POLIO GLOBAL ERADICATION INITIATIVE

2020 ANNUAL REPORT

SEMI-ANNUAL STATUS UPDATES
JANUARY–JUNE & JULY–DECEMBER 2020

World Health Organization · unicef · Rotary · CDC Centers for Disease Control and Prevention · Bill & Melinda Gates foundation · Gavi The Vaccine Alliance

POLIO GLOBAL ERADICATION INITIATIVE

2020 ANNUAL REPORT

SEMI-ANNUAL STATUS UPDATES
JANUARY-JUNE & JULY-DECEMBER 2020

World Health Organization · Rotary · CDC Centers for Disease Control and Prevention · unicef · Bill & Melinda Gates foundation · Gavi The Vaccine Alliance

Global Polio Eradication Initiative annual report 2020 and semi-annual status updates, January - June and July - December 2020

ISBN 978-92-4-003076-3 (electronic version)
ISBN 978-92-4-030077-0 (print version)

Published by the World Health Organization (WHO) on behalf of the Global Polio Eradication Initiative.

Suggested citation. Global Polio Eradication Initiative annual report 2020 and semi-annual status updates, January - June & July - December 2020. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

CONTENTS

ACRONYMS

AFP	Acute flaccid paralysis
cVDPV	Circulating vaccine-derived poliovirus
cVDPV2	Circulating vaccine-derived poliovirus type 2
FCDO	Foreign, Commonwealth & Development Office (United Kingdom of Great Britain and Northern Ireland)
GAPIII	Third edition of the WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use
GCC	Global Commission for the Certification of the Eradication of Poliomyelitis
GPEI	Global Polio Eradication Initiative
IA2030	Immunization Agenda 2030
IPV	Inactivated polio vaccine
nOPV2	Novel oral polio vaccine type 2
OPV	Oral polio vaccine
OR	Odds ratio
WHO	World Health Organization
WPV	Wild poliovirus
WPV1	Wild poliovirus type 1

EXECUTIVE SUMMARY

GPEI partners thank front-line polio workers for their ability to respond rapidly and bravely to COVID-19 and for their ingenuity and commitment to finding ways to deliver the polio vaccine safely in the context of a pandemic. They are the eyes and ears of the health system in communities, and played a critical role in the response.

The year 2020 had just started to unfold when the COVID-19 pandemic began to shake the foundations of social, economic and political stability. The Global Polio Eradication Initiative (GPEI) has much to offer to the world in this unprecedented situation. It has shown what works for finding and tracing a virus and engaging and empowering communities to protect themselves and others.

The polio infrastructure has a long history of supporting broader public health efforts. The year 2020 again demonstrated this, as never before. Polio staff rapidly pivoted to support the COVID response activities. They helped with disease surveillance, facilitated lab diagnostics, conducted contact tracing and educated communities on physical distancing and hygiene best practices, and distributed soap. These are among the foundations of essential health services.

The polio programme owes its progress in achieving tremendous milestones to front-line polio workers. Its success is in building their capacity, in learning lessons, in doing better next week, next month, and in saving lives. It is clear that failing to prepare means preparing to fail.

The programme has continually adapted and innovated to find new ways to vaccinate children in hard-to-access or conflict-affected areas, including by conducting flexible and rapid vaccination campaigns and reaching children moving out of insecure areas at checkpoints, markets and camps for internally displaced persons.

People unite in crisis. It is trust between the community and public health system, its doctors, its nurses, its allied health professionals, its village volunteers that makes this whole system run so effectively.

The COVID-19 pandemic has demonstrated the consequences of chronic under-investment in public health and how fragile those services and systems are in the face of public health emergencies. Investing in the global effort to eradicate polio strengthens public health systems, helping to prepare and respond to the pandemic. Polio-funded infrastructure supports broader health service deliveries and builds resilient health systems, including disease surveillance. In 2020 during the COVID-19 pandemic, the polio programme also strengthened its integration efforts, launching a more systematic collaboration with essential immunization programmes and fostering new collaborations with broader health initiatives.

It is not just more investment in public health that is needed. Also necessary is rethinking about the value of health. The time has come for a new narrative that sees health not as a cost but as an investment that is the foundation of productive, resilient and stable economies. With a whole-of-government, whole-of-society comprehensive approach, coronavirus and any future viruses can be contained, and poliovirus can be eradicated.

The pandemic is a powerful demonstration that health is not a by-product of growth; it is the essential underpinning of productive, resilient and stable economies. To prevent future outbreaks and their impact on lives, livelihoods and economies, all countries must invest in preparedness and universal health coverage.

Dr Samreen Khalil, WHO Polio Eradication Officer, checks the register for potential cases during surveillance at the paediatric unit at the Khyber Teaching Hospital.

With the help of WHO, Pakistan was able to draw on its experience in the fight against polio in response to the COVID-19 pandemic.

In Peshawar, approaches and methods which have proven effective in tracking and fighting polio served as a model for in the fight against COVID-19. Among these were utilizing existing polio surveillance networks embedded in hospitals and health care facilities as well as regularly collecting and testing environmental samples.

© WHO / Blink Media - Saiyna Bashir

INTERRUPTING POLIOVIRUS TRANSMISSION

Background: poliovirus transmission is actively tracked globally through a virus surveillance system, focused primarily on 69 at-risk countries, to rapidly detect and enable a response to the presence of poliovirus. This system detects and investigates more than 115 000 cases of acute flaccid paralysis (AFP), supported by more than 550 environmental testing sites to enable further insight even in the absence of paralytic disease. Though surveillance sensitivity was impacted in some areas as a result of the COVID-19 pandemic, it remained operational and programmatically relevant, and is now reaching levels of sensitivity similar to pre-pandemic levels in most regions.

WILD POLIOVIRUS TRANSMISSION

In 2020, wild poliovirus type 1 (WPV1) continued to be detected in parts of Afghanistan and Pakistan, the last wild poliovirus (WPV) endemic reservoir in the world. This is the lowest number of WPV-endemic countries ever.

On 25 August 2020, the WHO African Region was certified free of WPV by the Africa Regional Certification Commission. Five out of six WHO regions are now free of WPV. WPV types 2 and 3 were globally certified as eradicated in 2015 and 2019, respectively.

Pakistan and Afghanistan – a cross-border reservoir with co-circulation of wild poliovirus type 1 and circulating vaccine-derived poliovirus type 2

Pakistan

In 2020, Pakistan continued to be affected by the co-circulation of WPV1 and circulating vaccine-derived poliovirus type 2 (cVDPV2).

WPV1 transmission was widespread, with key virus reservoirs located in southern Khyber Pakhtunkhwa, greater Karachi (Sindh) and greater Quetta (Balochistan); the virus expanded to previously polio-free areas (Sindh and Punjab) and was detected across the country. cVDPV2 continued to expand geographically, notably in Khyber Pakhtunkhwa, with ongoing breakthrough transmission complicated by a large nationwide accumulation of populations susceptible to type 2 poliovirus.

The risk of expansion of both strains, including potentially internationally, will increase in the coming months due to a build-up of susceptible children, resulting from a pause in vaccination campaigns associated with the COVID-19 pandemic. Of note, however, is the fact that the bulk of WPV cases occurred in the first half of the year, with only six cases reported in the last quarter of 2020, despite it being the high season for poliovirus transmission.

The national programme is reorganizing to urgently address the circulation of both virus strains, as a key component of the broader health and economic COVID-19 recovery process.

Afghanistan

In 2020, Afghanistan was also affected by the co-circulation of WPV1 and cVDPV2.

While Afghanistan has in the past successfully interrupted indigenous WPV transmission in the two endemic reservoirs, the southern and eastern regions, its efforts were complicated by geopolitical factors, including a new government, a change in senior ministerial leadership, limited access to areas in the southern region and a pause in vaccination campaigns due to the COVID-19 pandemic.

WPV1 transmission is endemic in the southern and eastern regions and continued to expand to previously polio-free areas, notably in the north and west of the country. A cVDPV2 outbreak continued to expand in the eastern region, with a large nationwide accumulation of children susceptible to type 2 poliovirus.

