



Polio – status og siste innsats  
PDG Ingrid Grandum Berget

**DID YOU KNOW **POLIO** COULD BE  
THE SECOND HUMAN DISEASE TO  
EVER BE **ERADICATED**?**

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**WORLD POLIO DAY IS 24 OCTOBER**

**#EndPolio | [endpolio.org](https://endpolio.org)**

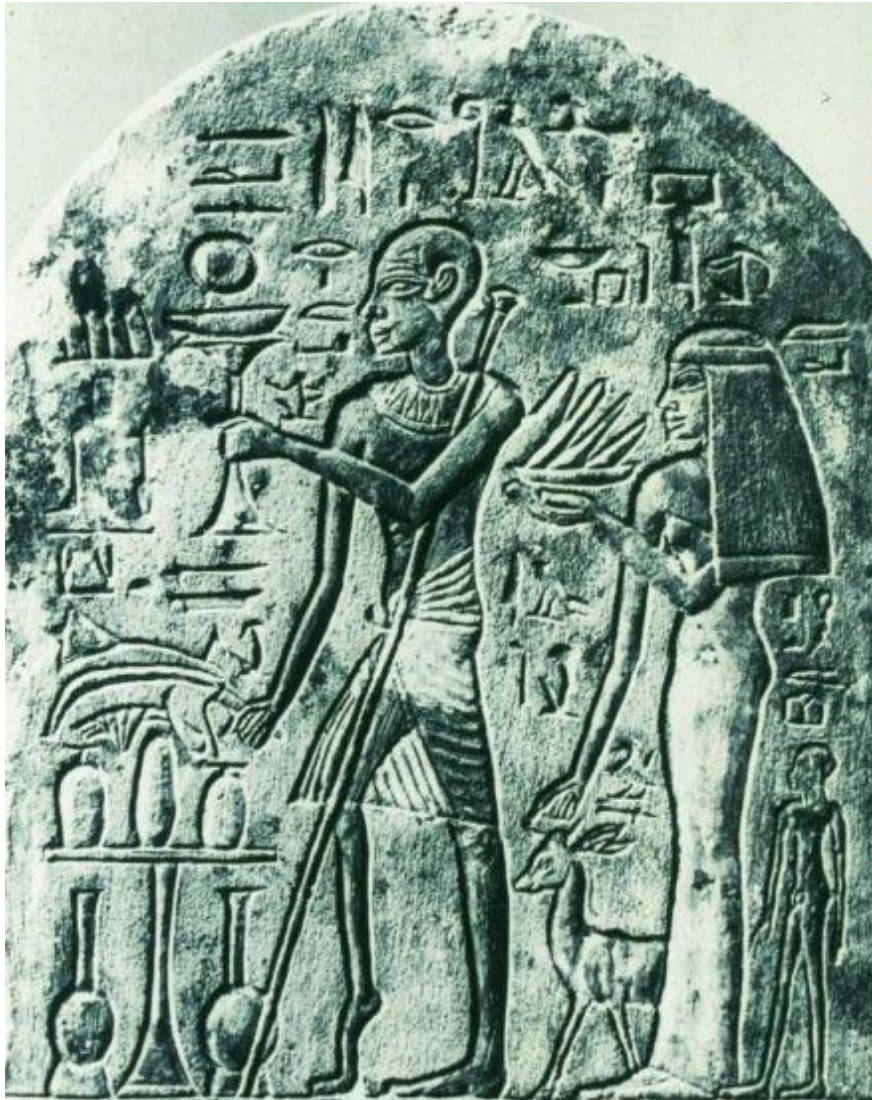


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# Hva er polio?

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- Poliomyelitt er en svært smittsom sykdom som oftest rammer barn under 5 år.
- Viruset spres fra person til person, vanligvis gjennom forurenset vann. Det kan angripe nervesystemet, og i noen tilfeller føre til lammelser.
- Selv om det ikke finnes noen kur, finnes det en trygg og effektiv vaksine – en som Rotary og våre partnere bruker for å vaksinere over 2,5 milliarder barn over hele verden.



