Global Update

Polio Partners Group Meeting, Geneva, 6 December 2019

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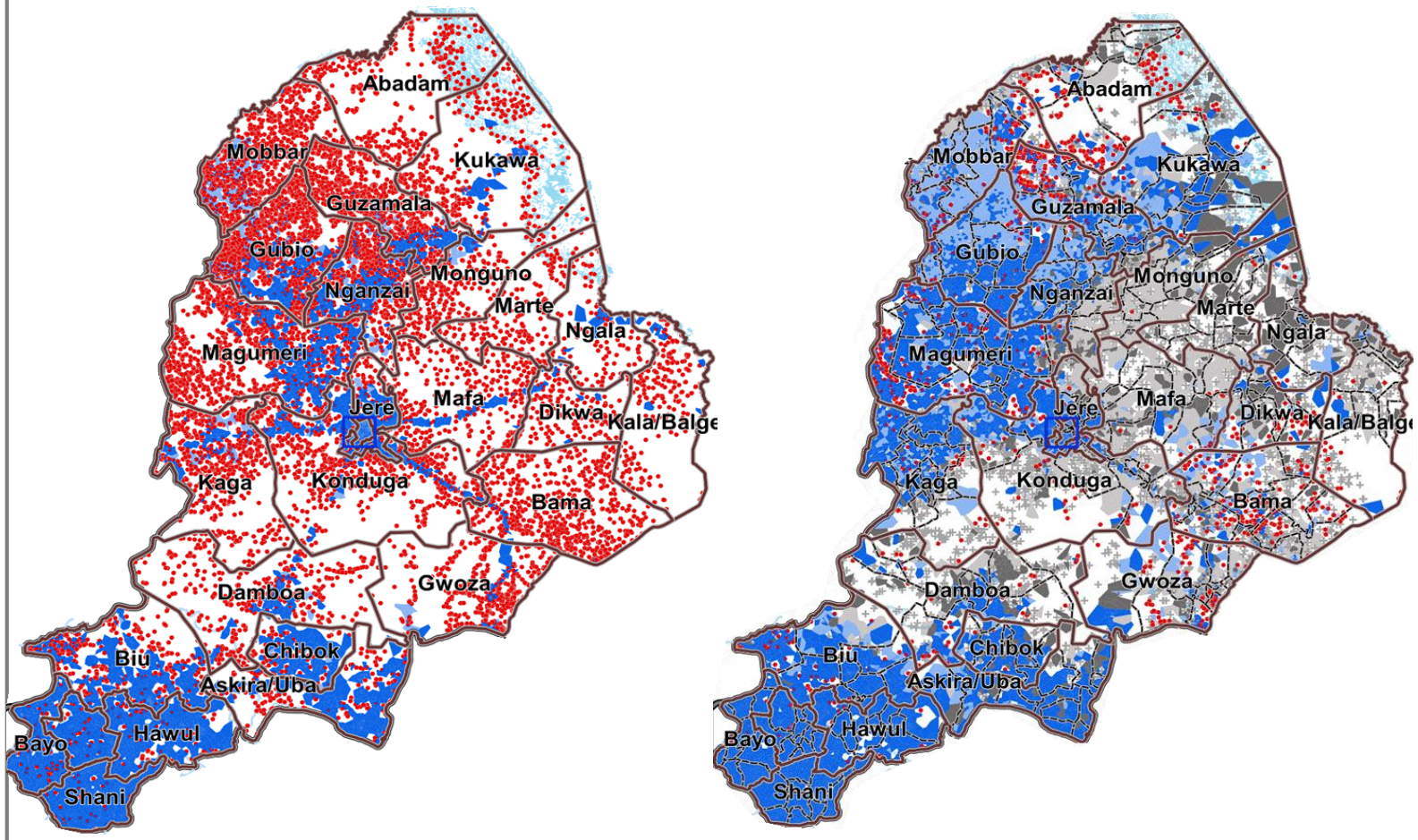
The “good” news