In response, the national programme began adapting operational approaches, focusing efforts on the eastern region and non-endemic areas and securing greater access in high-risk areas of the southern region. Work was also undertaken to adapt vaccination campaign approaches to the current situation with regard to COVID-19, and involved improving the quality of campaigns, comprehensively engaging communities including through increased mass media and social media, and integrating immunization and surveillance within broader health efforts. The programme continued working with a broader range of public- and private-sector partners operational on the ground aiming to deliver health services, and establishing nascent integrated service plans to distribute other services to communities during polio campaigns, such as hygiene kits, baby blankets and soap, and implementing multi-antigen campaigns where possible.

CIRCULATING VACCINE-DERIVED POLIOVIRUS TYPE 2: INCREASING PUBLIC HEALTH EMERGENCY

In 2019, an emergency associated with cVDPV2 emerged, which continued to expand in 2020, primarily in Africa, but also in parts of the Eastern Mediterranean, South-East Asia and Western Pacific Regions.

In Africa, several outbreaks of genetically-distinct cVDPV2 continued to spread across countries in the region, notably in west Africa (as an outbreak originating in Nigeria continued to expand both into west Africa and parts of central Africa), in central Africa (notably in Angola and

Successes following full outbreak response implementation

In 2020, the GPEI supported efforts to close 20 cVDPV outbreaks in eight countries (Angola, Central African Republic, Democratic Republic of the Congo, Ethiopia, Indonesia, Myanmar, Nigeria and Zambia).

In November, 20 countries in Africa commenced vaccination campaigns and immunization activities following COVID-19 safety measures, reaching 40 million children with the polio vaccine.

the Democratic Republic of the Congo), and in the Horn of Africa (notably Somalia and Ethiopia).

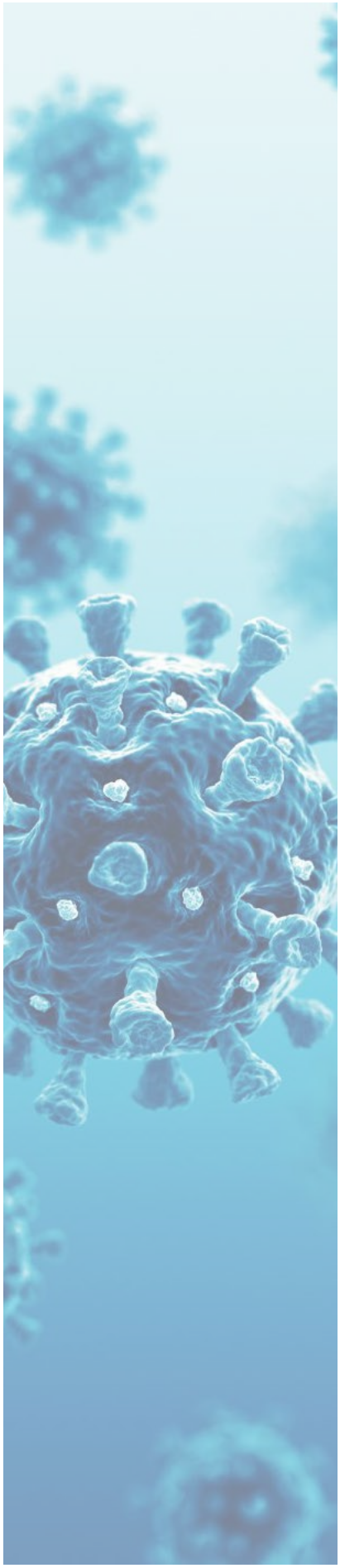
In Asia, in addition to Pakistan and Afghanistan, the Philippines continued their outbreak response to a strain that emerged in 2019 that spread to Malaysia. In all instances, the continued spread of existing outbreaks as well as the emergence of new circulating vaccine-derived poliovirus (cVDPV) strains point to gaps in routine immunization coverage and to the insufficient quality of outbreak response. The risk of the further spread of such strains or of the emergence of new strains is magnified by an ever-increasing gap in global mucosal immunity to type 2 poliovirus and dropping immunization rates related to COVID-19.

In response, in 2020, the GPEI launched the Strategy for the Response to cVDPV2 2020–2021 to comprehensively address the evolving cVDPV2 epidemiology. In decision EB146(11) (2020), the WHO Executive Board endorsed the main elements of this strategy and called on Member States to mobilize domestic financial resources to contribute to outbreak response efforts. This decision emphasized the importance of accelerating the assessment and roll-out of a novel oral polio vaccine type 2 (nOPV2) through the WHO Emergency Use Listing procedure, and called on Member States to expedite national processes to enable the importation and use of this vaccine. The Emergency Use Listing recommendation for nOPV2 was issued in November 2020, with initial use expected in late 2020 or early 2021.

This latest vaccine will be an additional tool, alongside monovalent oral polio vaccine type 1, bivalent OPV, inactivated polio vaccine (IPV), fractional-dose IPV and trivalent OPV (for outbreak settings with the co-circulation of both type 1 and type 2 strains), to interrupt remaining strains of poliovirus transmission. Key, however, will be to achieve the necessary levels of coverage to protect populations, regardless of which vaccine is used.

IMPACT OF THE COVID-19 PANDEMIC

The COVID-19 pandemic has significantly disrupted efforts to combat vaccine-preventable diseases, including poliomyelitis, compromising health systems and limiting access to vital treatments and immunization services around the world. In order to protect communities and staff, the GPEI recommended in March 2020 that countries temporarily pause house-to-house polio vaccination campaigns and make the polio programme workers and resources available for the pandemic response. While necessary to save lives, the suspension of planned polio campaigns (over 60) in more than 30 countries, coupled



with COVID-19-related disruptions to routine immunization, has already resulted in increased transmission of poliovirus.

In June 2020, the Emergency Committee of the International Health Regulations regarding the international spread of poliovirus – assessing that the risk of the international spread of polioviruses remains a Public Health Emergency of International Concern – concluded that the "current situation is extraordinary, with clear ongoing and increasing risk of international spread and ongoing need for coordinated international response".

In the second half of 2020, polio vaccination campaigns resumed in a number of infected and high-risk countries, in close collaboration with immunization and other health programmes. In countries that successfully resumed activities, the programme developed strategies and provided resources such as masks and hand sanitizer to keep front-line health workers protected in the field while ensuring that campaign elements met physical distancing requirements. The programme also continued to work with countries and the broader public health community to explore options for combining the delivery of the polio vaccine with other vaccines and health services, depending on immediate community needs, the availability of resources and operational and logistical considerations.

Anywhere that polio resources were available, the polio programme lent critical support to protect communities from COVID-19. Building on decades of experience stopping polio outbreaks, polio workers and resources were utilized to educate the public and combat the spread of misinformation. National polio communication networks in countries continued engaging with religious and community leaders and local influencers to support COVID-19 safety and care practices, while promoting vaccination and referral to basic health services. Globally, the polio surveillance network was used for COVID-19 case detection, contact tracing, laboratory testing and data management. Polio data management systems and front-line staff in many countries helped to accelerate COVID-19 detection and response.

In response to the disruption of immunization services worldwide due to the COVID-19 pandemic that put millions of vulnerable children at heightened risk of preventable childhood diseases, WHO and UNICEF issued an urgent call to action on 6 November to avert major measles and polio epidemics. It called on global action from country leaders, donors and partners to make further commitments and invest additional financial resources to safely resume vaccination campaigns and prioritize immunization systems that remain critical to protect children and avert other epidemics besides COVID-19.

CERTIFICATION & CONTAINMENT

CERTIFICATION: THE INDEPENDENT STAMP OF APPROVAL FOR POLIO ERADICATION

On 25 August 2020, the Africa Regional Certification Commission certified the WHO African Region as WPV-free. The last WPV isolated from the continent dates to 2016. Five of six WHO regions are now certified as free of WPV, representing over 90% of the world's population. The number of countries endemic to WPV is now at its lowest ever, with Pakistan and Afghanistan the last global WPV bastion.

In a unique honour, Rotarian Dr Tunji Funsho from Nigeria was named one of TIME magazine's 100 Most Influential People in the world, for his significant contributions and leadership to achieve WPV eradication in Africa.

Of the three WPV strains, only WPV1 remains in circulation. WPV type 2 was certified as globally eradicated (in 2015), followed by the global certification of WPV type 3 (in 2019).

