



Ending Polio

Humanity is on the verge of one of the greatest public health achievements in history – eradicating polio. The Global Polio Eradication Initiative (GPEI) has reduced polio cases by 99.9% since 1988, bringing the world closer than ever before to ending polio for good. This means a world in which every child would be safe from the paralysis caused by the virus, and no family would ever have to bear the emotional and financial costs of polio again. With sustained political and financial commitment to protect every last child, we can seize this chance to end the virus forever.

SHRINKING THE MAP: POLIO-ENDEMIC COUNTRIES



Polio Today

Virus Cornered

- **Today, polio exists in the smallest geographic area in history.** The world has not experienced any outbreaks of wild poliovirus outside the three polio-endemic countries – Afghanistan, Pakistan and Nigeria – since August 2014.
- **In 1988, there were 350,000 annual cases of wild polio virus from 125 countries. In 2017, there were 22 wild poliovirus cases reported in only two countries -** Pakistan and Afghanistan. Nigeria has not seen a case since 2016.
- **Only one of the three wild poliovirus strains appears to survive.** Wild Poliovirus Type 2 (WPV2) was certified eradicated in 2015, and there has not been a case of Wild Poliovirus Type 3 (WPV3) detected since 2012.

Programme Achievements

- **India, once described as the most challenging place in the world to end polio, has not seen a polio case since 2011.** This incredible achievement paved the way for the World Health Organization’s South-East Asia Region, home to 1.8 billion people, to be certified polio-free in March 2014.
- **In 2016, the programme achieved the largest and fastest vaccine rollout in history.** In a matter of weeks, 155 countries and territories successfully removed the polio type 2 strain from the oral polio vaccine (OPV), made possible by the eradication of WPV2, as the first step of the eventual phase-out of OPV.
- **The tools, infrastructure and knowledge developed to eradicate polio have been used to fight every vaccine-preventable childhood disease, tackle Ebola, deliver malaria prevention tools and improve disease surveillance worldwide.** Through the delivery of vitamin A supplements alone, the programme has helped to prevent more than 1.5 million deaths.



A Unique Partnership to End Polio

The GPEI is a public-private partnership led by national governments with five major partners – the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC), UNICEF and the Bill & Melinda Gates Foundation. This coalition unites frontline health workers, governments, donors and global leaders behind the vision of a world where children are forever safe from the threat of polio.

Protecting Gains

- **If we don’t end polio now, we could see a resurgence of up to 200,000 cases annually within a decade.** The world could also risk losing the **US\$50 billion in estimated savings** that eradication would generate over the next 20 years.
- **To protect global progress, the programme vaccinates more than 400 million children across 60 countries every year, and conducts disease surveillance in more than 70 countries.** Since 2001, there have been wild polio outbreaks in 41 countries that were previously polio-free. While each outbreak has been stopped, each one is a reminder that as long as polio exists, every country—and every child—is at risk.
- **Through its surveillance, the programme investigates more than 100,000 suspected cases of polio each year** using a community reporting network. It has also expanded environmental sewage testing to help vaccination campaigns target areas where the virus is circulating even before any child shows symptoms of polio.

Tackling the Remaining Risks

Pakistan and Afghanistan: Progress in Polio's Most Challenging Region

- **Pakistan and Afghanistan have made impressive gains toward ending polio** in a region challenged by insecurity and population movement across the countries' shared border. Each country has developed a **National Emergency Action Plan** and operates **Emergency Operations Centres (EOCs)** to improve programme quality and oversight. Vaccinators are **reaching more children at border and transit points**, and the programme has increased the use of locally recruited – mostly female – social mobilisers to vaccinate children in the highest-risk communities.
- **Since 2014, Pakistan has reduced polio cases by more than 97% and greatly expanded its surveillance network.** Today, 95% of children in Pakistan are being reached with the polio vaccine, compared to 75% in 2014. While the country saw a record-low eight cases of wild poliovirus in 2017, nationwide surveillance indicates that the virus continues to circulate in the environment.
- **Afghanistan has seen an 80% drop in wild poliovirus cases since 2011, but these gains remain fragile.** The programme has used a range of interventions – including vaccinating during brief windows of opportunity in conflict areas, collaborating with religious and community leaders, and implementing strategies in coordination with Pakistan to reach mobile populations – to cut the number of children missed during vaccination campaigns from over 300,000 in a January 2017 campaign to approximately 60,000 in a March 2018 campaign.
- **To rid the region of polio, these countries must increase access in hard-to-reach areas and among mobile populations, while continuing to improve surveillance and expand community engagement.** These efforts, along with synchronised national immunisation campaigns, will be critical to stopping transmission.

Nigeria: Keeping the Virus at Bay

- **The detection of wild polio in Nigeria in July 2016 after two years without detecting a case** was a sobering reminder of the complex challenge of eradicating polio, especially in areas with ongoing humanitarian crises and faltering health systems.
- **In response to the outbreak, the GPEI vaccinated up to 57.9 million children** to protect them from the disease and raise population immunity across the country.
- **Vaccinators are steadily reaching more children than ever**, by engaging local communities and vaccinating at strategic locations such as markets, cross-border points and camps for internally displaced people. As a result of these strategies, the number of inaccessible children in Borno State has been reduced from 500,000 in 2016 to approximately 104,000 in early 2018.
- **In addition to vaccinating children in inaccessible areas, Nigeria must maintain strong political leadership, maximise quality of vaccination campaigns, and strengthen surveillance and routine immunisation services.**

Stopping Circulating Vaccine-Derived Poliovirus (cVDPV)

- **In extremely rare cases, the live weakened virus originally contained in the oral polio vaccine can mutate into a paralyzing form of the virus and spread, causing cVDPV.** Immunisation rates must remain high everywhere to protect against wild poliovirus and cVDPV.
- **In 2017, outbreaks of cVDPV type 2 paralysed 74 children in Syria and 22 children in the Democratic Republic of Congo (DRC)** – countries where conflict and weak health infrastructure have hampered the programme's access to children.
- **The programme continues to respond swiftly to cVDPV outbreaks.** In 2017, the programme immunised almost 800,000 children in Syria. These outbreaks demonstrate why it's critical to maintain strong disease surveillance and ensure all children are vaccinated.



Planning for a Polio-Free World

- **While focused on eradication, the programme is also planning ahead for how to sustain a polio-free world.** Wild poliovirus can be certified as eradicated three years after the last detection of transmission worldwide. When this occurs, the GPEI will be dissolved and new actors will maintain certain essential activities – including vaccination, surveillance and containment of existing poliovirus samples – to ensure that the world remains polio-free. The GPEI outlines these core activities in the Post-Certification Strategy.
- **After certification, much of the polio programme's knowledge, tools and infrastructure can go on to benefit other health initiatives.** As polio funding ramps down, countries are identifying alternative resources to maintain these assets so they can be used for routine immunisation, surveillance of vaccine-preventable diseases and the delivery of primary healthcare – the main priority areas identified in the country transition plans. The GPEI is supporting countries as they plan for this transition.