



poliovirus vaccine (OPV), and evidence of widespread transmission of these vaccine-derived viruses (mainly type 2)<sup>2</sup> among under-immunized populations in Africa and Asia [6, 7]. Between January 2018 and June 2019, outbreaks of circulating vaccine-derived polio viruses (cVDPV) (both type 1 and 2) were detected in more than 25 countries across 4 WHO regions (African, Eastern Mediterranean, South-East Asian and Western Pacific Regions [8]), and at least 350 cases of AFP due to cVDPV2 were reported in 13 African countries in 2019 alone [7]. Even after the spread of both wild and vaccine-derived polioviruses is stopped, ongoing containment efforts will be required to destroy stockpiles of vaccines containing live viruses and to ensure that secured polioviruses in laboratories all over the world are not re-introduced among the human population. The cost of failing to eradicate polio is astronomical, and best-case scenarios if only a global “control”<sup>3</sup> is achieved (as opposed to an eradication<sup>4</sup> goal) could result in as many as 200,000 new polio cases every year within 10 years [9–11]. Hence, discontinuing efforts towards achieving polio eradication is not option.

The ongoing spread of WPV1 in Afghanistan and Pakistan has been attributed to several factors, including: insecurity and ongoing conflicts which affect access to children for vaccination and surveillance, issues around refusals of individuals and communities to accept vaccination, and the politicization of the national polio program, especially in Pakistan [6, 12]. Similarly, multiple outbreaks of cVDPV have been attributed to ineffective coordination among actors, lack of timely vaccination campaigns in response to information from environmental surveillance data (which typically predates any outbreak of cVDPV cases) [12, 13], and weak routine immunization and health systems (which results in low vaccine coverage) [12, 14]. The GPEI leadership led by national governments with six core partners - the WHO,

Rotary International, the US Centers for Disease Control and Prevention (CDC), the United Nations Children's Fund (UNICEF), the Bill & Melinda Gates Foundation (BMGF) and, most recently, Gavi, the Vaccine Alliance – has outlined a systematic and coordinated plan to address these factors in the 2019–2023 GPEI Polio Endgame Strategy Plan [14]. Prior to the endgame strategy, the global community led by GPEI leadership had made considerable efforts, albeit less coordinated, to respond to some of these factors (and other issues with the polio program) as they arose. These efforts have yielded important benefits in many low and middle-income countries (LMICs), e.g. health workforce development, community engagement to build trust and social capital among hard-to-reach populations, integration of other vaccines and commodities to polio campaign and surveillance, strengthening of primary health care, provision of physical capital such as health facilities, laboratories, and vehicles for health services delivery, and establishment of mechanisms for coordination among diverse stakeholders in public health emergencies [15]. On the



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