



## Polio Partners Group (PPG)

*24 June 2016*



# An Innovative Partnership

## *Committed to Results & Cost-Effectiveness*



# Unprecedented global partnership and support



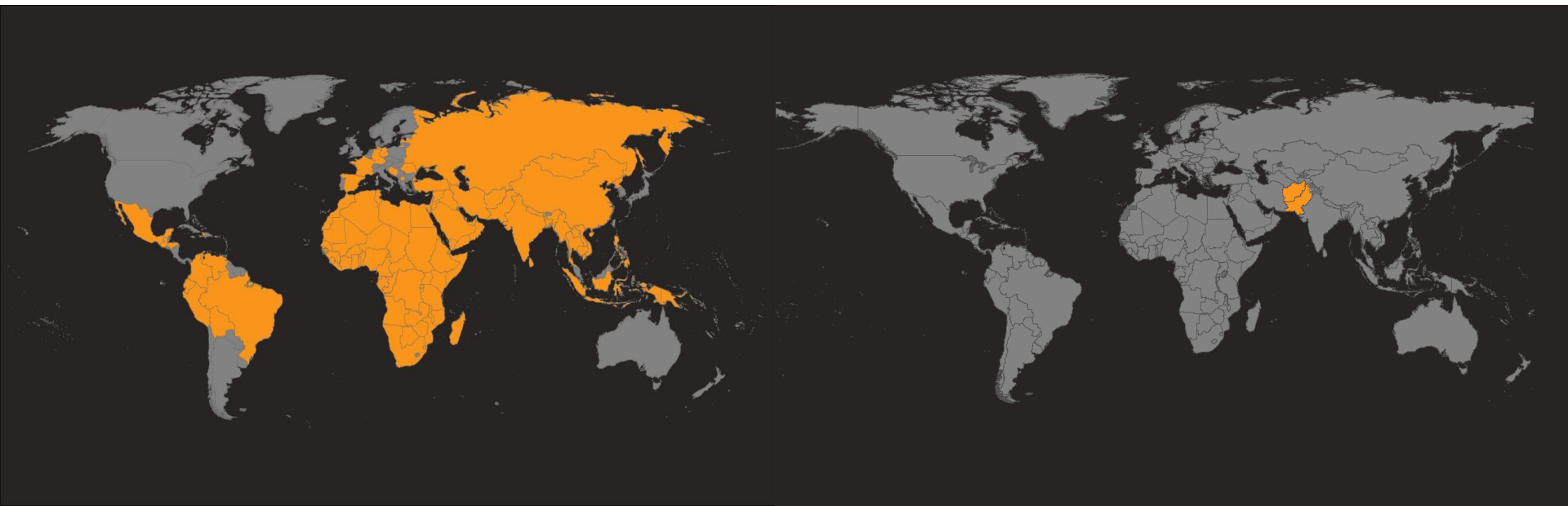
## *G7 commit to polio eradication*



## *Global health leaders at WHA reaffirm commitment*



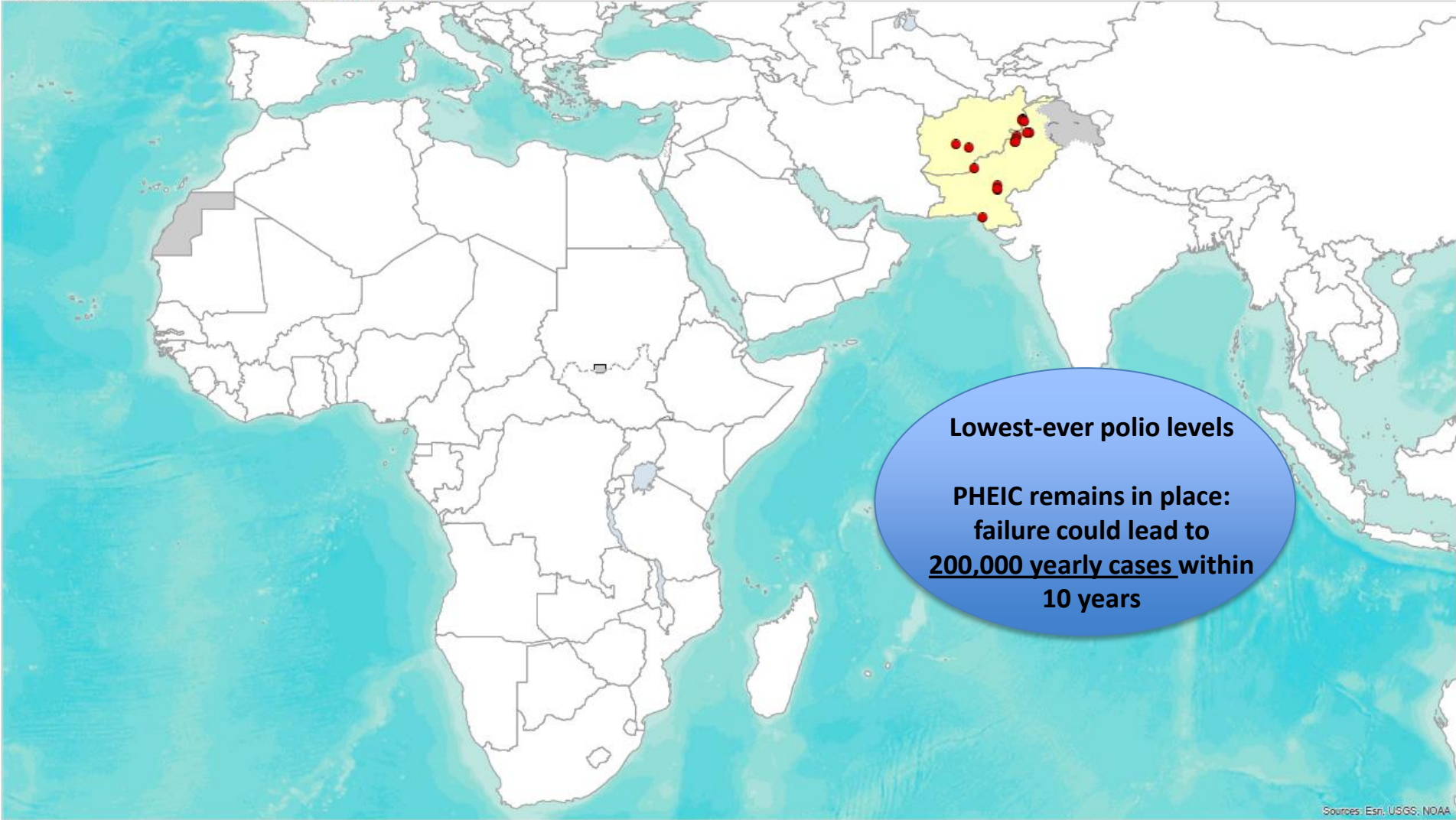
# Progress in WPV eradication



**1988**

**2016**

Map shows the incidents of global circulating vaccine derived polio cases during previous six months



