

Overview

Major New Elements in the Plan:

- strategic approaches to all polio disease
- emphasis on improving immunization systems
- introduction of new technologies
- enhanced risk mitigation and contingency strategies
- timeline for completion of the initiative

3.1 WHAT'S NEW?

3.1 The *Polio Eradication & Endgame Strategic Plan 2013-2018* for the first time brings together a comprehensive approach to completing polio eradication. Five new, major elements that distinguish this Plan from the previous ones are:

- its strategic approaches to end all polio disease (wild and vaccine-related);
- an urgent emphasis on improving immunization systems in key geographies;
- the introduction of new, affordable IPV options for managing long-term poliovirus risks and potentially accelerating WPV eradication;
- risk-mitigation strategies to address new threats, particularly insecurity in some endemic areas, and contingency plans should there be a delay in interrupting transmission in such reservoirs;
- a concrete timeline to complete the GPEI.

3.2 Previous plans focused primarily on interrupting wild poliovirus (WPV) transmission, followed by the elimination of vaccine-derived polioviruses (VDPVs). This Plan incorporates innovative tactics, strategies and tools that will enable the programme not only to interrupt WPV transmission but in parallel to address the risks associated with VDPVs. This fundamental shift in approach makes the most of the recently-developed bivalent OPV (bOPV) and new inactivated polio vaccine (IPV) options at a time when immunization and surveillance performance are expected to be at their strongest – thus improving the probability of success.

3.3 In the Plan, the strengthening of immunization systems is given the same urgency and importance as improving OPV campaign quality in areas of highest programme priority. Strengthened immunization systems will serve both as a stronger base for building population immunity to interrupt WPV transmission and as a sustainable platform for the introduction of new vaccines (i.e. IPV options) to help manage long-term poliovirus risks. This Plan commits the GPEI to intensified efforts to strengthen immunization systems using polio-funded staff, assets and tools and increased collaboration with immunization partners in key geographies.

3.4 The development and introduction of new vaccines is a major development in the management of poliovirus risk. In addition to expanding the use of bOPV, this Plan exploits a new understanding of the impact of IPV on mucosal immunity and new, low-cost options for its wide-scale use. The Plan outlines how the development and licensure of affordable IPV options will be fast-tracked. This will facilitate the withdrawal of OPV from routine immunization programmes (and thereby the elimination of VDPVs) and may also help accelerate WPV eradication in key reservoirs.

3.5 Recognizing the increasing risk of delays due particularly to insecurity in some endemic reservoirs, the Plan outlines a five-pronged framework to enhance programme safety and coverage in such areas, as well as additional measures to reduce the risk of international spread.

The Plan has four main objectives:

- stop all WPV transmission by the end of 2014 and new cVDPV outbreaks within 120 days of confirmation of the first case
- hasten the interruption of WPV transmission, reduce the risk of WPV importations and cVDPV emergences, and help strengthen routine immunization
- certify all regions of the world polio-free and ensure that all poliovirus stocks are safely contained
- Measure that a polio-free world is permanent and that the investment in polio eradication provides public health dividends for years to come

3.6 By changing from the sequential to the parallel management of the WPV and VDPV risks, the GPEI is able to establish clear timelines and milestones for completing the GPEI.

3.2 THE MAJOR OBJECTIVES

There are four major objectives with corresponding areas of work in the *Polio Eradication & Endgame Strategic Plan 2013-2018*:

1. Poliovirus detection and interruption

This objective is to stop all WPV transmission by the end of 2014 by enhancing global poliovirus surveillance, effectively implementing national emergency plans to improve OPV campaign quality in the remaining endemic countries and ensuring rapid outbreak response. This area of work gives particular attention to addressing the risks that emerged as increasingly important in late 2012, mainly

insecurity, as the programme began to reach chronically underserved places and populations more systematically. This objective also includes stopping any new polio outbreaks due to a circulating vaccine-derived poliovirus (cVDPV) within 120 days of confirmation of the index case. The objective's primary geographic focus is on the three endemic countries and the countries at highest risk of importation in Africa and southern Asia.

