

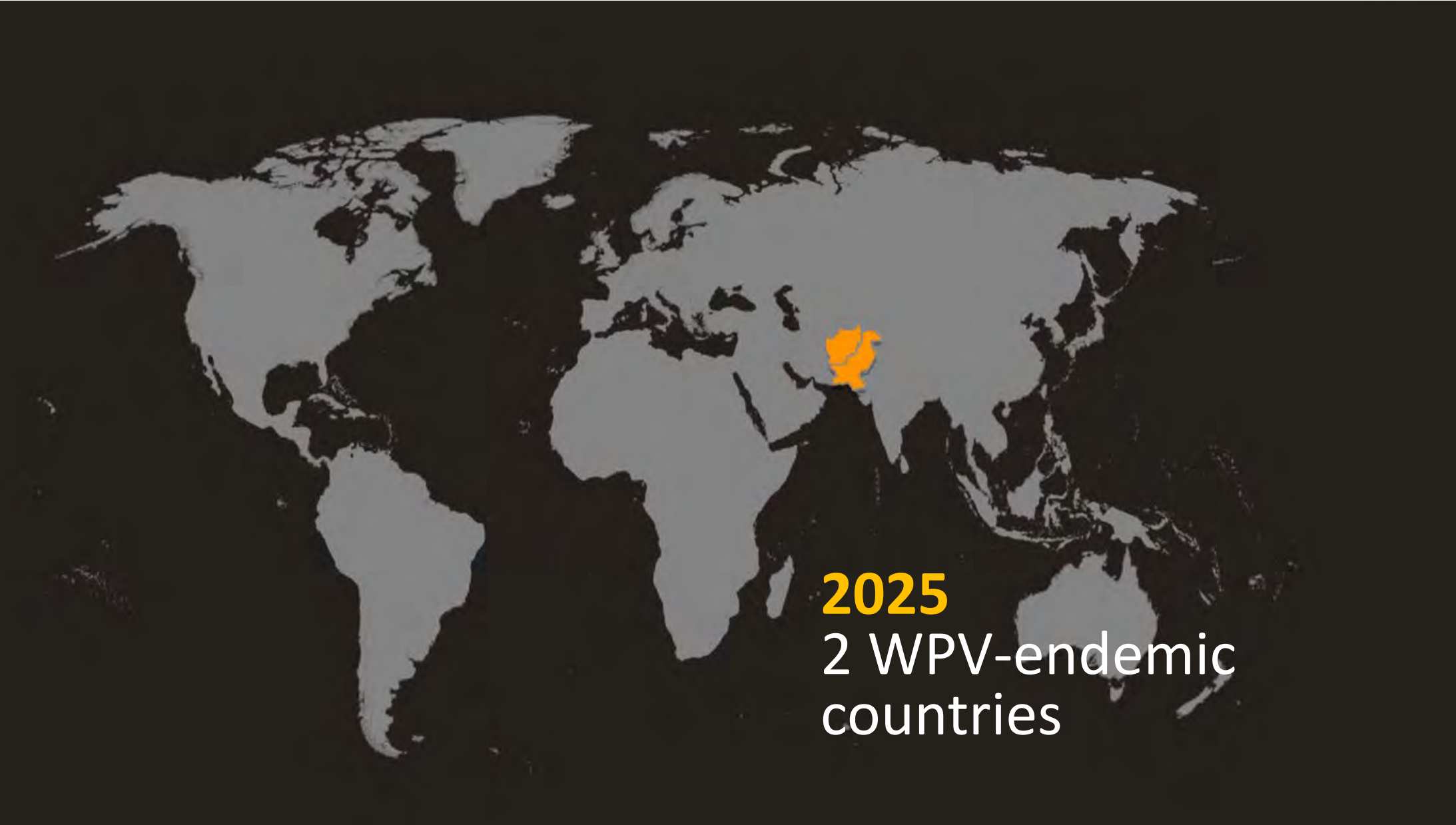
14 April 2025

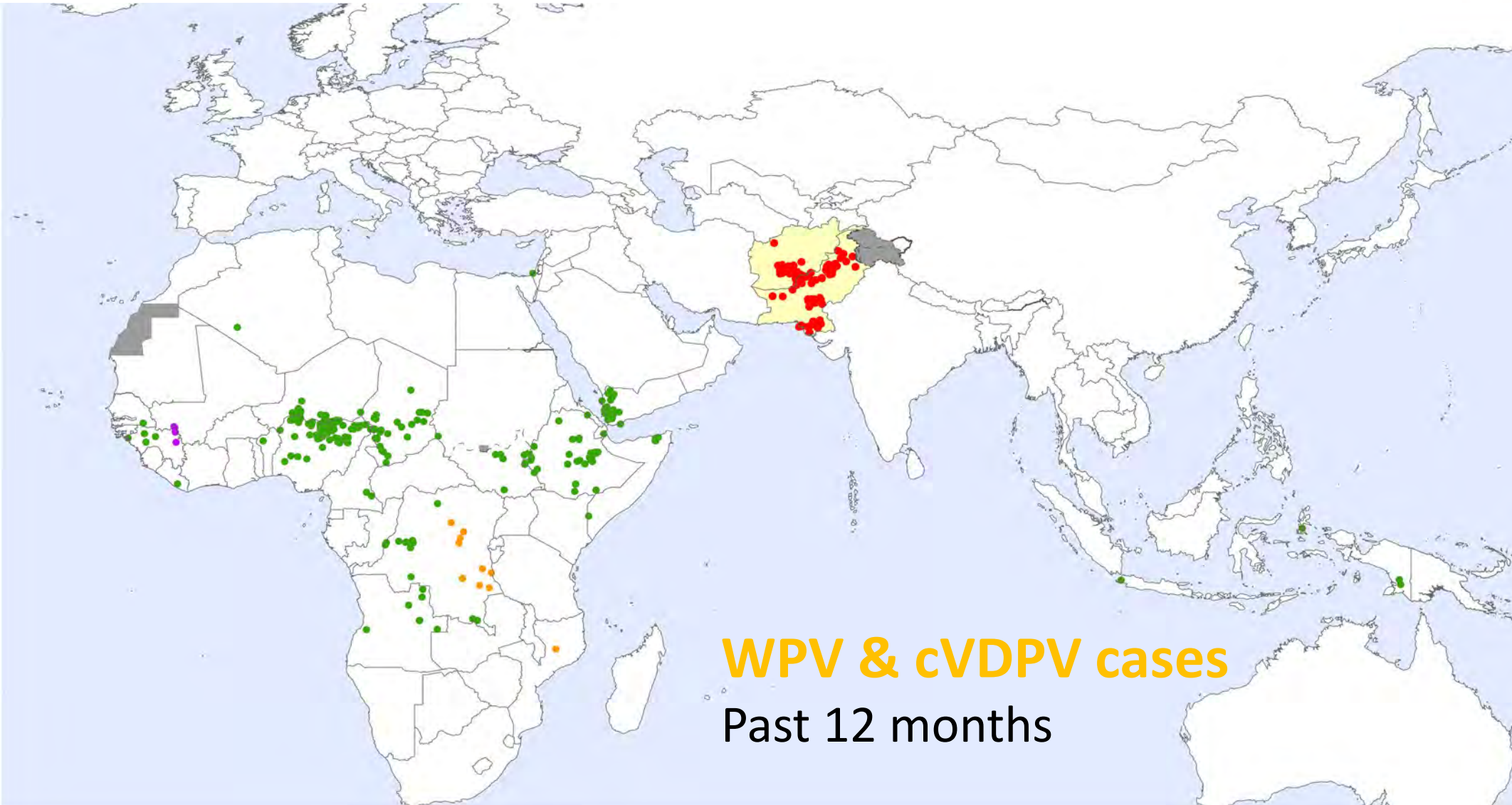
Global Polio Eradication Initiative Member State Information Session