Sources: Esri, USGS, NOAA

Map Scale (A3): 1:40,000,000

1 cm = 400 km

Coordinate System: GCS WGS 1984  
Datum: WGS 1984  
Units: Degrees



Data Source:

Admin. Boundaries: World Health Organization  
Base Map: Esri, USGS, NOAA  
Map Production: Global Polio Eradication Initiative, World Health Organization



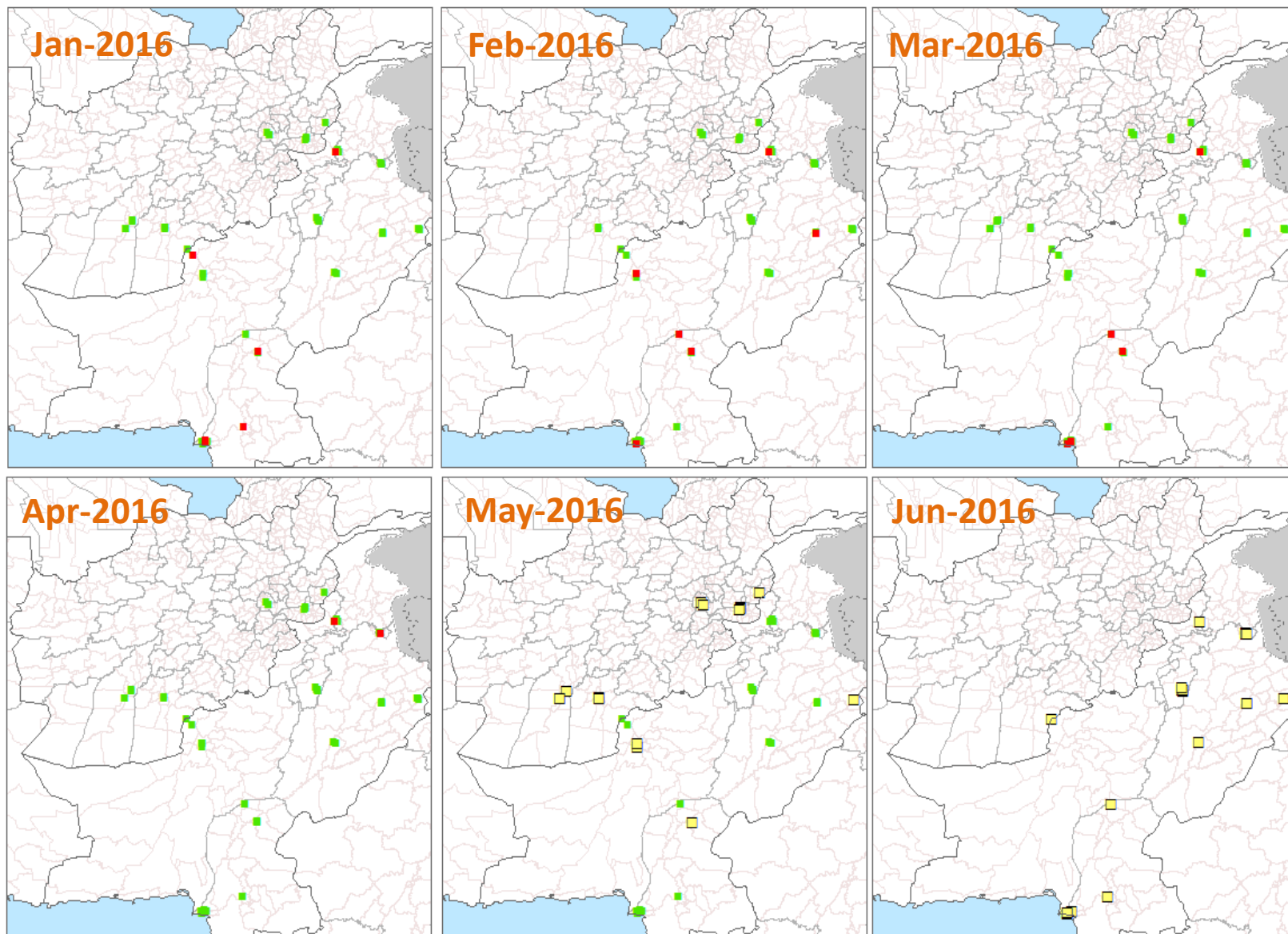
Wild Poliovirus Type 1



Endemic countries

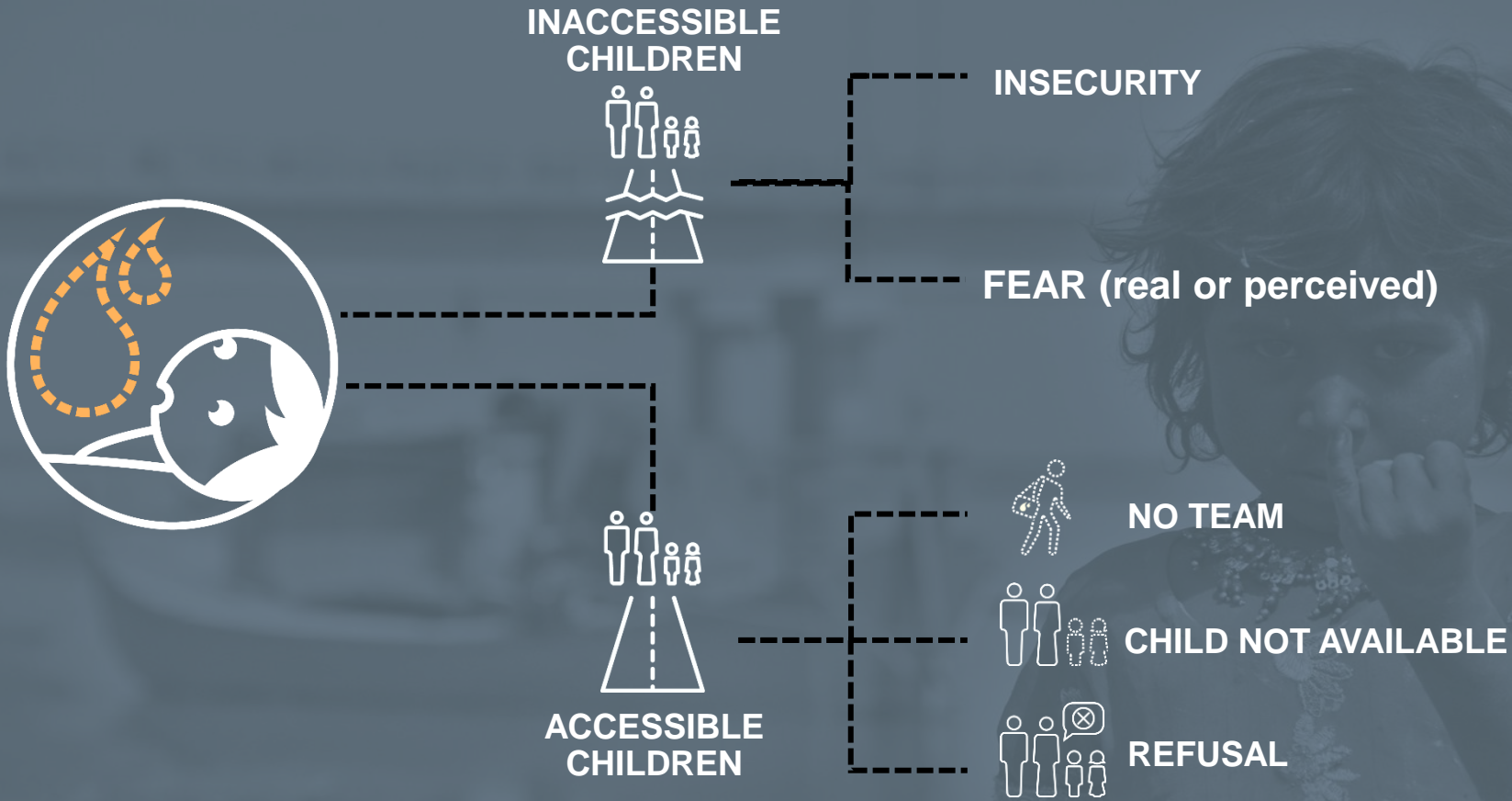
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# Afghanistan, Pakistan: Environment surveillance, previous 6 months



