Welcome!

We will begin at 6 am PST/9 am EST/3 pm CEST
Welcome to the Polio Partners Group Meeting
21 April 2022 from 15:00-17:00 CEST

As you join the meeting

• Please ensure you are muted unless speaking to avoid background noise
• So that we know who is who, please make sure your name follows the ‘ORGANIZATION / FIRST NAME LAST NAME’ naming convention.
  o To change your name, click on the “Participants” button at the top of the Zoom window.
  o Next, hover your mouse over your name in the “Participants” list on the right side of the Zoom window. Click “Rename.”
  o Enter your ‘ORGANIZATION / FIRST NAME LAST NAME’ (e.g., “WHO / John Doe”) and click “OK.”

During the meeting

• Use the chat feature to ask questions and communicate with your fellow participants. You can make your questions “to everyone” or send them privately to the Moderator.
• Use the raise your hand button, if you’d like to ask a question
  o Click on the icon labelled “Participants” at the bottom centre of your screen
  o At the bottom of the window on the right side of the screen, click the button labelled “Raise hand”
  o If you want to lower your hand, lower it by clicking on the same button, now labelled “Lower hand”
Polio Partners Group Meeting Agenda

(all times in Central European Time)

15:00 – 15:10: Welcome and introductory remarks (PPG Co-Chairs: Dr. Linda Venczel and Ambassador Marc Bichler) – 10 minutes

15:10 – 15:55: Polio Eradication Situation Update (Dr. Modjirom Ndoutabe & Dr. Fazal Ather) + Discussion – 45 minutes

15:55 – 16:05: Bob Keegan Heroes Fund Presentation (Susanne Salehi & Helene Erenberg) + Q&A – 10 minutes

16:05 – 16:45: Panel on Sustainable Financing & Flexible Funding for Polio Eradication (Bjorn Kummel & Aidan O’Leary) + Discussion – 40 minutes

16:45 – 16:55: Programmatic and Strategic updates (Sir Liam Donaldson) – 10 minutes

16:55 – 17:00: Co-Chairs’ Statement and Closure of meeting (PPG Co-Chairs) – 5 minutes
Presentations
Context

- Two endemic countries for WPV1
- Seven polio outbreak/event countries

The heaviest emergencies burden in WHO Regions

- Multiple countries with health emergencies (13 Graded emergencies); 3 Grade 3 and 7 Grade 2; All of 4 World Bank’s high intensify conflict countries; Source of 64% of world’s refugees; 21 major outbreaks in 2020-2021
Polio Endemics - WPVs

Pakistan and Afghanistan
WPV1 isolates, 2021 – 2022*

Human = 5
PAK=01 AFG=04

Environment = 66
PAK=65 AFG=01

Human = 1
PAK=0 AFG=01

Environment = 0
Status of Environmental Samples

Afghanistan

Pakistan

Other = aVDPVs / VDPVs (any of mixture with wild is counted in WPV)
Outbreak /Events - cVDPVs

EMRO Region
Yemen: VDPV2 Cases By Region, 2020 - 2022

North
- Jan 20: 2 cases
- Feb 20: 4 cases
- Mar 20: 6 cases
- Apr 20: 8 cases
- May 20: 10 cases
- Jun 20: 12 cases
- Jul 20: 14 cases
- Aug 20: 16 cases
- Sep 20: 18 cases
- Oct 20: 20 cases
- Nov 20: 22 cases
- Dec 20: 24 cases
- Jan 21: 26 cases
- Feb 21: 28 cases
- Mar 21: 30 cases
- Apr 21: 32 cases
- May 21: 34 cases
- Jun 21: 36 cases
- Jul 21: 38 cases
- Aug 21: 40 cases
- Sep 21: 42 cases
- Oct 21: 44 cases
- Nov 21: 46 cases
- Dec 21: 48 cases
- Jan 22: 50 cases
- Feb 22: 52 cases
- Mar 22: 54 cases

