



GPEI review of IMB's 22nd report and midterm review: Closing in on zero

20th Parliamentary Advisory Board "End Polio Now"

14 March 2024



Dedication

For their invaluable contributions to world health by vaccinating children and delivering other health services to their communities, the Global Polio Eradication Initiative dedicates this report to frontline workers, and particularly those workers who have lost their lives.

The report is also dedicated to children, adolescents, and adults affected by polio and to the polio-affected advocates who have used their voice and experience to play a key role in the eradication effort.

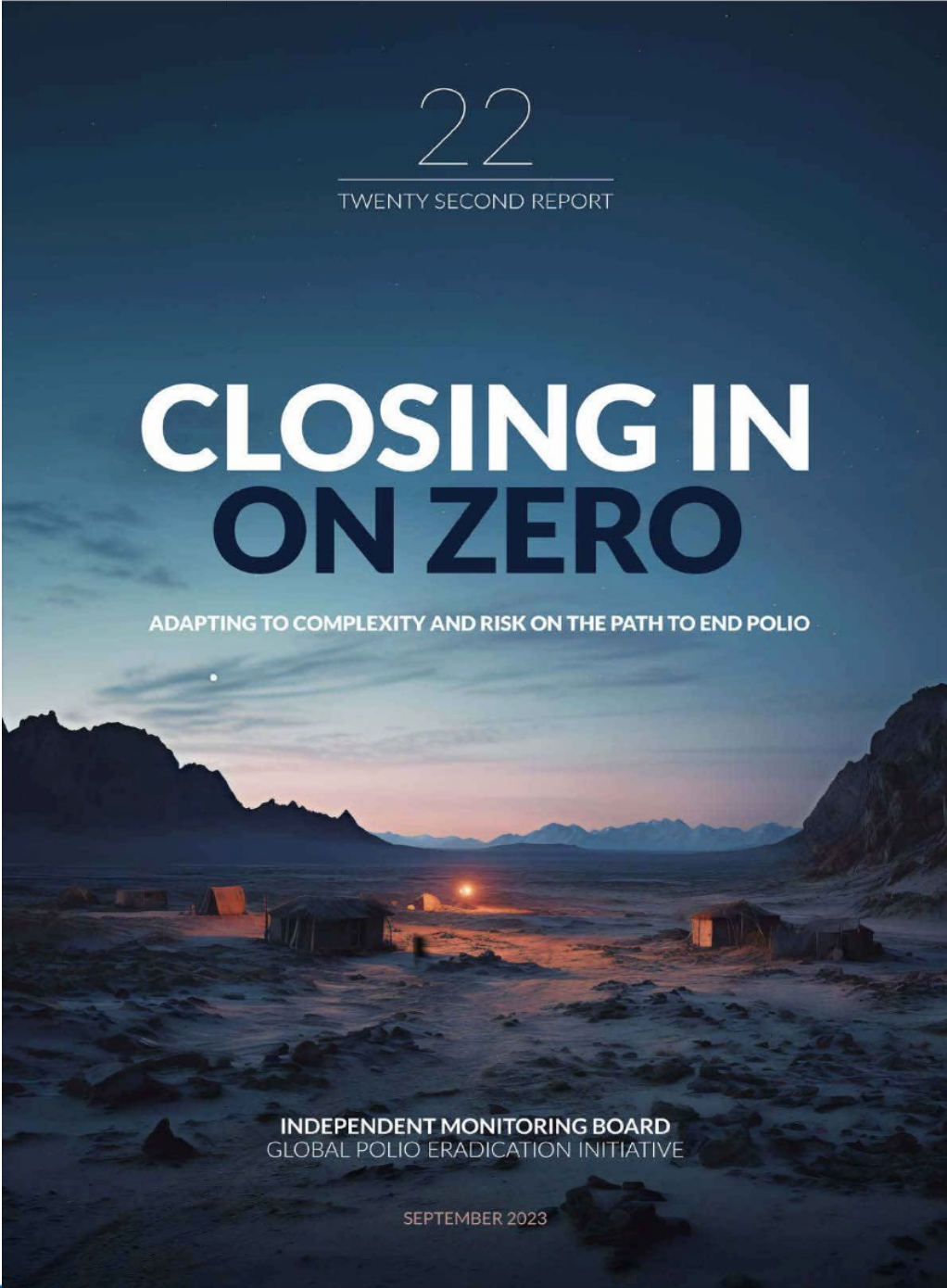
Thank you.



We are closing in on zero, despite delays to ambitious timelines

- The Independent Monitoring Board’s 22nd Report and Mid-Term Review highlights the very real successes and challenges of the GPEI’s polio eradication efforts
- We **believe WPV1 eradication can still be certified in 2026** and do not foresee changes to this timeframe despite interruption efforts extending beyond 2023
- The **programme agrees with the IMB assessment** that the 2023 cVDPV2 goal will be missed; and believes that interruption can be achieved by the end of 2025 through intensified outbreak response activities, realizing eradication by 2028
- We recognize the pressing technical, community engagement, local and geopolitical challenges before us. **Security and instability** in key geographies pose a singular challenge
- The programme is clear-eyed about the **risks highlighted by the IMB** and is addressing those that are most important to the programme’s goals

IMB MTR assessment	Goal One	Goal Two
	Off track	Will be missed



We are implementing IMB recommendations based on priority and likely impact on interruption goals

	No.	Priority	Recommended action	Notes
Goal 1	6	High	Continue working closely with provincial chief secretaries in Pakistan	• Agree; will continue to do so
	12	High	Undertake advocacy with provincial governors in Afghanistan	• Agree; pursuing all relevant opportunities
	5	Medium	Increase the number of campaigns planned in the endemics in 2023	• Agree in principle; adhering to existing campaigns and following epi
	9	Medium	New EMRO regional director should prioritize the regional subcommittee	• Agree and should happen in natural course; POB engaging
	7	Low	Order an independent audit in eastern Afghanistan	• Agree would be interesting, but lower priority and poses challenges
	8	Low	Carry out a serology study in eastern and southern Afghanistan	• Agree in principle; inaccessibility remains key issue
	14	Low	Convene a high-level meeting on developing a health system in Afghanistan	• Agree in principle; beyond GPEI's remit; willing to contribute
Goal 2	3	High	Extinguish cVDPV1 in Africa	• Agree
	2	Medium	Carry out budgetary review	• Agree in principle and is underway
	4	Medium	Immediately introduce direct detection technologies	• Agree in principle; studies underway and approval timelines remain TBC
	10	Low	Reconvene presidential task force in Nigeria	• Agree; and has already been done
	13	Low	Organize a high-level summit on strengthening Nigerian primary health care	• Agree in principle; must be country-driven
Cross-cutting	15	High	Support integrated immunization campaigns	• Agree and several integrated campaigns recently completed
	1	High	Review IMB's list of risks and set out action being taken to resolve or mitigate each	• Done; see GPEI response to IMB's 22nd Report and Mid-Term Review
	11	Medium	Prepare polio resilience plans	• Agree in principle; underway at regional level and GPEI can support

WPV1 global overview

Global WPV1 isolates¹



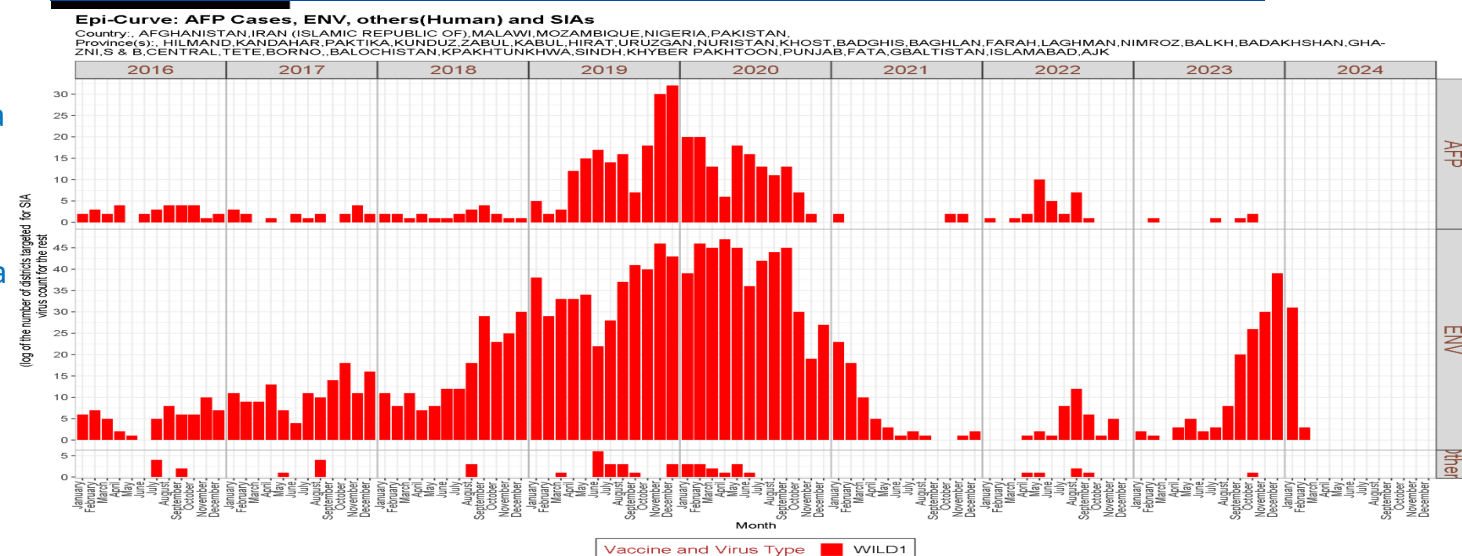
Endemic countries

- Afghanistan: Six WPV1 cases reported in 2023 – all from Nangarhar province.
- Pakistan: Six WPV1 cases reported in 2023 – from Khyber Pakhtunkhwa (KP) and Sindh
- Major increase in ES detections in the past six months
- The lack of a corresponding increase in cases is attributed to high over population immunity and expansion of highly sensitive environmental surveillance

