

4 April 2016

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Dear William,

The global polio programme made historic progress in 2015. We recorded fewer polio cases in fewer countries than ever before and took Nigeria off the list of polio-endemic countries, leaving only two – Pakistan and Afghanistan – that have not interrupted polio transmission. This year, we're off to a strong start and about to embark on one of the hallmark pieces of our polio endgame strategy: withdrawing the trivalent oral polio vaccine (tOPV) globally and replacing it with the bivalent oral polio vaccine (bOPV) between 17 April and 1 May.

I would like to take this opportunity to introduce myself as the new Director of the Global Polio Eradication Initiative (GPEI) at the World Health Organization (WHO). I first joined WHO's Expanded Programme on Immunization in 1987, just months before the World Health Assembly endorsed the resolution to eradicate polio. Having witnessed my colleagues work on this resolution at the beginning of my career, I find it especially moving to come back toward the end of my career to lead the programme in its final stretch.

You have celebrated alongside us some the recent milestones against polio. However, one of these milestones – the declaration of the eradication of wild poliovirus type 2 in September 2015 – means that now is the time to embark on our next project and begin the phased withdrawal of the oral polio vaccine (OPV). This is a key part of the [Polio Eradication and Endgame Strategic Plan 2013-2018](#) and begins with the withdrawal of the type 2 component of OPV. On rare occasions, the weakened live virus contained in OPV can mutate and spread in populations with low immunity, causing outbreaks of vaccine-derived polio. Over the past decade, over 90% of vaccine-derived polio cases have been caused by the type 2 strain in OPV. This change will therefore provide the best protection for children and reduce the risk of vaccine-derived polio.

Between 17 April and 1 May 2016, 155 countries and territories around the world that still use the oral polio vaccine will withdraw tOPV (containing polio types 1, 2 and 3) from their health facilities, destroy it safely to avoid it being used in the future, and "switch" to bOPV (containing only types 1 and 3). Thousands of switch monitors will be deployed across these countries to ensure that tOPV is withdrawn and disposed of properly and that bOPV is introduced into routine immunization systems.

This is an undertaking of unprecedented scale and speed. Before taking up my current post,

I was chair of the Immunization Systems Management Group at WHO, responsible for coordinating preparations for the switch. The collaboration required for this to take place across the world has been immense and humbling to be a part of. The switch is a critical step toward eventually phasing out all OPV once we stop transmission of wild poliovirus.

We are truly in the final stages of global polio eradication. The once far-off dream of a polio-free world will soon be a reality for generations of children to come. On behalf of the partners of the GPEI – WHO, UNICEF, Rotary International, the Centers for Disease Control and Prevention and the Bill & Melinda Gates Foundation – I look forward to working with you to pull the world across the finish line. I thank you for all that you do to make this possible.

Best Regards,
Michel Zaffran

Director,
Global Polio Eradication Initiative
World Health Organisation