

## **Polio Eradication Strategic Plan 2004-2008 'Finishing the Job and Protecting our Investment'**

### **Background:**

Since 1988, the polio eradication partnership has been guided by multi-year strategic plans. The Polio Eradication Strategic Plan 2004-2008 replaces the year 2000 plan<sup>1</sup>. The new plan reflects the major tactical revisions introduced in 2003 to interrupt polio transmission, the revised timeframe for certification of eradication, and the decision to stop immunization with oral polio vaccine (OPV) as soon as possible after global certification.

The Polio Strategic Plan is being presented to the Board due to the major implications for GAVI contained therein.

### **Timeline:**

The new plan outlines the key polio eradication activities for the next two phases of the initiative and prepares for the third:

- *Interruption of Poliovirus Transmission Phase (2004-2005)*
- *Global Certification and 'Mainstreaming' Phase (2006-2008),*
- *OPV Cessation Phase (from 2009).*

### **Major Issues and Implications:**

1) New Target Dates: end-2004 is the target for interrupting wild poliovirus transmission (the last case could occur in mid-2005 without major implications). The target date for global certification is revised to 2008.

2) Sub-National Focus: the plan targets the 5 areas linked to 75% of cases worldwide (Kano, Nigeria; Uttar Pradesh and Bihar, India; Northwest Frontier Province and Sindh, Pakistan). Intensified activities will be tailored to each area, with strong political oversight to access civil administration resources and enhance accountability.

3) Routine Immunization & Importation Preparedness: the curtailing of polio campaigns in non-endemic areas has increased the risk of importations and cVDPVs<sup>2</sup>, resulting in a much greater emphasis on routine immunization, particularly in very high risk areas (e.g. countries surrounding Nigeria). This provides an excellent opportunity for enhanced collaboration with GAVI on immunization strengthening.

4) Products for OPV Cessation: stopping OPV soon after certification requires markedly accelerated development of monovalent OPV (mOPV), IPV produced from Sabin strains (S-IPV), and IPV-containing combination vaccines. Mechanisms must also be in place to ensure countries that desire or need these products have access to them by 2009.

5) Global Certification and 'Mainstreaming': to avoid a cessation of activities after the interruption of transmission, the Plan outlines the work needed to achieve certification

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<sup>1</sup> Global Polio Eradication Strategic Plan 2001-2005. WHO Document No. WHO/Polio/00.05.

<sup>2</sup> circulating vaccine-derived poliovirus (cVDPV).

and mainstream the polio infrastructure, including the human resources, into other disease control, surveillance and response programmes.

**Recommendations to the Board:**

The Board is requested to:

1. Revise the GAVI milestones to reflect the new target date of 2008 for global certification of polio eradication that will be announced at the January 2004 launch of Polio Eradication Global Strategic Plan.
2. Advocate for the rapid interruption of polio transmission in Nigeria, India, Pakistan, Niger, Afghanistan and Egypt (by end-2004) and for close collaboration with the polio initiative to ensure higher routine immunization coverage in all countries to protect against importations in this critical phase.
3. Explore mechanisms for promoting the development of the products needed to stop OPV and strategies for ensuring that all countries can access the appropriate products, should they desire.

**Attachment:** Draft Polio Strategic Plan, 2004-08 [in pdf format]