POLIO GLOBAL ERADICATION INITIATIVE

ANNUAL REPORT

ON THE THRESHOLD OF A POLIO-FREE WORLD...

2014

World Health Organization

Rotary

CDC

unicef

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Cover photo: A child proudly displays his fingermark, proving he has been vaccinated against polio. © Rotary International/J.M. Giboux
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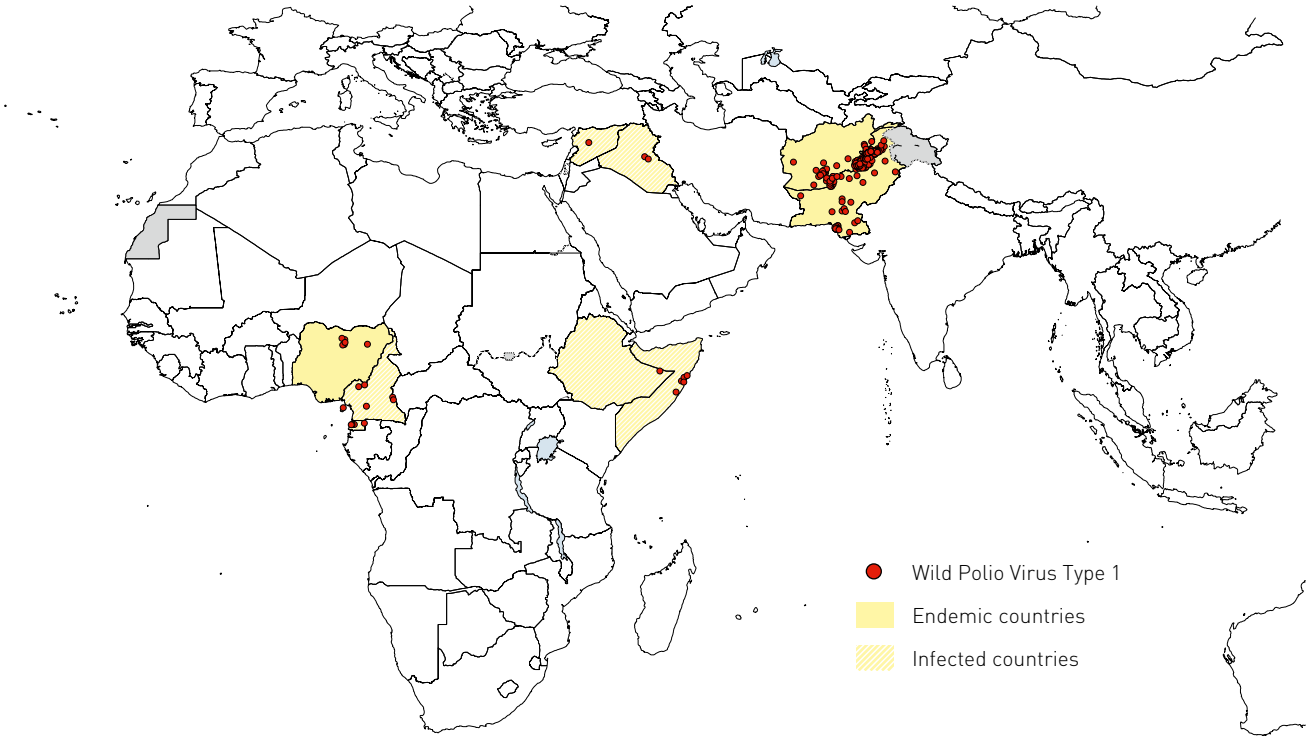
EXECUTIVE SUMMARY

By the end of 2014, significant progress had been made towards each of the objectives of the Polio Eradication & Endgame Strategic Plan 2013-2018 (Endgame Plan); the world has never been in a better position to eradicate polio. As the Global Polio Eradication Initiative (GPEI) enters 2015, efforts are being intensified to build on this progress and stop polio once and for all.



Capitalizing on progress in Nigeria, against outbreaks in central Africa and the Horn of Africa, and against two out of three strains of wild poliovirus

In Nigeria, no new cases due to wild poliovirus (WPV) occurred from July 2014 to the end of the year as a result of the improved quality of immunization campaigns. Subnational surveillance gaps in some areas remain, however, and the country continues to be affected by a persistent circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreak. The second half of 2014 also saw the two-year mark of the most recent case of wild poliovirus type 3 (WPV3), which was last detected anywhere in the world in November 2012, in Nigeria. This allows cautious optimism that this strain may have been eradicated. It would be a historic milestone for the GPEI and would leave only one wild serotype – wild poliovirus type 1 (WPV1) – in circulation (wild poliovirus type 2 - WPV2 - has not been detected anywhere since 1999).

In the second half of 2014, the outbreaks in the Horn of Africa, central Africa and the Middle East that spanned 2013 and the first half of 2014 were brought to the verge of being stopped. Thanks to regionally-coordinated outbreak responses in all three regions, one case was reported in this six-month period, in Somalia on 24 August. No case has been reported from any of the outbreaks since then. Risks remain across all three outbreak zones, however, such as residual surveillance gaps, which could hide undetected transmission, so none of the outbreaks has been considered closed.At the same time, the Middle East is considered at high-risk of renewed reinfection, given the intense virus transmission in Pakistan and further deterioration of immunization

systems in the Syrian Arab Republic and Iraq due to the conflict and security situation.

To minimize the risks of renewed international spread of wild poliovirus, on 5 May the Director-General of WHO declared the international spread of wild poliovirus to be a public health emergency of international concern under the International Health Regulations, and issued temporary recommendations to polio-infected countries, such as declaring polio as national public health emergencies and vaccinating international travellers.

