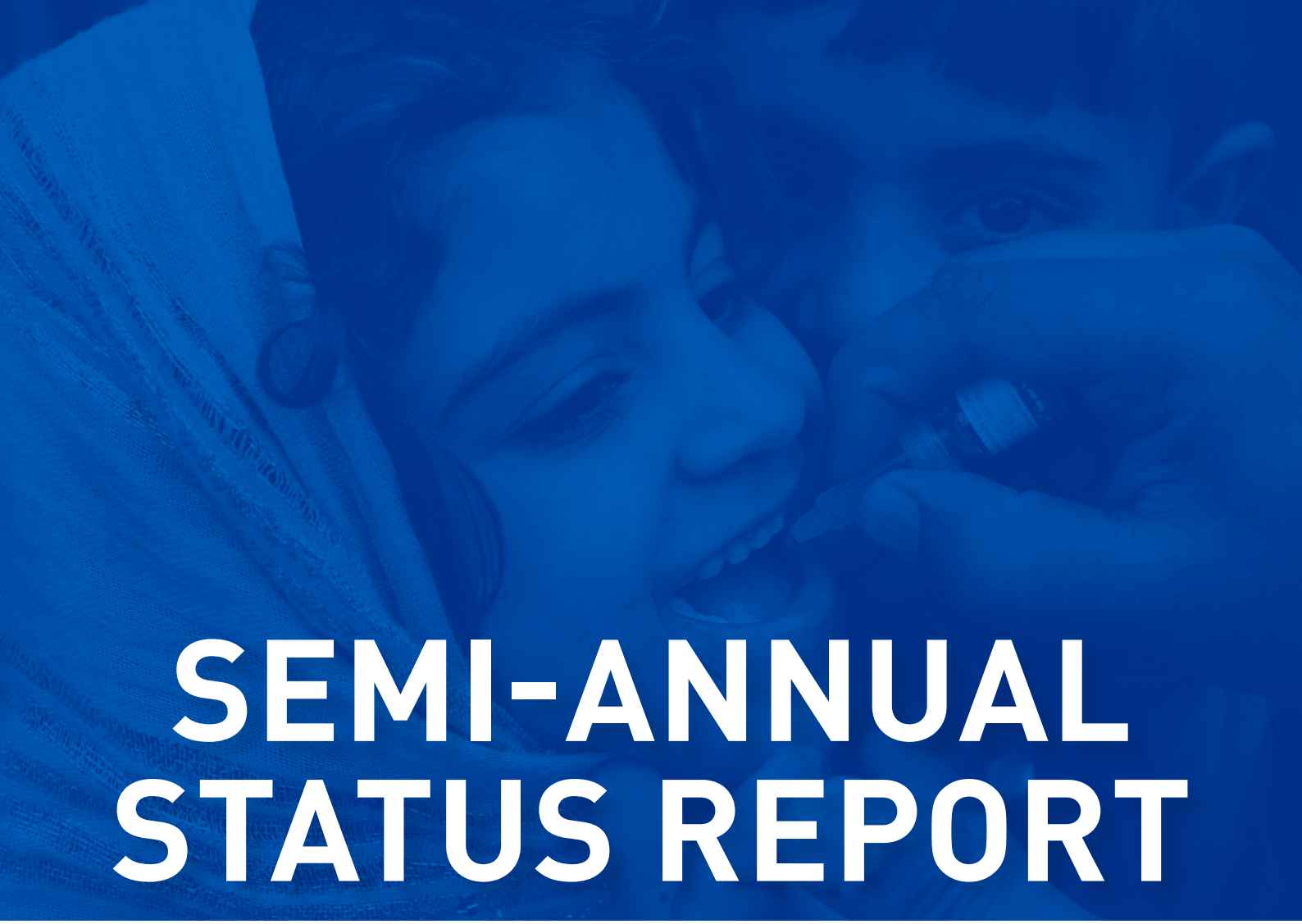

SEMI-ANNUAL STATUS REPORT

JANUARY TO JUNE 2017

PROGRESS AGAINST THE POLIO ERADICATION & ENDGAME STRATEGIC PLAN

POLIO GLOBAL ERADICATION INITIATIVE

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ACRONYMS

bOPV	Bivalent oral polio vaccine
CCS	Containment Certification Scheme
cVDPV	Circulating vaccine-derived poliovirus
cVDPV1	Circulating vaccine-derived poliovirus type 1
cVDPV2	Circulating vaccine-derived poliovirus type 2
GAPIII	Third edition of the WHO Global Action Plan to minimize poliovirus facility associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use
GPEI	Global Polio Eradication Initiative
IPV	Inactivated polio vaccine
mOPV2	Monovalent oral polio vaccine type 2
OPV	Oral polio vaccine
OPV2	Oral polio vaccine type 2
tOPV	Trivalent oral polio vaccine
VDPV2	Vaccine-derived poliovirus type 2
WHO	World Health Organization
WPV	Wild poliovirus
WPV1	Wild poliovirus type 1
WPV2	Wild poliovirus type 2

INTRODUCTION

The Global Polio Eradication Initiative (GPEI) Polio Eradication & Endgame Strategic Plan (Endgame Plan) aims to make polio the second-ever human disease to be eradicated from the world. At the time of the GPEI's founding in 1988, polio was endemic in more than 125 countries and paralysed 350 000 children every year. Since then, the GPEI has overseen a 99.9% reduction in annual cases of polio, with only 37 wild poliovirus (WPV) cases reported in 2016 from just three countries.

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

EXECUTIVE SUMMARY

At the beginning of 2017, progress continued towards each of the Endgame Plan's four objectives. The world has never been closer to eradicating polio, with fewer cases in fewer areas of fewer countries than at any time in the past.