South
- Jul 20: 6 cases
- Aug 20: 8 cases
- Sep 20: 10 cases
- Oct 20: 12 cases
- Nov 20: 14 cases
- Dec 20: 16 cases
- Jan 21: 18 cases
- Feb 21: 20 cases
- Mar 21: 22 cases
- Apr 21: 24 cases
- May 21: 26 cases
- Jun 21: 28 cases
- Jul 21: 30 cases
- Aug 21: 32 cases
- Sep 21: 34 cases
- Oct 21: 36 cases
- Nov 21: 38 cases
- Dec 21: 40 cases
- Jan 22: 42 cases
- Feb 22: 44 cases
- Mar 22: 46 cases

Number of AFP Cases
- cVDPV1
- cVDPV2
- cVDPV2+aVDPV1
- VDPV2

North: Nov 20 (only Saada)
- Nov 20: 10 cases
- Dec 20: 12 cases

North: Mar 21 (only Saada)
- Mar 21: 14 cases
- Apr 21: 16 cases
- May 21: 18 cases
- Jun 21: 20 cases

North: May 21 (Northern part)
- May 21: 22 cases
- Jun 21: 24 cases
- Jul 21: 26 cases
- Aug 21: 28 cases
- Sep 21: 30 cases
- Oct 21: 32 cases
- Nov 21: 34 cases
- Dec 21: 36 cases
- Jan 22: 38 cases
- Feb 22: 40 cases
- Mar 22: 42 cases

South: Jul 20 (Southern part)
- Jul 20: 8 cases
- Aug 20: 10 cases
- Sep 20: 12 cases
- Oct 20: 14 cases
- Nov 20: 16 cases
- Dec 20: 18 cases
- Jan 21: 20 cases
- Feb 21: 22 cases
- Mar 21: 24 cases
- Apr 21: 26 cases
- May 21: 28 cases
- Jun 21: 30 cases
- Jul 21: 32 cases
- Aug 21: 34 cases
- Sep 21: 36 cases
- Oct 21: 38 cases
- Nov 21: 40 cases
- Dec 21: 42 cases
- Jan 22: 44 cases
- Feb 22: 46 cases
- Mar 22: 48 cases

South: Feb 22
- Feb 22: 10 cases
- Mar 22: 12 cases

South: Mar 22
- Mar 22: 14 cases

Every Last Child

tOPV
bOPV
Egypt: VDPV2 detected in Environmental samples, 2020 - 2022

- cVDPV2
- aVDPV2
- VDPV2

Round 1: 28-Feb to 3-Mar, 2021
Round 2: 28-31 March
Mop-Up: 29 May to 30 June 2021

New Emergence: 14 Apr - 13 May 2022

Mop-Up: 19 - 22 Dec, 2021
Somalia: the most stubborn cVDPV2 in the world
Lessons learned

• MOH leadership commitment key to speed of readiness.

• Other factors:
  – WR involvement
  – UNICEF CO support
  – Regional CST and review team

All of 8 prioritized countries verified by global verification committee.
Two countries implemented two nationwide campaigns (Egypt and Djibouti – no major AEFI/AESI so far
Polio Transition

• Six EMR countries have transitioned with support from WHO base budget
• Programme integration is being operationalized through Integrate Public Health Teams (IPHT)
• IPHT workshops for joint programme planning, changes in staff ToRs and lines of reporting have commenced
  – Sudan workshop completed in March
  – Workshops scheduled in May in Syria and June in Iraq
• Regional retreat concluded last week
Challenges

• Sustained access to reach children house to house with vaccine in Afghanistan, Somalia & Yemen
• The health, humanitarian and economic crises in Afghanistan
• Political transition in Pakistan may be associated with loss of momentum
• Funding for sustaining essential polio functions in 2023
• Ensuring sustained essential polio functions in countries under transition, coordination and integration in national health systems
Priorities of the Region – 1/2

• Eradication of Wild poliovirus in Afghanistan and Pakistan
  ▪ sustain current intensity of political commitment in Pakistan
  ▪ Continue progress towards full house-to-house vaccination in Afghanistan
  ▪ prevent collapse of health system in Afghanistan