Non-endemic countries:

- Zero WPV1 cases in 2023; last case reported in Mozambique in 2022

Global WPV1 AFP cases, environmental samples, and others

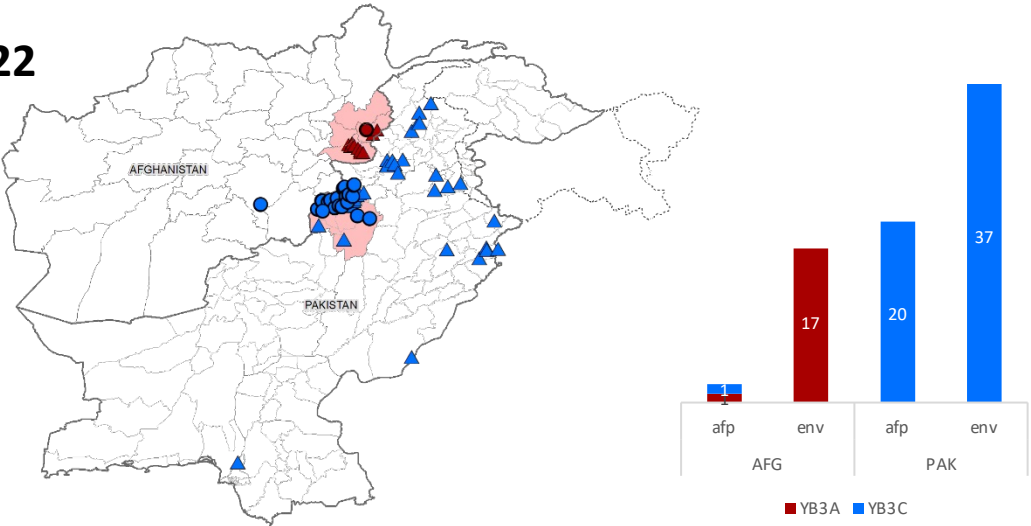


¹includes viruses detected from AFP (onset date) and environmental surveillance (collection date)

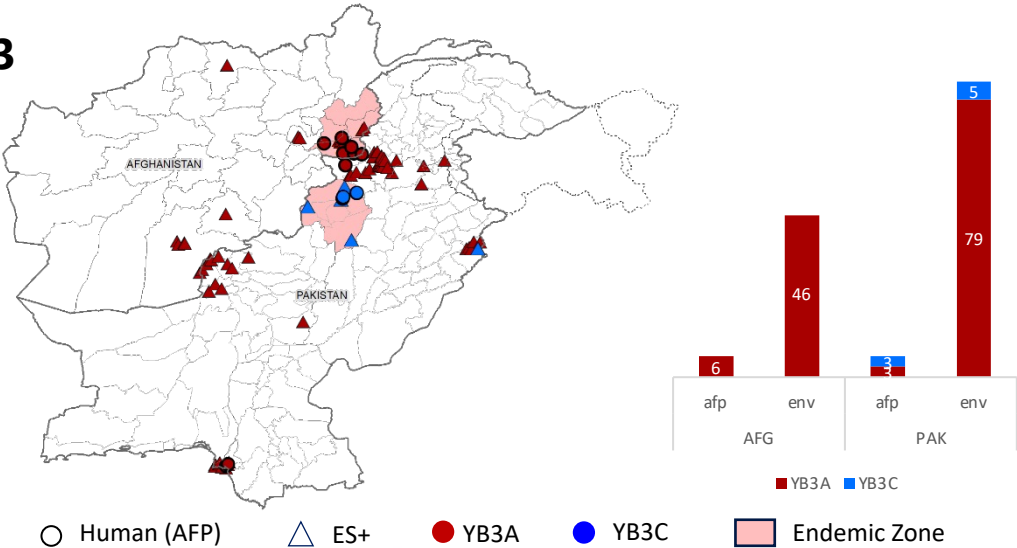
Epidemiological trends and planned response