Throughout 2020, the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) continued to intensify its work and review the criteria that will need to be met to achieve global certification of all WPV eradication. Within this context, the GCC recommended a process of sequential certification of WPV eradication, and subsequently a process for confirming the absence of vaccine-derived polioviruses, which would occur after the global certification of WPVs and subsequent OPV withdrawal globally to eliminate the long-term risks of vaccine-derived polioviruses.

EFFECTIVE CONTAINMENT: EVOLVING CRITERIA AND EXPANDED GUIDANCE

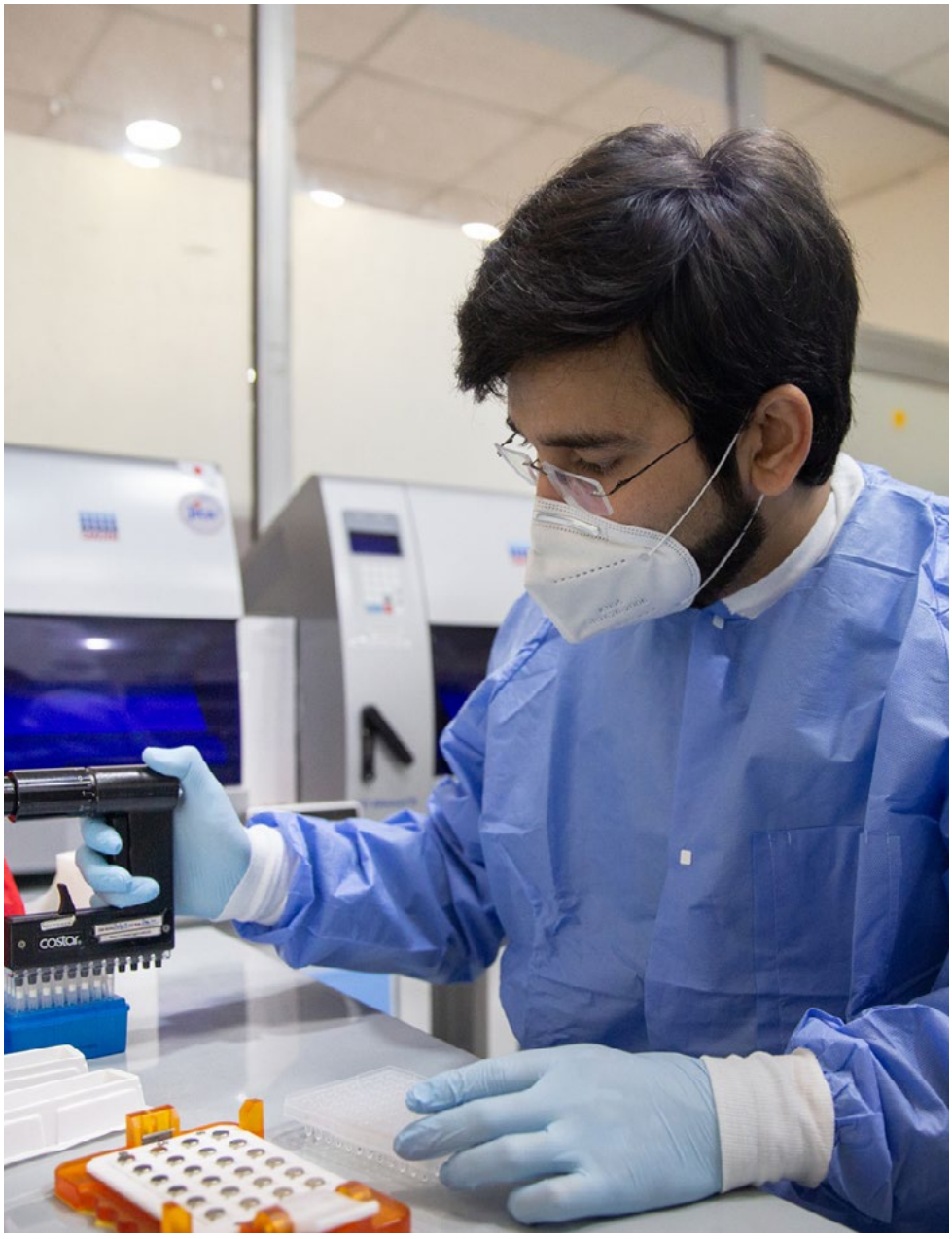
Containment includes biosafety and biosecurity requirements for laboratories, vaccine production sites or any other facility that handles or stores poliovirus infectious materials, to minimize the risk of polioviruses being released into the environment.

This is accomplished by monitoring the types and amounts of polioviruses held in countries through the annual review of certification inventories and by providing technical guidance on the implementation of GAPIII (*WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use*) in designated poliovirus essential facilities.

In accordance with World Health Assembly resolution WHA68.3, countries should continue to intensify activities for the containment of type 2 polioviruses. In 2020, 25 countries had 73 facilities (laboratories, vaccine manufacturers, research facilities) retaining type 2 poliovirus. Fifteen facilities in five countries had not yet

entered into the global poliovirus Containment Certification Scheme, the deadline for which was December 2019. In addition, with the certification of the global eradication of WPV type 3, samples containing this type should now be handled under containment conditions or destroyed. It is anticipated that the number of poliovirus essential facilities will increase as WPV types 3 and 1 are certified as globally eradicated and are thus required to be handled under containment conditions.

The GPEI continues to update its containment guidance, including GAPIII, to ensure a coordinated evolution of global guidance for containment as the programme also pivots to respond to evolving certification criteria, ongoing outbreaks and the COVID-19 pandemic.



Dr Yasir Arshad, prepares the reagent for polio testing at a laboratory located at the National Institute of Health.

With the help of WHO, Pakistan was able to draw on its experience in the fight against polio in response to the COVID-19 pandemic. Data management systems across the country and a call center in the capital, Islamabad, assist in detecting suspected cases. Rapid response teams are then dispatched to followed up on suspected cases and do in-person tests, which are sent to national laboratories.

© WHO / Blink Media Saiyna Bashir

INTEGRATION

Integration is one of the three pillars of the Polio Endgame Strategy 2019–2023. It is also a strategic priority in the Immunization Agenda 2030 (IA2030) and the Gavi Strategic Plan 5.0. Integration between the polio and immunization programmes has mutual benefits. For polio, integration can help reach eradication and address community fatigue in the endemic countries; for immunization, polio eradication expertise, knowledge and presence can help reach "zero-dose children".

In 2020, global and regional counterparts from both the immunization and polio programmes across the GPEI partner agencies were collaborating to develop an initial draft Programme of Work for Integrated Actions for more systematic and targeted integration when the COVID-19 pandemic hit in early March.

Along with massive health and economic impacts, COVID-19 has brought unprecedented challenges to immunization activities, with 91 campaigns postponed in 53 countries, mostly measles and polio. At the same time, this altered landscape provides an unparalleled opportunity to coordinate and reimagine collaboration. Given this new context, the focus of the work pivoted towards the urgent needs adapted to the COVID-19 pandemic, and the interim Programme of Work for Integrated Actions in the context of the COVID-19 pandemic (iPOW) was developed.

The iPOW focuses on four priority areas: 1) comprehensive vaccine-preventable disease surveillance; 2) community engagement and service delivery; 3) outbreak response and recovery; and 4) management and coordination. It identifies critical actions across the key priority areas of work to drive synergies and materialize efficiency gains by building on initiatives accelerated by COVID-19 to ensure the successful resumption of all immunization activities and to explore opportunities to coordinate the delivery of other essential health services.

COVID-19 has underscored not just the need for better coordination at the country level, but also globally, in order to ensure aligned and coherent policies and guidance for polio and immunization. Some informal mechanisms have been established to foster alignment between the programmes in their response to the pandemic. Putting in place the mechanisms necessary to ensure the continuity of this coordination will set the ground for a new, longer-term, systematically integrated way of working.

COVID-19 is already pushing the immunization and polio programmes to work in a more systematically integrated manner, both at the operational and policy levels. As the GPEI revisits its strategy through 2023 and the immunization stakeholders continue working on operationalizing Gavi 5.0 and IA2030, this is the moment to make this change and put integration front and centre.

