

POLIO | GLOBAL ERADICATION INITIATIVE

Global Programme Update ?

Polio Partners Group Meeting , Geneva , 3 December 2018

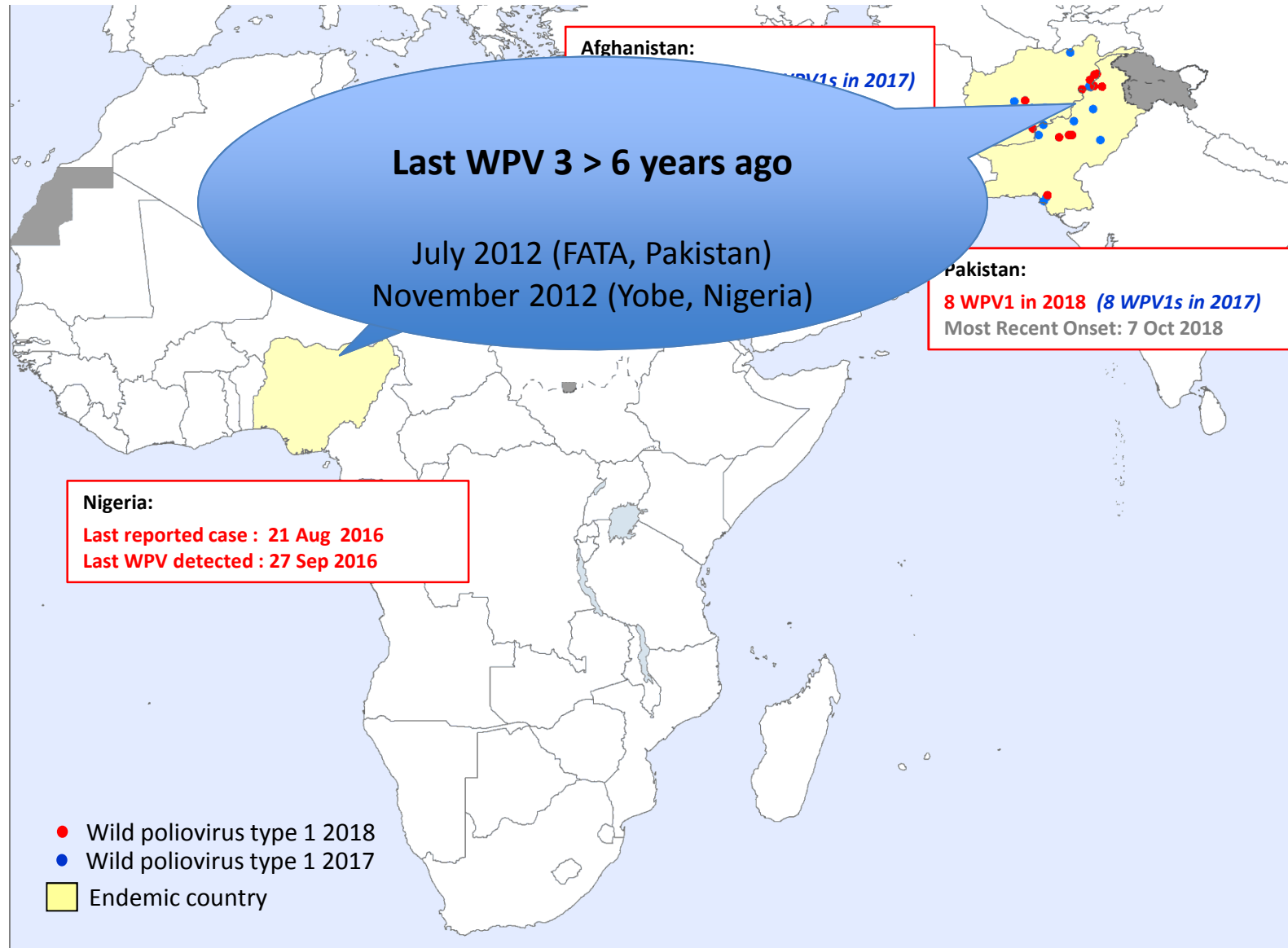
On behalf of the GPEI : Michel Zaffran, Director Polio Eradication, WHO / Chairman, GPEI Strategy Committee



