

STRATEGIC OBJECTIVES

3.4 MAINSTREAMING OF THE GLOBAL POLIO ERADICATION INITIATIVE

Mainstreaming of the Global Polio Eradication Initiative is one of the key strategic objectives. It includes integration of the long-term functions of polio eradication into national and international mechanisms for managing other pathogens and the transition of the polio infrastructure to other programmes such as immunization and outbreak response.

■ MILESTONES 2006

MILESTONE 1: 75% OF JOINT GAVI/POLIO PRIORITY COUNTRIES IMPLEMENTING INTEGRATED PLANS.

STATUS: **ACHIEVED** — 43/52 (83%) joint GAVI Alliance/Polio priority countries have drafted or finalized comprehensive multi-year plans.

MILESTONE 2: 100% OF COUNTRIES WITH INTEGRATED OR EXPANDED AFP REPORTING, AS APPROPRIATE (ESPECIALLY FOR MEASLES AND NEONATAL TETANUS):

STATUS: **PARTIALLY ACHIEVED.**

- 118/180 (66%) countries with AFP case-based reporting also have measles case-based reporting;
 - 180/193 (93%) countries have AFP case-based reporting systems.
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MILESTONE 3: 75% OF COUNTRIES WILL HAVE GAVI-SUPPORTED ICC AND IF APPROPRIATE, TAG.

STATUS: **ACHIEVED** — 43/52 (83%) of joint GAVI Alliance/Polio priority countries have GAVI Alliance-supported Interagency Coordinating Committees (ICCs) which work on broader issues as demonstrated by their development, approval, dissemination and implementation of comprehensive multi-year plans. Joint GAVI Alliance/Polio priority countries are defined as all GAVI Alliance-eligible countries in polio endemic regions (i.e. AFR, EMR, SEAR).

MILESTONE 4: 75% OF POLIO-FUNDED 'HUMAN RESOURCES' FORMALLY CONTRIBUTING TO MULTI-DISEASE PROGRAMMES.

STATUS: **ACHIEVED** — 100% of polio-funded staff contributes formally to multi-disease programmes.

MILESTONE 5: 100% OF COUNTRIES WITH POLIO OPERATIONS ARE FULLY INTEGRATED WITH THOSE FOR MEASLES.

STATUS: **ACHIEVED** — 85% of the institutions performing polio laboratory surveillance are also involved in national measles laboratory surveillance.

INTEGRATION OF LONG-TERM FUNCTIONS

Once wild poliovirus transmission is interrupted, all other polioviruses must be contained, surveillance for them sustained and a stockpile of vaccine maintained. These long-term functions of polio eradication will be integrated with existing mechanisms to help countries prepare for, monitor and respond to public health emergencies and outbreaks.

The International Health Regulations 2005 (IHR – which come into force in June 2007) call on signatories to develop, strengthen and maintain surveillance and response capacities for public health emergencies which may have an international impact. Polio eradication functions which are being incorporated into existing mechanisms to help countries comply with this instrument of international law include: surveillance – in the form of the AFP surveillance and laboratory network; vaccine stockpile and response functions to help deal with disease outbreaks; and laboratory containment functions such as those necessary for smallpox.

INTEGRATION OF CAPACITY AND EXPERIENCE

The global polio infrastructure encompasses its human resources, standards and operational guidelines governing polio eradication activities and the physical assets of the programme such as cars, computers and laboratory equipment. These have each over the years become an integral component of national and regional health systems. An indicator in WHO's *Medium Term Strategic Plan 2008-2013* is the number of countries in which the polio surveillance infrastructure contributes to national core capacity building for IHR.

Some 3,300 AFP surveillance and response staff operate in 54 countries, along with thousands more polio communication and social mobilization workers. A survey of 1,500 Global Polio Eradication Initiative-funded staff indicated that 85% give an average of half their time to work that is related to immunization, surveillance and outbreak response for other diseases – constituting the single largest source of such technical assistance to low-income countries. Polio staff helped to support measles mortality reduction activities that have averted 2.3 million deaths between 1999 and 2005¹, bringing the world closer to Millennium Development Goal 4; the human and physical infrastructure of polio eradication is fully involved in routine immunization coverage, the introduction of new and under-used vaccines, the distribution of insecticide-treated bed nets against malaria and the response to health emergencies following earthquakes and other disasters. The “Reach Every District” (RED) strategy that aims to improve access to routine immunization is built on the polio model and is operational in 56 countries. The global polio laboratory network serves to identify and track other diseases, including measles and yellow fever.

Highly trained polio surveillance officers are already among first to respond to major humanitarian and health emergencies around the world.

¹ Wolfson LJ, Strebel P, Gacic-Dobo M, Hoekstra E, McFarland JW, Hersh B, for the Measles Initiative. *Has the 2005 measles mortality reduction goal been achieved? A natural history modelling study.* Lancet 2007; 369: 191-200.

Countries with implementation of 'RED' activities in 2002–2006



As AFP surveillance officers are highly trained and on the ground, they are often the first to respond to haemorrhagic fever outbreaks like Marburg and Ebola, avian influenza, cholera and other serious infectious disease outbreaks for which the WHO's Global Outbreak Alert and Response Network (GOARN) was set up. As the Global Polio Eradication Initiative moves towards interruption of wild poliovirus, GOARN is expected to assume a greater role in polio surveillance.