GENDER

The GPEI *Gender Equality Strategy 2019–2023* sets out to promote the **integration of a gender perspective** into different aspects of the GPEI's programming and interventions as well as organizational and management structures; support countries in **addressing gender-related barriers** and opportunities to polio vaccination to increase vaccination coverage; increase **women's meaningful participation** and agency at the different levels of the polio programme to work towards greater gender parity across the partnership, including at management level; and create more **gender-equitable institutional culture** and environments.

Despite the challenges of the COVID-19 pandemic, the GPEI continued to make progress in areas to improve women's engagement and sex-disaggregated data management, analysis and metrics. Efforts were also made to provide gender training and to advocate for gender. Highlights include::

- Recruitment and retention of local women and development of more conducive work environments for women in Afghanistan and Pakistan through the Immunization Communication Network (ICN) in Afghanistan and the Community Based Vaccinator Programme (CBV) in Pakistan

- Staff and contractor training on Prevention of Sexual Exploitation, Abuse and Harassment

- Establishment of a Gender Data Working Group and gender data dashboard for AFP surveillance to monitor GPEI gender data indicators and to provide technical assistance for the collection and analysis of sex-disaggregated data and other gender metrics

- Joint collaboration with immunization partners on gender compendium for the Immunization Agenda 2030 as well as a set of indicators on gender barriers to immunization spearheaded by the Equity Reference Group for Immunization;[1]

- Co-development of gender training webinar for the WHO 2020 "*Certification Course in Routine Immunization Activity Planning- GRISP*" course

1 The Equity Reference Group for Immunization is a think-tank hub convened by UNICEF and the Bill & Melinda Gates Foundation to generate innovative ideas to accelerate progress on equity in immunization. Operating as an action-oriented think tank, the group is reviewing evidence across health programmes and other sectors and recommending innovative ways to achieve greater equity in immunization though policies and programming.

- The launch of the Women Leaders web series and the Gender Champion for Polio Eradication initiative with the Ministers of Foreign Affairs of Australia, Spain and the United Kingdom.[2]

Wendy Morton, Minister of European Neighbourhood and the Americas, Foreign, Commonwealth & Development Office (FCDO), UK

"The UK envisions a world safe and secure from global health threats posed by infectious diseases, but until every strain of polio is eradicated worldwide, no child is safe. The UK is at the forefront to support countries to deliver routine immunization and reach underserved zero-dose children. I am proud of the role UK aid plays, supporting over 450 million polio vaccinations a year.

Women are absolutely critical to the success of the polio programme; polio eradication will not be achieved unless we redouble our efforts to ensure women's participation is maximized and that the polio programme connects with women in polio-affected communities. Beyond polio, this has the potential to provide women with greater social and economic opportunities. We need actions not just words, and I pledge to use my role to ensure that together we tackle gender-related barriers. Investing in disaggregating and analysing data by gender will be key, as will be ensuring close attention is paid to the protection and empowerment of front-line polio workers."

I support the GPEI Gender Equality Strategy 2019–2023 as a concrete effort to highlight the role of gender in polio eradication.

I commit to:

- *Using social media channels to raise awareness of the role of women in the fight against polio*
- *Holding an annual FCDO event to celebrate women on the front line of tackling polio.*

For the first part of 2021, gender work will focus on the Eradication Strategy Revision and Management Review processes to ensure that the GPEI Gender Strategy objectives are mainstreamed; that there is oversight and accountability for the GPEI Gender Strategy in the new Management Structure, including a robust M&E framework; and that gender activities are well-defined and resourced. WHO and UNICEF will also aim to conduct gender-sensitivity training for polio staff.

2 The Ministers are Marise Payne, Minister for Foreign Affairs and Minister for Women of Australian; Wendy Morton, Minister of European Neighbourhood and the Americas, Foreign, Commonwealth & Development Office (FCDO) of the United Kingdom; and Arancha González Laya, Minister for Foreign Affairs, European Union and Cooperation of Spain (https://polioeradication.org/gender-and-polio/polio-gender-champions, accessed 24 May 2021).

Analysis of data for 2020 shows an increase of 0 dose cases and a decrease in 3 plus doses cases both in endemic and outbreak countries. This is probably a consequence of the Covid-19 pandemic and related disruptions of immunization campaigns.[3] This impact does not seem to have a gender bias and concerns proportionally both girls and boys (see Annexes-Country monitoring through gender-sensitive indicators). To understand if GPEI is reaching boys and girls equally in endemic and outbreak countries, Odds Ratios have been calculated for the 0 dose indicator for some selected countries (selection based on the sample size) for 2020 as an important indicator for missed children (Table 1). In Afghanistan, an OR of 0.75 for girls suggests that they are less likely to get 0 dose compared to boys. In Pakistan, an OR of 1.5 seems to suggest that girls have greater odds of receiving 0 dose compared to boys. In Outbreaks countries, OR of 1.53 for the Democratic Republic of Congo, 4.8 for Central African Republic and 2.33 for Niger all seem to suggest that girls have greater odds of getting 0 dose compared to boys. On the contrary, OR of 0.51 for Angola and 0.49 for South Sudan may indicate that girls are less likely to get 0 dose compared to boys. While these ORs may indicate important discrepancies at country level, it is important to contextualize the analysis with data at subnational level and further complement it with qualitative analysis. GPEI is working in this direction and further analysis will be carried out. Table 1 shows percentage, numerator and denominator for girls and boys for 0 dose in 2020 (showed for the entire year and not per semester). As this data refers to surveillance, there was no sample size calculation for a fixed hypothesis, hence the significance of the ORs is not reported.

3 It is important to note that the country office in Pakistan implemented two supplementary immunization activities (February-national immunization days and March-subnational immunization days), but the lot quality assurance sampling survey for the March subnational immunization day was cancelled by programme leadership due to COVID-19 risk. Therefore, the indicator 01 is based on February national immunization days.

TABLE 1: PERCENTAGE, NUMERATOR AND DENOMINATOR FOR GIRLS AND BOYS FOR 0 DOSE, 2020

COUNTRY	% FEMALE	FEMALE NUM	FEMALE DEN	% MALE	MALE NUM	MALE DEN	% DIFFERENCE	ODDS RATIO
AFGHANISTAN	5.27	60	1138	6.83	102	1493	1.55	**0.75**
PAKISTAN	1.19	39	3270	0.79	35	4391	-0.39	**1.50**
DEMOCRATIC REPUBLIC OF THE CONGO	9.52	85	892	6.42	73	1136	-3.10	**1.53**
CENTRAL AFRICAN REPUBLIC	6.25	4	64	0	0	73	-6.25	**4.80**
NIGER	2.40	5	208	1.04	3	288	-1.30	**2.33**
ANGOLA	10.84	9	83	19.10	17	89	8.25	**0.51**
SOUTH SUDAN	4.37	6	137	8.44	13	154	4.06	**0.49**

GOVERNANCE & FINANCING

Throughout 2020, in response to the evolving situation and needs and at the request of donors, the GPEI undertook a governance review process to evaluate how to improve the partnership's operations and structures at the leadership level (Polio Oversight Board, Finance and Accountability Committee and Strategy Committee). The review gathered feedback from stakeholders and donors via a series of surveys, workshops, interviews and consultations conducted over a six-month period. The findings published in July 2020 outline key issues and recommendations aimed at strengthening the programme's governance.

At the same time, the GPEI launched a revision process of the new strategy for polio eradication. Based on best practices and lessons learned, partners and stakeholders are collectively identifying the remaining obstacles to polio eradication, in order to inform the revised strategy and incorporate optimal approaches to overcoming those obstacles. Intensive engagement with partners and stakeholders was ongoing until the end of 2020, with the strategy finalized and its major elements presented to Seventy-fourth World Health Assembly in May 2021.

While, historically, overall support to the GPEI remains high, notably by long-standing sovereign donors and Rotary International, the challenging global economy presents the GPEI with a precarious financing situation that could significantly affect global eradication efforts. Current financial constraints may force a prioritization of available resources, which could lead to the scale-back of activities in countries in which polio is not endemic. Surveillance and preventive activities in those countries would require alternative and sustainable funding. The GPEI has prepared a list of priority countries in which the transition to other resources is most urgent. At the same time, the programme is continuing to adapt its approaches in the current COVID-19 pandemic environment.