YB3C and YB3A detections

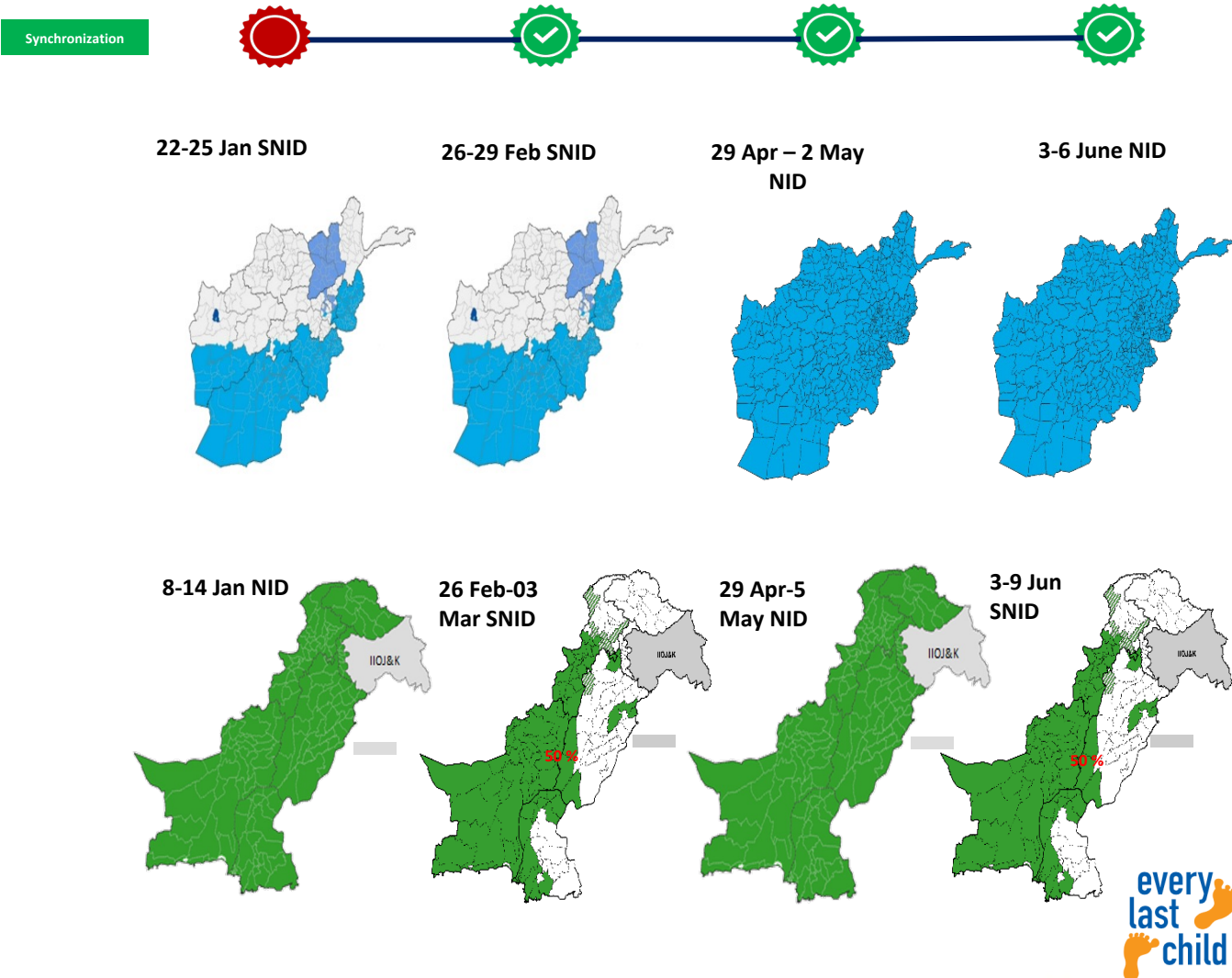
2022



2023



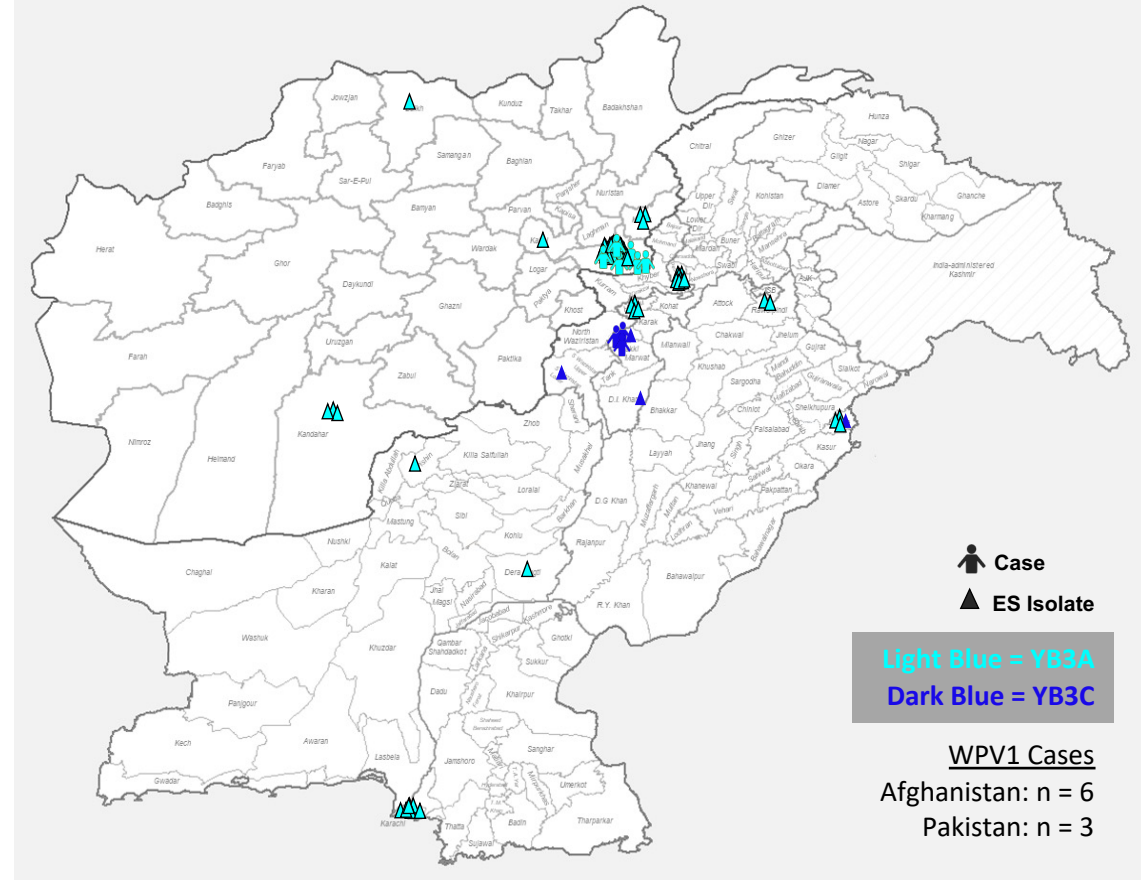
Synchronised 2024 response



Goal 1 summary: maintaining intensity and momentum

- The programme remains intently focused on 2026 and the eradication endgame; GPEI will maintain the current intensity of its efforts and approaches to that end
- GPEI is not reducing efforts and is managing current—and anticipated future—risks carefully
- Though the IMB Mid-Term Review deems Goal 1 as off track (as it relates to 2023), we propose no adjustments in the timeline or goals for global eradication of all wild poliovirus
- While we recognize potentially devastating vulnerabilities (e.g., Kandahar), we are making—and will continue to make—adjustments and refinements to reach missing children
- Africa has had 14 months without detected WPV1 transmission (last case: Mozambique, 10 August 2022). OBRAs are planned in Nov 2023 to assess closure of outbreak

WPV1 Cases and ES+, by Cluster, 2023



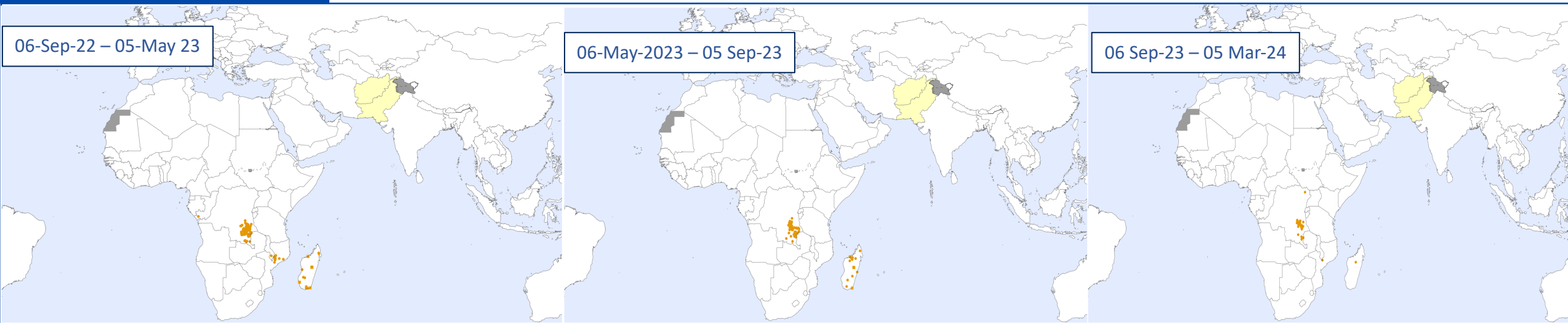
polio | global
eradication
initiative

- ## Global cVDPV2 AFP cases, environmental samples, and others



cVDPV1 global overview

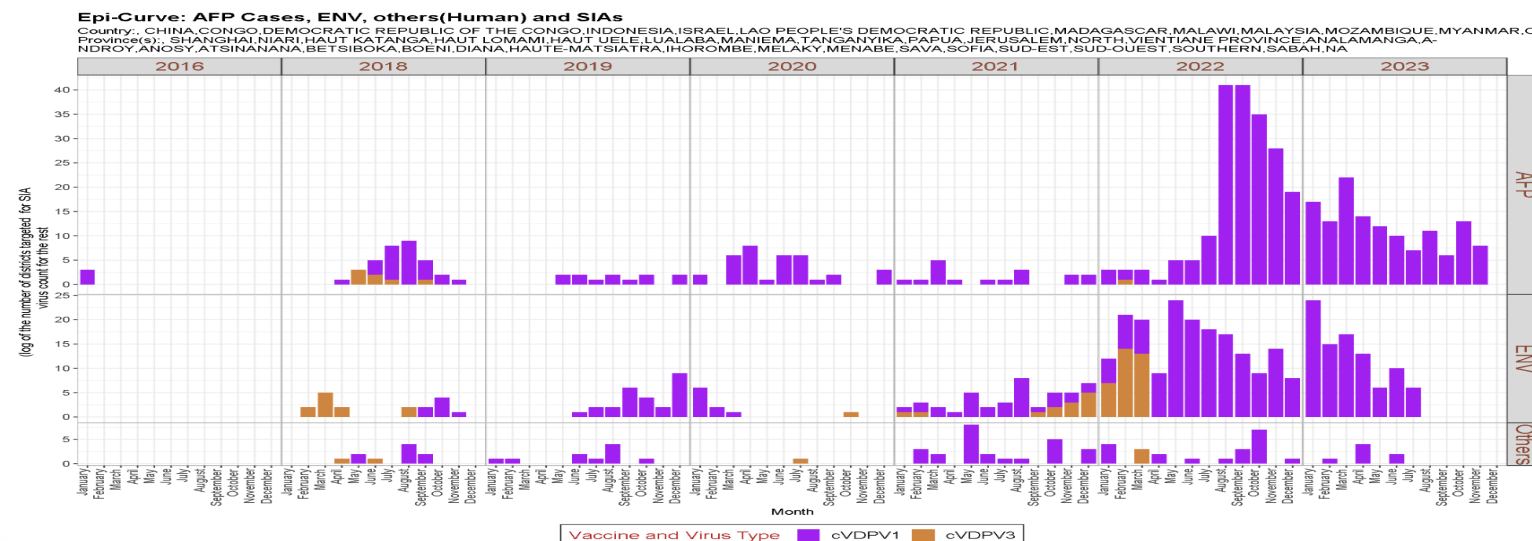
Global cVDPV1 isolates¹



- Since 2016, 14 cVDPV1 emergences have been reported across 12 countries
- In 2023, 133 cVDPV1 cases have been reported across three countries - DRC, Madagascar, and Mozambique (193 cases in 2022)
- There were no new emergences in 2023
- Exploring bOPV support within Big Catch Up and Recovery efforts in selected countries

¹includes viruses detected from AFP (onset date) and environmental surveillance (collection date)