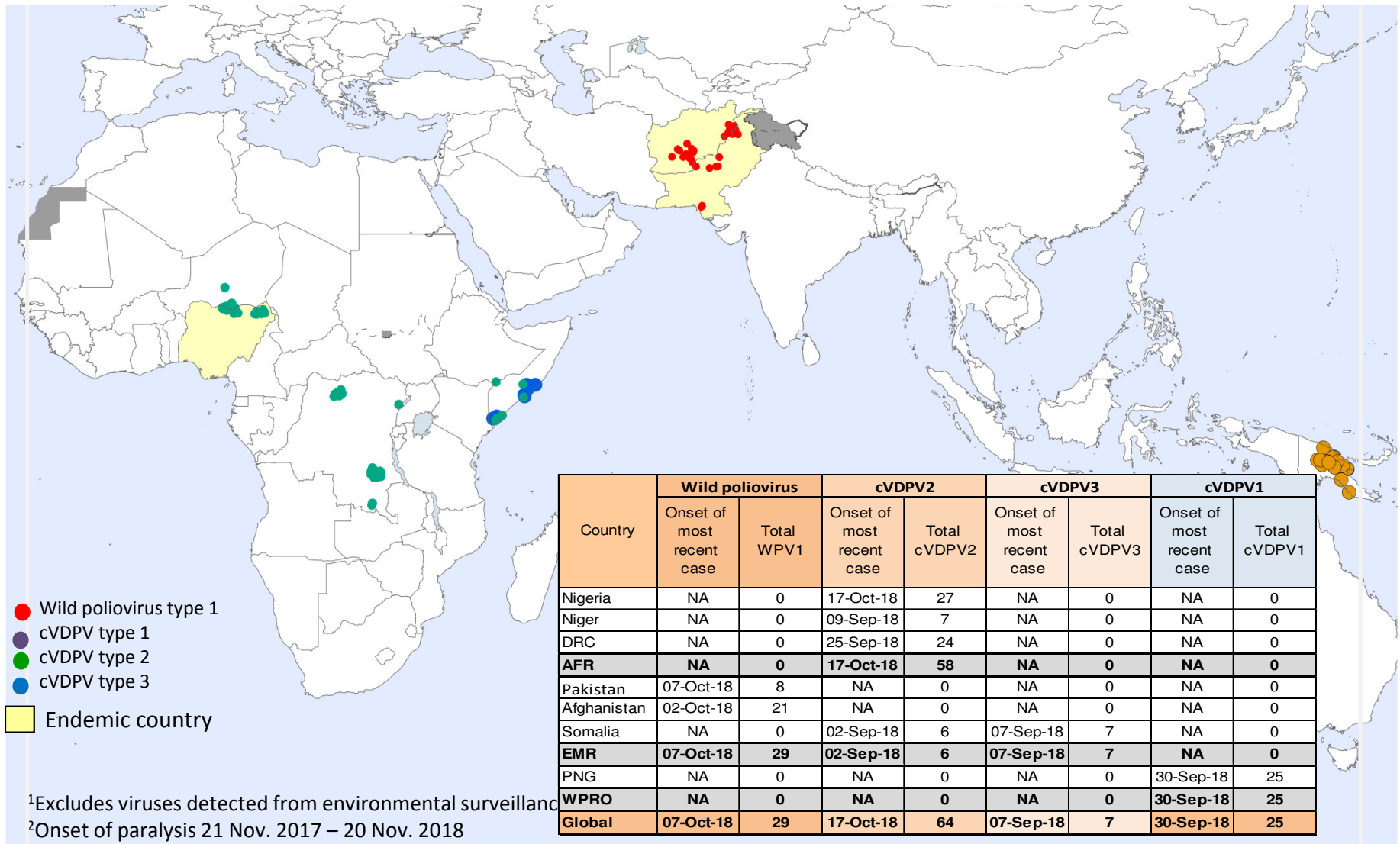
BILL & MELINDA
GATES foundation



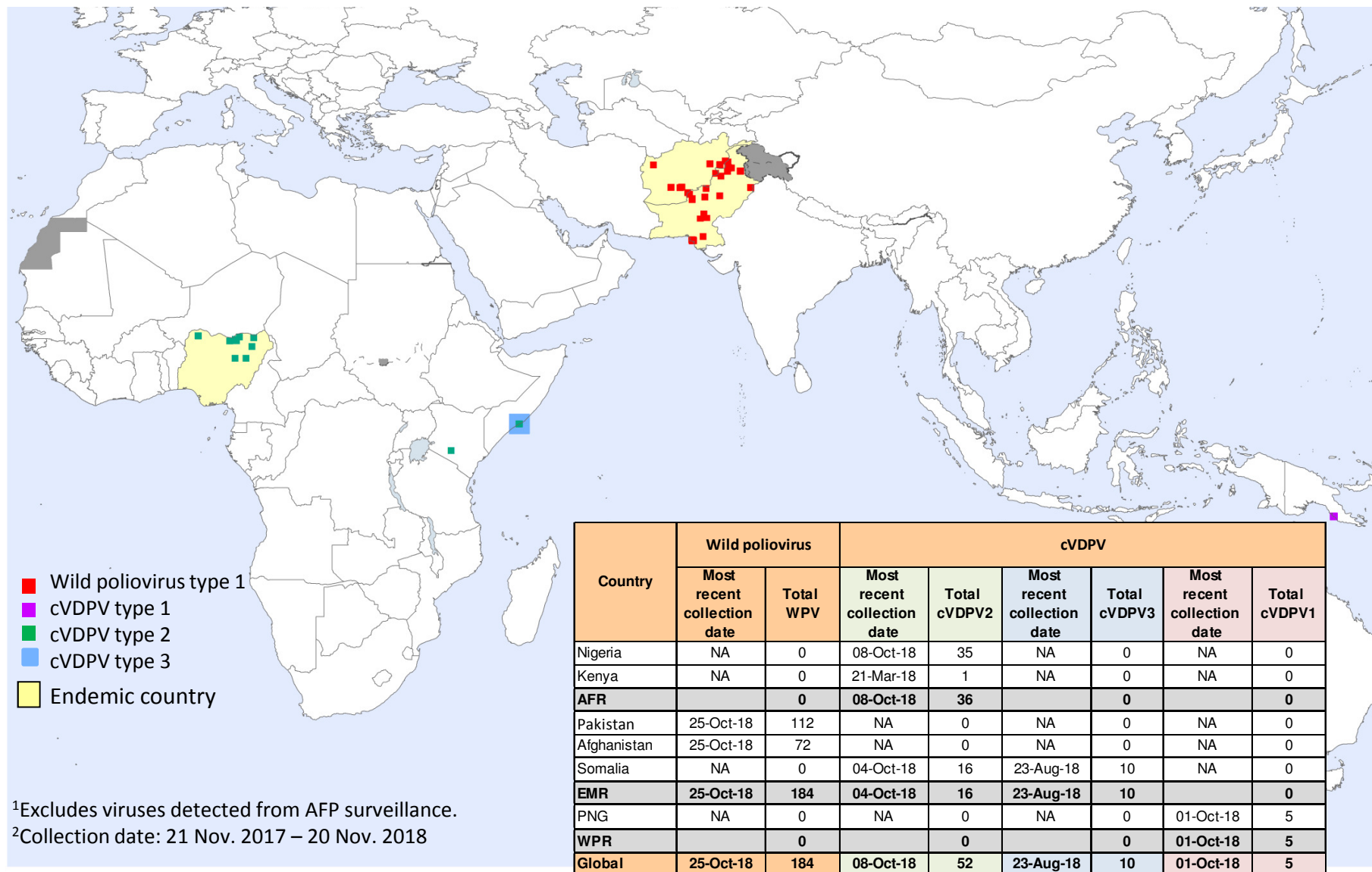
Wild Poliovirus Cases (2017 and 2018)



Global Wild Poliovirus & cVDPV Cases¹ Past 12 Months²



Wild Poliovirus & cVDPV Environmental Positives¹ Past 12 Months²



¹Excludes viruses detected from AFP surveillance.

²Collection date: 21 Nov. 2017 – 20 Nov. 2018

Wild Poliovirus & cVDPV Environmental Positives¹ Past 12 Months²

Public Health Emergency of International Concern

First declared under the International
Health Regulations in May 2014
Confirmed on 27 November 2018

- Wild poliovirus type 1
- cVDPV type 1
- cVDPV type 2
- cVDPV type 3
- Endemic country

Country	Wild poliovirus		cVDPV					
	Most recent collection date	Total WPV	Most recent collection date	Total cVDPV2	Most recent collection date	Total cVDPV3	Most recent collection date	Total cVDPV1
Nigeria	NA	0	08-Oct-18	35	NA	0	NA	0
Kenya	NA	0	21-Mar-18	1	NA	0	NA	0
AFR		0	08-Oct-18	36		0		0
Pakistan	25-Oct-18	112	NA	0	NA	0	NA	0
Afghanistan	25-Oct-18	72	NA	0	NA	0	NA	0
Somalia	NA	0	04-Oct-18	16	23-Aug-18	10	NA	0
EMR	25-Oct-18	184	04-Oct-18	16	23-Aug-18	10		0
PNG	NA	0	NA	0	NA	0	01-Oct-18	5
WPR		0		0		0	01-Oct-18	5
Global	25-Oct-18	184	08-Oct-18	52	23-Aug-18	10	01-Oct-18	5

¹Excludes viruses detected from AFP surveillance.