*1580-1350 BC Egyptisk prest med  
poliodeformert fot*

# Rotary og polio

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- Rotary 75 år – kampanje mot barnesykdommer – valgte **polio**
- Hovedårsak: Troen på at det var mulig
- 1979 6 mill barn vaksinert på Filipinene
- 1985 Rotary lanserer Polio Plus
- 1988 Resolusjon WHO. Lansering av GPEI
- 1994 Western Hemisphere poliofri
- 1996 Antall tilfeller er redusert med 85% siden 1988
- 2000 Australia til Kina poliofrie
- 2006 Endemiske land: Afghanistan, India, Nigeria og Pakistan

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**COUNTDOWN TO HISTORY** 

Rotary 

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# Mer historie

- 2009 Bill&Melinda Gates Foundation
- 2014 Sør-Asia regionen erklært poliofri
- 2020 Afrika erklært poliofri
- 2022 Bill & Melinda Gates Foundation og Rotary fornyer avtalen om til sammen USD 450 mill. over de kommende 3 årene

Rotary har gitt mer enn USD 2,6 milliarder inkludert støtten fra Gates Foundation siden 1985

Polio er redusert til 2 land, Afghanistan og Pakistan





A child in Pakistan receives polio drops during the first campaign to resume in the country after vaccination activities were temporarily paused in the early stages of the COVID-19 pandemic. ©UNICEF/Pakistan

# Effekten av Rotarys polioarbeid

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## Siden 1988 har Rotary:

- Bidratt til vaksinerings av 2.5 milliarder barn.
- Bidratt til forebygging av 18 millioner tilfeller av poliolammelser.
- Bidratt til å avverge at 1.5 millioner barn døde, også fordi vaksinen ble supplert med vitamin A og kur mot mark.
- Brukt over \$1.7 milliarder på utryddelse av polio.

Vi trenger fortsatt minst \$1 milliard de neste årene for å nå vårt mål, og det må årlig vaksineres 430 millioner barn.

