

Global Polio Eradication Initiative Update

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Overview

- How we got to where we are today
- Where we stand in 2013
 - Pakistan
 - Afghanistan
 - Nigeria
- Going forward



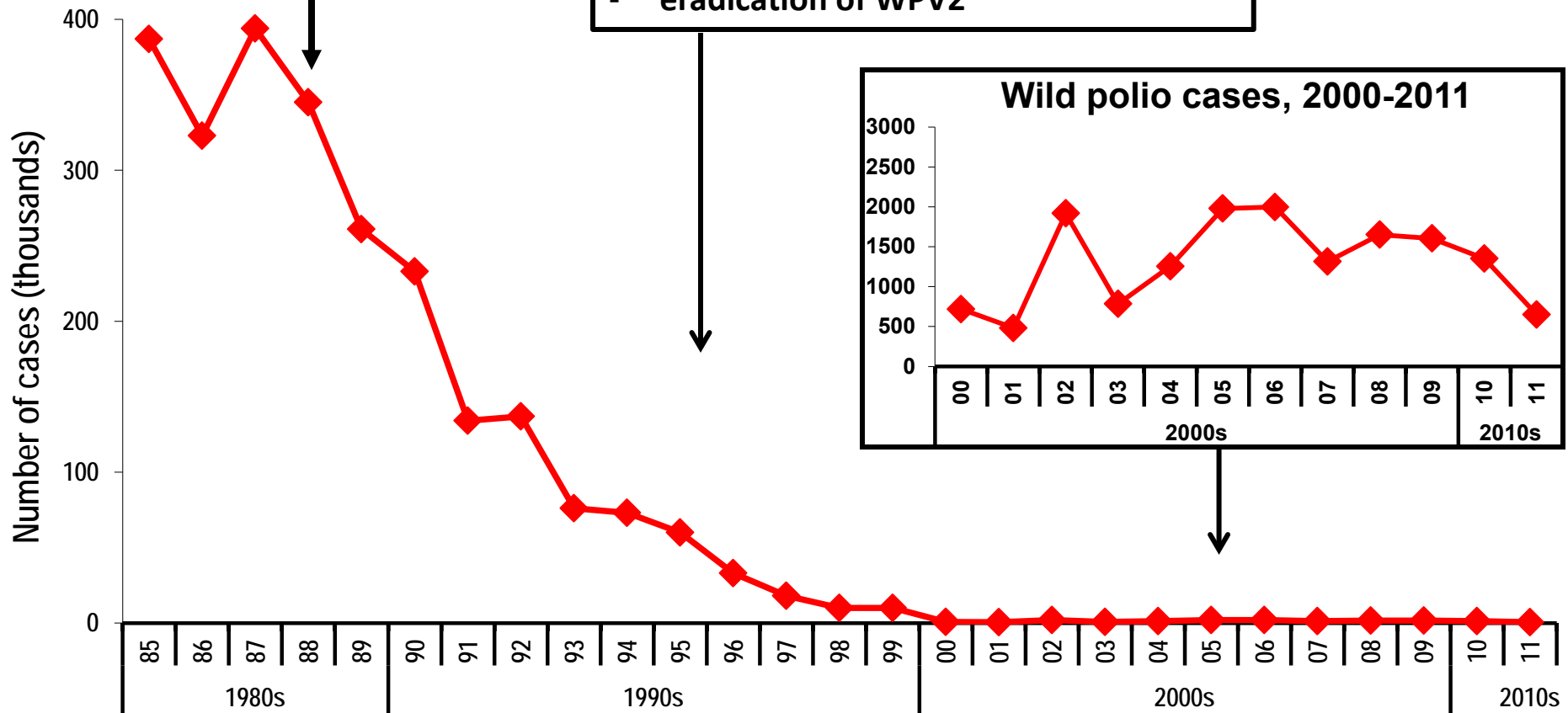
Polio Eradication, 1985-2011

1988:

- WHA polio resolution
- creation of the GPEI

1990s:

- 99% decrease in incidence
- elimination from Western Hemisphere
- eradication of WPV2



Source: WHO/Polio database.

* - Data from 2012 are projected, based on cases reported through Dec 4, 2012

Seminal Events in 2011

- Last case of polio in India, January 13, 2011
- Independent Monitoring Board Report, October 2011
 - *The Programme is not on track for its end-2012 goal, or for any time soon after unless fundamental problems are tackled.*
 - *This Programme needs greater global priority and funding. Failure would be a disaster.*
 - *We are convinced that polio can – and must – be eradicated. We are equally convinced that it will not be eradicated on the current trajectory.*