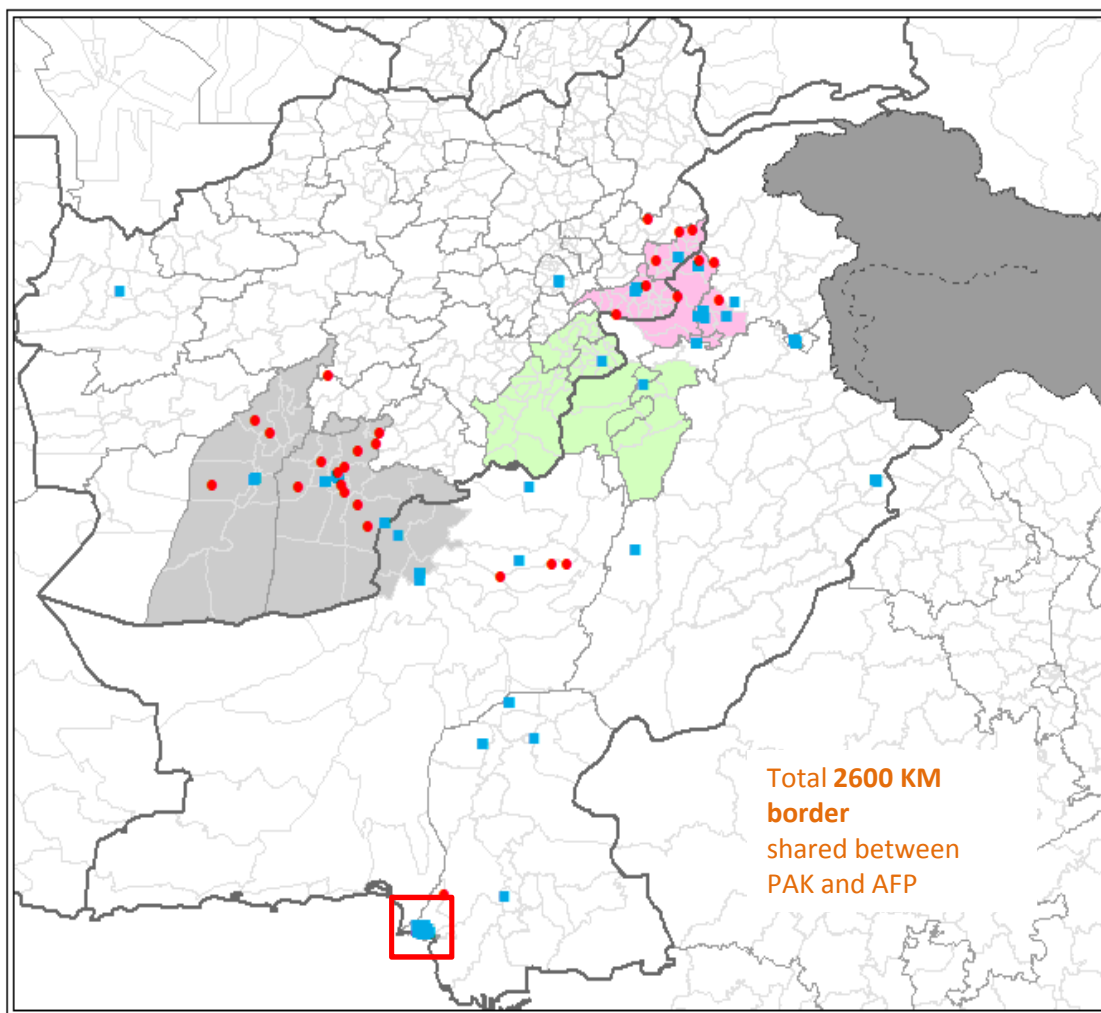
²Collection date: 21 Nov. 2017 – 20 Nov. 2018

Pakistan and Afghanistan



Pak /Afg poliovirus transmission corridors

WPV1 (AFP and ENV) reported over the past 12 months



■ WPV1 Env ● WPV1 Case

Northern Corridor
Torkham border used for population Movement between Peshawar and Khyber in Pakistan to Nangarhar, Kunar and Laghman in East Afghanistan

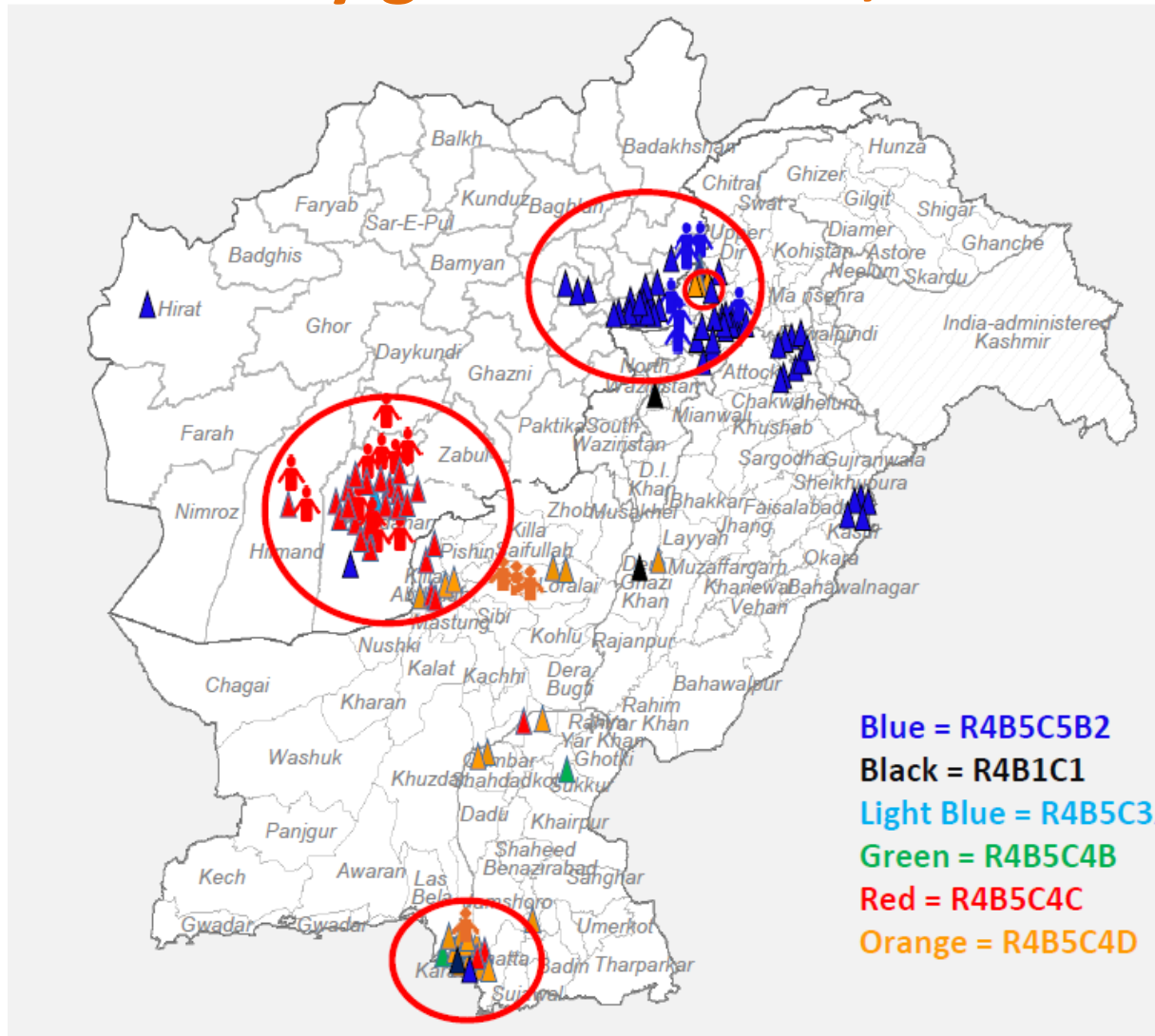
Central corridor
Southern Khyber Pakhtunkhwa and the FATA in Pakistan travelling across rugged, smaller borders crossings to Paktika, Paktia and Khost provinces in the south east of Afghanistan.