■ Negative ■ WPV ● VDPV ■ Pending

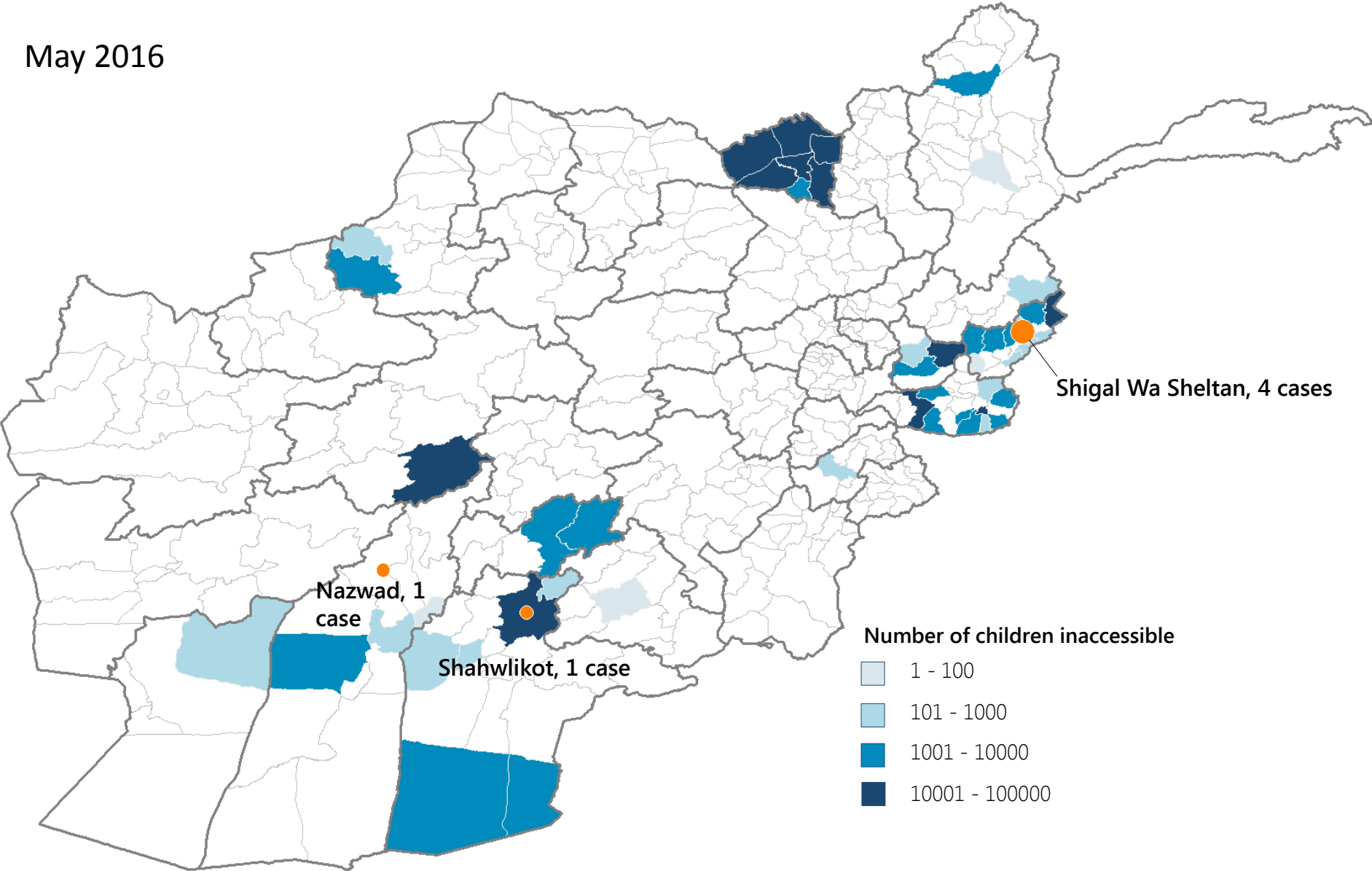
Data in WHO HQ as of 14 June 2016



**Why are children still unvaccinated with OPV?  
And  
How is being addressed**

# Number of Children Missed in Afghanistan Due to Inaccessibility

May 2016



Note: Districts with inaccessible children are highlighted with shades of blue. Province aggregates are labeled with province name.  
Source: Joint UNICEF/WHO Access Analysis