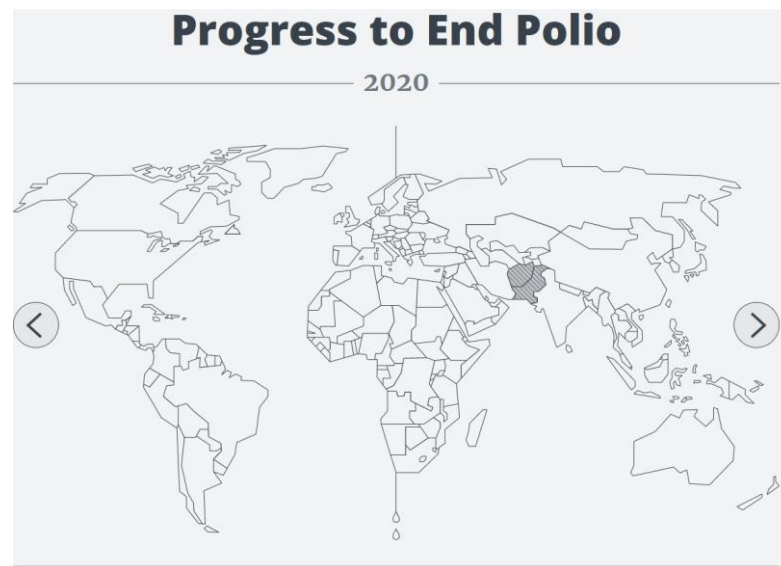
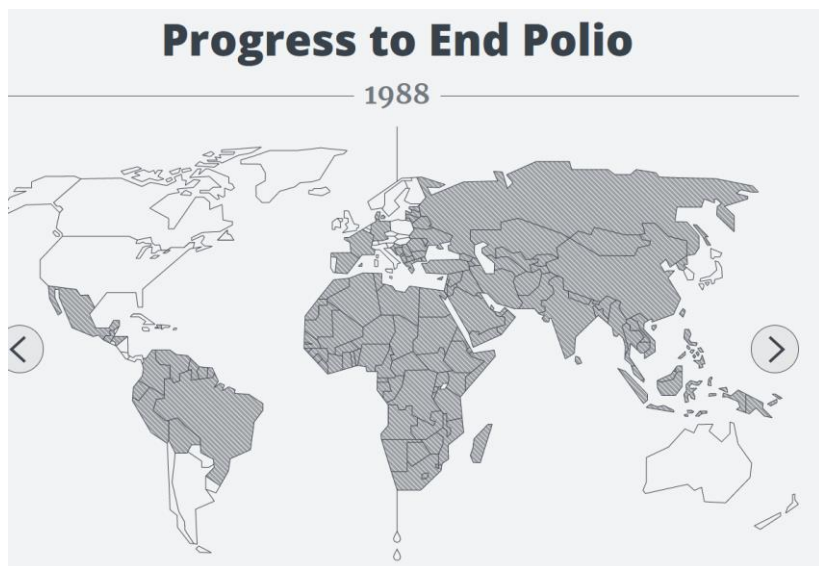
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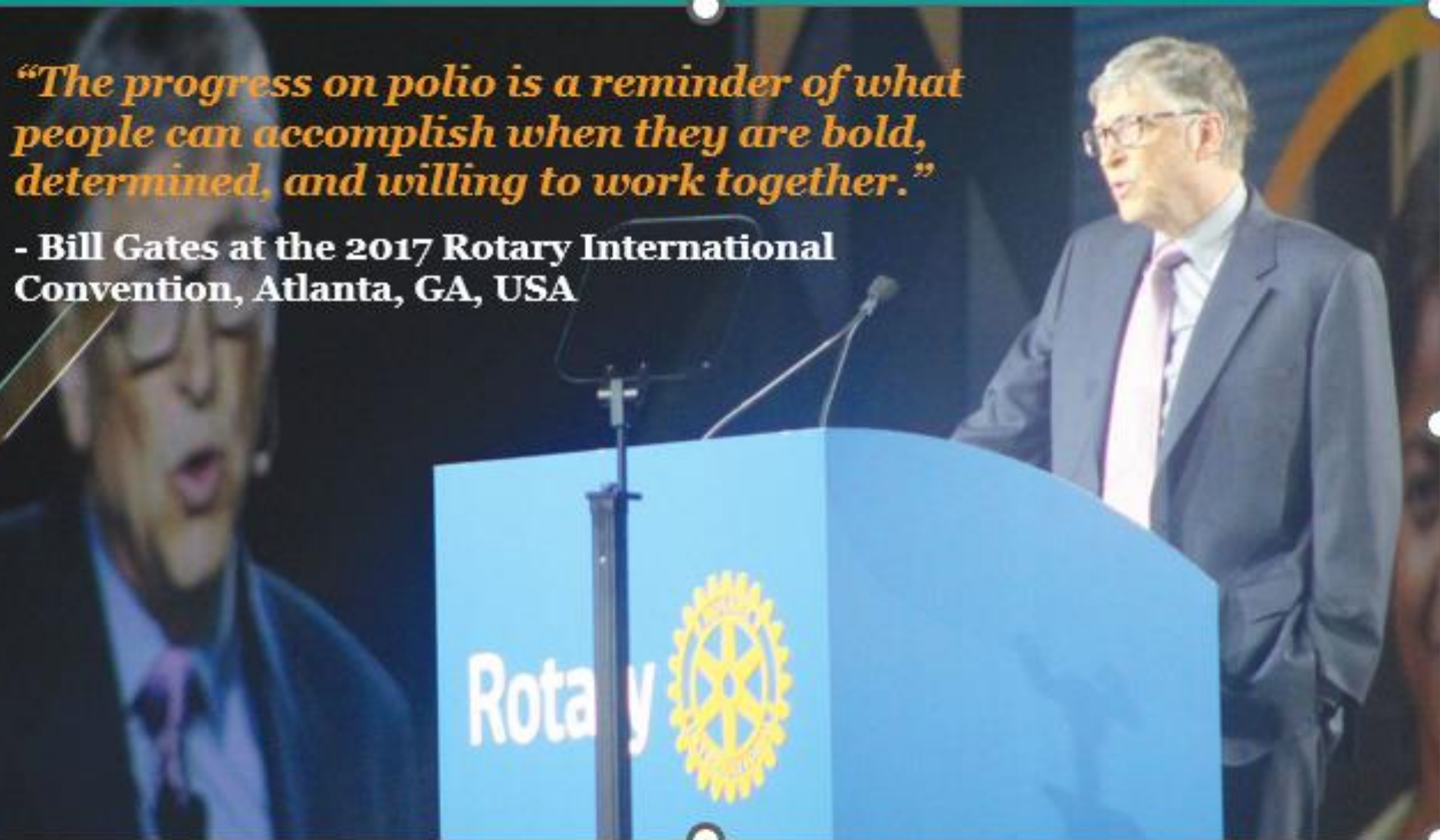


