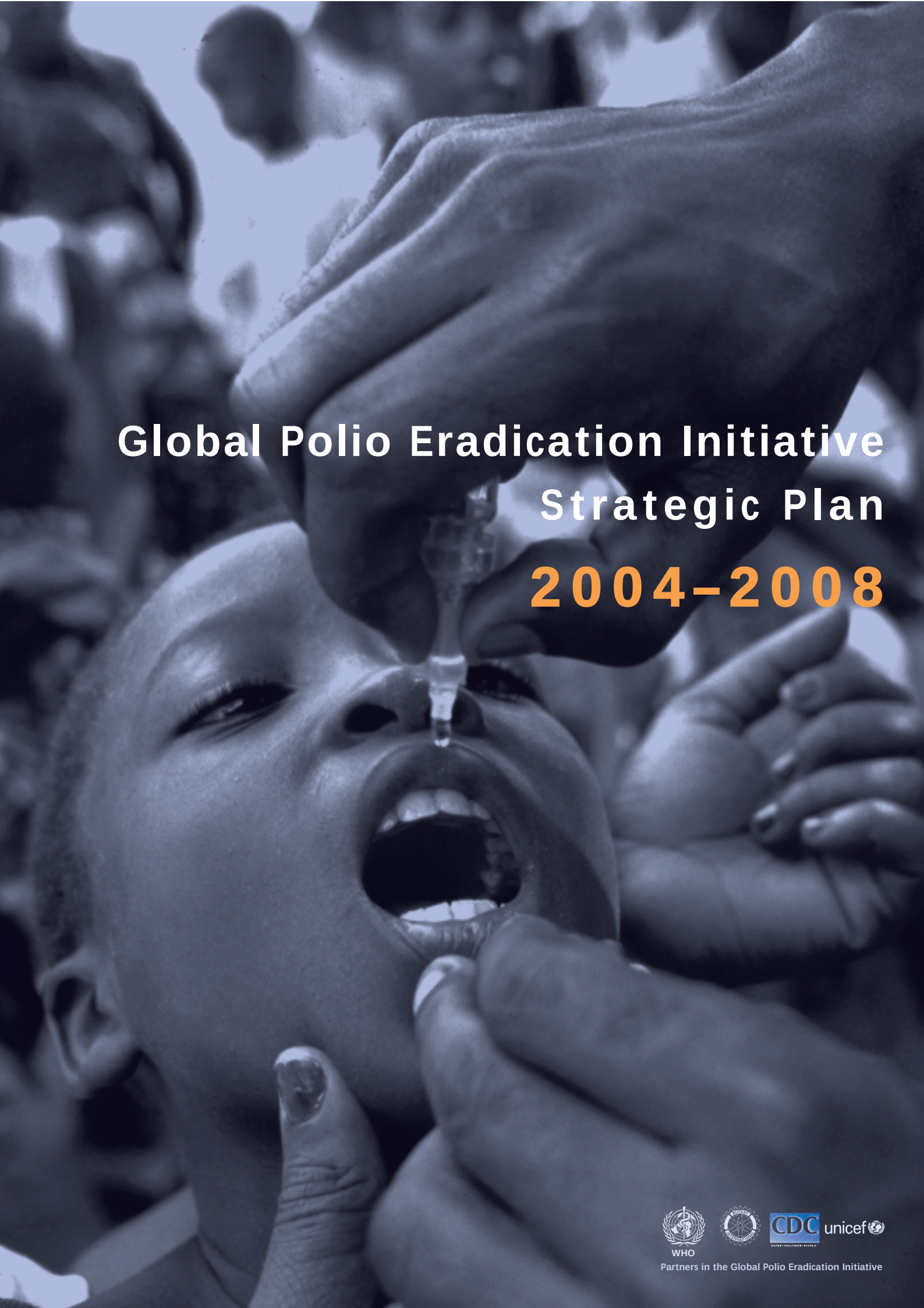

Global Polio Eradication Initiative Strategic Plan 2004–2008

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Abbreviations and Acronyms

AFP	acute flaccid paralysis
AFR	WHO African Region
AMR	WHO Region of the Americas
ARVs	anti-retroviral drugs
CCM	Country coordination mechanism
CDC	US Centers for Disease Control and Prevention (USA)
CIDA	Canadian International Development Agency
cVDPV	circulating vaccine-derived poliovirus
DFID	Department for International Development (United Kingdom)
EC	European Commission
EMR	WHO Eastern Mediterranean Region
GAVI	Global Alliance for Vaccines and Immunization
GCC	Global Commission for the Certification of the Eradication of Poliomyelitis
GOARN	Global Outbreak Alert and Reponse Network
kfW	Kreditanstalt für Wiederaufbau (Germany)
ICCs	interagency coordinating committees
IDS	integrated disease surveillance
iNIDs	intensified national immunization days
IPV	inactivated poliovirus vaccine
iSNIDs	intensified subnational immunization days
ITD	intratypic differentiation
ITN	insecticide treated net
JICA	Japan International Coorporation Agency
MDGs	millennium development goals
mOPV	monovalent oral polio vaccine
NCCs	national certification committees
NGOs	nongovernmental organizations
NIDs	national immunization days
OPV	oral polio vaccine
RCCs	regional certification commissions
RED	Reach Every District
SIAs	supplementary immunization activities (e.g. NIDs, SNIDs, mop-ups)
SEAR	WHO South-East Asia Region
SNIDs	subnational immunization days
TAGs	technical advisory groups
TCG	global Technical Consultative Group for Poliomyelitis Eradication
UN	United Nations
UNF	United Nations Foundation
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
VAPP	vaccine-associated paralytic poliomyelitis
VDPVs	vaccine-derived polioviruses
VPDs	vaccine-preventable diseases
WHA	World Health Assembly
WHO	World Health Organization
WPR	WHO Western Pacific Region

1 Executive Summary

By end-2003, poliomyelitis had been eliminated from all but 6 countries[1] in the world as a result of the Global Polio Eradication Initiative, the largest international public health effort to date. Nearly 5 million children are walking who would otherwise have been paralyzed by polio and 1.25 million childhood deaths have been averted by distributing Vitamin A during the polio immunization campaigns.