Securing and sustaining a world free from all forms of polioviruses

Programmatic and epidemiological update

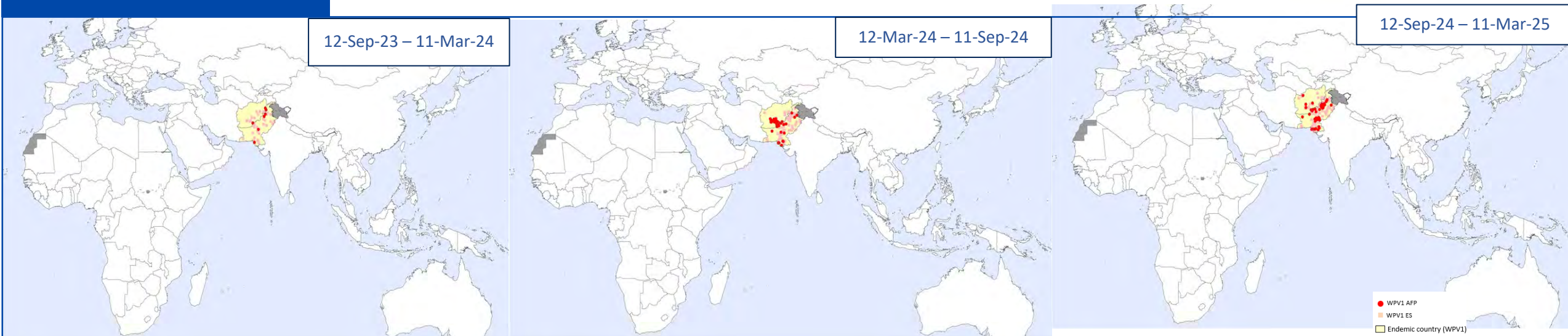






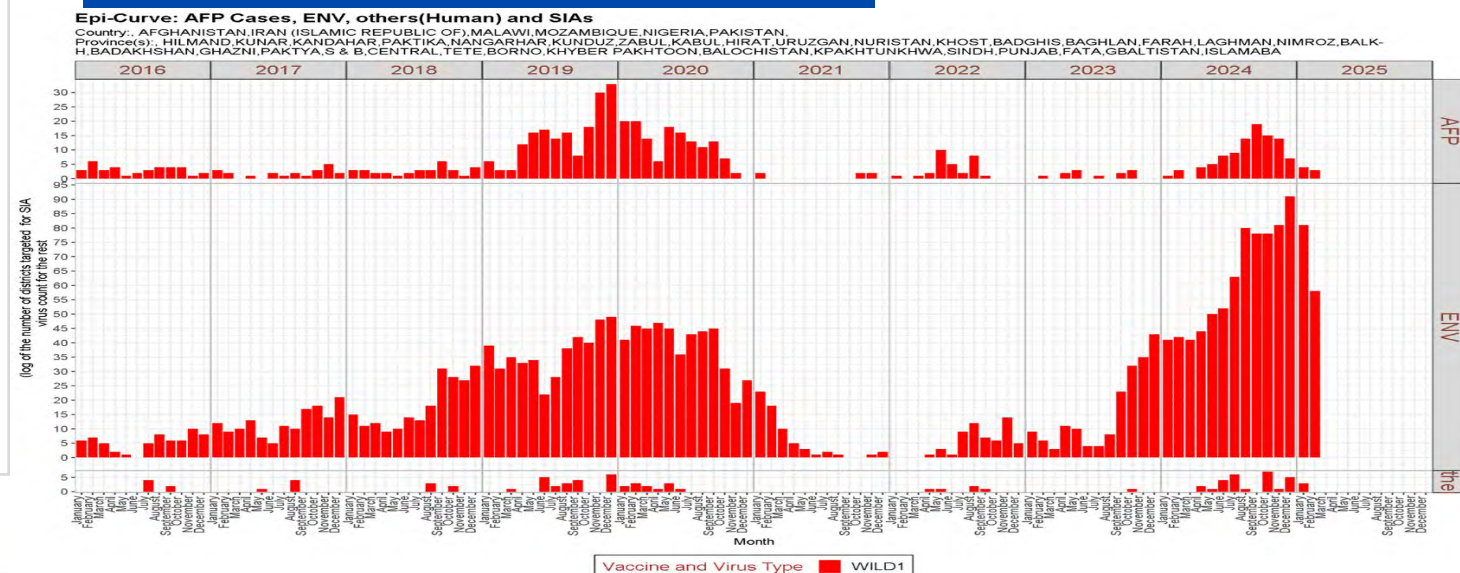
Goal-1; Stopping Endemic WPV1 Transmission – Status