# Endring i utbredelse av polio



*“The progress on polio is a reminder of what people can accomplish when they are bold, determined, and willing to work together.”*

**- Bill Gates at the 2017 Rotary International Convention, Atlanta, GA, USA**



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Bill Gates, Co-Founder and Co-Chair, Bill & Melinda Gates Foundation

***The world's progress in fighting polio might be one of the best-kept secrets in global health.***

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## «Noen tror det ikke nytter»

- Dråpevaksinen kan i enkelte tilfeller muttere og kalles VDPV2, Vaccine Derived Poliovirus.
- Viruset vil ikke angripe den vaksinerte, men uvaksinerte som er i nærheten kan bli smittet og syke.
- På den måten har det oppstått poliotilfeller i land som er erklært poliofrie.
- Når det skjer starter massevaksinering og smittesporing.

# 5 gode grunner for å utrydde polio

## 1. For å forbeder liv

Takket være vaksinene er det 18 millioner mennesker som er spart for lammelse.

## 2. Å investere i fremtiden

Hvis vi stopper arbeidet vil 200 000 barn bli rammet av polio hvert år neste 10-årsperiode.

## 3. Forbedre barns helse

Nettverket som overvåker poliosituasjonen og driver vaksinasjonskampanjer overvåker også barn for andre helseproblemer som vitaminmangel og meslinger, slik at de kan få tidlig hjelp

## 5 gode grunner for å utrydde polio, forts.

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### 4. For å spare penger.

En poliofri verden vil spare verdensøkonomien for 40-50 milliarder dollar i helsekostnader i løpet av de neste 20 årene.

### 5. Å skape historie

Utryddelse av polio ville være en av historiens største folkehelseprestasjoner, med polio som den andre menneskelige sykdommen som er eliminert fra verden.

(Kopper var den første)

# Dr. Bruce Aylward, Senior Adviser to the Director General at the WHO:

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*“The infrastructure we built through polio in terms of how to engage communities, how to work with communities, how to rapidly teach communities to actually deliver health interventions, do disease surveillance, et cetera, has been an extremely important part of the effort to tackle so many other diseases,” says Dr. Bruce Aylward, Senior Adviser to the Director General at the WHO.*



**ROTARY** AND ITS PARTNERS  
HAVE REDUCED **POLIO** CASES  
BY 99.9% SINCE 1988.

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# Strategy 2020 - 2026



## MÅL

1. Stoppe all spredning av vilt poliovirus i Afghanistan og Pakistan
2. Stoppe cVDPV- (vaksinedrevet) overføring av polio og forhindre utbrudd i ikke-endemiske land

## Strategic objectives



Create urgency and accountability to generate greater political will by re-envisioning the GPEI's relationship with governments and systematizing political advocacy.

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Generate vaccine acceptance through context-adapted community engagement that reduces refusals and increases community commitment to child immunization.

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Expedite progress through expanded integration efforts with a broader range of partners in immunization, essential health care and community services.

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Improve frontline success through changes to campaign operations and outbreak response operations, including the recognition and empowerment of the frontline workforce.

