The Polio Endgame

From Plan to Implementation
Today:

- Final additions to the *Endgame Plan*
- Major issues in its implementation
- Way forward & the role of SAGE
Finalizing the Plan:

• **Security** framework built out

• **Social acceptance** work expanded

• **Routine EPI** work clarified (incl GAVI)

• Stronger, clearer *results chain*

*The WHA Executive Board thoroughly discussed & endorsed the major objectives & milestones in Jan 2013.*
Major Challenges to Implementation
• Requires reaching children in very insecure areas (for both wild & vaccine-related viruses)
• Operational scope increases to >140 countries
• Historically unprecedented scale/speed of ramp-up for new 'routine' vaccine(s)
• Technically complex & politically volatile issues (e.g. IPV, containment, IHR & travelers)
• Requires predictable financing of US$ 5.5 B
Polio Paralyzed Children, last 4 months
Nigeria polio vaccinators shot dead in Kano

Nine female polio vaccinators have been killed in two shootings at health centres in northern Nigeria, police have told the BBC.

In the first attack in Kano the polio vaccinators were shot dead by gunmen who drove up on a motor tricycle.

Thirty minutes later gunmen targeted a clinic outside Kano city as the vaccinators prepared to start work.

Gunmen in Pakistan Kill Women Who Were Giving Children Polio Vaccines
cVDPV outbreaks, last 4 months

All recent cVDPV outbreak are due to Type 2 polioviruses
Distribution of 145 OPV-using countries

- IPV ONLY (47 countries)
- IPV/OPV (18 countries)
- OPV ONLY (127 countries)
Add'l new vaccine challenges:

• ensuring all OPV-producing countries have a licensed bOPV product

• facilitating IPV uptake in middle-income & other non-GAVI eligible countries

• minimizing the risk of multiple changes to EPI schedules
Financing the Endgame

US$ 5.5 billion

![Bar chart showing financial data from 2013 to 2018.](chart.png)

- **2013**: US$ 1,000 million
- **2014**: US$ 1,000 million
- **2015**: US$ 1,000 million
- **2016**: US$ 800 million
- **2017**: US$ 600 million
- **2018**: US$ 400 million

Legend:
- Orange: Immunization Activities
- Yellow: Surveillance and Response Capacity
- Blue: Poliovirus Containment
- Green: Core Functions and Infrastructure
- Light Blue: Indirect costs
Mobilizing the funds for 2013-2018
(Pre-Vaccine Summit, 24-25 April)

Requirements
US$ 5.5B

Resources
Add'l funds needed: US$ 2 B

If donors maintain current levels:
US$ 3 B

Confirmed
US$ 500 M

Vaccine Summit Outreach:
• Increase existing donor support
• New donor contributions
• Philanthropists
• Innovative finance
• Increase self-financing (domestic)
• Program efficiencies

Based on GPEI Long-term cost model and continuing historical contribution trend.
Source: Contributions and Pledges to the Global Polio Eradication Initiative, 1985-2014, GPEI Website
2013

Current Funding Gap: US$ 660 m of US$ 1.053 b budget
- Firm Prospects: US$ 520 m
- Best Case Gap: US$ 140 m
Looking forward & role of SAGE
Major Objectives

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<tr>
<th>Year</th>
<th>Virus detection &amp; interruption</th>
<th>RI strengthening &amp; OPV withdrawal</th>
<th>Containment &amp; certification</th>
<th>Legacy Planning</th>
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<tbody>
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<td>2013</td>
<td>Wild virus interruption</td>
<td>RI strengthening &amp; OPV2 pre-requisites</td>
<td>Finalize long-term containment plans</td>
<td>Consultation &amp; strategic plan</td>
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<td>2014</td>
<td>Outbreak response (esp. cVDPVs)</td>
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WHA Resolution, 2015

- Response protocol for type 2 virus (post-OPV2)
- Poliovirus containment
- International notification of all type 2 viruses
- Date for last OPV2 use
Central role of SAGE

- IPV introduction
- OPV2 cessation
- Routine strengthening
- Risk management
Questions to SAGE:

• are current processes & support to SAGE sufficiently robust for this agenda (incl to monitor routine EPI strengthening work)?

• could a 2014 WHA resolution help countries operationalize the Endgame Plan (e.g. by promoting planning for IPV uptake globally)?