- **7 years have passed** without detection of wild poliovirus type 3
- **3 years have passed** without detection of wild poliovirus in Africa
  - Regional Certification Commission will convene in June 2020 to discuss regional certification
- **IPV supplies** are now sufficient for routine immunization
  - Catch-up of missed cohorts is in progress
- **Gavi, the Vaccine Alliance**, has joined GPEI
- GPEI donors pledged US $ 2.6 bn on 19 November

The “good” news

Surveillance in Borno State, Nigeria

Map showing locations reached with surveillance as at December 2016 and October 2019



December 2016 October 2019

- Last wild virus 27 September 2016 in healthy child in Borno
- **August 2016, ~ 600,000 children** unreached across over 10,000 communities
- **November 2019, ~ 35,00 children** remain unreached in ~ 1,000 settlements

85% (19,158) of 22,556 locations in Borno state have been reached with at least one of the surveillance activities from December 2016 till date

Source: Surveillance working group and Borno data team analysis

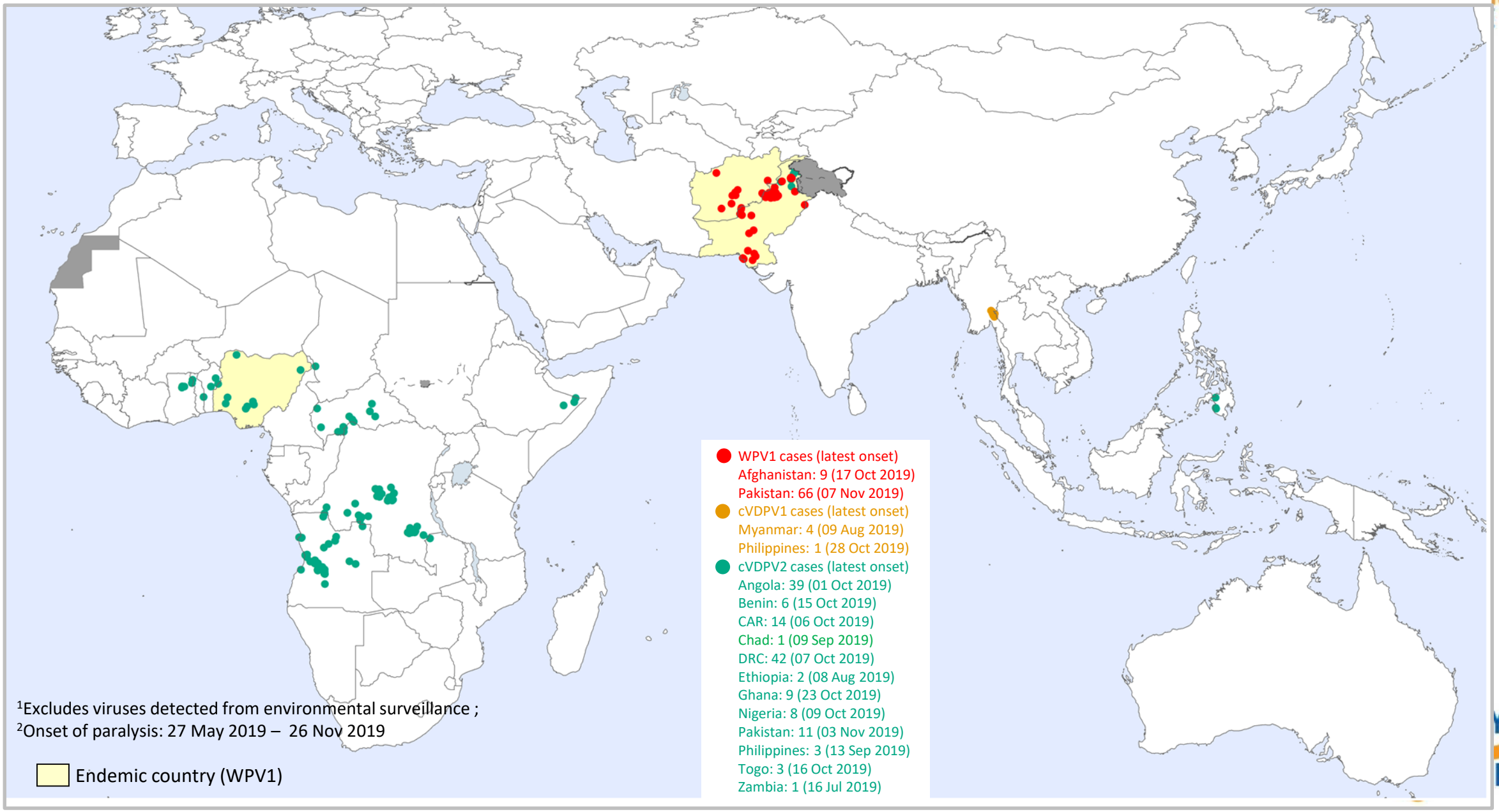
Ya Fanna ALI (21 months)

