STATUS REPORT

JANUARY – JUNE 2014

PROGRESS AGAINST THE POLIO ERADICATION AND ENDGAME STRATEGIC PLAN 2013-2018

POLIO GLOBAL ERADICATION INITIATIVE

Design by Paprika (Annecy, France)

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HIGHLIGHTS

Objective 1: Poliovirus detection and interruption

- **Endemic countries:** Strong progress in Nigeria and Afghanistan; but polio cases on the rise in Pakistan.
- **Outbreaks:** Horn of Africa appears close to control. Strong response in the Middle East, despite on-going security challenges. Worrying virus spread in Central Africa.
- **High-risk countries:** 27 vaccination campaigns conducted in 8 of the 10 high-risk countries from January to June 2014. Some countries' vulnerability indicators are a concern and the security situation in Central African Republic makes accessing all children difficult. The additional 2 countries are planning to conduct campaigns in the second half of 2014.
- **PHEIC:** In May, the WHO Director-General declared the international spread of wild poliovirus a 'public health emergency of international concern' (PHEIC), and issued Temporary Recommendations under the International Health Regulations (2005) to minimise the risk of further global spread.

Objective 2: Immunization systems strengthening and OPV withdrawal

- 72 countries are already using inactivated polio vaccine (IPV), 49 countries have made a formal commitment to introduce and an additional 35 declared intent to introduce IPV by end-2015. Six out of 10 focus countries have developed annual national immunization plans that take into account polio assets to improve broader immunization goals.

Objective 3: Containment and certification

- **Certification:** WHO region of South-East Asia certified polio-free on March 27, 2014; on track to globally certify wild poliovirus type 2 as eradicated in 2014.
- **Containment:** the objective for this year is to finalize Global Action Plan to minimize post-eradication poliovirus facility-associated risks (GAPIII) and align it with the Polio Endgame timelines, particularly with regard to the phased removal of OPVs.

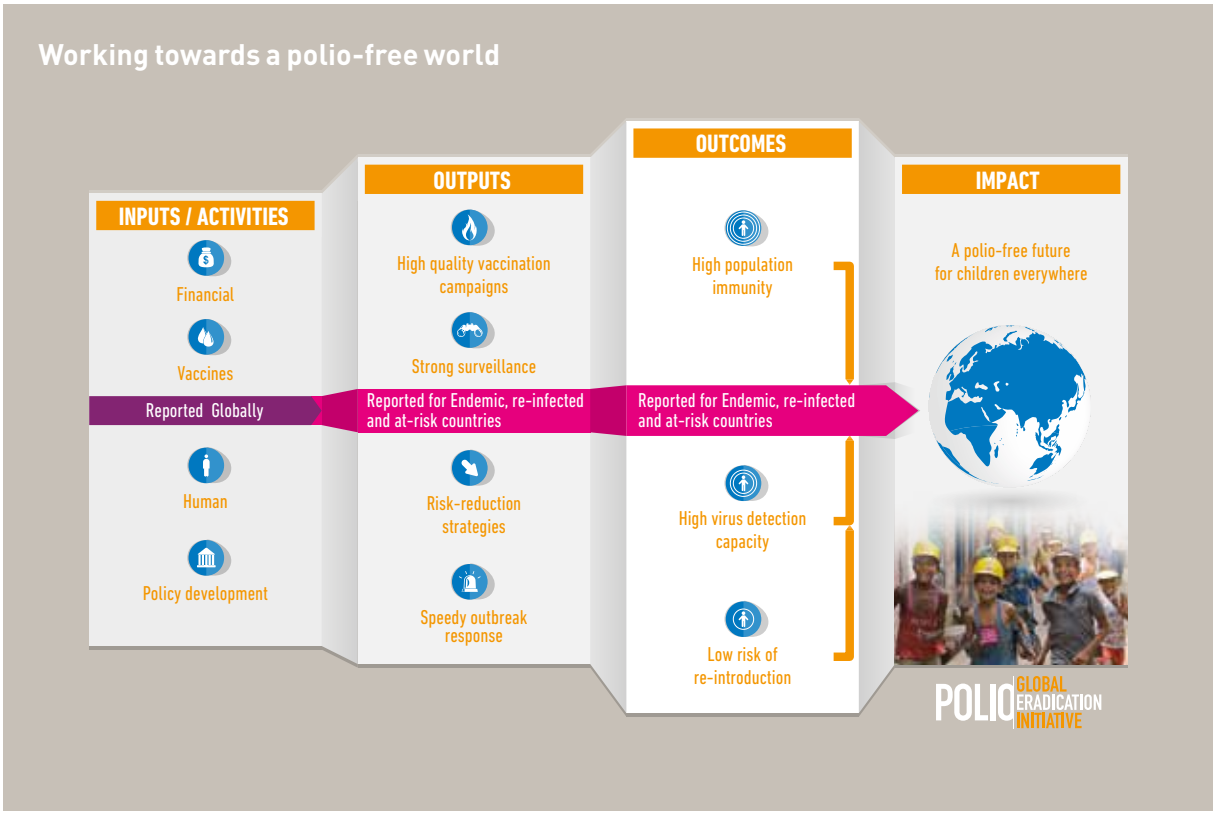
Objective 4: Legacy planning

- Draft Global Framework under development by legacy planning working group, for presentation to the World Health Assembly in May 2015.

INTRODUCTION

Following the request by Global Polio Eradication Initiative (GPEI) stakeholders to update the monitoring framework for the GPEI Polio Eradication and Endgame Strategic Plan 2013-2018 (Endgame Plan), the framework has been revised to fit with the results-based approach to polio eradication outlined in the Endgame Plan, and to ensure that progress against the Endgame Plan is reflected through programme indicators across all four of its objectives. The updated monitoring framework is depicted on Figure 1.

Figure 1 – Monitoring Framework



The structure of this document includes a high level summary, followed by a more detailed narrative for each of the strategic objectives, broken down by geography where appropriate. The narrative is followed by a series of Annexes that will contain the monitoring framework indicators for endemic countries, outbreak countries, high-risk countries and global indicators.

SUMMARY

In March 2014, the GPEI celebrated one of the world's great achievements in global health as the WHO South-East Asian Region was certified polio-free. Five years previously, India was regarded as the hardest place on earth to stop polio. India's accomplishment in eradicating polio opened the door to the certification of the eleven countries in WHO's South East Asian Region, representing 1.8 billion people, as polio-free; a major step toward clearing the world of polio. Where children are being reached with polio vaccines, improvements in campaign quality are making a difference. Nigeria has seen a significant decrease in the number of wild poliovirus type 1 (WPV1) cases as new tactics help the programme reach more children, boosting immunity in insecure areas. Afghanistan has reduced transmission to very low-levels with only 8 cases during the reporting period of this document. Wild poliovirus type 3 (WPV3) has not been detected anywhere globally since November 2012, strongly indicating that this strain may have been eliminated. The programme is working with communities to improve not only acceptance of polio vaccine, but also to increase vaccination demand. Civil society groups such as the Islamic Advisory Group play an important role in these social mobilization and community engagement efforts.

However, in the few reservoirs where children cannot receive vaccinations, cases are increasing. In North and South Waziristan in Pakistan, an ongoing ban on immunization campaigns since June 2012 remains in place. However, following military campaigns in North Waziristan, intensive immunization campaigns have been conducted to reach internally displaced persons (IDPs) and host communities surrounding the area. There are 163 permanent vaccination posts in place to vaccinate persons travelling in and out of North Waziristan, which have enabled the vaccination of more than 700,000 persons this year including over half a million children.

Despite opportunities such as this, however, poliovirus continues to spread internationally to previously polio-free areas. The virus has been exported internationally from three major epidemiological zones this year: in central Asia (from Pakistan to Afghanistan), in the Middle East (Syria to Iraq) and in Central Africa (from Cameroon to Equatorial Guinea, and from Equatorial Guinea to Brazil, where poliovirus was detected in an environmental sample). On 5 May WHO Director-General Dr. Margaret Chan declared the recent international spread of wild poliovirus a "public health emergency of international concern", and issued Temporary Recommendations under the International Health Regulations (2005) to prevent further spread of the disease.

Efforts are on track to launch the most ambitious vaccine introduction in history as part of the polio Endgame strategic plan. As recommended by the Strategic Advisory Group of Experts on Immunization (SAGE), 126 countries will introduce at least one dose of inactivated polio vaccine (IPV) by the end of 2015. To date, 72 countries are already using IPV, 49 countries have made a formal commitment to introduce it and an additional 35 have declared intent to introduce IPV in their routine immunization programme by the end of 2015. These countries account for approximately 96% of the global birth cohort. This work is critical to help prepare for an eventual global switch from trivalent OPV to bivalent OPV as early as 2016.