Once polio has been eradicated, the world will reap substantial financial, as well as humanitarian, dividends due to foregone polio treatment and rehabilitation costs. Depending on national decisions on the future use of polio vaccines, these savings could exceed US$ 1 billion per year.

The Global Polio Eradication Initiative Strategic Plan 2004-2008[2] outlines activities required to interrupt poliovirus transmission (2004-2005), achieve global certification and mainstream the Global Polio Eradication Initiative (2006-2008), and prepares for the Global OPV Cessation Phase (2009 & beyond). This Plan reflects the major tactical revisions that were introduced in 2003 to interrupt the final chains of polio transmission, the revised timeframe for certification of eradication, and the decision to stop immunization with oral polio vaccine (OPV) globally as soon as possible after global certification.

Of the 4 objectives outlined in the Plan, the over-riding objective is the rapid interruption of polio transmission in the 6 remaining endemic countries. Eliminating these reservoirs during 2004-2005 is now an urgent international public health issue because the cessation of mass immunization campaigns in most polio-free countries has left the world increasingly vulnerable to importations of this disease. Objective 1 of the Plan details the supplementary immunization, routine immunization, and surveillance activities needed to finish the job of eradication and protect the investment made in polio-free areas. Particular attention is given to 'intensifying' supplementary immunization activities to improve quality and reach every child. The Plan highlights the 3 countries linked to over 95% of cases in 2003: Nigeria, India and Pakistan. It recognizes, however, that with the reduction in polio transmission in India and Pakistan in late 2003, the risks to global eradication are increasingly concentrated in Nigeria. The postponement of eradication activities in key areas of that country in 2003 led to a marked increase in the number of polio-paralyzed Nigerian children and the re-infection of at least 5 neighbouring countries. The narrow window of opportunity that now exists to eradicate polio can only be exploited if the leaders of the endemic areas ensure that every child is immunized during intensified supplementary immunization activities in 2004 (SIAs).