Pakistan and Afghanistan continued to intensify eradication efforts and implement their respective national emergency action plans, overseen by each country's head of state. They continued to treat the virus transmission as a single epidemiological block and focused on coordinating activities in both countries.

In Nigeria, and across the Lake Chad subregion, outbreak response persisted in reaction to the detection of wild poliovirus type 1 (WPV1) in Borno in August 2016, Nigeria, the first WPV detected in the country since 2014. It was a sobering reminder of the fragility of progress and of the dangers of subnational surveillance gaps and low-level residual transmission. Although no new cases have been reported from Nigeria since last August, undetected ongoing transmission was assumed in parts of Borno as it remains inaccessible.

In May 2017, confirmation was received of new circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks in both the Syrian Arab Republic and the Democratic Republic of the Congo. The emergence of new cVDPV2 in the 12- to 18-month period following the globally coordinated switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in April 2016 was anticipated, with the most at-risk areas foreseen to be those with weak health systems, insecurity or inaccessibility. In preparation for the anticipated risks, internationally-agreed outbreak response protocols had been established to rapidly address cVDPV2 in the post-switch era, including by maintaining a global stockpile of monovalent OPV type 2 (mOPV2). An outbreak response is now under way in both countries to rapidly stop these strains. In the Syrian Arab Republic, the same response strategies were employed that successfully stopped a WPV1 outbreak in the same area of the country in 2013/2014.

These outbreaks underscored the continued risk posed by immunity gaps anywhere in the world, more than any risks associated with the vaccine. In areas of adequate immunity levels, surveillance for type 2 polioviruses from any source revealed a steady and rapid decline of these strains' persistence. These outbreaks are tragic, in particular for the children who have so far been paralysed by these strains, and emphasize the urgent need to fully withdraw all tOPV stock everywhere. By extension, it also highlights the need to fully withdraw all OPV use, once the remaining strains of WPVs (types 1 and 3) have been declared as eradicated.

A global supply constraint of inactivated polio vaccine (IPV) continued to be managed carefully, allocating available supply to areas deemed at highest risk of cVDPV2 emergence. Increasing clinical evidence indicates that fractional dose IPV provides equal (and in a two-dose schedule, even superior) protection to full dose IPV, but this approach is already stretching limited supply.

On containment, the GPEI continued to work with countries to accelerate efforts to identify all facilities retaining poliovirus stock, reduce their number to an absolute minimum and put in place all necessary biosafety conditions to ensure the safe handling of all residual stock.

Polio transition planning will continue to be intensified through 2017. The 16 countries with the greatest polio-funded infrastructure drafted and are finalizing their transition plans. Transition planning and implementation

are being conducted in such a manner as to minimize any associated programme-related risks and to ensure that a successful and lasting polio-free world will be achieved as rapidly and efficiently as possible. A post-certification strategy, request by Member States at the May 2017 World Health Assembly, is being developed and will be presented to the World Health Assembly in 2018, specifying the global technical standards that will be needed after the certification of wild poliovirus eradication to maintain a polio-free world.

Thanks to the generous continuing support of the international development community, including Member States (especially the countries where poliomyelitis is endemic and the generous donors to the GPEI) as well as multilateral and bilateral organizations, development banks, foundations and Rotary International, the budget for 2017 for planned activities was fully financed. At an extraordinary pledging moment at the Rotary International convention in June 2017 in Atlanta, USA, numerous public- and private-sector partners from around the world joined Rotary in announcing new commitments, bringing total pledges against the additional US$ 1.5 billion budget to US$ 1.2 billion. Securing a lasting polio-free world will not only be associated with significant humanitarian and global health benefits but also with economic advantages, as eradicating polio worldwide will result in global savings of US$ 50 billion.

OBJECTIVE 1: POLIOVIRUS DETECTION AND INTERRUPTION

Nigeria

In Nigeria, no new cases of WPV1 were detected in 2017 after confirmation of cases in August 2016 from Borno state (related to a strain last detected in Borno in 2011). However, due to ongoing surveillance gaps in high-risk and inaccessible areas, this strain's undetected and continued circulation cannot be ruled out. The Government of Nigeria continued its aggressive outbreak response, in close coordination with neighbouring countries across the Lake Chad subregion, and within the context of the broader humanitarian emergency affecting the region. The lack of access and inability to conduct high-quality vaccination and surveillance in many areas of the state remained the primary challenge. A key objective was to prevent the outbreak from spreading to other areas of the region, and additional measures were implemented to both increase surveillance sensitivity and boost immunity levels. They included scaling up environmental surveillance; testing healthy individuals (including adults) as they exited inaccessible areas; establishing permanent vaccination posts to vaccinate children and older age groups at key crossing points to inaccessible areas; and rapidly conducting mop-up immunization campaigns as and when windows of opportunity arose or areas became accessible.