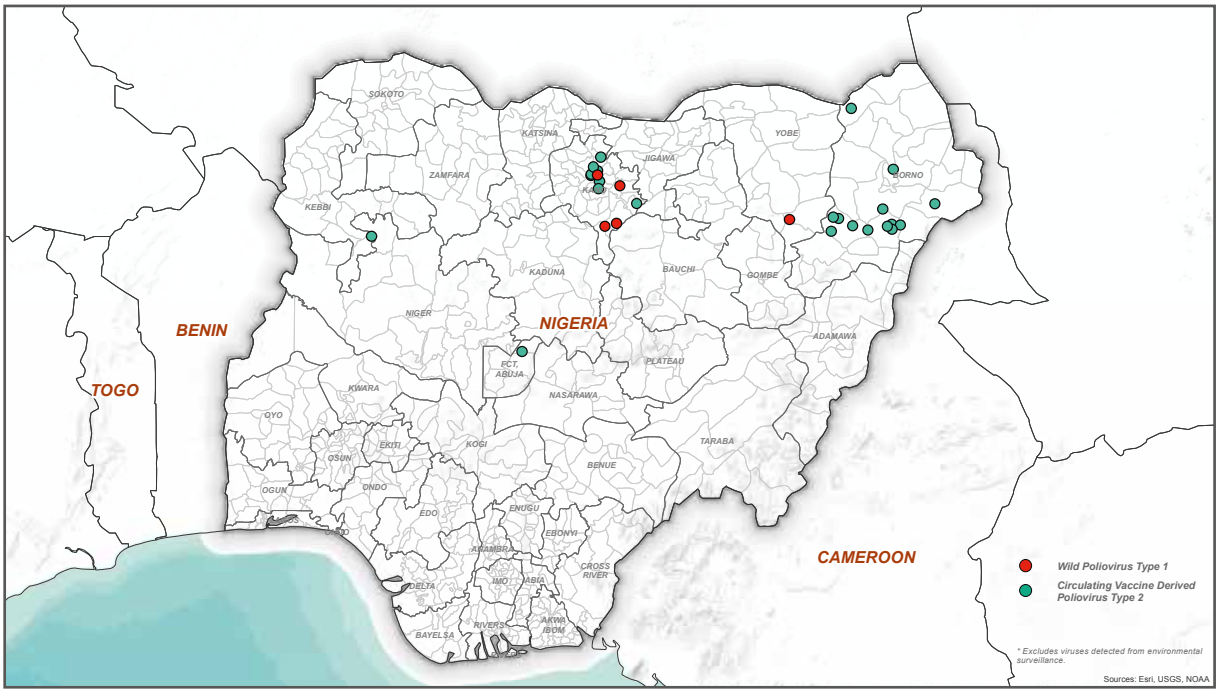
OBJECTIVE 1: POLIOVIRUS DETECTION AND INTERRUPTION

Endemic countries

Progress in Nigeria and Afghanistan

Nigeria and Afghanistan have made major progress towards achieving a polio-free status. Nigeria has seen a significant decrease in the number of wild poliovirus type 1 (WPV1) cases, from 53 in 2013, to five in 2014 at end-June 2014. The programme in Nigeria has never been as coherent and effective as it is currently. Programmatic improvements in Kano state, the major endemic polio reservoir for Nigeria in the past, have been particularly striking. Borno state continues to face substantial security challenges and has gaps in surveillance that it is attempting to address. While access to children has improved substantially during the past year, access continues to be limited in many areas and supplementary immunization activity (SIA) quality remains inadequate in areas that are accessible. In June 2014, a major milestone was reached, as almost all (98%) of all high-risk Local Government Areas (LGAs) achieved ≥80% coverage, as verified through Lot Quality Assurance Sampling (LQAS).

Nigeria wild poliovirus and circulating vaccine-derived poliovirus type 2 cases – January-June 2014

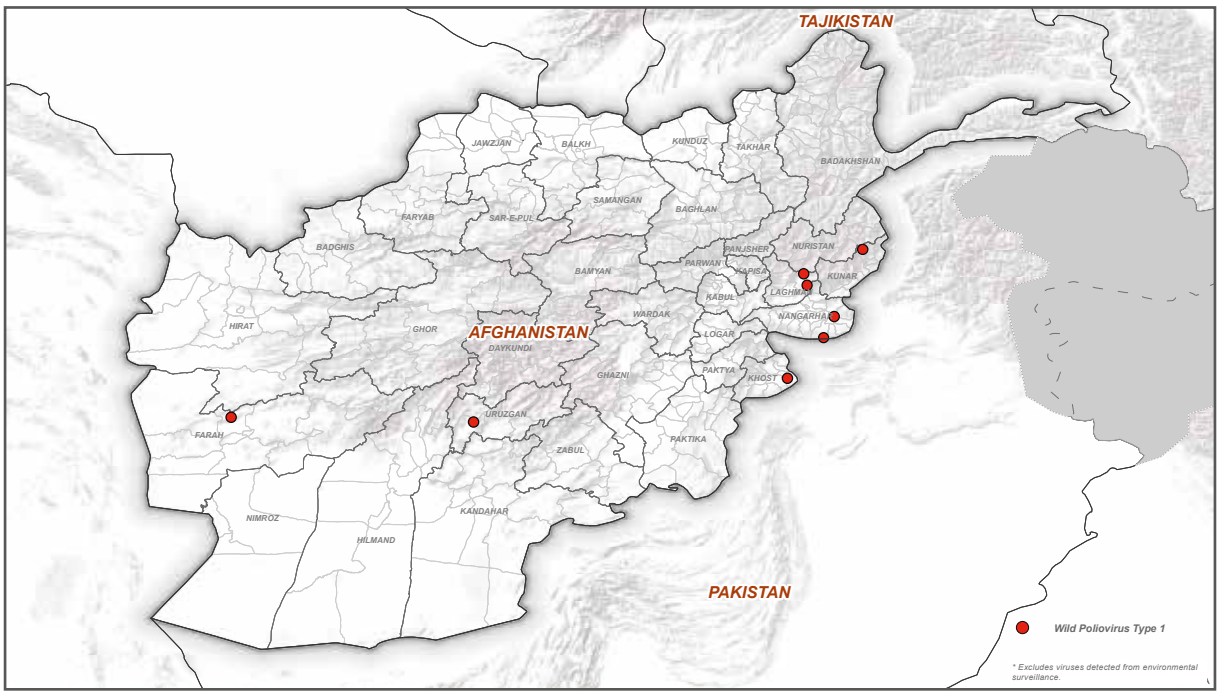


In the first half of 2014, five SIAs have been conducted in Nigeria, vaccinating more than 58 million children multiple times. Up to 92,000 vaccination teams were deployed during these campaigns.

Alongside Nigeria, Afghanistan continues to make steady improvement to its programme with only eight cases of wild poliovirus reported in the first half of this year. Between January and June, the cases occurred almost exclusively in the Eastern Region and were linked to importations from Pakistan with subsequent circulation. However, the danger of residual endemic transmission was underscored, with confirmation of an endemic WPV1 from May in Uruzgan, Southern Region, last seen in the country in 2012. Circulating vaccine-derived polioviruses type 2 (cVDPV2) have not been detected in over one year. Social and cultural norms remain a critical barrier preventing teams from accessing households to vaccinate

newborn, sick and sleeping children, particularly in Eastern Region and Southern Region. While parents rarely turn vaccinators away because they think the vaccine is unsafe, some remain unconvinced that polio is a significant enough threat to wake a sleeping child, and therefore may hesitate to give the vaccine to a sick child or to bring a newborn out of doors before social norms permit. These are not overt objections to the programme but they highlight a gap in the ability of frontline workers to assuage parental concerns. Addressing this issue is now a priority for the districts in the south that have persistently low coverage.

Afghanistan wild poliovirus cases – January-June 2014



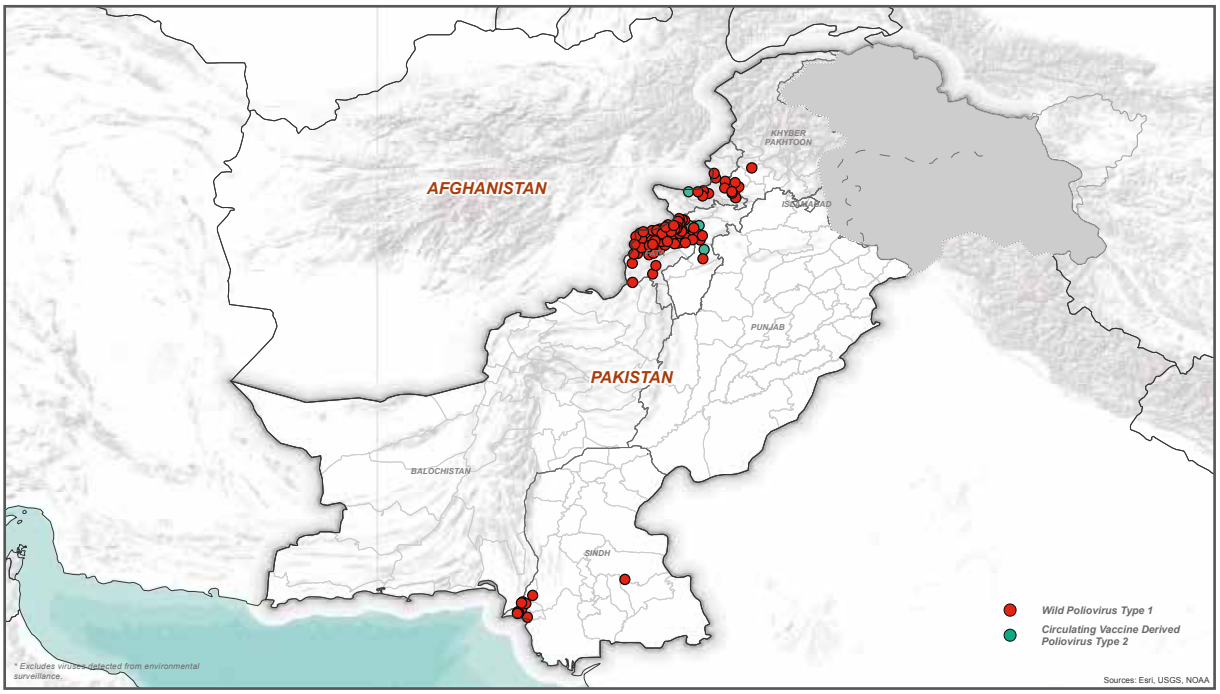
Polio cases on the rise in Pakistan

In Pakistan, the outbreak of WPV1 and cVDPV2 in the Federally Administered Tribal Areas (FATA) continues, with virus spread to many areas of Pakistan and eastern Afghanistan. Poliovirus transmission will continue in both countries until vaccination in North Waziristan, FATA, can be resumed and the outbreak stopped. Vaccination at transit points is reaching children coming and going from these affected areas, as is specific focus on reaching IDPs in Pakistan and refugees across the border. As such, the primary aim is to reach people from North Waziristan, no matter where they are.

Violence against health workers remains a dangerous and critical challenge. New, one-day vaccination campaign health drives are being implemented to reach populations in need with polio vaccine along with other health interventions to limit the period of time health workers are vulnerable. This approach, first implemented in parts of FATA, is being expanded to central KP, Rawalpindi and greater Karachi. Negotiating access to areas which are currently inaccessible to vaccinators also continues to be a major focus as is employing a targeted mix of vaccines: trivalent OPV, bivalent OPV and, where appropriate, IPV.

During the low poliovirus transmission season this year, three national and multiple sub-national SIAs were carried out to maintain immunity in accessible areas. While these areas have registered occasional cases, they have not resulted in sustained transmission.

