

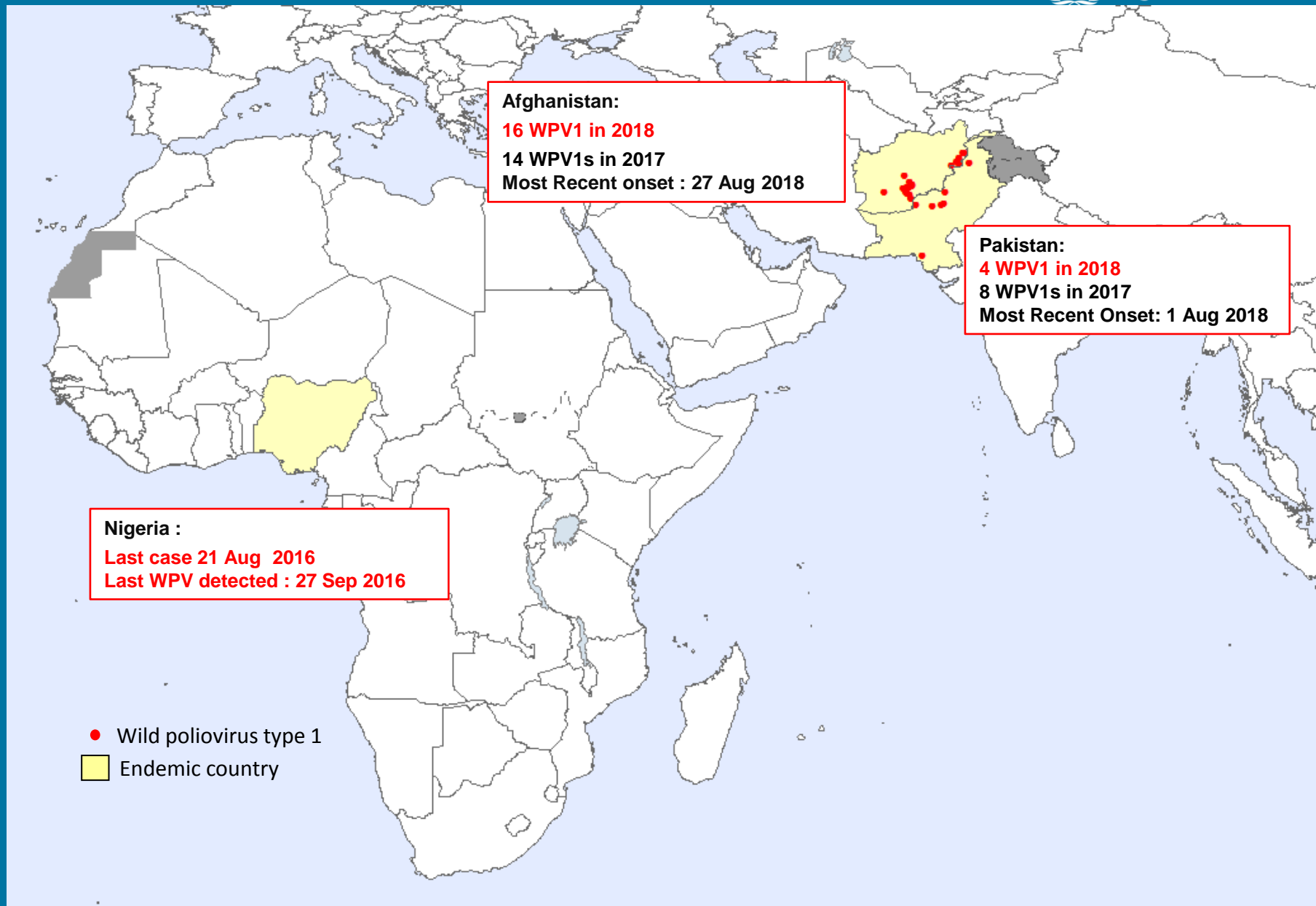


Where are we with Polio: current and future development

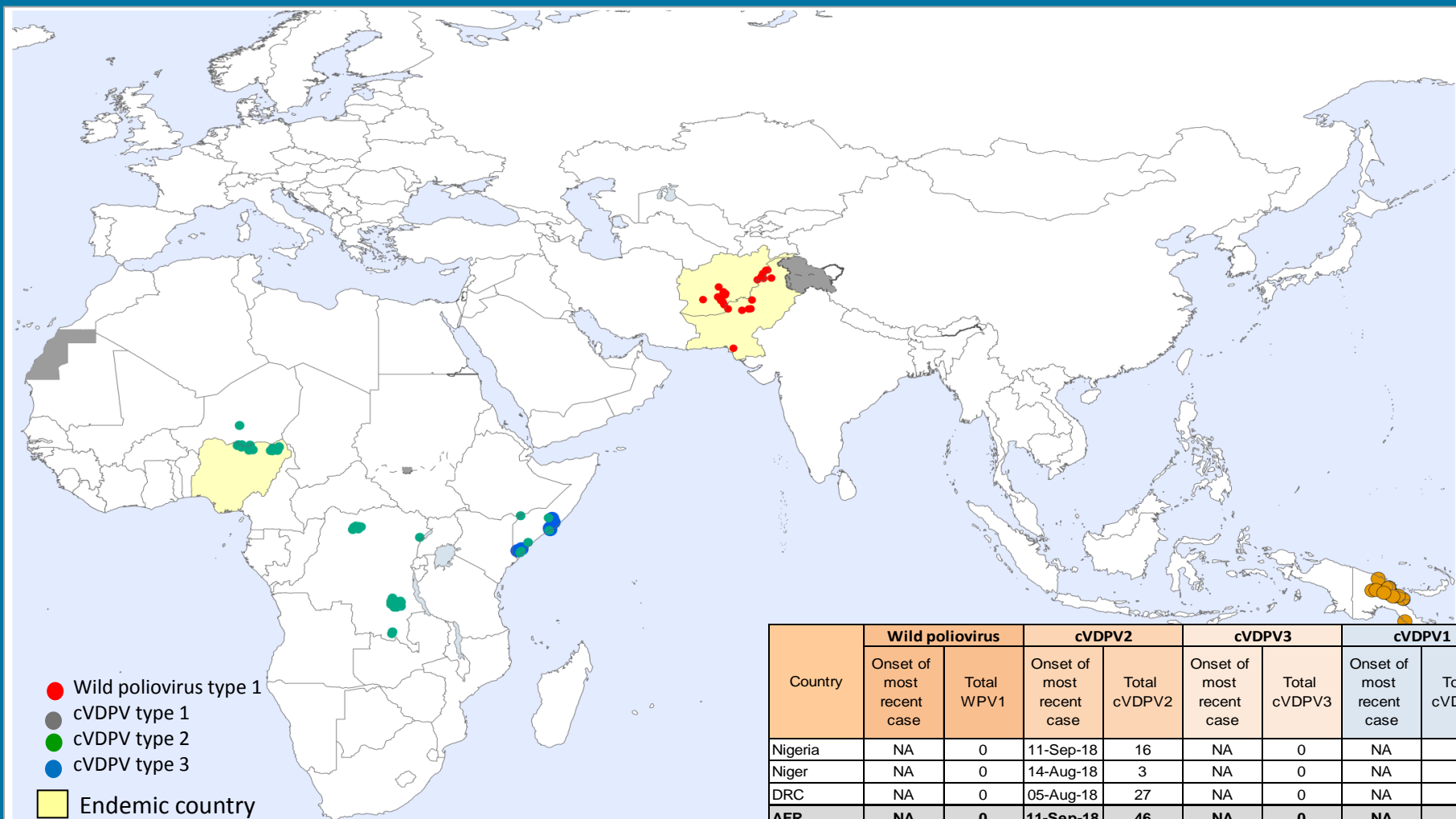
Dr Ranieri Guerra, ADG for Strategic Initiatives