Global cVDPV1 AFP cases, environmental samples and others

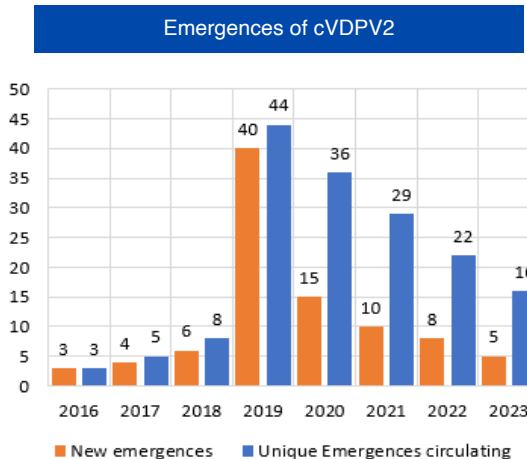
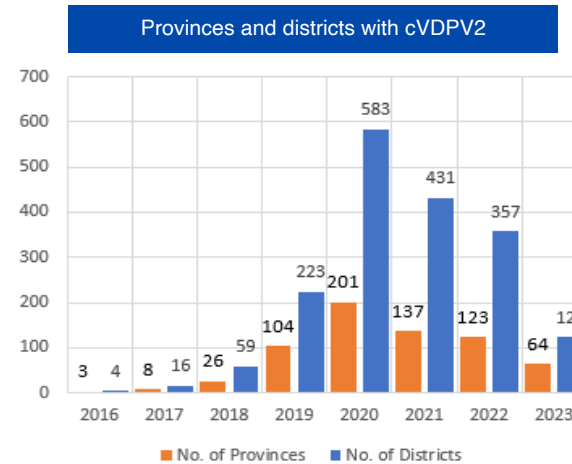
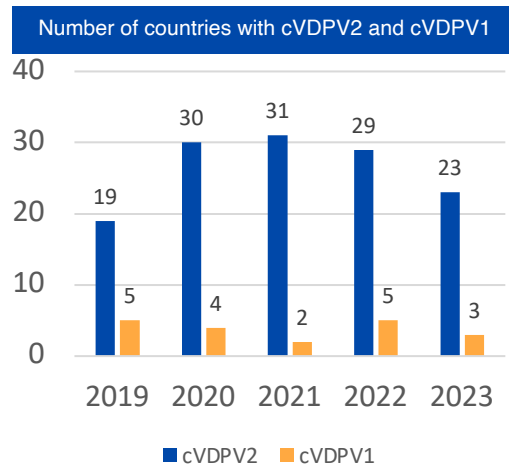


Goal 2 summary: downward trend needs to be accelerated

- New cVDPV2 cases and emergencies appear to be declining, but ongoing inaccessibility and security risks fuel transmission in the most consequential geographies
- Goal 2 of the current strategy is focused on cVDPV2, but the programme has adapted to two major events since 2022: (1) the importation of WPV1 in southeast Africa, and (2) an explosive cVDPV1 outbreak in eastern DRC
- The response to the Type 1 outbreaks is being managed through existing strategy and budget, and GPEI will continue to respond to all outbreaks, irrespective of type
- The programme has planned a scaled-up, aggressive response tailored to specific geographies in 2024 to accelerate “the path to zero” and stands unequivocally behind the tools (e.g., vaccines) at its disposal

Areas of focus:

- Immediately proximate geographies
- Areas that are constantly re-infected
- A sharper approach to new outbreaks, focused on timeliness



Insecurity, inaccessibility and political challenges are the biggest risks for the programme

1

Endemics

- Though one epidemiological block, the Afghanistan–Pakistan operating dynamic is complex
- The EMRO sub-committee on Polio Eradication and Outbreaks will undergo an important leadership transition with RD's departure

Afghanistan

- World's largest humanitarian crisis, continues to deteriorate with very few international health actors left in the country
- Engagement of regional partners is critical
- Challenges reaching persistently missed children
- Kandahar an ongoing concern

Pakistan

- Economic and humanitarian challenges coupled with political and security challenges
- Programme continues to miss a large number of children; approximately 50,000 children in the region (south KP) are regularly missed during OPV SIAs
- Increased security management challenges during political transition

2

Consequential geographies

DRC (Eastern)

- Insecurity, armed conflict, large numbers of IDPs
- Elections scheduled for December 2023
- Challenges with campaigns due to complex environment, weak logistics, and inaccessibility

Somalia (Central)

- For the first time, there are no fully inaccessible districts
- Ongoing challenges related to famine, insecurity, and weak health systems
- Phased withdrawal of the African Union troops, to be completed in 2024

Nigeria (Northwest)

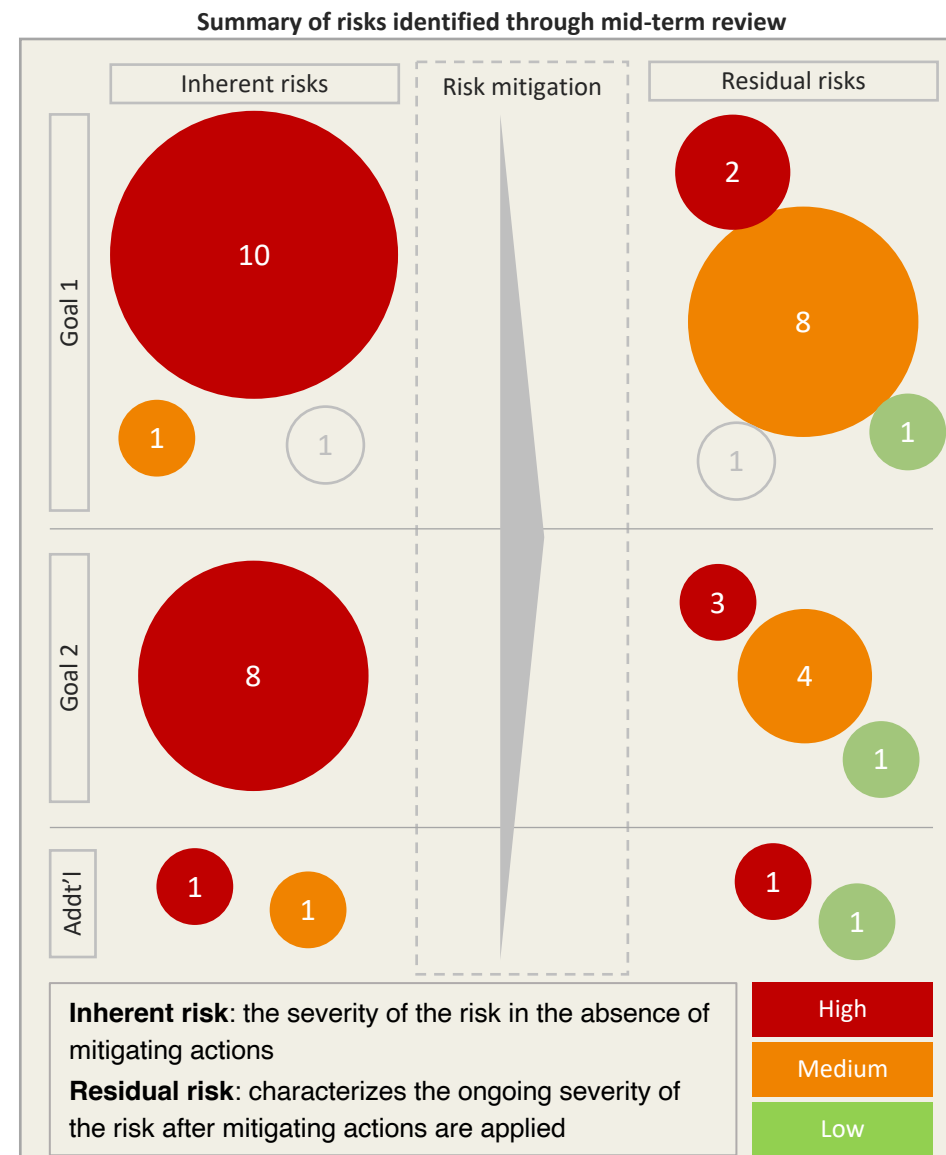
- 3 front-line workers killed; 13 taken hostage; insurgency and banditry in key states
- >3.9M children in 31K settlements inaccessible
- Strong local partnerships; Dr. Pate's recent appointment as health minister

Yemen (Northern)

- Health emergency
- Anti-vaccine sentiment in government
- No campaign activities since outbreak began
- Risk of spillover from northern governance to the wider region

The programme is managing risks aggressively

- The IMB identified 20 risks and the programme categorized the inherent and residual risk of each
- The programme is taking mitigating actions to address each risk, though some high inherent risks are assessed as having high residual risks despite mitigating efforts:
 - **Risk 1.9:** re-establishment of wild poliovirus circulation in Kandahar
 - Mitigating actions: implementation of health camps, coordination with humanitarian actors
 - **Risk 2.5:** large outbreaks of cVDPV1
 - Mitigating actions: incorporating cVDPV1 into outbreak response, increasing speed and breadth of response to new outbreaks
- Other high inherent risks are assessed as having medium residual risk after mitigating actions are applied:
 - **Risk 1.12:** Cross-border transmission
 - Mitigating actions: approaching area as a single epidemiological block; coordinating SIA schedules in endemic zones; 3 large outbreak response campaigns targeting 2M+ children
- More details about how the programme is managing risks across Goal 1 and Goal 2 are provided in [Annex 1](#)