• Countries with active polio outbreaks
  ▪ Stop ongoing outbreaks of cVDPV in Somalia and Yemen and ensure cessation of transmission in Djibouti and Egypt
  ▪ Swiftly respond to any new outbreak
  ▪ Somalia emergency action plan launched at the Somalia summit in March
  ▪ Continue advocacy for vaccination campaigns in north Yemen
Priorities of the Region - 2/2

• Countries at risk of polio outbreaks and countries under polio transition
  ▪ Sustain surveillance for poliovirus and outbreak response capacity by successful operationalization of integrated public health teams

• Consistent application of WHO graded emergency SoPs for polio operations

• Operationalization of integrated public health teams as part of polio transition in Syria, Sudan, Yemen, Iraq and Libya – in coordination with IVB, WHE and Polio in HQ
Outline

1. Context/VDPV Epidemiology
2. Outbreak Response
3. Upcoming Campaigns
4. Way forward
1. Context/VDPV Epidemiology
Context

- 75% of outbreaks post-switch were stopped after 2 rounds of mOPV2
- Almost all outbreaks since 2018 are as result of seeding from the use of mOPV2
- Breakthrough transmission due to non-aggressive responses due to vaccine availability
- Over 140 million children have been vaccinated with mOPV2 or nOPV2 since resumption in July 2020
- No cVDPV2s reported after 2 rounds of nOPV2 in 5 Countries. However, a significant increase in cases seen in Nigeria
- WPV1 isolated from a stool sample in Malawi in November 2021 and the case is linked to a virus in Pakistan
• **Cote d'Ivoire** recorded the highest number of cVDPV2 cases in 2020 (159) followed by **Chad** (101) and **DRC** (78)
• **64%** of cVDPV2 cases in 2020 were reported from 12 countries in West Africa

21 affected countries, 547 viruses from AFP, 174 viruses from the environment
• **Nigeria** recorded the highest number of cVDPV2 cases in 2021 (588) contributing to 78% of cVDPV2 cases followed by **Senegal** (30) and **DRC** (27)

• **92%** of cVDPV2 cases in 2021 were reported from 11 countries in West Africa which increased by 28% compared to 2020

24 affected countries, 425 viruses from AFP, 364 viruses from the environment
cVDPV2 situation in Africa in 2022 (as of 18th April)

4 affected countries, 34 viruses from AFP, 22 viruses from the environment

<table>
<thead>
<tr>
<th>Country</th>
<th>cVDPV1 (AFP)</th>
<th>cVDPV1 (ENV)</th>
<th>cVDPV2 (AFP)</th>
<th>cVDPV2 (ENV)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nigeria</td>
<td>10</td>
<td>2</td>
<td>18</td>
<td>30</td>
<td></td>
</tr>
<tr>
<td>DRC</td>
<td>21</td>
<td></td>
<td>21</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Madagascar</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cote D Ivoire</td>
<td></td>
<td></td>
<td>2</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>2</td>
<td>33</td>
<td>20</td>
<td>56</td>
</tr>
</tbody>
</table>
Significant Increase in cVDPV2s in Nigeria in 2021

- 30 affected States
- 312 viruses from AFP
- 276 viruses from the environment

2021

- 13 affected States
- 12 viruses from AFP
- 18 viruses from the environment

2022
Monthly cVDPV2 Cases and Environmental Isolates (Jan 2020-Feb 2022)

No cVDPV2s reported after 2 rounds of nOPV2 in 5 Countries. However, a significant increase in cases seen in Nigeria.
WPV1 isolated from a stool sample in Malawi in November 2021

MAL-CEN-LIL-21-016

Province | Central
District  | Lilongwe
Nigeria has 8 different emergence groups with Jigawa 1 and Zamfara 1, the predominant lineages.

- There are no viruses reported in the region linked to Angola CAR and Togo lineages which have disappeared in 2021 and so far in 2022.