FINANCING

In November, WHO and UNICEF issued a joint call for emergency action to prioritise polio in national budgets as governments rebuild their immunization systems in the wake of COVID-19, and to urgently mobilise additional international resources.

In 2021 and beyond, ongoing international development support is more critical than ever, particularly to ensure the new GPEI Strategy 2022-2026 can be fully implemented, including by ensuring past pledges are fully and rapidly operationalized. In the first-half of 2021, leadership from across the world expressed their support to polio eradication, including by Heads of State of G7 countries, the World Health Assembly and the G7 health ministers.

CONTRIBUTIONS IN 2020

The GPEI thanks all donors for their generous contributions in 2020, which helped ensure that the activities described in this report were implemented. The international development community's long-standing support is critical to delivering a sustained polio-free future for all future generations to come.

CONTRIBUTORS	AMOUNT
Al Ansari Exchange	US$ 50 000
Al Abdulla Family	US$ 25 000
Australia	US$ 6 600 000
Bill & Melinda Gates Foundation	US$ 373 300 000
Canada	US$ 3 000 000
EasyJet	US$ 62 000
Islamic Development Bank Loan/Government of Pakistan	US$ 40 000 000
Germany	US$ 46 000 000
Japan	US$ 6 700 000
Liechtenstein	US$ 3 000
Luxembourg	US$ 600 000
Malaysia	US$ 18 500 000
Malta	US$ 2 000
Monaco	US$ 50 000
National Philanthropic Trust/Private Philanthropists	US$ 36 100 000
Nigeria	US$ 5 230 000
Norway	US$ 5 660 000
Philippines	US$ 18 000 000
Rotary International	US$ 150 600 000
Spain	US$ 120 000
Sudan	US$ 5 000 000
Turkey	US$ 1 430 000
UNICEF Regular Resources	US$ 1 430 000
United Arab Emirates	US$ 22 200 000
United Kingdom	US$ 93 500 000
United Nations Foundation	US$ 1 650 000
United Nations Humanitarian Fund	US$ 1 710 000
USA	US$ 235 000 000

COUNTRY MONITORING

State / Area	Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Southern (Kandahar, Helmand)	Interrupt transmission	Number of cases	0 case	18	126
	High population immunity	% 0-dose	<10%	9.17%	18.37%
		LQAS (% lots with "High Pass")	>= 90%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID, 1 SNID	2 NIDs, 1 SNID, 1 CR
		% children missed due to no visit/child absent (in 11 LPDs)		TBC	TBC
		% children missed due to refusal (in 11 LPDs)		TBC	TBC
	High virus detection	AFP rate	> 2 per 100 000	11.1	19.8
		Stool adequacy	> 80%	90.23	84.62
		Lab receipt to virus isolation result (median)	< 14 days	12	12
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
Rest of country	Interrupt transmission	Number of cases	0 case	69	129
	High population immunity	% 0-dose	<10%	1.02%	3.30%
		LQAS (% lots with "High Pass")	>= 90%		
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID, 2 SNIDs, 1 CR	2 NIDs, 1 SNID, 3 CRs
	High virus detection	AFP rate	> 2 per 100 000	15.8	18.2
		Stool adequacy	> 80%	94.64	93.05
		Lab receipt to virus isolation result (median)	< 14 days	12	11
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
All of country		Number of polio cases from families refusing OPV	0 case	N/a	N/a
		IPV introduction	intro by 2015	Yes (Sep-15)	Yes (Sep-15)

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal reach in immunization campaigns	% F/M vaccinated	ns*	93.1%	93.5%	92.5%	93.3%
Equal doses received	Median # doses F/M	ns	7	7	5	5
	% F/M 0-dose	ns	2.69	3.28	6.65	9.64
	% F/M 3+ doses	ns	92.55	93.43	84.54	80.83
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	4	4
	% F/M <= 3 days	ns	53.74	54.63	46.38	49.26
Women's participation in immunization campaigns	% F/M frontline workers in urban areas	>50%	41%	59.30%	41.6%	58.4%

*Target of ns refers to achieving a non-significant result in terms of gender differences.

COUNTRY MONITORING

State / Area	Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
KP	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	42	1
	High population immunity	% 0-dose	<10%	1.70%	0.26%
		LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID, 1 SNID, 3 CRs	4 NIDs, 1 CR
		% children missed due to no visit/child absent		TBC	TBC
		% children missed due to refusal		TBC	TBC
	High virus detection	AFP rate	> 2 per 100 000	16.21	16.74
		Stool adequacy	> 80%	82.73	82.2
		Lab receipt to virus isolation result (median)	< 14 days	11	11
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
FATA (KPTD)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	21	0
	High population immunity	% 0-dose	<10%	0.70%	0.80%
		LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID, 2 SNIDs, 3 CRs	3 NIDs, 2 CRs
		% children missed due to no visit/child absent		TBC	TBC
		% children missed due to refusal		TBC	TBC
	High virus detection	AFP rate	> 2 per 100 000	21.01	20.14
		Stool adequacy	> 80%	88.8	88.6
		Lab receipt to virus isolation result (median)	< 14 days	11	11
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		

COUNTRY MONITORING

State / Area	Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Karachi (SINDH)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	23	44
	High population immunity	% 0-dose	<10%	0.13%	1.09%
		LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%		
		% inaccessible	<5%		
		Number and type of activity	per plan	1 NID, 1 SNID	4 NIDs, 2 CRs
		% children missed due to no visit/child absent			
		% children missed due to refusal			
	High virus detection	AFP rate	> 2 per 100 000	12.87	12.31
		Stool adequacy	> 80%	90.16	87.15
		Lab receipt to virus isolation result (median)	< 14 days	11	11
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
"Rest of country"	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	26	60
	High population immunity	% 0-dose	<10%	0.41%	0.33%
		LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%		
		% inaccessible	<5%		
		Number and type of activity	per plan	1 NID, 3 SNIDs, 2 CRs, 1 Mop-up	4 NIDs, 3 CRs
	High virus detection	AFP rate	> 2 per 100 000	12.108	13.019
		Stool adequacy	> 80%	87.24	83.34
		Lab receipt to virus isolation result (median)	< 14 days	11	11
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
All of country		Number of polio cases from families refusing OPV	0 case	N/a	N/a
		IPV introduction		Yes (Jul-15)	Yes (Jul-15)

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal reach in immunization campaigns	% F/M vaccinated	ns	96.44	96.81	96.12	96.28
Equal doses received	Median # doses F/M	ns	7	7	7	7
	% F/M 0-dose	ns	1.23	0.75	0.97	0.7
	% F/M 3+ doses	ns	97.84	98.16	97.04	98.11
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	3	3
	% F/M <= 3 days	ns	55.11	57.16	51.33	53.21
Women's participation in immunization campaigns	% F/M frontline workers	>80%	60	40	59	41

COUNTRY MONITORING

State / Area	Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
North Central (Kano, Katsina, Jigawa, Kaduna)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	0	0
	High population immunity	% 0-dose	<10%	0.29%	0.20%
		LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID	1 SNID
		% children missed due to no visit/child absent		TBC	TBC
		% children missed due to refusal		TBC	TBC
	High virus detection	AFP rate	> 2 per 100 000	4.79	7.19
		Stool adequacy	> 80%	91.8	94.9
		Lab receipt to virus isolation result (median)	< 14 days	11	12
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
Northeast (Borno, Yobe)	Interrupt transmission	Number of cases (WPV1 and cVDPV2)	0 case	0	0
	High population immunity	% 0-dose	<10%	1.78%	0.00%
		LQAS (% UCs w/ 0-3 missed children; i.e. "Pass")	>= 90%		
		% inaccessible	<5%		
		Number and type of activity	per plan	1 NID	1 SNID
		% children missed due to no visit/child absent		TBC	TBC
		% children missed due to refusal		TBC	TBC
	High virus detection	AFP rate	> 2 per 100 000	11.33	10.92
		Stool adequacy	> 80%	91.07	93.70
		Lab receipt to virus isolation result (median)	< 14 days	12	12
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a