Global WPV1 isolates¹



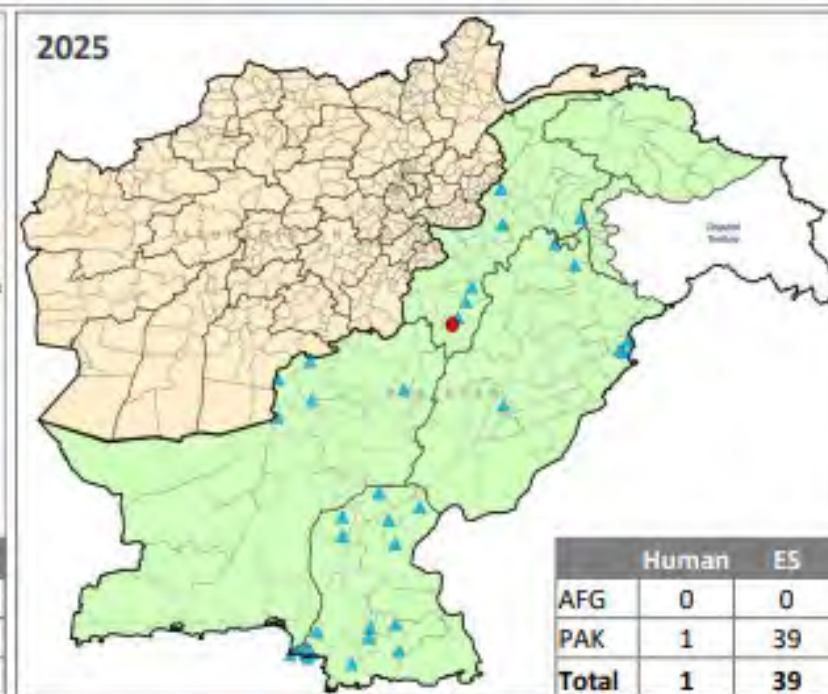
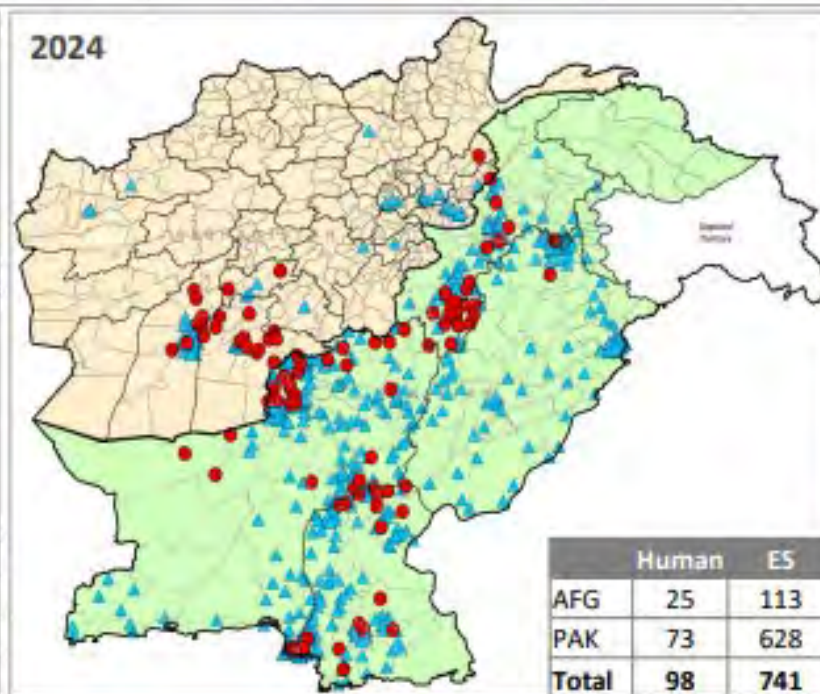
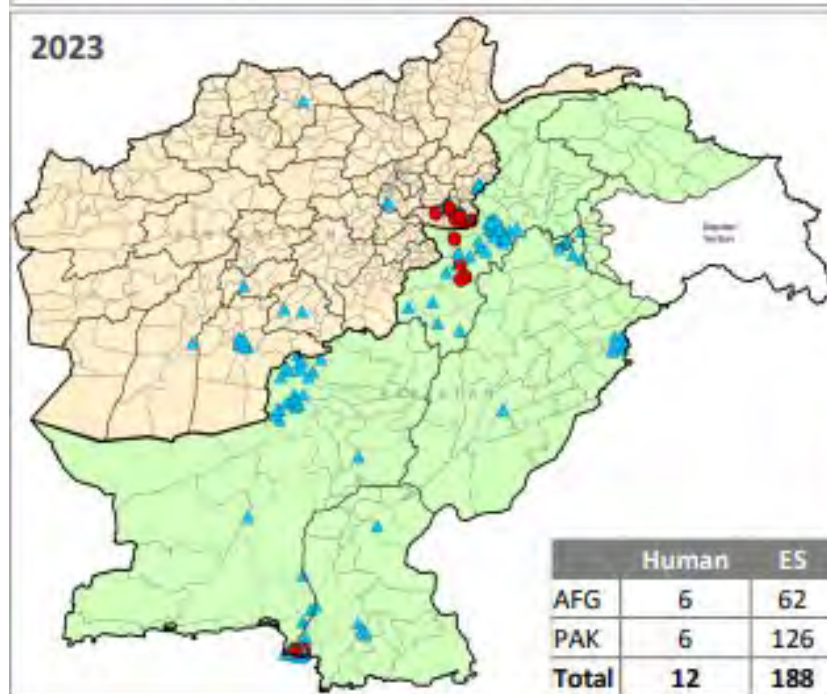
- **99 WPV1 cases in all of 2024 (25 in AFG, 74 in PAK), compared to 12 in 2023 (6 each)**
- Seven WPV1 cases reported in 2025: 1 in AFG and 6 in PAK (11 Mar)
- Surge in WPV1 detections from wastewater samples since September 2023

Global WPV1 AFP cases, environmental samples, and others



¹includes viruses detected from AFP (onset date) and environmental surveillance (collection date)

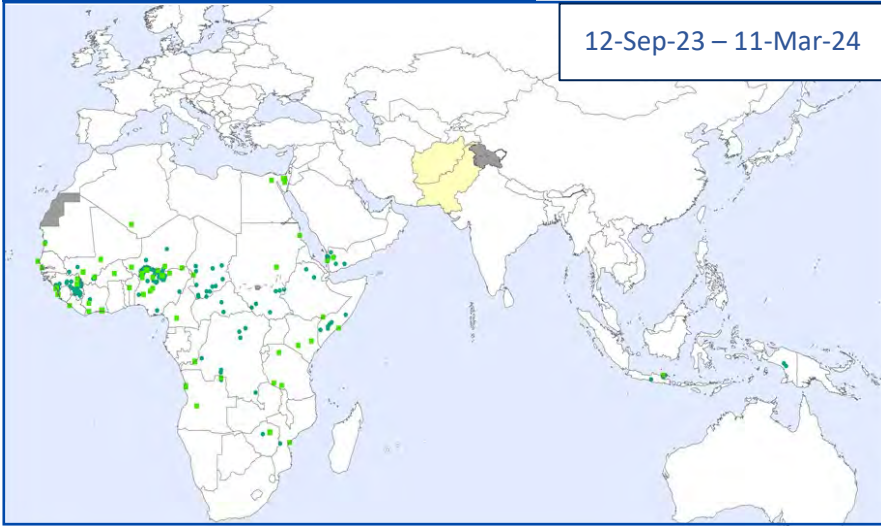
Overview of WPV1 epidemiology: Pakistan-Afghanistan 2023-25