Southern Corridor
Friendship Gate (Chaman) border crossing from Pakistan's Quetta Block to the Greater Kandahar area in south Afghanistan

□ **Karachi**



WPV1 Cases & Environmental samples by genetic cluster, 2018

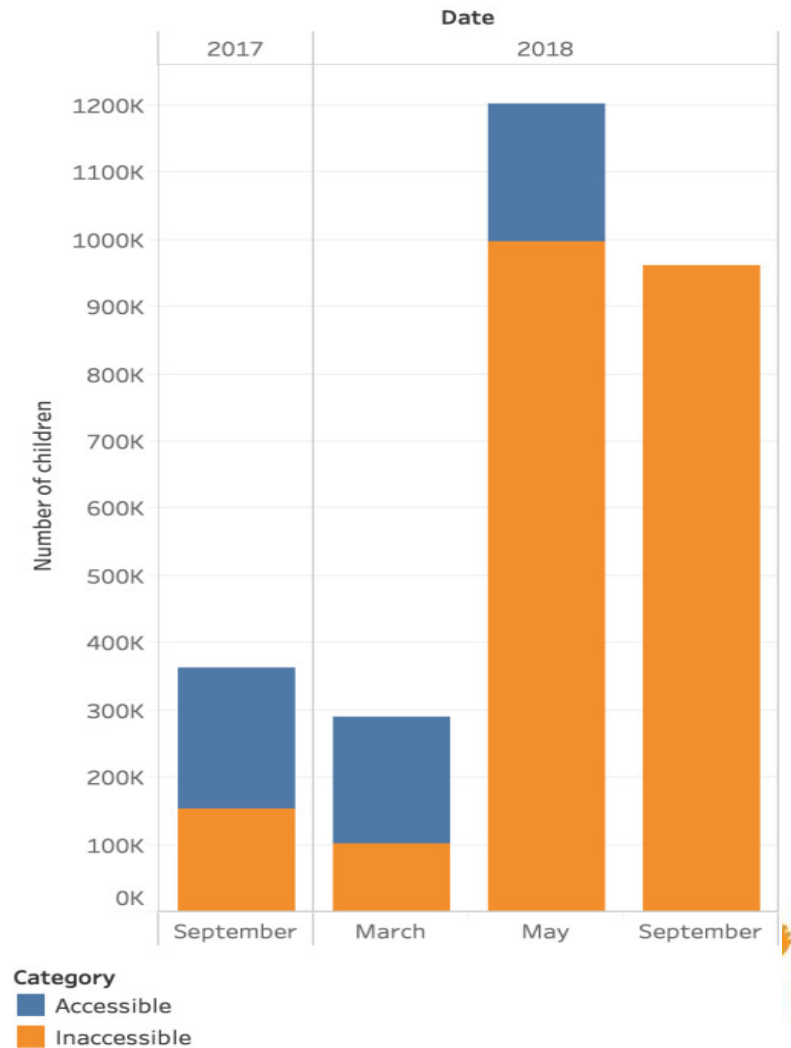


Afghanistan

- 19 WPV1 cases in 2018 vs 10 at the same time in 2017) – Most recent case onset on 2 October, 2018
- Ongoing transmission of wild poliovirus in Northern and Southern corridors
- Genetic sequencing data shows that population groups harboring transmission in the Northern Corridor **have not been reached.**
- **Ban on house to house campaigns:** Over 1 million children missed since May
- **Gaining & maintaining access remains the most significant bottleneck to stopping transmission**

Missed Children in Afghanistan, Sept. 2017 - Sept. 2018

A4



Slide 9

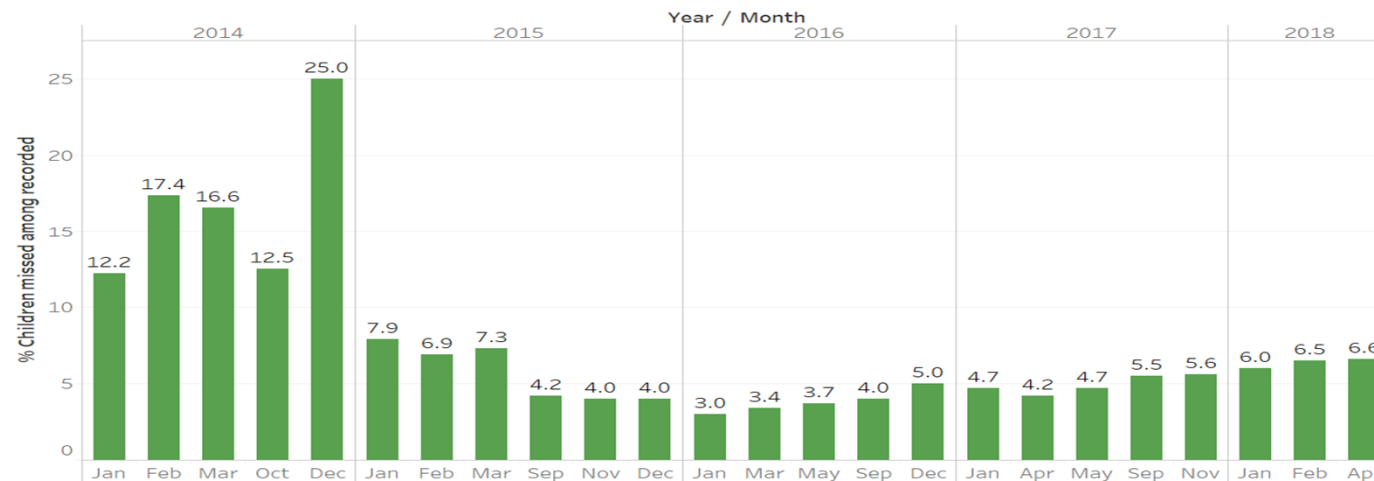
A4

Does the fact that there are no blue bar in September mean that we have zero missed children in all the accessible areas of Afghanistan? Is that realistic? Is this extrapolated from IM data?

Jalaa', 28/11/2018

Pakistan

Recorded missed children remaining unvaccinated at end of campaign, Pakistan, 2014-2018