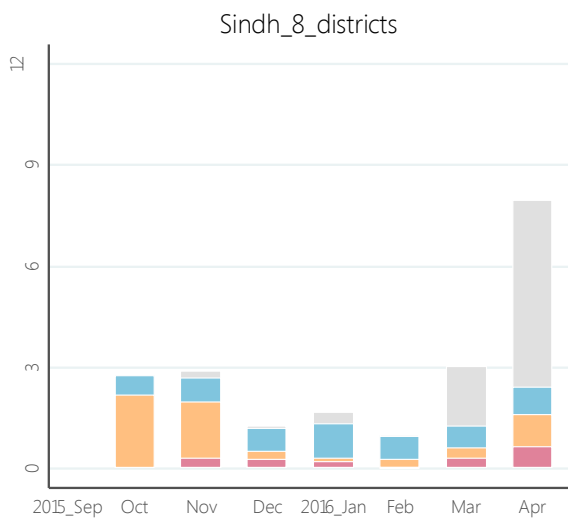
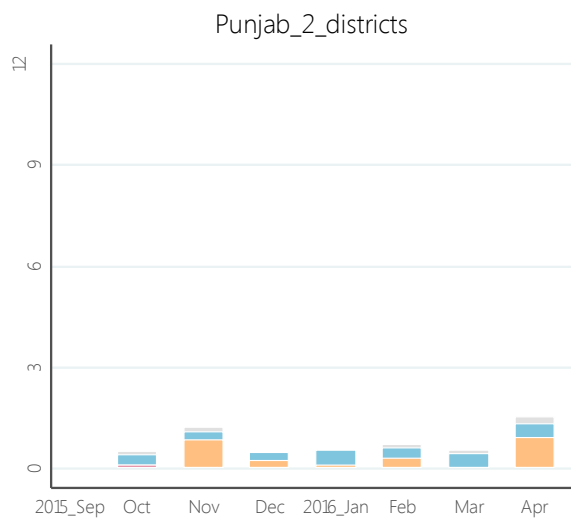
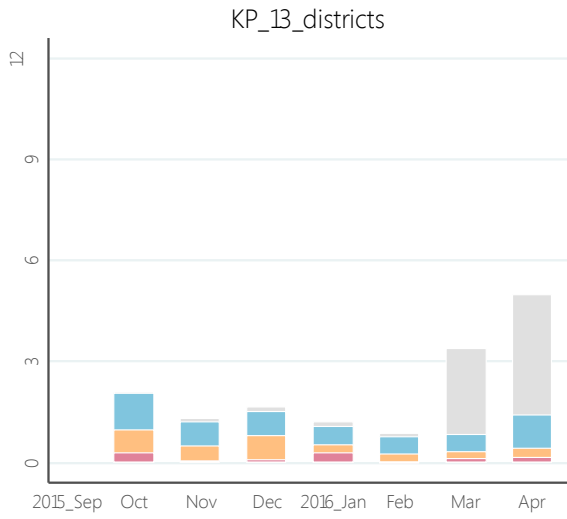
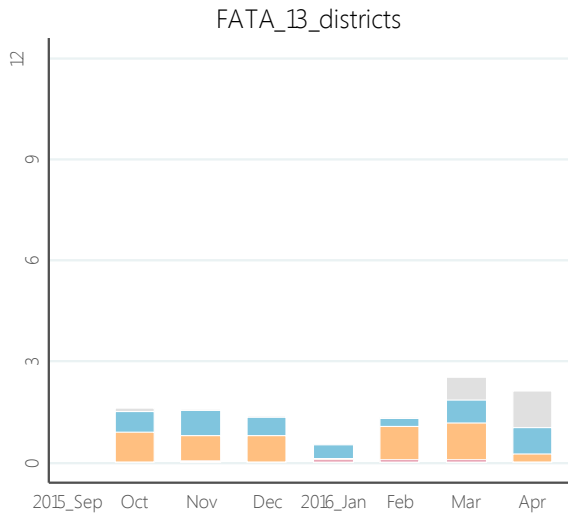
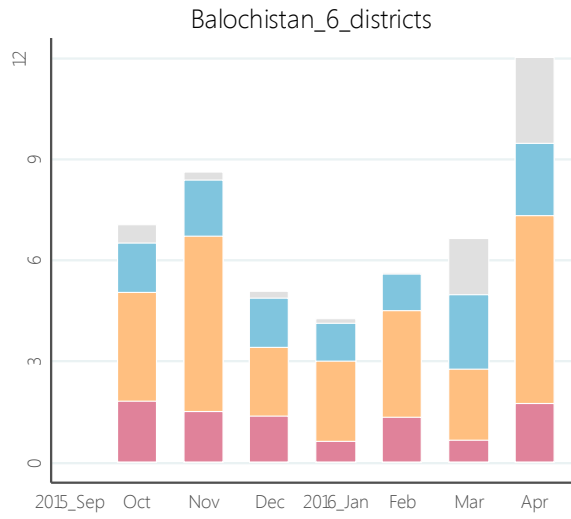
# Afghanistan Strategy for inaccessible areas



- Strategies for inaccessible areas:
  - Access negotiations at different levels
  - Engagement of religious leaders and community elders
  - Campaign surrounding areas
  - Health camp, polio plus services in surrounding the concerned areas
  - mobilizing families to bring children to nearby areas by incentivizing local transporters etc

# Trends in missed children in Tier 1 and 2 districts, Pakistan, Oct 2015 - Apr 2016

■ Refusal    
 ■ HH not visited    
 ■ Child not available    
 ■ Other reasons



Source: Post Campaign Measurement (PCM)