Pakistan wild poliovirus and circulating vaccine-derived poliovirus type 2 cases – January-June 2014

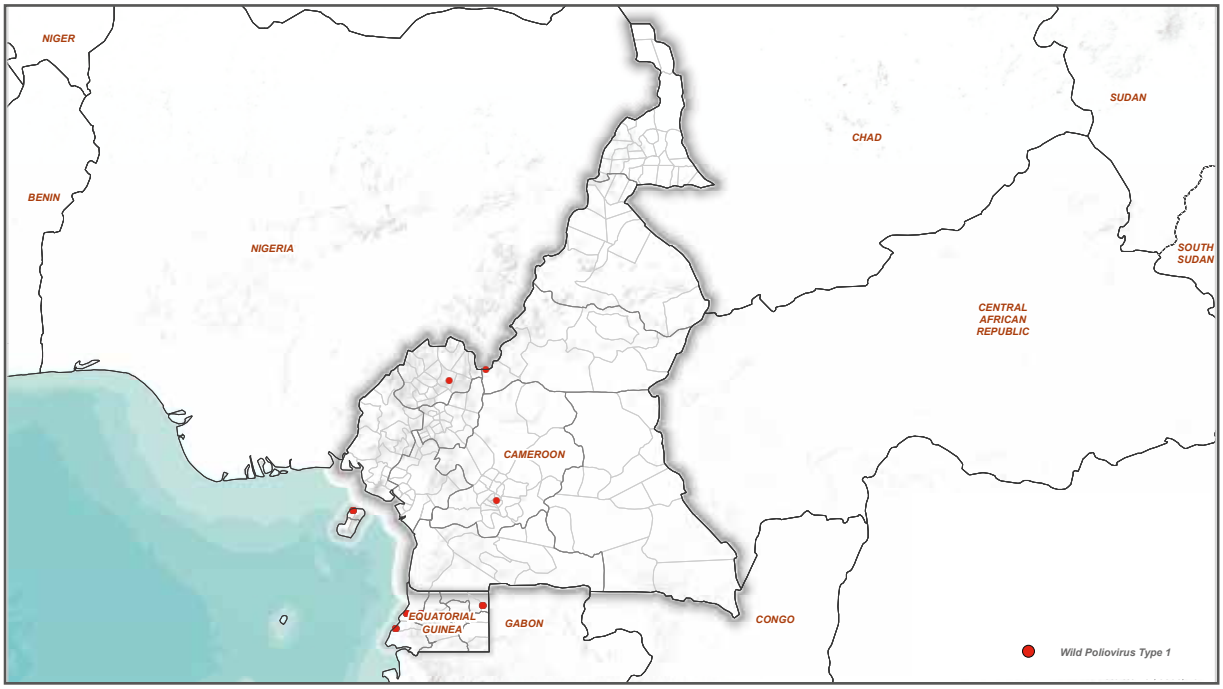


Importation countries

In central Africa, the WPV1 outbreak in Cameroon has spread to Equatorial Guinea and there is risk of further spread. The programme is currently accelerating efforts to improve quality of surveillance and SIA in Cameroon. In Equatorial Guinea, the immunization system is weak and the outbreak appears to be widespread within the country. However, the government has been engaged and nationwide immunization campaigns are currently ongoing. In March 2014, WPV1 was detected in an environmental sample in Brazil (without evidence of circulation), genetically

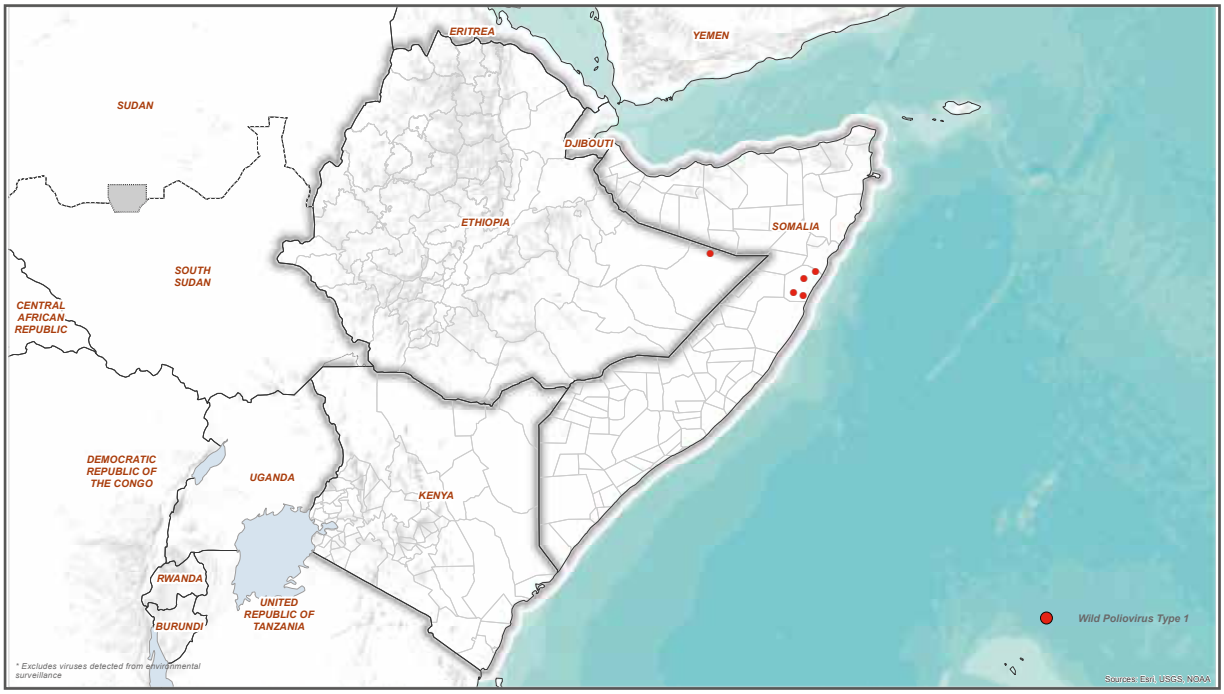
linked to Equatorial Guinea. Following this confirmation, Equatorial Guinea was added to the list of 'exporting' countries under the Public Health Emergency of International Concern declaration.

Cameroon and Equatorial Guinea wild poliovirus cases – January-June 2014



The WPV1 outbreak in the Horn of Africa has significantly declined, however confirmation of a case in Somalia in June 2014 underscores the dangers of ongoing, low-level residual transmission in the region.

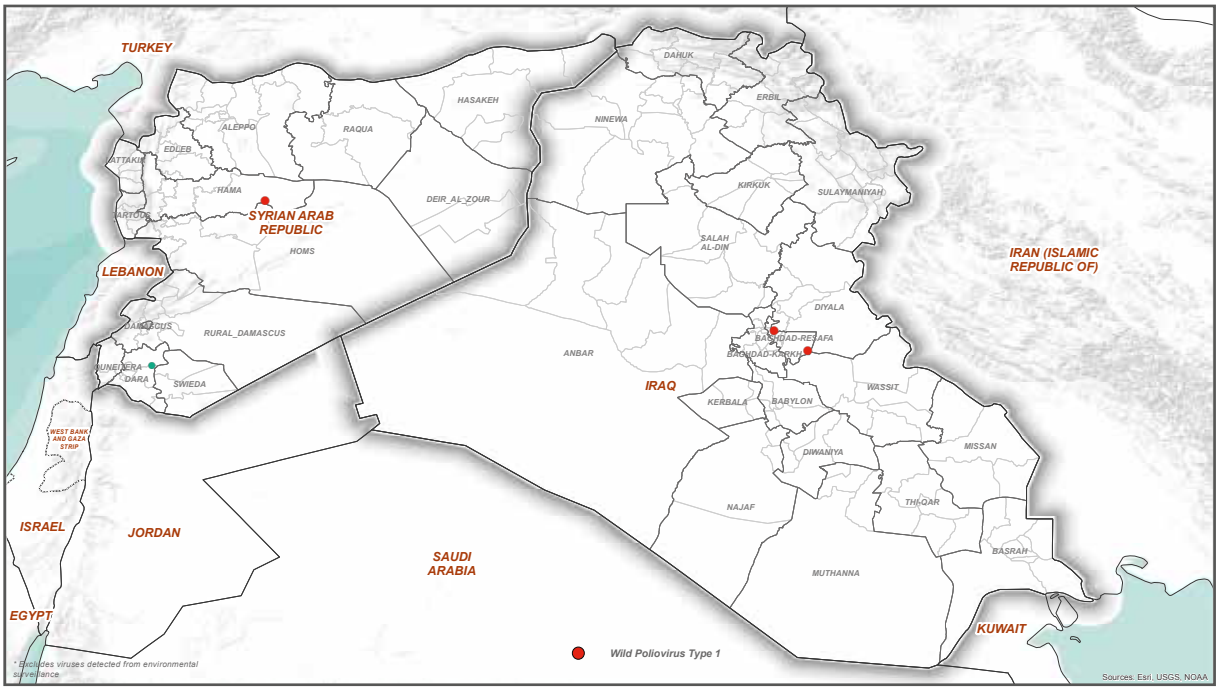
Horn of Africa wild poliovirus cases – January-June 2014



In Syria, the outbreak has added to the strain of the country's humanitarian crisis. Transmission across the border with neighbouring Iraq led resulted in two cases, and has also threatened the polio-free status of the other surrounding countries. Since polio cases were first confirmed in Syria in mid-October 2013, the programme has mounted a regional response, coordinating efforts to boost immunity in all surrounding countries as well as Egypt, the West Bank and Gaza, while responding to the outbreak in Syria itself. Within Syria, vaccination has occurred throughout the country, including in contested and most opposition-controlled areas. More and more children continue to be reached from campaign to campaign, however in some areas affected by active conflict, children continue to be missed. Case counts have been low, but surveillance gaps remain throughout the country. Phase II of the outbreak response, which is currently being implemented, focuses on strengthening AFP surveillance through sensitization to health directors and clinicians, trainings of focal persons and social mobilizers and development of guidelines and other materials. Complicating implementation is the ever-evolving security situation across the region.

In Israel, where WPV1-positive samples have been detected by environmental surveillance since February 2013, OPV was re-introduced into the national routine immunization schedule. This step appears to have improved the situation as no environmental sample collected since March has been WPV1-positive. The last WPV1 isolated from samples collected in the West Bank and Gaza was in January 2014. The West Bank and Gaza have continued their long-standing sequential IPV-OPV immunization schedule.

MIDDLE EAST WILD POLIOVIRUS CASES – JANUARY-JUNE 2014



High-risk countries

The countries classified as 'high-risk' are ten currently un-infected countries deemed to be particularly vulnerable to polio outbreaks. The main determinants of risk are the risk of poliovirus importation (based on history of importation and proximity to infected areas), the consequences of importation (population immunity status, complex emergencies) and the risk of delays in detection of the virus (surveillance). The ten countries currently on this list are: Angola, Benin, Central African Republic (CAR), Chad, Democratic Republic of the Congo, Côte d'Ivoire, Gabon, Mali, Niger and Republic of Congo.

A key indicator of population immunity status in these countries is the proportion of children among acute flaccid paralysis (AFP) cases that have not been vaccinated.

A key indicator for the quality of the surveillance network is the rate of non-polio AFP cases in the population.

Risk mitigation strategies include the implementation of SIAs, the improvement of routine immunization and the improvement of surveillance, in coordination with humanitarian response (where applicable).

During the first half of 2014, multiple SIAs have been conducted in the high-risk countries. Surveillance and population immunity indicators are presented in Annex 4.