COUNTRY MONITORING

State / Area	Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Rest of North (Sokoto, Kebbi, Zamfara)	Interrupt transmission	Number of cases (cVDPV2)	0 case	1	4
	High population immunity	% 0-dose	<10%	0.00%	0.00%
		LQAS	>= 90%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID	1 SNID, 2 CRs
		% children missed due to no visit/child absent		TBC	TBC
		% children missed due to refusal		TBC	TBC
	High virus detection	AFP rate	> 2 per 100 000	7.74	9.39
		Stool adequacy	> 80%	98.27	94.65
		Lab receipt to virus isolation result (median)	< 14 days	11	11
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
Rest of country	Interrupt transmission	Number of cases (cVDPV2)	0 case	1	2
		High population immunity	<10%	0.07%	0.14%
		LQAS	>= 90%	N/a	N/a
		% inaccessible	<5%	N/a	N/a
		Number and type of activity	per plan	1 NID, 2 CRs	1 SNID, 5 CRs
	High virus detection	AFP rate	> 2 per 100 000	5.257	5.706
		Stool adequacy	> 80%	95.95	94.73
		Lab receipt to virus isolation result (median)	< 14 days	11	10
	Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
All of country		Number of polio cases from families refusing OPV	0 case	N/a	N/a
		IPV introduction	intro by 2015	Yes (Feb-15)	Yes (Feb-15)

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal reach in immunization campaigns	% F/M vaccinated	ns	96.94	97.03	96.72	96.97
Equal doses received	Median # doses F/M	ns	7	7	7	7
	% F/M 0-dose	ns	0.22	0.3	0.19	0.14
	% F/M 3+ doses	ns	97.73	97.76	98.65	98.29
Equal timeliness of disease notification	Median # days disease notification	ns	5	5	5	5
	% F/M <= 3 days	ns	33.85	32.92	34.21	32.05
Women's participation in immunization campaigns	% F/M frontline workers	>80%	74.94	25.06	87.45	12.55

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	3 cVDPV2	0
High population immunity	% 0-dose	<10%	21.18%	6.25%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	7 CRs, 1 Mop-up	1 NID, 2 CRs, 2 Mop-up
High virus detection	AFP rate (national)	>2	2.12	2.77
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	44%	67%
	Stool adequacy (national)	>=80%	77.65	86.38
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	50%	72%
	Lab receipt to virus isolation result (median)	< 14 days	13	12
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	1.5	0	0	0
	% F/M 0-dose	ns	15.56	31.91	7.89	4.88
	% F/M 3+ doses	ns	75.56	46.81	71.05	68.29
Equal timeliness of disease notification	Median # days disease notification	ns	4	6	4	5
	% F/M <= 3 days	ns	39.51	33.33	39.81	33.03

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	2 cVDPV2	1 cVDPV2
High population immunity	% 0-dose	<10%	2.60%	5.21%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	4 CRs	2 CRs
High virus detection	AFP rate (national)	>2	4.97	5.74
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	91%	100%
	Stool adequacy (national)	>=80%	89	88
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	83%	92%
	Lab receipt to virus isolation result (median)	< 14 days	12	11
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	2	3	3	3
	% F/M 0-dose	ns	2.86	2.33	4.88	5.26
	% F/M 3+ doses	ns	80	88.37	85.37	84.21
Equal timeliness of disease notification	Median # days disease notification	ns	8	6	7	5
	% F/M <= 3 days	ns	25.4	24.62	25	37.04

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	26 cVDPV2	39 cVDPV2
High population immunity	% 0-dose	<10%	4.44%	4.40%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	2 CRs	5 CRs
High virus detection	AFP rate (national)	>2	10.05	13.56
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
	Stool adequacy (national)	>=80%	85%	88%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	69%	85%
	Lab receipt to virus isolation result (median)	< 14 days	14	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	3	3
	% F/M 0-dose	ns	3.2	5.24	4.86	5.65
	% F/M 3+ doses	ns	88	88.48	90.27	88.34
Equal timeliness of disease notification	Median # days disease notification	ns	4	4	4	4
	% F/M <= 3 days	ns	41.92	44.67	48.51	48.43

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	4 cVDPV2	3 cVDPV2
High population immunity	% 0-dose	<10%	0.00%	3.27%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	4 CRs
High virus detection	AFP rate (national)	>2	6.15	4.57
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	90%
	Stool adequacy (national)	>=80%	84.02	74.22
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	60%	50%
	Lab receipt to virus isolation result (median)	< 14 days	12	12
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	3	4
	% F/M 0-dose	ns	0	0.89	1.47	4.49
	% F/M 3+ doses	ns	91.3	92.86	89.71	87.64
Equal timeliness of disease notification	Median # days disease notification	ns	5	5	5	6
	% F/M <= 3 days	ns	41.4	39.36	34.43	35.51

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	1 cVDPV2	3 cVDPV2
High population immunity	% 0-dose	<10%	2.67%	2.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	2 CRs	2 CRs
High virus detection	AFP rate (national)	>2	13.16	6.41
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
	Stool adequacy (national)	>=80%	81.38	84.42
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	29%	14%
	Lab receipt to virus isolation result (median)	< 14 days	11	11
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	2	1	3.5	4
	% F/M 0-dose	ns	7.89	0	3.85	0
	% F/M 3+ doses	ns	78.95	90	76.92	75.76
Equal timeliness of disease notification	Median # days disease notification	ns	5	6	5	5
	% F/M <= 3 days	ns	38.46	23.75	30.3	30.23

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	57 cVDPV2	42 cVDPV2
High population immunity	% 0-dose	<10%	7.06%	2.65%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	3 CRs	2 CRs
High virus detection	AFP rate (national)	>2	10.60	12.70
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	93%	87%
	Stool adequacy (national)	>=80%	87.53	84.24
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	65%	57%
	Lab receipt to virus isolation result (median)	< 14 days	14	14
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	3	3
	% F/M 0-dose	ns	7.14	7.88	4.32	4.57
	% F/M 3+ doses	ns	77.14	79.39	82.7	73.6
Equal timeliness of disease notification	Median # days disease notification	ns	5	6	6	6
	% F/M <= 3 days	ns	27.14	30.74	25.3	23.67

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	39 cVDPV2	22 cVDPV2
High population immunity	% 0-dose	<10%	7.00%	6.80%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	2 CRs, 1 Mop-Up
High virus detection	AFP rate (national)	>2	3.87	8.03
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	76%	100%
	Stool adequacy (national)	>=80%	75%	77%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	39%	55%
	Lab receipt to virus isolation result (median)	< 14 days	13	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	2	2	3	3
	% F/M 0-dose	ns	8.33	7.32	6.4	8.78
	% F/M 3+ doses	ns	75	69.51	68.8	74.32
Equal timeliness of disease notification	Median # days disease notification	ns	6.5	5	5	5
	% F/M <= 3 days	ns	30.83	37.86	41.35	35.53

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	54 cVDPV2	27 cVDPV2
High population immunity	% 0-dose	<10%	7.41%	7.22%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	2 CRs	4 CRs
High virus detection	AFP rate (national)	>2	7.95	7.14
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	96%	100%
	Stool adequacy (national)	>=80%	87.22	87.74
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	50%	63%
	Lab receipt to virus isolation result (median)	< 14 days	12	12
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	3	3
	% F/M 0-dose	ns	10.34	6.17	8.6	6.68
	% F/M 3+ doses	ns	76.94	80.67	72.09	76.07
Equal timeliness of disease notification	Median # days disease notification	ns	6	5	5	5
	% F/M <= 3 days	ns	30.37	31.08	33.86	34.99

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	17 cVDPV2	9 cVDPV2
High population immunity	% 0-dose	<10%	7.56%	8.20%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	2 CR	1 SNID, 3 CRs
High virus detection	AFP rate (national)	>2	2.07	3.86
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	55%	82%
	Stool adequacy (national)	>=80%	91.12	88.67
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	100%	90%
	Lab receipt to virus isolation result (median)	< 14 days	13	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	1	0	1	1
	% F/M 0-dose	ns	5.71	8.78	8.04	8.74
	% F/M 3+ doses	ns	77.14	71.62	69.64	72.03
Equal timeliness of disease notification	Median # days disease notification	ns	4	3	5	5
	% F/M <= 3 days	ns	43.01	48.95	34.79	35.69

