

8.2 Poliomyelitis

Contents

- [In focus](#)
- [Background](#)
- [PHM Comment](#)
- [Notes of discussion at EB136](#)

In focus

In May 2014 the Director-General declared the spread of wild poliovirus a “public health emergency of international concern” and issued temporary recommendations to deal with the growing risk of further spread. These recommendations (summarised in [WHO Statement](#)) were extended in August and then again in November 2014.

The report ([EB136/21](#)):

- describes the impact of emergency measures to interrupt circulation of both endemic and imported wild polioviruses, together with the new measures to stop international spread;
- proposes a firm timeline for the withdrawal of type-2 oral polio vaccine globally in April 2016, which requires urgent action by Member States to ensure the interruption of any persistent circulating vaccine-derived type-2 poliovirus and full implementation of readiness criteria such as the introduction of inactivated polio vaccine;
- reviews progress in relation to Polio Legacy Planning;
- notes the funding shortfall and other risks to the Polio Eradication and Endgame [Strategic Plan 2013–2018](#) (summarised in [A67/38](#)) ; and
- suggests a draft decision for the Board to consider.

The Executive Board, having considered the report on poliomyelitis, decided the following:

(1) to encourage all Member States affected by poliomyelitis to implement fully the eradication strategies and temporary recommendations issued under the International Health Regulations (2005);

(2) to call on Member States to ensure global readiness by the end of 2015 for the coordinated withdrawal of oral poliovirus vaccines containing the type 2 component by introducing at least one dose of inactivated poliovirus vaccine into routine immunization schedules, approving the use of bivalent oral poliovirus vaccine for routine immunization, implementing appropriate containment measures for type 2 polioviruses, and submitting the relevant documentation on interruption of wild poliovirus type 2 transmission to their regional certification commissions.

Background

The report, [A67/38](#) ('Poliomyelitis: intensification of the global eradication initiative') summarizes the status of each of the four objectives of the Polio Eradication and Endgame [Strategic Plan 2013–2018](#), including the impediments to achieving the milestones, the current financing situation, and the priorities for 2014.

Six weeks after [A67/38](#) was circulated, the DG declared a Public Health Emergency of International Concern on 5 May. See WHO "WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus" [here](#). The Emergency Committee which recommended the declaration identified specific initiatives and policy measures that active polio states are expected to implement. See [WHO Statement](#).

The discussion at WHA67 ([here](#)) ranged over Endgame issues (moving to IPV (see SAGE discussion from p6 of [WER 89\(01\)](#)), legacy planning, staffing and budget implications of 'end game') and Emergency issues (security situation in Pakistan and the Horn of Africa, the killing of health workers, border controls, migration vaccination requirements, etc).

The focus of discussion at EB136 will be on the emergency measures put in place during 2014; the conditions for the final withdrawal of type-2 OPV (bivalent OPV plus at least one doses of IPV); legacy planning; and risk mitigation.

PHM Comment

PHM appreciates the creativity, persistence and dedication of practitioners at all levels in confronting the technical, logistic and resource barriers to polio eradication. The sacrifice of the vaccinators (and their support teams) who have been murdered is a terrible part of the cost of eradicating polio.

The struggle for Health for All is not just a technical or institutional struggle but includes also action around the determinants of inequality, poverty and war.

PHM appreciates the logic of the policies and initiatives which define the endgame and the emergency.

In the short term the main uncertainties are simply whether the instructions of the Emergency Committee and DG are feasible in circumstances of conflict and whether they will be implemented. In particular, the states 'currently exporting wild virus' (Pakistan, Cameroon, Syria) are required to:

- *ensure that all residents and long-term visitors (i.e. > 4 weeks) receive a dose of OPV or inactivated poliovirus vaccine (IPV) between 4 weeks and 12 months prior to international travel;*
- *ensure that those undertaking urgent travel (i.e. within 4 weeks), who have not received a dose of OPV or IPV in the previous 4 weeks to 12 months, receive a dose of polio*

vaccine at least by the time of departure as this will still provide benefit, particularly for frequent travellers.

States which are infected but not currently exporting (Afghanistan, Equatorial Guinea, Ethiopia, Iraq, Israel, Somalia and Nigeria) are required to:

- *encourage residents and long-term visitors to receive a dose of OPV or IPV 4 weeks to 12 months prior to international travel; those undertaking urgent travel (i.e. within 4 weeks) should be encouraged to receive a dose at least by the time of departure.*

The logistics assumed by these requirements are significant.

There are also continuing uncertainties about the medium to long term strategy. We draw upon two different policy debates in thinking through these uncertainties: first, the eradication, elimination, control debate; and second, the vertical program versus comprehensive PHC debate.