Current situation

Wild Poliovirus Cases (2017 and 2018)



Wild Poliovirus & VDPV Cases¹ (Past 12 months²)



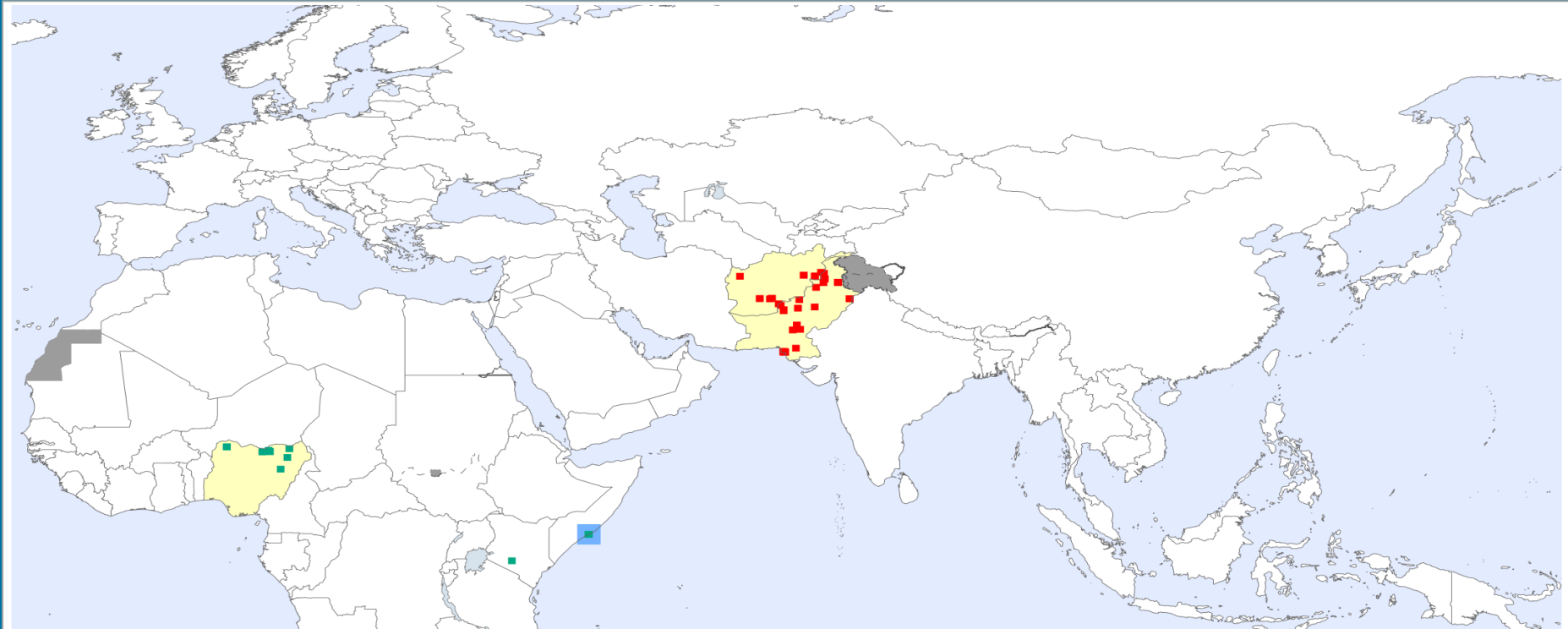
Country	Wild poliovirus		cVDPV2		cVDPV3		cVDPV1	
	Onset of most recent case	Total WPV1	Onset of most recent case	Total cVDPV2	Onset of most recent case	Total cVDPV3	Onset of most recent case	Total cVDPV1
Nigeria	NA	0	11-Sep-18	16	NA	0	NA	0
Niger	NA	0	14-Aug-18	3	NA	0	NA	0
DRC	NA	0	05-Aug-18	27	NA	0	NA	0
AFR	NA	0	11-Sep-18	46	NA	0	NA	0
Pakistan	01-Aug-18	7	NA	0	NA	0	NA	0
Afghanistan	27-Aug-18	21	NA	0	NA	0	NA	0
Somalia	NA	0	30-Jul-18	6	27-Jul-18	6	NA	0
EMR	27-Aug-18	28	30-Jul-18	6	27-Jul-18	6	NA	0
PNG	NA	0	NA	0	NA	0	12-Aug-18	15
WPRO	NA	0	NA	0	NA	0	12-Aug-18	15
Global	27-Aug-18	28	11-Sep-18	52	27-Jul-18	6	12-Aug-18	15

¹Excludes viruses detected from environmental surveillance

²Onset of paralysis 10 Sep. 2017 – 09 Oct. 2018

Environmental Positives¹

WPV and cVDPVs, past 12 Months²



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

Country	Wild poliovirus		cVDPV			
	Most recent collection date	Total WPV	Most recent collection date type 2	Total cVDPV2	Most recent collection date type 3	Total cVDPV3
Nigeria	NA	0	18-Aug-18	26	NA	0
Kenya	NA	0	21-Mar-18	1	NA	0
AFR		0	18-Aug-18	27		0
Pakistan	24-Sep-18	107	NA	0	NA	0
Afghanistan	05-Sep-18	61	NA	0	NA	0
Somalia	NA	0	06-Sep-18	13	16-Aug-18	9
EMR	24-Sep-18	168	06-Sep-18	13	16-Aug-18	9
Global	24-Sep-18	168	06-Sep-18	40	16-Aug-18	9

¹Excludes viruses detected from AFP surveillance.

