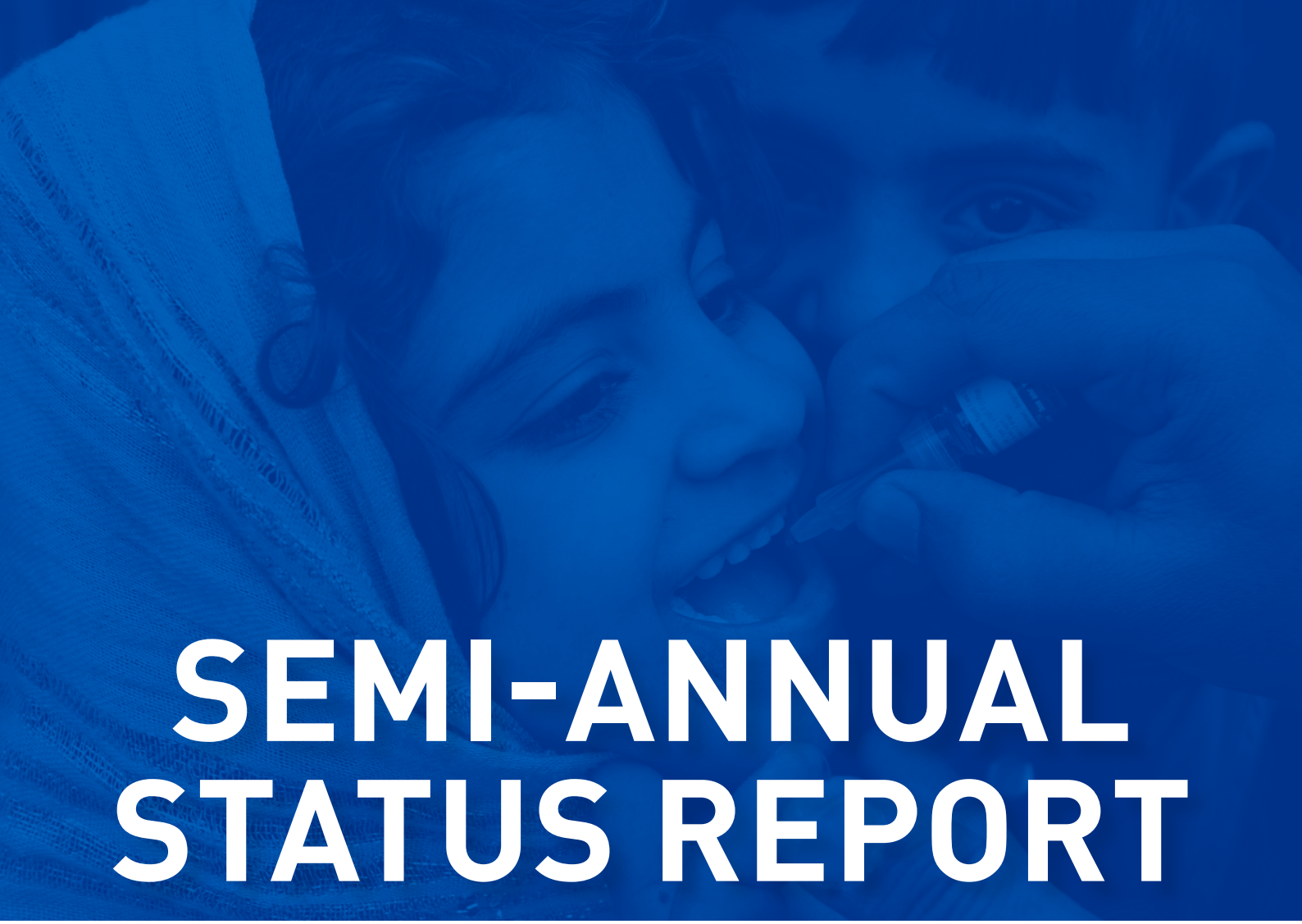


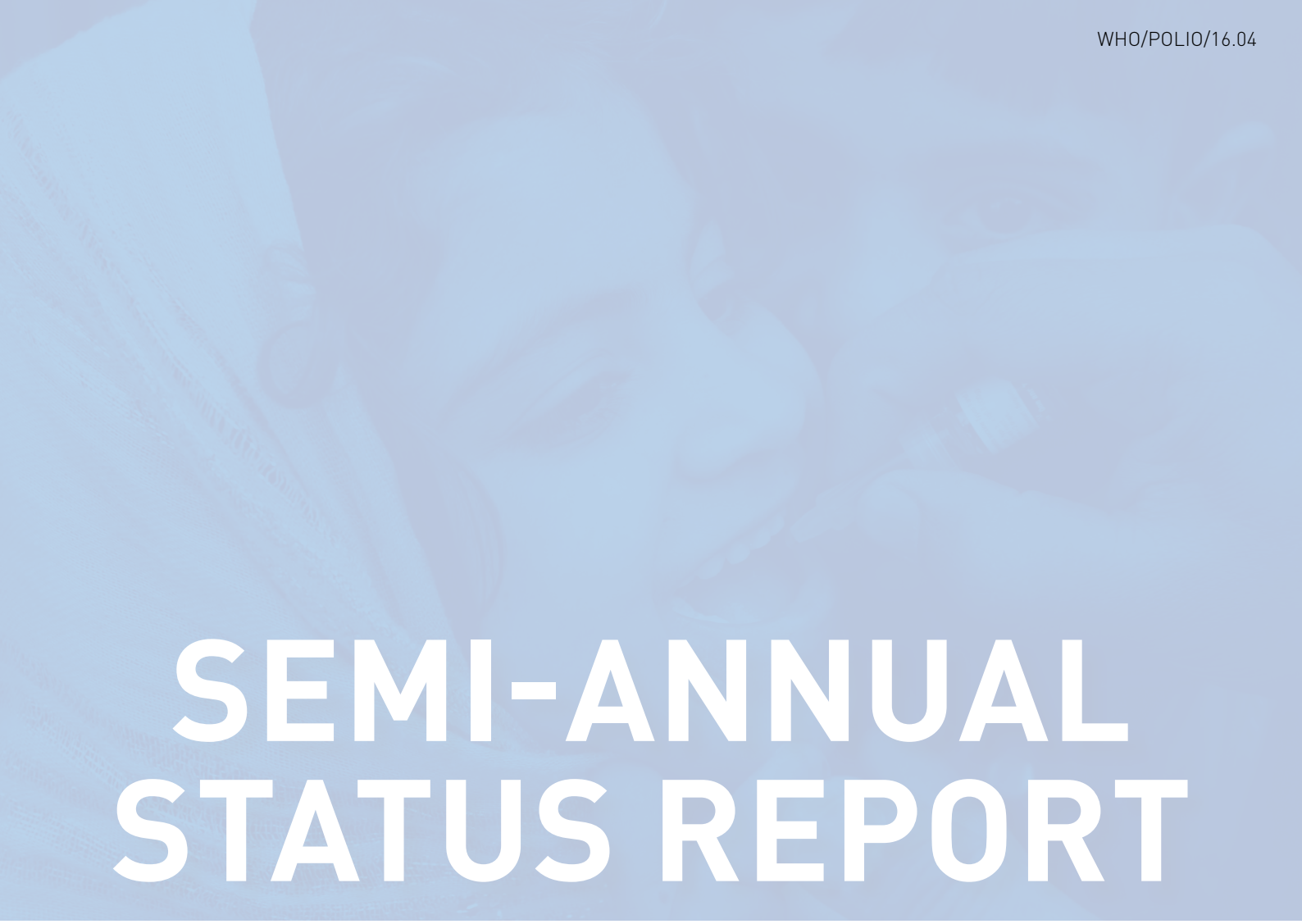
SEMI-ANNUAL STATUS REPORT

JANUARY TO JUNE 2016

PROGRESS AGAINST THE POLIO ERADICATION AND ENDGAME STRATEGIC PLAN 2013-2018

POLIO GLOBAL ERADICATION INITIATIVE

WHO/POLIO/16.04



SEMI-ANNUAL STATUS REPORT

JANUARY TO JUNE 2016

PROGRESS AGAINST THE POLIO ERADICATION AND ENDGAME STRATEGIC PLAN 2013-2018

POLIO GLOBAL ERADICATION INITIATIVE

Design by Paprika (Annecy, France)