- Madagascar and Mozambique lineages are not seen outside the country.

- There are no viruses linked to 3 lineages in Ethiopia (ETH-ORO-2, ETH-ORO-3, ETH-ORO-4) since 2021.
In collaboration with our surveillance and GIS team, we are working with countries to ensure that strong environmental surveillance is established in order to:

• Quickly detect transmission of the virus in areas where acute flaccid paralysis surveillance may not be strong

• Support nOPV2 roll out, as this is one of the criteria to allow us to monitor stability of the vaccine
Summary: cVDPV/ WPV1 Epidemiology

- Since 2020, 33 lineages have been identified in the region
- Most cVDPV2 in the region are linked to lineages from Nigeria in the last two years
- Although there is no major difference in number of viruses in 2020 versus 2021, there is a record increase in viruses isolated from the environment (174 in 2020 and 364 in 2021)
- Jigawa (NIE-JIS-1), Zamfara (NIE-ZAS-1), Ndjamena (CHA-NDJ-1) and Kasai (RDC-KAS-3) remain the predominant emergence groups in the region in the last two years
- No viruses reported in the region linked to Togo Savanes lineage (TOG-SAV-1) since 2020
- Four emergence groups in Maniema province of DRC in 2021 (RDC-MAN-1, RDC-MAN-2, RDC-MAN-3, RDC-MAN-4) which have not been identified in any other province in DRC
- cVDPV1 has not been isolated in any country apart from Madagascar
- Lineages in Madagascar and recently Mozambique have not been identified in any other country
- WPV1 case detected in Malawi from a stool sample collected in November 2021 is linked to a virus in Pakistan
2. Outbreak Response
Seven outbreak response blocks have been put in place to strengthen the effectiveness of response activities at sub regional level.

<table>
<thead>
<tr>
<th>Response Block</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Block 1</td>
<td>West Africa (excluding Niger and Nigeria)</td>
</tr>
<tr>
<td>Block 2</td>
<td>Nigeria</td>
</tr>
<tr>
<td>Block 3</td>
<td>Niger, Chad, Cameroon, CAR, Gabon, Equatorial Guinea</td>
</tr>
<tr>
<td>Block 4</td>
<td>Angola, Republic of Congo, DRC, Burundi</td>
</tr>
<tr>
<td>Block 5</td>
<td>Kenya, Rwanda, Ethiopia, Eritrea, South Sudan, Uganda</td>
</tr>
<tr>
<td>Block 6</td>
<td>Zimbabwe, Malawi, Tanzania, Mozambique, Zambia</td>
</tr>
<tr>
<td>Block 7</td>
<td>South Africa, Lesotho, Namibia, Madagascar, Botswana, Swaziland</td>
</tr>
</tbody>
</table>
cVDPV2 Outbreaks Closed 2018-2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Emergences</th>
<th>Total Emergences Closed</th>
<th>Date of last positive isolate (for closed outbreaks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mozambique</td>
<td>1</td>
<td>1</td>
<td>21-Oct-18</td>
</tr>
<tr>
<td>Zambia</td>
<td>2</td>
<td>2</td>
<td>25-Nov-19</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>9</td>
<td>2</td>
<td>30-Dec-19</td>
</tr>
<tr>
<td>Nigeria</td>
<td>12</td>
<td>8</td>
<td>1-Jan-20</td>
</tr>
<tr>
<td>Angola</td>
<td>4</td>
<td>4</td>
<td>9-Feb-20</td>
</tr>
<tr>
<td>CIV</td>
<td>2</td>
<td>1</td>
<td>10-Feb-20</td>
</tr>
<tr>
<td>DRC</td>
<td>15</td>
<td>12</td>
<td>19-Feb-20</td>
</tr>
<tr>
<td>Togo</td>
<td>2</td>
<td>1</td>
<td>11-Mar-20</td>
</tr>
<tr>
<td>Cameroon</td>
<td>4</td>
<td>2</td>
<td>11-Apr-20</td>
</tr>
<tr>
<td>CAR</td>
<td>8</td>
<td>7</td>
<td>2-May-20</td>
</tr>
</tbody>
</table>