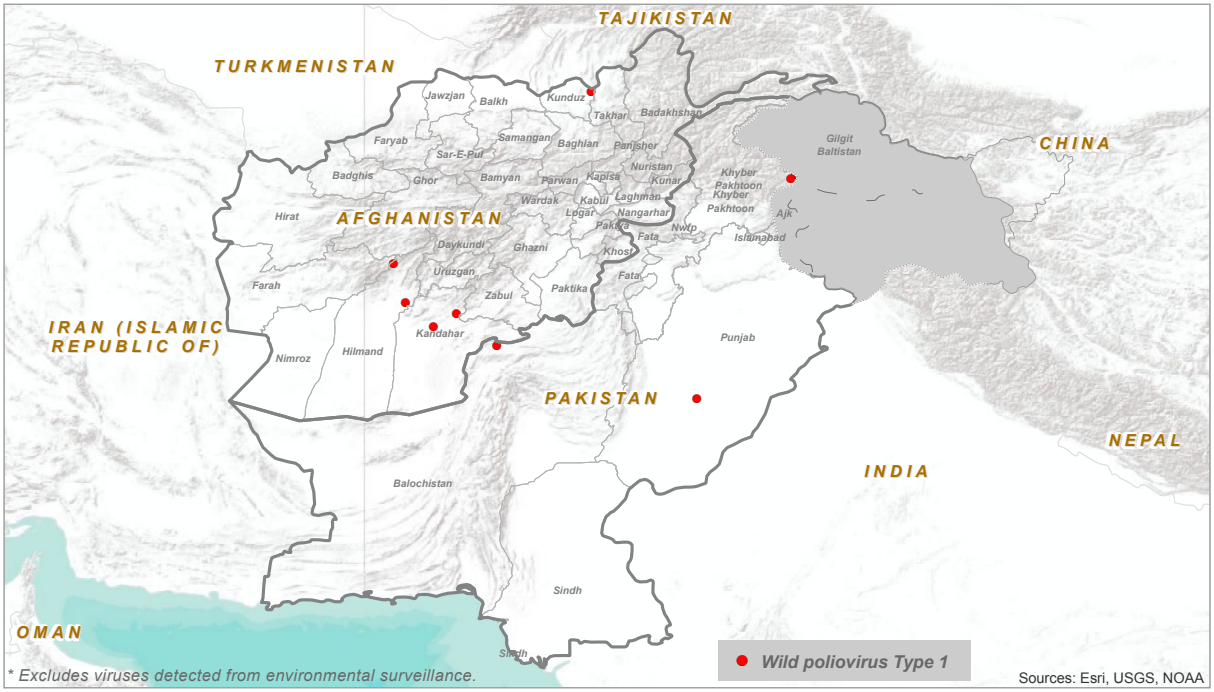
Nigeria wild poliovirus – January to June 2017

Afghanistan and Pakistan

Afghanistan and Pakistan continued to be treated as a single epidemiological block. In the first half of 2017, four cases of paralytic poliomyelitis due to WPV1 were reported in Pakistan, compared to 20 in 2016 (data as at 27 September 2017). In Afghanistan, six cases were reported, compared to 13 in 2016. The two countries demonstrated strong progress, and independent technical advisory groups underscored the feasibility of rapidly interrupting remaining strains of transmission. Realizing that goal, however, will depend on

reaching all missed children. Both countries continued to coordinate activities closely, focusing their efforts on clearly identifying missed children, determining why they were missed, and putting in place operational plans to overcome these area-specific challenges. In particular, emphasis was placed on reaching highly mobile population groups, travelling both internally within both countries and across the border. Virus transmission was shown to be primarily restricted to cross-border corridors linking eastern Afghanistan with Khyber Pakhtunkhwa and Federally Administered Tribal Areas in Pakistan, and southern Afghanistan (Kandahar and Helmand) with Quetta, Balochistan. Programme coordination continued to improve in 2017 at the national and provincial/regional levels, as well as among the bordering districts in the common corridors of transmission, with focus on the vaccination of high-risk mobile populations and those living along the border. Operational challenges that affected the quality of operations in Quetta must still be urgently addressed. At the same time, polio-free areas of both countries must maintain strong levels of both immunity and surveillance. Environmental surveillance in both countries confirmed the risk of ongoing virus transmission to polio-free areas, imported from remaining reservoir areas; however, as of September 2017, such importations had not resulted in the re-establishment of transmission in polio-free areas. A critical factor to achieving success will be to sustain continued leadership at all levels in both countries, including during the forthcoming period of national elections in Pakistan.

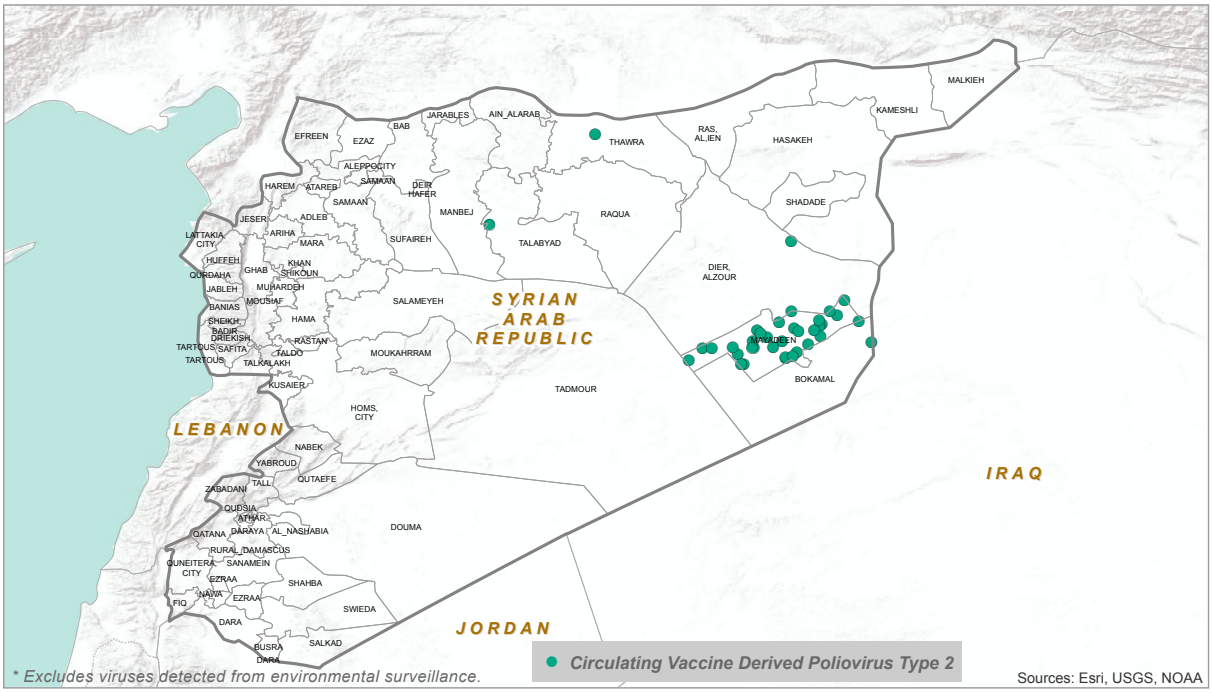
Afghanistan and Pakistan wild poliovirus – January to June 2017