# Strategy for reaching the unreached CHILDREN in highest risk areas



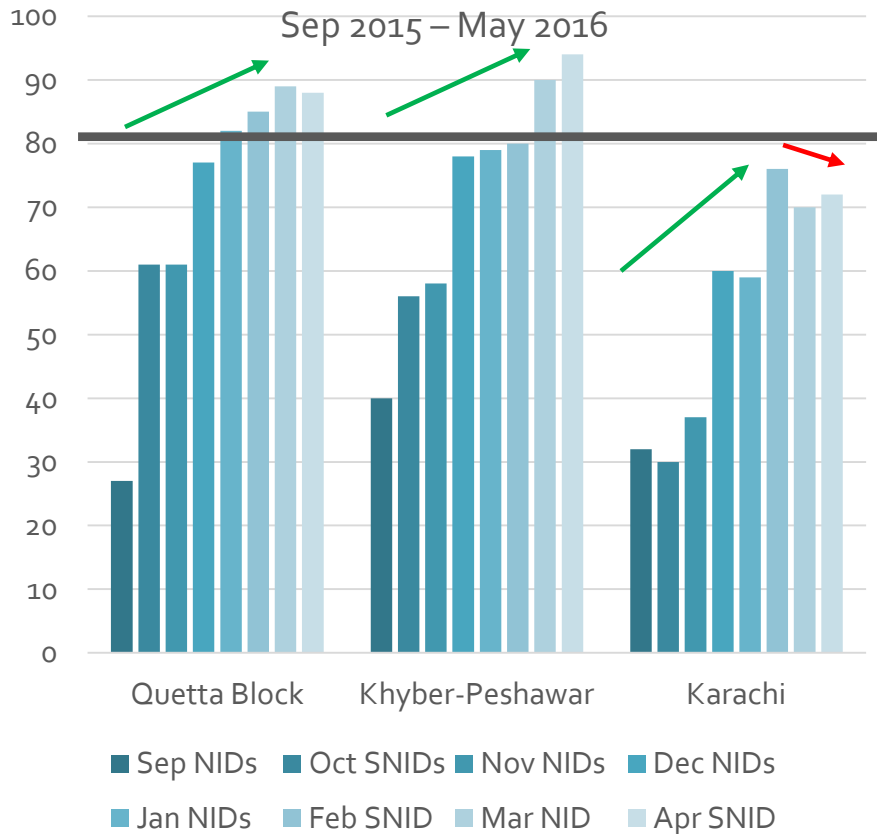
- Switch from campaign-based to full time local team on the ground
- Community Based Vaccination
- Development of detailed Micro census & micro plans
- Analysis/action before, during, between and after campaign rounds
- Tracking missed children and vaccinating missed children
- To build trust and goodwill for Frontline Workers, in particular vaccinators

# Performance in Core Reservoirs

## Targets met in two, gaps remain in Karachi

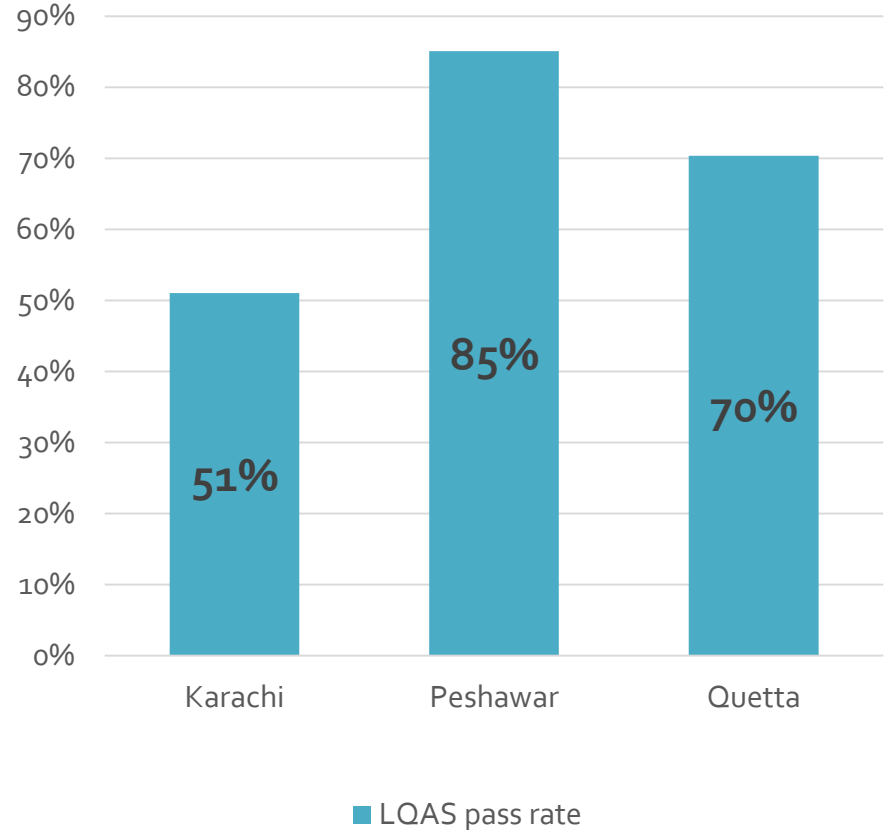
bOPV only campaigns

LQAS pass rate\* in Core Reservoir areas,  
Sep 2015 – May 2016



Combined bOPV/IPV campaigns

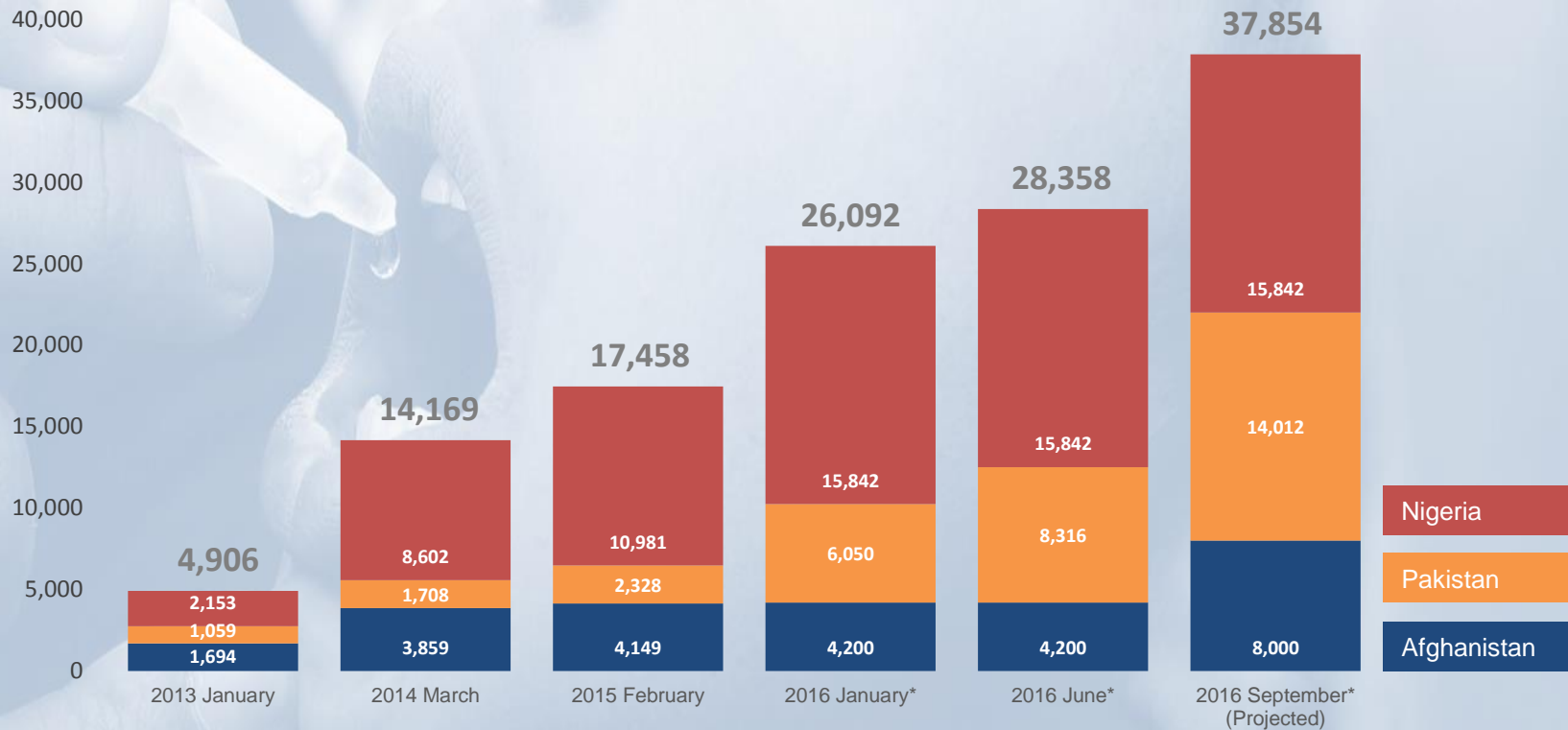
IPV LQAS pass rate\* in Core Reservoir areas,