Borno State, onset 21 August 2016

The “bad” news

- **Paralytic cases** caused by wild polio virus type 1 have increased from 33 cases in 2018 to 112 cases, so far, in 2019
- **In Pakistan**, the programme has been off-track, facing political disruption and increased community resistance
  - The wild virus is being detected in many part of the country through Environmental and AFP surveillance: 91 cases this year vs 12 in 2018
- **In Afghanistan**, ban on house-to-house campaigns has severely affected the ability of the program to reach children.
  - Large unvaccinated cohorts will likely result in major outbreaks
- **Several cVDPV2 outbreaks** mostly on the African continent but now also in the Philippines, China and Pakistan
- **Financial requirements** are rapidly increasing with large number of outbreaks

Global WPV[1] & cVDPV Cases[1], Past 6 Months[2]



[1]Excludes viruses detected from environmental surveillance ;
[2]Onset of paralysis: 27 May 2019 – 26 Nov 2019

Data in WHO HQ as of 26 Nov. 2019

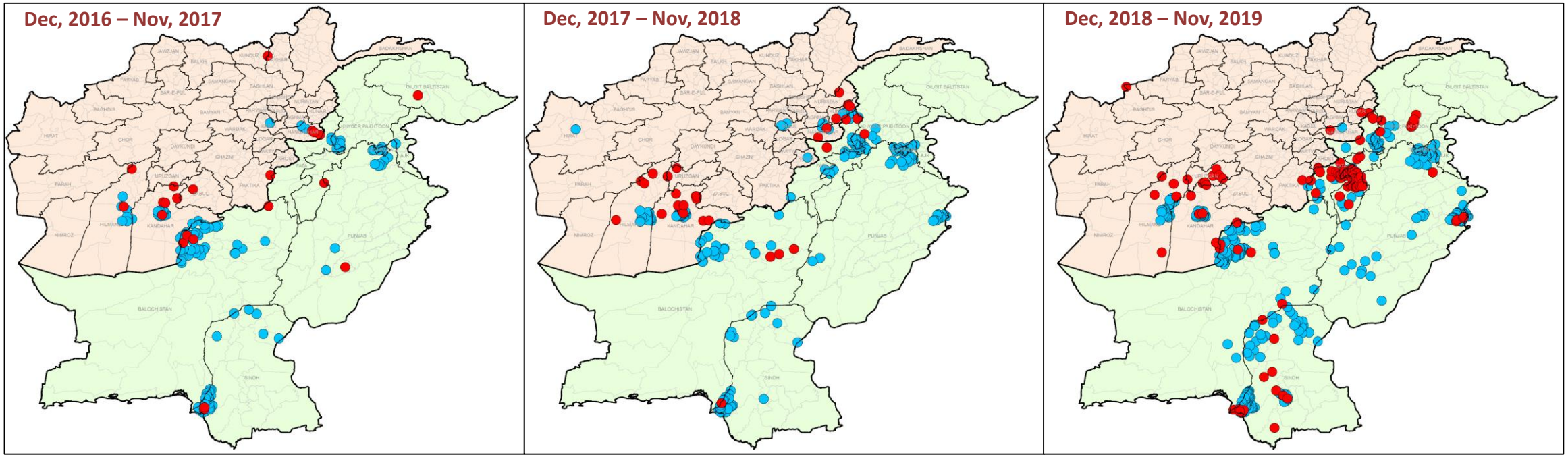
Global WPV[1] & cVDPV Cases[1], Past 6 Months[2]