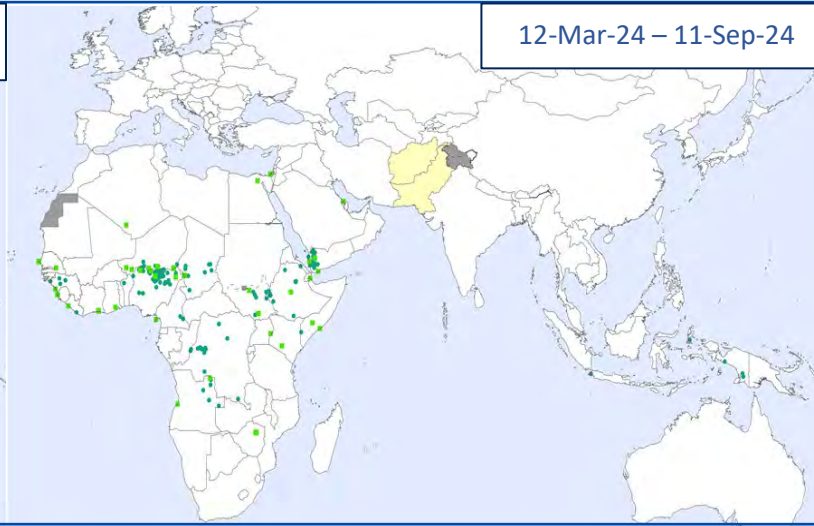
▲ ES positive isolate ● Human case

Data from WebIFA as of 01 Feb 2025

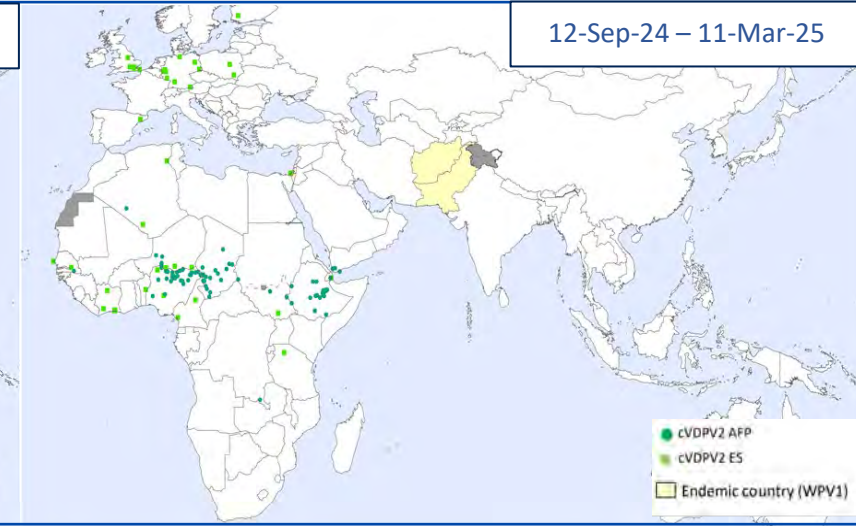
12-Sep-23 – 11-Mar-24



12-Mar-24 – 11-Sep-24

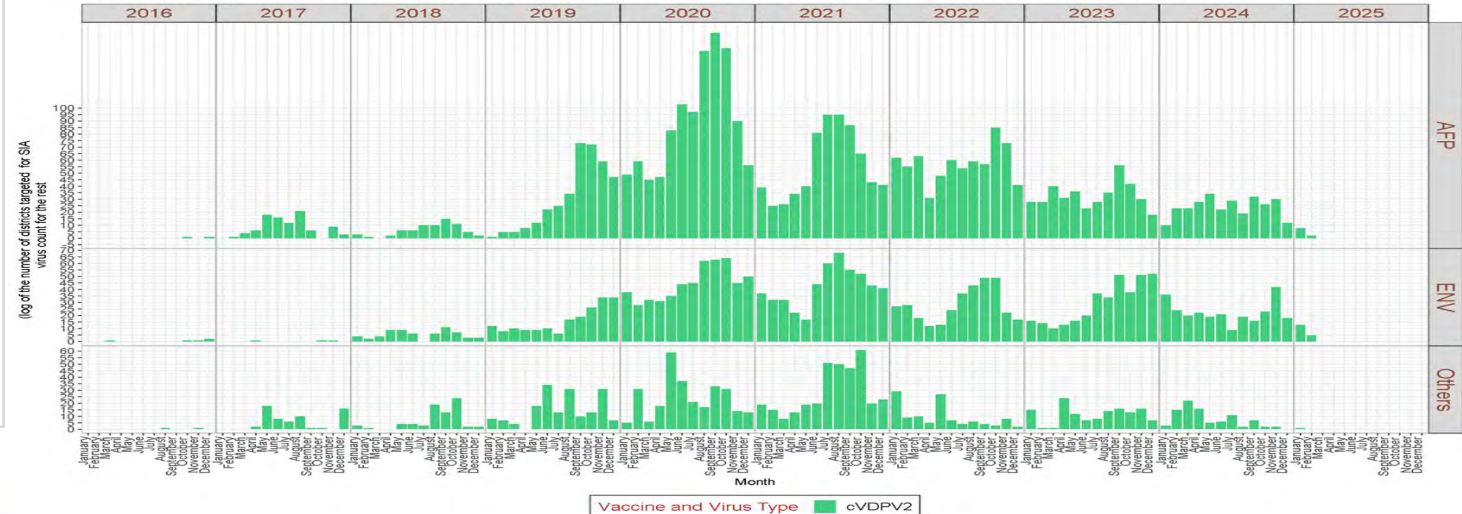


12-Sep-24 – 11-Mar-25



- ## Global cVDPV2 AFP cases, environmental samples, and others

Country:,, AFGHANISTAN,ALGERIA,ANGOLA,BAHRAIN,BENIN,BOTSWANA,BURKINA FASO,BURUNDI,CAMEROON,CANADA,CENTRAL AFRICAN REPUBLIC,CHAD,CHINA,CONGO,CÔTE D'IVOIRE,D
Province(s):,, NANGARHAR,KUNAR,BADAKHSHAN,KABUL,HILMAND,LAGHMAN,FARAH,NURISTAN,PAKTYA,KHOST,KANDAHAR,NIMROZ,URUZGAN,KUNDUZ,JAWZJAN,HIRAT,LOGAR,PA-
KTIKA,GHAZNI,ZABUL,TAKHAR,WARDAK,PARWAN,FARYAB,BALKH,SAMANGAN,BADGHIS,GHOR,TAMANGHASSET,OUARGLA,EL OUED,ALGER,ADRAR,HUILA,LUNDA NO



