# EVERY LAST CHILD

GLOBAL POLIO ERADICATION INITIATIVE
STRATEGIC PLAN 2010–2012

## Leading the way to a world free from polio

GENEVA, SWITZERLAND

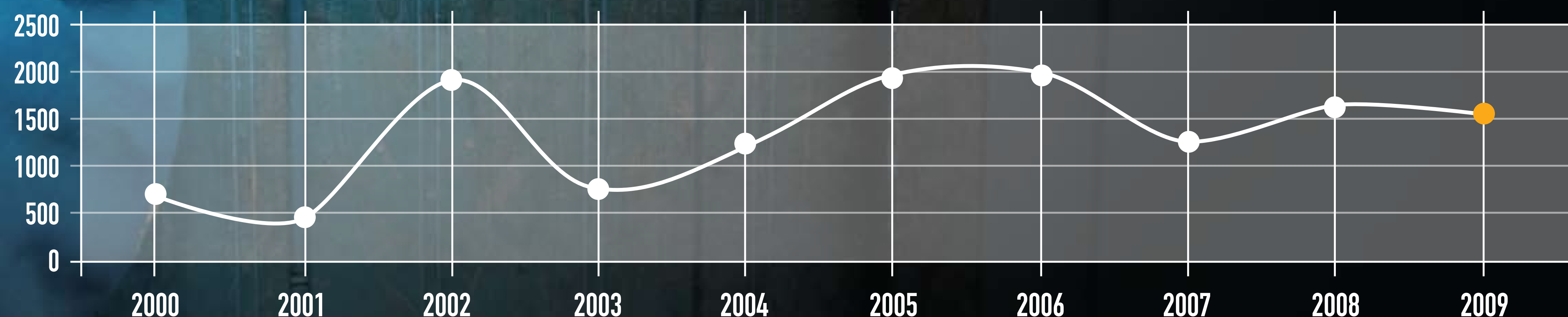
# A TURNING POINT

Since 1988 the incidence of polio has been reduced by **99%.**

Yet despite the progress, four countries—**Nigeria**, **Pakistan**, **Afghanistan**, and **India**—have remained endemic. Several other countries have become reinfected, threatening fragile progress to the polio eradication effort.

## We have created a new strategy to combat polio in these endemic countries based on a $2.6 billion budget.

The new three-year strategy acknowledges and overcomes previous challenges, addresses risks proactively, and builds on the lessons learned in the past several years. This plan marks a turning point in the fight against polio.



# LESSONS LEARNED

## VIRUS PERSISTS IN SMALLER AREAS

We now know we need to tailor our programs to individual areas and even neighborhoods. District-specific plans will help us to overcome unique operational challenges. In critical areas, this will also allow us to enhance implementation through retraining of vaccinators and supplementary immunization activity (SIA) workers.

## VIRUS PERSISTS IN MORE SUB-GROUPS THAN PREVIOUSLY KNOWN

Special strategies must be employed for underserved groups of people (including nomads, migrant laborers, minorities, and more). These tailored approaches need to be implemented by specialized teams that, where appropriate, develop them in concert with local leaders.

## ROUTES OF POLIOVIRUS SPREAD & OUTBREAKS ARE LARGELY PREDICTABLE

The importance of bolstering and strengthening underlying immunization systems in vulnerable areas has never become more clear. This includes independent evaluations, intense self-analysis of the program, and a deeper level of monitoring.

We are implementing pre-planned and synchronized SIAs to minimize the risk of importations and we have created brand new standards for outbreak response to minimize the size and length of outbreaks. Plus, we have new laboratory procedures that reduce the time to diagnose polio by 50%. Finally, rapid and active disease surveillance in the highest-risk areas monitors the presence of poliovirus.

## IMMUNITY THRESHOLDS TO STOP POLIO DIFFER BY AREA

We are tailoring SIAs and monitoring strategies to the very specific conditions and needs of individual geographies and local areas. Because we know the population immunity thresholds differ, we are carefully adapting and customizing immunization programs to fit the particular circumstances each area presents. This involves tailoring immunization activities and vaccine use to the circumstances.

## OPTIMIZING THE BALANCE OF MOPVS MORE DIFFICULT THAN ANTICIPATED

Developed and licensed in 2009, the new Bivalent OPV can simultaneously protect against type 1 and type 3 polio. This is significantly more effective than trivalent OPV and similar to that of respective monovalent OPVs. In addition to this significant programmatic advantage, we are also intensifying independent campaign monitoring.

# MAJOR OBJECTIVES

1. Interrupt wild poliovirus transmission in Asia.
2. Interrupt wild poliovirus transmission in Africa.
3. Enhance global poliovirus surveillance and outbreak response.
4. Strengthen immunization systems.

# MILESTONES

1. By mid 2010: Cessation of all polio outbreaks with onset in 2009.
2. By the end of 2010: Cessation of all 're-established' poliovirus transmission.
3. By end of 2011: Cessation of all polio transmission in at least two of the four endemic countries.
4. By end of 2012: Cessation of all wild polio transmission.

The independent and rigorous monitoring of milestones is critical. A new global advisory body will meet on a quarterly basis to evaluate whether each of the major milestones is 'on track', 'progressing but with issues of concern' or 'at risk for completion'. For milestones with 'issues of concern' or 'at risk', the relevant national governments will be engaged to work with the appropriate national or regional technical advisory groups to establish and initiate a corrective action plan.

The global advisory body will subsequently review the progress on implementation of corrective action such plans as part of their quarterly evaluation of the major milestones.

The US Centers for Disease Control and Prevention will assist the global advisory body in its quarterly evaluation of the major milestones by preparing a preliminary report on the status of each major milestone and, where appropriate, key process indicators and corrective action plans.

# WE NEED YOUR HELP

We will never have a better chance to eliminate polio than we will in the next few years. It's time to **commit the necessary resources** and **take the necessary actions** to turn this unprecedented opportunity into a momentous reality.

# EVERY LAST EFFORT MUST BE MADE.

# EVERY LAST CHILD MUST BE IMMUNIZED.

POLIO GLOBAL ERADICATION INITIATIVE