

Dear polio eradication supporter,

I'd like to reflect on the progress that the Global Polio Eradication Initiative (GPEI) has made this year, the challenges that lay ahead for the program, and the insights from my recent visits with health workers and leaders in polio-affected countries.

In Pakistan, efforts to stop transmission of the final strain of wild poliovirus (WPV1) remain strong, but risks remain high. Last month, I led a [delegation of Global Polio Eradication Initiative \(GPEI\) leadership](#) to visit affected areas and meet with provincial and national leadership in Lahore, Peshawar, and Islamabad. My last visit in November 2022 came on the heels of a polio outbreak that paralyzed 20 children in southern Khyber Pakhtunkhwa (KP) province. Since then, only two cases have been reported and the virus has been cornered to just seven endemic districts in South KP.

In meetings in Peshawar with the Provincial EOC Coordinator in KP, the KP Chief Secretary, and commissioners of several Divisions in south KP, the delegation highlighted that KP is making great progress towards ending the outbreak but emphasized the critical importance of the work yet to be done to vaccinate all children across the southern districts of KP. This means restarting campaigns as soon as possible in the Mehsud belt and ensuring children in that area have better access to health camps implemented by partner organizations.

This trip built on several recent GPEI visits to Pakistan to strengthen relationships with leaders across the country, who have signaled their continued commitment to end wild polio for good. At the most recent meeting of the region's [Technical Advisory Group](#), experts reiterated that stopping transmission will be challenging – but still is in reach – thanks to the dedicated work to reach children with vaccines in all areas of Pakistan.

Still, the group urged the government to keep the pressure on to stop virus transmission in south KP and to respond to every polio detection outside of endemic areas as an emergency. The National Task Force (NTF) on Polio Eradication, which met during our visit, reiterated this urgency. Importantly, the NTF also confirmed that polio was a top priority of the national government and that there would be a seamless transition to managing polio by the caretaker Government set to begin in Pakistan. This group and others within Pakistan's polio program have led robust responses to new detections, preventing polio in new areas. However, until polio is eradicated, the risk of further spread remains high.

Important to Pakistan's plan to end polio is providing a stronger voice to the women who are the program's true engine. Last year, the national polio program started to roll out a [new initiative](#) to systematically learn from these women health workers about their challenges to reach every last child, and to implement their proposed solutions to these remaining challenges to polio eradication. I am eager to see their ideas in action in the months to come.

At the time of my [last update](#) in April, I had recently visited Mozambique and Senegal, where government leaders expressed their resolve to end outbreaks of polio within their borders. It has now been over one year since the last detection of WPV1 in that outbreak. This type of dedicated leadership is essential to stopping polio, and I was encouraged to see similar commitments on display at the [National Forum on Polio Eradication & Immunization](#) in DRC in June. This forum builds on the momentum from the previous two national forums, the Kinshasa Declaration, the [Mashako Plan](#), and the Provincial Memorandums of Understanding (MOUs) for Immunization designed to accelerate the strengthening of the immunization program and the interruption of poliovirus transmission in DRC. With one in five children in DRC being zero-dose – defined as children who

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have not received a single dose of diphtheria, tetanus, and pertussis-containing vaccine – it is imperative that the global community supports government officials and community leaders in their recovery from pandemic-related setbacks.

During this forum, the Central Government, 26 Provincial Governments, and partners gathered to discuss immunization progress, challenges, and the way forward to reach the milestones set by [President Félix Tshisekedi](#). The government recommitted officially at national and provincial levels to reach those immunization milestones, and international partners recommitted to support these efforts over the next four years, ensuring a polio-free DRC is achieved.

Across Africa, leaders are taking important steps to ensure that polio campaigns reach children in all communities. So far, more than 670 million doses of the novel oral polio vaccine, nOPV2, have been given to children in 31 countries, and crucial campaigns have taken place in [Burundi](#), [Cameroon](#), [Chad](#) and [Niger](#). Meanwhile, a [joint workshop on vaccine equity](#) brought WHO AFRO and Gavi teams together in Brazzaville, there is progress toward successful candidates for [nOPV types 1 and 3](#) to prevent future outbreaks, and [Gavi's approval of a new hexavalent vaccine](#) will improve coverage of inactivated polio vaccine, taking us one step closer to eradication.

This progress is encouraging, and we must further confidence that the program is taking the right steps forward. Earlier this month, the [Independent Monitoring Board](#) began reviewing documents submitted by the GPEI as part of its review of the partnership's strategy. This accountability measure built into the GPEI strategy ensures that we are continuing to move efficiently toward an end to polio. I look forward to hearing the Board's conclusions and recommendations later this year.

Finally, it is with great appreciation that I thank outgoing leaders Drs. Rochelle Walensky, Seth Berkley, George Laryea-Adjei and Ms. Jennifer Jones for their contributions to a polio-free world. They have each made a lasting impression on the GPEI while at their respective organizations, and we look forward to our continued partnership with US Centers for Disease Control, Rotary, Gavi, and UNICEF leadership. Similarly, I anticipate that this recent visit to Pakistan will be the last for Dr. Ahmed Al-Mandhari, who has courageously led the WHO Eastern Mediterranean Regional Office for the past five years. I thank him for his unwavering commitment to our shared goals.

This is not the moment to slow down or lose focus. We cannot jeopardize over three decades of progress and let the polio epidemics of the past become our future. I believe that if all our commitments—be they political or financial—are strengthened, we will end polio.

Thank you for your continued support toward a polio-free world.

Best regards,



Christopher J. Elias, MD, MPH  
President, Global Development, Bill & Melinda Gates Foundation  
Chair, Polio Oversight Board, Global Polio Eradication Initiative

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