Data in WHO HQ as of 11 Mar. 2025 8

Poliovirus Type 2 Overview, Africa Region

Reported between 2023 - 2025

Reported Cases Last 6 Months

117 ↓ 118

Reported Cases Last 12 Months

235 ↓ 317

Positive ES Sites Last 12 Months

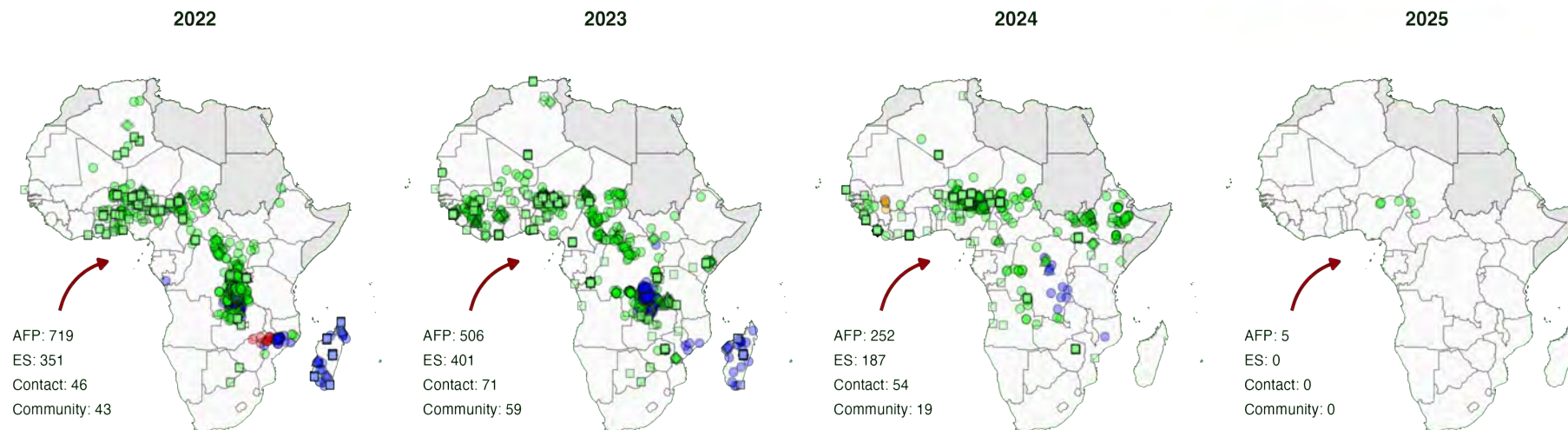
163 ↓ 306

Countries Reporting Last 12 Months

22 ↓ 27

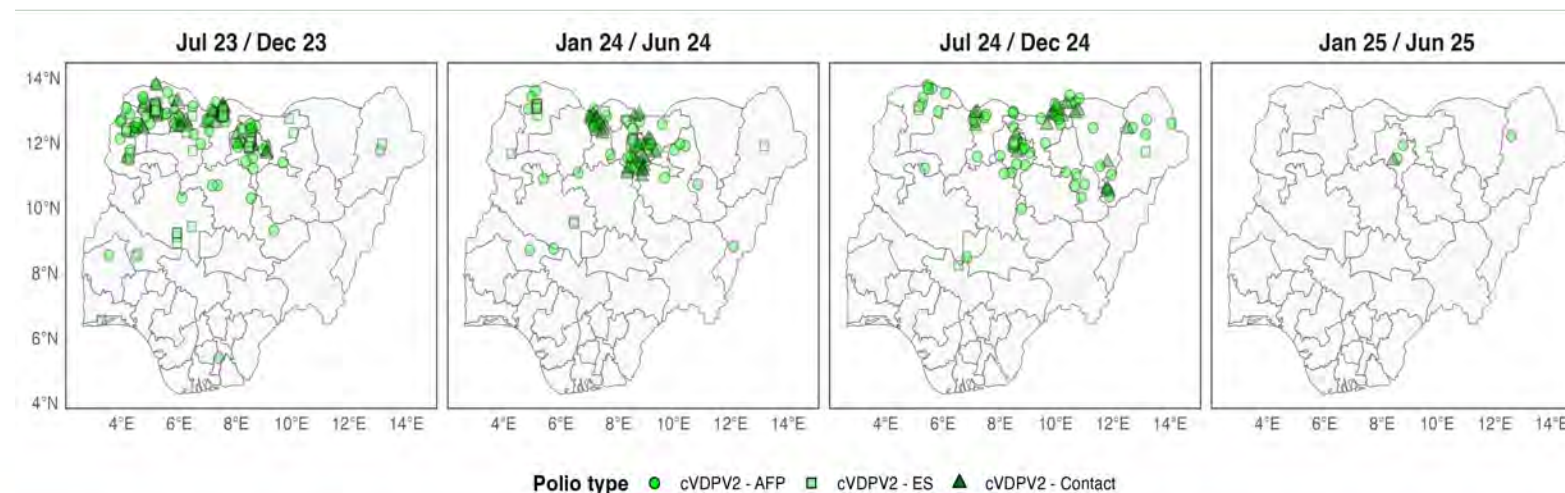
Emergence Groups Last 12 Months

24 ↑ 22



Polio type

- WPV1 - AFP
- cVDPV1 - ES
- ▲ cVDPV1 - Contact
- cVDPV2 - ES
- ▲ cVDPV2 - Contact
- cVDPV1 - AFP
- ◆ cVDPV1 - Community
- cVDPV2 - AFP
- ◆ cVDPV2 - Community
- cVDPV3 - AFP



Comparison is with preceding equivalent time period

Red: Increase by ≥15%;

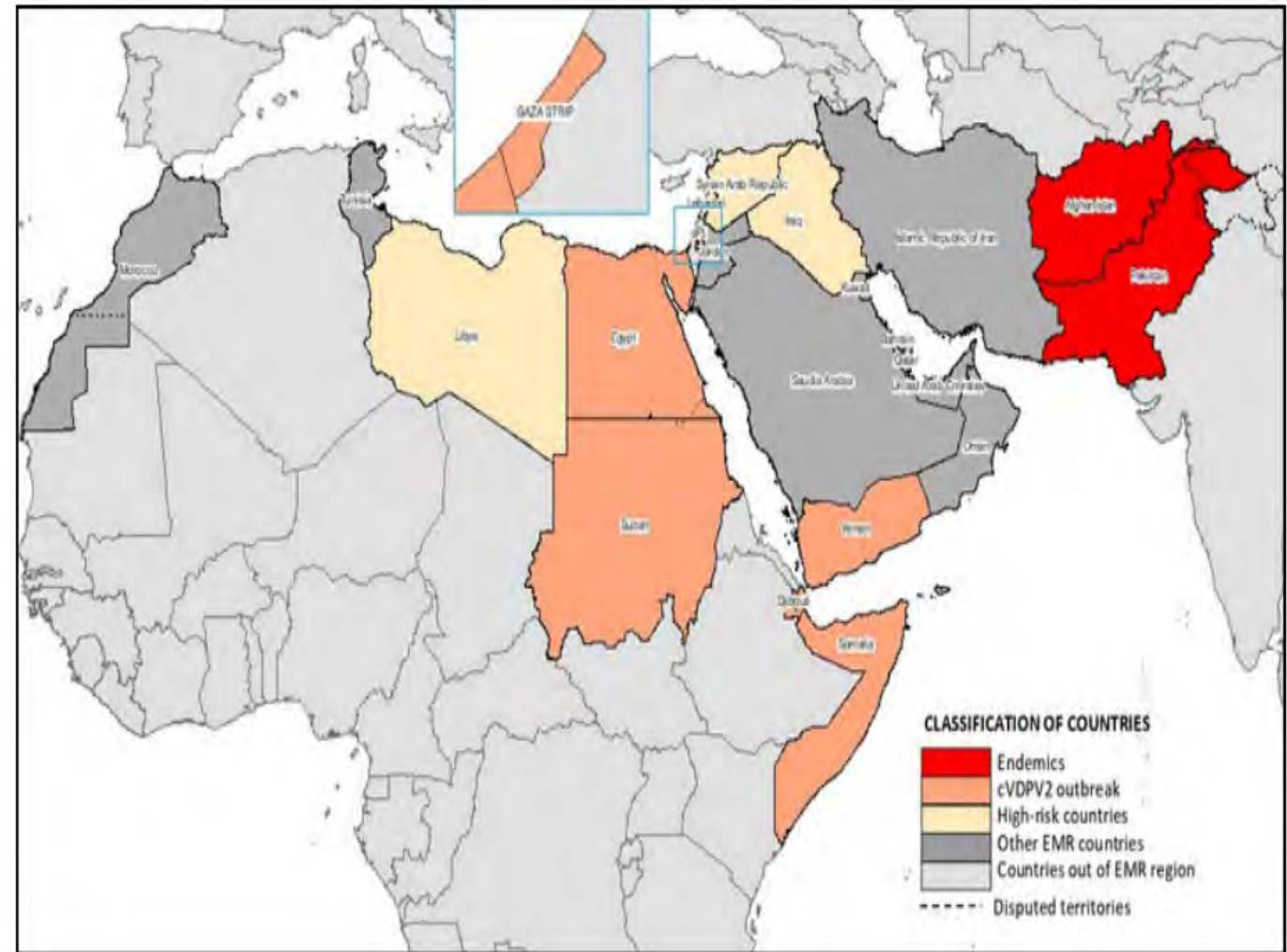
Green: Decrease by ≥15%;

Yellow: Change within ±15%

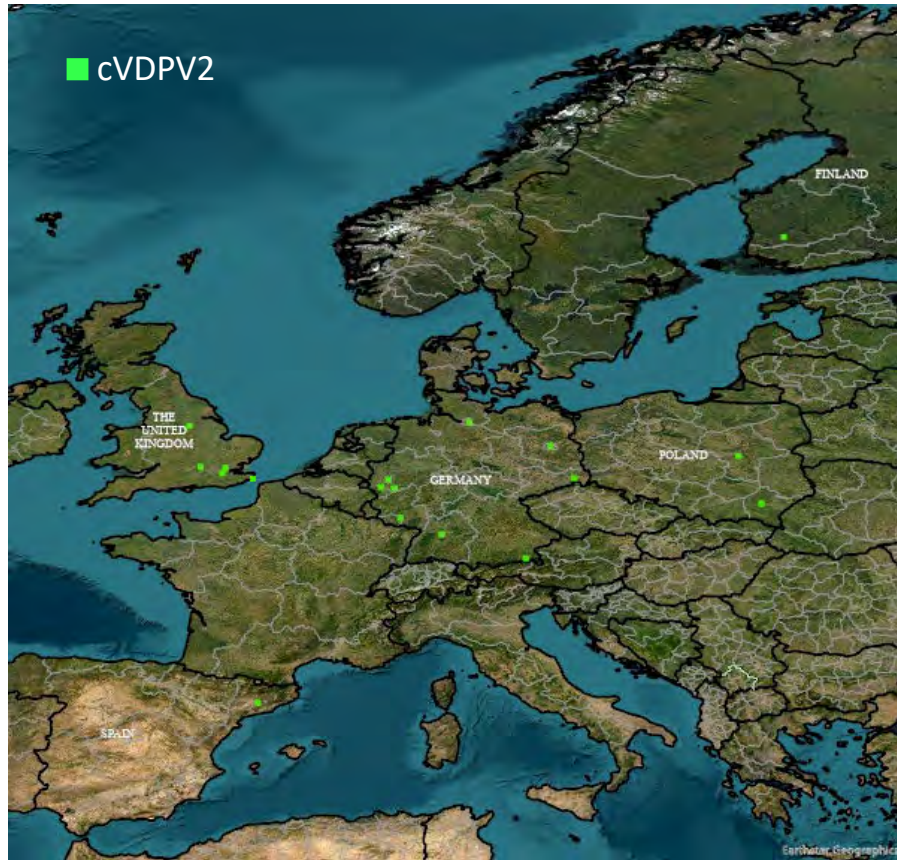
*The 6/12 months figures include a 2-month reporting lag.