**LQAS pass set at 90% (3/60 missed) for bOPV-only campaigns and 80% (8/60 missed) for combined bOPV/IPV campaigns**

# Continued Scale up of social mobilization networks in Endemics (#)

January 2013 – June 2016



\*Note: Pakistan numbers for 2016 January, June and September include both COMNet staff and CBVs under UNICEF management. .

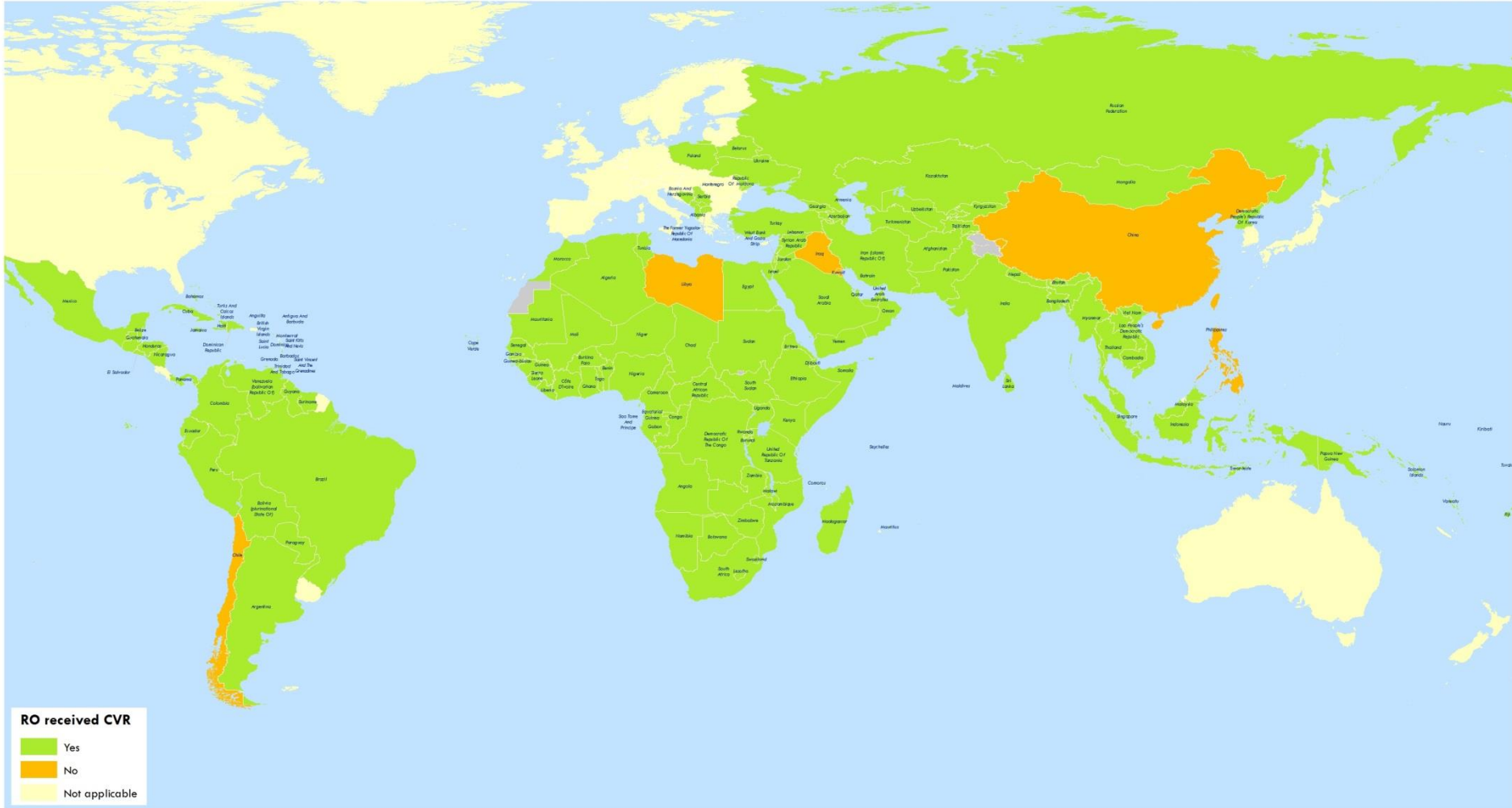
Source: UNICEF Monitoring

# Pakistan and Afghanistan – managing the risks

- National emergency action plans (NEAPs) overseen by head of state to ensure 'all of government' approach
- Focus on:
  - Identification of 'missed' children, by area
  - Assessment of reasons for 'missed' children, by area
  - Implementation of targeted and area-specific operational plans
- Special tactics for insecure/inaccessible areas:
  - Vaccination of populations (older age groups) entering/leaving areas
  - Local level access negotiations
  - Increased engagement of traditional and religious leaders
  - Continued improved access in Pakistan; however, in Afghanistan, intensified conflict in 2016 increased 'missed children' in parts of Eastern and Southern Region
- NOTE: Operational challenges remain primary reason for missed children: core principle of NEAPs are to address these challenges

# Global switch from tOPV to bOPV

Global map showing countries from which the Regional Office received the Country Validation Report