2. Immunization systems strengthening and OPV withdrawal

This objective will help hasten the interruption of all poliovirus transmission and build a stronger system for the delivery of other lifesaving vaccines. To eliminate all VDPV risks, in the long term all OPV must be removed from routine immunization programmes. As WPV type 2 (WPV2) was eradicated in 1999 and the main cause of VDPV outbreaks is currently the type 2 component of OPV, this component must be removed from the vaccine by mid-2016. Preparation for this removal entails strengthening immunization systems – especially in areas of highest risk, introducing at least one dose of IPV into routine immunization programmes globally, and then replacing the trivalent OPV with bivalent OPV in all OPV-using countries. This objective affects all 145 countries worldwide that currently use OPV in their routine immunization programmes.

3. Containment and certification

This objective encompasses the certification of the eradication and containment of all WPVs in all WHO regions by the end of 2018, recognizing that a small number of facilities will need to retain poliovirus stocks in the post-eradication era for vaccine production, diagnostics and research. Criteria for the safe handling and biocontainment of such polioviruses, and processes to monitor their application, are essential to minimize the risk of poliovirus reintroduction in the post-eradication era. Consequently, this area of work includes finalizing international consensus on long-term biocontainment requirements for polioviruses and the timelines for their application. Verifying the application of these requirements, under the oversight of the Global Certification Commission, will be a key aspect of the processes for certifying global eradication. All 194 Member States of the World Health Organization are affected by work towards this objective.

4. Legacy planning

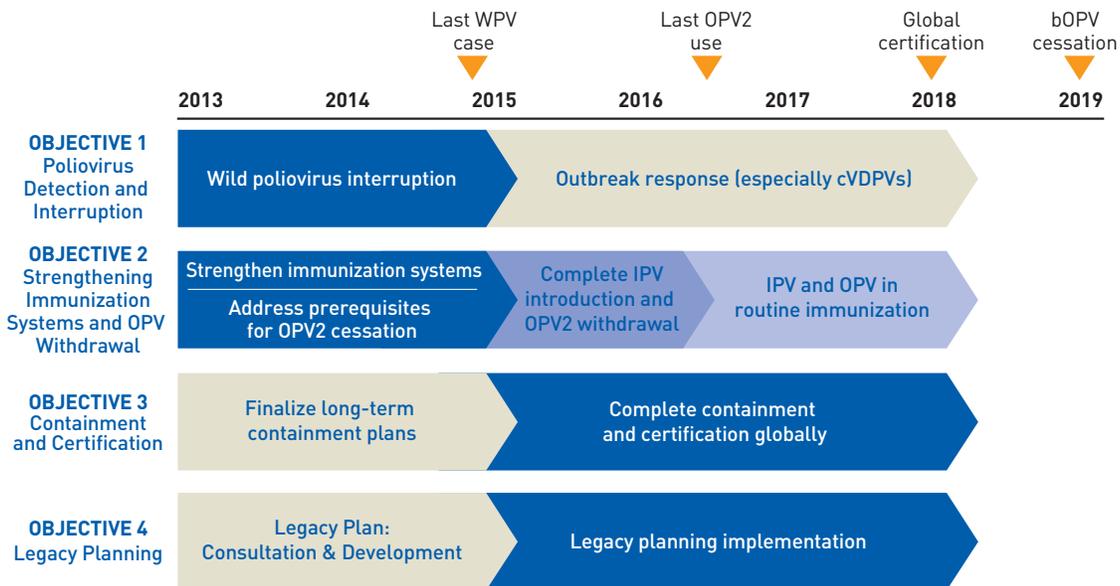
As the polio programme approaches key eradication milestones, successful legacy planning will include mainstreaming essential polio functions into ongoing public health programmes at the national and international levels, ensuring the transfer of lessons learnt to other relevant programmes and/or initiatives, and transitioning assets and infrastructure to benefit other development goals and global health priorities. Thorough consultation as well as planning and implementation processes are required to ensure the investments made in polio eradication provide public health dividends for years to come. Work under this objective will lead to the development of a comprehensive legacy plan by the end of 2015.

As illustrated in Figure 1, the four major objectives of the Plan are not sequential but will run in parallel. From 2013 to 2015, the main emphasis in terms of country-level implementation will be on the first and second objectives; increasing emphasis will be given to the operational aspects of the third and fourth objectives as key milestones are achieved. A high-level Monitoring Framework (Annex B) tracks progress against these working targets.

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Figure 1: Polio Eradication and Endgame Strategic Plan^a

This figure shows that with full funding, the objectives can be pursued in parallel, with working target dates established for the completion of each.



^a Essential activities (e.g. surveillance, laboratory network and IPV in routine immunization) will be mainstreamed beyond 2019.