²Collection date: 10 Oct. 2017 – 09 Oct. 2018

Pakistan and Afghanistan

Afghanistan – Current Situation

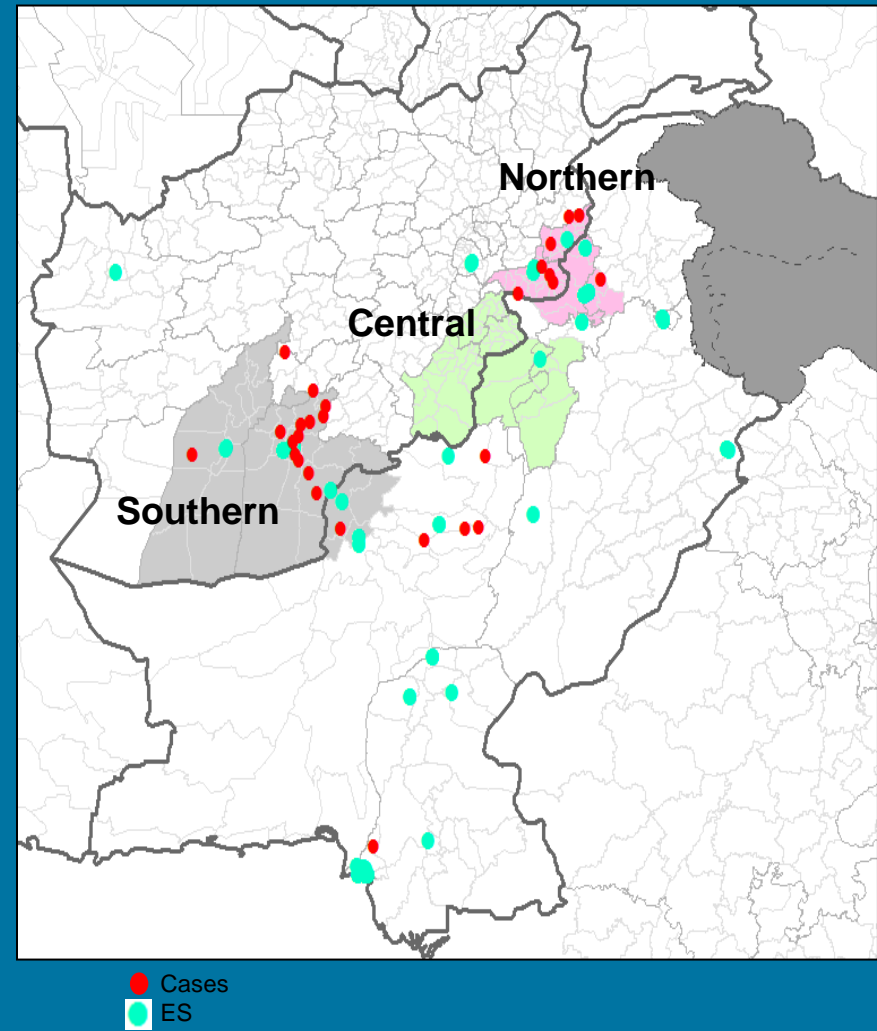


On going transmission of wild poliovirus in Northern and Southern corridors

Genetic sequencing data shows that population groups harboring transmission in the Northern Corridor have not been reached.

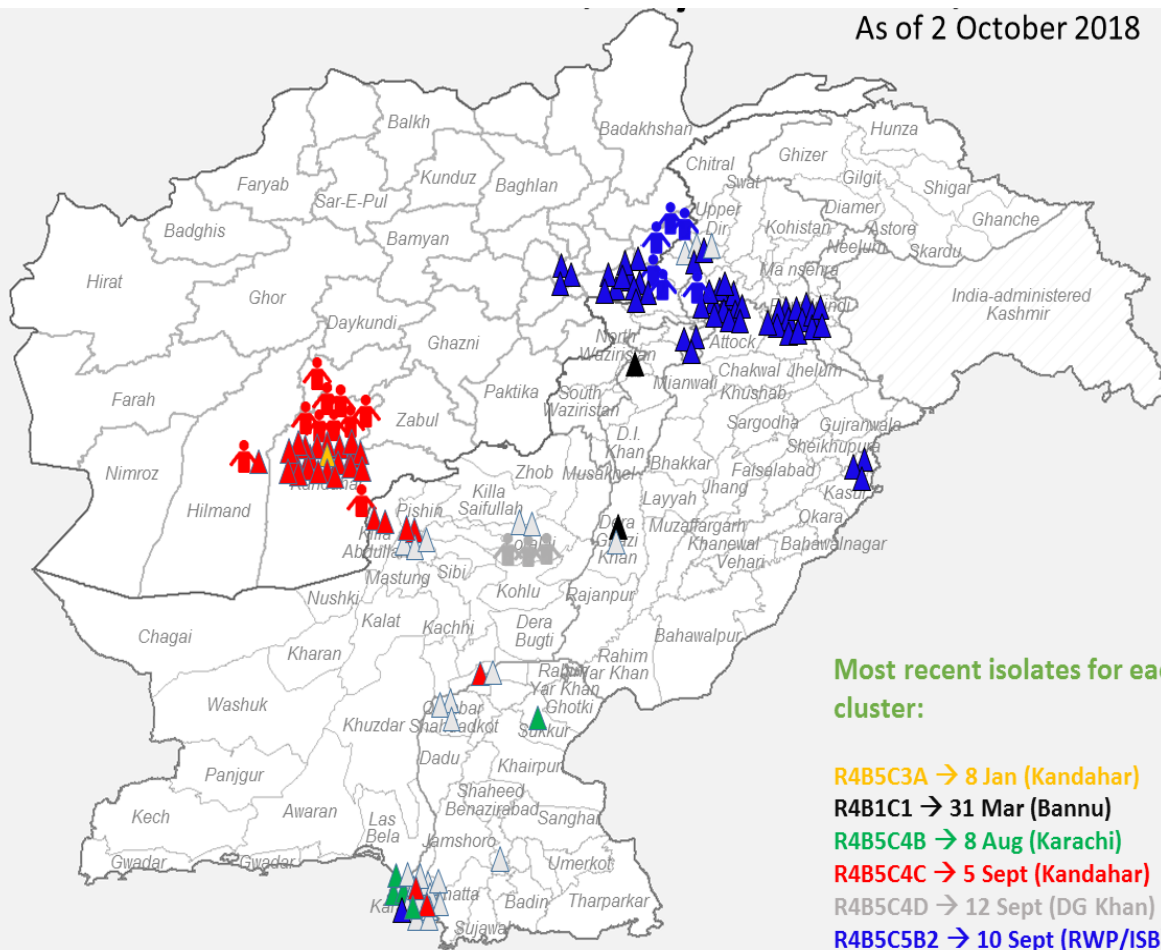
Ban on house to house campaigns :
Over 1 million children missed since May

Gaining & maintaining access remains the most significant bottleneck to stopping transmission



Pakistan - Current status

As of 2 October 2018



- 4 WPV1 cases in 2018 Vs 5 at same date in 2017.
- 3 are from one district (Dukki) in Balochistan Vs 5 in 2017. One is from Charsads district in KP
- Most recent case had paralysis onset on 1 Aug, 2018
- Environmental positive samples isolated primarily in core reservoirs but also outside areas
- **Northern and Southern Transmission Corridors, and Karachi, remain the greatest risk to polio eradication in Pakistan & Afghanistan**

WPV1 Cases & ES+, by Cluster, 2018

Pakistan/Afghanistan: Main risks



Afghanistan

Ongoing transmission in the Southern & Eastern regions due to access and security