December 2011—Eradication as Emergency

- December 2011 Partner's meeting
 - 5 core partners of the GPEI



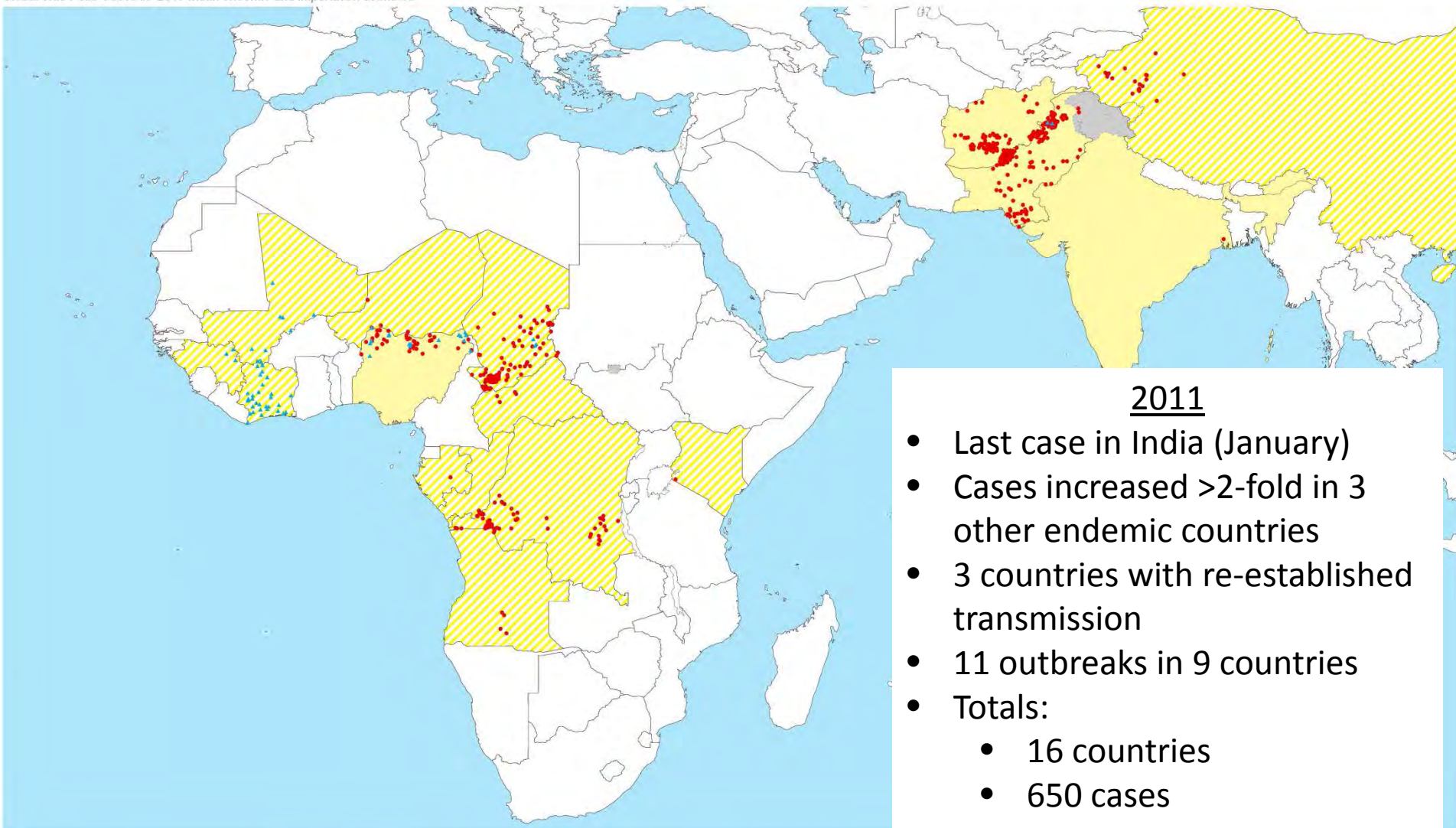
- Consensus on need to move from “business as usual” and need for better partner coordination
- At CDC
 - Activation of Emergency Operations Center, December 14th
 - Expansion of polio eradication program





GLOBAL WILD POLIO VIRUS 2011

Global Wild Polio Cases in 2011 within endemic and importation countries



2011

- Last case in India (January)
- Cases increased >2-fold in 3 other endemic countries
- 3 countries with re-established transmission
- 11 outbreaks in 9 countries
- Totals:
 - 16 countries
 - 650 cases

Map Scale- A3 :

Coordinate System: GCS WGS 1984
Datum: WGS 1984
Units: Degree



Data Source:

Admin. Boundaries: World Health Organization
Map Production: Public Health Information
and Geographic Information Systems (GIS)
World Health Organization
Data as on 27/11/2012

Legend:

- Wild Polio Virus Type-1
- ▲ Wild Polio Virus Type-3
- Wild Polio Virus Type-1 & 3

- Endemic countries
- ▨ Importation countries

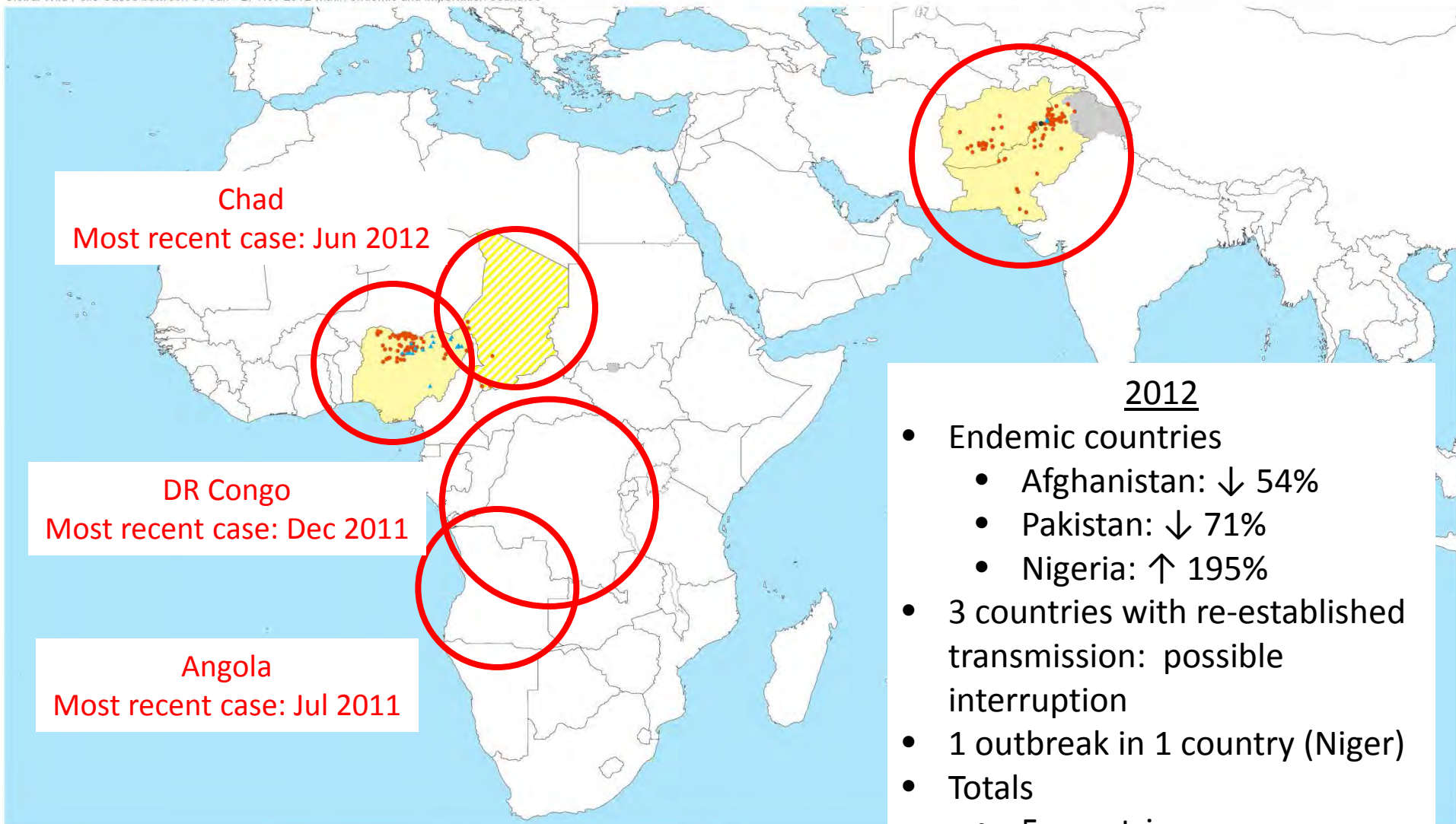
Note: Excludes viruses detected from environmental surveillance and vaccine derived polio viruses