Eastern Mediterranean Regional (EMR) Overview

- **Somalia**; Three cVDPV2 cases & 3 ES+ in 2024 (most recent detection in June 2024)
 - SOM-BAN-1 emergence continues >7 years with international spread
 - South-Central Somalia inaccessibility challenge
- **Yemen**; 37 cVDPV2 cases in 2024
 - largely from northern governorates
 - AFP specimens' shipment stopped since June 2024, (900+ AFP cases pending final classification)
- **Gaza**; 26 ES+ and one AFP since Jun 2024 (the date of onset of the only reported case was on 25 Jul 2024)
 - Most recent detection: 6 February 2025
 - Campaigns implemented under very difficult conflict situation
- **Sudan**; last detection in Jan 2024



cVDPV2 Detection in the European Region, from exclusively IPV using countries, 2024-2025 - A global health security issue



- **Finland;** One ES detection related to the NIE-ZAS-1 (Last detection: 19 Nov 24)
- **Germany;** Multiple detections (n=26) through ES related to the NIE-ZAS-1 - from seven provinces (Last detection: 13 Jan 25)
- **Poland;** Three detections from wastewater samples, Warsaw (Oct 2024 & Jan 2025) and Rzeszów City (Dec 2024)
- **UK;** Seven detections through ES (Five in November, one in December 2024 and one in January 2025) – District London, Southeast England, Yorkshire and Humber
- **Spain;** One detection from wastewater sample - Catalonia, Barcelona District (Sept 2024)
- **All these positive samples are genetically linked to Zamfara emergence of Nigeria which is currently circulating in broader West African region (Nigeria, Mali, Guinea, Algeria)**

Response to broader financial context

GPEI's 4-point plan

1. Detailed **assessment of budget and resource mobilization impacts** underway
2. **Streamlining, efficiencies & increased agility** of GPEI structures and ways of working being identified
3. Strategic **re-allocation of resources**
4. Increased **integration with Essential Immunization & Gavi** to ensure increased impact for eradication from all sources funds to be agreed at forthcoming joint GPEI-Gavi Board meeting

Conclusion

Major progress in some geographies but challenges remain



Launching supplementary immunization activities in Madagascar, May 2024
Credit: WHO Madagascar

- **Big wins in 2023/2024** – WPV in Southern Africa closed, substantial progress in Madagascar and DRC
- **Setback** –persistent cVDPV2 transmission in Lake Chad basin countries especially Nigeria
- **Strategic imperatives for success**
 - Making the programme work efficiently and deliver under a changing geopolitical paradigm
 - All hands on deck for WPV; maximizing support for Afghanistan and Pakistan
 - Overcoming challenges in Lake Chad Basin and the Horn of Africa
 - Dedicated effort to combat misinformation to address vaccine hesitancy
 - Increase efficient use of available resources, diversify funding sources and advocate for long-term donor commitments
- **What should success look like by end of the low season in 2025/2026**
 - Substantial progress in Afghanistan and Pakistan
 - Substantial progress in ending cVDPV transmission in the Lake Chad Basin, West Africa, Horn of Africa
 - All **active** cVDPV1 outbreaks closed; continued vigilance against type 1 and type 3 outbreaks
 - Outbreaks in Madagascar, DRC and many other Central, Southern and Eastern Africa countries closed

Revision of the Post-Certification Strategy

Context for Revising the PCS

Changing political, environmental, epidemiological landscape post COVID-19 recovery, fragile contexts for eradication, climate change and global health financing architecture



CHANGING LANDSCAPE



Close alignment with other key frameworks and global initiatives
Gavi 6.0, HEPR/International Health Regulations, IA2030, PHC/Universal Health Coverage and Polio Transition Strategic Framework

GLOBAL ALIGNMENT

NEW TECHNOLOGIES

Building on new technologies: direct detection and characterization of polio virus, development nOPV and new IPVs, development of polio antivirals and monoclonal antibodies.



IMPLEMENTATION



A dedicated phase for implementation planning: defining how the post-certification activities will get done and who will be responsible for them



In scope

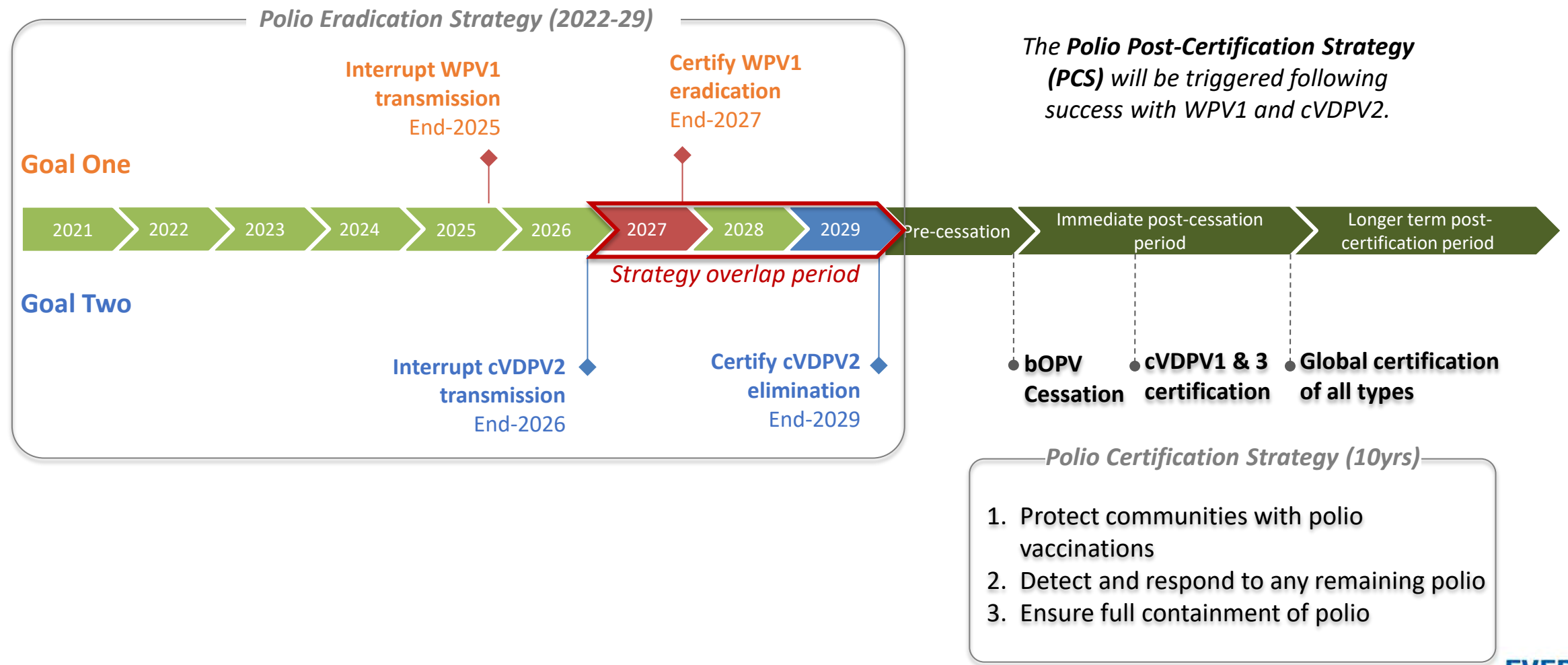
- Technical standards for polio-essential functions
- Governance / accountability options
- Global cost estimates
- Future research activities
- Country risk categorization