Circulating vaccine-derived poliovirus transmission

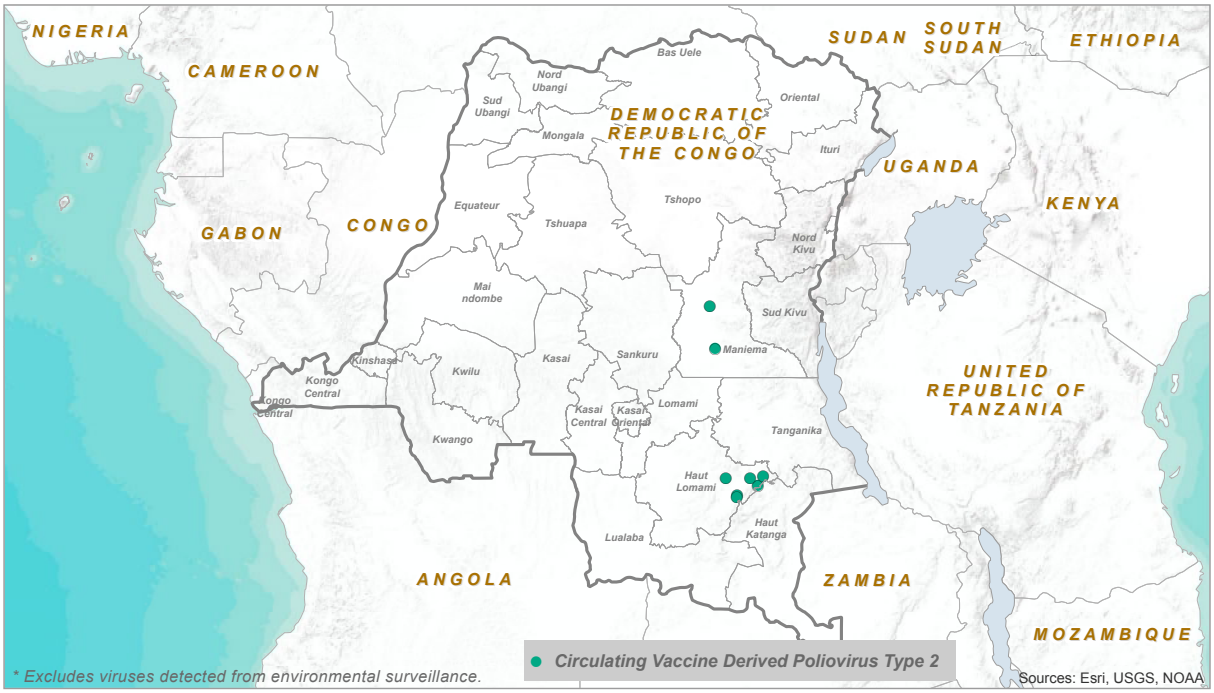
In the first half of 2017, two countries were newly affected by cVDPV2: the Syrian Arab Republic and the Democratic Republic of the Congo, with 40 and nine cases reported from these countries, respectively.

Syrian Arab Republic cVDPV2 – January to June 2017



In the Syrian Arab Republic, the bulk of cases were from Mayadin district, Deir-Ez-Zor governorate, the epicentre of the outbreak, with Raqqa and Homs also affected. Two vaccination campaigns were conducted in mid-2017, using both mOPV2 and IPV. To mitigate the risks of further spread from the outbreak zone to neighbouring areas and countries, the north-west of the Syrian Arab Republic, Turkey and Lebanon received additional IPV doses for targeted use in high-risk populations, and Iraq conducted immunization activities with IPV in vulnerable populations. Outbreak response was conducted in the context of the broader humanitarian emergency. During one of the campaigns, for example, water purification tablets were distributed to more than 400 000 people. Deir-Ez-Zor was the epicentre of an outbreak of WPV1 in 2013. A multicountry outbreak response effectively stopped this outbreak, with no cases of WPV1 reported in the Syrian Arab Republic since 21 January 2014.

Democratic Republic of the Congo cVDPV2 – January to June 2017



In the Democratic Republic of the Congo, cVDPV2 cases totalled nine in the first six months of 2017, in two separate outbreaks: in Haut-Lomami province (seven cases, with onset of paralysis of the most recent case on 27 July), and in Maniema province (two cases with onset of paralysis on 26 March and 18 April). An outbreak response was launched that included the use of mOPV2 in line with internationally-agreed outbreak response protocols, targeting more than 750 000 children aged under 5 years across the two provinces.

OBJECTIVE 2: PHASED REMOVAL OF ORAL POLIO VACCINES

Following the declaration of global eradication of wild poliovirus type 2 (WPV2) in September 2015, all countries switched from the trivalent formulation of OPV (containing all three serotypes of poliovirus), to the bivalent formulation (containing type 1 and 3 serotypes, but not type 2) during the second half of April 2016. The switch involved 155 countries and territories in total, and is expected to lead to significant public health benefits; almost 40% of all vaccine-associated paralytic poliomyelitis cases (approximately 200 cases per year) and 90% of circulating vaccine-derived poliovirus outbreaks over the past 10 years were associated with the type 2 component of tOPV. These cases should no longer occur. Efforts endured to conduct surveillance for any new emergence of cVDPV2 (as evidenced by the new outbreaks in the Syrian Arab Republic and the Democratic Republic of the Congo), maintain strong outbreak response capacity with mOPV2, and ensure that no residual tOPV use remained anywhere.