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	12 cVDPV2	0
High population immunity	% 0-dose	<10%	0.97%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	3 CRs	2 CRs
High virus detection	AFP rate (national)	>2	6.34	5.43
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	94%	88%
	Stool adequacy (national)	>=80%	89%	86%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	75%	75%
	Lab receipt to virus isolation result (median)	< 14 days	12	12
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	3	3
	% F/M 0-dose	ns	0	1.43	0	0
	% F/M 3+ doses	ns	97.59	93.57	97.62	95.45
Equal timeliness of disease notification	Median # days disease notification	ns	4	4	5	4
	% F/M <= 3 days	ns	42.42	43.83	38.46	39.68

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	23 cVDPV2	21 cVDPV2
High population immunity	% 0-dose	<10%	1.74%	26.25%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	2 CRs
High virus detection	AFP rate (national)	>2	5.48	3.58
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	88%
	Stool adequacy (national)	>=80%	91%	93%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	50%	25%
	Lab receipt to virus isolation result (median)	< 14 days	11	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	2	1
	% F/M 0-dose	ns	10.29	6.67	20.59	27.54
	% F/M 3+ doses	ns	73.53	66.67	52.94	52.17
Equal timeliness of disease notification	Median # days disease notification	ns	4	4	4	4
	% F/M <= 3 days	ns	40.22	42.86	48.78	34.44

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	0
High population immunity	% 0-dose	<10%	1.06%	2.22%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	1.58	1.54
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	34%	30%
	Stool adequacy (national)	>=80%	89%	87%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	81%	82%
	Lab receipt to virus isolation result (median)	< 14 days	12	11
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	0	2.5	0
	% F/M 0-dose	ns	0	2.13	2.5	3.85
	% F/M 3+ doses	ns	87.23	97.87	85	90.38
Equal timeliness of disease notification	Median # days disease notification	ns	4	3	4.5	3.5
	% F/M <= 3 days	ns	46.67	58.06	32.35	45.54

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	0
High population immunity	% 0-dose	<10%	0.00%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	2.60	1.90
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	73%	47%
	Stool adequacy (national)	>=80%	96%	95%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	92%	90%
	Lab receipt to virus isolation result (median)	< 14 days	13	11
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	3	1
	% F/M 0-dose	ns	0	0	0	0
	% F/M 3+ doses	ns	75	75	100	60
Equal timeliness of disease notification	Median # days disease notification	ns	5.5	5	4	6.5
	% F/M <= 3 days	ns	20	41.18	27.27	10

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	2 cVDPV1
High population immunity	% 0-dose	<10%	3.87%	3.96%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	5.71	5.60
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	95%	100%
	Stool adequacy (national)	>=80%	91%	93%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	86%	91%
	Lab receipt to virus isolation result (median)	< 14 days	16	12
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	1	3	3
	% F/M 0-dose	ns	4.21	3.49	5.77	3.03
	% F/M 3+ doses	ns	88.42	91.86	82.69	86.87
Equal timeliness of disease notification	Median # days disease notification	ns	2.5	3	3	3
	% F/M <= 3 days	ns	58.55	57.23	58.23	55.35

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	6 cVDPV2	42 cVDPV2
High population immunity	% 0-dose	<10%	12.20%	12.09%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	4 CRs, 1 Mop-Up
High virus detection	AFP rate (national)	>2	2.52	4.31
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	82%
	Stool adequacy (national)	>=80%	79%	78%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	64%	44%
	Lab receipt to virus isolation result (median)	< 14 days	11	12
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	0	0	2
	% F/M 0-dose	ns	9.52	12.5	15.91	13.7
	% F/M 3+ doses	ns	85.71	62.5	68.18	65.75
Equal timeliness of disease notification	Median # days disease notification	ns	7	8	7	7
	% F/M <= 3 days	ns	25	21.43	25.24	23.97

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	6 cVDPV2	4 cVDPV2
High population immunity	% 0-dose	<10%	2.86%	1.28%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	1 CR	2 CRs
High virus detection	AFP rate (national)	>2	3.59	5.85
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
	Stool adequacy (national)	>=80%	82%	84%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	13%	38%
	Lab receipt to virus isolation result (median)	< 14 days	13	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	5	5	5	5
	% F/M 0-dose	ns	2.74	2.7	2.22	0.56
	% F/M 3+ doses	ns	89.04	88.29	94.81	92.13
Equal timeliness of disease notification	Median # days disease notification	ns	7	8	7	6
	% F/M <= 3 days	ns	14.61	13.87	16.13	21.67

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	7 cVDPV2	123 cVDPV2
High population immunity	% 0-dose	<10%	12.61%	25.50%
	LQAS or IM out-of-house result	>= 90% or <5%	N/a	N/a
	% inaccessible	<5%	N/a	N/a
	Number and type of activity	per plan	1 CR	17 CR
High virus detection	AFP rate (national)	>2	2.79	3.42
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	64%	72%
	Stool adequacy (national)	>=80%	88.68	82.29
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	90%	100%
	Lab receipt to virus isolation result (median)	< 14 days	10	10
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%	N/a	N/a
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS NOT AVAILABLE FOR THIS COUNTRY

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	1	0	1	0
	% F/M 0-dose	ns	14.29	0	15.38	0
	% F/M 3+ doses	ns	78.57	85.71	53.85	57.14
Equal timeliness of disease notification	Median # days disease notification	ns	3	4	3	7.5
	% F/M <= 3 days	ns	58.33	41.94	52.63	27.78

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	0
High population immunity	% 0-dose	<10%	0.00%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	1.43	2.02
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	43%	43%
	Stool adequacy (national)	>=80%	85%	88%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	64%	64%
	Lab receipt to virus isolation result (median)	< 14 days	12	12
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	3	0	0
	% F/M 0-dose	ns	0	0	0	0
	% F/M 3+ doses	ns	88.89	95.24	90.91	100
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	5	3
	% F/M <= 3 days	ns	47.83	55.56	42.31	59.18

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	10 cVDPV2
High population immunity	% 0-dose	<10%	0.00%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	1.58	3.55
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	20%	60%
	Stool adequacy (national)	>=80%	100%	90%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	100%	80%
	Lab receipt to virus isolation result (median)	< 14 days	13	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	5	4	4
	% F/M 0-dose	ns	0	0	0	0
	% F/M 3+ doses	ns	100	100	96.97	100
Equal timeliness of disease notification	Median # days disease notification	ns	5	6	7	6
	% F/M <= 3 days	ns	40	35	17.5	25.64

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	2 cVDPV2	48 cVDPV2
High population immunity	% 0-dose	<10%	4.58%	7.38%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	1 SNID	2 CRs
High virus detection	AFP rate (national)	>2	6.59	6.55
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
	Stool adequacy (national)	>=80%	84%	85%
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	50%	80%
	Lab receipt to virus isolation result (median)	< 14 days	12	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	6	6	4	3
	% F/M 0-dose	ns	4.17	7.04	3.03	10.47
	% F/M 3+ doses	ns	88.89	84.51	83.33	69.77
Equal timeliness of disease notification	Median # days disease notification	ns	4	4	4	4
	% F/M <= 3 days	ns	46.94	46.88	42.45	38.14

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	8 cVDPV2	9 cVDPV2
High population immunity	% 0-dose	<10%	0.00%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	2 CRs	2 CRs
High virus detection	AFP rate (national)	>2	2.94	5.07
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	100%	100%
	Stool adequacy (national)	>=80%	60.3	63.9
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	0%	17%
	Lab receipt to virus isolation result (median)	< 14 days	12	12
	Environmental surveillance	Yes or No	No	No
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	1	3	1	1
	% F/M 0-dose	ns	0	0	0	0
	% F/M 3+ doses	ns	86.67	83.33	85.71	81.82
Equal timeliness of disease notification	Median # days disease notification	ns	7	6	8	8
	% F/M <= 3 days	ns	27.78	22.22	25.53	37.25

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	0
High population immunity	% 0-dose	<10%	0.35%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	2.67	3.21
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	63%	81%
	Stool adequacy (national)	>=80%	95.6	94.03
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	96%	92%
	Lab receipt to virus isolation result (median)	< 14 days	11	11
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	8	8	8	7
	% F/M 0-dose	ns	0.75	0	0	0
	% F/M 3+ doses	ns	99.25	100	100	100
Equal timeliness of disease notification	Median # days disease notification	ns	2	2	2	2
	% F/M <= 3 days	ns	84.88	82.8	81.94	78.9