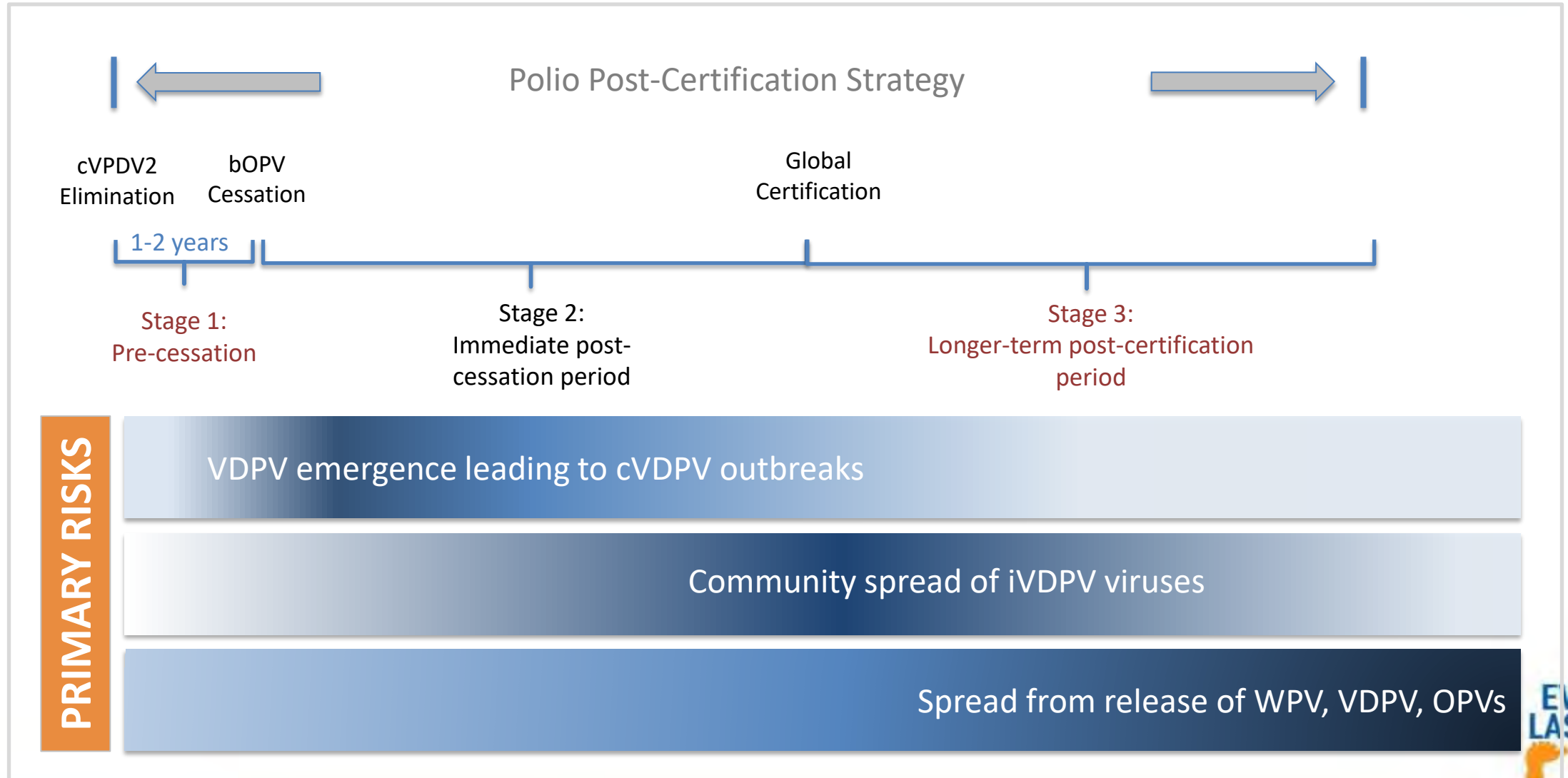
Out of scope

- Alternative scenarios for current eradication strategy
- Decision on the future governance and accountability model
- Transition and implementation planning at global, regional, and country level

Eradication & Certification Strategies



Primary epidemiological risks during PCS period



PCS Goals & Objectives



Goal 1: Protect Populations

- **Objective 1.1:** To prepare and implement a globally synchronized cessation of bOPV use in routine immunization.
- **Objective 1.2:** To provide access to safe, effective polio vaccines for the long-term protection of global populations.



Goal 2: Detect & Respond

- **Objective 2.1:** To promptly detect any poliovirus in a human or in the environment through a sensitive surveillance system.
- **Objective 2.2:** To develop and maintain adequate global and regional capacity and resources to support national efforts to contain any detected poliovirus and stop transmission.



Goal 3: Contain Polioviruses

- **Objective 3.1:** To sustain safe and secure poliovirus containment in laboratories, vaccine manufacturing sites and other facilities retaining polioviruses.

PCS Phased Implementation Roadmap

A phased approach is recommended prior to the start of the PCS to prepare for the governance and funding mechanisms required to sustain a polio free world.



PCS stakeholders (engaged and to be engaged)

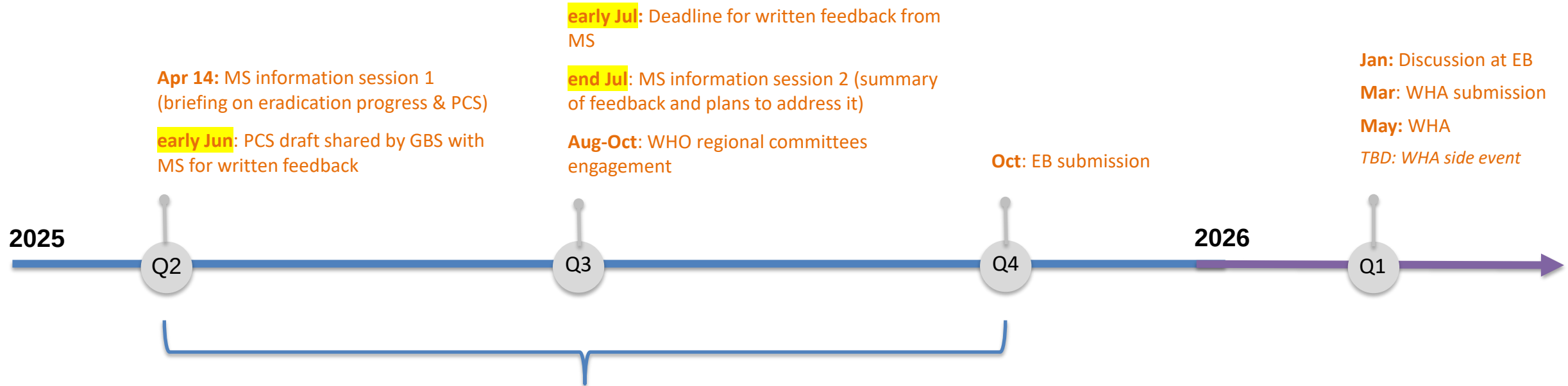
Stakeholders engaged

- WHO (across all levels and programmes)
- UNICEF (across all levels and programmes)
- CDC
- Gavi
- Gates Foundation
- UN Foundation
- GPEI Global Programme Support groups
- Donors: Canada, USAID, UK – FCDO, Germany, Australia, EC, France, Japan, Monaco, Saudi Arabia, UAE
- Modelers: Imperial, Institute of Disease Modelling, Kid Risk, LSHTM
- CSOs
- Global Certification Commission
- Polio Independent Monitoring Board/Polio Transition Independent Monitoring Board
- Other regional/technical bodies: CDC China
- Rotary International
- Islamic Development Bank
- Strategic Advisory Group of Experts on Immunization