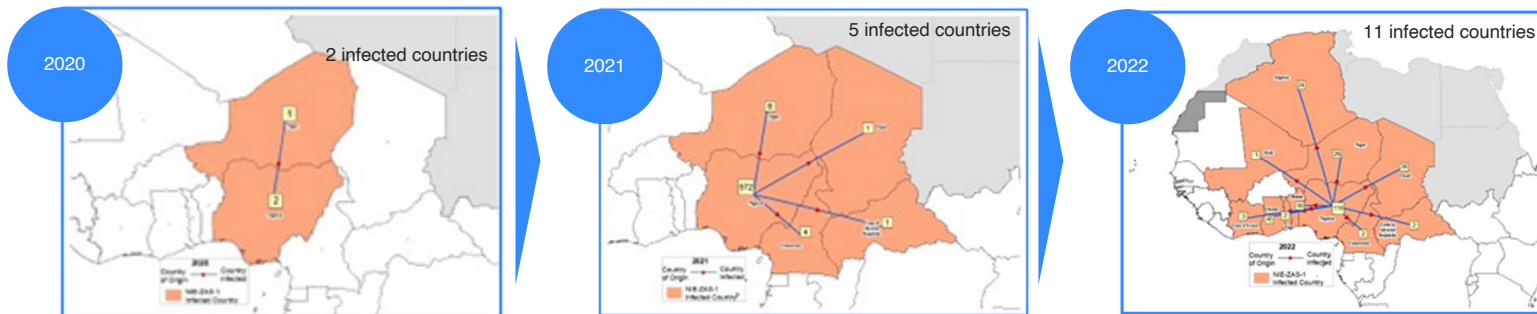


Consequential geographies remain engines of transmission

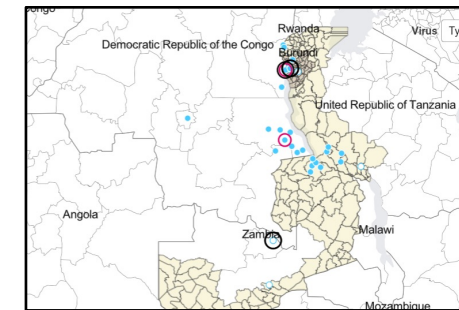
We are focused on four sub-national geographies identified by GPEI in 2022 as driving the continued spread of cVDPV2; these geographies feature some of the highest proportions of zero-dose children and are affected by complex humanitarian emergencies and ongoing security and access concerns.

- **Nigeria** remains the most significant engine of transmission, having **exported virus to more than 19 countries** in the subregion
- **DRC** is second to Nigeria, with **exportation to 5 countries** (CAR, Burundi, Malawi, Zambia, Botswana)
- **Somalia** has experienced **unbroken transmission since early 2017** and continues to infect immediate neighbors
- **Yemen** did not conduct campaigns during its explosive 2021–2022 outbreak, and 70% of under-10 children live in the north, with 87% of polio cases; exportation continues from inaccessible areas

Nigeria: Spread from Zamfara (NIE-ZAS-1) AFP/ENV 2020–2022



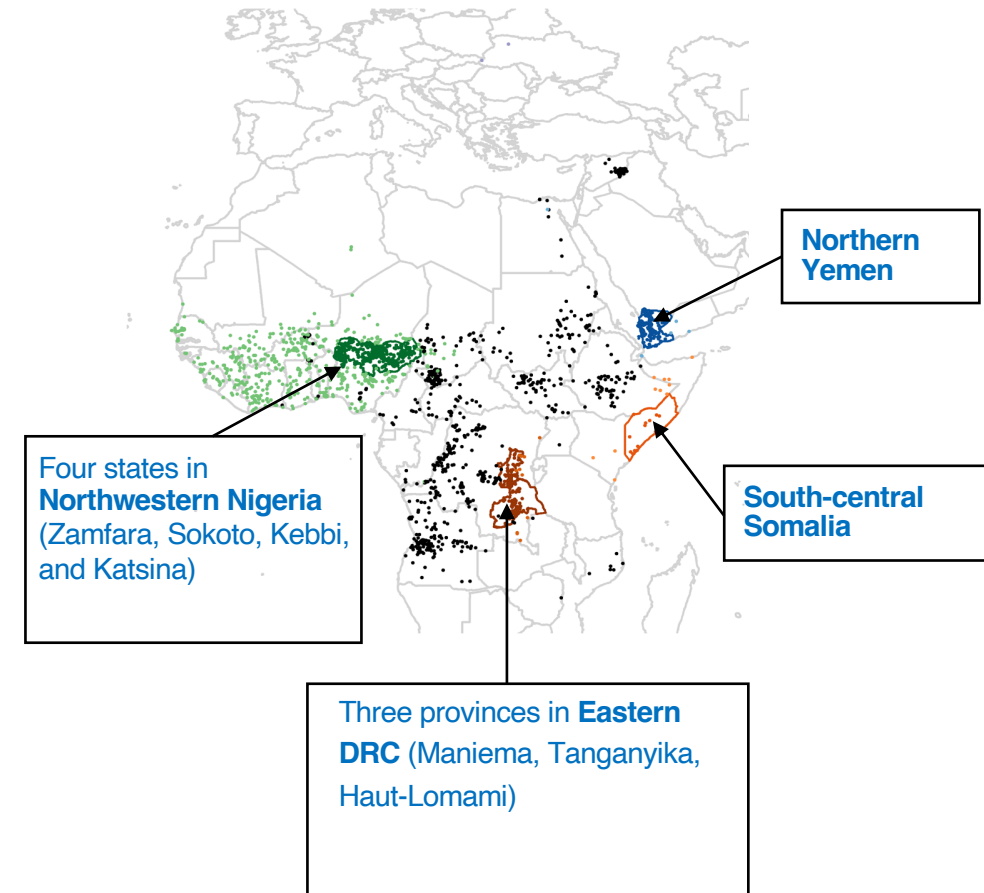
DRC has exported to multiple countries



We remain focused on stopping transmission at the source in the most consequential geographies

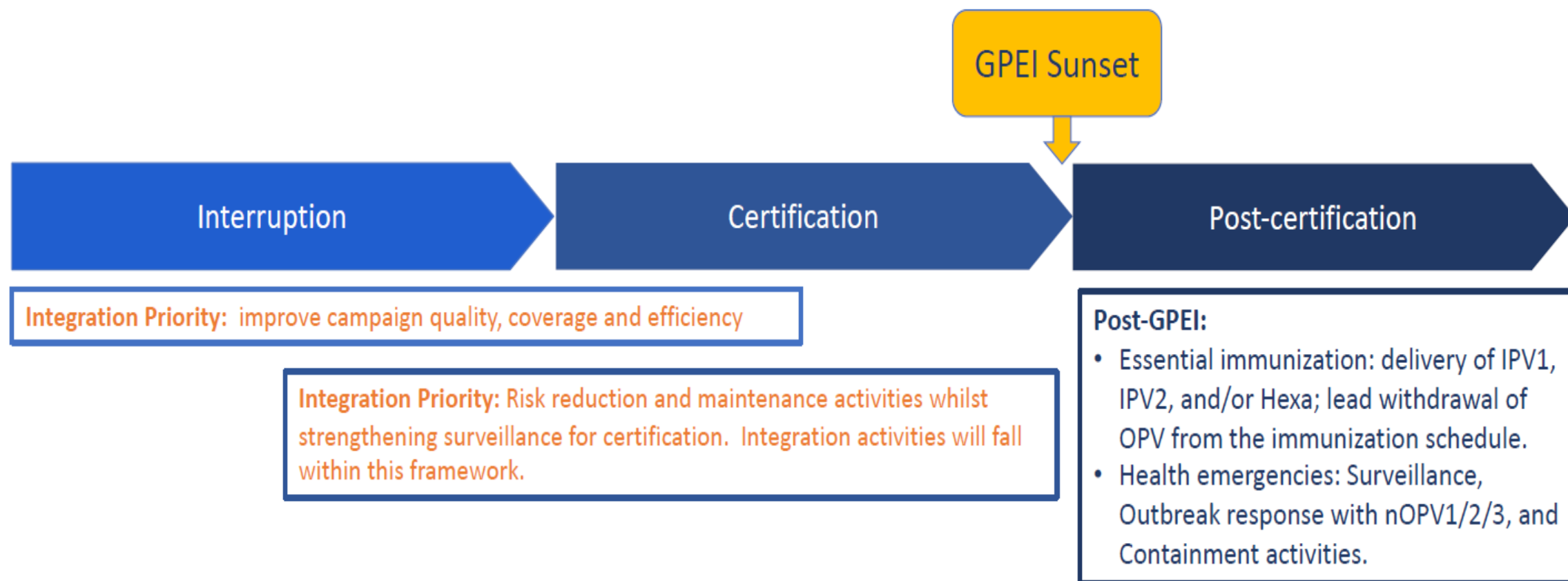
- We've **restructured our outbreak response** to focus on the most consequential geographies
- **Tailored immunization responses** are bringing the full weight of the programme to bear:
 - In **Nigeria**, against a backdrop of inaccessibility, between-round activities, and polio vaccines with pluses are being designed and delivered settlement by settlement to reach missed children
 - In **DRC**, microplanning efforts are targeting specific areas and populations (e.g., Tanganyika)
 - Accessibility remains a challenge in **Somalia**, though health camps are successfully providing integrated health services
 - **Northern Yemen** remains almost entirely inaccessible due to anti-vaccine sentiment in government
 - Questions remain about how the programme can break through
 - Some hopeful signs with Houthi leaders and grassroots mobilisation (esp. around measles) but nothing definitive as yet
- Additionally, the programme has increased focus on the 'ongoing outbreaks' in countries **immediately proximate** to the consequential geographies to reduce importation, and is pre-positioning resources to assure timely response