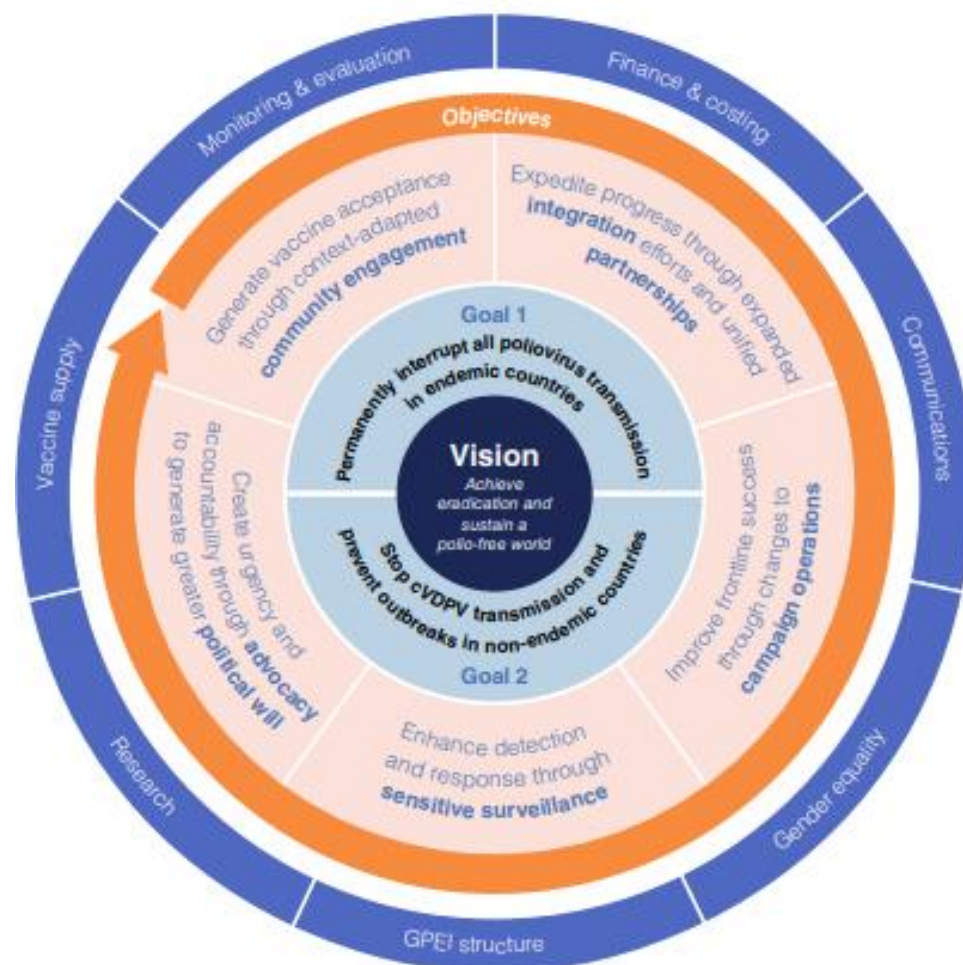
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Enhance detection and response through sensitive surveillance that provides the programme with critical information for action.







# Strategisk rammeverk -aktivering

- GPEI struktur
- Likestilling
- Kommunikasjon
- Vaksineforsyning
- Forskning
- Overvåking
- Evaluering
- Finansiering og kostnadsberegning











# Strategier for mål 1

Programme challenges	Strategic pivots	
<ul style="list-style-type: none"> <li>• Over 1 million children in southern Afghanistan are inaccessible to the polio programme.</li> <li>• Polio eradication is not prioritized by national or provincial governments.</li> <li>• Lack of trust in the polio programme and vaccine contributes to hesitancy, particularly among some Pashto-speaking communities.</li> <li>• Polio campaigns are not consistently delivered with high quality, resulting in chronically missed children.</li> </ul>	 <b>Political advocacy</b>	<p><b>Systematic advocacy with all</b> to gain and maintain access in Afghanistan.</p> <p><b>Intensified advocacy with provincial governments</b> in Pakistan.</p>
	 <b>Community engagement</b>	<p><b>Multidisciplinary research</b> into vaccine hesitancy and community mistrust.</p> <p><b>Alliance-building with priority communities</b> for co-design, ownership and delivery of gender-responsive programme innovations.</p>
	 <b>Campaigns</b>	<p><b>Well-trained, appropriately supported and motivated workforce</b> that meets the needs of the community.</p> <p><b>Innovations in monitoring</b> to enable faster data feedback loops and improve quality.</p>
	 <b>Integration</b>	<p>Enhanced reach of both essential and supplementary immunization in priority communities and high-risk areas by <b>delivering vaccine(s) alongside basic services</b>.</p> <p><b>Strong partnerships with governments, communities and adjacent health and related programmes</b> to support access and reduce missed communities and zero-dose children.</p>
	 <b>Surveillance</b>	<p><b>Improved timeliness for detection</b> – from case onset to final results.</p> <p>Established pathway towards a <b>sustainable integrated surveillance system</b>.</p>
	 <b>Enabling environment</b>	<p><b>Increased representation and empowerment of women</b> at every level and across all areas of the programme.</p> <p>Targeted assistance for country programmes through the <b>GPEI hub</b>.</p>