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.



GLOBAL WILD POLIO VIRUS 2012

Global Wild Polio Cases between 01 Jan - 27 Nov 2012 within endemic and importation countries



Chad

Most recent case: Jun 2012

DR Congo

Most recent case: Dec 2011

Angola

Most recent case: Jul 2011

2012

- Endemic countries
 - Afghanistan: ↓ 54%
 - Pakistan: ↓ 71%
 - Nigeria: ↑ 195%
- 3 countries with re-established transmission: possible interruption
- 1 outbreak in 1 country (Niger)
- Totals
 - 5 countries
 - 223 cases (↓ 66%)

Map Scale- A3 :

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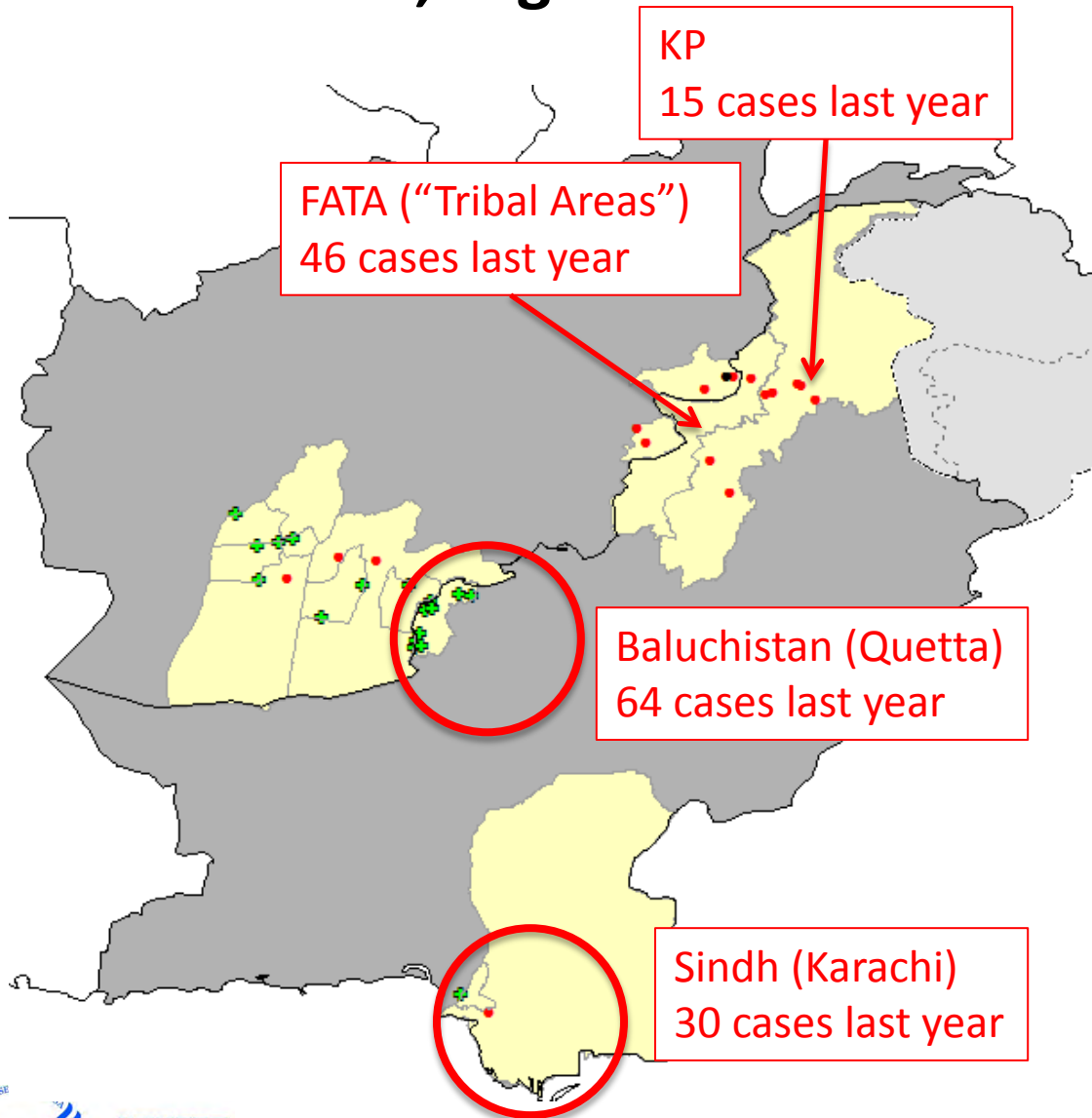
Legend:

- Wild Polio Virus Type-1
- ▲ Wild Polio Virus Type-3
- Wild Polio Virus Type-1 & 3

Note: Excludes viruses detected from environmental surveillance and vaccine derived polio viruses. 1 WPV1 case in Gilgit Baltistan, date of onset 11 August 2012, does not appear on the map.

dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Polio Cases*, Afghanistan and Pakistan, Last 4 Months



Pakistan

- Cases decreased by 2/3 over last year
- 4 major zones of transmission

Challenges

- Poor management, corruption
- Insecurity
- Inaccessibility, particularly in North and South Waziristan

Pakistan

POLIO

The fixer. WHO's Elias Durry was brought in to clear up polio in Pakistan.

d-2000s, it became
circulated in three
es in Pakistan, each
netic signature: the
Tribal Areas (FATA)
Pakhtunkhwa (KP),
Northwest Frontier
vest along the bor-
Balochistan, which
lso shares a porous
an- and Karachi at



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3 AUGUST 2012 VOL 337 SCIENCE www.sciencemag.org
Published by AAAS

Elias Durry

Shahnaz Wazir Ali

Major changes to program since early 2011

- Emphasis on program management and accountability
- Performance indicators (“dashboard”)
- Polio “control rooms”
- National STOP (NSTOP) in collaboration with FELTP

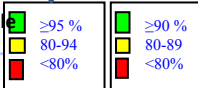
Campaign Indicators, Liaquatabad Town, 2011-12, Pakistan

| Camp aign round | Preparatory / NEAP Indicators | | | | | | | Process Indicators | | | | | | | Main 3 Field Issues | Proper Action (Y/N) | Outcome Indicators | | | | | | Wild Virus | Vaccination R+SIA's | % AFP cases with 0 doses | Not yet vaccinated | | | | | |
|-----------------------|-------------------------------|-----|-----|-----|-----|-----|----------------------------|--------------------|-----|-----|-----|-----|-----|-----|---------------------|---|--------------------|----|-------|----|-------|----|---------------|----------------------------|-----------------------------------|-----------------------|------|--|--|--|--|
| | 1 | 2 | 3 | 4 | 5 | 6 | 6.1 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | | | 14 | 15 | 16 | 17 | 18 | 19 | | | | | 20 | | | | |
| Mar | Y | 100 | 67 | 100 | 100 | 100 | 100 | 100 | 89 | 100 | 95 | 100 | 95 | 100 | 43 | Many Female AI no transport Not all AIC Govt employee Poor supervision AICs | Y N Y | 96 | 98 | 50 | 20 | 0 | Not Done | | | 0% | 1165 | | | | |
| Jan | Y | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 91 | 100 | 100 | 100 | 100 | 100 | 86 | No banners EPI, UNICEF Late start of work Less govt. empolye in field | Y Y Y | 93 | 89 | 71 | 64 | 33 | | | | 3688 | | | | | |
| Dec | | | | | | | | Not Done | | | | | | | | | | | | | | | | | | | | | | | |
| Oct | Y | 100 | 100 | 100 | 100 | 35 | Started from Sept. 2011 | 80 | 87 | 92 | 90 | 85 | 90 | 93 | 61 | Late start Late vaccine collection AIC tour plan not used | Y Y Y | 95 | 91 | 0 | 33 | 0 | Not Done | | | 7.1% | 4184 | | | | |
| Sep | Y | 100 | 100 | 100 | 100 | 35 | | 79 | 88 | 92 | 87 | 89 | 94 | 100 | 65 | | | 98 | 87 | 0 | 62 | 0 | | | | | 4460 | | | | |
| Aug | | | | | | | | 100 | 100 | 100 | 100 | 94 | 100 | 63 | | | ND | 86 | Not I | 14 | Not I | | | | Not done | | | | | | |
| Jul | | | | | | | | 83 | 91 | 95 | 88 | 95 | 97 | 64 | | | 96 | 87 | 33 | 7 | 0 | | | | 6205 | | | | | | |
| Jun | | | | | | | | 88 | 94 | 94 | 81 | 91 | 100 | 69 | | | 86 | 84 | 0 | 40 | 50 | | | | 6217 | | | | | | |
| May | Started from Sept. 2011 | | | | | | | 90 | 77 | 98 | 85 | 95 | 99 | 63 | | | 90 | 79 | 29 | 14 | 67 | | | | 6204 | | | | | | |
| Apr | | | | | | | | 86 | 81 | 100 | 93 | 86 | 100 | 73 | | | 95 | 85 | 0 | 27 | 20 | | | | 5713 | | | | | | |
| Mar | | | | | | | | 80 | 84 | 95 | 95 | 79 | 99 | 72 | | | 93 | 91 | 43 | 11 | 33 | | | | 6452 | | | | | | |
| Jan | | | | | | | | 100 | 91 | 100 | 100 | 68 | 83 | 19 | | | | | 100 | 87 | 50 | 40 | 0 | | | 6344 | | | | | |

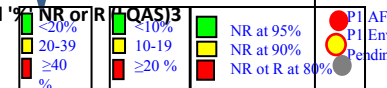
- *1-DPEC chaired by DC
- 2-%UCs with MO
- *3-% UCs with DC rep.
- 4-%UCs Microp.updated
- 5-%UCs UPEC meeting
- 6-%Teams with 1Govt.
- 6.1-%Teams with 1Local
- 7-%Teams with 1female

- 8-%Teams with 1female
- 9-%teams trained
- 10-%Teams record misse
- 11-%Teams go to missed
- 12-%Teams visited by Su
- 13-%superv. fill checklist:
- 14-%Superv. Adeq. trans