TABLE OF CONTENTS

ACRONYMS

bOPV	Bivalent oral polio vaccine
cVDPV	Circulating vaccine-derived poliovirus
cVDPV1	Circulating vaccine-derived poliovirus type 1
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
GCC	Global Commission for Certification of the Eradication of Poliomyelitis
GPEI	Global Polio Eradication Initiative
IPV	Inactivated polio vaccine
mOPV2	Monovalent oral polio vaccine type 2
NEAP	National Emergency Action Plan of Pakistan
OPV	Oral polio vaccine
OPV2	Oral polio vaccine type 2
SAGE	Strategic Advisory Group of Experts on immunization
TAG	Technical Advisory Group
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
WPV3	Wild poliovirus type 3

INTRODUCTION

The Global Polio Eradication Initiative (GPEI) Polio Eradication & Endgame Strategic Plan 2013-2018 (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 74 wild poliovirus (WPV) cases reported in 2015 from just two 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

By the middle of 2016, 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. The virus is now more geographically constrained than at any point in history. As the GPEI enters the second half of 2016, it is more important than ever to redouble efforts to eradicate poliovirus in every corner of the globe.

A major milestone for eradication efforts in the last six months took place in April, with one of the biggest globally coordinated projects in the history of vaccines: the withdrawal of the type 2 component of the oral polio vaccine (OPV) through the switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in 155 countries and territories. Referring to the OPV switch in her opening address to the sixty-ninth World Health Assembly in May, WHO Director-General Margaret Chan offered her thanks to countries for what she described as a "marvellous feat". The World Health Assembly saw leaders reiterate their commitment to eradicating polio. Also in May, the G7 leaders committed to continuing global efforts to reach the targets of the Global Vaccine Action Plan and to achieving polio eradication targets and improving children's health at the annual G7 summit.

Progress in Afghanistan and Pakistan

Progress reported in the second half of 2015 persisted into 2016. Afghanistan and Pakistan continued to be treated as a single epidemiological block, with greater coordination between the two countries to interrupt transmission. In Pakistan and Afghanistan, the interruption of WPV transmission depends on reaching all missed children, filling chronic gaps in strategy implementation and being able to vaccinate children in infected areas that have been difficult to access owing to insecurity.

The first half of 2016 saw steady progress in Pakistan as the number of polio cases continued to decline. Up to July 2016, 19 polio cases were reported compared to 54 in 2015. The National Emergency Action Plan (NEAP) for the disease was directly overseen by the office of the prime minister. Emergency operations centres at the federal and provincial levels ensured the almost real-time monitoring of activities, the implementation of corrective action, and increased accountability and ownership at all levels. Most importantly, the NEAP focused on identifying chronically missed children and the reasons they were missed, and on implementing area-specific approaches to overcome these challenges. Despite this improvement, vaccination gaps persisted in Karachi, in the Peshawar-Khyber corridor and in parts of the Quetta block, with evidence of continued transmission.

Progress continued also in Afghanistan in the first half of 2016 as the number of polio cases continued to decline steadily. Polio eradication remained at the top of Afghanistan's health agenda. Six cases were reported in the first six months of the year, compared to 20 in 2015. In 2015 and 2016, the Government of Afghanistan increased its efforts to accelerate polio eradication in the country amid multiple complex challenges, including increasing conflict and insecurity in many parts of the country. Most areas of Afghanistan stayed polio-free, but WPV continued to circulate in some parts, particularly in Eastern and Southern Regions.

Polio detected in Nigeria

The fragility of progress made in fighting the virus was underscored by the detection of wild poliovirus type 1 (WPV1) in Borno state, Nigeria, in August 2016 (although this falls outside of the reporting period for this status report). This setback came after almost two years without a case of WPV being detected

across the African continent. Although this was a sobering development, the GPEI is confident that the global eradication of polio once and for all remains within sight. Genetic sequencing confirmed the virus had been circulating undetected since 2011, underscoring the risks of low-level transmission and subnational surveillance gaps, particularly in inaccessible areas. In response, the Government of Nigeria declared the outbreak a national public health emergency, and a regional Lake Chad subregion outbreak response was immediately launched, within the broader humanitarian emergency response.

Ongoing responses in other areas

In the first six months of 2016, only one country, Lao People's Democratic Republic, reported cases due to a circulating vaccine-derived poliovirus type 1 (cVDPV1) outbreak. Early in the year it notified a total of three cVDPV1 cases; no cases were reported from the country after 11 January 2016. The second outbreak response assessment in Lao People's Democratic Republic concluded that the country is on track towards interrupting virus transmission. However, subnational surveillance gaps persisted in other key areas previously affected by confirmed circulating vaccine-derived polioviruses (cVDPV), including in parts of Guinea.

Global vaccine switch from trivalent to bivalent oral polio vaccine

The largest-ever globally coordinated vaccine switch happened in April 2016. From 17 April to 1 May 2016, all countries that used tOPV successfully switched to bOPV through a globally-synchronized replacement. This was the first step in the phased removal of OPVs, which will culminate with the cessation of all OPV use following global certification of eradication. To prepare for the switch to bOPV, all countries had committed to introducing at least one dose of inactivated polio vaccine (IPV) into their routine immunization programmes. The level of commitment from countries to meet this goal was exceptional.

Containment and certification

In September 2015, the Global Commission for Certification of the Eradication of Poliomyelitis (GCC) declared that WPV2 has been eradicated. No cases of WPV2 have been reported since 1999. Efforts to implement GAPIII, 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, which was endorsed by the World Health Assembly in May 2015, continued. Containment activities commenced in all six WHO regions, and Member States intensified efforts to identify facilities holding wild or vaccine-derived polioviruses, destroy all poliovirus materials or, where necessary, appropriately contain poliovirus materials in essential poliovirus facilities, with priority given to type 2 poliovirus materials (the strain already eradicated globally).

Transition planning

In the first half of 2016, the acceleration of polio transition planning (formerly known as "legacy planning") continued, to ensure the functions and assets of the GPEI persist to benefit broader public health efforts even after the successful eradication of the disease. During this period, the GPEI reached more children than ever before, including children in remote and often insecure areas. The lessons learnt and infrastructure built can continue to reap rewards after eradication.

Financing the Endgame Plan

Donors reiterated their commitment to supporting polio eradication until certification is achieved. However, a further US$ 1.5 billion against the US$ 7.0 billion budget is required

to fully implement the Endgame Plan and meet its goal of global certification in 2019.

Looking to the future

Progress in the first half of 2016 was strong and continued to justify cautious optimism; the global vaccine switch constituted a major success for polio eradication efforts on a global scale. Surveillance systems remain essential to monitor and stop outbreaks. The absence of wild poliovirus type 3 (WPV3) since November 2012 sustained confidence that WPV3 transmission has been stopped. Wild poliovirus type 2 (WPV2) was globally certified as eradicated in September 2015, leaving only WPV1. On entering the second half of 2016, the GPEI is shifting focus onto eight key areas:

1. stopping transmission of WPV in Afghanistan and Pakistan;
2. stopping the outbreak in Nigeria by fully implementing the outbreak response in the Lake Chad subregion;
3. rapidly detecting and responding to any type 2 virus;
4. urgently filling subnational surveillance gaps;
5. implementing GAPIII;
6. continuing to increase the supply of IPV, including using innovative solutions such as fractional dose IPV;
7. rapidly mobilizing the additional US$ 1.5 billion budget requirements; and
8. promoting country-led plans for the transitioning of GPEI assets.

OBJECTIVE 1: POLIOVIRUS DETECTION AND INTERRUPTION

Afghanistan and Pakistan

Progress in Pakistan

Strong progress continued in Pakistan in the first six months of 2016, building on the strides made against the transmission of poliovirus in 2015. As of June 2016, only 12 polio cases had surfaced, a 60% reduction compared to the same period in 2015, suggesting the country is on the right track to interrupting transmission.