In addition, environmental surveillance is to be expanded to cover high-risk countries. Country prioritization is underway, and two to three countries are expected to be monitored through this technique by the end of 2014, with more to follow in 2015.

Operational cost per child analysis

Operational cost per child (to reach and vaccinate 1 child with 1 dose)	July - December 2013	Jan-June 2014
Global	$ 0.28	$ 0.27
AFRO*	$ 0.36	$ 0.34
EMRO**	$ 0.17	$ 0.18
SEARO	$ 0.05	$ 0.05
EUROPE	$ 0.30	$ 0.30

*Decrease associated with reduction in costs in Nigeria (after review of team composition in the country).

**Increase due to security costs associated with outbreak response in Middle East and Horn of Africa.

OBJECTIVE 2: IMMUNIZATION SYSTEMS STRENGTHENING AND OPV WITHDRAWAL

As part of the Endgame Plan, OPV use will eventually be stopped worldwide, starting with the removal of vaccine containing type 2 poliovirus (OPV type 2) through the switch from trivalent OPV to bivalent OPV. A first step in this process is the introduction of at least one dose of inactivated polio vaccine (IPV) into all routine immunization programs by the end of 2015. This will boost immunity against type 2 polioviruses and will also:

- reduce the risk of re-emergence of wild- or vaccine-derived type 2 polio virus
- facilitate the containment of outbreaks
- accelerate WPV eradication by boosting immunity against poliovirus type 1 and 3 in children who have previously received OPV.

Significant progress on IPV introduction has been made. Out of 126 countries currently only using OPV, 53 have already introduced or have formally committed to introducing IPV by end of 2015. In addition, 37 countries have indicated their intent to introduce IPV by 2015 through informal communication sent to GAVI, WHO/UNICEF Regional Offices or partner agencies. To date, a total of 90 countries (71%) have therefore indicated plans to introduce IPV within the Endgame Plan timelines (by end of 2015). Ongoing dialogue with all regions continues to support further progress of decision-making and planning for IPV introduction.

In conjunction with IPV introduction, Objective 2 of the Endgame plan also includes efforts to strengthen routine immunization particularly in ten 'focus' countries where there are significant polio resources and assets. A joint programme of work was initiated with the GAVI Alliance to support this work in 2014. To date, six of these countries – Chad, Democratic Republic of Congo, Ethiopia, India, Nigeria and Pakistan – have developed annual national immunization plans that leverage polio assets to improve broader immunization goals. In Pakistan, for example, a pilot project first evaluated in 16 districts is being expanded across all provinces, in close collaboration with high-level provincial political leadership, to take steps to rapidly increase vaccination coverage among children.

In terms of the number of children remaining unvaccinated with DTP3 vaccine through the routine immunization programme, several countries are estimated to have reduced the number of unvaccinated children considerably, including Nigeria (2.1 million reduction), Ethiopia (78,000 reduction), Angola (15,000 reduction) and Chad (10,000 reduction). Unfortunately, some countries are also estimated to have an increasing number of unvaccinated children, including South Sudan (57,000 increase), DR Congo (13,000 increase) and Somalia (5,000 increase).

OBJECTIVE 3: CONTAINMENT AND CERTIFICATION

The first Global Action Plan (GAP) for containment of WPV was developed in 1999 with the recognition that containment needed to be addressed in advance of eradication certification. In 2001, GAP was updated to include containment of VDPV in addition to WPV (GAPII).

National laboratory survey and inventory activities, essential first-steps towards containment, were completed in all countries of the WHO Western Pacific, European and American Regions by 2008. The renewed discussions on OPV cessation that were prompted by the confirmation of cVDPVs in turn led to the development of a third edition of GAP. The Global Action Plan to minimize post-eradication poliovirus facility-associated risks (GAPIII) outlines relevant biosafety levels and safeguards for handling wild-, Sabin- and Sabin-derived polioviruses following eradication and eventual OPV cessation.

In terms of containment, the objective for this year is to finalize GAPIII, and ensure it is aligned with the Polio Endgame timelines, including for the phased withdrawal of OPV. The draft was reviewed by the Global Polio Laboratory Network (GPLN) at end-June 2014, will be presented to the Strategic Advisory Group of Experts on immunization (SAGE) in October 2014, and is anticipated to be submitted to the WHO Executive Board in January 2015.

On 27 March 2014, the world's most populous WHO Region of South-East Asia was certified polio-free, meaning that transmission of wild poliovirus has been interrupted in this bloc of 11 countries stretching from Indonesia to India. This achievement marked a significant leap forward in global eradication, with 80% of the world's population now living in certified polio-free regions.

The programme is currently working on verification of eradication of wild poliovirus type 2 through the Global Commission for Certification of the Eradication of Poliomyelitis (GCC), in preparation for the phased removal of OPV beginning with OPV type 2 withdrawal. Wild poliovirus type 2 (WPV2) was eradicated in 1999.

OBJECTIVE 4: LEGACY PLANNING

The principle objective of the legacy planning work is to ensure that the investments made in the cause of polio eradication are built on to benefit other development goals, through a comprehensive programme of work to document and transition the GPEI's knowledge, lessons learned and assets.

In 2013, the GPEI established the legacy planning working group to manage the development of legacy planning, including to ensure the consultations and evidence base development necessary to inform the Global Legacy Framework, to be presented to the World Health Assembly in May 2015.

Throughout 2014, stakeholder input is being sought into the overall direction of the legacy planning work, to understand better the capabilities of the programme and its knowledge and to steer the legacy working group in directions that could be of benefit to other health priorities.

As part of these consultations, the legacy working group will engage with health initiatives and financiers who have already expressed an interest in the polio legacy. This includes the World Bank and the MDG Health Alliance which have both expressed interest in exploring potential benefits of using polio resources beyond polio eradication.

It is anticipated that legacy planning will be conducted on a national basis following development of the Global Legacy Framework.

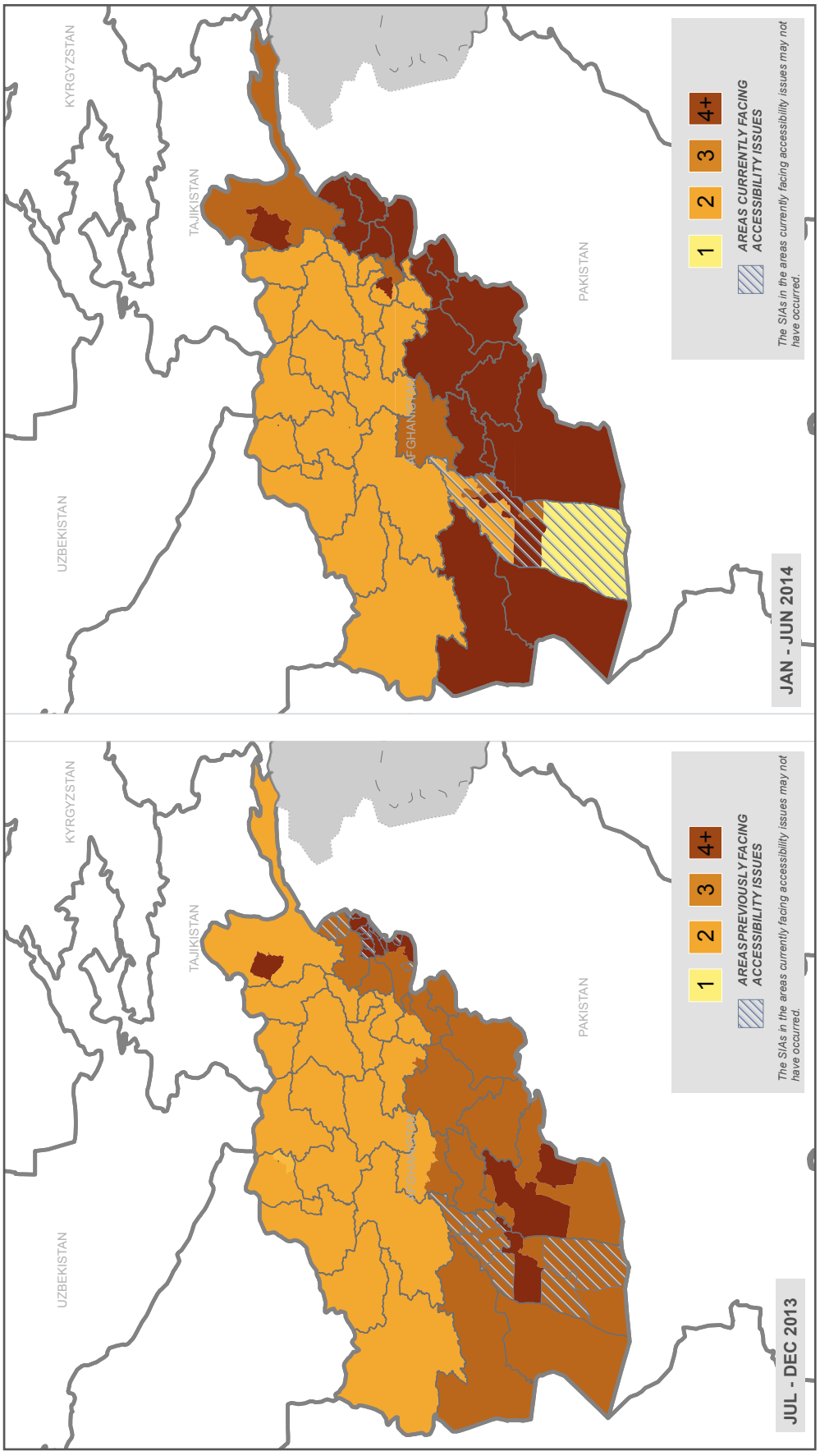
Indicator	Definition and significance
0-dose	The % of children between 6 and 59 months old without polio that have never received a single dose of polio vaccines; this indicator provides an estimate of population immunity in the general population (children with acute flaccid paralysis that is not polio associated – NPAFP). The % of those children with zero doses approximates the % of that age group that has not been reached by the routine programme or by SIAs and remains fully susceptible to poliovirus infection.
LQAS	The % of administrative districts (of those targeted in an SIA) with Lot Quality Assurance Sampling (LQAS) results at the >80% (AFG, NIE) or >90% (PAK) level indicates the % of administrative districts with a "high" quality SIA.
% inaccessible	The % of children targeted in an SIA but were missed due to inaccessibility provides an assessment of the % of the target population unreachable due to security threats.
% children missed due to child not being seen	The % of children targeted in an SIA but missed due to house not visited or child not home provides an indication of team performance.
% children missed due to refusal	The % of children targeted in an SIA but missed due to refusals provides an assessment of the degree of community acceptance of polio vaccination.
Percent of refusal children among WPV cases	The % of refusal children among children with a confirmed wild polio virus case provides an indication of the importance of refusal/community acceptance in ongoing poliovrus transmission.
Freqency and type of activities	The ability to execute a plan of immunization activities (scope, frequency and type of vaccine) is an indicator of the quality of our operations (Global, region, country).
npAFP rate	non-polio AFP rate. Measures the rate of accute flaccid paralysis (AFP), which can have many different causes, in a population. The goal is for this rate to be >2 per 100,000 children of less than 15 year old. This is an indication of the sensitivity of polio surveillance.
stool adequacy	An indication of the responsiveness and quality of the reverse cold chain and appropriate speciment handling.
case onset to notification	For countries with active poliovirus transmission, an indication of the responsiveness of the surveillance-to-lab processes. Time from case onset to advance notification of a suspect case by the lab. For countries without active poliovirus transmission, an indication of the responsiveness of the surveillance-to-lab processes. Time from case onset to primary (negative) viral isolation.
IPV introduction	To track progress on the Endgame objective of IPV introduction in the 126 OPV-only-using countries by end 2015. Progress will be tracked at a number of stages, namely countries' decision making status regarding IPV introduction, the development of countries' plans to introduce IPV and the introduction of IPV into routine immunization.
Routine Immunization strengthening	To monitor progress against improving routine immunization in high risk districts in 10 priority countries through the use of polio assets. The priority countries are as follows: Afghanistan, Angola, Chad, Democratic Republic of Congo (DRC), Ethiopia, India, Nigeria, Pakistan, Somalia, South Sudan. 1. Development and availability of annual national immunization coverage improvement plans 2. % reduction in un-immunized children
Financial resources	This indicator measures the availability of funds to implement programme activities as follows: - Proportion of 2014 required funds that have been received - Proportion of 2013-2018 committed funds that have been received
Human Resources	The % of posts that are vacant indicates the ability of the programme to implement required activities.
OPV Vaccines supply	To track the adequacy of OPV supply for planned SIAs and vaccine type-specific buffer stocks available based on the expected supply from manufacturers and the anticipated use of vaccine in routine immunization and SIAs for each major preparation, tOPV and bOPV. • Implementation indicator: Proportion of planned SIAs that were cancelled, postponed or reduced in size, in priority countries (endemic, outbreak, other), during the previous 6 months due to gaps in vaccine supply. • Forecasting indicator: Proportion of weeks, with a minimum of 4 full weeks, in the plan for the next 6 months for which the forecasting graph goes below the buffer for each type of OPV.