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	0
High population immunity	% 0-dose	<10%	0.00%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	3.28	3.04
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	74%	74%
	Stool adequacy (national)	>=80%	99.06	97.99
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	100%	97%
	Lab receipt to virus isolation result (median)	< 14 days	12	13
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	0	0	0
	% F/M 0-dose	ns	0	0	0	0
	% F/M 3+ doses	ns	100	100	100	100
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	3	3
	% F/M <= 3 days	ns	52.94	59	55.28	57.95

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	2 cVDPV2	12 cVDPV2
High population immunity	% 0-dose	<10%	13.29%	20.35%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	1 SNID	1 NID, 1 SNID, 2 CRs
High virus detection	AFP rate (national)	>2	5.60	4.09
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	94%	94%
	Stool adequacy (national)	>=80%	96.67	92.73
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	94%	83%
	Lab receipt to virus isolation result (median)	< 14 days	12	
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	5	6	5	0.5
	% F/M 0-dose	ns	16.88	9.52	15	27.12
	% F/M 3+ doses	ns	76.62	79.76	76.67	64.41
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	3	3
	% F/M <= 3 days	ns	60.42	57.39	56.96	52.33

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	10 cVDPV2	48 cVDPV2
High population immunity	% 0-dose	<10%	3.00%	5.76%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	1 CR
High virus detection	AFP rate (national)	>2	2.33	5.43
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	72%	100%
	Stool adequacy (national)	>=80%	94.29	92.49
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	89%	94%
	Lab receipt to virus isolation result (median)	< 14 days	11	10
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	1	4	4
	% F/M 0-dose	ns	6	3.33	7.53	5.38
	% F/M 3+ doses	ns	92	86.67	84.93	87.63
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	4	3
	% F/M <= 3 days	ns	60.42	54.39	49.32	58.61

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	22 cVDPV1	9 cVDPV1
High population immunity	% 0-dose	<10%	9.36%	19.37%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	1 SNID, 1 CR
High virus detection	AFP rate (national)	>2	5.07	8.38
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	91%	91%
	Stool adequacy (national)	>=80%	90.94	87.33
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	55%	52%
	Lab receipt to virus isolation result (median)	< 14 days	12	12
	Environmental surveillance	Yes or No	No	No
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	1	0	0	0
	% F/M 0-dose	ns	15.85	14.81	19.13	21.14
	% F/M 3+ doses	ns	74.39	71.3	70.43	68
Equal timeliness of disease notification	Median # days disease notification	ns	4	3	4	4
	% F/M <= 3 days	ns	35.56	51.35	42.36	40.4

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	1 cVDPV2
High population immunity	% 0-dose	<10%	0.00%	0.00%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	0	0
High virus detection	AFP rate (national)	>2	2.51	2.19
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)		
	Stool adequacy (national)	>=80%	95.24	89.47
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	100%	100%
	Lab receipt to virus isolation result (median)	< 14 days	14	14
	Environmental surveillance	Yes or No	No	No
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	0	0	0
	% F/M 0-dose	ns	0	0	0	
	% F/M 3+ doses	ns	100	80	100	
Equal timeliness of disease notification	Median # days disease notification	ns	3	2	3	3
	% F/M <= 3 days	ns	56.25	64.29	60.87	56.25

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	0	0
High population immunity	% 0-dose	<10%	0.96%	0.24%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	2 SNIDs	0
High virus detection	AFP rate (national)	>2	1.35	2.20
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)		
	Stool adequacy (national)	>=80%	91.62	94.23
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)		
	Lab receipt to virus isolation result (median)	< 14 days		
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	0	0	0
	% F/M 0-dose	ns	1.35	0.69	0.2	0.27
	% F/M 3+ doses	ns	96.3	97.23	98.43	97.12
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	2	2
	% F/M <= 3 days	ns	58.57	51.65	63.24	62.54

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	1 cVDPV1	0
High population immunity	% 0-dose	<10%	13.33%	5.26%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	3 CRs	1 CR
High virus detection	AFP rate (national)	>2	2.25	1.79
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	67%	27%
	Stool adequacy (national)	>=80%	85.71	78.57
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	86%	63%
	Lab receipt to virus isolation result (median)	< 14 days		
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	2.5	2	3
	% F/M 0-dose	ns	20	7.14	0	9.52
	% F/M 3+ doses	ns	75	82.14	94.12	90.48
Equal timeliness of disease notification	Median # days disease notification	ns	8	3.5	6	7
	% F/M <= 3 days	ns	33.33	50	27.27	16.22

COUNTRY MONITORING

Outcome	Indicator	Target	Jan-Jun 2020	Jul-Dec 2020
Interrupt transmission	Number of cases	0 case	1 cVDPV2	0
High population immunity	% 0-dose	<10%	5.33%	5.88%
	LQAS or IM out-of-house result	>= 90% or <5%		
	% inaccessible	<5%		
	Number and type of activity	per plan	5 CRs	3 CRs
High virus detection	AFP rate (national)	>2	2.90	1.91
	AFP rate (sub-national)	>2 (% of states/provinces meeting indicator)	14%	0%
	Stool adequacy (national)	>=80%	62.15	62.31
	Stool adequacy (sub-national)	>=80% (% of states/ provinces meeting indicator)	0%	13%
	Lab receipt to virus isolation result (median)	< 14 days		
	Environmental surveillance	Yes or No	Yes	Yes
Low risk of reintroduction	RI improvement: % reduction in unimmunized children	>10%		
	IPV introduction	intro by 2015		

COUNTRY MONITORING THROUGH GENDER-SENSITIVE INDICATORS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	0	0	0	0
	% F/M 0-dose	ns	12.7	0.93	4.76	6.67
	% F/M 3+ doses	ns	80.95	85.98	88.1	86.67
Equal timeliness of disease notification	Median # days disease notification	ns	5.5	5	5	4
	% F/M <= 3 days	ns	37.13	36.84	33.33	40.91

WHO AFRICAN REGION

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	4	3
	% F/M 0-dose	ns	3.33	1.07	1.37	1.48
	% F/M 3+ doses	ns	93.13	94.18	96.05	95.07
Equal timeliness of disease notification	Median # days disease notification	ns	3	4	2	2
	% F/M <= 3 days	ns	50.77	47.29	57.71	57.85

WHO REGION OF THE AMERICAS

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	4	4	4
	% F/M 0-dose	ns	2.33	1.43	7.69	1.85
	% F/M 3+ doses	ns	65.12	68.57	65.38	75.93
Equal timeliness of disease notification	Median # days disease notification	ns	5	5	5	5
	% F/M <= 3 days	ns	22.62	27.36	23.12	21.66

WHO EASTERN MEDITERRANEAN REGION

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	10	10	10	10
	% F/M 0-dose	ns	3.04	2.48	4.3	4.8
	% F/M 3+ doses	ns	94.93	95.33	91.57	91.39
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	3	3
	% F/M <= 3 days	ns	56.37	58.6	52.09	54.29

WHO EUROPEAN REGION

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	5	5	5	5
	% F/M 0-dose	ns	4.92	0.91	1.79	1.39
	% F/M 3+ doses	ns	85.25	94.55	94.64	94.44
Equal timeliness of disease notification	Median # days disease notification	ns	3	4	5	4
	% F/M <= 3 days	ns	50.99	48.2	41.35	43.87

WHO SOUTH-EAST ASIA REGION

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	14	13	12	12
	% F/M 0-dose	ns	1.18	NA	1.24	0.97
	% F/M 3+ doses	ns	97.87	97.81	97.13	97.82
Equal timeliness of disease notification	Median # days disease notification	ns	3	3	3	3
	% F/M <= 3 days	ns	52.33	55.6	52.32	52.14

WHO WESTERN PACIFIC REGION

Outcome	Indicator	Target	Jan-Jun 2020		Jul-Dec 2020	
			Female	Male	Female	Male
Equal doses received	Median # doses F/M	ns	3	3	4	3
	% F/M 0-dose	ns	3.33	1.07	1.37	1.48
	% F/M 3+ doses	ns	93.13	94.18	96.05	95.07
Equal timeliness of disease notification	Median # days disease notification	ns	3	4	2	2
	% F/M <= 3 days	ns	50.77	47.29	57.71	57.85

9789240030763

www.polioeradication.org