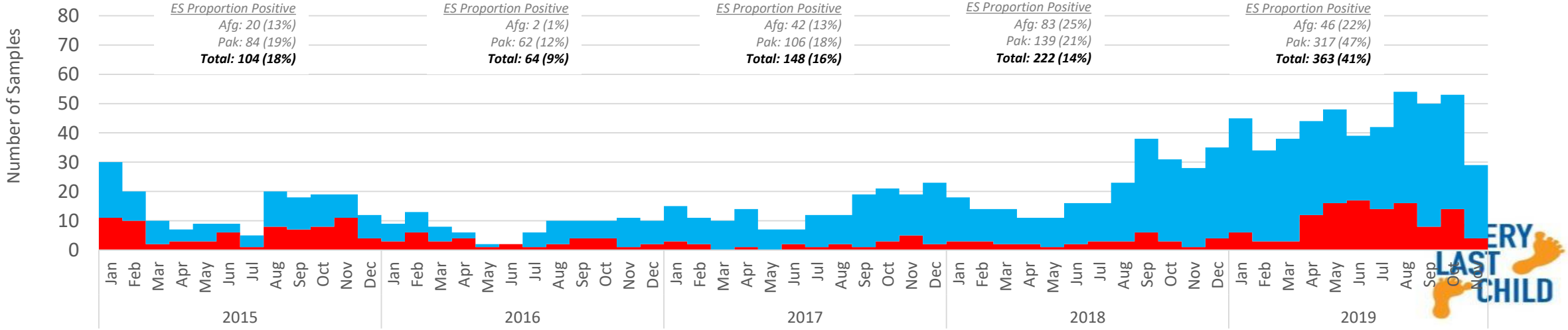
Data in WHO HQ as of 26 Nov. 2019

Wild polio Virus in Pakistan and Afghanistan

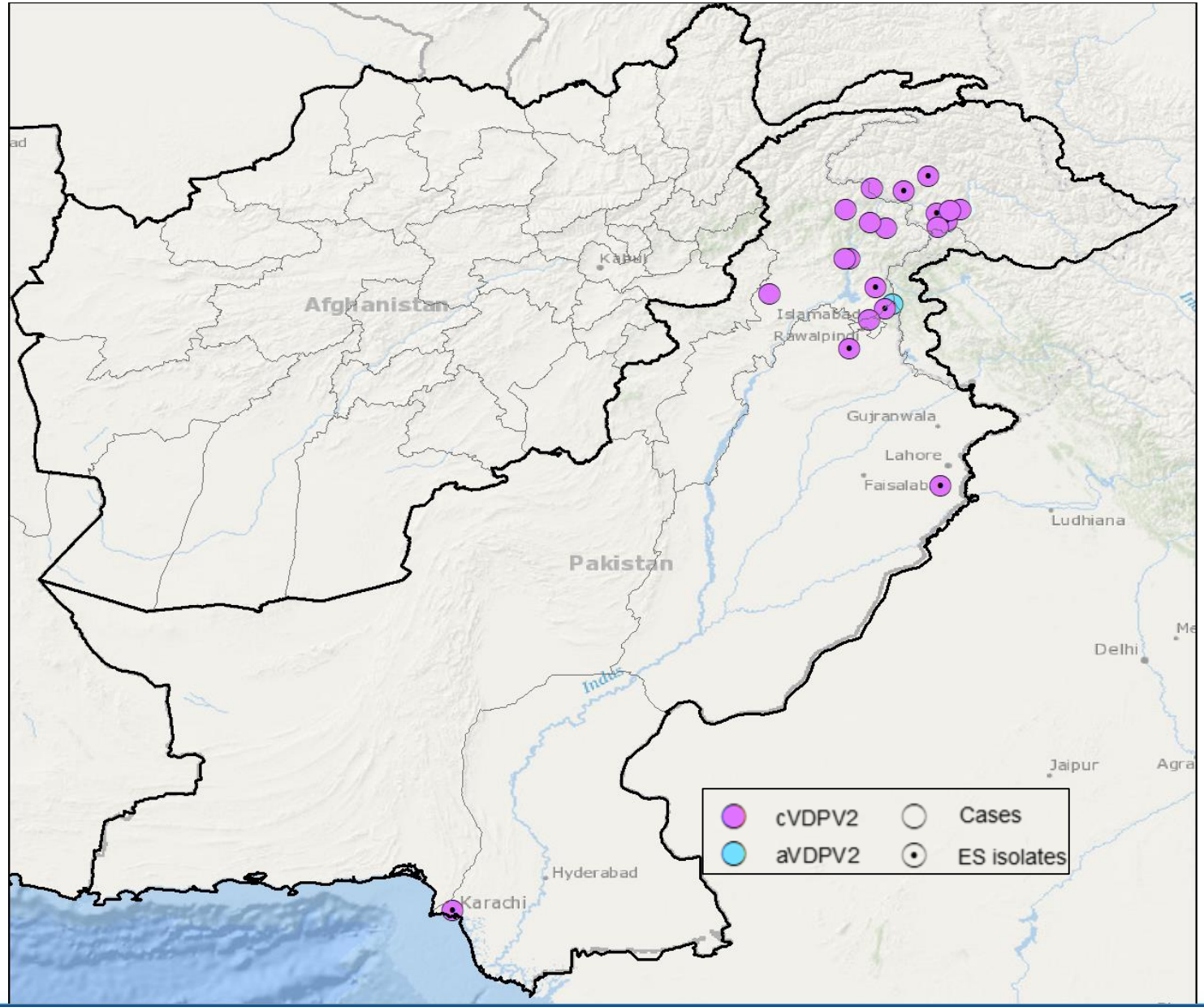
WPV1 Isolates, Dec 2016 – Nov 2019

Human ES





cVDPV2 Cases/Environmental isolates, 2019



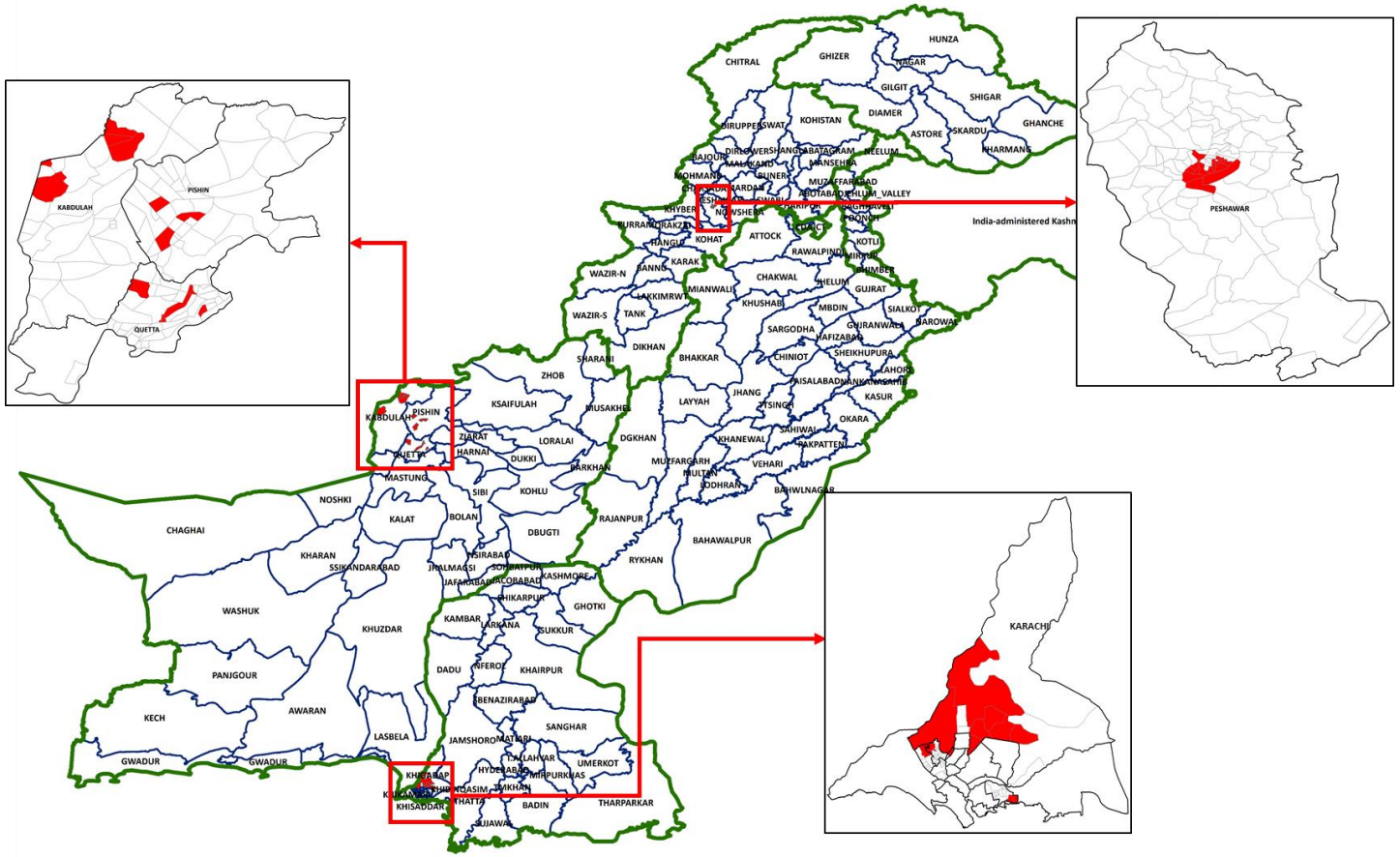
PAKISTAN: Challenges

1. Programme politicized, political/social protest
2. Sub-optimal operations requiring focused transformation efforts by stakeholders at global, regional, national, provincial, district and UC levels
3. Increasing vaccine hesitancy and community mistrust due to intensity and complexity of the programme, misinformation and social media
4. Concurrent outbreaks of WPV1 and cVDPV2
5. Dynamic context, new challenges arising constantly, e.g. recent medical professionals strike across KP

Efforts to Transform the Programme

- **Increased engagement and commitment** of Prime Minister, Chief of Army Staff and Minister
- National **commitment of $160M**
- **National Strategic Advisory Group for Polio Eradication and Immunization** established to bring together all parties and *depoliticize* the programme
- **Management review** of national and provincial EOCs, districts and UCs to improve operations
- **Transforming management structure and processes** focusing on core endemic districts and UCs
- **Comprehensive communications strategy** to combat misinformation on traditional and social media platforms. Renewed influencer engagement, alliance building, community engagement
- **Integrated Services Task Force** to roll out integrated services in core polio reservoirs, including strengthening **essential immunization**.

Laser focus on 40 Super high-risk Union Councils



- Reorganize and enhance management infrastructure with increased **government ownership and accountability**
- **Integrated essential services**
- Concentrate resources to improve **essential immunization**
- Increased security and coordination **support of Pakistan Army and LEAs**
- Enhanced **community engagement** and social mobilization with deployment of house-to-house mobilizers