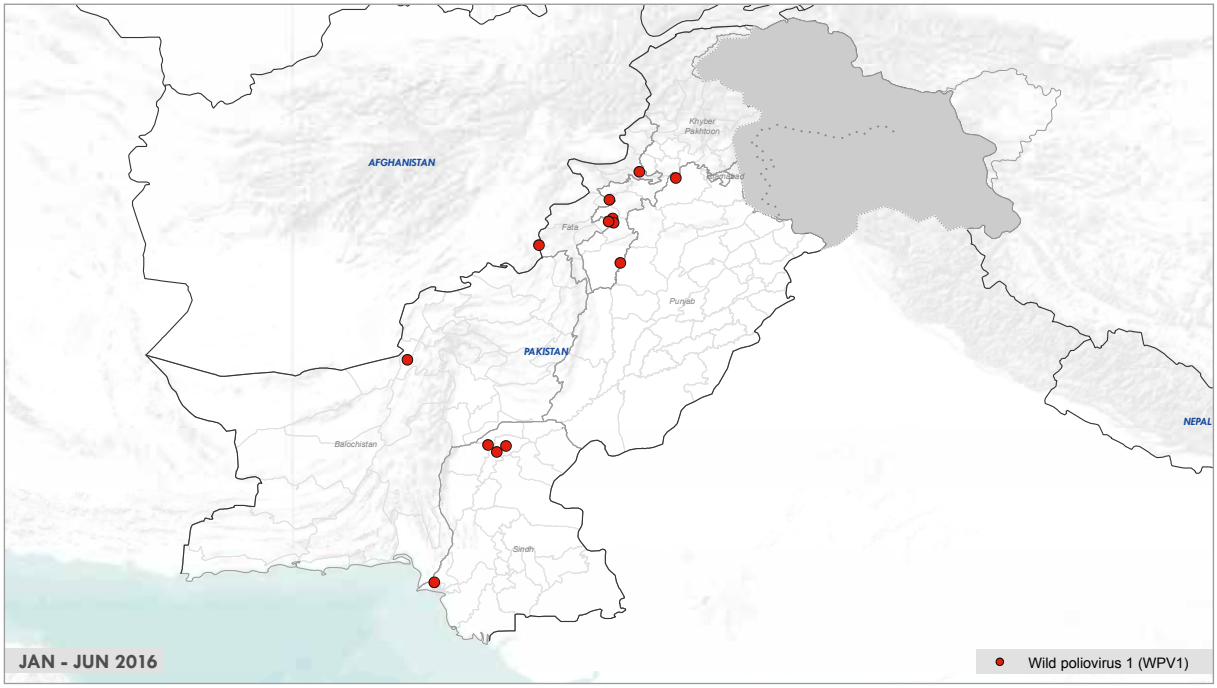
In June the Technical Advisory Group (TAG), an independent expert body guiding eradication efforts at the country level, met to review detection and interruption in the country. The TAG emphasized that a united approach between the Government of Pakistan and partners was a key factor in progress to date. Emergency operations centres at the federal and provincial levels ensured the almost real-time monitoring of activities, the implementation of corrective action, and increased accountability and ownership at all levels. Most importantly, the NEAP focused on identifying chronically missed children and the reasons they were missed, and on implementing area-specific approaches to overcome these challenges.

Progress was also the result of other strategies, such as the expansion of community-based vaccination and health camps, which helped to enhance community ownership of the programme interventions. Community-based vaccinations transformed the level of vaccine coverage in key reservoir districts of Pakistan, with the TAG attributing much of the progress made to the introduction of this intervention. In addition, thousands of trained and dedicated front-line workers ensured that 280 million polio doses reached the majority of children aged under 5 years during nine campaigns conducted in the low transmission season throughout the first half of 2016. The successful IPV campaigns in targeted high-risk areas helped to quickly boost the immunity of approximately 3 million vulnerable children. As a result of innovative strategies, the programme's operational weaknesses were increasingly being addressed. Access continued to improve in previously inaccessible areas. By June, polio teams were accessing all areas, with a negligible number of children missed.

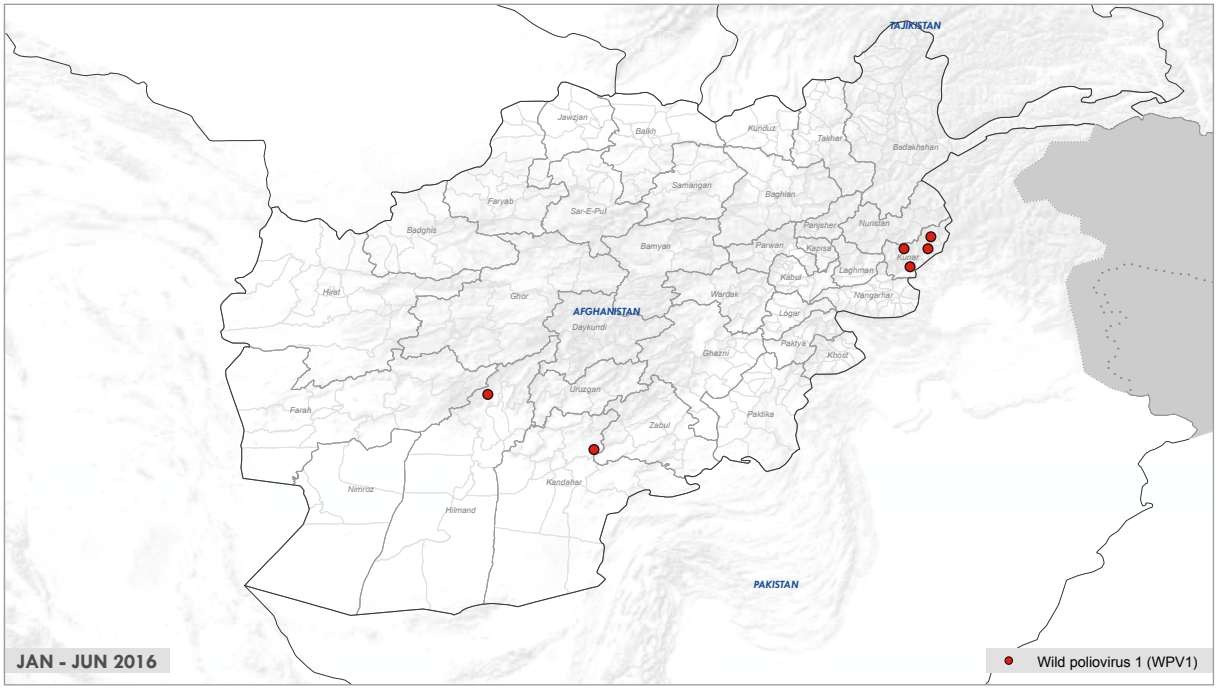
Despite the gains achieved, challenges remained in addressing programmatic gaps in the highest-risk areas. The NEAP for 2016-2017 focuses on addressing the programmatic and immunity gaps that persist in the most vulnerable areas of the country. Vaccination coverage breaches endure, in particular in the high-risk areas of Karachi and northern Sindh. Stopping transmission in northern Sindh remains of the utmost importance.

The upcoming high season (the second half of 2016) for poliovirus transmission means that the Government of Pakistan must redouble efforts to eradicate polio once and for all. Work must continue to strengthen community-based vaccination and mobile team performance, to reach every single child in all districts.

Pakistan wild poliovirus – January to June 2016



Afghanistan wild poliovirus – January to June 2016



Progress but challenges in Afghanistan

In Afghanistan, the number of polio cases continued to decline. Most areas of Afghanistan were polio-free, but low-level circulation of WPV continued in the northern parts of Helmand and Kandahar provinces. In the first half of 2016, a total of six cases were reported, including four from a small geographic area in Kunar province, which has been inaccessible to vaccination and

other health services since 2012. Transmission remained localized, indicating reasonably high population immunity in the surrounding areas.

The TAG met in June to review the progress and challenges in Afghanistan. The body emphasized that accessibility remains a key issue, particularly in parts of Eastern Region, from where this year's cases were reported. Despite the progress made, the proportion of under-immunized children was still high in Helmand and Kandahar provinces and increased in Kunar province due to the deteriorating security situation. It is imperative that efforts be redoubled to reach every last child, even in the most insecure regions.