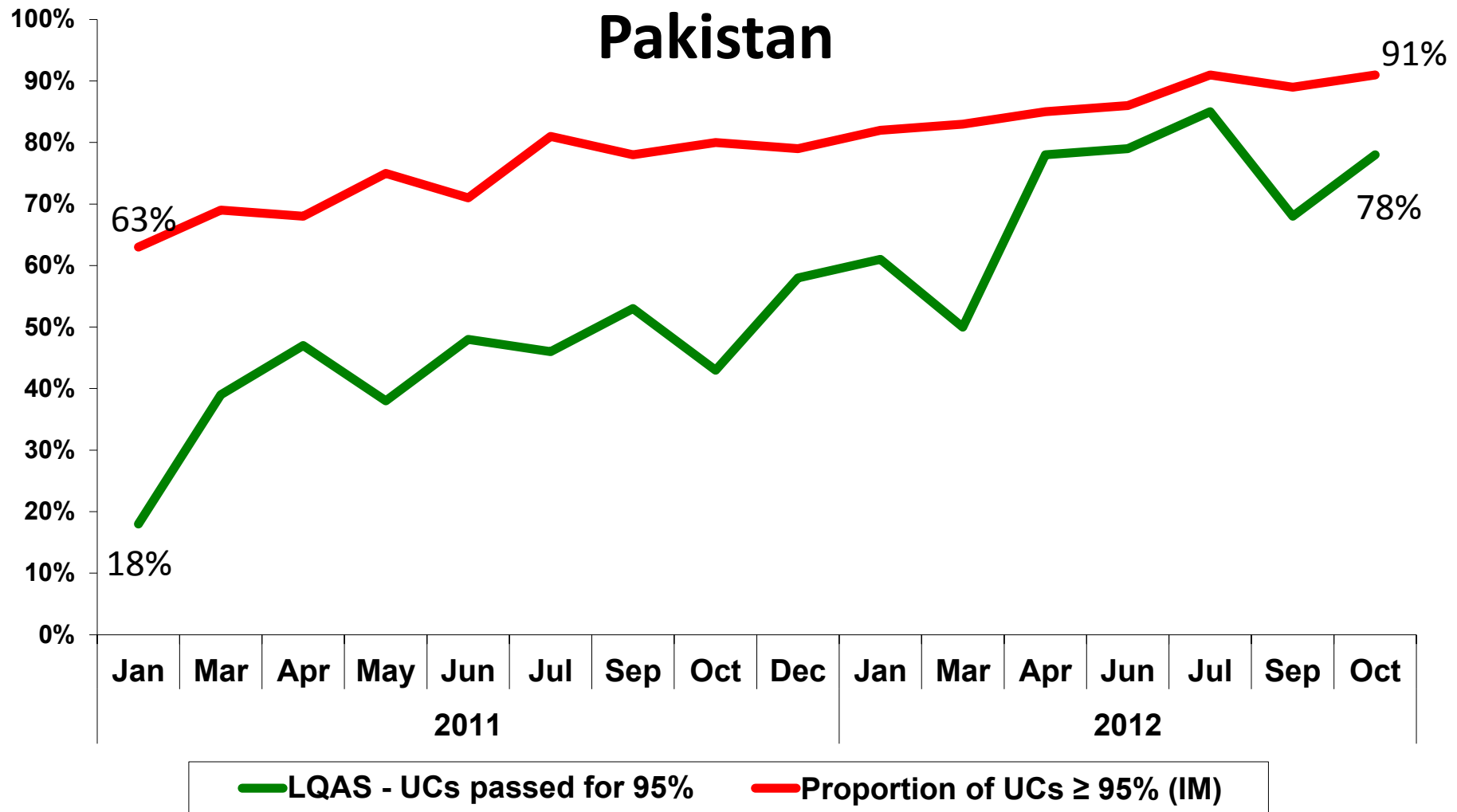
- 15-%Ch.Finger Marking (IM)
- 16-%Ch. Finger Marking (MS)
- 17-%Ch. 'No Team' (IM)
- 18-%Ch. 'No Team' (MS)
- 19-% UCs <9% Ch FM (IM)
- 20-Level '% NR or R (LQAS)1
- 20-Level '% NR or R (LQAS)2
- 20-Level '% NR or R (LQAS)3