<https://www.dropbox.com/s/8ga35hc4xmiby79/Final%20NEAP%202018-2019%20%28002%29.pdf?dl=0>
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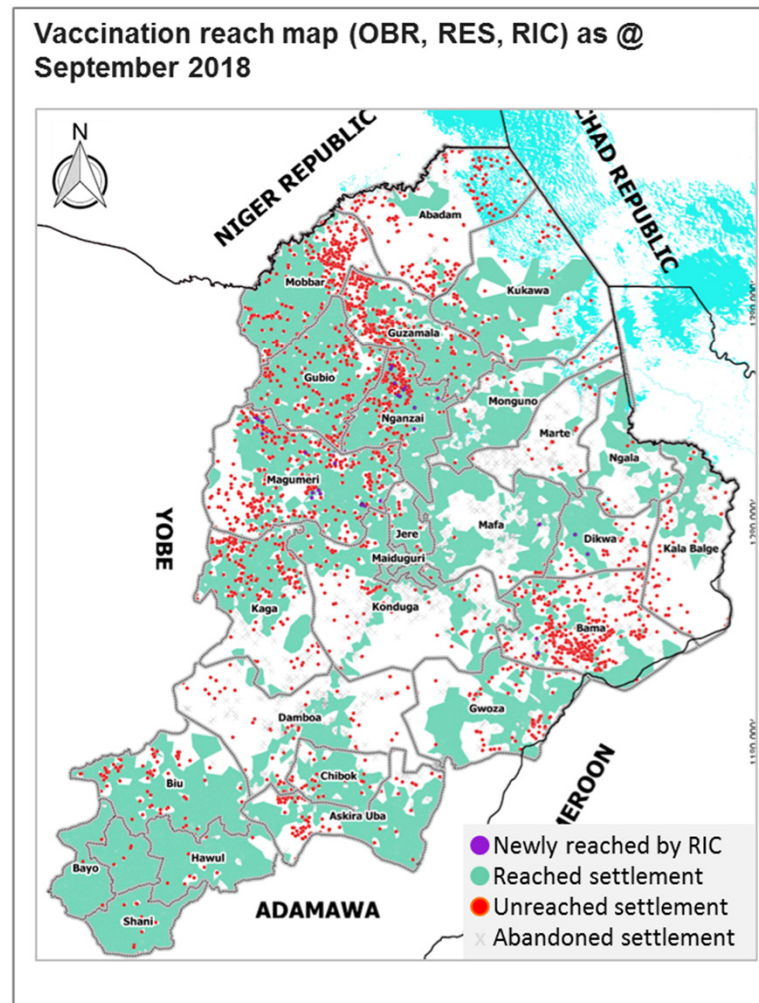
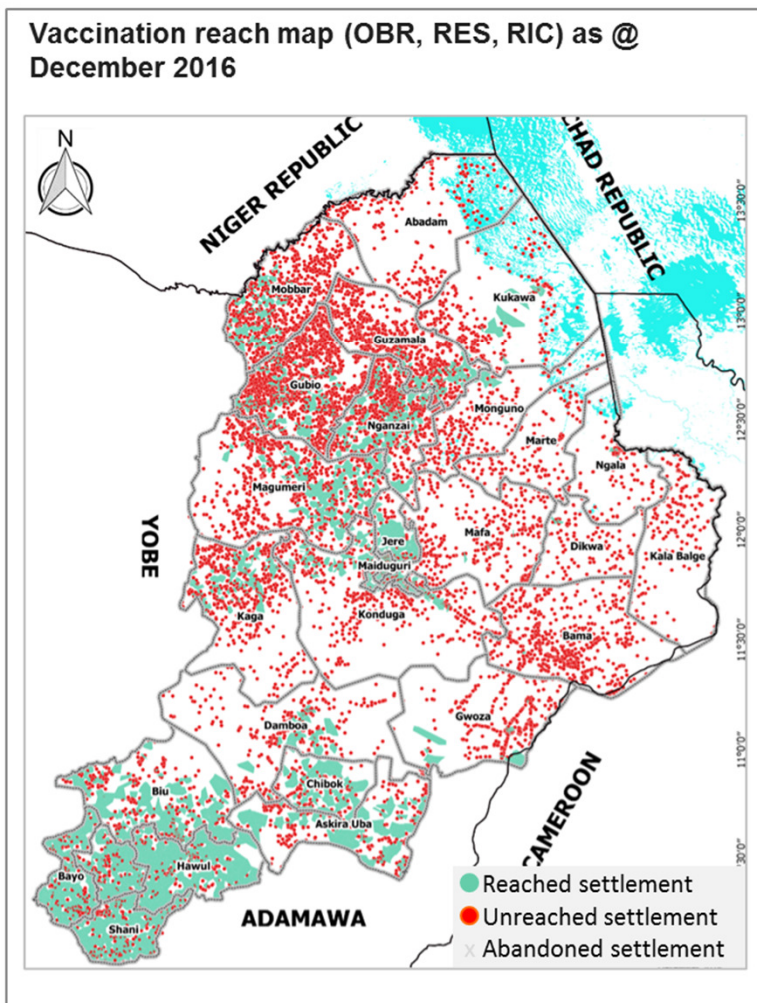
- 8 WPV1 cases in 2018 vs 5 at same date in 2017. Most recent case onset on 7 October, 2018
- Environmental positive samples isolated primarily in core reservoirs but also in many other areas of the country areas.
- General fatigue and resistance to vaccination
- Northern and Southern Transmission Corridors, and Karachi, **remain the greatest risk to polio eradication in Pakistan & Afghanistan**

Pakistan/Afghanistan: Main risks

- Sustaining government commitment and drive at district and sub district levels
- Ongoing transmission in the Southern & Northern corridors
- Accessing all children in highly mobile populations
- Systemic weaknesses in EPI throughout many parts of both countries
- Resistance to vaccination (both overt and covert)
- In Afghanistan
 - Bans on house to house campaigns in Southern Province
 - Increasing inaccessibility in Eastern region
 - Deteriorating security situation creating environment of fear
 - Challenges in getting female front line workers particularly in high risk areas

Nigeria

~70,000 Children unreached in Borno



In August 2016 ~650,000 children were trapped in Borno. Today, with innovative strategies, ~70,541 children remain unreached in ~ 6,000 settlements (data aggregated from satellite imagery, Vaccinates tracking system, Reach Inaccessible Children strategy and profiling)



cVDPV Outbreaks

The good news:

Syria cVDPV2 outbreak likely interrupted

- Last cVDPV2 sample detected 13 months ago: 21 September 2017
- Recent outbreak assessment review concluded:
 - Absence of cVDPV2 detected for 12 months, in the context of continued high quality surveillance, makes it highly likely that cVDPV2 transmission has been interrupted;
 - Extraordinary achievement on the part of Regional and Syria teams in a particularly challenging context.



Nigeria cVDPV2 outbreak

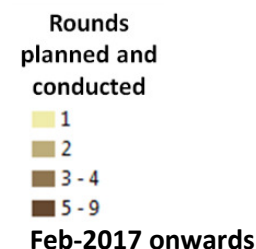
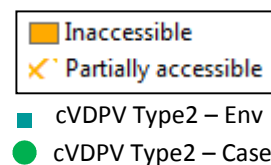
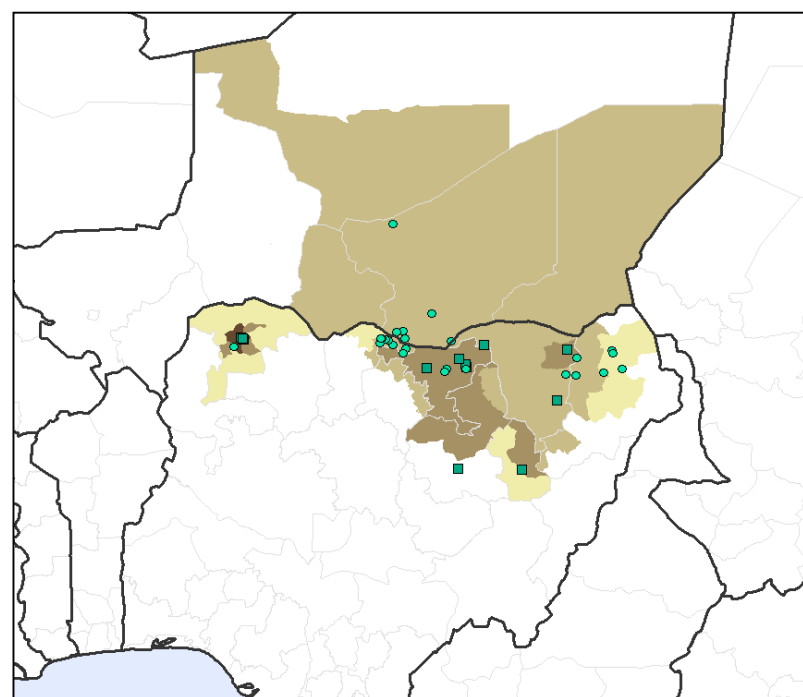
2 separate cVDPV2 outbreaks:

- **Sokoto North** – 1 case, 14 Env. positives
- **Jigawa outbreak**– 23 cases, 29 Env. positives **including 6 cases in Niger.**

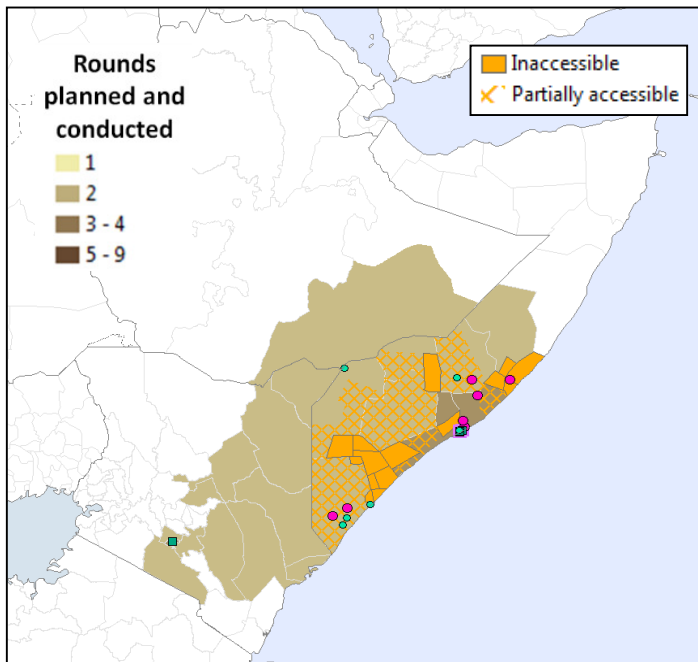
Key Risks

- Inaccessibility in Borno State
- Large scale population movement within and across the countries
- Weak political engagement in Niger