Annex 2 – Endemic country monitoring

AFGHANISTAN

Endemic Countries	State/Area	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Afghanistan	Southern (Kandahar, Helmand)	Interrupt transmission	number of cases	0 case	1	0
		high population immunity	% 0-dose	<10%	4,65%	0
			LQAS	>= 90%	100 (start), 55.6 (end)	90 (start), 85.7 (end)
			% inaccessible	<5%	0.9 (start), 0.9 (end)	56.4 (start), 58.3 (end)
			Number and type of activity	per plan	10 SNIDs	9 SNIDs
		high virus detection	npAFP rate	> 2 per 100,000	11,3	12,8
			stool adequacy	> 80%	86,3	81,1
			lab receipt to primary isolation (onset to case confirm)	< 14 days	13.2 (27.3)	11.9 (26.1)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0.8% (national)	N/a
	Rest of country	Interrupt transmission	number of cases	0 case	10	7
		of country	Interrupt transmission	<10%	0,67	0,16
			high population immunity	>= 90%	61.5 (start), 70.6 (end)	74.4 (start), 73.3 (end)
			% inaccessible	<5%	0.7 (start), 0.1 (end)	0.4 (start), 2 (end)
			Number and type of activity	per plan	2 NIDs, 4 SNIDs	2 NIDs, 11 SNIDs
			AFP rate	> 2 per 100,000	9,8	14
			high virus detection	> 80%	95,14	96,04
			lab receipt to primary isolation (onset to case confirm)	< 14 days	12.4 (22.8)	12.3 (22.7)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0.8% (national)	N/a
			IPV introduction	intro by 2015		On track

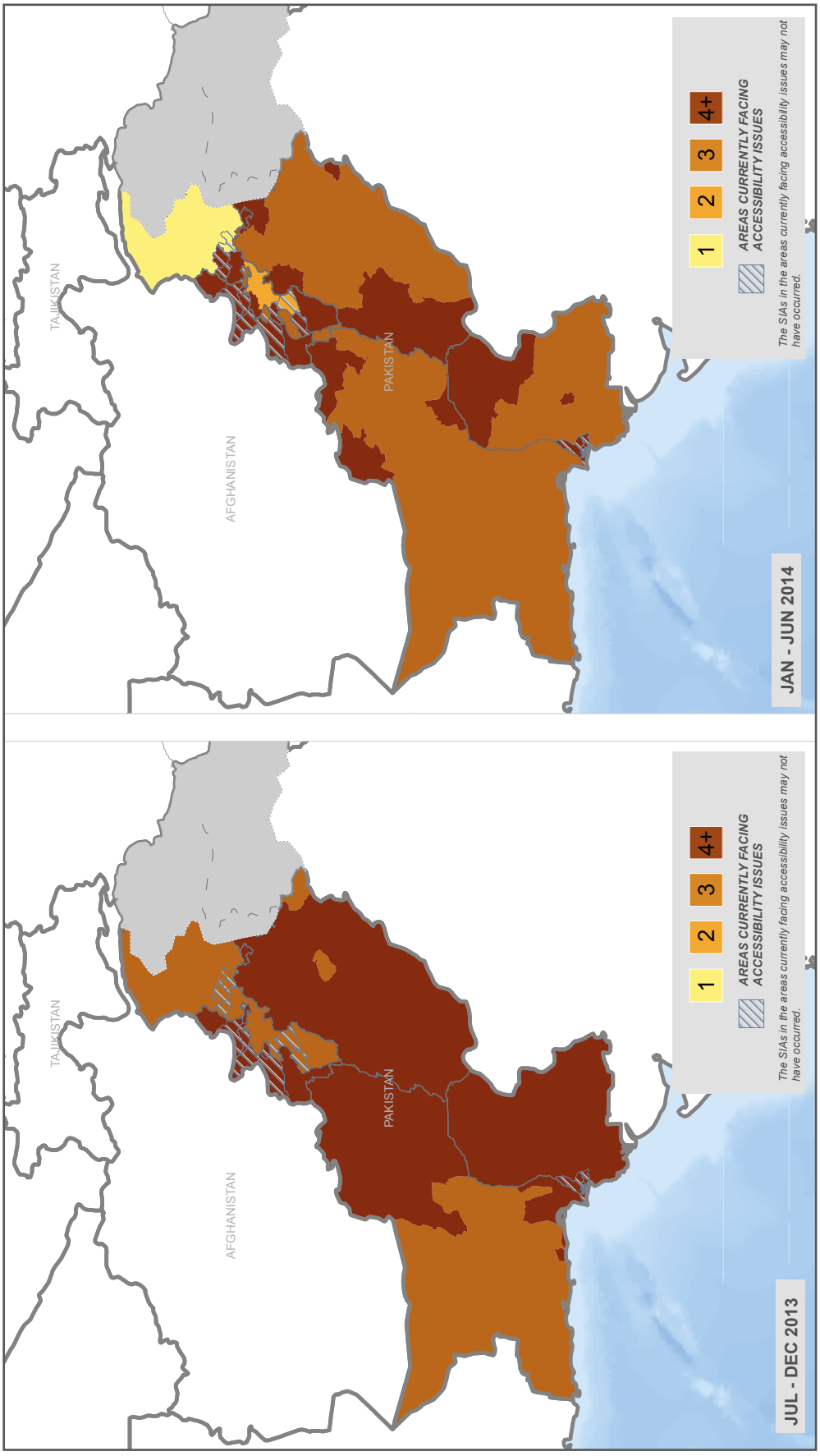
SIAs in Afghanistan



Endemic Countries	State/Area	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Pakistan	KP (Peshawar, Nowshera, Swabi, Charsaddah, Mardan, Bannu, Tank, Lakki Marwat)	Interrupt transmission	number of cases (WPV1 only)	0 case	6	17
		high population immunity	% 0-dose	<10%	1,3	2
			LQAS	>= 90%	61.9 (start), 83.3 (end)	71,4
			% inaccessible	<5%	TBC	TBC
			Number and type of activity	per plan	6 SNIDs	12 SNIDs
		high virus detection	npAFP rate	>2 per 100,000	10	8,9
			stool adequacy	>80%	83,5	87,3
			lab receipt to primary isolation (onset to case confirm)	<14 days	10.5 (23.4)	9.6 (21.0)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
	FATA	Interrupt transmission	number of cases (WPV1 and cVDPV2)	0 case	53	73
		high population immunity	% 0-dose	<10%	42,1	50
			LQAS	>= 90%	100 (start), 80 (end)	80
			% inaccessible	<5%	30.3 (start), 27.4 (end)	28.2 (start), 28.1 (end)
			Number and type of activity	per plan	6 SNIDs	7 SNIDs
		high virus detection	AFP rate	>2 per 100,000	17,3	12,3
			stool adequacy	>80%	85,4	87
			lab receipt to primary isolation (onset to case confirm)	<14 days	8.8 (22.1)	7.6 (18.5)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a

Endemic Countries	State/Area	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Pakistan	Karachi (Sindh)	Interrupt transmission	number of cases (WPV1 and cVDPV2)	0 case	8	10
		high population immunity	% 0-dose	<10%	0,6	1,46
			LQAS	>= 90%	46,7	70
			% inaccessible	<5%	TBC	TBC
			Number and type of activity	per plan	6 SNIDs	9 SNIDs
		high virus detection	AFP rate	>2 per 100,000	5,7	5,7
			stool adequacy	>80%	92,1	92
			lab receipt to primary isolation (onset to case confirm)	<14 days	10.7 (23.1)	9.8 (21.7)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
	Rest of country	Interrupt transmission	number of cases (WPV1 only)	0 case	5	0
		high population immunity	% 0-dose	<10%	0,4	0,33
			LQAS	>= 90%	83.6 (start), 70.2 (end)	75.7 (start), 79.5 (end)
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	3 NIDs, 4 SNIDs	3 NIDs, 11 SNIDs
		high virus detection	AFP rate	>2 per 100,000	5,3	5,7
			stool adequacy	>80%	91,9	94,1
			lab receipt to primary isolation (onset to case confirm)	<14 days	10.4 (21.3)	10.2 (20.8)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0%	N/a
			IPV introduction	intro by 2015		On track