Map Scale (A3) :1:80,000,000  
1 cm = 800 km

Data Source:  
Data and Admin. Boundaries: World Health Organization  
Base Map: GEBCO  
This map does not include the following islands  
due to constraints in the zoom extent:  
Kiribati, Samoa, Tonga and Cook Islands

Coordinate System: GCS WGS 1984  
Datum: WGS 1984  
Units: Degree

Disputed Areas

Disputed Borders

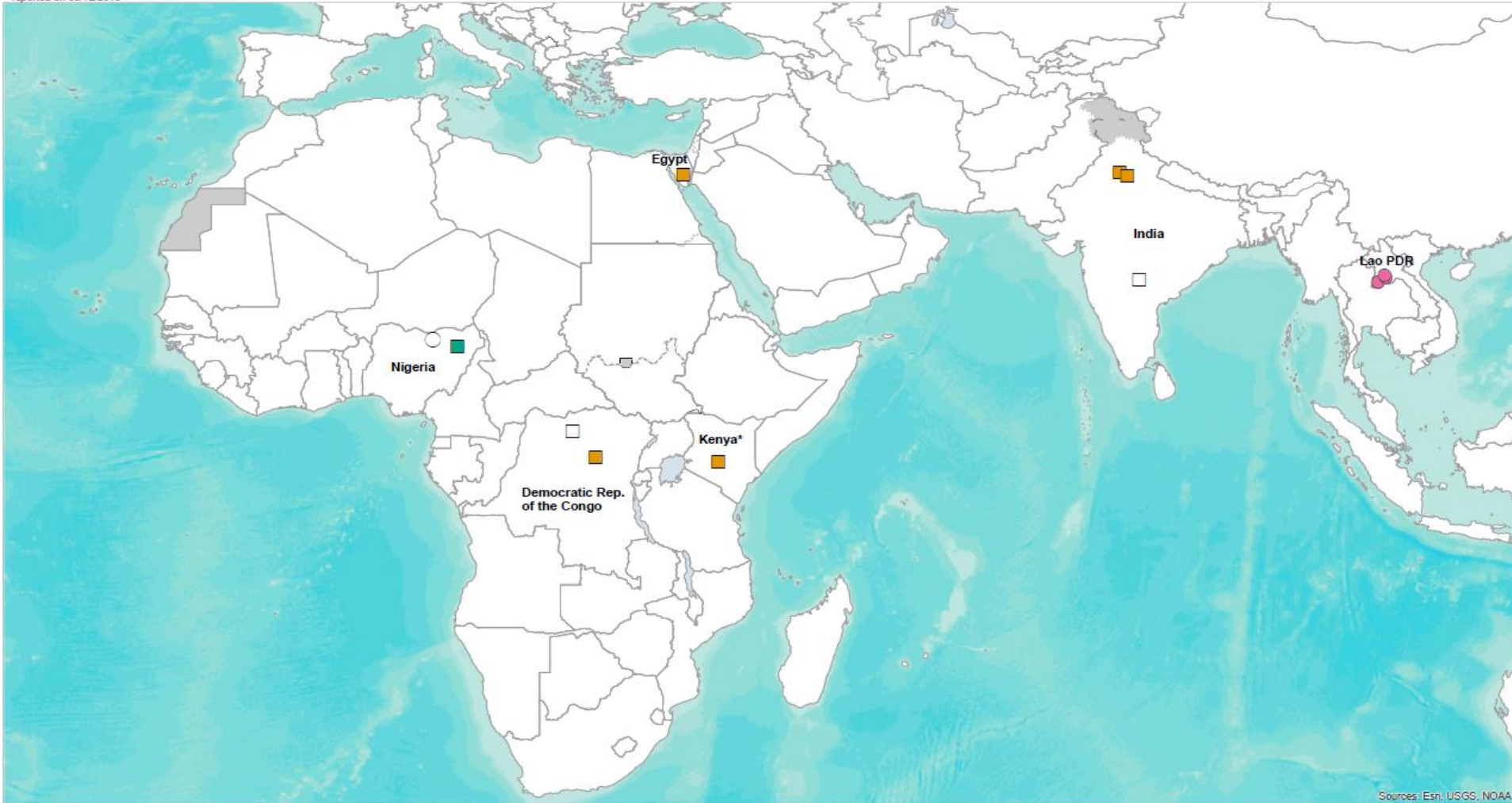
Data as of: 15/06/2016

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# Tracking and responding to type 2

## VDPV ISOLATES AND CASES - 2016

Map shows the incidents of global circulating vaccine derived polio cases during previous six months  
\* reported on 30/12/2015



Sources: Esri, USGS, NOAA

Map Scale (A3): 1:40,000,000

1 cm = 400 km

Coordinate System: GCS WGS 1984


Datum: WGS 1984





Units: Degree



Data Source:

Admin. Boundaries: World Health Organization  
Base Map: Esri, USGS, NOAA  
Map Production: Global Polio Eradication Initiative, World Health Organization

 Circulating Vaccine Derived Poliovirus Type 2

-  aVDPV isolates (ES)
-  cVDPV isolates (ES)
-  VDPV isolates (ES) pending classification
-  VDPV isolates (AFP) pending classification

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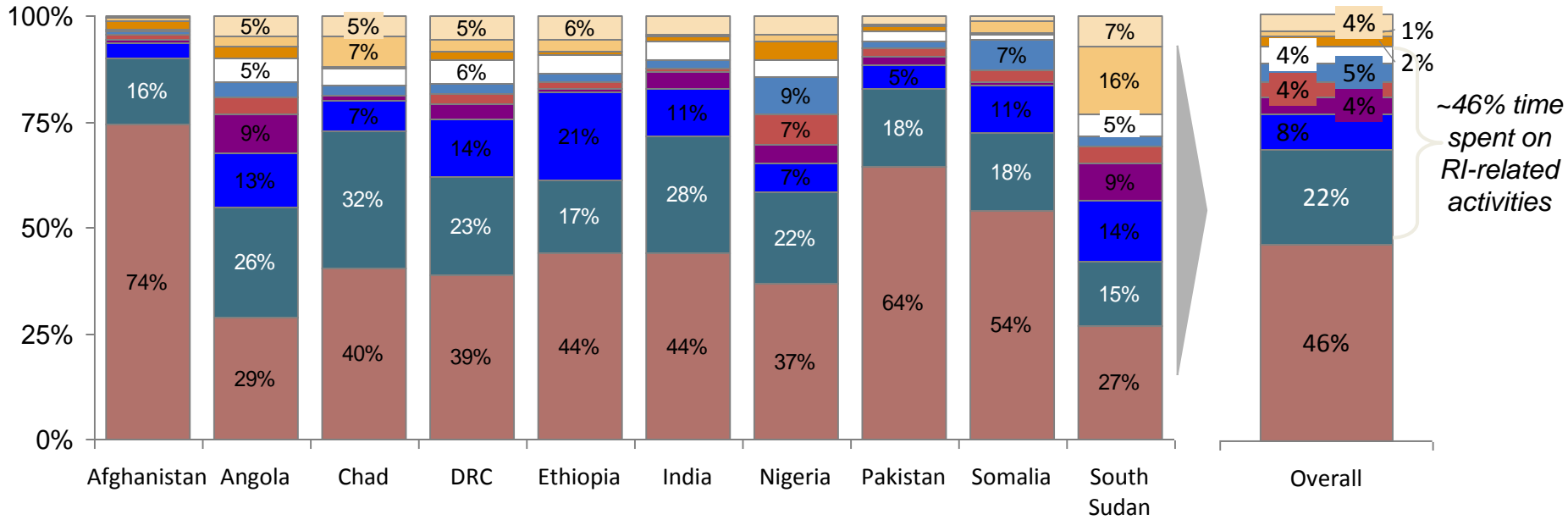


