

Global Polio Eradication Initiative (GPEI)

GPEI Programme of Work 2010-2012

In 1988, the World Health Assembly (WHA) adopted resolution 41.28 to eradicate poliomyelitis (polio). By 2008, all but four countries had interrupted indigenous transmission of wild polioviruses (WPVs) - Afghanistan, India, Nigeria, Pakistan - and annual cases had declined by more than 99%. However, since 2003, annual case numbers continue to fluctuate between 1,000 and 2,000 and 12 to 23 additional countries suffered polio cases due to imported polioviruses, each year. In at least two of these countries (Angola and Chad), sustained WPV transmission following importation for over 12 months has resulted in re-established transmission.

Consequently, in 2008, WHA resolution 61.1 called for a new strategy to eradicate polio from the remaining affected countries. The GPEI Programme of Work 2009 was developed to inform this new strategy by evaluating new tactical innovations in each endemic area, conducting clinical trials of new oral polio vaccine (OPV) formulations (bivalent OPV containing type 1 and type 3 serotypes) and facilitating an [*Independent Evaluation of Major Barriers to Interrupting Poliovirus Transmission*](#).

At a special consultation on 18-19 November 2009, the GPEI's major stakeholders, including spearheading partners, infected country representatives, and donors, met with the Advisory Committee on Poliomyelitis Eradication (ACPE) - the global technical advisory body of the GPEI - to evaluate the impact of the 2009 Programme of Work. These discussions led to the development of the major elements of what will be a bold, innovative Programme of Work 2010-2012. The sheer scale of the GPEI - with more than US\$8 billion already invested since 1988 - will mean that full and rapid implementation of all elements of the new Programme of Work is critical, and clear results will have to be demonstrated in a time-bound manner.

This document outlines the structure for the new Programme of Work 2010-2012, a full draft of which will be completed by end-December 2009 and finalized by end-January 2010 following WHO's January Executive Board meeting.

Structure

1. Executive Summary
2. Background
3. Goal of the Global Polio Eradication Initiative: To ensure that no child will ever again be paralysed by either a wild- or vaccine-derived poliovirus (VDPV).
4. Objectives
 - Objective 1: Interrupting indigenous wild polioviruses
 - Objective 2: Interrupting re-established poliovirus transmission
 - Objective 3: Limiting international spread of polio & stopping new outbreaks
 - Objective 4: Strengthening immunization systems
 - Objective 5: Enhancing surveillance for polioviruses
5. Roles & responsibilities
 - Advocacy and oversight bodies
 - National governments
 - Spearheading partners
 - International development community

6. Milestones & oversight
7. Budget and financial resource requirements (FRR)
 - To be updated and published on a quarterly basis on <http://www.polioeradication.org/fundingbackground.asp>.
8. Post-wild poliovirus planning
 - Achieving wild poliovirus certification and containment.
 - Preparing for the VAPP/VDPV Elimination Phase and Post-OPV Era.
 - Planning the GPEI restructuring for the VAPP/VDPV Elimination Phase.

Major elements of the objectives

Objective 1: Interrupting indigenous wild polioviruses

-Geographic focus:

-India (Uttar Pradesh, Bihar); Nigeria (north); Pakistan; and Afghanistan (Southern Region).

-Programmatic focus:

-Country-specific activities will be described and will include:

1. Rapid scale-up of new tactical innovations found to be successful in the 2009 Programme of Work (ie Kosi river strategy in India, traditional leaders strategy in Nigeria, scaled-up social mobilization).
2. Rapid scale-up of new vaccines innovations, notably bivalent OPV, into planned supplementary immunization activity (SIA) schedules.
3. As recommended by the Independent Evaluation and endorsed by the [ACPE](#), mechanisms to map and track political/administrative leader engagement.
4. Real-time independent monitoring of SIA coverage, and where appropriate Lot Quality Assurance Sampling (LQAS), to more rigidly monitor coverage, take corrective measures as necessary, and assess risk of international spread.
5. Enhanced operational research to further inform programme strategy and tactics.

-Milestone focus:

- For 2010: process milestones (eg systematic implementation of real-time SIA monitoring) and outcome milestones (eg proportion of 0-dose children reached).
- For 2011: impact milestones (eg two countries stop WPV transmission by end-2011).

Objective 2: Interrupting re-established poliovirus transmission

-Geographic focus:

- The ACPE concluded that Angola and Chad, and possibly the Democratic Republic of Congo and southern Sudan, have sustained WPV transmission following importation for over 12 months and must now be considered to have either proven (Angola and Chad) or suspected re-established transmission. The *Independent Evaluation* recommended that technical support to these areas should be scaled up (to be on par with that allocated to endemic areas).