Polio eradication remained at the top of Afghanistan's health agenda. In the first half of 2016, the Government of Afghanistan increased its efforts to accelerate polio eradication in the country amid multiple complex challenges. A National Emergency Action Plan continued to guide the polio eradication activities in the country. Emergency operations centres were established at the national and regional levels to coordinate the efforts of all partners for Action Plan implementation under one roof.

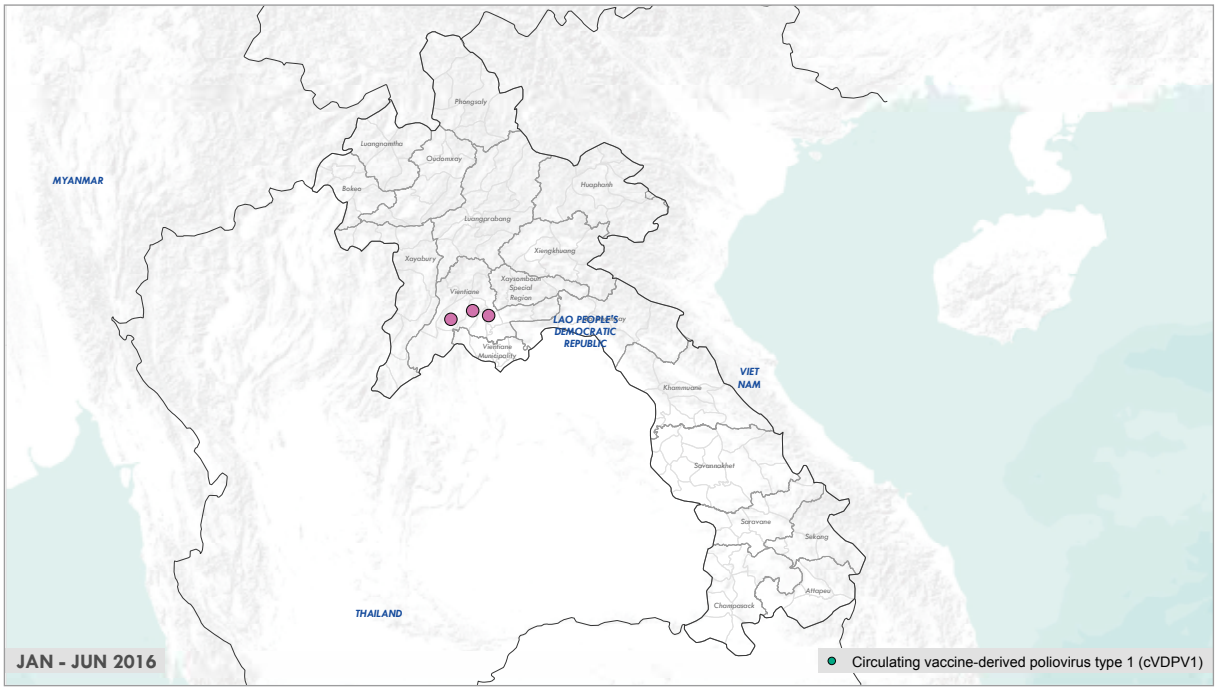
Strong progress was made in the context of surveillance efforts, emphasized by the acute flaccid paralysis surveillance review that took place in June. The review concluded that it was unlikely the transmission of WPV and cVDPV was being missed, stressing the vital role played by health professionals and volunteers across the country in building robust surveillance networks. However, challenges in inaccessible areas remained.

Because of the shared transmission zone with neighbouring Pakistan, the programme in Afghanistan continued to closely align and synchronize its activities with the Pakistan teams, coordinating the vaccination of cross-border populations and the sharing of surveillance data. A strong partnership in the context of eradication efforts between the two countries was fundamental to the continued success of the initiative.

Update on circulating vaccine-derived polioviruses

In the first six months of 2016, only one country, Lao People's Democratic Republic, reported cases due to cVDPVs, and no cases were notified from that country after 11 January 2016. However, subnational surveillance gaps persisted in other key areas previously affected by confirmed cVDPVs, including Madagascar, Guinea and Ukraine. Efforts to bolster coverage in these areas were maintained.

Lao cVDPV1 - January to June 2016



After the global vaccine switch from tOPV to bOPV in April 2016, a key focus of the GPEI was to actively monitor for the presence of vaccine-derived poliovirus type 2 (VDPV2), from any source. Single and newly-emerged isolates were detected through environmental surveillance in Egypt, Kenya, India and Pakistan. In Nigeria, a cVDPV type 2 was detected in an environmental sample. The sample was collected on 23 March 2016 from a sewage system in Maiduguri, Borno state, in north-eastern Nigeria, as part of ongoing environmental surveillance for polio eradication activities conducted in the country. Genetic sequencing of the isolated strain indicated it was most closely linked genetically to a November 2013 strain from Borno, last detected in May 2014, indicating the strain circulated without detection for almost two years. The Government of Nigeria responded fully and immediately, in line with new protocols established for the detection of VDPV2 in the post-tOPV period, including with large-scale campaigns conducted with monovalent OPV type 2 (mOPV2), released from a global stockpile of this vaccine that was established specifically for this purpose.

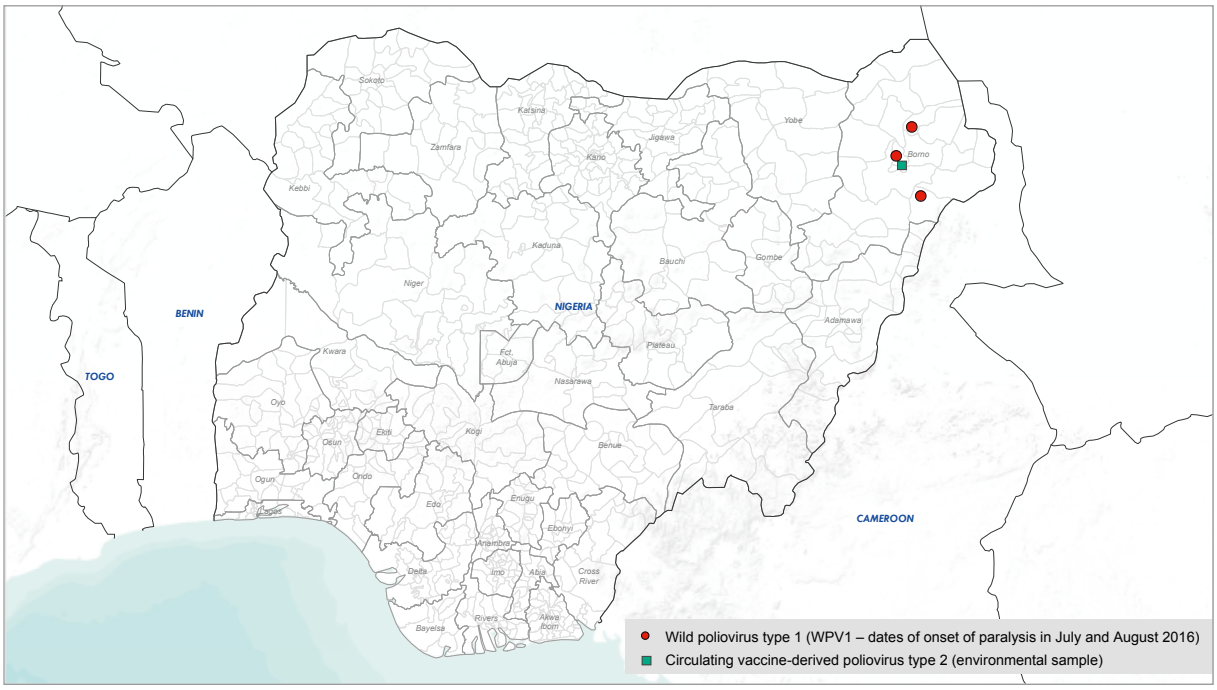
The detection of such strains in the first six to 12 months after the switch from tOPV to bOPV was anticipated, given that children who had previously received tOPV will continue to excrete the type 2 strain originally contained in this vaccine for a limited period of time. Each detection from any source results in the immediate activation at the global, regional and country levels of a newly-established incident management task force that conducts a thorough risk assessment associated with the isolated strain and implements, if appropriate and necessary, an outbreak response, with access to the global stockpile of mOPV2.