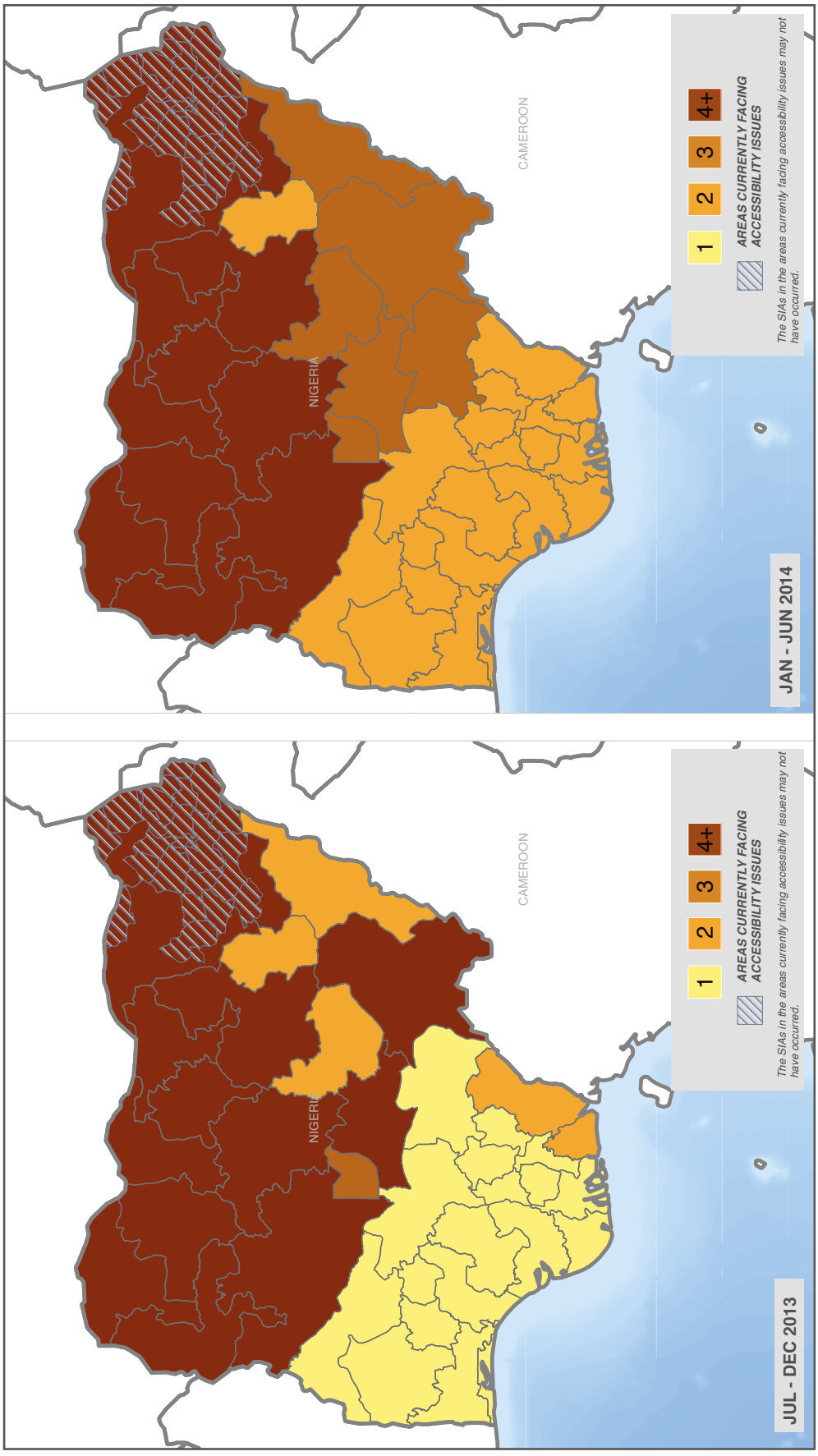
SIAs in Pakistan



Endemic Countries	State/Area	outcome	Indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Nigeria	North Central (Kano, Katsina, Jigawa, Kaduna)	Interrupt transmission	number of cases (WPV1 and cVDPV2)	0 case	10	4
		high population immunity	% 0-dose	<10%	1,75%	0,78%
			LQAS	>= 90%	77.5 (start), 75.0 (end)	85 (start), 94.3 (end)
			% inaccessible	<5%	0	0
			Number and type of activity	per plan	5 SNIDs	6 SNIDs
		high virus detection	npAFP rate	>2 per 100,000	10,3	14,2
			stool adequacy	>80%	91,19%	96,48
			lab receipt to primary isolation (onset to case confirm)	<14 days	12.5 (25.0)	11.9 (24.7)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	72% (national)	N/a
	Northeast (Borno, Yobe)	Interrupt transmission	number of cases (WPV1 and cVDPV2)	0 case	5	1
		high population immunity	% 0-dose	<10%	4,9	4,65
			LQAS	>= 90%	52.4 (start), 44.4 (end)	46.7 (start), 70.6 (end)
			% inaccessible	<5%	29.2 (start), 13 (end)	9.8 (start), 11.1 (end)
			Number and type of activity	per plan	5 SNIDs	6 SNIDs
		high virus detection	AFP rate	>2 per 100,000	8,6	16,3
			stool adequacy	>80%	95,65	99,3
			lab receipt to primary isolation (onset to case confirm)	<14 days	12.5 (22.3)	11 (20.1)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	72% (national)	N/a

Endemic Countries	State/Area	outcome	Indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Nigeria	Rest of North (Sokoto, Kebbi, Zamfara)	Interrupt transmission	number of cases	0 case	0	0
		high population immunity	% 0-dose	<10%	0	0
			LQAS	>= 90%	82.6 (start), 71.7 (end)	93.8 (start), 97.9 (end)
			% inaccessible	<5%	0	0
			Number and type of activity	per plan	5 SNIDs	5 SNIDs
		high virus detection	AFP rate	>2 per 100,000	19	29,1
			stool adequacy	>80%	97,3	98,4
			lab receipt to primary isolation (onset to case confirm)	<14 days	11.5 (22.3)	11.8 (22.0)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	72% (national)	72% (national)
	Rest of country	Interrupt transmission	number of cases (cVDPV2 only)	0 case	2	0
		high population immunity	% 0-dose	<10%	0,85	0,5
			LQAS	>= 90%	88.9 (start), 84.6 (end)	82.8 (start), 94.5 (end)
			% inaccessible	<5%	0	0
			Number and type of activity	per plan	11 SNIDs	2 NIDs, 5 SNIDs
		high virus detection	AFP rate	>2 per 100,000	10,9	13,5
			stool adequacy	>80%	97,8	98,3
			lab receipt to primary isolation (onset to case confirm)	<14 days	11.8 (21.4)	11.7 (21.4)
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	72% (national)	
			IPV introduction	intro by 2015		On track

SIAs in Nigeria



Outbreak	Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Central Africa	Cameroon	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	No	N/a
			Timing of 1st response	=<4 weeks	Yes	
		Follow-on Response	SIAs plan execution	=>3 campaigns within first 3 months	Yes	N/a
			interim assessment	Conducted at 3 months	TBC	TBC
			final assessment	Conducted at 6 months	TBC	TBC
		Interrupt transmission within 6 months of confirmation of outbreak	number of cases	0 case after 6 months	4	3
		high population immunity	% 0-dose	<10%	24,7	15,8
			LQAS	>= 90%	90.6 (IM)	90.9 (start), 93.6 (end) (IM)
			% inaccessible	<5%	0	0
			Freqency and type of activities	per plan	2 NIDs, 2 SNIDs	6 NIDs
		high virus detection	AFP rate	>2 (national)	4,6	5,87
			AFP rate	>2 (% of states/provinces meeting indicator)	90,9	90,9
			stool adequacy	>=80% (national)	79,2	79,1
			stool adequacy	>=80% (% of states/ provinces meeting indicator)	40	40
			lab receipt to primary isolation (onset to case confirm)	<14 days	11.7 (27.2)	12.1 (27.5)
			Environmental surveillance	Yes or no	No	No
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	34,30%	N/a
			IPV introduction	intro by 2015		On track

Outbreak	Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Central Africa	Equatorial Guinea	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	N/a	No
			Timing of 1st response	=<4 weeks	Yes	TBC
		Follow-on Response	SIAs plan execution	=>3 campaigns within first 3 months	N/a	Yes
			interim assessment	Conducted at 3 months	TBC	TBC
			final assessment	Conducted at 6 months	TBC	TBC
		Interrupt transmission within 6 months of confirmation of outbreak	number of cases	0 case after6 months	0	5
		high population immunity	% 0-dose	<10%	N/a	72,7
			LQAS	>= 90%	N/a	94.4 (start), 94.8 (end) (IM)
			% inaccessible	<5%	0	0
			Freqency and type of activities	per plan	0	3 NIDs, 1 SNIDs
		high virus detection	AFP rate	>2 (national)	N/A	9,38
			AFP rate	>2 (% of states/provinces meeting indicator)	N/a	N/a
			stool adequacy	>=80%	N/a	36,8
			stool adequacy	>=80% (% of states/ provinces meeting indicator)	N/a	N/a
			lab receipt to primary isolation (onset to case confirm)	<14 days	N/a	N/a
			Environmental surveillance	Yes or no	No	No
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-19%	N/a
			IPV introduction	intro by 2015		Off track

Outbreak	Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Horn of Africa	Somalia	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	No	N/a
			Timing of 1st response	=<4 weeks	Yes	TBC
			SIAs plan execution	>= 3 campaigns within first 3 months	Yes	N/a
		Follow-on Response	interim assessment	Conducted at 3 months	Yes	TBC
			final assessment	Conducted at 12 months	TBC	TBC
		Interrupt transmission within 12 months of confirmation of outbreak	number of cases	0 case after 12 months	77	4
		high population immunity	% 0-dose	<10%	34,2	24,5
			LQAS	>= 90%	78-95 (start), 83-91 (end) (IM)	81-94 (start), 90-93 (end) (IM)
			% inaccessible	<5%	27.9 (start), 26.6 (end)	27 (start), 27 (end)
			Freqency and type of activities	per plan	6 NIDs, 1 SNID	3 NIDs, 9 SNIDs
		high virus detection	AFP rate	>2 (national)	8	9,6
			AFP rate	>2 (% of states/provinces meeting indicator)	94,1	94,1
			stool adequacy	>=80% (national)	89,2	96,7
			stool adequacy	>=80% (% of states/ provinces meeting indicator)	78,9	89,5
			lab receipt to primary isolation (onset to case confirm)	<14 days	16.4 (34.5)	15.4 (29.7)
			Environmental surveillance	Yes or no	No	No
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-2%	N/a
			IPV introduction	intro by 2015		On track