* Before Dec 11 it was TPEC



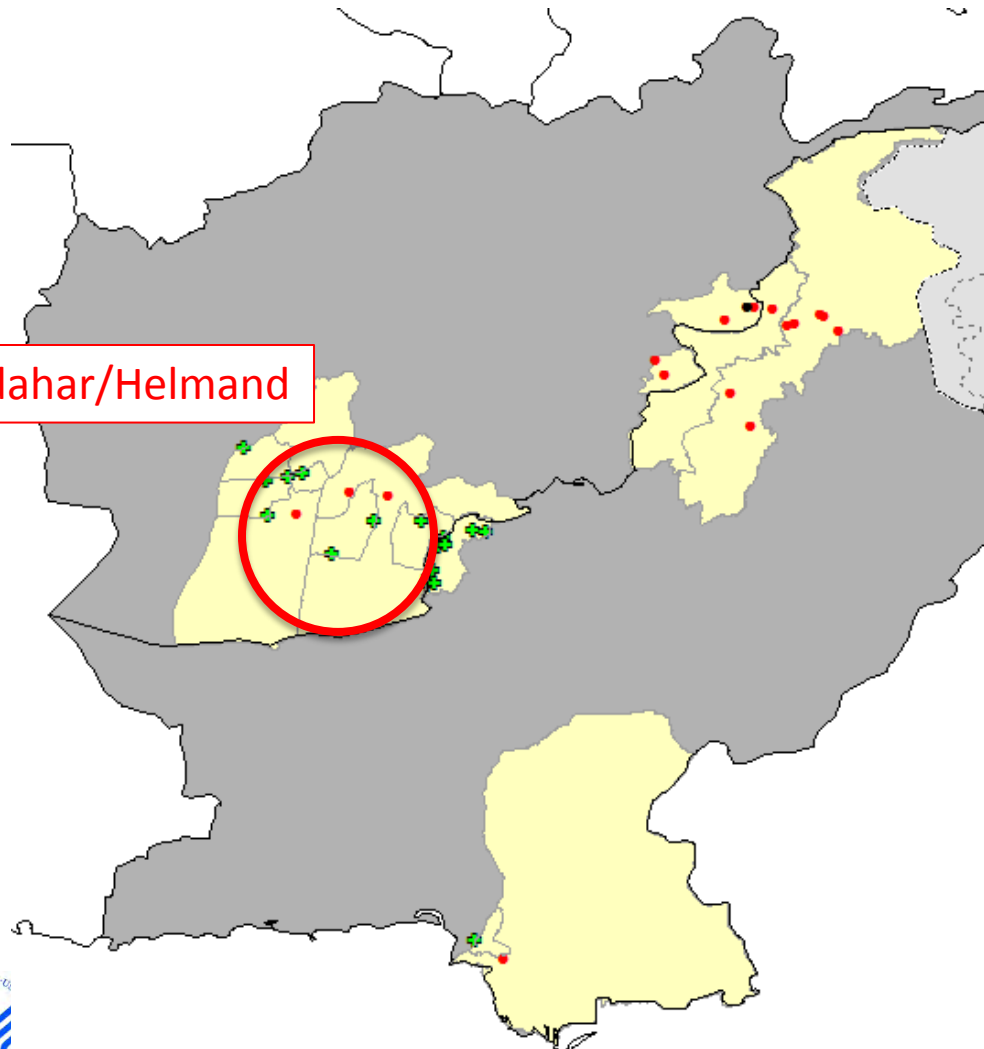
Lot quality assurance sampling and independent monitoring results, Jan 2011 – Oct 2012 SIAs, Pakistan



— LQAS - UCs passed for 95%

— Proportion of UCs \geq 95% (IM)

Polio Cases*, Afghanistan and Pakistan, Last 4 Months



Afghanistan

- Cases decreased by 1/2 over last year
- Single zone of transmission

Challenges

- Poor management
- Insecurity
- Inaccessibility, particularly in South
- Limited skilled personnel
- Slow scale-up

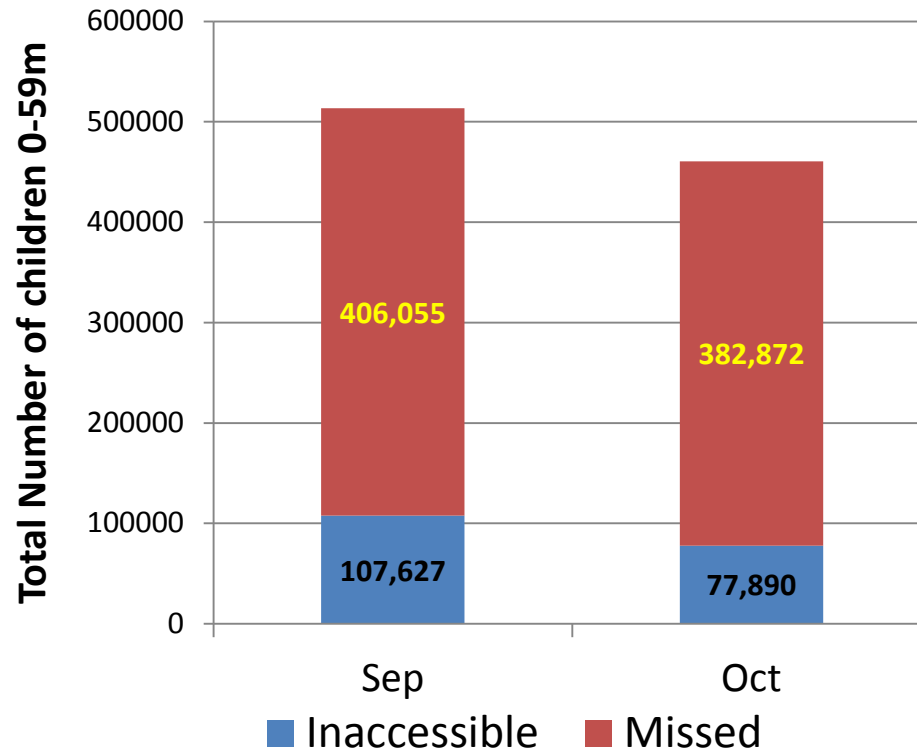
Innovations

- Focus on 13 high-risk districts (District EPI Management Teams)
- “Permanent polio teams”
- Cross-border collaboration
- Non-traditional partners

*Confirmed WPV cases only

So what's the problem in Kandahar/Helmand?