To prepare for the switch to bOPV, all countries had committed to introducing at least one dose of IPV into their routine immunization programmes. A global supply constraint that had emerged due to technical difficulties manufacturers had encountered to scale up production resulted in some countries experiencing delays in supply. Based on the manufacturers' current projections, all countries that previously experienced delays should receive supply by the first quarter of 2018. During the period of shortage, this vaccine's available supply was prioritized to routine immunization in areas at highest risk of VDPV2 outbreaks (Tier 1 and 2 countries). The GPEI continued to explore with Member States and WHO regional offices the feasibility of instituting dose-sparing strategies, such as using intradermal fractional dose IPV, as recommended by the Strategic Advisory Group of Experts on immunization. Member States are increasingly adopting this approach, notably Bangladesh, India, Sri Lanka and countries across the Region of the Americas. This approach helps to ensure that sufficient quantities of the vaccine are available for continued vaccination of the respective birth cohorts.

OBJECTIVE 3: CONTAINMENT

Efforts to identify and contain WPV2 in laboratories and other facilities worldwide progressed in the first half of 2017, guided by the *WHO Global Action Plan to minimize poliovirus facility associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use* (GAPIII). The *Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses* is being finalized to support last steps in the identification and destruction or transfer of remaining type 2 polioviruses to certified Polio Essential Facilities, or their retention there. The Global Commission for Certification of the Eradication of Poliomyelitis has accepted responsibility for global containment oversight following the *Containment Certification Scheme to support the WHO Global Action Plan for Poliovirus Containment* (GAPIII-CCS). A Containment Advisory Group was established to address technical issues related to GAPIII and amendments were recommended. The secretariat supported strengthening the technical capacity of the national authorities for containment by training auditors in GAPIII and CCS.

Despite all stakeholders' increasing interest and efforts, Member States must accelerate and further intensify the implementation of poliovirus containment so that poliovirus eradication can be achieved, certified and maintained forever.

OBJECTIVE 4: TRANSITION PLANNING AND POST-CERTIFICATION STRATEGY

Polio transition planning intensified during the first six months of 2017. Polio transition is a key priority for WHO, in order to assure a planning process that involves prioritizing and mainstreaming the assets and best practices learnt from polio eradication throughout all relevant health interventions, and to retain the capacity needed to ensure the technical standards are maintained for functions essential to sustaining a polio-free world after certification of eradication.

WHO and the GPEI partners continued to provide Member States with technical support in their polio transition planning efforts. The 16 countries with the greatest polio-funded infrastructure drafted and are finalizing their transition plans. Implementation is being conducted in such a manner as to minimize any associated programme-related risks and to ensure that a successful and lasting polio-free world will be achieved as rapidly and efficiently as possible. The progress of country-level transition efforts continued to be independently monitored by the Transition Independent Monitoring Board.

As part of transition planning efforts at the country, regional and global levels, and in response to World Health Assembly decision WHA70(9), GPEI partners started developing a post-certification strategy for presentation to the World Health Assembly in 2018. It will specify the global technical standards that will be needed after the certification of wild poliovirus eradication to maintain a poliofree world. The development of this strategy is undergoing extensive consultations with all stakeholders.

FINANCING THE POLIO ERADICATION & ENDGAME STRATEGIC PLAN

Thanks to the generous continuing support of the international development community, including Member States (especially the countries where poliomyelitis is endemic and the generous donors to the GPEI) as well as multilateral and bilateral organizations, development banks, foundations and Rotary International, the budget for 2017 for planned activities was fully financed. At an extraordinary pledging moment at the Rotary International convention in June 2017 in Atlanta, USA, numerous public- and private-sector partners from around the world joined Rotary in announcing new commitments, bringing total pledges against the additional US$ 1.5 billion budget validated by the Polio Oversight Board to US$ 1.2 billion. Major new pledges announced in Atlanta included US$ 450 million from the Bill & Melinda Gates Foundation, US$ 150 million from Rotary International, Can$ 100 million from the Government of Canada, €55 million from the European Commission, US$ 30 million from the United Arab Emirates and Aus$ 18 million from Australia. Since June 2017, the global community made additional pledges, including £100 million from the United Kingdom and NZ$ 7 million from New Zealand. Further declarations of support were made by heads of state at the respective G7 and G20 summits. To ensure achieving and maintaining a polio-free world, the GPEI will continue to mobilize additional commitments. In the second half of 2017, the GPEI will evaluate various budget scenarios to ascertain the impact of ongoing poliovirus transmission on the financial requirements to achieve global certification.