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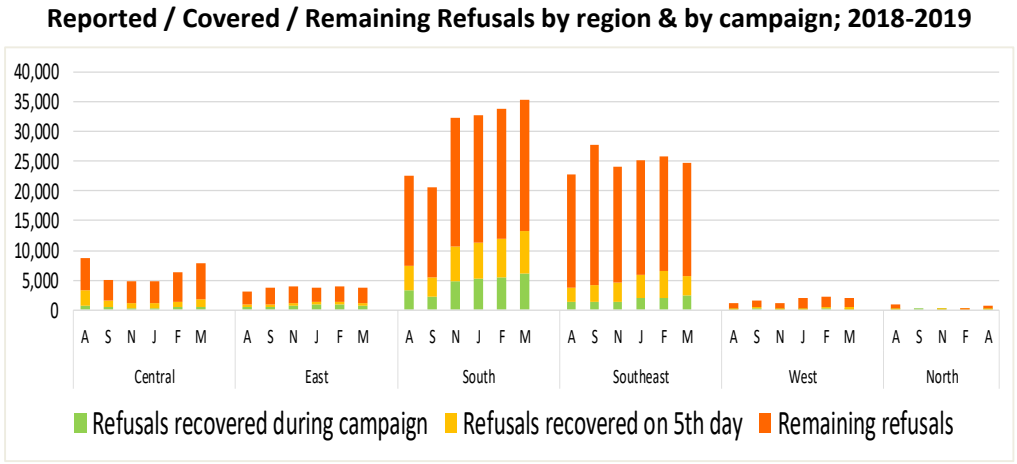
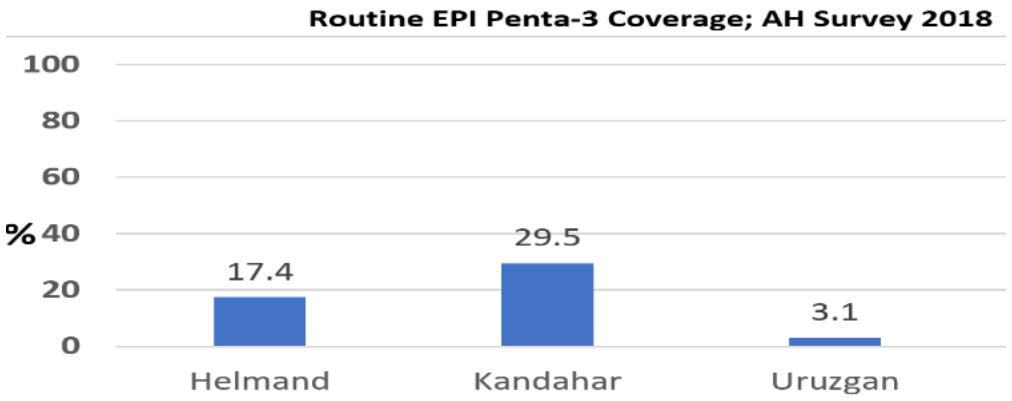
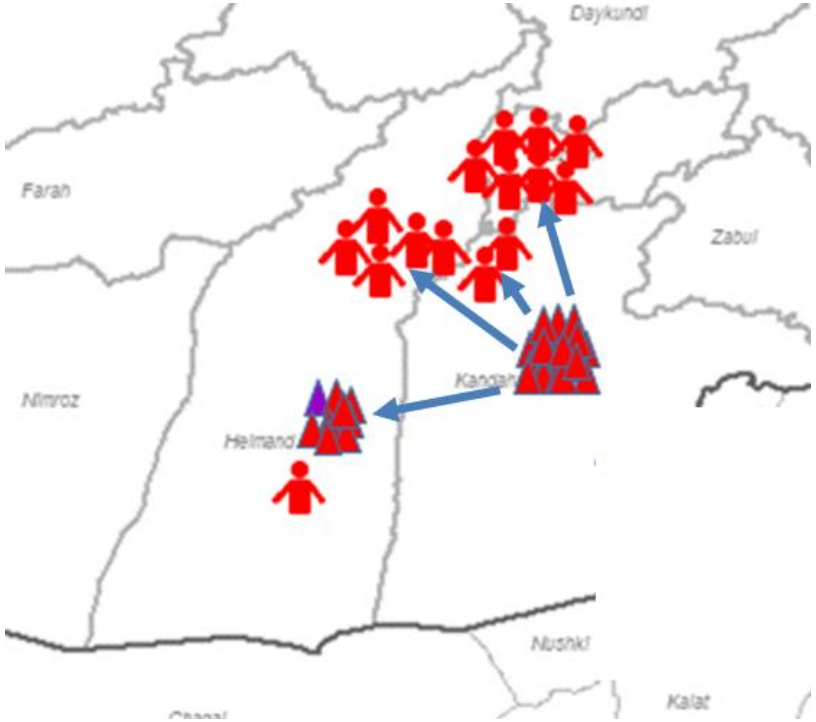
AFGHANISTAN: Challenges





