Where are we with Polio: current and future development

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Current situation
**Wild Poliovirus Cases**
*(2017 and 2018)*

- **Afghanistan:**
  - 16 WPV1 in 2018
  - 14 WPV1s in 2017
  - Most Recent Onset: 27 Aug 2018

- **Pakistan:**
  - 4 WPV1 in 2018
  - 8 WPV1s in 2017
  - Most Recent Onset: 1 Aug 2018

- **Nigeria:**
  - Last case: 21 Aug 2016
  - Last WPV detected: 27 Sep 2016

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- Wild poliovirus type 1
- Endemic country
### Wild Poliovirus & VDPV Cases

**Past 12 months**

<table>
<thead>
<tr>
<th>Country</th>
<th>Onset of most recent case</th>
<th>Total cVDPV1</th>
<th>Onset of most recent case</th>
<th>Total cVDPV2</th>
<th>Onset of most recent case</th>
<th>Total cVDPV3</th>
<th>Onset of most recent case</th>
<th>Total cVDPV3</th>
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<tbody>
<tr>
<td>Nigeria</td>
<td>NA</td>
<td>0</td>
<td>11-Sep-18</td>
<td>16</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
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<td>Niger</td>
<td>NA</td>
<td>0</td>
<td>14-Aug-18</td>
<td>3</td>
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<td>0</td>
<td>NA</td>
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<td>DRC</td>
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<tr>
<td>Somalia</td>
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<td>27-Jul-18</td>
<td>6</td>
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<td>EMR</td>
<td>27-Aug-18</td>
<td>28</td>
<td>30-Jul-18</td>
<td>6</td>
<td>27-Jul-18</td>
<td>6</td>
<td>NA</td>
<td>0</td>
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<tr>
<td>PNG</td>
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<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>12-Aug-18</td>
<td>15</td>
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<td>WPRO</td>
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<td>0</td>
<td>NA</td>
<td>0</td>
<td>NA</td>
<td>0</td>
<td>12-Aug-18</td>
<td>15</td>
</tr>
<tr>
<td>Global</td>
<td>27-Aug-18</td>
<td>28</td>
<td>11-Sep-18</td>
<td>52</td>
<td>27-Jul-18</td>
<td>6</td>
<td>12-Aug-18</td>
<td>15</td>
</tr>
</tbody>
</table>

1 Excludes viruses detected from environmental surveillance

2 Onset of paralysis 10 Sep. 2017 – 09 Oct. 2018
Environmental Positives\(^1\)
WPV and cVDPVs, past 12 Months\(^2\)

<table>
<thead>
<tr>
<th>Country</th>
<th>Wild poliovirus</th>
<th>cVDPV</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Most recent collection date</td>
<td>Total WPV</td>
</tr>
<tr>
<td>Nigeria</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>Kenya</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>AFR</td>
<td>0</td>
<td>18-Aug-18</td>
</tr>
<tr>
<td>Pakistan</td>
<td>24-Sep-18</td>
<td>107</td>
</tr>
<tr>
<td>Afghanistan</td>
<td>05-Sep-18</td>
<td>61</td>
</tr>
<tr>
<td>Somalia</td>
<td>NA</td>
<td>0</td>
</tr>
<tr>
<td>EMR</td>
<td>24-Sep-18</td>
<td>168</td>
</tr>
<tr>
<td>Global</td>
<td>24-Sep-18</td>
<td>168</td>
</tr>
</tbody>
</table>

\(^1\)Excludes viruses detected from AFP surveillance.
\(^2\)Collection 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

- 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

As of 2 October 2018

Most recent isolates for each cluster:
- R4BSC3A → 8 Jan (Kandahar)
- R4B1C1 → 31 Mar (Bannu)
- R4BSC4B → 8 Aug (Karachi)
- R4BSC4C → 5 Sept (Kandahar)
- R4BSC4D → 12 Sept (DG Khan)
- R4BSC5B2 → 10 Sept (RWP/ISB)
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

- In August 2016, over 600,000 children across over 10,000 communities were not unreached
- 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

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

- Reached settlements: 15,159 (75%)
- Unreached settlements: 5,184 (25%)

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
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

Democratic Republic of Congo

- 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
• 2 separate cVDPV2 outbreaks:
  o **Sokoto North** – 1 case, 14 Env. positives
  o **Jigawa** – 16 cases, 12 Env. Positives, 3 cases in Niger.

• Key Risks
  o Inaccessibility in Borno State
  o Large scale population movement within and across the countries
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)
Work programme
1. Poliovirus detection & interruption
2. OPV2 withdrawal, IPV introduction, immunization system strengthening
3. Containment & Global Certification
4. Transition Planning
Missed cohorts in affected countries

Approximately 43 million children missed globally
CONTAINMENT: 28 countries plan to retain poliovirus type 2 materials in 89 Facilities

Number in parenthesis represents the number of countries with facilities planning to retain PV2 materials.

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)

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</thead>
<tbody>
<tr>
<td>Low</td>
<td>53 (60%)</td>
<td>50 (57%)</td>
<td>48 (55%)</td>
<td>52 (59%)</td>
<td>54 (61%)</td>
<td>53 (60%)</td>
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<tr>
<td>Medium</td>
<td>19 (22%)</td>
<td>19 (22%)</td>
<td>20 (23%)</td>
<td>13 (15%)</td>
<td>12 (14%)</td>
<td>12 (13%)</td>
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<tr>
<td>Medium/High</td>
<td>8 (9%)</td>
<td>6 (7%)</td>
<td>11 (12%)</td>
<td>12 (14%)</td>
<td>12 (14%)</td>
<td>14 (16%)</td>
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<tr>
<td>High</td>
<td>8 (9%)</td>
<td>13 (15%)</td>
<td>9 (10%)</td>
<td>11 (13%)</td>
<td>10 (11%)</td>
<td>10 (11%)</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Country</th>
<th>Communication initiated</th>
<th>Coordination body established</th>
<th>Mapping of assets</th>
<th>Mapping of priorities</th>
<th>Transition strategy agreed</th>
<th>Transition plan drafted and costed</th>
<th>Transition plan finalized and funding agreed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Afghanistan</td>
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<td>DRCongo</td>
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<td>Ethiopia</td>
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<tr>
<td>India - WHO</td>
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<td>Myanmar</td>
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<td>Complete</td>
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<td>Not yet started</td>
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<td>In process</td>
</tr>
<tr>
<td>Sudan</td>
<td>Complete</td>
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<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
<td>Complete</td>
<td>Not yet started</td>
</tr>
</tbody>
</table>

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