# Strategier for mål 2

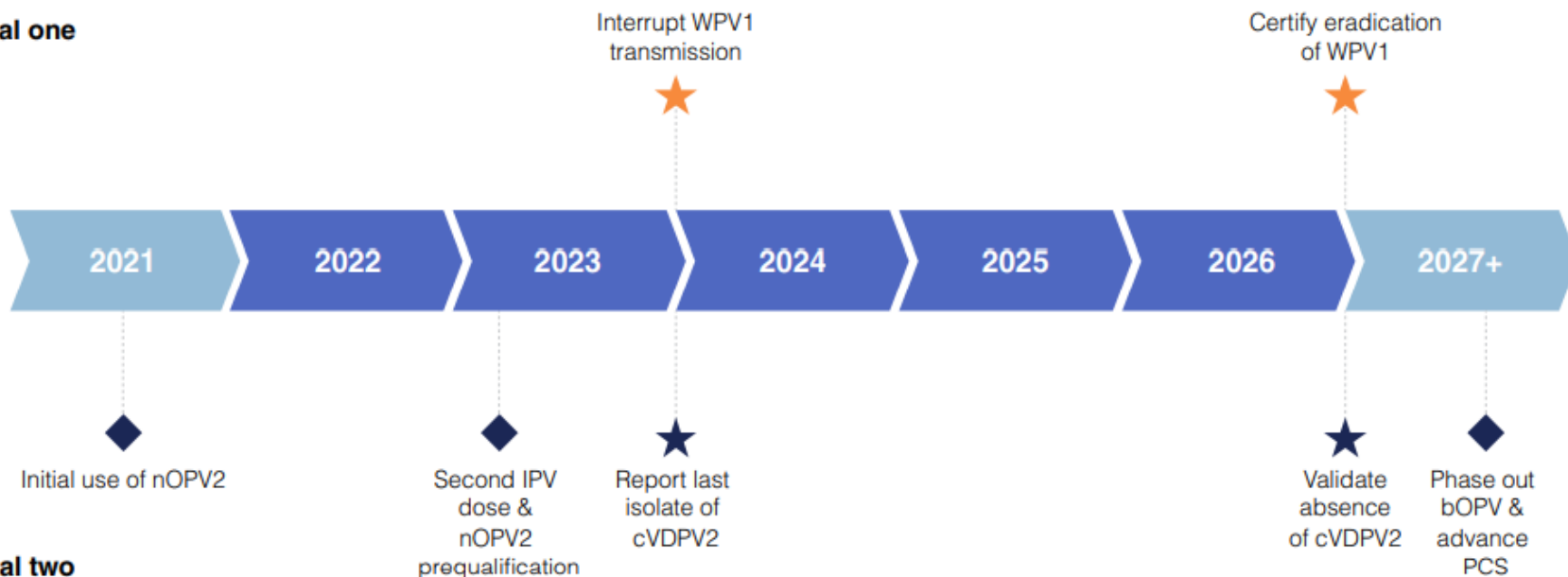
Programme challenges	Strategic pivots	
<ul style="list-style-type: none"> <li>• Large-scale, rapidly expanding VDPV outbreaks.</li> <li>• Waning type 2 immunity.</li> <li>• Delayed detection and poor-quality campaigns.</li> <li>• Limited political momentum and accountability for stopping outbreaks.</li> <li>• Decreasing programme resources – human and financial.</li> <li>• Shifting country and donor priorities, due in part to COVID-19.</li> <li>• Better tools needed to address VDPV 1 &amp; 3.</li> </ul>	 <p><b>Political advocacy</b></p>	<p><b>Engage government and political stakeholders via integrated health advocacy</b> to ensure emergency posture, resourcing and joint accountability for timely and effective outbreak response.</p>
	 <p><b>Surveillance</b></p>	<p><b>Implement technical innovations in surveillance and sample analysis</b> to more rapidly detect, sequence and initiate response activities.</p>
	 <p><b>Campaigns</b></p>	<p><b>Improve campaign planning and execution with nOPV2</b> through optimized response scope, mobile money payments, campaign digitization and other innovations.</p>
	 <p><b>Community engagement</b></p>	<p><b>Engage nomadic and settled communities</b> both before and during outbreak campaigns.</p>
	 <p><b>Integration</b></p>	<p>Ensure success of the <b>Gavi zero-dose strategy</b> and leverage <b>multi-antigen campaigns</b>.</p> <p><b>Support global health emergencies</b> with near-term focus on COVID-19.</p>
	 <p><b>Enabling environment</b></p>	<p><b>Pivot away from Sabin OPV to nOPV2</b> and ensure sufficient vaccine supply. <b>Move to a regional structure</b> that holds the GPEI and countries accountable for progress. <b>Utilize a rapid gender analysis</b> to shape the outbreak response.</p>

