Global Update
On behalf of the GPEI
Michel Zaffran, Director, Polio Eradication, World Health Organization
DCVMN General Assembly, Buenos Aires, 27 October 2016
Progress in WPV eradication

1988

Lowest-ever polio levels
Public Health Emergency of International Concern
Pakistan – Afghanistan

Lowest number of cases ever in the epidemiological block
Three corridors of active transmission link reservoirs on both sides of the border:

- Nangarhar/Kunar - Khyber/Peshawar
- Paktika - FATA / Bannu
- Kandahar/Helmand - Balochistan (Quetta block)

Most recent case onset:
AFG: 28 Sep ‘16
PAK: 03 Sep ‘16
Pakistan- Afghanistan Epidemiological Block

- Situation improved; decreased cases & +ve Environ. Samples
- Strong Emergency Operation Centers (EOCs)
- Strong coordination between the two national programs

**Concerns:**

- Deteriorating access in north-east Afghanistan (Kunduz)
- Outbreak in south KP / FATA – southeast Afg. Block
- Weaknesses in surveillance at district level in Pakistan
- Remaining quality problems in Northern Sindh and Karachi
Nigeria + Lake Chad
WPV Outbreak in Borno State, Nigeria

- WPV1 outbreak: 4 cases and 2 isolates in community contacts
- cVDPV2 outbreak: ES isolate in March and one isolate from healthy child in August
- Evidence of prolonged undetected circulation (Over 4 years)
- AFP surveillance in inaccessible areas limited to IDPs camps established within partially accessible or recently liberated LGAs
- Insecurity and large population movements across 5 countries in the Lake Chad Basin region
- Declaration of level 3 health sector emergency
Multi-country outbreak response

- Regional public health emergency
- Coordination established in N’Djamena with 5 governments
- Multi-country response plan
  - 5 bOPV SIAs, 41 million under 5 targeted
  - Surveillance enhancement
- Strategies to reach children
  - Fire walling, Permanent Health Teams, Vaccination in International Border and Permanent Transit points, Hit and Run, Vaccination in IDP camps...
- Advocacy, communications and social mobilization strategies
- Strong linkages with Humanitarian response

Borno State accessibility status
end-August 2016
Learning the lessons from Nigeria

Ensuring there are no more undetected reservoirs
Conflict-related access limitations

Source: United Nations Department of Safety and Security, August 2016
Risk of outbreaks following PV importation

% of AFP cases aged 6 to 59 mo with 0-2 OPV doses, last 12 months (5 Oct '15 to 4 Oct '16)

Data source: WHO Database; Last updated 05 Oct 2016

Need to look 'beyond indicators'
- Cohort of susceptible children in specific groups (IDPs, Refugees, ‘locked in’ groups, etc...)

Additional surveillance initiatives
- Mapping inaccessible settlements
- Expansion of env. surveillance
- Geocoding of AFP cases
- Community involvement

Additional SIAs initiatives
- Hard to reach strategies
- Permanent Transit Point Vaccinations,

1.6 millions IDPs & 882,200 refugees
2.6 millions displaced

Data source: WHO Database; Last updated 05 Oct 2016
Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption

2. OPV2 withdrawal, IPV introduction, immunization system strengthening

3. Containment & Global Certification

4. Legacy Planning
Switch from tOPV to bOPV

- Globally synchronized switch occurred **17 April to 1 May**
- All 155 countries/territories using tOPV switched to bOPV in a synchronised manner

- 272 National stores (99%)
- 3,741 Regional (94%)*
- 16,144 District stores (78%)*
- 143,050 Health Facilities

**163,207 sites visited**
Countries using IPV vaccine

IPV supply situation remains bleak

- Supply situation continues to worsen
- Introductions delayed in 21 Tier 3 and 4 countries
- An additional approx. 29 T3 and 4 countries will be forced into stock outs.
- Supply will remain constrained into 2018

Data source: WHO/IVB Database, as of 13 October 2016
Map production Immunization Vaccines and Biologicals (IVB), World Health Organization
Type 2 Poliovirus: need to stay vigilant!