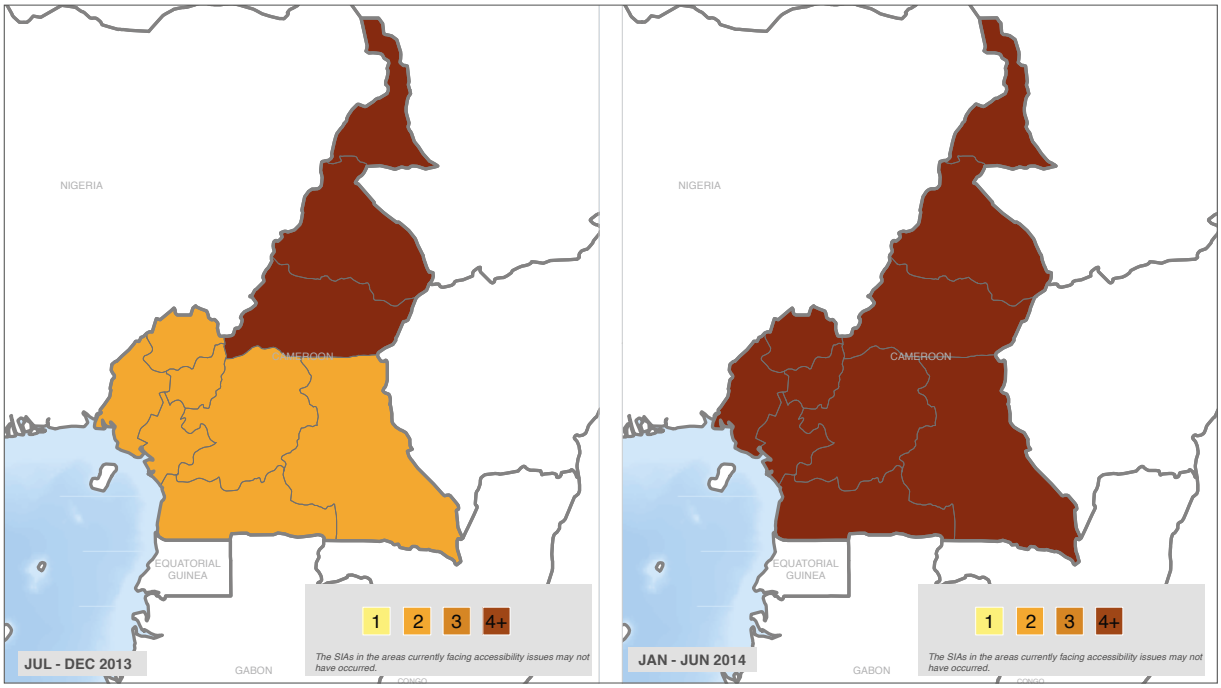
Outbreak	Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Horn of Africa	Ethiopia	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	No	N/a
			Timing of 1st response	=<4 weeks	Yes	TBC
			SIAs plan execution	=>=3 campaigns wtihin first 3 months	Yes	N/a
		Follow-on Response	interim assessment	Conducted at 3 months	Yes	TBC
			final assessment	Conducted at 6 months	TBC	TBC
		Interrupt transmission within 6 months of confirmation of outbreak	number of cases	0 case after 6 months	9	1
		high population immunity	% 0-dose	<10%	8,4	7,7
			LQAS	>= 90%	78.8 (IM)	83 (IM)
			% inaccessible	<5%	0	0
			Freqency and type of activities	per plan	2 NIDs, 6 SNIDs	4 SNIDs
		high virus detection	AFP rate	>2 (national)	2,9	3
			AFP rate	>2 (% of states/provinces meeting indicator)	66,7	88,3
			stool adequacy	>=80% (national)	85,7	86,8
			stool adequacy	>=80% (% of states/provinces meeting indicator)	72,7	72,7
			lab receipt to primary isolation (onset to case confirm)	<14 days	25.1 (37.0)	12.9 (24.1)
			Environmental surveillance	Yes or no	No	No
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	9,50%	N/a
			IPV introduction	intro by 2015		On track

Outbreak	Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Middle East	Syria	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	Emergency declared; plan not drafted in 10 days	Yes
			Timing of 1st response	=<4 weeks	Yes	Yes
			SIAs plan execution	>= 3 campaigns within first 3 months	Yes	N/a
		Follow-on Response	interim assessment	Conducted at 3 months	No	No
			final assessment	Conducted at 12 months	No	Planned August 2014
		Interrupt transmission within 12 months of confirmation of outbreak	number of cases	0 case after 12 months	35	1
		high population immunity	% 0-dose	<10%	8,2	7,8
			LQAS	>= 90%	N/a	87.8-96.6 (start), 90.4-92.8 (end) (IM)
			% inaccessible	<5%	28%	6%
			Freqency and type of activities	per plan	2 NIDs	6 NIDs
		high virus detection	AFP rate	>2 (national)	2,07	3,56
			AFP rate	>2 (% of states/provinces meeting indicator)	26,7	26,7
			stool adequacy	>=80% (national)	72,44	91,2
			stool adequacy	>=80% (% of states/provinces meeting indicator)	40	84,6
			lab receipt to primary isolation (onset to case confirm)	<7 days	11 (32.4)	12.2 (25.3)
			Environmental surveillance	Yes or no	No	No
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-7,20%	N/a
			IPV introduction	intro by 2015	Already available	

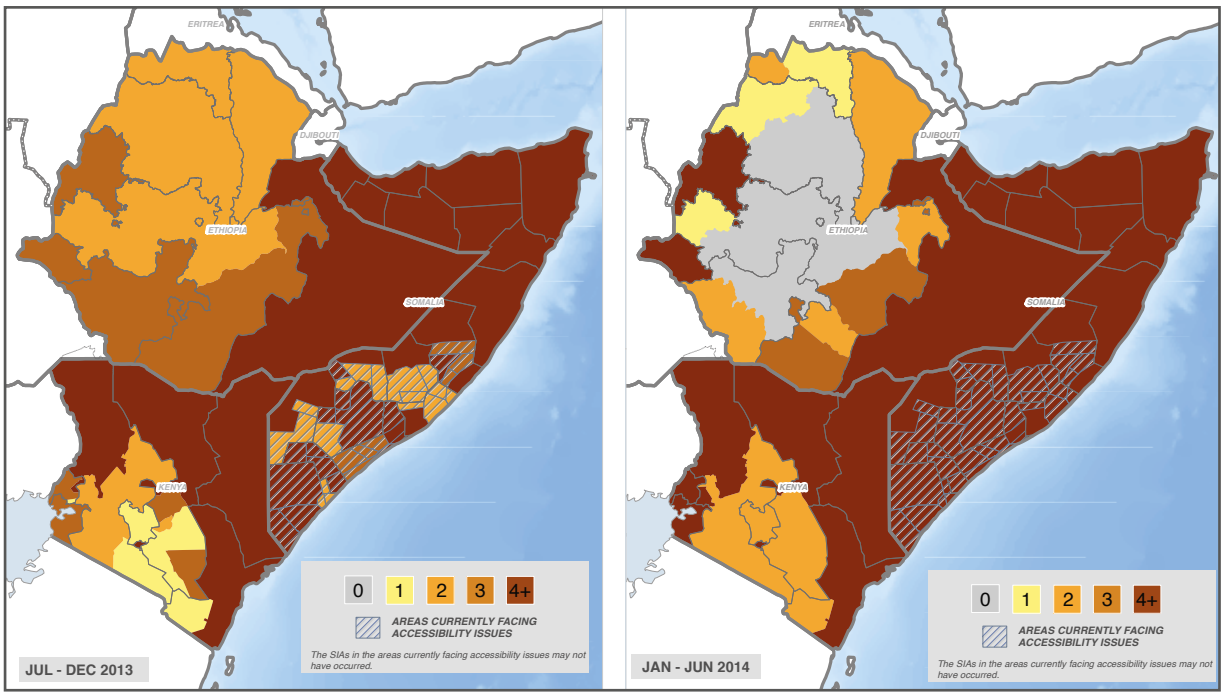
Outbreak	Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Middle East	Iraq	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	N/a	No
			Timing of 1st response	=<4 weeks	N/a	Yes
			SIAs plan execution	=>3 campaigns within first 3 months	N/a	Yes
		Follow-on response	interim assessment	conducted at 3 months	N/a	No
			final assessment	Conducted at 12 months	N/a	Planned September 2014
		Interrupt transmission within 12 months of confirmation of outbreak	number of cases	0 case after 12 months	0	2
		high population immunity	% 0-dose	<10%	1,4	1,7
			LQAS	>= 90%	N/a	N/a
			% inaccessible	<5%	2 NIDs, 6 SNIDs	3-10%
			Freqency and type of activities	per plan	1 NIDs, 3 SNIDs	3 NIDs, 2 SNIDs
		high virus detection	AFP rate	>2 (national)	3	5%
			AFP rate	>2 (% of states/provinces meeting indicator)	75	90%
			stool adequacy	>=80% (national)	88,9	92%
			stool adequacy	>=80% (% of states/provinces meeting indicator)	73,7	90%
			lab receipt to primary isolation (onset to case confirm)	<14 days	11.3 (22.6)	10.6 (20.6)
			Environmental surveillance	Yes or no	No	No
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-4,60%	N/a
			IPV introduction	intro by 2015		On track

Outbreak	Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Middle East	Israel	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	No	N/a
			Timing of 1st response	=<4 weeks	TBC	TBC
			SIAs plan execution	=>3 campaigns within first 3 months	TBC	TBC
		Follow-on response	interim assessment	Conducted at 3 months	TBC	TBC
			final assessment	Conducted at 6 months	TBC	TBC
		Interrupt transmission within 6 months of confirmation of outbreak	number of cases	0 case after 6 months	0 cases (110 environmental positive samples)	0 cases (13 environmental positive samples)
		high population immunity	% 0-dose	<10%	33	0
			LQAS	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	0
			Freqency and type of activities	per plan	0	0
		high virus detection	AFP rate	>2 (national)	N/a	N/a
			AFP rate	>2 (% of states/provinces meeting indicator)	N/a	N/a
			stool adequacy	>=80% (national)	93	71
			stool adequacy	>=80% (% of states/provinces meeting indicator)	N/a	N/a
			lab receipt to primary isolation (onset to case confirm)	<7 days	N/a	N/a
			Environmental surveillance	Yes or no	Yes	Yes
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-0,31%	N/a
			IPV introduction	intro by 2015	Already available	