African Region

The detection of WPV1 in Nigeria in August 2016 marked a setback for the GPEI, with isolates detected in Gwoza and Jere, two local government areas of Borno state. The outbreak

highlighted the risk of transmission throughout the Lake Chad subregion, notably Chad, Cameroon, Niger and the Central African Republic. While this outbreak is a setback, it does not change the fact that remarkable progress has been made against the virus in Nigeria, across Africa and globally. A thorough outbreak response plan was implemented across the Lake Chad subregion, within the broader humanitarian emergency context. With a rapid response plan in progress and further active searches taking place to find any potential virus circulation, the GPEI is confident that Nigeria can end polio. The regional outbreak response is being conducted within the broader humanitarian emergency affecting northern Nigeria, to simultaneously address the broader public health needs of the affected population.

Nigeria wild poliovirus and cVDPV



In response, Nigeria declared the outbreak a national public health emergency and released emergency resources including finances. Although Nigeria had been removed from the list of endemic countries in September 2015, efforts had continued to strengthen surveillance and immunity levels in the north-east of the country, where gaps persisted. The poliovirus was subsequently detected largely thanks to these efforts. The confirmation that this reservoir of polio in Africa remains means that a full outbreak response is needed to ensure that the continent rapidly eradicates this disease once and for all.

OBJECTIVE 2: IMMUNIZATION SYSTEMS STRENGTHENING AND OPV WITHDRAWAL

Between 17 April and 1 May 2016, 155 countries switched from tOPV to bOPV, a historic milestone representing the largest-ever withdrawal of one vaccine and the associated roll-out of another. This achievement is a tribute to the extraordinary commitment, leadership and engagement of all Member States. The switch was the first stage of the eventual phased removal of all OPVs, which will be completed following the global certification of poliomyelitis eradication worldwide. The cessation of OPV is necessary to eliminate the very rare but long-term risks of vaccine-derived polioviruses associated with its use; it is a key strategy of the polio Endgame Plan, endorsed by the Strategic Advisory Group of Experts on immunization (SAGE) and the World Health Assembly.

To prepare for the switch to bOPV, all countries had committed to introducing at least one dose of IPV into their routine immunization programmes. The level of commitment from countries to meet this goal was exceptional. At its meeting in April 2016, the SAGE noted the reduction in IPV supply caused by technical difficulties manufacturers have encountered to scale up production, and the global vaccine supply was expected to remain fragile through 2017. The available supply of this vaccine continued to be prioritized to areas at highest risk of circulating VDPV2 and endemic countries, and to maintain a global outbreak response stockpile. All efforts were under way to ensure that most remaining low-risk countries receive IPV supplies by the end of 2017. With WHO regions and Member States, the GPEI explored the feasibility of instituting dose-sparing strategies, such as using intradermal fractional dose IPV. Countries, including India and Sri Lanka, are increasingly using such approaches in their routine immunization programmes.

OBJECTIVE 3: CONTAINMENT AND CERTIFICATION

In September 2015, the GCC declared that WPV2 had been eradicated. However, type 2 polioviruses can still be found in laboratories and other facilities worldwide. For example, vaccine manufacturing sites use them for vaccine production and some research laboratories store samples that are likely to be infected with poliovirus. To minimize the risk of reintroducing eradicated polioviruses into the environment, the GPEI is supporting Member States in the implementation of GAPIII, the WHO Global Action Plan for poliovirus containment.

As part of Phase I of GAPIII, significant efforts were made to drastically reduce the number of facilities retaining poliovirus type 2.

As of 3 August 2016, 173 countries and territories had reported to WHO that they no longer held any wild or VDPV2, and 17 countries and territories had designated poliovirus-essential facilities to retain poliovirus type 2 materials. In addition, 14 countries and territories had sent reports for which more information was expected to be submitted shortly; one report had not been received at WHO headquarters.

Now that the world has withdrawn the OPV type 2 (OPV2) component, the attenuated Sabin viruses from the vaccine will also require containment. Countries were to produce an inventory of facilities that store OPV2 or materials in which there may be type 2 Sabin viruses. National reports on the destruction or plans for retention of OPV2 or Sabin2 materials are expected shortly.

In Phase II of GAPIII, the designated poliovirus-essential facilities will have to demonstrate their appropriate management of the biorisk associated with the retention of poliovirus type 2 materials. To prepare for this phase, it was essential to build capacity in the countries that host these facilities. Between January and July 2016, five workshops took place around the world to train facility employees and representatives of national authorities for containment on the biorisk management system described in GAPIII.

The national authorities for containment will be responsible for certifying that designated poliovirus-essential facilities implement the containment requirements described in GAPIII. To help Member States in that process, a Containment Certification Scheme will be issued shortly. Training sessions will also be offered to future auditors. Member States will send these auditors to inspect facilities and ensure containment requirements are adopted.

After reducing the number of facilities retaining polioviruses, Phase II will help shrink the risk of release from the remaining sites.

OBJECTIVE 4: TRANSITION PLANNING

In the first half of 2016, the acceleration of polio transition planning (formerly known as "legacy planning") continued. Transition planning should serve three purposes. First, it ensures that the functions needed to maintain a polio-free world after eradication (for example, immunization, surveillance, outbreak preparedness and response, and facility containment of polioviruses) are brought into the mainstream of continuing national public health programmes. Second, it ensures that the knowledge generated and lessons learnt from polio eradication activities are shared with other health initiatives. Third, where feasible and appropriate, it assures the transfer of capabilities, assets and processes to support other health priorities.

Polio transition planning primarily needs to occur at the national level. The leadership of Member States is crucial to ensure this process. If polio transition planning is well executed, investments in polio eradication will benefit other development goals in the long term. Human resources, facilities and processes funded through the GPEI are substantially involved in the delivery of non-polio eradication functions, particularly in the areas of immunization, surveillance and emergency response. A successful transition planning process will ensure that these essential functions are sustained after polio eradication funding ceases. To support Member States in the process of polio transition planning, the GPEI has developed guidelines for preparing a transition plan.

More information on transition planning is available at http://polioeradication.org/Resourcelibrary/Resourcesforpolioeradicators.aspx.

Financing the Polio Eradication & Endgame Strategic Plan

Thanks to generous ongoing support by the international development community, including Member States, multilateral organizations, development banks, foundations, the private sector and the civil society organization Rotary International, the budget for 2016 was fully secured. Efforts continued to mobilize the additional US$ 1.5 billion to fully implement the Endgame Plan and secure a lasting polio-free world by 2019. Global support for polio eradication was stronger than ever. At their heads of state summit in Ise-Shima, Japan in May 2016, the leaders of the G7 countries reaffirmed their commitment to ending polio once and for all as part of an ambitious global health agenda promoted by the Government of Japan. At the annual World Health Assembly, global health leaders reiterated the urgency of the polio effort. Polio was discussed widely at the Women Deliver conference in Copenhagen, Denmark, and at the Ministerial Conference on Immunization in Africa in February in Addis Ababa, Ethiopia, Africa's leaders recommitted to securing a lasting polio-free Africa for all future generations.

In addition to the significant humanitarian benefits associated with polio eradication, the effort is also associated with substantial economic benefits. A polio-free world will reap savings of more than US$ 50 billion, funds that can be used to address other pressing public health and development needs. Critical to achieving a lasting polio-free world is the rapid mobilization of the additional funds needed. The GPEI published the "Investment Case" for polio eradication,[1] clearly summarizing the economic and humanitarian rationale for continued investment in the GPEI. The document is available at www.polioeradication.org/ResourceLibrary.aspx.

[1] Currently being revised to reflect the Nigeria and Lake Chad subregional outbreak response.