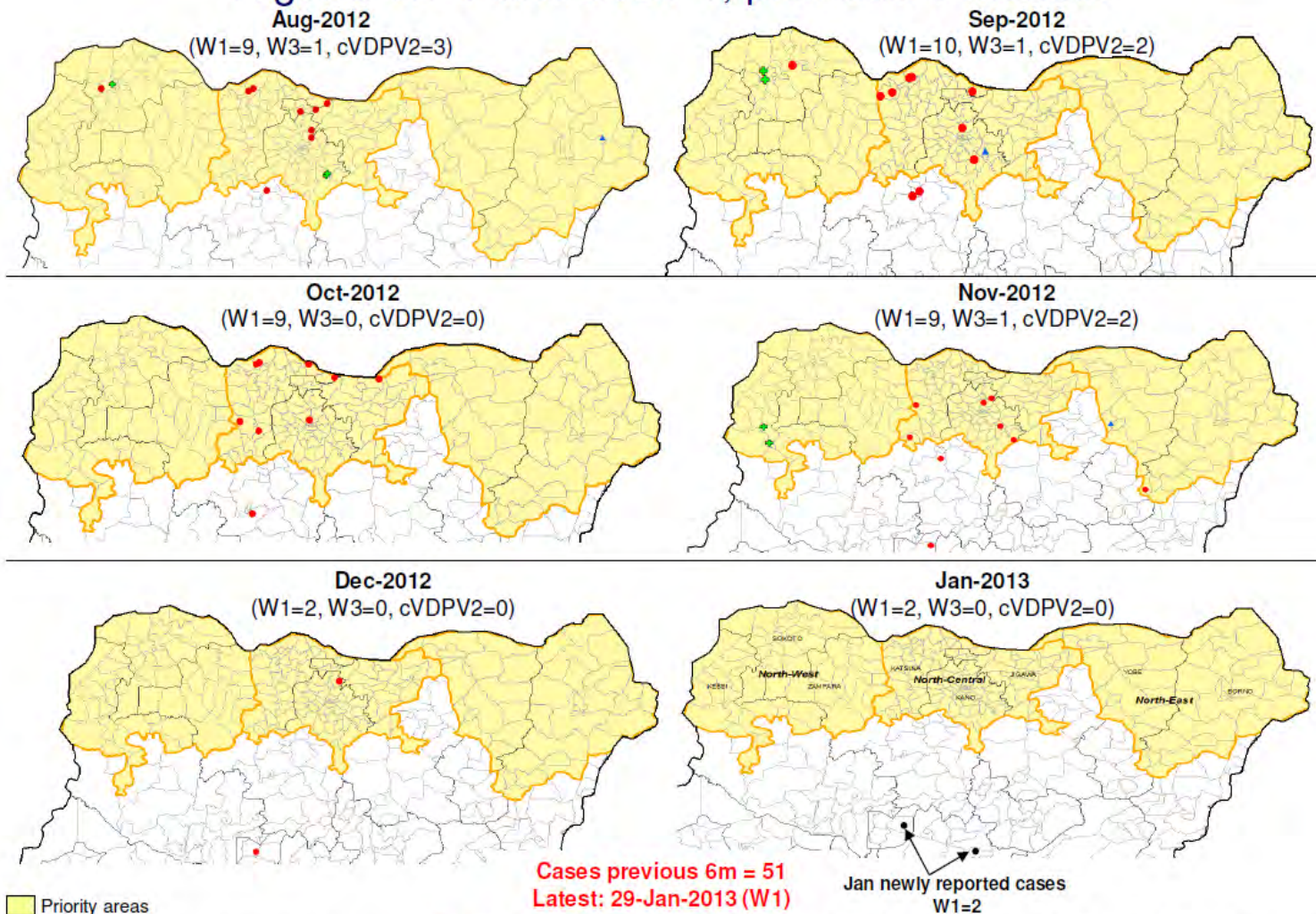
Too many children missed



~500,000 missed children in Afghanistan each SIA - most in Kandahar and Helmand



Nigeria WPV and cVDPV, previous 6 months

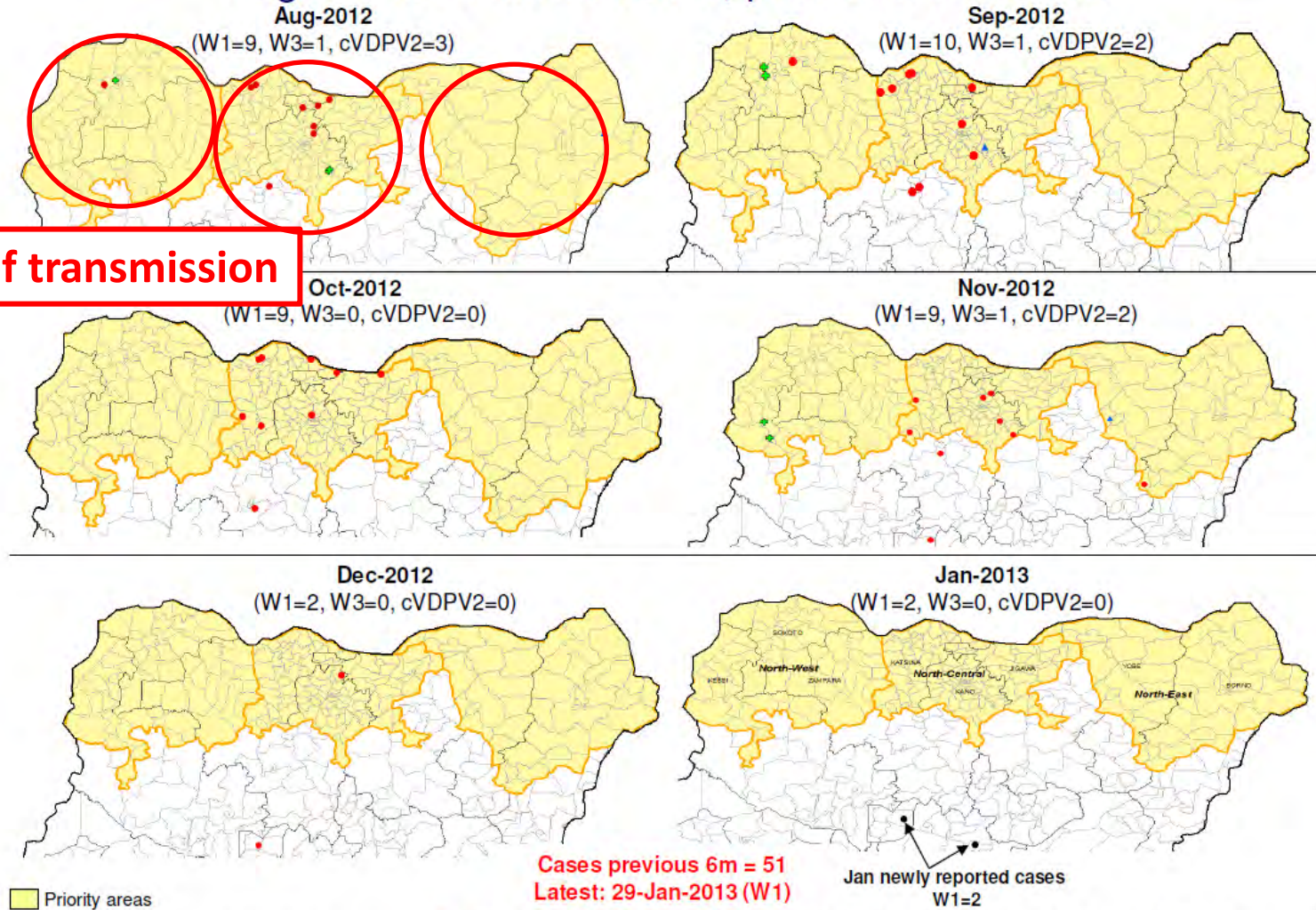


Data in WHO/HQ as of 19 Feb 2013

10

Nigeria WPV and cVDPV, previous 6 months

3 zones of transmission



Priority areas

Data in WHO/HQ as of 19 Feb 2013

Nigeria

- Major focus of GPEI
- May be only country in Africa with polio now
- 121 cases in 2012 (~twice the 2011 number)
- Program undergoing major transformation

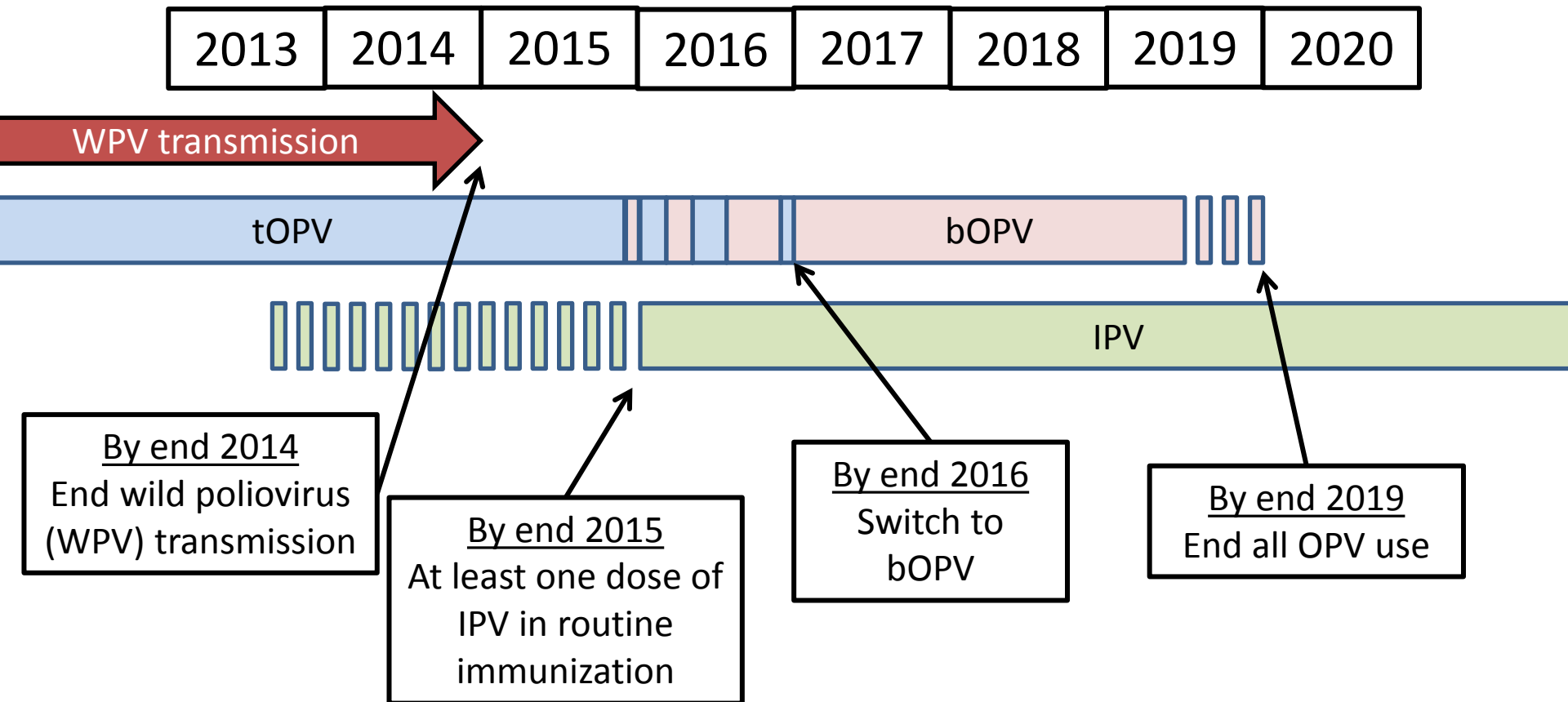


Changes to Nigeria Program

- Better coordination
- Increased staffing
 - Increase of >4000 field staff
 - >100 National STOP (NSTOP)
- Innovation
 - Emergency operations center
 - Nomadic and scattered settlements initiative
 - Indicators dashboard
 - House-based micro-planning
 - GIS mapping/ GPS tracking



Going Forward—Timeline Proposed in GPEI 2013-2018 Strategic Plan*



Summary

- Substantial progress over last year, but we're not there yet:
 - *Pakistan*: major improvements, may be positioned to interrupt transmission in next 6 months
 - *Afghanistan*: slower scale-up, but gaining momentum
 - *Nigeria*: undergoing transformation, but case counts remain high; need to see major improvement in early 2013
 - *Elsewhere*: may have interrupted transmission; maintaining immunity will be harder over time
- Challenges:
 - Weak infrastructure (weak routine immunization programs; poor management; corruption)
 - Insecurity, politics, vaccine supply