Annex 1 – Endemic and recently endemic country monitoring

AFGHANISTAN

Endemic Country	State/Area	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Afghanistan	Southern (Kandahar, Helmand)	Interrupt transmission	Number of cases	0 case	0	4
		High population immunity	% 0-dose	<10%	1.45%	0.74%
			LQAS (% lots with "High Pass")	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	2 NIDs, 5 SNIDs	2 NIDs, 5 SNIDs
			% children missed due to no visit/child absent (in 11 LPDs)		TBC	TBC
			% children missed due to refusal (in 11 LPDs)		TBC	TBC
		High virus detection	AFP rate	> 2 per 100 000	19.2	18.9
			Stool adequacy	> 80%	85.94	86.01
			Lab receipt to virus isolation result (median)	< 14 days	12	11
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
	Rest of country	Interrupt transmission	Number of cases	0 case	7	1
		High population immunity	% 0-dose	<10%	1.27%	0.41%
			LQAS (% lots with "High Pass")	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	2 NIDs,4 SNIDs	2 NIDs,4 SNIDs
		High virus detection	AFP rate	> 2 per 100 000	16.3	17.2
			Stool adequacy	> 80%	94.5	93.71
			Lab receipt to virus isolation result (median)	< 14 days	12	12
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	13% reduction (2015 vs 2014)	TBC
	All of country		Number of polio cases from families refusing OPV	0 case	N/a	N/a
			IPV introduction	intro by 2015	Yes (Sep-15)	Yes (Sep-15)

Endemic Country	State/Area	Outcome	Indicator	Target	Jul - Dec 2016	Jan-Jun, 2017
Pakistan	KP (Peshawar, Nowshera, Swabi, Charsaddah, Mardan, Bannu, Tank, Lakki Marwat)	Interrupt transmission	Number of cases (WPV1 only)	0 case	1	0
		High population immunity	% 0-dose	<10%	0.63%	0.31%
			LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	2 NIDs, 4 SNIDs	3 NIDs, 4 SNIDs
			% children missed due to no visit/child absent		TBC	TBC
			% children missed due to refusal		TBC	TBC
		High virus detection	AFP rate	> 2 per 100 000	17.55	17.47
			Stool adequacy	> 80%	80.04	82.27
			Lab receipt to virus isolation result (median)	< 14 days	11	11
		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	1	0
		High population immunity	% 0-dose	<10%	0.91%	0.00%
			LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	2 NIDs, 4 SNIDs	3 NIDs, 3 SNIDs
			% children missed due to no visit/child absent		TBC	TBC
			% children missed due to refusal		TBC	TBC
		High virus detection	AFP rate	> 2 per 100 000	38.34	35.61
			Stool adequacy	> 80%	88.41	86.89
			Lab receipt to virus isolation result (median)	< 14 days	11	11
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a

Endemic Country	State/Area	Outcome	Indicator	Target	Jul - Dec 2016	Jan-Jun, 2017
Pakistan	Karachi (SINDH)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	4	0
		High population immunity	% 0-dose	<10%	0.00%	0.28%
			LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	2 NIDs, 5 SNIDs	3 NIDs, 3 SNIDs
			% children missed due to no visit/child absent		TBC	TBC
			% children missed due to refusal		TBC	TBC
		High virus detection	AFP rate	> 2 per 100 000	10.13	12.17
			Stool adequacy	> 80%	90.7	90.16
			Lab receipt to virus isolation result (median)	< 14 days	11	11
		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	1	3
		High population immunity	% 0-dose	<10%	0.32%	0.41%
			LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	3 NIDs, 4 SNIDs	2 NIDs, 6 SNIDs
		high virus detection	AFP rate	> 2 per 100 000	10.3	11.1
			Stool adequacy	> 80%	89.41	88.38
			Lab receipt to virus isolation result (median)	< 14 days	11	11
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0% reduction (2015 vs 2014)	0% reduction (2015 vs 2014)
	All of country		Number of polio cases from families refusing OPV	0 case	N/a	N/a
			IPV introduction	intro by 2015	Yes (Jul-15)	Yes (Jul-15)

Endemic Country	State/Area	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Nigeria	North Central (Kano, Katsina, Jigawa, Kaduna)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	0	0
		High population immunity	% 0-dose	<10%	0.11%	0.06%
			LQAS	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	5 NIDs	2 NIDs 2 SNIDs
			% children missed due to no visit/child absent		TBC	TBC
			% children missed due to refusal		TBC	TBC
		High virus detection	AFP rate	> 2 per 100 000	32.12	29.14
			Stool adequacy	> 80%	97.96	98.98
			Lab receipt to virus isolation result (median)	< 14 days	10	10
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
	Northeast (Borno, Yobe)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	4	0
		High population immunity	% 0-dose	<10%	0.93%	1.30%
			LQAS	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	9 SNIDs	2 NIDs 2 SNIDs
			% children missed due to no visit/child absent		TBC	TBC
			% children missed due to refusal		TBC	TBC
		High virus detection	AFP rate	> 2 per 100 000	21.65	36.27
			Stool adequacy	> 80%	88.51	93.27
			Lab receipt to virus isolation result (median)	< 14 days	9	9
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a