# Milepæler og målbare resultater

Fig. 5. Polio Eradication Strategy 2022–2026 planning and budgeting timeline

■ Goal one

Strategy milestones



PCS = Post-Certification Strategy.  
Source: WHO.



WORLD  
HEALTH  
SUMMIT  
2022

OCTOBER  
16-18  
BERLIN,  
GERMANY  
& DIGITAL



- **Australia** pledged AUD 43.55 million
- **France** pledged EUR 50 million
- **Germany** pledged EUR 72 million
- **Japan** pledged USD 11 million
- **Republic of Korea** pledged KRW 4.5 billion
- **Luxembourg** pledged EUR 1.7 million
- **Malta** pledged EUR 30 000
- **Monaco** pledged EUR 450 000
- **Spain** pledged EUR 100 000
- **Turkey** pledged USD 20 000
- **United States** pledged USD 114 million
- **Bill & Melinda Gates Foundation** pledged USD 1.2 billion
- **Bloomberg Philanthropies** pledged USD 50 million
- **Islamic Food and Nutrition Council of America** pledged USD 1.8 million
- **Latter-day Saint Charities** pledged USD 400 000
- **Rotary International** pledged USD 150 million
- **UNICEF** pledged USD 5 million

# Tiltak

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- GPEI: Flere beslutninger skal tas lokalt, samtidig som de ansvarliggjøres. Utvide samarbeidet med andre organisasjoner.
- Likestillingsaspekt viktig i arbeidet (Gender Equality Strategy 2019-2023)
- Bruk av Global Communication Group – bygger bro mellom kris-/nødkommunikasjon og ekstern kommunikasjon. Herunder bekjempe vaksinemotstand
- Sørge for tilgang til tilstrekkelig vaksiner og utvikle nye, særlig dråpevaksiner.
- Budsjett for de neste 5 år: USD 5.3 milliarder



# Post-certification Strategy PCS

Det er allerede tatt skritt mot implementering:

- Langsiktig overvåking
- Responskapasitet
- Overvåking
- Forskning
- Sikring av laboratorier

# Strategiens konklusjon

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Utfordringene de neste fem årene krever ytterste besluttosomhet og enhetlige forpliktelser fra GPEI, myndigheter og globale, nasjonale og lokale interessenter. Gjennom et nødfokus og en mer integrert tilnærming til å komme inn med kritiske helseintervensjoner til polio-rammede og utsatte land og regioner, vil GPEI oppnå en poliofri verden – og minne verdenssamfunnet om de enorme prestasjonene som kan oppnås gjennom samarbeid og kollektiv handlinger.

A woman in a yellow shirt is administering a vaccine to a young child. The child is looking up at the woman. In the background, other children are visible, some looking towards the camera. The woman is wearing a gold watch and has red nail polish. The child is wearing a colorful patterned shirt.

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HISTORY** 