Annex 1 – Definition and significance of indicators
AFGHANISTAN

Endemic Country	State/Area	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Afghanistan	Southern (Kandahar, Helmand)	Interrupt transmission	Number of cases	0 case	2	2
		High population immunity	% 0-dose	<10%	1,39%	0,60%
			LQAS (% lots with «High Pass»)	>= 90%	52,5%	N/a
			% inaccessible	<5%	0.9 start (Q3) 8.8 end (Q4)	N/a
			Number and type of activity	per plan	2 NIDs, 4 SNIDs	2 NIDs, 5 SNIDs
			% children missed due to no visit/child absent (in 11 LPDs)	N/a	7.1% start (Aug) 6.2% end (Dec)	6.6% start (Jan) 7.1% end (May)
			% children missed due to refusal (in 11 LPDs)	N/a	1.7% start (Aug) 2.0% end (Dec)	2.1% start (Jan) 1.7% end (May)
		High virus detection	AFP rate	> 2 per 100 000	19,3	23,8
			Stool adequacy	> 80%	82,5	87,08
			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	0 case	12	4
		High population immunity	% 0-dose	<10%	0,65%	0,45%
			LQAS (% lots with «High Pass»)	>= 90%	13,9%	13,9%
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	2 NIDs, 9 SNIDs	2 NIDs, 5 SNIDs
		High virus detection	AFP rate	> 2 per 100 000	14,1	15,7
			Stool adequacy	> 80%	94,39	94
			Lab receipt to virus isolation result (median)	< 14 days	11	11
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	20% reduction (2014 vs 2013)	13% 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 (Sep-15)	Yes (Sep-15)

Endemic Country	State/Area	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Pakistan	KP (Peshawar, Nowshera, Swabi, Charsaddah, Mardan, Bannu, Tank, Lakki Marwat)	Interrupt transmission	Number of cases (WPV1 only)	0 case	4	7
		High population immunity	% 0-dose	<10%	0,53%	0,00%
			LQAS (% UCs w/ 0-3 missed children; i.e. «Pass»)	>= 90%	81% (KP, Dec)	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	3 NIDs, 1 SNID	3 NIDs, 7 SNIDs
			% children missed due to no visit/child absent		0.5% start 0.3% ends	0.4% start 0.4% ends
			% children missed due to refusal		0.4% start 0.002% ends	0.2% start 0.1% ends
		High virus detection	AFP rate	> 2 per 100 000	10,60	10,55
			Stool adequacy	> 80%	90,9	89,7
			Lab receipt to virus isolation result (median)	< 14 days	11	10
		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	8	1
		High population immunity	% 0-dose	<10%	2,63%	1,67%
			LQAS (% UCs w/ 0-3 missed children; i.e. «Pass»)	>= 90%	86% (FATA, Dec)	N/a
			% inaccessible	<5%	3.5 start (Q3) 0.5 end (Q4)	N/a
			Number and type of activity	per plan	3 NIDs, 2 SNIDs	3 NIDs, 5 SNIDs
			% children missed due to no visit/child absent		0.8% start 0.7% ends	0.6% start 0.3% ends
			% children missed due to refusal		0.02% start 0.004% ends	0.01% start 0.02% ends
		High virus detection	AFP rate	> 2 per 100 000	18,8	22,02
			Stool adequacy	> 80%	85,7	86,63
			Lab receipt to virus isolation result (median)	< 14 days	10	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 2015	Jan-Jun 2016
Pakistan	Karachi (SINDH)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	8	4
		High population immunity	% 0-dose	<10%	1,39%	0,27%
			LQAS (% UCs w/ 0-3 missed children; i.e. «Pass»)	>= 90%	64% (Sindh, Dec)	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	3 NIDs, 1 SNID (and mop ups)	3 NIDs, 6 SNID (and mop ups)
			% children missed due to no visit/child absent		0.6% start 0.6% end	0.7% start 1.6% end
			% children missed due to refusal		0.4% start 0.004% end	0.6% start 0.8% end
		High virus detection	AFP rate	> 2 per 100 000	5,7	6,72
			Stool adequacy	> 80%	92,9	89,57
			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	5	1
		High population immunity	% 0-dose	<10%	0,38%	0,23%
			LQAS (% UCs w/ 0-3 missed children; i.e. «Pass»)	>= 90%	74% (Baloch, Dec) 93% (Punjab, Dec)	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	3 NIDs, 1 SNID (and mop ups)	3 NIDs, 5 SNID (and mop ups)
		high virus detection	AFP rate	> 2 per 100 000	7,6	8,08
			Stool adequacy	> 80%	89,37	90,1
			Lab receipt to virus isolation result (median)	< 14 days	11	11
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0% reduction (2014 vs 2013)	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 2015	Jan-Jun 2016
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%	0,15%	0,05%
			LQAS	>= 90%	88 start 97 end	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	4 SNIDs	2 NIDs, 4 SNIDs
			% children missed due to no visit/child absent		1,10%	1,10%
			% children missed due to refusal		0,30%	0,20%
		High virus detection	AFP rate	> 2 per 100 000	24,2	36,88
			Stool adequacy	> 80%	97,17	98,46
			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
	Northeast (Borno, Yobe)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	0	0
		High population immunity	% 0-dose	<10%	0,00%	0,67%
			LQAS	>= 90%	100 start 100 end	N/a
			% inaccessible	<5%	50.3 start 50.6 end (Borno only)	N/a
			Number and type of activity	per plan	4 SNIDs	2 NIDs, 5 SNIDs
			% children missed due to no visit/child absent		3%	2,20%
			% children missed due to refusal		0,90%	0,70%
		High virus detection	AFP rate	> 2 per 100 000	14,4	38,49
			Stool adequacy	> 80%	99,21	99,84
			Lab receipt to virus isolation result (median)	< 14 days	11	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 2015	Jan-Jun 2016
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%	98 start 96 end	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	4 SNIDs	2 NIDs, 2 SNIDs
			% children missed due to no visit/child absent		1,20%	0,80%
			% children missed due to refusal		0,20%	0,10%
		High virus detection	AFP rate	> 2 per 100 000	28,3	47,05
			Stool adequacy	> 80%	99,6	100
			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
	Rest of country	Interrupt transmission	Number of cases (cVDPV2 only)	0 case	0	0
		High population immunity	% 0-dose	<10%	0,19%	0,09%
			LQAS	>= 90%	100 start 100 end	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	6 SNIDs	2 NIDs, 3 SNIDs
		High virus detection	AFP rate	> 2 per 100 000	15,3	19,75
			Stool adequacy	> 80%	99,52	99,63
			Lab receipt to virus isolation result (median)	< 14 days	10	9
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	6.5% reduction (2014 vs 2013)	14% reduction (2015 vs 2014)
	All of country		Number of polio cases from families refusing OPV	0 case	0	1
			IPV introduction	intro by 2015	Yes (Feb-15)	Yes (Feb-15)

Outbreak	Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
South-eastern Africa	Madagascar (Most recent case 29 May 2015)	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	N/a	N/a
			Timing of 1st response	=<4 weeks	≤11 weeks	N/a
			SIAs plan execution	=>3 campaigns within first 3 months	No (1 SIA)	N/a
		Follow-on response	Interim assessment	Conducted at 3 months	1st & 2nd OBRA (Jul- & Oct-15)	N/a
			Final assessment	Conducted at 12 months	N/a	N/a
		Interrupt transmission within 6 months of confirmation of outbreak	Number of cases (cVDPV1 only)	0 case after 6 months	2	0
		High population immunity	% 0-dose	<10%	2,80%	0,00%
			LQAS or IM out-of-house result	>= 90% or <5%	6.8% (IM O-H)	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	4 NIDs	2 NIDs
		High virus detection	AFP rate (national)	>2	5,00	6,72
			AFP rate (sub-national)	>2 (% of states/ provinces meeting indicator)	90%	95%
			Stool adequacy (national)	>=80%	68,52	80,17
			Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	40%	64%
			Lab receipt to virus isolation result (median)	< 14 days	8	10
			Environmental surveillance	Yes or No	Yes	Yes
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	5.8% increase (2014 vs 2013)	15% increase (2015 vs 2014)
			IPV introduction	intro by 2015	Yes (May-15)	Yes (May-15)