Bans on house to house campaigns in South

Increasing inaccessibility in Eastern region

Deteriorating security situation create environment of fear

Challenges in getting females front line workers particularly in high risk areas

Impact of upcoming parliamentary elections

Pakistan

Sustained transmission throughout the epidemiologic block of Pakistan-Afghanistan

Sustaining government commitment at all levels

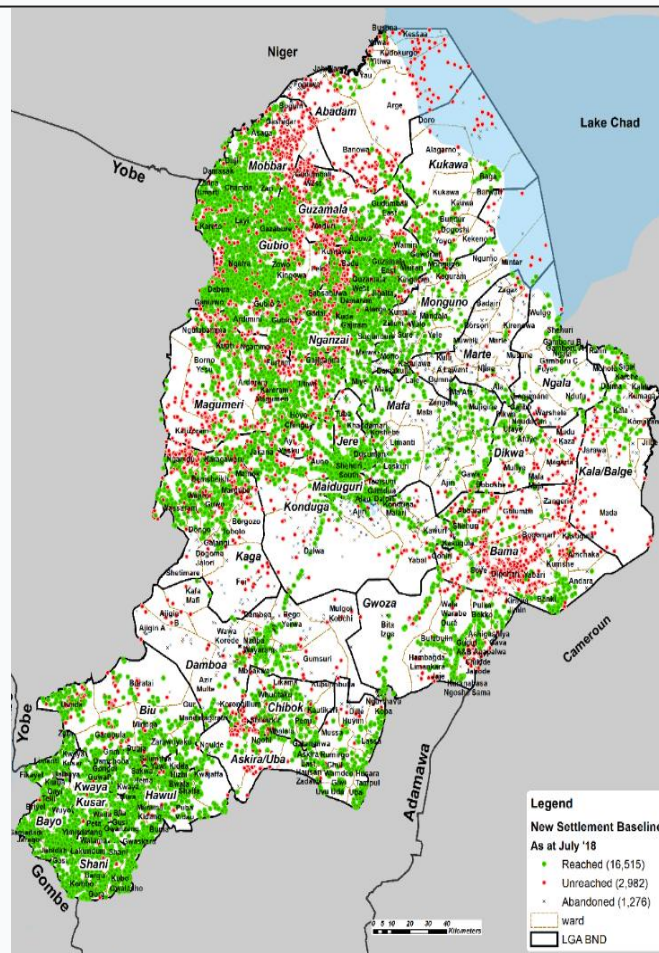
Persistent resistance (both overt and covert)

Strengthening systemic weaknesses in EPI throughout many parts of the country

Nigeria

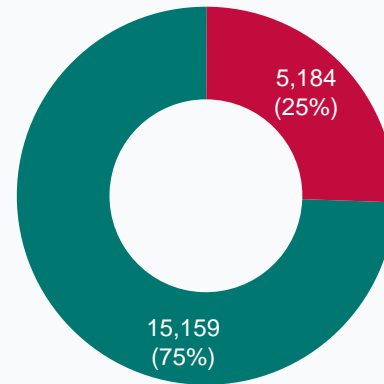
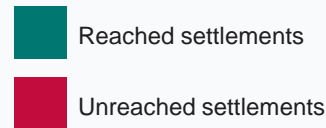
Key risk: ~102K children unreached in Borno

Coverage map showing vaccination reach in Borno as at July 2018



Breakdown of vaccination reach in Borno state as at July 2018 (*Number of settlements*)

N = 20,343



- Over 346,807 children have been reached by the RES/RIC intervention but ~ 102,256 children yet to be vaccinated remain trapped in ~5,000+ unreached settlements

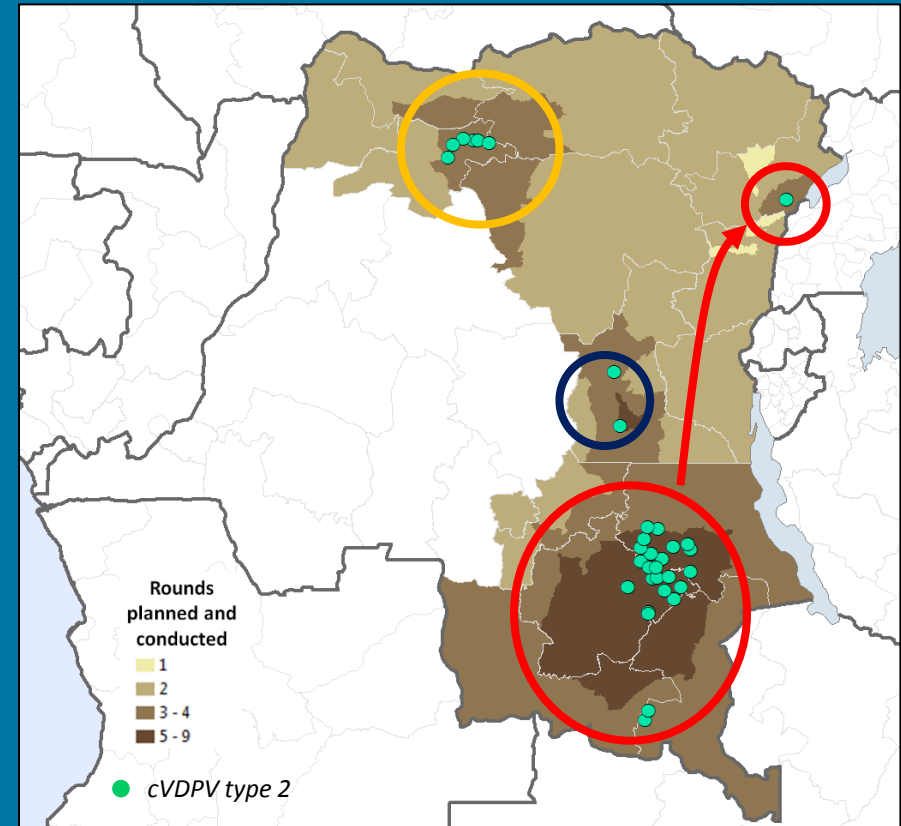
- In August 2016, over 600,000 children across over 10,000 communities were not reached
- Today, about 102,000 children unreached thanks to innovative strategies (Reach Every Settlement –RES- and Reach Inaccessible Children - RIC)
- RES implemented in the partially accessible settlements with local security support
- RIC implemented in fully inaccessible settlements using special immunization teams

cVDPV Outbreaks

Democratic Republic of Congo



- **37 cVDPV2 cases since May 2017**
- **3 distinct cVDPV2 outbreak:**
 - Maniema
 - Haut Lomami/Tanganyika, Ituri
 - Mongala
- **Situation complicated by Ebola, Cholera outbreaks & insecurity**
- **Two vaccination rounds in Sep/Oct 2018, targeting 16 provinces**
- **Key risks**
 - Lack of commitment at provincial level
 - Outbreak not treated as an emergency like Ebola
 - Risk of continuation & spread to neighbouring areas/countries