Objectives 2 and 3 of the Plan outline activities for certifying the world polio-free and preparing for the Global OPV Cessation Phase that will follow. With the certification process and criteria having been validated in three WHO regions, Objective 2 focuses on improving surveillance quality (especially in the 19 countries yet to achieve certification-standard), reversing declines in surveillance sensitivity in the regions that have been certified, and completing Phase II of the *Global Action Plan for the Laboratory Containment of Wild Polioviruses*. Objective 3 outlines the implications of the 2003 decision to stop OPV after global certification. Although trivalent OPV will continue to be the vaccine of choice for routine immunization through 2008, the plan outlines the work required to develop the specific products needed to facilitate the safe cessation of OPV. These products include: a 3rd edition of the Global Action Plan for the Laboratory Containment of Wild Polioviruses (specifying the longterm requirements for wild poliovirus, vaccine-derived polioviruses and Sabin-strains), monovalent OPV (mOPV) stockpiles, IPV produced from Sabin strains (S-IPV), and appropriate IPV-containing combination vaccines. The plan also discusses the

[1] Countries with ongoing indigenous wild polioviruses in 2003, in order of intensity of transmission, were: Nigeria, India, Pakistan, Niger, Afghanistan and Egypt.
[2] This plan replaces and updates the Global Polio Eradication Strategic Plan 2001-2005. WHO Document No. WHO/Polio/00.05.

development of mechanisms to ensure that countries which desire or need these products have access to them by 2008.

The fourth and final objective of the plan addresses the work required to integrate and/or transition the substantial human resources, physical infrastructure and institutional arrangements that were established for polio eradication into other disease control, surveillance and response programmes. This objective also details the programme of work to 'mainstream' those polio eradication activities that must be continued indefinitely (i.e. surveillance, stockpiles, containment) into existing national, WHO and UNICEF structures and mechanisms for managing other serious pathogens which are subject to high biosafety levels.

The greatest risks to achieving the annual milestones of this plan are ongoing wild poliovirus transmission in any of the 6 remaining endemic countries and an increased frequency of polio outbreaks due to circulating vaccine-derived polioviruses (cVDPVs). Implementing the full activities outlined in the Plan requires continued technical support from a strong polio eradication partnership, financing for the shortfall of US$ 150 million to interrupt poliovirus transmission, and identification of funding for the US$ 380 million budget to achieve global certification and mainstream the Global Polio Eradication Initiative.

The Global Polio Eradication Initiative Estimated External Financial Resource Requirements 2004–2008 outlines the resources required to implement the Global Polio Eradication Initiative Strategic Plan 2004–2008[3] and the financial implications of the major risks to the annual milestones of the Plan. ❐

[3] WHO/UNICEF Global Polio Eradication Initiative Estimated External Financial Resource Requirements 2004-2008.

2 Background

In 1988 the World Health Assembly (WHA), the annual meeting of the ministers of health of all Member States of the World Health Organization, voted to launch a global initiative to eradicate polio. As a result of the Global Polio Eradication Initiative, the largest international public health effort to date, by late-2003 polio had been eliminated from all but 6 countries and fewer than 1000 children had been paralysed by the disease that year. More notably, nearly five million children were walking who would otherwise have been paralysed by polio and 1.25 million childhood deaths had been averted by distributing vitamin A during the polio immunization campaigns.

The international decision to pursue eradication of this devastating disease was based on sound evidence from the WHO Region of the Americas (AMR) as to the technical feasibility of such a goal, and on the political and societal support best exemplified by the commitment of the service organization Rotary International to raise financial resources and advocate for polio eradication. In the 15 years since the decision to eradicate polio, an extensive network of national governments, international agencies, private corporations, foundations, bilateral donors, humanitarian organizations, nongovernmental organizations (NGOs) and development banks have formed a "global polio partnership", spearheaded by the World Health Organization (WHO), Rotary International, the US Centers for Disease Control and Prevention (CDC) and the United Nations Children's Fund (UNICEF).

Between 1988 and the mid-1990s, there was a limited reduction in the number of endemic countries as the partnership was developed, broader political commitment secured and further evidence of the operational feasibility of the AMR strategies established, particularly in the Western Pacific Region (WPR). From the mid-1990s, it was possible to rapidly scale-up eradication

Figure 1: Key targets to *interrupt poliovirus transmission* (2004-2005), achieve *global certification and mainstream the Global Polio Eradication Initiative* (2006-2008), and during the *Global OPV Cessation Phase* (2009 & beyond)