Stakeholders to be engaged

- Development banks
- Non-GPEI donors and foundations
- Vaccine manufacturers
- Containment groups (e.g., National Authorities for Containment)
- Global, national, and regional entities and structures (e.g. Africa CDC and National Certification Committees)

Next Steps for Member States engagement



Alongside WHO Governing Bodies processes: feedback of national technical experts at relevant global, regional, country meetings (ITAG, RITAGs, EPRTAGs, regional fora, etc.) with UNICEF's engagement

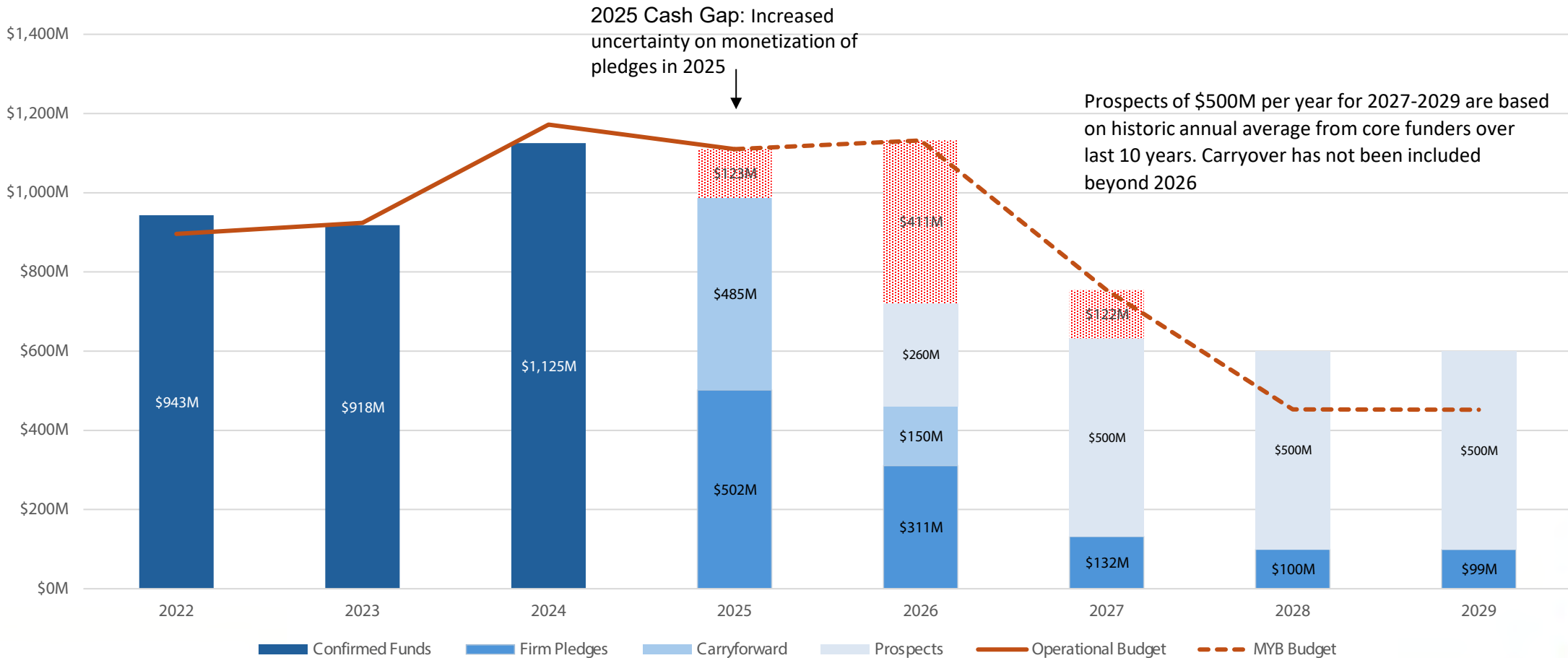
Exact date
TBC

Resource Mobilization – Uncertainty beyond 2025

GPEI’s 2022 – 2029 resource gap stands at ~\$2.25B vs \$2.4B in October 2024.

The chart below summarizes the current financial outlook for GPEI. As the global health landscape is experiencing significant change, longer-term programmatic adjustments may be required to align to a new fiscal reality. Continued Member State leadership will be critical during this time of change.

Current GPEI Financial Outlook



Given the uncertainty in global health funding, the GPEI is more effectively using available funds, while planning for a range of future financial scenarios. This will require commitment and support from GPEI leadership groups, implementing partners at all levels, and donors.

Loss of US funding and plummeting of ODA in historical GPEI donors

- Loss of US funding significantly impacts Surveillance, Lab support and Technical Assistance
- Contributions from GPEI historical donors at risk due to current geopolitics

Broader Impact

- Considering the **overall reduction in health sector funding, there are concerns around 'knock on or secondary effects' on polio eradication**, especially in overall declines in immunization coverage
- The uncertainty across the entire spectrum of global health funding puts **at risk the monetization** of anticipated contributions as planned.

Mitigation measures

- Managing the 2025 funding gap through programme adjustment & dynamic budgeting
- Financial Planning and Prioritization for 2026 & beyond
- Requesting donors for earlier disbursements, flexibility towards reprogramming & longer implementation periods to mitigate the risk of insufficient funding early in the year.

Critical juncture to deliver on your resolution

1. Mobilize More Sustainable and Diversified Funding

- G7, G20, and the Commonwealth commitment to polio eradication—critical for long-term financing.
- The €500M facility by the European Investment Bank, European Commission & Gates Foundation; Pakistan's concessional loans
- Multi-year pledges from Saudi Arabia (US\$500M) & Canada (CAN \$151M)

Integrate polio into UHC, PHC, and pandemic preparedness financing. Be open to innovative tools, e.g. debt swaps & blended finance

2. Amplify the Urgency of Polio Eradication

- Rotarians worldwide elevate awareness and political momentum to urgently finish polio.
- Progress, risk, and relevance to both domestic and global public health goals communicated consistently to reinforce polio's role in global health security, equity, and SDGs.

Include polio within bilateral/multilateral high-level platforms and summits beyond WHA, including G7, G20, OIC, UNGA, TICAD, APEC, GCC, OTS, et

3. Promote Country Leadership, Equity & Accountability

- Following the example of Pakistan & Nigeria in national coordination and innovative financing
- Ensure all boys and girls are reached with the polio vaccine; serve as GPEI gender champions

Champion inclusive national leadership, address geographic & gender-related barriers; enhance accountability through data & domestic financing



Questions and answers

Thank You