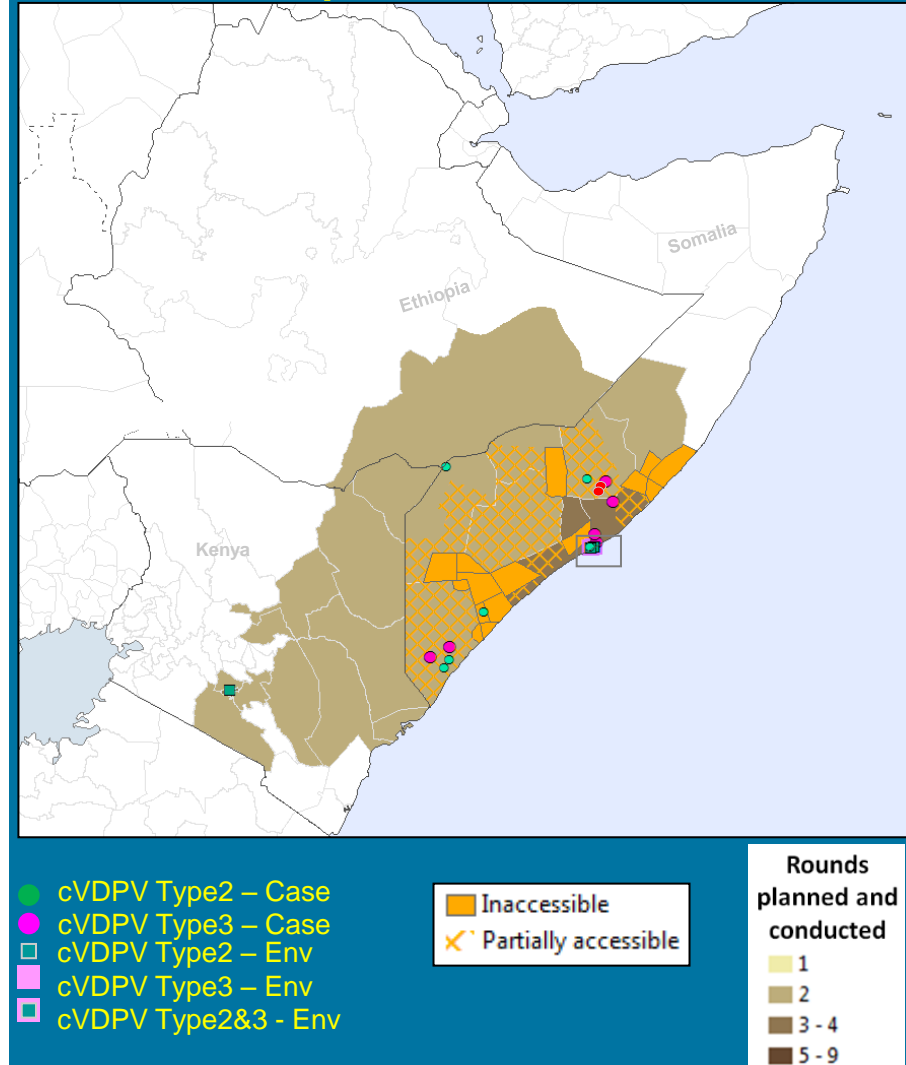


- Haut Lomami / Tanganyika outbreak; last onset 27 May 2018
- Mongala outbreak; last onset on 22 July 2018
- Maniema outbreak; last onset on 2 May 2017

Horn of Africa (HoA)

- **cVDPV2 & cVDPV3 co-infection in Somalia and Kenya**
- **cVDPV2 outbreak**
 - Somalia: 6 cVDPV2 cases from 4 provinces & 13 positive env. samples
 - Kenya: one positive env. sample from Nairobi (21 Mar. 2018)
 - Continuing transmission despite multiple vaccination rounds
- **cVDPV3 outbreak**
 - 6 cVDPV3 cases & 11 positive env. samples from two provinces
- **Key Risks**
 - Inaccessibility in Somalia (>300,000 children not accessible persistently)
 - Deteriorating security in Ethiopia – causing inaccessibility & delay in vaccination rounds
 - Large scale population movement within and across the countries

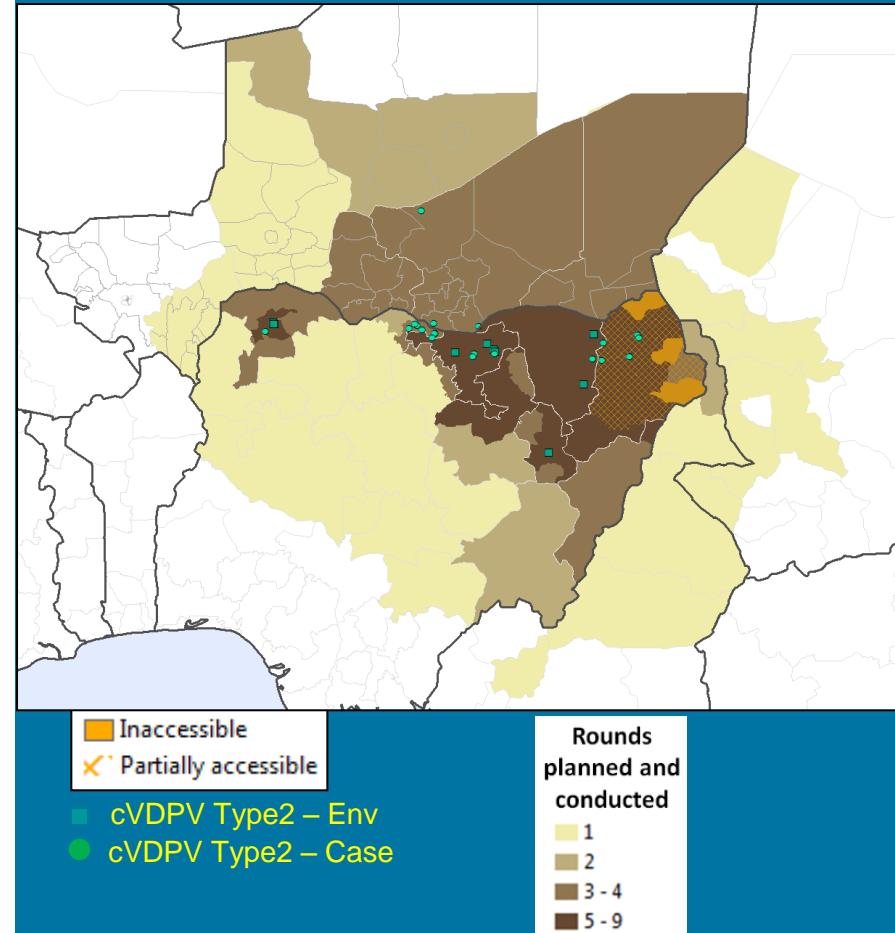
Distribution of cVDPV2 & cVDPV3 cases & Env. Samples in HoA, 2017 - 2018