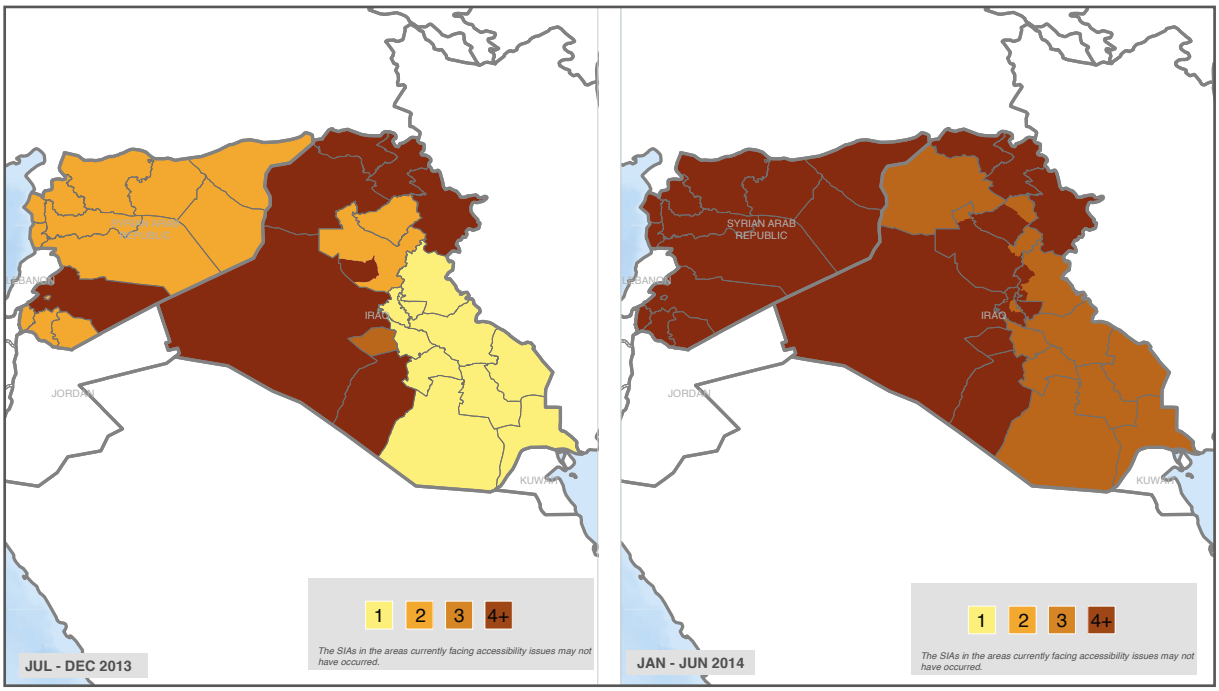
SIAs in Central Africa



SIAs in Horn of Africa



SIAs in Middle East



Annex 4 – High-risk countries monitoring

Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Angola	high population immunity	% 0-dose	<10%	5,6	3,3
		LQAS	>= 90%	N/a	N/a
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	1 NID	0
	high virus detection	AFP rate	>2 (national)	2,6	2,75
		AFP rate	>2 (% of states/provinces meeting indicator)	57,9	89,5
		stool adequacy	>=80% (national)	88,5	93,8
		stool adequacy	>=80% (% of states/provinces meeting indicator)	77,8	83,3
		lab receipt to primary isolation (onset to primary isolation)	<14 days	12.3 (33.8)	12.7 (31.7)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	26,30%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing
Benin	high population immunity	% 0-dose	<10%	18,2	1,7
		LQAS	>= 90%	94.3 (IM)	92.8 (IM)
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	2 NIDs	2 NIDs
	high virus detection	AFP rate	>2 (national)	4,3	4,6
		AFP rate	>2 (% of states/provinces meeting indicator)	76,9	69,2
		stool adequacy	>=80% (national)	93,7	88
		stool adequacy	>=80% (% of states/provinces meeting indicator)	91,7	75
		lab receipt to primary isolation (onset to primary isolation)	<14days	18.3 (27.8)	19 (30.0)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-23,70%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing

Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Central African Republic (CAR)	high population immunity	% 0-dose	<10%	0	0
		LQAS	>= 90%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Freqency and type of activities	per plan	4 SNIDs	3 SNIDs
	high virus detection	AFP rate	>2 (national)	3,2	3,1
		AFP rate	>2 (% of states/provinces meeting indicator)	71,4	57,1
		stool adequacy	>=80% (national)	94,1	79,31
		stool adequacy	>=80% (% of states/provinces meeting indicator)	100	66,7
		lab receipt to primary isolation (onset to primary isolation)	<14 days	14.9 (28.7)	11.5 (23.6)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-32,10%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing
Chad	high population immunity	% 0-dose	<10%	3,5	6
		LQAS	>= 90%	96.4 (start), 93.1 (end) (IM)	88.4 (start), 93.1 (end) (IM)
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	2 NIDs, 5 SNIDs	2 NIDs, 1 SNID
	high virus detection	AFP rate	>2 (national)	7,57	6,75
		AFP rate	>2 (% of states/provinces meeting indicator)	94,7	89,5
		stool adequacy	>=80% (national)	95,4	96,71
		stool adequacy	>=80% (% of states/provinces meeting indicator)	100	100
		lab receipt to primary isolation (onset to primary isolation)	<14 days	12.7 (28.0)	12.9 (28.0)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	3,60%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing

Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Congo	high population immunity	% 0-dose	<10%	34,8	38,5
		LQAS	>= 90%	N/a	N/a
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	2 NIDs	1 NID
	high virus detection	AFP rate	>2 (national)	4,8	5
		AFP rate	>2 (% of states/provinces meeting indicator)	83,3	50
		stool adequacy	>=80% (national)	91,1	95,5
		stool adequacy	>=80% (% of states/provinces meeting indicator)	70	100
		lab receipt to primary isolation (onset to primary isolation)	<14 days	18.2 (29.4)	14 (28.4)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-1,60%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing
Cote d'Ivoire	high population immunity	% 0-dose	<10%	3	3,1
		LQAS	>= 90%	95.1 (IM)	N/a
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	1 NID	1 NIDs
	high virus detection	AFP rate	>2 (national)	5,13	5,04
		AFP rate	>2 (% of states/provinces meeting indicator)	81,3	75
		stool adequacy	>=80% (national)	88	93
		stool adequacy	>=80% (% of states/provinces meeting indicator)	81,3	87,5
		lab receipt to primary isolation (onset to primary isolation)	<14 days	11.2 (27.9)	10.7 (24.6)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	46,80%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing

Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Democratic Republic of the Congo (DR Congo)	high population immunity	% 0-dose	<10%	2,2	3,8
		LQAS	>= 90%	92.5 (IM)	N/a
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	2 NIDs, 3 SNIDs	3 SNIDs
	high virus detection	AFP rate	>2 (national)	6,06	5,1
		AFP rate	>2 (% of states/provinces meeting indicator)	91,7	91,7
		stool adequacy	>=80% (national)	89,7	90,9
		stool adequacy	>=80% (% of states/provinces meeting indicator)	100	100
		lab receipt to primary isolation (onset to primary isolation)	<14 days	12.9 (31.9)	11.2 (28.5)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-1,90%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing
Gabon	high population immunity	% 0-dose	<10%	0	0
		LQAS	>= 90%	N/a	N/a
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	0	1 NID
	high virus detection	AFP rate	>2 (national)	0,31	2,76
		AFP rate	>2 (% of states/provinces meeting indicator)	0	0
		stool adequacy	>=80% (national)	0	88,9
		stool adequacy	>=80% (% of states/provinces meeting indicator)	0	83,3
		lab receipt to primary isolation (onset to primary isolation)	<14 days	12.5 (31.5)	N/a
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-15,50%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing

Countries	outcome	indicator	Target	Jul-Dec 2013	Jan-Jun 2014
Mali	high population immunity	% 0-dose	<10%	0	4,9
		LQAS	>= 90%	94.1 (IM)	95.4 (IM)
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	2 NIDs, 1 SNID	2 NIDs
	high virus detection	AFP rate	>2 (national)	3,3	3,1
		AFP rate	>2 (% of states/provinces meeting indicator)	88,9	77,8
		stool adequacy	>=80% (national)	90,3	88,5
		stool adequacy	>=80% (% of states/provinces meeting indicator)	100	33,3
		lab receipt to primary isolation (onset to primary isolation)	<14 days	11.7 (34.5)	11 (34.1)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-2,80%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing
Niger	high population immunity	% 0-dose	<10%	0,9	1,9
		LQAS	>= 90%	94.4 (IM)	95.7 (start), 95.4 (end)
		% inaccessible	<5%	0	0
		Freqency and type of activities	per plan	2 NIDs, 1 SNIDs	2 NIDs, 1 SNID
	high virus detection	AFP rate	>2 (national)	2,75	2,63
		AFP rate	>2 (% of states/provinces meeting indicator)	50	75
		stool adequacy	>=80% (national)	84,3	89,3
		stool adequacy	>=80% (% of states/provinces meeting indicator)	85,7	71,4
		lab receipt to primary isolation (onset to primary isolation)	<14 days	11.4 (39.7)	11.8 (49.5)
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	-16,50%	N/a
		IPV introduction	intro by 2015		On track
		Containment	Complete Phase 1 containment (survey and inventory) by Oct 2014		Ongoing

outcome	indicator	Target	Jan-Jun 2014
All	**Financing:** 12-month cash gap		US$271 million
	Financing: Strategy funding gap		US$4.5b of US$5.5b budget committed
	Staffing: Percent of approved posts vacant	<10%	WHO: 10-19% (HQ), 10-19% (Afghanistan), <10% (Nigeria), >20% (Pakistan)
			UNICEF: <10% (HQ), >20% (Afghanistan), 10-19% (Nigeria), <10% (Pakistan)
			CDC: 10-19% (HQ), <10% in Afghanistan, Pakistan and Nigeria
high population immunity	**Vaccine supply:** % of weeks forecast goes below buffer in next 6 months	<10%	8 weeks
Low risk of reintroduction	number of OPV using countries introducing **IPV in Routine**.	per IMG	62% of countries with plan to introduce IPV
	Plan in place to improve RI in 10 priority countries	per IMG	Plan available in 8 of 10 countries
	Reducing international spread of polio		PHEIC declared; countries begun to implement Temporary Recommendations
	Containment	Per GAP	Align draft GAPIII with Endgame timelines; POB and SAGE WG endorsement
	Certification	SEARO certification	SEARO certified; progress on type 2 verification
Legacy Planning	Consultations: inputs into plan	by end 2014	Continued consultations to inform Global Legacy Framework by 2015

objective 1	objective 2
objective 3	objective 4

POLIO GLOBAL ERADICATION INITIATIVE