Distribution of post switch cVDPV2 cases & Env. Samples in Nigeria

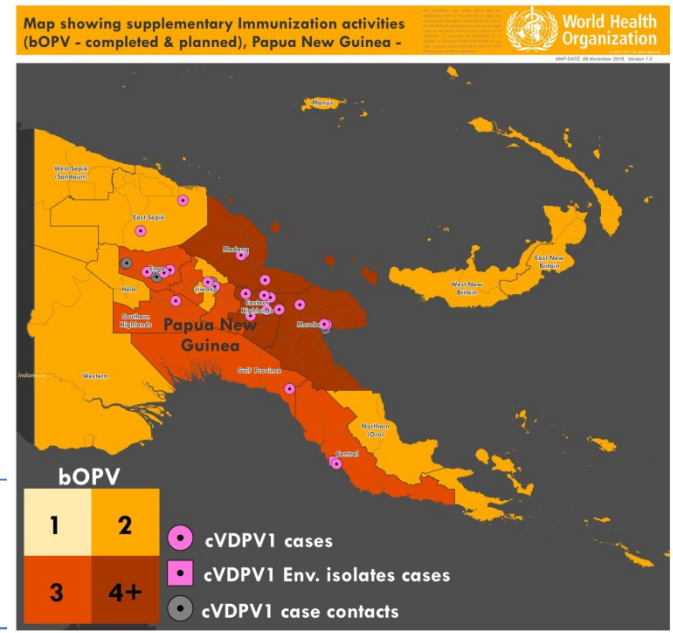
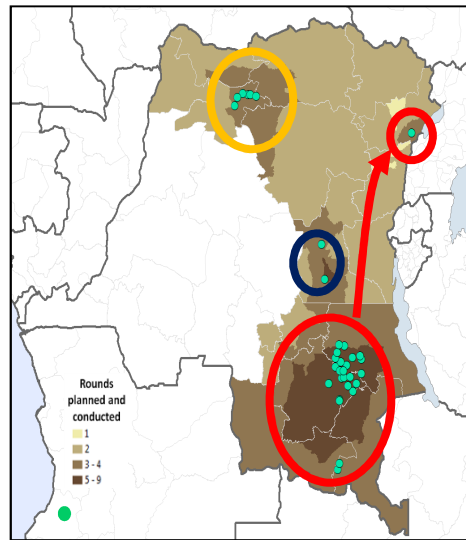


Other cVDPV outbreaks



HoA: 5 cVDPV 2 cases, 6 cVDPV 3 cases and 1 co-infection since October 2017

DRC: 37 cVDPV 2 cases since May 2017



PNG: 21 cVDPV 1 since 25 April 2018



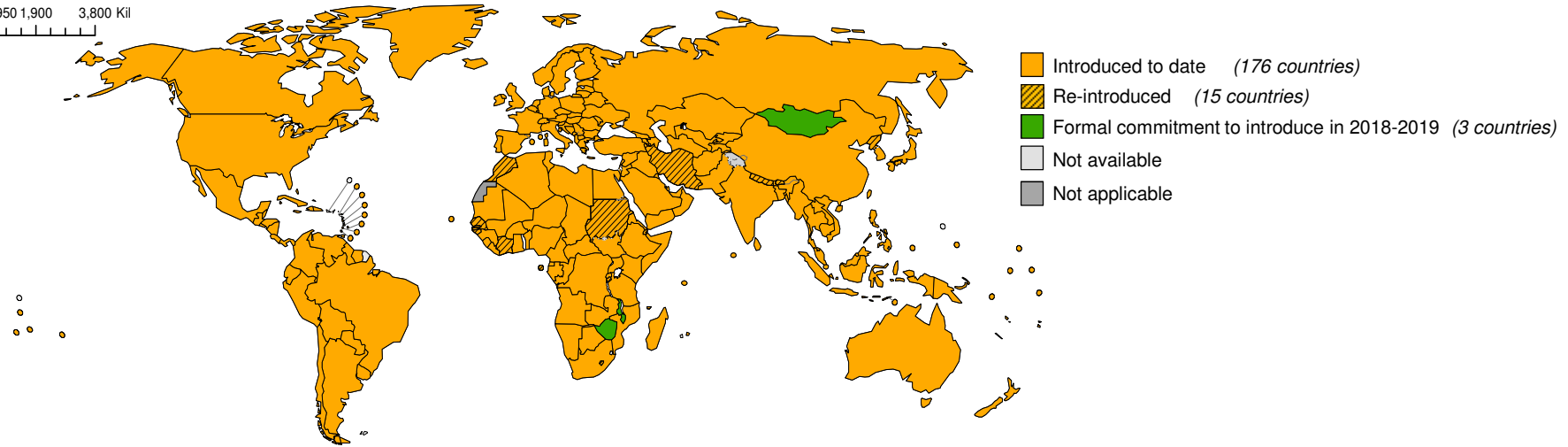
Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
- 2. OPV2 withdrawal, IPV introduction, immunization system strengthening**
3. Containment & Global Certification
4. Transition Planning



Countries using IPV vaccine

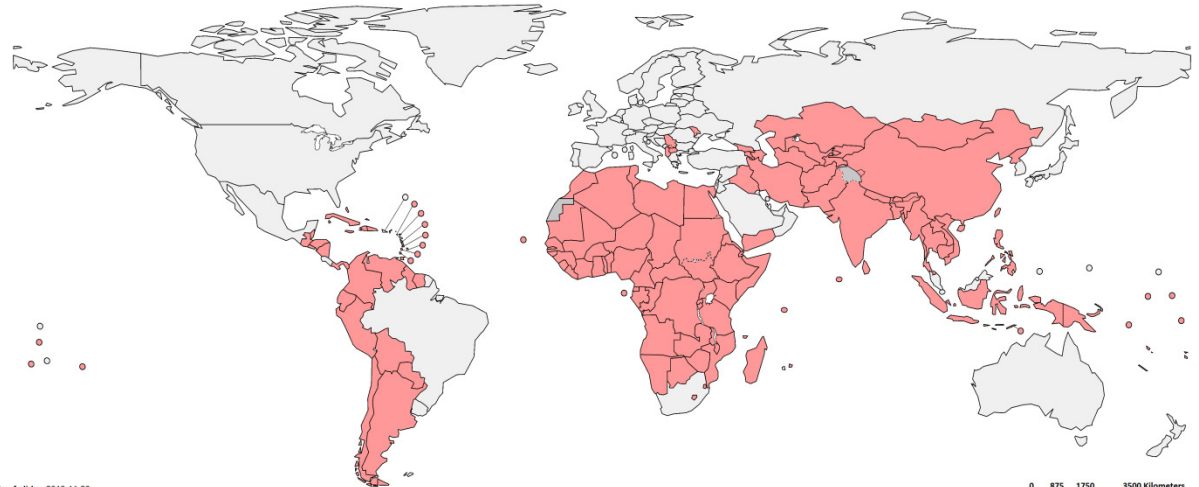
0 950 1,900 3,800 Kil



Data source: WHO/IVB Database, as of 11 October 2018

Map production Immunization Vaccines and Biologicals (IVB), World Health Organization