Nigeria

- 2 separate cVDPV2 outbreaks:
 - **Sokoto North** – 1 case, 14 Env. positives
 - **Jigawa** – 16 cases, 12 Env. Positives, **3 cases in Niger.**
- **Key Risks**
 - Inaccessibility in Borno State
 - Large scale population movement within and across the countries

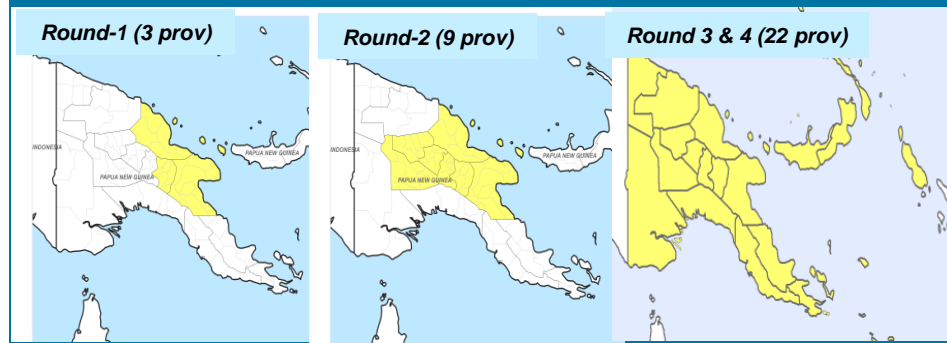
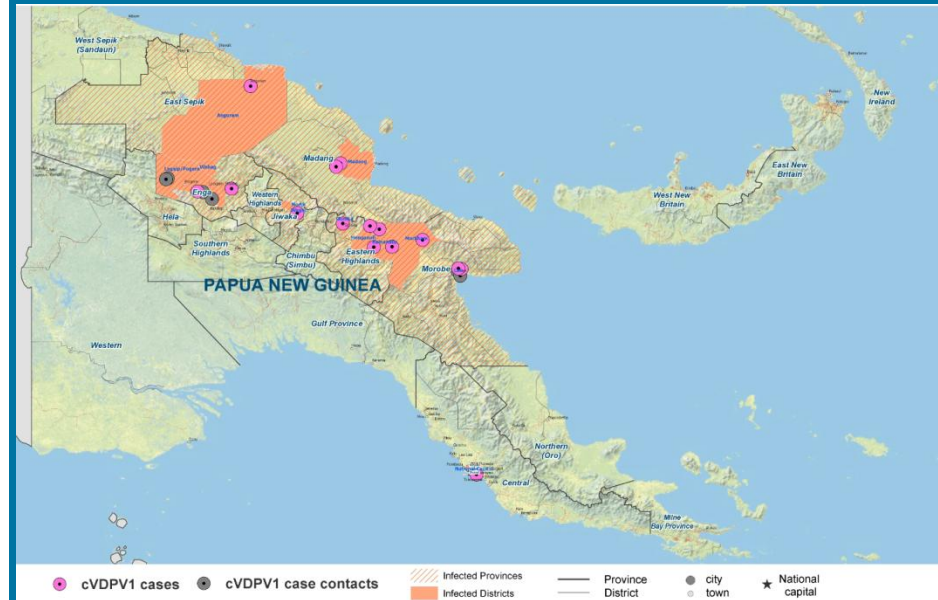
Distribution of post switch cVDPV2 cases & Env. Samples in Nigeria



Papua New Guinea (PNG)



- **15 cVDPV1 cases since 25 April**
- Two sub-national vaccination rounds implemented targeting children < 5 y (Jul & Aug 2018)
- Two nationwide rounds planned targeting children < 15y (Oct. & Nov 2018)
- **Key Risks**
 - Very low population immunity
 - Significant population movement
 - Very low human resource capacity & limited literacy
 - Insecurity / volatile law & order (unpredictable violence among tribal groups)



Rounds 1 & 2 implemented (<5 y) & rounds 3 and 4 planned (<15 y)