Most consequential geographies



Focus on Integration activities

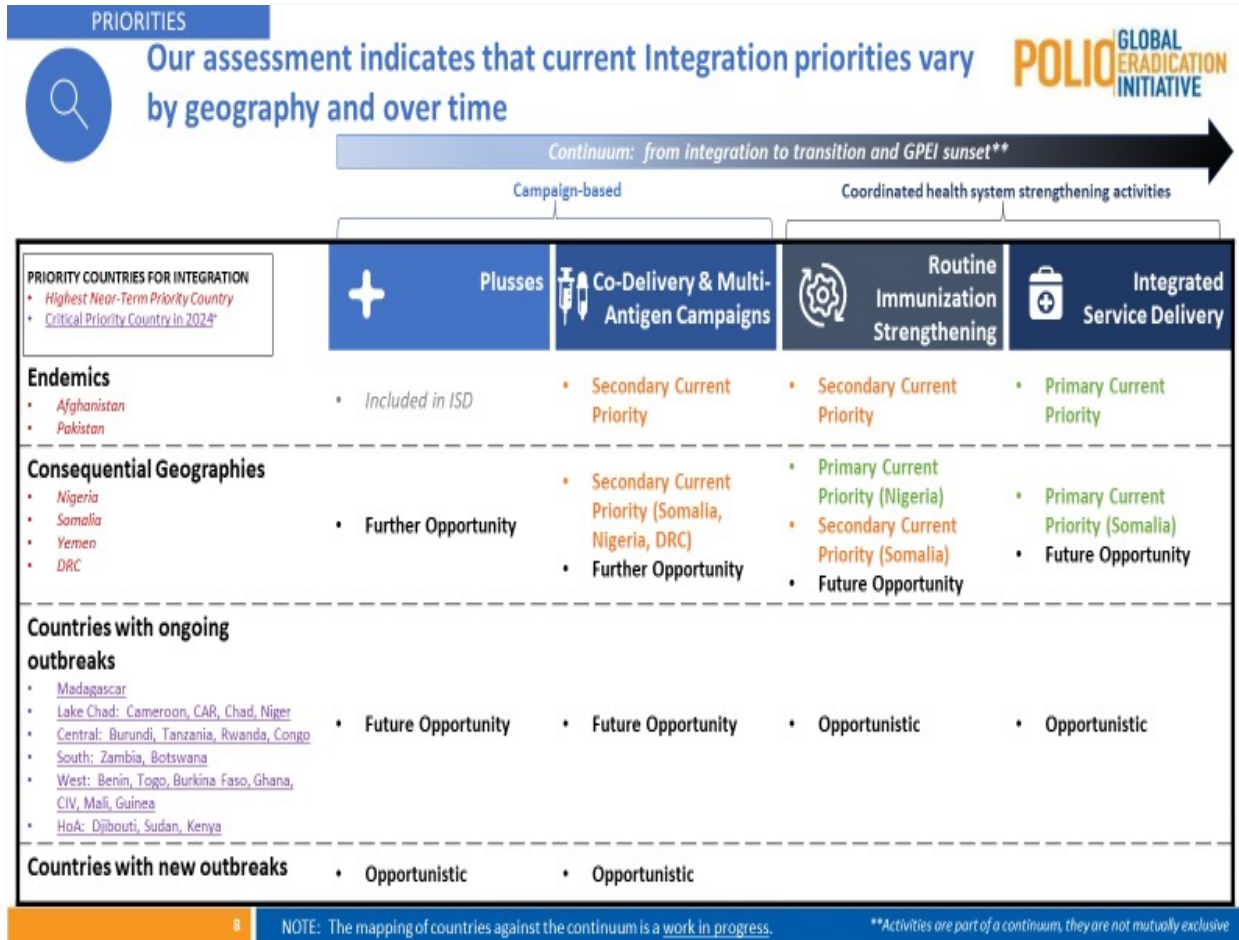
Polio is currently the only Public Health Emergency of International Concern operating within an IHR framework with Member State accountability. As the Interruption goal gets closer the focus will shift to strengthened surveillance for certification purposes while integration activities will increasingly focus on preparing surveillance systems and emergency response capacity for transition - to maintain a polio free world.



Integration priorities

- Mapping integration opportunities
- Stakeholder facilitation – Big Catch Up

- Launch of the integration factsheet
- Quarterly integration inventories made available



Integration: Polio Resources Responding to Community Needs & Strengthening Health Systems

Overview

To help end all polio transmission and meet the broader health needs of communities now, the Global Polio Eradication Initiative (GPEI) works with a range of partners to integrate polio services with other health programs. Integration involves using polio tools, staff, expertise and other resources to deliver important health interventions alongside polio vaccines – from measles vaccines and other essential immunizations to birth registration, counselling on breastfeeding, hand soap and more. It also includes incorporating polio vaccines into other planned health interventions when possible, delivering more services with fewer resources.

In most polio-affected places, the program works closely with national health authorities to increase the number of children who receive routine vaccines from health centers, including for polio, in addition to the program's house-to-house immunization campaigns. In Afghanistan and Pakistan, the last two remaining endemic countries for wild poliovirus type 1 (WPV1) many of the program's integration efforts occur through integrated service delivery channels. In close collaboration with broader health partners in these settings, polio vaccines are often delivered alongside other primary health care interventions. In countries affected by variant poliovirus outbreaks, integration activities are largely campaign-based, with polio vaccines delivered alongside vaccines and products that protect against other diseases too.

Factsheet available here: [GPEI Integration Factsheet](#)

The Importance of Integration for Measles Elimination and Control

Integration can also help address the increasing number of outbreaks and a resurgence in measles cases