- 126 countries targeted in 2014 for IPV introduction
- Countries already using IPV in 2014
- Not applicable



Date of slide: 2018-11-28
 Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
 Data source: IVB database as at 15th of November 2018

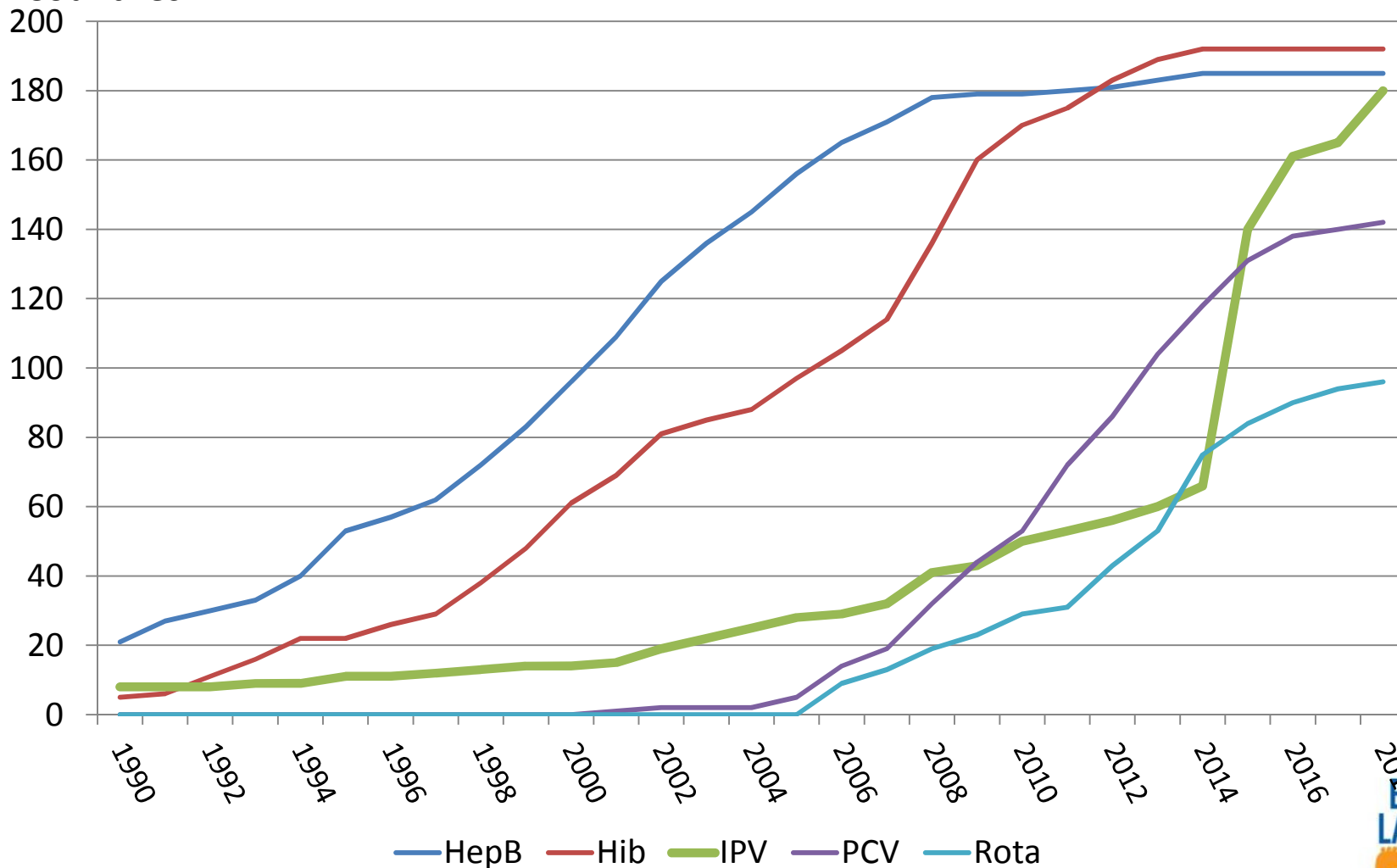
Disclaimer:
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0 875 1750 3500 Kilometers

IPV introduction

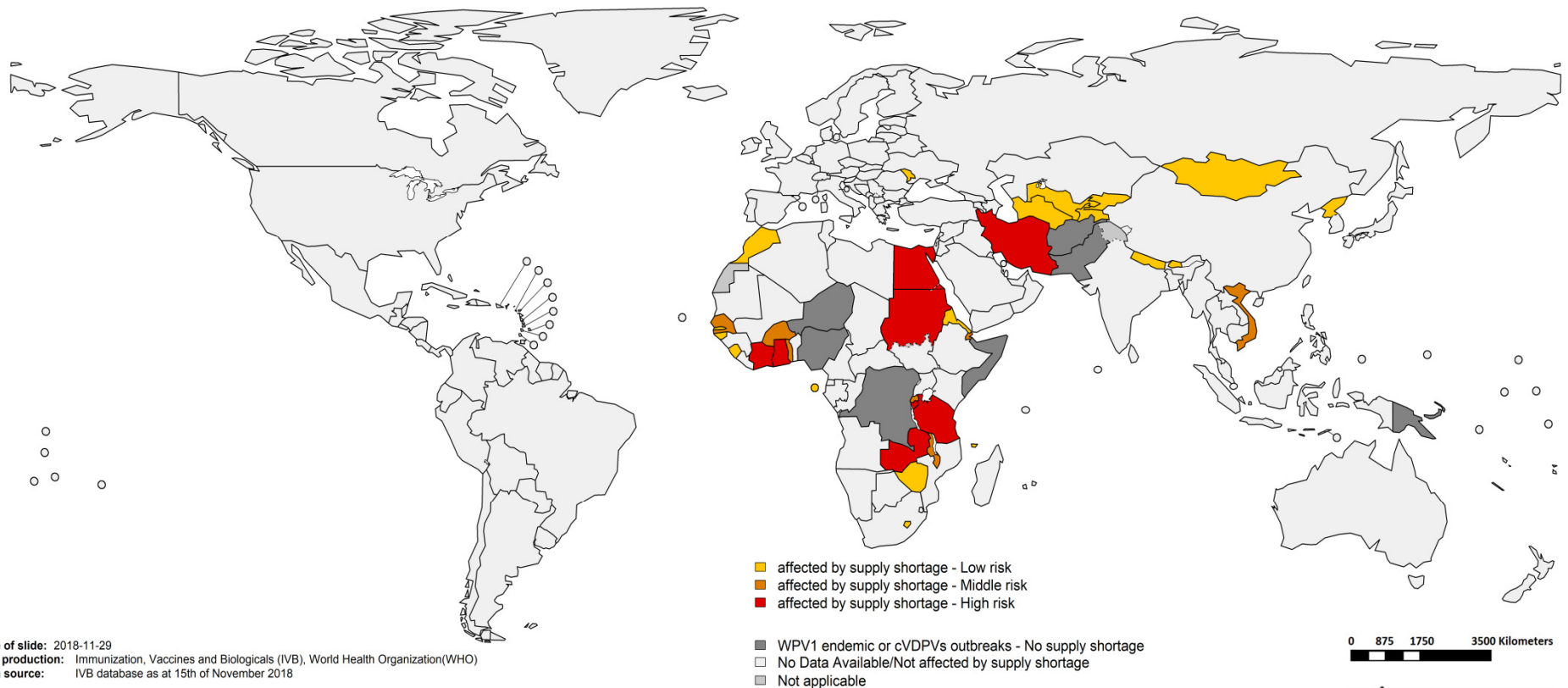
An unprecedented achievement

Countries



Countries affected by IPV supply shortage

~43 million children missed



Date of slide: 2018-11-29

Map production: Immunization, Vaccines and Biologicals (IVB), World Health Organization(WHO)