19 VDPV2 events since the Switch (chronological order of lab notification)

(Guinea-ongoing since 2014)
1. Egypt
2. Nigeria - Borno (Environmental sample) + Lake Chad region - Niger, Chad, Cameroun
3. Kenya
4. Syria
5. DRC
6. India - Telangana 1
7. Nigeria - Jigawa
8. India - Kolkata
9. India - Delhi

10. India - Telangana 2
11. Pakistan – Balochistan Quetta 1
12. Pakistan - Sindh
13. Ukraine - Odessa
14. Yemen - Aden
15. Palestine - Bethlehem
16. Nigeria - Borno (healthy child)
17. Afghanistan – Paktika
18. Pakistan – Balochistan Quetta 2
19. Moscow, Russian Federation

- cVDPV2
- mOPV2 released by WHO DG
Polio Eradication and Endgame Strategy

1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
3. Containment & Global Certification
4. Legacy Planning
23 countries have reported hosting 58 designated Poliovirus-Essential Facilities (PEFs)

Source: WHO Database; Last updated 06 Oct 2016
### Phase II. Progress/Status Update

<table>
<thead>
<tr>
<th>Phase II: reduce risk in remaining facilities:</th>
<th>0 facilities certified against GAPIII</th>
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</thead>
<tbody>
<tr>
<td><strong>Containment Advisory Group (CAG):</strong></td>
<td>TORs established</td>
</tr>
<tr>
<td>Address technical concerns, including</td>
<td>Call for Nomination issued</td>
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<tr>
<td>guidance for completion of Phase I</td>
<td></td>
</tr>
<tr>
<td><strong>GCC Containment Working Group (GCC CWG)</strong></td>
<td>TORs established</td>
</tr>
<tr>
<td></td>
<td>Call for Nomination issued in October</td>
</tr>
<tr>
<td><strong>GAPIII Containment Certification Scheme (CCS)</strong></td>
<td>CCS to supersede GAPIII, Annex 4:</td>
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<tr>
<td>• Proposes interim solutions:</td>
<td>• Verification of containment is a</td>
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<tr>
<td>• Certificate of participation</td>
<td>national responsibility</td>
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<tr>
<td>• Interim certificate of containment</td>
<td>• Submission of GCC /CWG</td>
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<tr>
<td>• Certificate of containment</td>
<td>CCS submitted to SAGE Polio WG for</td>
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<td></td>
<td>endorsement</td>
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</table>

Data as of October 2016
1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
3. Containment & Global Certification
4. Transition Planning
1. Country-level Transition Planning

- 16 countries represent >90% of GPEI investment

<table>
<thead>
<tr>
<th>Country</th>
<th>WHO Region</th>
<th>UNICEF Region</th>
<th>Communication to government leadership (with budget projections)</th>
<th>Governing body and management team appointed</th>
<th>Mapping of polio-funded assets available</th>
<th>Mapping of country priorities available</th>
<th>Transition strategies identified and agreed with stakeholders</th>
<th>Draft transition plan available</th>
<th>Final transition strategy available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
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<td>ROSA</td>
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</table>
2. Agencies transition

Footprint of WHO Polio-funded Staff in Countries

<table>
<thead>
<tr>
<th>Country</th>
<th>Total Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endemic</td>
<td>383</td>
</tr>
<tr>
<td>Transition</td>
<td>153</td>
</tr>
<tr>
<td>Mid-term polio free</td>
<td>351</td>
</tr>
<tr>
<td>Long-term polio free</td>
<td>55</td>
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</tbody>
</table>

SOURCE: AFP/polio data (WHO website), GSM, GPEI HR Map August 2013
3. Post Eradication Strategy

**Purpose:** Define how a polio-free world will be sustained

**Four goals (provisional):**

1. Contain polio sources
2. Detect and respond to any poliovirus
3. Protect populations through immunisation
4. Manage effectively and monitor, to ensure delivery of the above goals is embedded in existing mechanisms – or develop new mechanisms

**Development process:**

- GPEI-led but highly inclusive; approximately one year

**Relationship to transition planning:**

- More tightly define the parameters towards which transition planning is needed
Programme Priorities

Next 6 months
Priorities

1. **Interrupt transmission in 3 endemic countries**
   - Response to Nigeria outbreak in all 5 Lake Chad basin countries
   - Continued support to Pakistan and Afghanistan to implement all NEAP activities

2. **Risk assessment in all security compromised and IPV deprived countries:**
   - Surveillance gaps
   - Careful management of IPV supply to highest risks countries

3. **Intensify progress with containment**
   - Scientific guidance (CAG)
   - Launch of Certification process (CCS)

4. **Maintain momentum on transition planning**
   - Internal Agencies processes
   - Ramp down of country budgets, taking into account necessary pause for Lake Chad

5. **Political advocacy and resource mobilization**
   - Sustain efforts in non endemic countries
We have never been this close!

• Thanks to an extraordinary coalition of public and private sector actors
• Thanks to the contribution of many DCVMN companies

Polio will be eradicated!