Measles Scope and Impact

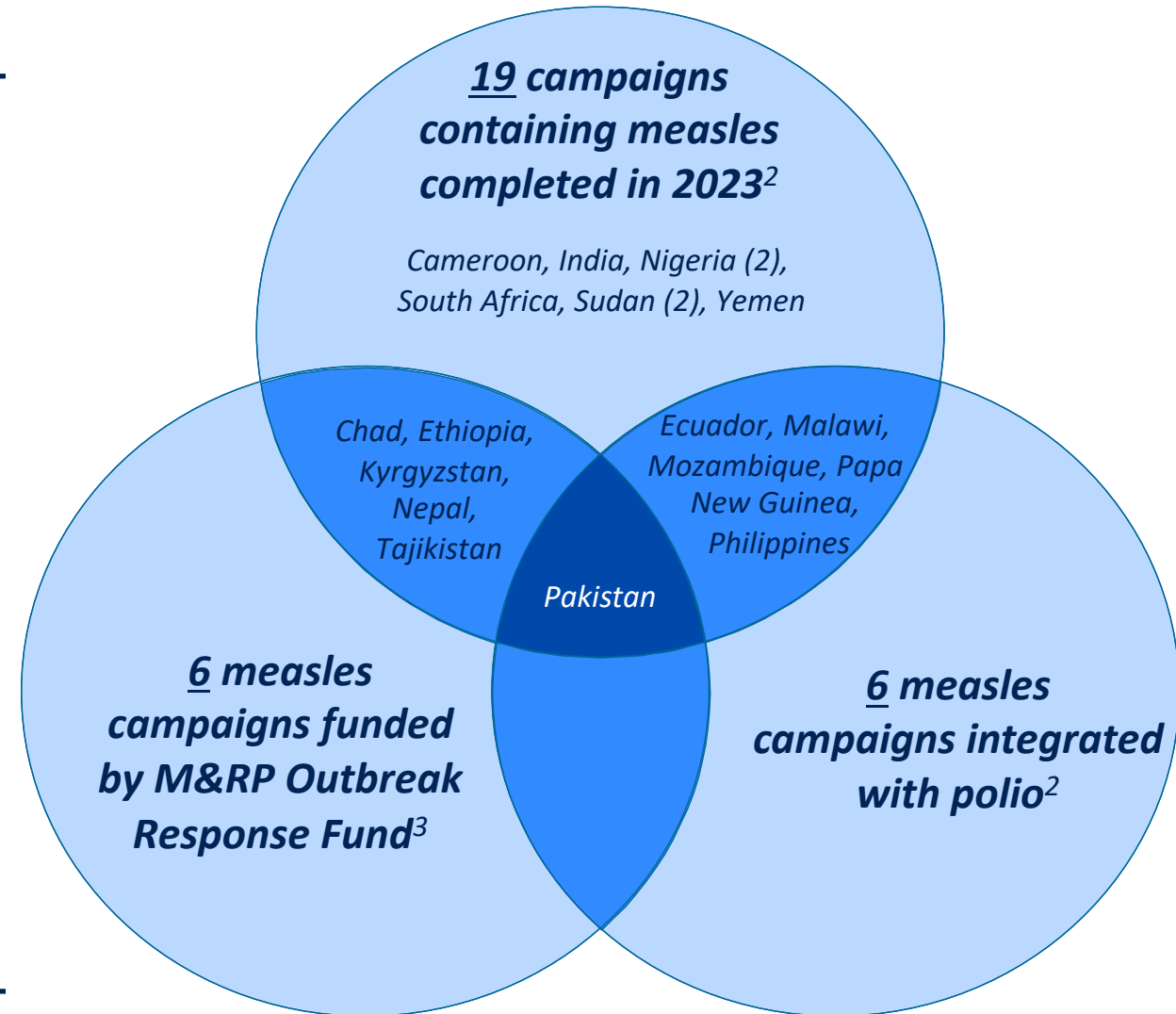
9.2M

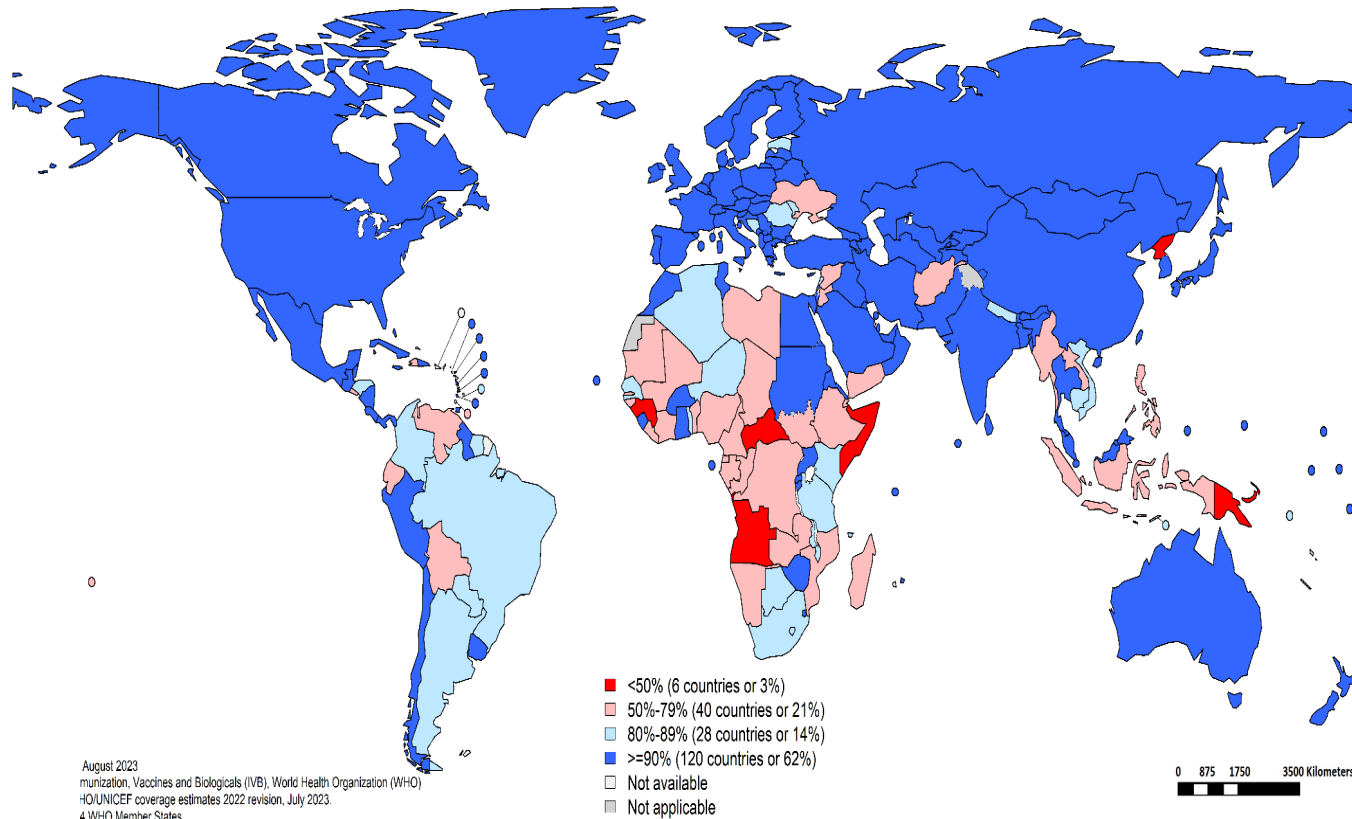
Measles cases¹
(modeled estimates in 2022)

136K

Deaths from measles¹
(modeled estimates in 2022)

Measles Campaigns



Immunization coverage with IPV1 in infants, 2022

August 2023
Immunization, Vaccines and Biologicals (IVB), World Health Organization (WHO)
HO/UNICEF coverage estimates 2022 revision, July 2023
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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 (WHO) as to 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 or unconfirmed boundaries.

POB request 14 Oct 2023:

- Meet with Gavi leadership on polio transition to ensure linkages with the Gavi 6.0 strategy development process

Key issues:

- Support to Catch up and Recovery
- IPV performance and progress on zero dose agenda
- Gavi 6.0 – IPV, nOPV stockpile management and surveillance within the pandemic preparedness and response framework

Feb

Partner consultation

Apr

Board retreat – develop
Gavi 6.0 ‘one-pager’