-Programmatic focus:

-Area-specific activities will be described and will include:

1. Aggressive monovalent OPV mop-up schedules, supplemented by large-scale bivalent OPV and trivalent OPV SIAs.
2. New tactics to rapidly increase SIA coverage, incl mechanisms to map and track political/administrative engagement; scale-up of technical support (to equal that allocated to endemic areas, as recommended by the *Independent Evaluation*); and increased social mobilization.
3. Real-time independent monitoring of SIA coverage, and where appropriate LQAS, to more rigidly monitor coverage, take corrective measures as necessary, and assess risk of international spread.
4. Research on impact of Short Interval Additional Dose strategy (SIAD) to more rapidly build population immunity in outbreak settings.

-Milestone focus:

- For 2010: impact on WPV transmission milestones (no new polio cases due to re-established transmission chain at end-2009, by end-2010).

Objective 3: Limiting international spread of polio & stopping new outbreaks

-Geographic focus:

- [Analysis of 2003-2009 data](#) demonstrates that there is a well-defined belt of countries at highest-risk of repeated importations, and in those with weak routine immunization a high-risk of subsequent outbreaks.

-Programmatic focus:

-Activities will be described and will include:

1. A 24-month pre-planned SIA schedules, using a combination of bivalent OPV and trivalent OPV. In polio-free countries of the wild poliovirus importation belt of sub-Saharan Africa, an aggressive OPV mop-up schedule for any new outbreak.
2. Real-time independent monitoring of SIA coverage, to more rigidly monitor coverage and take corrective measures as necessary.
3. Refined international outbreak response guidelines, based on new clinical trial results (on SIAD strategy in outbreak settings).
4. Enhanced tactics to minimize risk and consequences of international spread, including strengthening immunization systems in districts bordering polio-infected areas.
5. Scaled-up vaccination of travelers and at transit sites, per recommendations by the *Independent Evaluation*.

-Milestone focus:

- For 2010: impact on WPV transmission milestones (no countries on 'active outbreak' list by end-2010).
- For 2011: impact on WPV transmission milestones (no secondary spread in any country with a new WPV importation).

Objective 4: Strengthening immunization systems

-Geographic focus:

- Countries in wild poliovirus importation belt of sub-Saharan Africa, with particular focus on districts bordering endemic or re-infected areas.
- High-risk areas in endemic countries.

-Programmatic focus:

- Activities will be described and will include:
 1. Aligning stakeholders (eg GPEI, GAVI) and developing and supporting implementation of integrated national EPI/GPEI plans.
 2. Conducting assessment of GPEI/EPI interface and comparative advantages of GPEI in routine EPI (eg independent review of impact of GPEI on routine immunization; survey of GPEI staff time/activities).
 3. Re-orientation and monitoring of GPEI input on high impact tasks for immunization systems strengthening (eg assessing human resource and other major systems barriers, facilitating the validation of routine immunization data, and supporting implementation of the Reaching Every District - RED - strategy).

-Milestone focus:

- For 2010: process milestones (eg integrated national EPI/GPEI plans established, initial assessment of immunization systems and output data in highest risk areas).
- For 2011: outcome milestones (eg RED implementation rates in highest risk districts).

Objective 5: Enhancing surveillance for polioviruses

-Geographic focus:

- Subnational areas of central Africa and the Horn of Africa with known gaps in AFP reporting.
- Endemic countries and high-risk areas in wild poliovirus importation belt of sub-Saharan Africa.
- Polio-free countries and areas.

-Programmatic focus:

- Activities will be described and will include:
 1. Scaling-up technical support to areas with known gaps in central Africa and the Horn of Africa to close gaps in AFP rates.
 2. Establishing environmental sampling in key reservoir areas of endemic countries.
- Conducting targeted field surveillance reviews in all endemic countries and high-risk countries in wild poliovirus importation belt of sub-Saharan Africa, on a 2-3 yearly basis.
- Conducting regular desk reviews of polio epidemiological blocks to guide targeting of additional field surveillance reviews as necessary.
- Scaling-up new laboratory procedures (evaluated in 2008 and introduced in 2009) to enhance speed and detection of WPVs and VDPVs.

-Milestone focus:

- For 2010: process milestones (eg technical support scaled-up to areas with known gaps; environmental sampling introduced in key endemic areas); and outcome milestones (eg AFP rates ≥ 2 in areas with known gaps; environmental sampling introduced in key endemic areas).
- For 2011: outcome milestones (AFP rates maintained).