- Number of countries ➔ 10
- Number of emergences closed ➔ 40
- Vaccine used for all of the above ➔ mOPV2
### cVDPV2 Outbreaks Being Considered for Closure: 2022

<table>
<thead>
<tr>
<th>COUNTRY</th>
<th>EMERGENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANGOLA</td>
<td>ANG-HUI-1</td>
</tr>
<tr>
<td>ANGOLA</td>
<td>ANG-LNO-2</td>
</tr>
<tr>
<td>ANGOLA</td>
<td>ANG-LUA-1</td>
</tr>
<tr>
<td>ANGOLA</td>
<td>ANG-MOX-1</td>
</tr>
<tr>
<td>ANGOLA Total</td>
<td>4</td>
</tr>
<tr>
<td>BURKINA FASO</td>
<td>TOG-SAV-1</td>
</tr>
<tr>
<td>CAMEROON</td>
<td>CAF-BER-1</td>
</tr>
<tr>
<td>CAMEROON</td>
<td>CAF-BNG-1</td>
</tr>
<tr>
<td>CAMEROON</td>
<td>CHA-NDJ-1</td>
</tr>
<tr>
<td>CAMEROON</td>
<td>NIE-JIS-1</td>
</tr>
<tr>
<td>CAMEROON Total</td>
<td>4</td>
</tr>
<tr>
<td>CAR</td>
<td>CAF-BER-1</td>
</tr>
<tr>
<td>CAR</td>
<td>CAF-BNG-1</td>
</tr>
<tr>
<td>CAR</td>
<td>CHA-NDJ-1</td>
</tr>
<tr>
<td>CAR Total</td>
<td>3</td>
</tr>
<tr>
<td>CHAD</td>
<td>CAF-BIM-3</td>
</tr>
<tr>
<td>CHAD</td>
<td>CHA-NDJ-1</td>
</tr>
<tr>
<td>CHAD</td>
<td>NIE-JIS-1</td>
</tr>
<tr>
<td>CHAD Total</td>
<td>3</td>
</tr>
<tr>
<td>CONGO</td>
<td>ANG-HUI-1</td>
</tr>
<tr>
<td>CONGO</td>
<td>ANG-LUA-1</td>
</tr>
<tr>
<td>CONGO</td>
<td>NIE-JIS-1</td>
</tr>
<tr>
<td>CONGO</td>
<td>RDC-KAS-1</td>
</tr>
<tr>
<td>CONGO Total</td>
<td>4</td>
</tr>
<tr>
<td>CÔTE D’IVOIRE</td>
<td>NIE-JIS-1</td>
</tr>
<tr>
<td>CÔTE D’IVOIRE</td>
<td>TOG-SAV-1</td>
</tr>
<tr>
<td>CÔTE D’IVOIRE Total</td>
<td>2</td>
</tr>
<tr>
<td>DRC</td>
<td>ANG-LNO-2</td>
</tr>
<tr>
<td>DRC</td>
<td>ANG-LUA-1</td>
</tr>
<tr>
<td>DRC</td>
<td>CAF-BNG-1</td>
</tr>
<tr>
<td>DRC</td>
<td>RDC-EQT-1</td>
</tr>
<tr>
<td>DRC</td>
<td>RDC-HLO-2</td>
</tr>
<tr>
<td>DRC</td>
<td>RDC-SAN-1</td>
</tr>
<tr>
<td>DRC</td>
<td>RDC-TPA-2</td>
</tr>
<tr>
<td>DRC Total</td>
<td>7</td>
</tr>
</tbody>
</table>

### Number of Countries
- **16**

### Number of Emergences being considered for closures
- **43**
3. Upcoming Campaigns
## Upcoming Campaigns: West Africa Axis