Endemic Country	State/Area	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
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%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	5 NIDs	2 NIDs 3 SNIDs
			% children missed due to no visit/child absent		TBC	TBC
			% children missed due to refusal		TBC	TBC
		High virus detection	AFP rate	> 2 per 100 000	36.31	39
			Stool adequacy	> 80%	99.79	99.9
			Lab receipt to virus isolation result (median)	< 14 days	10	9
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
	Rest of country	Interrupt transmission	Number of cases (cVDPV2 only)	0 case	0	0
		High population immunity	% 0-dose	<10%	0.28%	0.20%
			LQAS	>= 90%	N/a	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	7 SNIDs	2 NIDs 2 SNIDs
		High virus detection	AFP rate	> 2 per 100 000	18.58	22.7
			Stool adequacy	> 80%	98.98	99.09
			Lab receipt to virus isolation result (median)	< 14 days	8	9
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	14% reduction (2015 vs 2014)	14% reduction (2015 vs 2014)
	All of country		Number of polio cases from families refusing OPV	0 case	N/a	N/a
			IPV introduction	intro by 2015	Yes (Feb-15)	Yes (Feb-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Democratic Republic of the Congo	High population immunity	% 0-dose	<10%	2.31%	2.52%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	2 NIDs	1 NID, 3 SNIDs
	High virus detection	AFP rate (national)	>2	2.43	5.39
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	88%	92%
		Stool adequacy (national)	>=80%	81.25	87.14
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	96%	81%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	3% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Apr-15)	Yes (Apr-15)
Syria	High population immunity	% 0-dose	<10%	0.00%	6.33%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID, 1 SNIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	4.11	3.84
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	64%	79%
		Stool adequacy (national)	>=80%	85.53	77.72
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	71%	79%
		Lab receipt to virus isolation result (median)	< 7 days	12	12
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	1% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (<2015)	Yes (<2015)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Angola	High population immunity	% 0-dose	<10%	7.55%	9.86%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	1 NID
	High virus detection	AFP rate (national)	>2	3.48	4.22
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	94%	94%
		Stool adequacy (national)	>=80%	97.93	97.89
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	94%	100%
		Lab receipt to virus isolation result (median)	< 14 days	10	10
		Environmental surveillance	Yes or No	Yes	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	2% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	N/a	N/a
Benin	High population immunity	% 0-dose	<10%	3.03%	0.00%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	1 NID
	High virus detection	AFP rate (national)	>2	3.69	4.36
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
		Stool adequacy (national)	>=80%	94.25	90.29
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	92%	83%
		Lab receipt to virus isolation result (median)	< 14days	8	8
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	17% (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Aug-15)	Yes (Aug-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Burkina Faso	High population immunity	% 0-dose	<10%	0.00%	1.12%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	N/a
	High virus detection	AFP rate (national)	>2	2.16	3.39
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	54%	85%
		Stool adequacy (national)	>=80%	92.22	89.51
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	85%	92%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
		IPV introduction	intro by 2015	N/a	N/a
Cameroon	High population immunity	% 0-dose	<10%	1.95%	1.42%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	6 SNIDs	1 NID, 2 SNIDs
	High virus detection	AFP rate (national)	>2	8.46	8.59
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
		Stool adequacy (national)	>=80%	89.86	86.62
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	80%
		Lab receipt to virus isolation result (median)	< 14 days	10	10
		Environmental surveillance	Yes or No	Yes	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	20% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes	

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Central African Republic	High population immunity	% 0-dose	<10%	3.23%	4.00%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	5 SNIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	6.65	9.5
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
		Stool adequacy (national)	>=80%	89.71	89.36
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	86%
		Lab receipt to virus isolation result (median)	< 14 days	8	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	1% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Sep-15)	Yes (Sep-15)
Chad	High population immunity	% 0-dose	<10%	1.12%	3.45%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	6 SNIDs	2 NIDs, 2 SNIDs
	High virus detection	AFP rate (national)	>2	6.97	8.74
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
		Stool adequacy (national)	>=80%	88.51	90.6
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	83%	89%
		Lab receipt to virus isolation result (median)	< 14 days	10	
		Environmental surveillance	Yes or No	Yes	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	17% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Aug-15)	Yes (Aug-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Congo	High population immunity	% 0-dose	<10%	10.00%	12.12%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	1 NIDs
	High virus detection	AFP rate (national)	>2	3.02	5.34
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	90%	91%
		Stool adequacy (national)	>=80%	97.1	92.73
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	71%	100%
		Lab receipt to virus isolation result (median)	< 14 days	8	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	50% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	N/a	N/a
Côte d'Ivoire	High population immunity	% 0-dose	<10%	0.00%	1.56%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	1 NID
	High virus detection	AFP rate (national)	>2	3.42	4.1
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	70%	100%
		Stool adequacy (national)	>=80%	94.16	95.14
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	94%	94%
		Lab receipt to virus isolation result (median)	< 14 days	8	
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	38% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Jun-15)	Yes (Jun-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Equatorial Guinea	High population immunity	% 0-dose	<10%	0%	60%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	N/a
	High virus detection	AFP rate (national)	>2	0.63	3.75
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	29%	57%
		Stool adequacy (national)	>=80%	0	66.67
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	0%	75%
		Lab receipt to virus isolation result (median)	< 14 days	11	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	6% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Apr-16)	
Ethiopia	High population immunity	% 0-dose	<10%	0.56%	0.43%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	3 SNIDs	NA
	High virus detection	AFP rate (national)	>2	2.32	2.7
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	92%	73%
		Stool adequacy (national)	>=80%	91.53	92.69
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	92%	100%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	62% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Dec-15)	Yes (Dec-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Gabon	High population immunity	% 0-dose	<10%	2.31%	0.00%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID	1 NID
	High virus detection	AFP rate (national)	>2	4.77	6.49
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	90%	100%
		Stool adequacy (national)	>=80%	91.3	91.67
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	90%	88%
		Lab receipt to virus isolation result (median)	< 14 days	11	10
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	48% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Dec-15)	Yes (Dec-15)
Guinea	High population immunity	% 0-dose	<10%	2.24%	1.82%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	2 NIDs	2 NIDs
	High virus detection	AFP rate	>2 (national)	19.55	9.66
		AFP rate	>2 (% of states/provinces meeting indicator)	100%	100%
		stool adequacy	>=80% (national)	95.57	93
		stool adequacy	>=80% (% of states/provinces meeting indicator)	100%	100%
		lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	1.6% (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Nov-15)	Yes (Nov-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Iraq	High population immunity	% 0-dose	<10%	0.56%	1.44%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID	2 NIDs
	High virus detection	AFP rate (national)	>2	3.78	4.66
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	89%	95%
		Stool adequacy (national)	>=80%	80.88	88.39
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	68%	80%
		Lab receipt to virus isolation result (median)	< 14 days	11	11
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	16% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Jan-16)	Yes (Jan-16)
Lao PDR	High population immunity	% 0-dose	<10%	N/a	N/a
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	N/a
	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)	N/a	N/a
		stool adequacy	>=80% (% of states/provinces meeting indicator)	N/a	N/a
		lab receipt to virus isolation result (median)	< 14 days	N/a	N/a
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	8% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Oct-15)	Yes (Oct-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Liberia	High population immunity	% 0-dose	<10%	0.00%	2.17%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	2 NIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	3.89	6.96
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	87%	91%
		Stool adequacy (national)	>=80%	68.42	79.41
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	58%	58%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	TBC
		IPV introduction	intro by 2015	N/a	N/a
Madagascar	High population immunity	% 0-dose	<10%	0.38%	0.00%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 SNID	1 NID
	High virus detection	AFP rate (national)	>2	8.40	7.17
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	95%	100%
		Stool adequacy (national)	>=80%	91.99	91.2
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	91%	86%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	Yes	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	15% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (May-15)	Yes (May-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Mali	High population immunity	% 0-dose	<10%	8.33%	3.23%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	1 NID
	High virus detection	AFP rate (national)	>2	3.65	3.32
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	89%
		Stool adequacy (national)	>=80%	95.24	83.09
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	90%	67%
		Lab receipt to virus isolation result (median)	< 14 days	9	8
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	29% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	N/a	N/a
Myanmar	High population immunity	% 0-dose	<10%	6.06%	7.14%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	1 NID
	High virus detection	AFP rate	>2 (national)	4.58	1.96
		AFP rate	>2 (% of states/provinces meeting indicator)	94%	41%
		stool adequacy	>=80% (national)	97%	96%
		stool adequacy	>=80% (% of states/provinces meeting indicator)	100%	100%
		lab receipt to virus isolation result (median)	< 14 days	N/a	N/a
		Environmental surveillance	Yes or no	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0.6% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Dec-15)	Yes (Dec-15)