Outbreak	Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Western Pacific	Lao PDR	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	Yes	N/a
			Timing of 1st response	=<4 weeks	Yes (Oct-15)	N/a
			SIAs plan execution	=>3 campaigns within first 3 months	Yes	N/a
		Follow-on response	interim assessment	conducted at 3 months	N/a (Jan-16)	N/a
			final assessment	Conducted at 12 months	N/a	N/a
		Interrupt transmission within 6 months of confirmation of outbreak	number of cases (cVDPV1 only)	0 case after 6 months	8	3
		High population immunity	% 0-dose	<10%	N/a	9,50%
			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 SNIDs	5 NIDs
		High virus detection	AFP rate	>2 (national)	4,93	4,00
			AFP rate	>2 (% of states/ provinces meeting indicator)	44%	89%
			stool adequacy	>=80% (national)	47%	73%
			stool adequacy	>=80% (% of states/provinces meeting indicator)	33%	39%
			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 (2014 vs 2013)	8% decrease (2015 vs 2014)
			IPV introduction	intro by 2015	Yes (Oct-15)	Yes

Outbreak	Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
South-East Asia	Myanmar	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	Yes	N/a
			Timing of 1st response	=<4 weeks	Yes (Dec-15)	N/a
			SIAs plan execution	=>3 campaigns within first 3 months	Yes	N/a
		Follow-on response	interim assessment	conducted at 3 months	N/a (Mar-16)	N/a
			final assessment	Conducted at 12 months	N/a	N/a
		Interrupt transmission within 6 months of confirmation of outbreak	number of cases (cVDPV2 only)	0 case after 6 months	1	4,48
		High population immunity	% 0-dose	<10%	16,00%	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	2 SNIDs	1 NID, 2 SNIDs
		High virus detection	AFP rate	>2 (national)	3,20	2,54
			AFP rate	>2 (% of states/ provinces meeting indicator)	N/a	76%
			stool adequacy	>=80% (national)	97%	95%
			stool adequacy	>=80% (% of states/provinces meeting indicator)	N/a	94%
			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 (2014 vs 2013)	0.6% decrease (2015 vs 2014)
			IPV introduction	intro by 2015	Yes (Dec-15)	Yes

Outbreak	Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
West Africa	Guinea	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	No	N/a
			Timing of 1st response	=<4 weeks	Yes (Sep-15)	N/a
			SIAs plan execution	=>3 campaigns within first 3 months	Yes	N/a
		Follow-on response	interim assessment	conducted at 3 months	N/a (Feb-16)	N/a
			final assessment	Conducted at 12 months	N/a	N/a
		Interrupt transmission within 6 months of confirmation of outbreak	number of cases (cVDPV2 only)	0 case after 6 months	4	N/a
		High population immunity	% 0-dose	<10%	9,09%	1,65%
			LQAS or IM out-of-house result	>= 90% or <5%	6.8% (IM O-H)	N/a
			% inaccessible	<5%	N/a	N/a
			Number and type of activity	per plan	1 NID, 2 SNIDs	3 NIDs, 1 SNID
		High virus detection	AFP rate	>2 (national)	3,38	20,37
			AFP rate	>2 (% of states/ provinces meeting indicator)	75%	100%
			stool adequacy	>=80% (national)	76,26%	90,84
			stool adequacy	>=80% (% of states/provinces meeting indicator)	62%	88%
			lab receipt to virus isolation result (median)	< 14 days	10	10
			Environmental surveillance	Yes or no	No	No
		Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	25% increase (2014 vs 2013)	1.6% increase (2015 vs 2014)
			IPV introduction	intro by 2015	Yes (Nov-15)	Yes

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Angola	High population immunity	% 0-dose	<10%	0,93%	4,04%
		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	N/a
	High virus detection	AFP rate (national)	>2	3,4	3,37
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	94%	94%
		Stool adequacy (national)	>=80%	97,31	94,05
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	90%	100%
		Lab receipt to virus isolation result (median)	< 14 days	8	9
		Environmental surveillance	Yes or No	Yes (2014)	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	65% increase (2014 vs 2013)	2% increase (2015 vs 2014)
		IPV introduction	intro by 2015	N/a	N/a
Benin	High population immunity	% 0-dose	<10%	0,00%	1,96%
		LQAS or IM out-of-house result	>= 90% or <5%	3.9% (IM O-H)	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	5,00	5,57
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	92%	100%
		Stool adequacy (national)	>=80%	96,55	93,08
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	83%	92%
		Lab receipt to virus isolation result (median)	< 14days	8	9
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	1.8% increase (2014 vs 2013)	17% decrease (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Aug-15)	Yes (Aug-15)

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Burkina Faso	High population immunity	% 0-dose	<10%	0,00%	0,81%
		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 SNID	2 NIDs
	High virus detection	AFP rate (national)	>2	3,49	4,33
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	83%	83%
		Stool adequacy (national)	>=80%	90,14	92,7
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	83%	83%
		Lab receipt to virus isolation result (median)	< 14 days	N/a	10
		Environmental surveillance	Yes or No	N/a	N/a
	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 (Most recent case 9 July 2014)	Interrupt transmission within 6 months of confirmation of outbreak	Number of cases	0 case after 6 months	0	0
	High population immunity	% 0-dose	<10%	2,98%	0,46%
		LQAS or IM out-of-house result	>= 90% or <5%	8% (IM O-H)	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	6,00	7,13
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
		Stool adequacy (national)	>=80%	86,05	87,53
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	90%	80%
		Lab receipt to virus isolation result (median)	< 14 days	9	9
		Environmental surveillance	Yes or No	Yes (May-15)	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	16% increase (2014 vs 2013)	20% increase (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Jul-15)	N/a

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Central African Republic	High population immunity	% 0-dose	<10%	0,00%	3,13%
		LQAS or IM out-of-house result	>= 90% or <5%	10% (IM O-H)	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	4 SNIDs	1 NIDs
	High virus detection	AFP rate (national)	>2	4,01	7,46
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	86%	100%
		Stool adequacy (national)	>=80%	92,5	94,37
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	71%	86%
		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%	43% decrease (2014 vs 2013)	1% increase (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Sep-15)	Yes (Sep-15)
Chad	High population immunity	% 0-dose	<10%	3,25%	1,24%
		LQAS or IM out-of-house result	>= 90% or <5%	6% (IM O-H)	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	5,9	7,38
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
		Stool adequacy (national)	>=80%	96,89	98,38
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	100%
		Lab receipt to virus isolation result (median)	< 14 days	11	11
		Environmental surveillance	Yes or No	Yes (Jun-15)	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	5.6% increase (2014 vs 2013)	17% decrease (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Aug-15)	Yes (Aug-15)

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Congo	High population immunity	% 0-dose	<10%	3,03%	0,00%
		LQAS or IM out-of-house result	>= 90% or <5%	5.3% (IM O-H)	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	4,9	4,44
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	82%
		Stool adequacy (national)	>=80%	93,88	97,78
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	91%
		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%	47% decrease (2014 vs 2013)	50% increase (2015 vs 2014)
		IPV introduction	intro by 2015	No (Feb-16)	N/a
Côte d'Ivoire	High population immunity	% 0-dose	<10%	5,04%	1,45%
		LQAS or IM out-of-house result	>= 90% or <5%	6.4% (IM O-H)	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 SNID	2 NIDs
	High virus detection	AFP rate (national)	>2	4,6	4,9
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	86%	76%
		Stool adequacy (national)	>=80%	92,61	95,41
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	94%
		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%	40% increase (2014 vs 2013)	38% decrease (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Jun-15)	Yes (Jun-15)