<table>
<thead>
<tr>
<th>Country</th>
<th>Target 1</th>
<th>Target 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gambia</td>
<td>1. NID R2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Dates: 19-22 Mar</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Vaccine: nOPV2</td>
<td></td>
</tr>
<tr>
<td>Senegal</td>
<td>1. NID R2:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Dates: 25-27 Feb</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Vaccine: nOPV2</td>
<td></td>
</tr>
<tr>
<td>Mauritania</td>
<td>1. NID R2:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Dates: 29 Mar - 01 Apr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Vaccine: nOPV2</td>
<td></td>
</tr>
<tr>
<td>Guinea Bissau</td>
<td>1. NID R1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Dates: 22-25 Apr</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3. Vaccine: nOPV2</td>
<td></td>
</tr>
<tr>
<td>Niger</td>
<td>1. SNID R1: 5 344 475</td>
<td>1. SNID R2:</td>
</tr>
<tr>
<td></td>
<td>2. Dates: 13-16 May</td>
<td>2. Dates: 03-06 Jun</td>
</tr>
<tr>
<td>Burkinga Faso</td>
<td>1. NID R1: 5 344 475</td>
<td>1. NID R2: 5 344 475</td>
</tr>
<tr>
<td>Cote d'Ivoire</td>
<td>1. SNID R1: 2 652 085</td>
<td>1. SNID R2: 2 652 085</td>
</tr>
</tbody>
</table>
### Upcoming Campaigns: Central Africa Axis

<table>
<thead>
<tr>
<th>Country</th>
<th>Target 1</th>
<th>Target 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chad</td>
<td>1. NID R1: Dates: 13-15 May Vaccination: nOPV2</td>
<td>1. NID R2: Dates: 03-05 Jun Vaccination: nOPV2</td>
</tr>
<tr>
<td>CAR</td>
<td>1. NID R1: Dates: 13 May Vaccination: nOPV2</td>
<td>1. NID R2: Dates: June Vaccination: nOPV2</td>
</tr>
<tr>
<td>DRC</td>
<td>1. SNID R1: Dates: 12 May Vaccination: nOPV2</td>
<td>1. SNID R2: Dates: Jun Vaccination: nOPV2</td>
</tr>
</tbody>
</table>
# Upcoming Campaigns: Eastern and Southern Africa Axis

<table>
<thead>
<tr>
<th>Country</th>
<th>Target 1</th>
<th>Target 2</th>
<th>Target 3</th>
<th>Target 4</th>
<th>Target 5</th>
<th>Target 6</th>
</tr>
</thead>
</table>
| Uganda       | **NID R1: 8,792,500**  
2. Dates: 14-17 Jan  
3. Vaccine: nOPV2 | **SNID R2: 2,766,684 (5)**  
2. Dates: 21-26 Mar  
3. Vaccine: bOPV | **NID R3: 2,922,175**  
2. Dates: Jun  
3. Vaccine: bOPV | **NID R4: 2,922,175**  
2. Dates: Jul  
3. Vaccine: bOPV |                                      |                                      |
| Malawi       | **NID R1: 2,922,175**  
2. Dates: 21-26 Mar  
3. Vaccine: bOPV | **SNID R2: 2,766,684 (5)**  
2. Dates: 28 Apr  
3. Vaccine: bOPV | **NID R3: 1,461,598 (2)**  
2. Dates: 28 Apr  
3. Vaccine: nOPV2 | **SNID R3: 3,599,580 (9)**  
2. Dates: Jun  
3. Vaccine: bOPV | **SNID R2: 1,461,598 (2)**  
2. Dates: Jun  
3. Vaccine: bOPV | **NID R4: 5,061,178 (11)**  
2. Dates: Jul  
3. Vaccine: bOPV |
| Mozambique   | **SNID R1: 4,228,282 (7)**  
2. Start Date: 24 March  
3. Vaccine: bOPV | **SNID R2: 2,766,684 (5)**  
2. Dates: 28 Apr  
3. Vaccine: bOPV | **SNID R1: 1,461,598 (2)**  
2. Dates: 28 Apr  
3. Vaccine: nOPV2 | **SNID R3: 3,599,580 (9)**  
2. Dates: Jun  
3. Vaccine: bOPV | **NID R3: 2,922,175**  
2. Dates: Jul  
3. Vaccine: bOPV |                                      |
| Zambia       | **NID R1: 1,235,987**  
2. Start Date: 24 March  
3. Vaccine: bOPV | **NID R2: 3,785,349**  
2. Dates: 21 Apr  
3. Vaccine: bOPV | **NID R3: 3,785,349**  
2. Dates: Jun  
3. Vaccine: bOPV | **NID R4: 3,785,349**  
2. Dates: Jul  
3. Vaccine: bOPV |                                      |                                      |
| Tanzania     | **SNID R1: 973,542**  
2. Start Date: 24 March  
3. Vaccine: bOPV | **NID R2: 10,310,274**  
2. Dates: 28 Apr  
3. Vaccine: bOPV | **NID R3: 10,310,274**  
2. Dates: Jun  
3. Vaccine: bOPV | **NID R4: 10,310,274**  
2. Dates: Jul  
3. Vaccine: bOPV |                                      |                                      |
| Zimbabwe     | **NID R1: 2,587,199**  
2. Dates: Apr  
3. Vaccine: bOPV | **NID R2: 2,587,199**  
2. Dates: Jun  
3. bOPV | **NID R3: 2,587,199**  
2. Dates: Jul  
3. bOPV |                                      |                                      |                                      |
| Madagascar   | **NID R1: 2,922,175**  
2. Dates: May  
3. Vaccine: bOPV | **NID R3: 2,922,175**  
2. Dates: Jun  
3. bOPV |                                      |                                      |                                      |
4. Way forward
Way forward