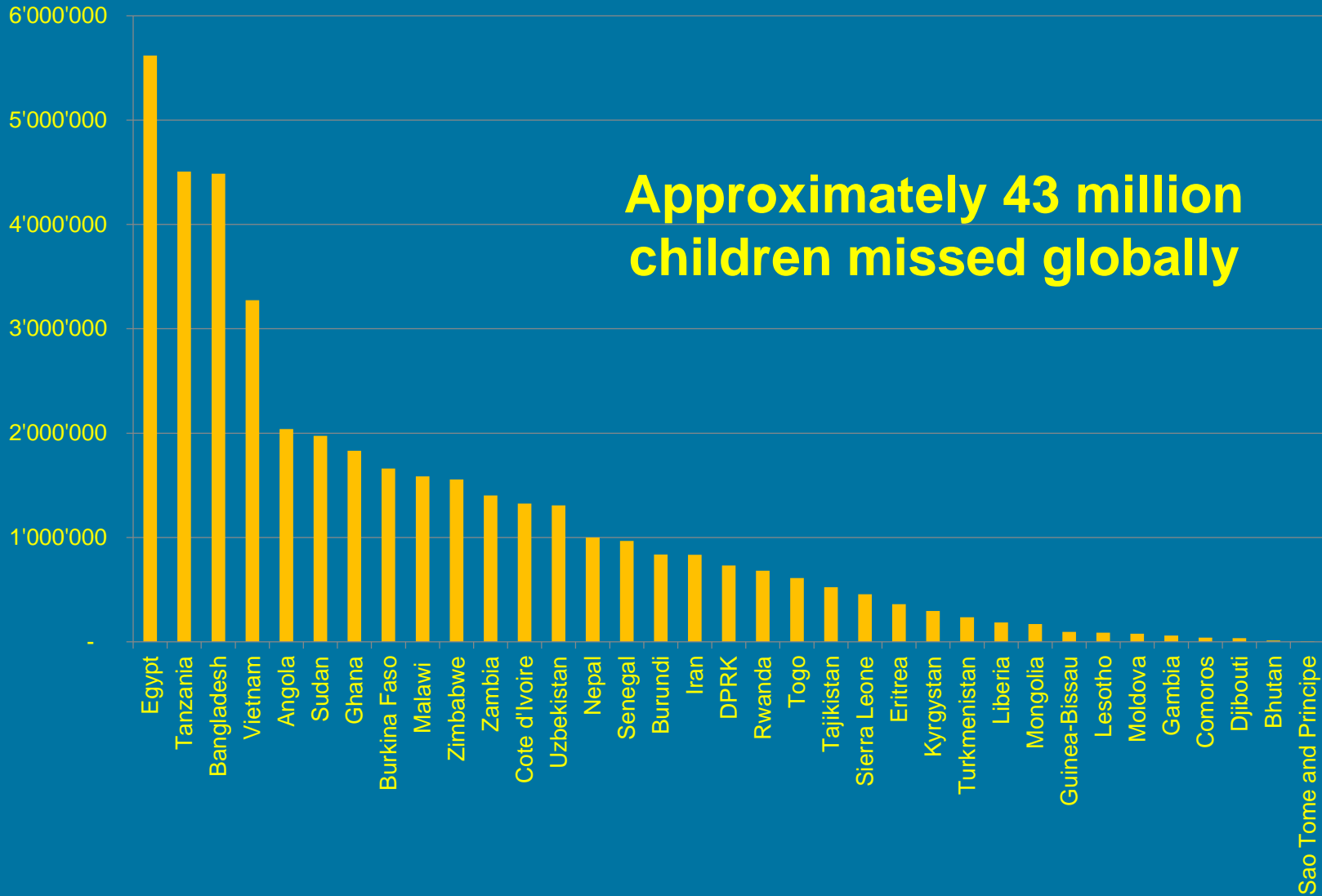
Work programme

Polio Eradication and Endgame Strategy

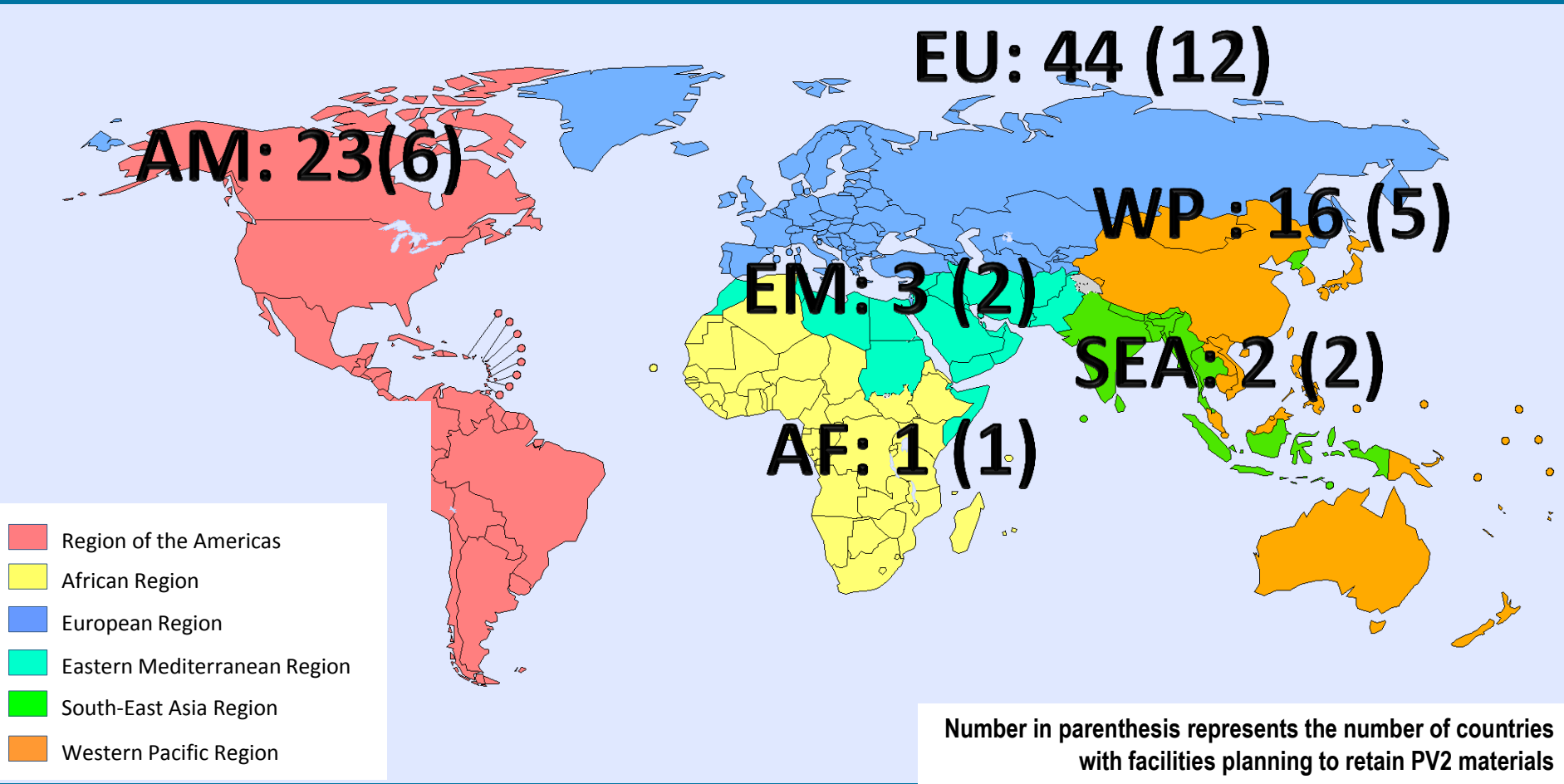


- 1. Poliovirus detection & interruption**
- 2. OPV2 withdrawal, IPV introduction, immunization system strengthening**
- 3. Containment & Global Certification**
- 4. Transition Planning**

Missed cohorts in affected countries



CONTAINMENT: 28 countries plan to retain poliovirus type 2 materials in 89 Facilities

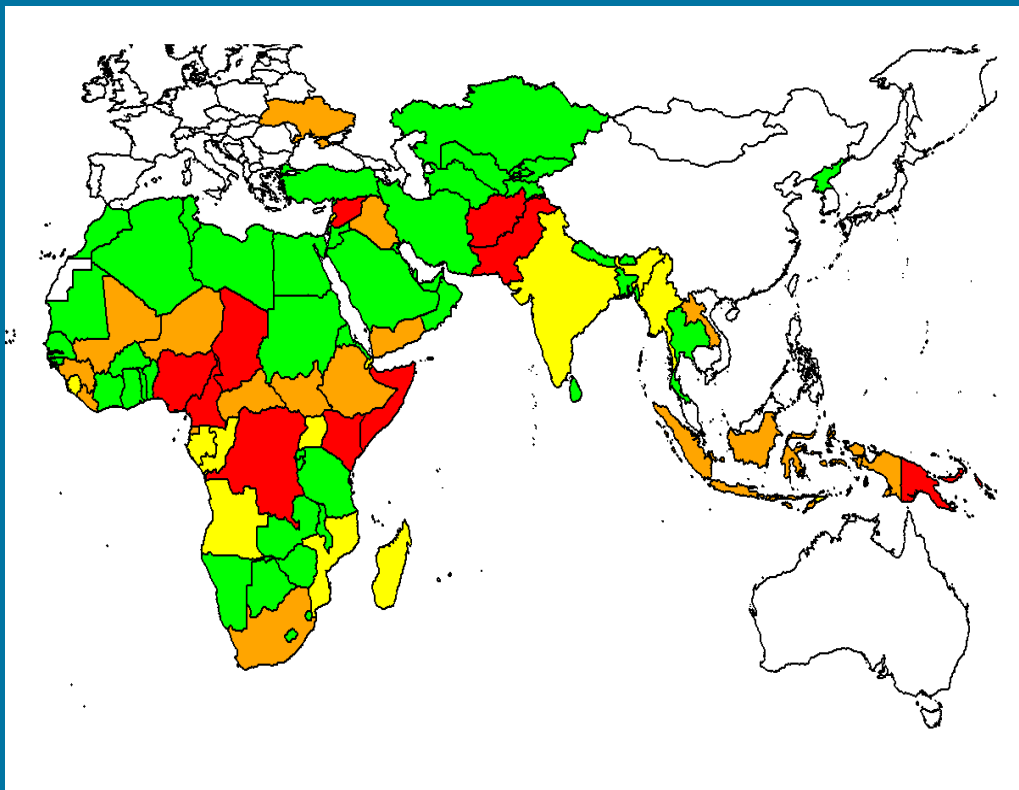


The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

National Authorities for Containment : 22 /28 nominated'