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Democratic Republic of the Congo	High population immunity	% 0-dose	<10%	3,58%	3,78%
		LQAS or IM out-of-house result	>= 90% or <5%	7.2% (IM O-H)	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	3 SNIDs	2 NIDs 1 SNID
	High virus detection	AFP rate (national)	>2	6,06	5,49
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	96%
		Stool adequacy (national)	>=80%	92,08	90,55
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	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%	27% decrease (2014 vs 2013)	3% decrease (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Apr-15)	Yes (Apr-15)
Equatorial Guinea (Most recent case 3 May 2014)	Interrupt transmission within 6 months of confirmation of outbreak	Number of cases	0 case after6 months	0	0
	High population immunity	% 0-dose	<10%	0%	N/a
		LQAS or IM out-of-house result	>= 90% or <5%	4.4% (IM O-H)	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	3,87	0,64
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	50%	14%
		Stool adequacy (national)	>=80%	66,67	100
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	33%	14%
		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%	25% decrease (2014 vs 2013)	6% increase (2015 vs 2014)
		IPV introduction	intro by 2015	No (Apr-16)	Yes (Apr-16)

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Ethiopia (Most recent case 5 January 2014)	Interrupt transmission within 6 months of confirmation of outbreak	Number of cases	0 case after 6 months	0	0
	High population immunity	% 0-dose	<10%	0,00%	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	4 SNIDs	1 NID, 1 SNIDs
	High virus detection	AFP rate (national)	>2	2,5	2,71
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	73%	73%
		Stool adequacy (national)	>=80%	93,5	92,32
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	100%	73%
		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%	20% decrease (2014 vs 2013)	62% decrease (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Dec-15)	Yes (Dec-15)
Gabon	High population immunity	% 0-dose	<10%	7,14%	6,67%
		LQAS or IM out-of-house result	>= 90% or <5%	4% (IM O-H)	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	8,00	6,44
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	90%	90%
		Stool adequacy (national)	>=80%	88,89	95,45
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	90%	80%
		Lab receipt to virus isolation result (median)	< 14 days	8	8
		Environmental surveillance	Yes or No	No	No
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	31% increase (2014 vs 2013)	48% decrease (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Dec-15)	Yes (Dec-15)

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Iraq (Most recent case 7 April 2014)	Interrupt transmission within 12 months of confirmation of outbreak	Number of cases	0 case after 12 months	0	0
	High population immunity	% 0-dose	<10%	2,72%	3,11%
		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 SNIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	3,7	4,65
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	80%	84%
		Stool adequacy (national)	>=80%	83,7	87,05
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	68%	63%
		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%	12% increase (2014 vs 2013)	16% increase (2015 vs 2014)
		IPV introduction	intro by 2015	No (Jan-16)	Yes (Jan-16)
Liberia	High population immunity	% 0-dose	<10%	0%	7,69%
		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 NIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	1,15	3,21
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	0%	66%
		Stool adequacy (national)	>=80%	100	90,32
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	14%	66%
		Lab receipt to virus isolation result (median)	< 14 days	N/a	7
		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

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Mali	High population immunity	% 0-dose	<10%	0%	2,53%
		LQAS or IM out-of-house result	>= 90% or <5%	5.15% (IM O-H)	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID, 3 SNIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	4,18	3,99
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	88%	78%
		Stool adequacy (national)	>=80%	84,05	86,16
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	75%	78%
		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%	22% decrease (2014 vs 2013)	29% increase (2015 vs 2014)
		IPV introduction	intro by 2015	No (Mar-16)	N/a
Niger	High population immunity	% 0-dose	<10%	5,17%	2,04%
		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 SNIDs	2 NIDs
	High virus detection	AFP rate (national)	>2	1,58	2,85
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	57%	100%
		Stool adequacy (national)	>=80%	87,01	94,52
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	71%	100%
		Lab receipt to virus isolation result (median)	< 14 days	9	10
		Environmental surveillance	Yes or No	Yes (2014)	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	0.6% increase (2014 vs 2013)	11% increase (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Jul-15)	Yes (Jul-15)

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Sierra Leone	High population immunity	% 0-dose	<10%	2,50%	1,65%
		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	2,50	2,76
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	50%	75%
		Stool adequacy (national)	>=80%	89	81
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	75%	75%
		Lab receipt to virus isolation result (median)	< 14 days	N/a	10
		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
Somalia (Most recent case 11 August 2014)	Interrupt transmission within 12 months of confirmation of outbreak	Number of cases	0 case after 12 months	0	N/a
	High population immunity	% 0-dose	<10%	13,19%	12,24%
		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, 3 SNIDs	2 NIDs, 1 SNID
	High virus detection	AFP rate (national)	>2	3,9	6,29
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	90%	100%
		Stool adequacy (national)	>=80%	98	99,4
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	95%	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%	2% increase (2014 vs 2013)	2% increase (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (Nov-15)	Yes (Nov-15)

Country	Outcome	Indicator	Target	Jul-Dec 2015	Jan-Jun 2016
Syria (Most recent case 21 January 2014)	Interrupt transmission within 12 months of confirmation of outbreak	Number of cases	0 case after 12 months	0	0
	High population immunity	% 0-dose	<10%	0,00%	2,53%
		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, 2 SNIDs
	High virus detection	AFP rate (national)	>2	2,8	3,76
		AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	50%	71%
		Stool adequacy (national)	>=80%	93,6	91,67
		Stool adequacy (sub-national)	>=80% (% of states/provinces meeting indicator)	87%	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%	3% decrease (2014 vs 2013)	0.9% increase (2015 vs 2014)
		IPV introduction	intro by 2015	Yes (<2015)	Yes
Ukraine	Initial Response	Initial responsiveness	Emergency declared + plan drafted within 10 days	N/a	N/a
		Timing of 1st response	=<4 weeks	No (Oct-15)	N/a
		SIAs plan execution	=>3 campaigns within first 3 months	No (2 SIAs)	N/a
	Follow-on response	interim assessment	conducted at 3 months	Yes (Dec-15)	N/a
		final assessment	Conducted at 12 months	N/a	N/a
	Interrupt transmission within 6 months of confirmation of outbreak	number of cases (cVDPV1 only)	0 case after 6 months	1	0
	High population immunity	% 0-dose	<10%	0,00%	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	2 NIDs	N/a
	High virus detection	AFP rate	>2 (national)	2,83	3,09
		AFP rate	>2 (% of states/provinces meeting indicator)	65% (15/23)	88%
		stool adequacy	>=80% (national)	0,99	98
		stool adequacy	>=80% (% of states/provinces meeting indicator)	100%	86%
		lab receipt to virus isolation result (median)	< 14 days	11	11
		Environmental surveillance	Yes or no	Yes	Yes
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	1% decrease (2014 vs 2013)	0.6% decrease (2015 vs 2014)
		IPV introduction	intro by 2015	Yes	Yes

Annex 4 – Analysis of OPV costs by region (in US$), July – December 2015 vs January-June 2016

Operational cost ($) per child (to reach and vaccine 1 child with 1 dose)	Jul – Dec 2015	Jan – June 2016
Global	0.35	0.34
Regional Office for Africa	0.35	0.35
Regional Office for the Eastern Mediterranean	0.34	0.32
Regional Office for South-East Asia	0.10	0.10
Regional Office for Europe	0.30	0.30
Regional Office for the Western Pacific	N/a	0.27

Outcome	Indicator	Target	Jan - June 2016
All	**Financing:** 12-month cash gap		US$ 420 million
	Financing: Strategy funding gap		US$ 1.062 billion (information from GPEI Finance and Accountability Committee, September 2016)
	Staffing: Vacant approved posts	<10%	CDC HQ: 26% CDC Afghanistan: 0% CDC Pakistan: N/a CDC Nigeria: 6% CDC Total: 10.6%
High population immunity	**Vaccine supply:** Weeks forecast below buffer in next 6 months	<10%	0 weeks
Low risk of virus reintroduction	Number of OPV-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 constrain, some low-risk countries continue to experience delays in receiving supply.
	Plan in place to support routine immunization strengthening in 10 priority countries	**Per IMG**	Six countries (Chad, DR 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	**Per GAPIII**	GAPIII aligned with the Polio Endgame Plan timelines.
	Certification		WPV2 eradication declared by the Global Commission for the Certification of Poliomyelitis Eradication (GCC) in September 2015.
Legacy planning	Consultations inputs into plan		Consultations with countries and stakeholders ongoing.

objective 1	objective 2
objective 3	objective 4

www.polioeradication.org

POLIO GLOBAL ERADICATION INITIATIVE