

POLIO

GLOBAL
ERADICATION
INITIATIVE



SECURING A LASTING WORLD
FREE OF ALL POLIOVIRUSES



World Health
Organization

Rotary



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BILL & MELINDA
GATES foundation

GLOBAL POLIO ERADICATION INITIATIVE

Annual Report 2017



World Health
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CONTENTS

Acronyms	iii
Foreword	iv
Executive summary	vi
Interrupting remaining strains of poliovirus transmission	2
Afghanistan and Pakistan: The remaining WPV bastions in the Eastern Mediterranean	3
Nigeria: A public health emergency across the Lake Chad subregion	5
Syrian Arab Republic and Democratic Republic of the Congo: Stopping cVDPV2s	7
Protecting children in high-risk areas: Immunization and surveillance	9
Gender: A factor in polio immunization	10
Preparing for a lasting polio-free world	12
The identification of potential sources of re-emergence	13
The containment of polioviruses in research and manufacturing facilities	13
The phased removal of oral polio vaccines	15
Global certification – independent verification of a polio-free world	16
The Post-Certification Strategy and GPEI transition planning	16
The date of polio eradication	18
Financing the Polio Eradication & Endgame Strategic Plan	19

ACRONYMS

AFP	Acute flaccid paralysis
bOPV	Bivalent oral polio vaccine
cVDPV	Circulating vaccine-derived poliovirus
cVDPV2	Circulating vaccine-derived poliovirus type 2
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 the Certification of the Eradication of Poliomyelitis
GPEI	Global Polio Eradication Initiative
IPV	Inactivated polio vaccine
mOPV2	Monovalent oral polio vaccine type 2
NAC	National Authority for Containment
OPV	Oral polio vaccine
OPV2	Oral polio vaccine type 2
PCS	Post-Certification Strategy
PEF	Poliovirus-essential facility
SAGE	Strategic Advisory Group of Experts on immunization
SIA	Supplementary immunization activity
tOPV	Trivalent oral polio vaccine
UNICEF	United Nations Children's Fund
VAPP	Vaccine-associated paralytic polio
VDPV	Vaccine-derived poliovirus
VDPV2	Vaccine-derived poliovirus type 2
WHO	World Health Organization
WPV	Wild poliovirus
WPV1	Wild poliovirus type 1



FOREWORD

Together, let us achieve something historic.

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Dear Stakeholder and partner in the global effort to eradicate polio,

The Global Polio Eradication Initiative (GPEI) aims to make polio the second-ever human disease, after smallpox, to be eradicated worldwide. GPEI's Polio Eradication & Endgame Strategic Plan 2013-2018 – or Endgame Plan¹ – is the current framework for achieving that goal.

At the time of GPEI's founding in 1988, polio was endemic in more than 125 countries and paralyzed 350,000 children every year. Since then, the Initiative has overseen a reduction of more than a 99 per cent in annual cases of polio. In 2017, there were only 22 reported wild polio cases – the lowest number ever. Today, just three countries remain endemic to wild poliovirus transmission, and the world is closer than ever before to being polio-free. And yet, our last steps are proving to be the most difficult.

The strategies outlined in the Endgame Plan and implemented at the country, regional and global levels have brought us to the brink of polio eradication and laid the groundwork for taking those final steps and sustaining a polio-free world in perpetuity. GPEI is further evaluating and refining these strategies in an extension of the strategic plan that will be finalized in early 2019. After the eradication of wild poliovirus has been certified, the Post-Certification Strategy, already presented to the World Health Assembly in May 2018, will guide the activities that need to be implemented and functions that must be sustained to keep the world free of polio.

¹ Extended through 2019, as per Polio Eradication & Endgame Midterm Review, July 2015. Available at http://polioeradication.org/wp-content/uploads/2016/07/GPEI-MTR_July2015.pdf.

Eradicating a disease is a remarkable achievement. Consider this: In the 20th century alone, smallpox killed more than 500 million people all over the world – more than the casualties caused by all the wars in recorded history combined (including World Wars I and II). But thanks to the global smallpox eradication effort, since 1977 not a single human being has been infected or died due to smallpox. What a perfect example of a sustainable and equitable global public good. In fact, it is often said that that no single human being in history has saved more lives than Dr Edward Jenner, the small-town English country doctor who, in 1796, developed the smallpox vaccine – the first vaccine ever developed.



Ali Maalin, last smallpox case, Somalia, 1977

This is precisely what the world is attempting to achieve with polio, and it may very well be the single most important endeavour that any of us will ever have the privilege and honour to join. But with this privilege comes the responsibility to succeed. And to meet that responsibility, we will need the unwavering commitment of every partner, every stakeholder, every donor, every political leader, every mother and father.

So today, we have two messages for you, our partners in this effort. First, thank you for what you have done already – for having brought the world so close to being polio-free. And second, please redouble your efforts for a final push to get us over the finish line. The Initiative needs the necessary political will and committed resources to fully implement these strategies in all areas. Together, let us achieve something historic. Let us ensure that no child, anywhere, will ever again know the pain of lifelong polio paralysis.

With sincerest warm wishes, and in anticipation of celebrating a polio-free world together with you very soon, we remain yours truly,

Tedros Adhanom Ghebreyesus
WHO Director-General

Barry Rassin
President, Rotary International

Chris Elias
President, Global Development,
Bill & Melinda Gates Foundation

Henrietta H. Fore
UNICEF Executive Director

Robert R. Redfield
CDC Director

EXECUTIVE SUMMARY

Working towards a polio-free future: 2017 in review

Global progress and renewed commitment in 2017 brought us closer than ever to a world without polio.

The year's end offered a chance to reflect on the polio programme's milestones and the fact that 2017 saw the fewest wild poliovirus (WPV) cases in history – a total of 22 – from the fewest areas of the fewest countries ever, with cases reported from just two countries: Afghanistan and Pakistan. Yet the need to reach every last child remained more important than ever, as demonstrated by ongoing vaccination and surveillance gaps in north-eastern Nigeria; although no cases were identified in this region in 2017, undetected circulation of the virus could not be ruled out, and the outbreak response across the Lake Chad subregion continued.

The detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the Syrian Arab Republic and the Democratic Republic of the Congo were sobering reminders of the urgent need to not only eradicate all strains of WPV, but also to eliminate vaccine-derived poliovirus (VDPV) in the long term. Outbreak response was immediately launched in both countries. Genetic sequencing confirmed that the strains in both emerged prior to the globally-coordinated switch from trivalent oral polio vaccine (tOPV) to bivalent oral polio vaccine (bOPV) in 2016, thereby underscoring the appropriateness of that strategy.

stakeholder consultation, to ensure the functions needed for a polio-free world are sustained. Transition planning globally and at the country level also continued, to guarantee that the infrastructure built up to eradicate polio endures to benefit broader public health issues long after the disease is gone.

Complementing these programmatic innovations were political and financial commitments that highlighted polio eradication as a priority for global health leaders. These included:

- In May, the World Health Assembly reiterated the importance of eradicating polio and strategically transitioning the programme's assets, and the G20 health ministers during their first-ever meeting in Berlin recognized the contribution of the polio infrastructure to helping countries face health emergencies.
- Health leaders gathered at the Rotary International convention in June pledged US\$ 1.2 billion to end polio. Just months later, the United Kingdom demonstrated its own long-standing commitment to eradication with a US\$ 130 million pledge.
- At the G7 Health Ministers' Meeting in November, leaders once again affirmed their dedication to polio eradication as part of their broader responsibility to strengthen health systems.

From programme strategies that helped to protect

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