In a useful note in the Bulletin of WHO [Heymann](#) reviews the definitions and implications of eradication, elimination and control. Quoting:

Whereas the proposed definition of eradication emphasizes that routine intervention measures are no longer needed once interruption of transmission has been certified worldwide, inherent in the definitions of control and elimination is the need for continued intervention measures to prevent re-emergence and re-establishment of transmission. It is this need for continued intervention after reaching control or elimination targets that has been the source of confusion among public health workers, health policy-makers and the politicians who provide resources for infectious disease control. At times, misunderstanding has led to neglect or complete cessation of intervention activities, with concurrent decrease in financial resources, and thus to re-emergence of the target disease.

Smallpox eradication has been used as example of eradication but there is continuing uncertainty about how feasible and cost-effective the eradication of poliovirus might be in the circumstances of the Middle East, northern Nigeria, central Africa and Pakistan.

In these circumstances it is inevitable that polio eradication will face escalating costs during the so called “endgame” of polio eradication, as is illustrated by what is presently happening in Pakistan. In part the high costs of the endgame are a consequence of the continuing reliance on vertical programming. In situations of conflict and disruption embedding vaccination and surveillance in comprehensive primary health care is impossible while continuing to implement vertical vaccination campaigns, including military support, is difficult and expensive but not impossible.

Notwithstanding the example of smallpox (which has a very different ecology from polio) a strong case can be made for reducing programmatic ambition to ‘elimination’ or ‘control’ until the

social conditions for integrated universal health systems based on PHC are established. These are the necessary conditions for polio eradication.

Notes of discussion at EB136

Document: [EB136/21](#)

Albania: in name of EU. persists in Africa region. reintroduction of poliovirus in non endemic regions. encourage the authorities of Pakistan to keep the efforts to stop this.

Saudi Arabia: On behalf of EMRO. We thanks for the report. Outlines the way-forward. We are aware of the job of finishing eradication Polio. It shows the challenges of weak health systems and countries in conflicts. The United Arab Emirates Assistance Programme for Pakistan has already showed outcomes. We will going to support Pakistan and Afghanistan in the future, to stop outbreaks. We also help to ensure that no outbreaks in Somalia and Arabic countries will occur. We will also assure that all countries are vaccinated so that no outbreak will occur. We will also assure to follow the plan of withdrawal type 2 vaccine and to implement appropriate surveillance systems. Moreover, we are going to get the certification. Every year of delay in not completing eradication costs 1 billion US\$. Therefore we urge for adaption of the resolution in May 2015 und urge all countries to be prepared for the Vaccination plan. We see the risk of a situation like the ebola with the polio. Surveillance, vaccines. EURO MS support the adoption of the draft decision.

Iran: aligns itself with the speech of Saudi Arabia. Efforts synchronization:

1. Improve global surveillance system.
2. Implement ambienta surveillance system.
3. Cooperation between counties.
4. Improve vaccine production

Congo: We welcome the document. Polio is struggling the African region for the last 4 years. The plan set out priorities – strengthening vaccination campaigns, introducing new polio vaccine etc.WHO plays an important role for introducing that plan on all levels and getting all stakeholders behind that plans. [reading the plan] No plan of Polio was reported in the last 6 months. Our region is on the right pass, but have to be vigilant etc. that we stay like this. We have to make similarities according to resource mobilization. We have to step up immunization and make sure that vaccination are available.

UK: aligns with Albania. Support the WHO programme to eradicate polio. Commitment to achievement polio eradication. US\$6 million to eradicate. 80% of world is polio free. Pakistan great progress. More efforts in Africa.

Nepal: Polio eradication is critical for the world; Members states of SEAC thanks for the report. We do everything to make a Polio free world. We need solidarity for this

USA: keeps support the polio plan. Congratulation Nigeria for the plan applied there. Supports the plan of AMRO group.

China: Has noted the new circumstances in the report for eradicating Polio. China will introduce the new vaccines – at least one dose. Eradication is a priority on the global health agenda. Social community should increase their support especially for countries in need. WHO among various international agencies should increase their technical support.

Russia: preocupacion con el brote del virus selvaje en algunos paises. preocupacion por el plan the la erradicacion de la polio estar amenazado. Esq los paises afectados contengan con un protocolo unico para que los paises tengan plazos para divulgar las informaciones pq es importante que esos datos esten disponibles actualizadas. Los paises de mayor riesgo tienen que verificar si y cuando necesiten de dosis extras de la vacuna.

Egypto: la oms declaro el eg libre de polio desde 2006. en el 2004 tendremos el ultimo caso. esfuerzos para mantener el pais libre. aplicacion de las dos campanhas anuales que tienen como objetivo los niños egipcios y no egipci. aumentado la vigilancia para llegar a las 22 provincias. muchos muestreos que se hacen anualmente. en las provincias fronterizas en cooperacion con campanhas mundiales hemos conseguido evitar los brotes. apoyo a la vacuna polivalente.

