

22 March 2016

Sir Liam Donaldson
Chair
Independent Monitoring Board

Dear Sir Liam,

The IMB's October 2015 report, "Now is the time for peak performance", has been of great value in summarizing the program's position at that time, highlighting shortfalls and recommending course corrections. Now, five months after that report, I write to update you on behalf of the GPEI Strategy Committee, on the actions that have been taken in response to your recommendations.

The program's experience over the past five years has confirmed that stopping polio transmission is possible, however difficult the setting might be. The innovative strategies that conquered polio in India and Nigeria are being adapted and showing positive results in both Afghanistan and Pakistan.

In Afghanistan, Emergency Operations Centers have now been established at the national level and in three critical regions. All components of the updated National Emergency Action Plan are in the process of implementation, including scaling up human resources in key Low Performing Districts and provinces, and executing strategies to improve campaign performance. An accountability framework is being implemented in 47 priority one and two districts.

The program however continues to face challenges in implementing high quality campaigns in some accessible areas, resulting in high numbers of missed children. The problem of chronically missed children is being addressed by revised microplanning, enhanced supervision and monitoring of campaigns.

In Pakistan, the program is implementing the National Emergency Action Plan and Technical Advisory Group recommendations to close remaining immunity gaps, with immediate actions identified for each provincial Emergency Operations Center. The country programme reviews the performance of staff and documents accountability measures within the partnership on a monthly basis.

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Despite the above efforts and clear improvements on the programme side, environmental surveillance continues to find virus in each of the major reservoir areas. Every such positive result clearly tells us that the campaigns being delivered, especially in Peshawar and Karachi, are not yet at the level of quality required to interrupt transmission.

The Technical Advisory Groups for Afghanistan and Pakistan met in January and reviewed each program in detail. They concluded, for both countries, that transmission can be stopped this year. That said, we remain realistic about the substantial challenges and risks that remain. We are doing all that we can to support both countries in succeeding in their goal, but it serves nobody if we are anything less than honest about the difficulties.

Inadequate campaign quality mentioned above, as well as inaccessible areas due to unstable security continue to pose a major ongoing challenge to interruption of wild poliovirus transmission during the current low season. Inaccessible children are especially a concern in the Eastern Region of Afghanistan. On the other hand the total number of inaccessible children across Pakistan has significantly reduced to less than 15,000. The programme must continue to improve the quality of campaigns and engage in negotiations with key local actors to gain access for vaccination activities while maintaining neutrality. Both endemic countries have been implementing IPV/OPV campaigns in their highest risk areas. Plans are being updated for additional IPV use emphasizing the need to improve the quality and monitoring of these campaigns.

Globally, quality and timely outbreak response is critical to eradication. GPEI is working to strengthen the immediate deployment of qualified appropriate capacity as well as to establish strong systems with governments to ensure commitment and ownership of outbreak responses and to reduce the risk of vaccine-derived poliovirus outbreaks. The programme is also working tirelessly to secure sufficient supplies of mOPV2 and IPV are available for use in the post-switch outbreak response.

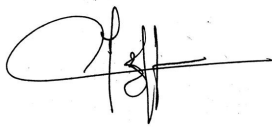
The IMB does not oversee the trivalent to bivalent oral polio vaccine (tOPV-bOPV) switch, but you will be aware that this will take place in the second half of April 2016. In a globally coordinated effort, 150 countries will stop using tOPV within a two-week window. This part of the program has experienced some challenges too, mainly because of major shortfalls in the amount of Inactivated Polio Vaccine (IPV) that manufacturers have been able to provide. All countries have committed to introduce IPV before the globally synchronized switch. The recent announcements by manufacturers of IPV of further reductions in supply in 2016 and 2017 will mean that a growing number of countries will not be able to introduce before 2017 and that those that have introduced will be experiencing shortages. On the basis of the recommendations of the SAGE, the programme is working hard to ensure that countries at highest risk of cVDPV2 outbreaks are prioritized for the allocation of IPV.

Over the past six months, GPEI has continued to strengthen coordination and accountability among the partners and all stakeholders. Significant progress has been made since September 2015 to develop a more systematic and risk resilient approach to managing the budget and financial information, resulting in a stronger budget for 2016-2019 against which we will regularly issue an implementation report.

To succeed and reach the goal of the work that began in 1988, we will continue with our advocacy and fundraising efforts in order to raise the additional \$1.5 billion needed for eradication. This will not only enable the programme to interrupt transmission and maintain the immunization programs already in place to keep the rest of the world polio-free, it will also solidify and protect the significant health gains that the polio program has fostered.

The enclosed interim report table describes the progress and challenges for the GPEI, as we strive to make 2016 the last year in which any child, anywhere, is paralysed by wild poliovirus. We will continue to update this table and provide a further report prior to the July IMB meeting in London, 20-22 July 2016.

Yours sincerely,



Michel Zaffran
Chair
On behalf of the Strategy Committee