May

PPC meeting

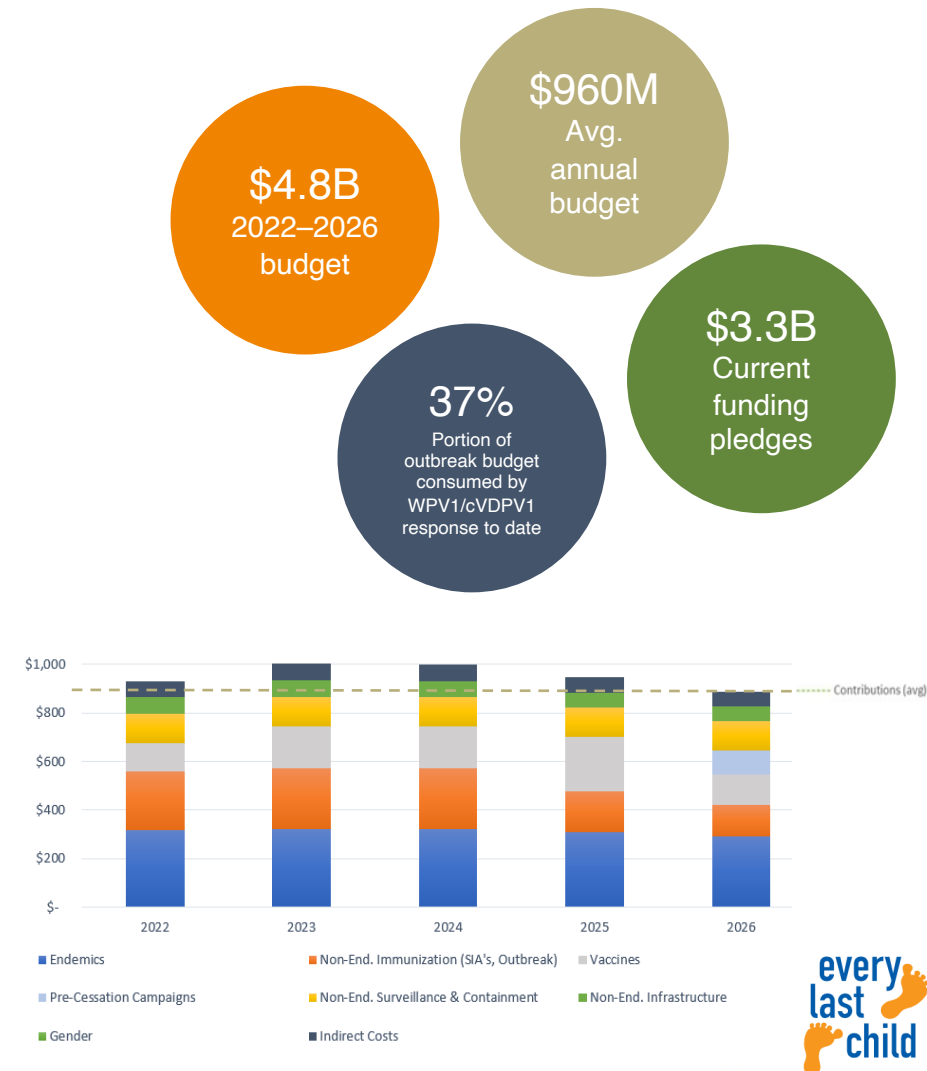
Jun

Board meeting
Gavi 6.0 approval

Key dates

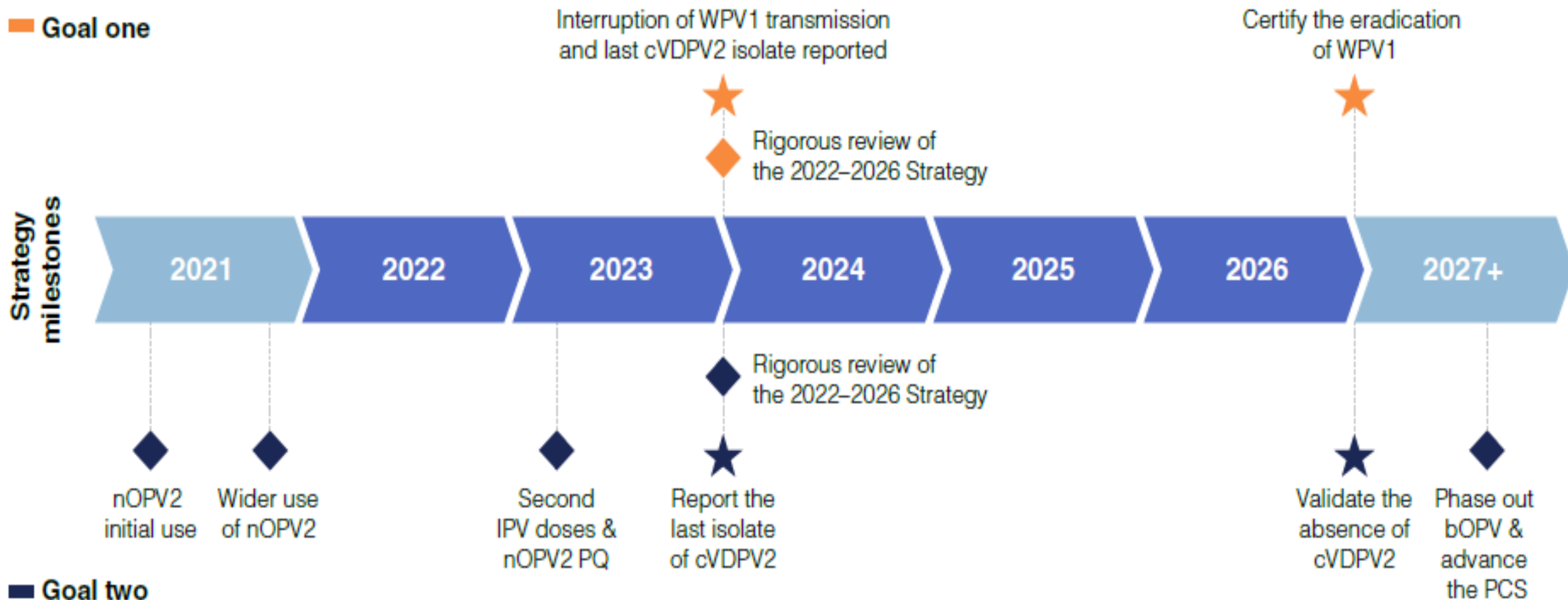
Resourcing challenges require ongoing commitment within and beyond GPEI

- It is not possible to allocate money or vaccines that GPEI does not have
- The epidemiology, in combination with available resources and the capacity to implement, determines programme priorities
- The 2024 budget proposal includes an aggressive outbreak response that the programme considers essential to achieving interruption for Goal 2 within the next two years.
- The proposal remains within the \$4.8bn 5 year budget envelope but it exceeds projections for expected contributions
- Challenges around resource mobilization will require important tradeoffs and increased alignment of FRR and non-FRR funding sources
- Given the complexity of the certification criteria for cVDPVs which may result in different timelines for cVDPV1, 2 & 3, the financial implications of extending the interruption timeline for Goal 2 by up to two years have not been assessed
- Once the GCC determines Goal 2 certification criteria, expected in November 2023, GPEI will conduct a thorough budgeting exercise and come back to POB in 2024 with a fully costed plan.



Polio Eradication Strategy 2022-26

Goal one



Goal two

Following IMB review, POB decided to (1) maintain 2026 as timeline for WPV1 eradication and (2) extend the cVDPV2 timeline for interruption and certification to 2025 and 2028 respectively

Thank you

ANNEX 1: Risk summary

Goal 1 risks summary

Inherent risk: the severity of the risk in the absence of mitigating actions
Residual risk: characterizes the ongoing severity of the risk after mitigating actions are applied.

	Inherent risk	Residual risk	Description	Notes
1.1	High	Medium	Loss of continuity of political commitment and alignment and security support in Pakistan	<ul style="list-style-type: none"> Mitigation plans in place Deputy commissioners being rotated Election-related security gaps should be short-lived
1.2	High	Medium	Weakening of newly established resilience in former polio reservoirs in Pakistan	<ul style="list-style-type: none"> Steps underway to bolster campaigns and essential immunization in historic reservoirs; emphasis on Peshawar
1.3	High	Medium	Re-establishment of transmission in Quetta Block	<ul style="list-style-type: none"> Extra immunization rounds, renewed attention to SIA quality, and intensified surveillance
1.4	High	Medium	Solely incremental, instead of transformative, improvements in access and programme performance in south Khyber Pakhtunkhwa	<ul style="list-style-type: none"> Advocating with federal health minister “Reaching the unreached” strategy; synergies with EIP
1.5	High	Medium	The lack of a critical mass of integrated methods of Polio Programme delivery	<ul style="list-style-type: none"> Programme building out integration function; developing detailed workplan for POB review
1.6	—	—	The continuation of poor sanitary conditions in polio-endemic areas and those places vulnerable to re-established transmission	<ul style="list-style-type: none"> Large WASH investments exceed programme resources but GPEI continues to advocate w/ development partners on WASH investments in polio-affected countries
1.7	Medium	Low	The cohesiveness of the Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks weakening after the retirement of the current WHO Regional Director	<ul style="list-style-type: none"> Commitment remains firm amongst member states; October committee meeting; POB to engage with new RD
1.8	High	Medium	Disruptions posed by community boycotts in Pakistan	<ul style="list-style-type: none"> Engaging provincial chief secretaries and enhanced community engagement
1.9	High	High	Re-establishment of wild poliovirus circulation in Kandahar	<ul style="list-style-type: none"> Lack of H2H campaigns remains most significant challenge; mitigation efforts and diplomacy continue
1.10	High	Medium	Loss of momentum to close the immunity gap in east Afghanistan	<ul style="list-style-type: none"> Engaging regional ministers of health and EMRO subcommittee
1.11	High	High	Lack of funding preventing Afghanistan sustaining gains in interrupting wild poliovirus transmission	<ul style="list-style-type: none"> GPEI agrees, and efforts should be led by regional actors; external funding and PHC critical; programme to review a roadmap currently under development
1.12	High	Medium	Cross-border transmission	<ul style="list-style-type: none"> GPEI approaches the area as a single epidemiological block; increasing coordination throughout, including specific SIA schedules in endemic zones, three large outbreak response campaigns targeting 2M+ children, four risk-reduction campaigns in high-risk districts, and SIAs as part of national immunization days

Goal 2 risks summary

Inherent risk: the severity of the risk in the absence of mitigating actions
Residual risk: characterizes the ongoing severity of the risk after mitigating actions are applied.

	Inherent risk	Residual risk	Risk	Notes
2.1	High	High	Essential immunisation coverage remaining at low levels	<ul style="list-style-type: none"> Countries must own essential immunization programmes; EPI, Gavi and IA2030 partners need to support countries to improve RI and reach zero dose children. Big Catch Up targeting key polio-affected states
2.2	High	Medium	Implementing emergency outbreak responses continuing to be weak	<ul style="list-style-type: none"> Aggressive scale-up planned in outbreak response
2.3	High	Medium	Insufficient resources necessitating unsatisfactory prioritisation decisions	<ul style="list-style-type: none"> Aggressive outbreak response is costed at \$1.1B but the programme currently has \$0.9B. If new funds cannot be secured, use of non-FRR funds may be a route forward
2.4	High	Low	Failure to get vaccine strategy right	<ul style="list-style-type: none"> GPEI has anticipated this risk and has acted by developing a vaccine security strategy, establishing a bOPV cessation team, and undertaking a lessons-learned exercise from the 2016 switch; Workstreams ongoing to improve demand and supply forecasting; expanding OPV suppliers
2.5	High	High	Large outbreaks of type 1 vaccine-derived polio	<ul style="list-style-type: none"> Immunity gaps continue due to poor RI; preventive bOPV rounds may reduce risk but depends on sufficient funding or non-FRR funds being made available GPEI prioritises active outbreak response above prevention; GPEI will respond to any type 1 outbreak quickly and comprehensively
2.6	High	High	Nigeria eliminating polio again and remaining vulnerable to another slide back because of lack of development of long-standing vision to develop strong, comprehensive primary care	<ul style="list-style-type: none"> Dr. Pate appointment and Presidential Task Force represent opportunities; also a push to establish statewide scorecard for performance and monitoring on polio, EI, and PHC
2.7	High	Medium	Temporary diminished commitment if 2023 goals are not achieved	<ul style="list-style-type: none"> Aggressive intensification of outbreak response is a core focus for the programme Robust advocacy planning and donor engagement under development; we must remain focused and intensify efforts
2.8	High	Medium	Collapse or major disruption of supply of novel oral polio vaccine	<ul style="list-style-type: none"> Projected supply expected to exceed programme needs; but risk of disruption remains GPEI is funding tech transfer to a second manufacturer, which may come online in 2024

Additional GPEI-identified risks

Inherent risk: the severity of the risk in the absence of mitigating actions
Residual risk: characterizes the ongoing severity of the risk after mitigating actions are applied.

	Inherent risk	Residual risk	Risk	Notes
3.1	High	High	Inaccessibility and insecurity	<ul style="list-style-type: none"> • Programme has several mitigating workstreams in place, including negotiating access, pre-positioning funding and vaccines where feasible, tracking and monitoring inaccessible children, working closely with the U.N. Dept for Safety and Security, and ensuring staff are prepared to go into the field when security can be provided • GPEI has a track record of finding a way even in the most difficult circumstances
3.2	Medium	Low	Operational effectiveness	<ul style="list-style-type: none"> • The operational effectiveness of the partnership at global, regional, national, and sub-national levels can be improved; GPEI will adjust where necessary • Senior leadership of GPEI partners need to continue advocating for programme priorities and bolster support within their respective agencies and with key political and community leaders as well as the donor community • Given the importance of a scaled up OB response, the OB budget and planning frame has been restructured to enable a clearer focus on Consequential geographies, Ongoing outbreaks, and New outbreaks • Greater visibility over non-FRR investments, especially in Consequential Geographies will also be required