

Appendix A

Performance against milestones in Strategic Plan 2004-2008

Objectives	Milestones for 2008	Status
Interrupt poliovirus transmission	No countries will be polio- endemic at the end of 2008.	Not achieved Four countries remain polio-endemic – India, Nigeria, Pakistan and Afghanistan – with poliovirus circulating in specific, geographically-limited areas in each country.
	All planned SIAs will be implemented in highest-risk polio-free areas.	Achieved In response to outbreaks in West Africa and the Horn of Africa, the GPEI has scaled up immunization rounds in highest-risk polio-free areas.
	70% of countries will achieve GAVI targets (>80%) for OPV3/ DPT3.	Not achieved In 2007 ²⁷ , 41/72 (57%) countries had national OPV3/DPT3 coverage >80%; 19/72 (26%) countries had national OPV3/DPT3 coverage >90%.
	All emergency mop-ups will begin within four weeks of case confirmation.	Achieved
	All non-certified countries will have certification-standard surveillance.	Not achieved 67/77 (87%) of non-certified countries have met certification-standard targets ²⁸ .
Achieve certification of global polio eradication	All AFP specimens will be processed in a WHO-accredited laboratory.	Achieved All AFP specimens were processed in a WHO-accredited laboratory.
	All countries will have completed each laboratory biocontainment phase (phase II+).	Not achieved Certified regions (99%) Non-certified Regions (70%)
	All manufacturers will produce wild-type IPV under BSL-3/polio.	Not achieved
	All countries will submit final certification documentation.	Not achieved AFR, 22/46 countries remaining EMR, 3/22 countries remaining SEAR, 2/11 countries remaining
Develop products for the global OPV cessation phase	Long-term immunization policies will be introduced.	Achieved
	Additional tools for the detection and immediate notification of circulating WPV will be finalized (where appropriate).	Achieved
	Assembly of mOPV stockpile will begin.	Not achieved
	Implementation and verification of GAPIII will begin.	Not achieved
Mainstream the Global Polio Eradication Initiative	All joint GAVI/Polio priority countries will implement integrated plans.	Not achieved 49/51 (96%) joint GAVI/Polio priority countries have drafted or finalized comprehensive multi-year plans.
	All countries will have integrated or expanded AFP reporting, as appropriate (especially for measles and neonatal tetanus).	Not Achieved 157/182 (86%) countries with AFP case-based reporting also have measles case-based reporting.
	All countries will have GAVI-supported ICC and if appropriate, TAG.	Achieved 48/51 (94%) of joint GAVI/Polio priority countries have GAVI-supported ICC which work on broader issues as demonstrated by their development, approval, dissemination and implementation of comprehensive multi-year plans.
	All polio-funded “human resources” will formally contribute to multi-disease programmes.	Achieved 100% of polio-funded staff contribute formally to multi-disease programmes.
	All countries will have polio operations which are fully integrated with those for measles.	Not Achieved 90% (83/92) of the countries with WHO polio laboratories have utilized the same institutions for their national measles laboratory-based surveillance.

27 2008 data not available until August.

28 This excludes small island nations with populations of less than 200 000.

Comment

At end-2008, the ACPE and SAGE concluded that the intensified polio eradication effort launched by the GPEI stakeholders in February 2007 had demonstrated that the remaining technical, financial and operational challenges can be overcome.

The GPEI has adopted a more aggressive, broader approach in response to repeated outbreaks.

The GAVI target calls for all countries to have greater than 80% routine immunization coverage in every district and 90% routine coverage nationally by the year 2010. In 2007, 8/72 (11%) eligible countries had reached this target.

Median response time from official confirmation of a case to response: 28 days. Newly-infected countries in 2008: Angola (1 event), Benin (5 events), Burkina Faso (3 events), Central African Republic (1 event), Democratic Republic of the Congo (1 event), Ghana (1 event), Mali (1 event), Nepal (6 events), Niger (4 events), Sudan (2 events) and Togo (1 event).

The following countries did not meet the required standards: AFR: Algeria, Cape Verde, Guinea-Bissau, Namibia, Sao Tome and Principe. EMR: Djibouti, Kuwait. SEAR: Buthan, Sri Lanka, Thailand.

The network tested approximately 157 700 faecal samples from 79 740 AFP cases and 13 000 non-AFP samples in 2008 (representing a 10% increase in workload over 2007).

In 2008, both China and Japan reported completion of Phase I activities and submitted detailed reports on the quality of the work for review by the RCC, which fully accepted the work. All countries of the WPR have now completed Phase I, making it the second region, along with the EUR, to have achieved this goal. The AMR RCC is in the final stages of reviewing documentation from its Member States, all of which have reported completion of survey activities except Brazil. In non-certified regions, the majority of countries which have not completed the work are located in the AFR, where re-establishment of polio-free status in re-infected countries is necessary before containment activities can begin.

Implementation of BSL-3 in wild-type IPV production facilities is planned to commence one year after the last case of WPV is reported globally. WHO provides official updates to the vaccine manufacturers on the latest developments with containment during annual meetings. All IPV manufacturers report that they are prepared to meet post-eradication biosafety requirements when required.

The number of eligible countries for which RCCs 'accepted' final certification documentation increased from 21 to 24 in the AFR, from 15 to 19 in the EMR; it remained at 9 in the SEAR.

A SAGE working group has been constituted in 2008 to evaluate policy options for IPV in the pre- and post-eradication era.

In 2008, the systematic roll-out of new laboratory procedures continued, which reduces the time needed to confirm poliovirus by 50% (from 42 days to 21 days). At the same time, new rRT-PCR assays for ITD and screening for VDPVs were evaluated.

Following an issued tender request and ongoing negotiations with various manufacturers (four companies expressed interest), the assembly of a mOPV/bOPV stockpile is expected to begin in 2009.

GAPIII outlines requirements and procedures for implementation and verification, together with key events linked to significant changes in poliovirus epidemiology that will trigger implementation.

AFR: 35/36 (excludes Zambia)
EMR: 5/6 (excludes Somalia)
SEAR: 9/9

Joint GAVI/Polio priority countries are defined as all GAVI eligible countries in polio-endemic regions (i.e. AFR, EMR, SEAR).

AFR, 38/46 countries (83%)
AMR, 33/33 countries (100%)
EMR, 18/21 countries (86%)
EUR, 39/45 countries (87%)
SEAR, 5/11 countries (45%)
WPR, 24/26 countries (92%).
182/193 (94%) countries have AFP case-based reporting systems

Joint GAVI/Polio priority countries are defined as all GAVI eligible countries in polio endemic regions (i.e. AFR, EMR, SEAR).

This function continues to be included in all post descriptions.