Poliovirus Essential facilities : 5 applications submitted, 1 endorsed by Global Commission

Summary Risk Assessment



- Based on 3 models of WPV risk
- Endemic countries, outbreak countries and countries neighbouring WPV1
- **24 countries at medium high or high risk (from 22 six months ago)**

	Feb 2016	Aug 2016	Feb 2017	Aug 2017	Feb 2018	Aug 2018
Low	53 (60%)	50 (57%)	48 (55%)	52 (59%)	54 (61%)	53 (60%)
Medium	19 (22%)	19 (22%)	20 (23%)	13 (15%)	12 (14%)	12 (13%)
Medium/ High	8 (9%)	6 (7%)	11 (12%)	12 (14%)	12 (14%)	14 (16%)
High	8 (9%)	13 (15%)	9 (10%)	11 (13%)	10 (11%)	10 (11%)

POLIO transition

Strategic Transition Action Plan responds to: Decision WHA 70 (9) (WHA, 2017)



Develop a strategic action plan on polio transition that:

- (i) clearly identifies the capacities and assets, especially at the country, and where appropriate, community levels, that are required to:
- sustain progress in other programmatic areas, such as: disease surveillance; immunization and health systems strengthening; early warning, emergency and outbreak response, including the strengthening and maintenance of core capacities under the International Health Regulations (2005)
 - maintain a polio-free world after eradication
- (ii) Provides a detailed costing of these capacities and assets

Key objective: Support Country Capacity

Country Transition Planning Dashboard (30th June 2018)

Country	Communication initiated	Coordination body established	Mapping of assets	Mapping of priorities	Transition strategy agreed	Transition plan drafted and costed	Transition plan finalized and funding agreed
Afghanistan							
Angola						Complete	In process
Bangladesh						Complete	In process
Cameroon						Complete	In process
Chad						Complete	In process
DR Congo						Complete	In process
Ethiopia						Complete	In process
India - WHO						Complete	In process
Indonesia						Complete	In process
Myanmar						Complete	In process
Nepal						Complete	In process
Nigeria						In process	In process
Pakistan							
Somalia	Complete	Complete	Complete	Complete	Complete	In process	Not yet started
South Sudan	Complete	Complete	Complete	Complete	Complete	Complete	In process
Sudan	Complete	Complete	Complete	Complete	Complete	Complete	Not yet started

**6 AFR countries have ICC endorsed plans (Angola, Cameroon, Chad, DRC, Ethiopia, South Sudan)
Nigeria has developed a “business case”**

All 5 SEAR countries (Bangladesh, India, Indonesia, Myanmar, Nepal) have identified alternative non-polio funding options (domestic/Gavi HSS)

2 non-endemic countries in EMR (Sudan, Somalia) will finalize plans in Q3

WHO Strategic Action Plan: Objectives



- 1. Sustaining a polio-free world after eradication**
- 2. Strengthening immunization systems, including vaccine preventable diseases surveillance**
- 3. Strengthening emergency preparedness, detection and response capacity in countries to also fully implement IHR**
- 4. Integrate and support containment**

Estimated Costs & Financing Options



- Bottom-up analysis - with input from 3 WHO ROs and 60+ COs currently receiving GPEI funding
- GPEI budget categories and GPEI 2018 budget figures used as a baseline

Estimated costs primarily include:

- ✓ Surveillance and lab capacity
- ✓ Other core functions (e.g. planning, programme monitoring, data management,)
- ✓ Technical Assistance (50%) to support these functions
- The total costs between 2019-23 that will have to move from GPEI to the WHO base budget is \$667 Million
- “Transition costs” are included in the GPW13 Investment Case

Financing options:

- ✓ Until 2022 - some funding from GPEI (endemic, high risk)
- ✓ Bilateral/domestic funding (India, Gavi HSS) – advocacy needed to monetize commitments
- ✓ Estimated gap to be raised by WHO

Highlights of the WHA Polio Transition Discussion



- Eradication is still the primary goal, transition activities should not hamper eradication efforts
- Overall support for the Strategy, and especially its three objectives
- Appreciation for the detailed costing and HR information
- Given the uncertainties around eradication timelines and GPEI's budget beyond 2019, the Strategy will be a “living document” – with regular updates to the RCs, EB, WHA
- Strong call to priority countries to finalize their transition plans, including domestic funding commitments ; global advocacy support
- Request for better articulation of costs/financial implications in:
 - ✓ the WHO 2020/21 programme budget
 - ✓ WHO GPW 13 Investment Case (2019 – 2023)
- Call for a dedicated transition team at WHO with adequate resources

Implementation Roadmap

A dedicated polio transition team in HQ (with focal points in AFRO, EMRO, SEARO and priority WCOs) with a focus on:

- ✓ Joint planning in high priority countries in AFR, EMR (all 16 + 4 countries will be re-assessed)
- ✓ Inclusion of transition costs into PB 2020/21
- ✓ Supporting advocacy and resource mobilization in priority countries

Implementation Roadmap

- ✓ Convening a stakeholders meeting to secure agreement on the implementation of the governance of the Post-Certification Strategy
- ✓ Monitoring and evaluation processes established at COs, ROs, HQ with annual reporting to Governing bodies (RCs, EB, WHA)
- ✓ Supporting endemic countries (AFG, PAK) to start transition planning as soon as they interrupt polio transmission (advocacy, asset mapping already started)

Where are we ?

- WPV circulation will not be interrupted in 2018
- Current Strategic Plan and funding through 2019
- Polio Oversight Board endorsed Multi year Budget for 2019-2023
- GPEI developing a new strategy for that period

GPEI Strategy 2019-2023



- **Review and revisions** of current GPEI strategy underway to cover the period from now until certification, at which point the Post-Certification Strategy will begin
- Three main themes “**Eradication, Certification, Integration**”
- **The strategy will describe :**
 - How to address IMB external review of endemics
 - Path to achieving eradication and certification
 - Activities that work, need to be altered or discontinued
 - Specific work with immunization and emergency programs
 - Transformations and innovative updates to the program
- **Extensive stakeholder engagement**
 - Feedback and input will be requested in the last quarter of 2018 and into early 2019