- **Security situation** remains volatile, deteriorated over the last 2 years
- Ban partially lifted, **limitations on campaign operations** imposed will not allow interruption of transmission
  - Health Facility based campaigns with current level of reach not sufficient
- **Gaps in campaign quality** in high-risk areas, particularly in Kandahar City
- Large numbers of **refusals** in South (mainly Kandahar City 5%) and South East (Paktika)
- Very **low RI coverage** and **poor access to basic health services**

Focus on Kandahar City



- Kandahar City continues to be main engine of transmission
  - Continuous ES positives for more than 2 years
  - Majority of cases in Southern Region genetically linked back to Kandahar City
- Recent National EOC mission to Kandahar City came up with significant findings about campaign quality & approach to reducing refusals
  - Unbalanced workload across teams
  - Current communication strategy not fully effective
  - Lack of engagement of key community influencers
  - Ineffective training of frontline workers
  - Inadequate utilization of team supervisors
  - Some national/international staff (working for long) burnt out/under performing
- Efforts underway to tackle gaps
  - Immediate 15% increase in number of teams and better balance of workload distribution
  - Community engagement/social mobilization review
  - Revision of training structure/content
  - Integrated basic health services to high risk areas in the city

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Next Steps

- Continue **dialogue with AGEs**, including at local level seeking to resume normal (H2H) campaign operations
- Intensive **focus on Kandahar City and polio infected areas.** Continue deep evaluation of gaps in campaign implementation, urgently implement solutions
- Adjust **approach to reducing refusals and engaging communities**
  - communication review, engagement of more targeted community influencers, and better oversight in areas with highest number of refusals (e.g., Kandahar and Paktika)
- Provision of **integrated basic services** in highest-risk, most deprived areas of Helmand, Kandahar, Uruzgan

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Afghanistan-Pakistan GPEI Hub

- Intensify and focus global and regional GPEI support to the national programmes and country teams of partner agencies to help interrupt polio transmission
- Improve and consolidate GPEI coordination of support to countries
- Expand bandwidth + capacity to provide rapid and effective and relevant technical and operational support to country-identified needs
- Analyze impact of strategies in AFG and PAK and set priorities for GPEI actions
- Promote and foster shared, efficient, and effective implementation of key strategies across the entire polio endemic block
- Monitor implementation and provide feedback to country programmes and GPEI leadership
- Ensure programme strategies and policies are country-driven and owned

Key support in first three months of Hub operations

- Cross-border coordination and data analysis across the epidemiological block
- Surge support of senior polio experts per country needs (SHRUCs, cVPDV2 and WPV1 outbreak responses, data management)
- SIA data simplification, data infrastructure and utilization
- Ongoing Polio Programme Review of community engagement and the Immunization Communication Network (ICN)
- Strengthening immunization services (mapping, need identification, coordination, capacity building) in high-risk areas

Poliovirus Transmission : Where are we ?

- Substantial progress with WPV3 and WPV in Africa
- Set-back in Pakistan with WPV transmission Pakistan
  - Turning around the Pakistan programme will be critical
- New emergency situation with cVDPV2 outbreaks
  - Revised outbreak response strategy drafted soon to be circulated for comments
  - Securing mOPV2, responding to outbreaks and accelerating development of nOPV2 will be key
- Initial thinking around bOPV withdrawal must be rethought

Thank you!

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