Preparing the world for the phased removal of oral polio vaccines

In October 2014, the Strategic Advisory Group of Experts on immunization (SAGE) reviewed global readiness for the planned phased removal of oral polio vaccines (OPVs), beginning with a switch from trivalent OPV to bivalent OPV in April 2016. This readiness includes the introduction of inactivated polio vaccine (IPV) into all countries that currently use only OPV by end-2015, to continue to provide protection against all strains following the switch in 2016. Reviewing all evidence, the SAGE concluded that preparations for the switch are on track and urged countries to further intensify efforts.

A critical factor to assure a successful switch will be the containment of type 2 polioviruses in laboratories, as well as certification that WPV2, last detected in 1999, has indeed been globally eradicated. In late 2014, a new and updated global containment action plan was endorsed by the SAGE, and progress towards WPV2 verification continued.

The trigger for the global, phased withdrawal of OPVs will be to ensure that all persistent circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks are fully stopped. At end-2014, persistent cVDPV2s endured in Nigeria and Pakistan.

Ensuring the legacy of polio eradication

In late 2014, work continued to ensure the legacy of polio eradication can be secured, in other words that the investments made in the GPEI will continue to benefit other development goals in the long term through the documentation and transition of knowledge, lessons and assets. Ongoing consultations with Member States, major partners and stakeholders, as well as detailed pilot evaluations, reinforced the conclusions of the regional committees in 2013 that legacy planning should benefit existing health priorities and be driven by countries. Its success will require establishing a formal process in all countries where substantial assets for polio eradication were financed through external resources.

In 2015, finalization of the Global Legacy Framework will ensure that the essential functions of the GPEI's programme of work will be transitioned to other priorities. The Democratic Republic of the Congo (DR Congo), India, Nepal and Nigeria have initially been selected for focused legacy transition planning support in 2015, with other countries with significant polio resources to be prioritized.

Urgent epidemiological priority - stopping polio in Afghanistan and Pakistan

In 2014, Pakistan accounted for 85% of all WPV cases worldwide, and in the second half of 2014 continued to export virus internationally. This intense virus transmission across the country is now the greatest epidemiological risk to achieving a polio-free world, as too many children remain under-immunized (due to a number of factors, including operational challenges, insecurity, targeted attacks on health workers and hampered access). Mass population movements from previously inaccessible areas present both a risk and an opportunity. The risk is that virus continues to be exported from these areas, but the opportunity is that for the first time in more than two years, populations can be reached at transit points as they move out of these areas.

Recognizing the risks Pakistan poses to the global effort, end-2014 saw a build-up in government commitments at all levels. Following initial strategic planning, an emergency meeting convened the political leadership from the high-risk provinces and districts to prepare a robust 'low season emergency plan' with consensus from all key levels. This low season plan focuses on overcoming clearly identified, area-specific challenges in the early part of 2015 (the 'low season' for polio transmission). The plan has all the necessary elements in place to rapidly eradicate polio; its success, however, hinges on its full implementation at all levels. To facilitate implementation, a national task force reporting directly to the Prime Minister's office has been established; a cabinet committee formed on security for immunization; and close collaboration is being fostered to secure the assistance of the army and the Ministry of the Interior for polio eradication. Emergency Operations Centres established at federal and provincial levels will oversee implementation, assure real-time monitoring and guide corrective actions as necessary.

In neighbouring Afghanistan, efforts focused on holding ground against the virus in the face of importations from Pakistan. While the bulk of WPV cases are linked to cross-border transmission with neighbouring Pakistan, evidence of residual endemic virus circulation persists and access challenges remain in some areas.

Looking to 2015

At end-2014, much epidemiological evidence justified cautious optimism, with Africa on the verge of being polio-free and the possible eradication of WPV3. However, major challenges remain to be overcome. The GPEI will focus on five key areas of work in the first half of 2015, to maximize the opportunity that presents itself and to urgently overcome barriers preventing all children from being reached with life-saving polio vaccine.

1. Further intensifying surveillance – to rapidly detect any residual transmission, in particular in parts of Nigeria, central Africa, the Horn of Africa and the Middle East.
2. Securing a polio-free Africa and Middle East – by fully implementing emergency measures to urgently interrupt residual virus transmission, reducing the risk of international spread and developing stronger outbreak response capacity.
3. Providing surge support to Pakistan (and Afghanistan) – to help implement and evaluate the 'low season' plan in Pakistan, while further building on progress in neighbouring Afghanistan (which is epidemiologically linked to Pakistan).
4. Preparing for phased removal of OPVs – by continuing to support countries in introducing IPV and preparing the world for the planned switch from trivalent OPV to bivalent OPV in early 2016.
5. Engaging with routine immunization – with particular focus on 10 priority countries with the bulk of GPEI staff and infrastructure, to ensure immunity levels to all vaccine-preventable diseases can be boosted.

2015 marks the mid-term point of the Endgame Plan 2013-2018, and provides the opportunity for the GPEI to carry out a mid-term review of the Polio Endgame Plan. This review will assess progress to date and identity operational, financial and technical adjustments, as needed.

Financing the Endgame Plan

By end-2014, the GPEI had received US$ 2.23 billion in contributions and was tracking an additional US$ 2.85 billion in pledges, against the overall 2013-2018 budget of US$ 5.5 billion. Full and rapid realization of all pledges would result in a remaining funding gap of US$ 451 million against the Endgame Plan.