# Type 2 outbreak response

- **Population immunity against type 2 has been boosted before the switch**
  - **IPV supply constraint: IPV's main role is to prime populations in case of emergence of type 2 vaccine-derived poliovirus; available supply allocated to highest risk areas**
- **Surveillance in place to identify both type 2 cases or environmental isolates**
- **Type 2 outbreak response protocol finalized, which calls for the launch of a response within 14 days**
  - **A global stockpile of mOPV2 (under control of WHO/DG) as well as an IPV reserve-stock are available to respond to any type 2 outbreak**

# Polio 'Plus'

Estimated time allocation of polio personnel by country

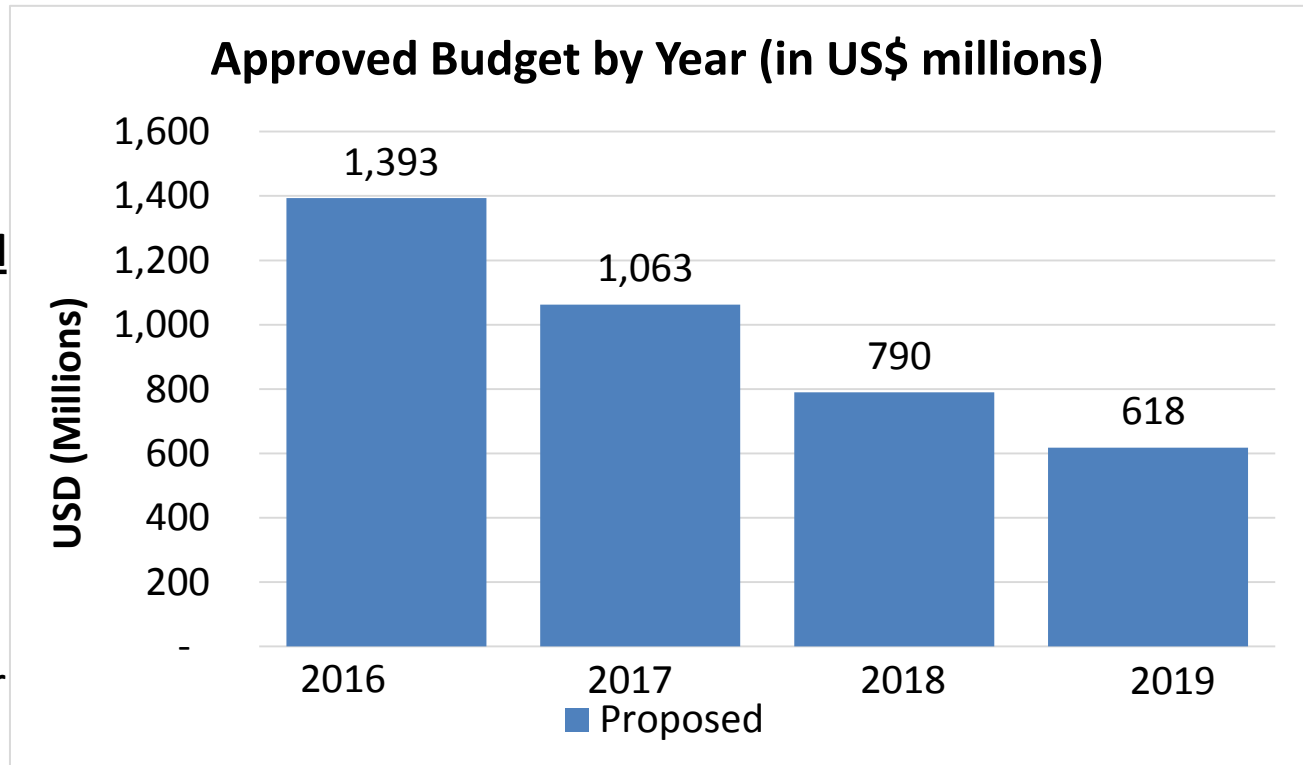


- Polio eradication
- Routine Immunization
- Measles and rubella
- New vaccine introduction
- Child health days or weeks
- Maternal, newborn, and child health and nutrition
- Health systems strengthening
- Sanitation and hygiene
- Natural disasters and humanitarian crises
- Other diseases or program areas



# GPEI 2016-2019 budget

- Delays in WPV eradication: **additional US\$1.5 billion required**
- Rigorous cross-agency budgeting process
- Country & stakeholder consultations
- Multi-year SIA calendar
- Outbreak response budget for cVDPVs



**A polio-free world will result in global savings of US\$50 billion**

# Summary of Progress

- **No WPV outside of Afghanistan & Pakistan**
  - Nigeria removed from the list of endemic countries
  - No WPV case in Africa since August 2014
- **Only WPV1 detected globally**
  - WPV2 eradication certified in September '15
  - More than 3 Years without WPV3 detection
- **Globally synchronized switch from tOPV to bOPV completed in all 155 countries**

# 2016 Programmatic priorities

- **Stopping transmission of WPV in Afghanistan and Pakistan**
- Rapid detection and **response to any type 2 virus**
- Implementing **global containment** action plan
- Increased scale up of **IPV supply** including innovative solutions such as fractional dose IPV
- Rapid mobilisation of the **additional US\$ 1.5 billion budget requirements**
- Country led plans for the **transitioning of GPEI assets**

[www.polioeradication.org](http://www.polioeradication.org)

