the IMB last set of recommendations.

The Pakistan and Afghanistan epidemiological block continues to demonstrate progress; to date in 2017, five and seven wild poliovirus type 1 (WPV1) cases have been reported from these two countries, respectively. In Peshawar, no WPV cases have been reported in 2017 and no WPV has been isolated from environmental samples for over three months. Despite epidemiological progress and operational improvement, however, significant challenges remain. Transmission of WPV continues in the southern corridor (Quetta-Kandahar block) and Karachi, and recent detection of WPV1 in Nangarhar province also indicates ongoing low-level transmission.

Community-based vaccination continues to play a pivotal role in improving quality of SIAs in high-risk districts of both countries. That said, the programme has yet to achieve and maintain the level of vaccination coverage required to stop transmission fully.

In response to the 2016 WPV1 and cVDPV2 outbreaks in Borno state of Nigeria, large-scale, coordinated SIAs were implemented. The last WPV reported from any source on the African continent was in September 2016 - over a year ago. The gains in Nigeria and the Lake Chad countries, however, are still fragile, particularly due to insecurity in Borno and parts of the Lake Chad countries. It is estimated that approximately 200,000 children have not been reached for vaccination in the security-affected areas in Borno where surveillance is severely compromised. GPEI, along with national counterparts, is implementing several initiatives and supplemental strategies to ensure that immunization activities reach these inaccessible areas/populations, and

that surveillance gaps are minimized in Nigeria and Lake Chad. These activities, which have great importance and urgency for Africa being certified polio-free, are highlighted in the attached GPEI report. Sustained political and financial support is critical for continuous quality improvement in Nigeria.

Outbreaks of circulating type 2 vaccine derived poliovirus (cVDPV2) and emergence of new VDPV2 are of increasing concern as type 2 immunity continues to decline globally. Since the withdrawal of type 2 OPV in 2016, six cVDPV2 outbreaks have been reported from four countries (Nigeria, Pakistan, DRC and Syria). The responses have used monovalent OPV type2 (mOPV2) and targeted IPV SIAs. No cVDPV2 has been reported from Pakistan since December 2016, and the last cVDPV2 in Borno and Sokoto were reported in August and November, 2016, respectively. Intense cVDPV2 transmission, first identified earlier in 2017, continues in Syria, although all cases thus far have had a date of onset before the last campaign. Two mOPV2 rounds were conducted in Deir Ez-Zor and Al Raqqa. Outbreak response is ongoing in two provinces of DRC (Haut Lomami and Maniema), from which nine cases of cVDPV2 were reported; two rounds have been conducted and two more rounds are being planned for the last quarter of 2017. DRC also reported a VDPV1 event from Tanganyika.

Strengthening budgeting practices and monitoring the implementation of activities have led to more effective and responsive financial management. While continued transmission of WPV and VDPV2 in the latter half of 2017 means further constraints to the overall program funding, GPEI is intensifying its efforts for cost-savings and increased value for money invested.

A tender for bOPV supply through OPV cessation has been issued by UNICEF, and the current shortage in IPV supply has eased. All 35 affected countries will be able to incorporate one dose of IPV into their immunization programs by Q1 2018.

We look forward to the upcoming meeting in London and the opportunity for further discussion of our remaining challenges. Please let us know if you or your colleagues require any additional information in advance of the meeting.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'M. Zaffran', written over a light blue horizontal line.

Michel Zaffran  
Chair  
On behalf of the Strategy Committee