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Niger	High population immunity	% 0-dose	<10%	1.79%	1.60%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	6 SNIDs	2 NIDs, 1 SNID
	High virus detection	AFP rate (national)	>2	4.16	4.76
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	71%	100%
		Stool adequacy (national)	>=80%	85.65	83.46
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	75%	72%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	Yes	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	11% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Jul-15)	Yes (Jul-15)
Sierra Leone	High population immunity	% 0-dose	<10%	0.00%	4.17%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	2 NIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	2.43	2.53
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	75%	100%
		Stool adequacy (national)	>=80%	81.25	87.88
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	75%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	TBC
		IPV introduction	intro by 2015	N/a	N/a

Country	Outcome	Indicator	Target	Jul-Dec 2016	Jan-Jun 2017
Somalia	High population immunity	% 0-dose	<10%	15.08%	13.48%
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	2 NIDs, 1 SNID	2 NIDs
	High virus detection	AFP rate (national)	>2	5.51	7.16
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
		Stool adequacy (national)	>=80%	98.66	98.45
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	100%
		Lab receipt to virus isolation result (median)	< 14 days	7	7
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	2% increase (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes (Nov-15)	Yes (Nov-15)
Ukraine	High population immunity	% 0-dose	<10%	N/a	N/a
		LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	N/a	N/a
	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)	N/a	N/a
		stool adequacy	>=80% (% of states/provinces meeting indicator)	N/a	N/a
		lab receipt to virus isolation result (median)	< 14 days	N/a	N/a
		Environmental surveillance	Yes or no	Yes	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0.6% decrease (2015 vs 2014)	TBC
		IPV introduction	intro by 2015	Yes	Yes

Annex 4 – Analysis of cost per child by region, July-December 2016 vs January-June 2017

Operational cost (US$) per child (excl OPV costs) (to reach and vaccinate 1 child with 1 dose)	Jul – Dec 2016	Jan-June 2017
Global	0.35	0.36
Regional Office for Africa	0.36	0.37
Regional Office for the Eastern Mediterranean	0.33	0.33
Regional Office for South-East Asia	0.10	0.10
Regional Office for Europe	0.30	0.30
Regional Office for the Western Pacific	0.27	0.27

Outcome	Indicator	Target	Jan – June 2017
All	**Financing:** 12-month cash gap		US$300 million
	Financing: Strategy funding gap		US$100 million (rounded)
	Staffing: Vacant approved posts	<10%	N/a
High population immunity	**Vaccine supply:** Planned SIAs cancelled due to vaccine shortage		No planned SIAs cancelled due to vaccine shortage
Low risk of virus reintroduction	Number of OPV-only using countries	**Per IMG**	All countries committed to IPV introduction ahead of the switch from trivalent OPV to bivalent OPV in April 2016. However due to a global IPV supply constraint, some countries continue to experience delays in receiving supply. By mid-2017, 107/126 countries had introduced IPV. All 155 trivalent OPV-using countries successfully switched to bivalent OPV by May 2016.
	Plan in place to support routine immunization strengthening in 10 priority countries	**Per IMG**	Six 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.
	Reduction in the international spread of polio		Declared PHEIC remains in place
	Containment and Certification	**Per GAPIII**	• *Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses* being finalized • Global Commission for the Certification of Eradication of Poliomyelitis (GCC) has accepted responsibility for global containment oversight following *Containment Certification Scheme to support the WHO Global Action Plan for Poliovirus Containment*(GAPIII-CCS). • Containment Advisory Group established to address technical issues related to GAPIII
Transition and post-certification strategy	Consultations inputs into plans		• 16 priority countries in process of developing transition plans • Progress monitored by Transition Independent Monitoring Board • Post-certification strategy being developed in extensive stakeholder consultations • Report on development of strategic action plan on transition and post-certification strategy being prepared, as per WHA Decision WHA70(9)

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