• Address the outbreak in Nigeria
• Update stakeholders on the SOPs revised
• Improve Malawi response
• Close some outbreaks to focus on current outbreaks
• Expand RRT with the new structure
Thanks
Bob Keegan Polio Eradication Heroes Award Fund:
20+ Years of Impact

Helene Erenberg, Director of Major Gifts & Individual Support
Susanne Salehi, Advancement Associate
Mission
The CDC Foundation helps CDC do more, faster by forging partnerships between CDC and others to fight threats to health and safety.

Vision
Save and improve lives by unleashing the power of collaboration.

- **Independent 501(c)(3) nonprofit**
- Created by Congress
- Designed to create **philanthropic and private-sector partnerships** with CDC to support critical health protection work
Bob Keegan Polio Eradication Heroes Award Fund

Purpose: To recognize health workers and volunteers who have lost their lives or incurred serious injury as a direct result of polio eradication activities.

• Approximately 20 million volunteers have participated in polio eradication immunization campaigns.

Bob Keegan
former Deputy Director,
Global Immunization Division, CDC
Mr. Wajid Ali Abid | Pakistan

Fatality: The late Mr. W. was killed in an ambush in April 2019. He had attempted to convince a tribal leader to vaccinate his child in a door-to-door campaign. He was seriously injured and called his colleague for help. Shortly after, he called back to record a last audio message before his death.

W. was the sole provider for his impoverished tribal family. He left behind his widow and two small children, a girl and a boy (twins) both two years of age.

Mr. W’s widow and two children receive the Bob Keegan Polio Eradication Heroes Award
Bob Keegan Polio Eradication Heroes Fund Impact

- Over $327,000 awarded
- 224 families impacted
Bob Keegan Polio Eradication Heroes Award Fund:

A Call to Action

https://give.cdcfoundation.org/Polio22

Contact: Susanne Salehi, ssalehi@cdcfoundation.org

Thank you!

Mrs. F’s family, Nigeria
Sustainable Financing & Flexible Funding for Polio Eradication

April 21, 2022
Discussion
Sustainable Financing & Flexible Funding
for Polio Eradication

Note: Gavi requirements of $122.2 million are not included in this slide
Programmatic and Strategy Updates

April 21, 2022
Thank you!