Data source: IVB database as at 15th of November 2018

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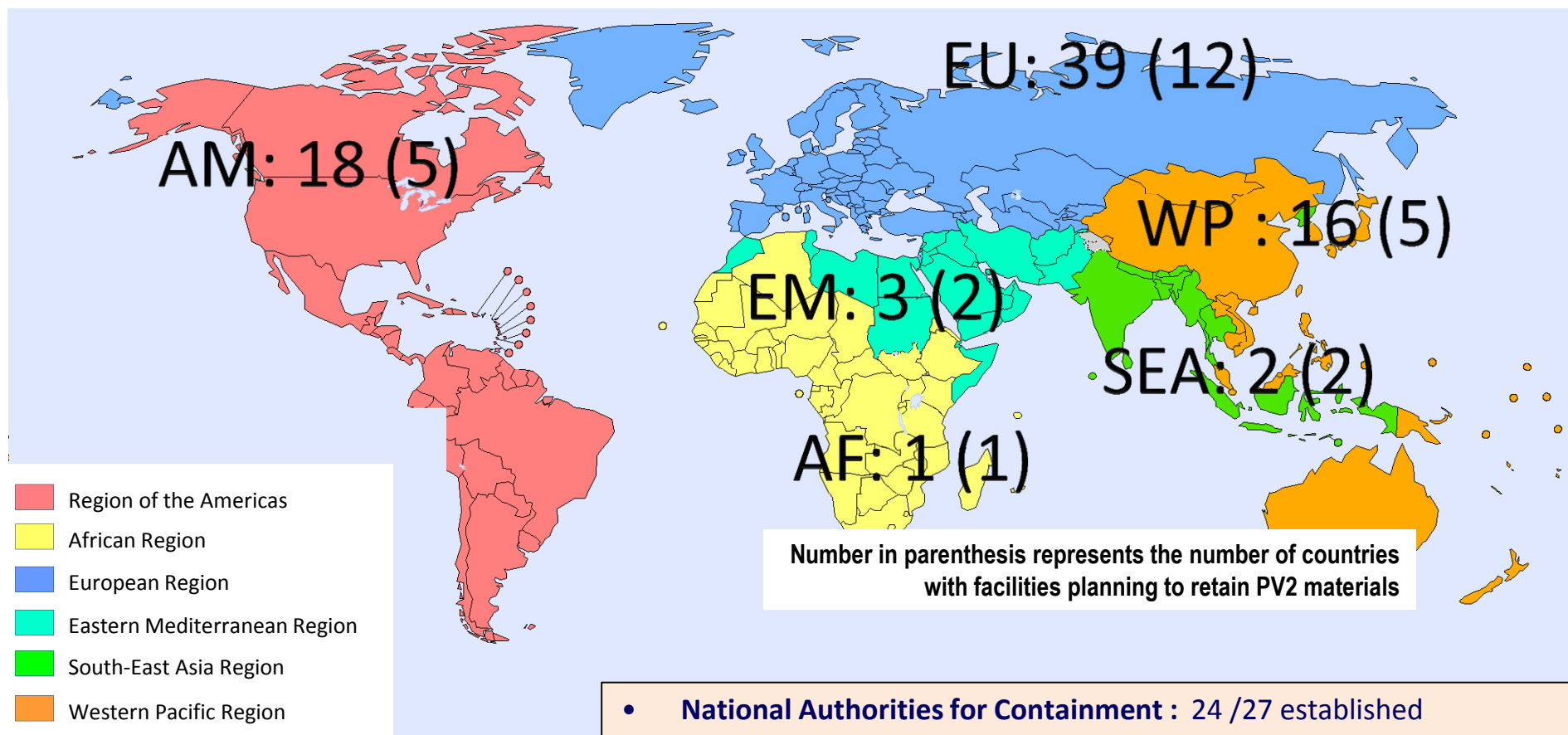


Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
- 3. Containment & Global Certification**
4. Transition Planning



27 countries plan to retain poliovirus type 2 materials in 79 Facilities



- Region of the Americas
- African Region
- European Region
- Eastern Mediterranean Region
- South-East Asia Region
- Western Pacific Region

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- **National Authorities for Containment** : 24 /27 established
- **Poliovirus Essential facilities** : 6 applications for containment certification (certificate of participation) submitted to GCC
 - Application endorsed by GCC: 1
 - Applications on hold: 2
 - Applications under review: 3

Certification of polio eradication

Global Certification Commission: 29 October – 1 November

- **Certification of the eradication of the wild polio virus** will follow a sequential approach with WPV3 eradication being certified ahead of WPV1
- **The validation of the absence of cVDPVs** will only be possible after the total cessation of use of all OPVs

The sequential approach:

- WPV type 3 eradication certification (after African region certification)
- Certification of WPV1 eradication (~ 3 years after last WPV1 detection)
- Validation of the absence of cVDPVs (after global OPV cessation)

GPEI Strategy 2019-2023



GPEI Strategy 2019-2023



- The Polio Eradication & Endgame Strategic Plan (PEESP) 2013-2018 was developed to guide the program to the anticipated goal of polio eradication with a cost of \$5.5B
- Though progress continues, transmission has not been interrupted in Pakistan and Afghanistan.
- The program is being extended to achieve eradication
 - Provisional budget for 2019-2023 approved by the Polio Oversight Board in September 2018 at the level of US \$ 4.3bn, of which US \$ 3.27bn must be mobilized;
 - GPEI is reviewing current strategies to define the changes and innovations required to achieve eradication, reflecting ways to address IMB recommendations
 - Overlap with the WHO GPW budget in the context of transition will be clarified.



Overview

2013

2019

2024

CERTIFICATION
(GPEI DISSOLVES)



Polio Eradication Endgame Strategic Plan & Mid-term Review

2013-2019

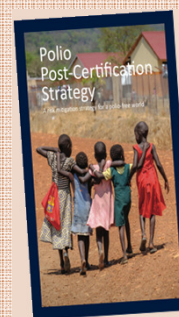
- Objective 1: Poliovirus detection and interruption
- Objective 2: Immunization systems strengthening and OPV withdrawal
- Objective 3: Containment and certification
- Objective 4: Legacy Planning



2019-2023

Polio Eradication, Certification, Integration: The Endgame Strategy

Eradication: Stopping transmission
Certification: Certify eradication and containment of all WPVs and ensure long-term polio security
Integration: Leveraging polio assets and lessons learned to protect populations
Cross-cutting areas: (management, research, budget and finance)



- Goal 1: Contain polioviruses
- Goal 2: Protect populations
- Goal 3: Detect and respond

GVAP 2.0

Gavi 5.0

WHO IVB Strategy

UNICEF Immunization Strategy

Global Health Security Agenda

...



What's next ?



Main activities for the next six months

Global

- Identify “disruptive” changes to address outcomes of IMB external review
- Develop strategy for 2019-2023 and adjust budget
- Mobilize resources to support 2019-2023 strategy

Endemic countries

- Maintain political commitment in the face of changes of governments
- Intensify deployment of qualified personnel
- Address pockets of resistance and “fatigue”

Outbreak Countries

- Secure high level political commitment to respond to outbreaks
- Improve quality of outbreak response in DRC, PNG, HoA, Nigeria and Niger
- Secure additional quantities of mOPV2
- Leverage GPEI efforts to contribute to strengthening routine immunization beyond initial acute outbreak response

Thank you
Merci