Japan: May I ask to the DG: If you look at the history of Polio over the last 20 years. We have to be frank about repeated cycles of reduction. We hope that this time we can get rid of the virus. The last focal point to get of the virus is the hardest one. Pakistan is the key country. What type of tactics we have? General tactics won't work. I would like to know which kind of specific tactics we have according to Pakistan. I know you are all working hard,. That is my plea to DG. I know that you are under pressure because of Ebola. I hope this kind we can end the repeated cases of Polio cases.

Australia: progreso en africa y en el oriente. quiere ver la errad de la polio y insta a todos los estados miembros en ese trabajo.

Maldives: The update by the secretariat reflects the hard work by WHO and the MSs. The timely evaluation shows real progress. But there are also other lessons learned. SEAR has done lot of progress. Maldives are introducing OPV type 2 by 2015. As region we have obtained certification to eradicate Polio. There is a lot to be learned from countries like India, according vaccination campaigns. This lessons can be applied for other countries for ongoing transmission. Trust in the health system and political climate is important to eradicate Polio. Achieving our target (eradication of Polio) cannot work separate, it has to be global. We would like to support the eradication.

Argentina: pais libre de circulacion del virus desde 1974 (o 84), en ultimo caso en al en peru en 1991. Vacuna la poli virus oral trivalente usada desde la decada de 60, usada en 5 dosis. Van a cambiar para primeras dosis IPV y despues OPV. Punto 10, el pais no se opone. Preocupa que no hayan garantias de apoyo financiero para la IPV. Desarrollo de un programa coordinado

pero cada paso debe ser ejecutado con la certeza de que el anterior tenga sido totalmente implementado.

India: Thanks to secretariat. Polio eradication program has raised a milestone of Polio erad. 2.5 million workers, more than 6000 community workers in high risk areas. Technical support to Polio erad. Program. We are going to a Polio free country. We are maintaining high quality of Polio surveillance. All children get Polio booster. 6.5 million children have been vaccinated. Also travellers who are going to Polio infected countries are vaccinated. India endorses the draft resolution.

Pakistan: agradecemos el informe q esclarece cuales son los desafios para la erradicacion de la polio. en el pais no se debe a una falta de esfuerzo o capacidad pero porque nuestros esfuerzos estan en la lucha contra el terrorismo. queremos agradecer a la delegacion de los eua, pero tenemos preocupacion con sa declaracion de la secretaria del pres. Obama de que los datos no iban a ser usados por la CIA para espionaje. Mas de 3 millones de ninos han recibido vacuna en menos de 3 meses en las regiones afectadas. Nuestros esfuerzos estan dirigidos a las campanas de vacunacion principalmente en las zonas de mas riesgos. el pais empezo las campana ayuda del ejercito. un estudio de unicef mostra que 95% de las vacunas tienen buena aceptacion

Canada: Firmly committed to Polio eradication. We fully support the endgame strategy. However, we remind of the current problems and outbreaks. We need to fully fund the endgame strategy till 2018, in regard to the increasing costs. We have taking note of what Pakistan just said – Polio problems have to be identified and tackled. We have to outdraws the occurring funding gap. Therefore, we are looking forward for the budget discussion. It is vital, that we keep on lessons learned. Better linkages with routine immunization are needed.

Indonesia: ha desarrollado un plan retirada de la vacuna tipo 2 y de la polivalente. estr tiene de detectar cualquier transmision con un buen sistema de seguridad; establecer el sistema de inmunizacion; importacion de la polio - sugerencia vacunacion de aquellos viajeros que esten viajando a zonas con la enfermedad; Es uno de los paises que puede producir el nuevo tipo de vacuna.

Turkey: Appreciation to India. 9 months without a case in Syria and none in Iraq. We need to ensure that the surveillance system is working in all regions. Current outbreaks in Asia and Africa – in this case we highly support the suggestions by the Emergency Committee. We believe that all efforts will eradicate Polio. We support WHO in this regard. Because of outbreak in Syria we had several polio vaccination rounds in borders regions, and all Refugee children below 5 years are vaccinated.

Afghanistan: suscribe a la declaracion de arabia saudita de la region de embro. pais establecion un plan de emergencial nacional. erradicacion es una prioridad. sigimos comprometidos. inmunizar todas las zonas, incluso las mas aisladas.

Para cumplir nuestros compromisos precisamos de asistencia técnica y apoyo de la OMS.

Sudan: Aligns with EMR statement by Saudi-Arabia. We need to synchronize our efforts. Being a locked country with more than 7 border countries and high migration. The virus is again in the neighbourhood. We are Polio free since 2007 – we have to implement plans for special groups living at the border. We need national immunization days. We need to support the eradication and implement plans with partners. The country did everything to implement the new vaccine.

Monaco: apoyo a la delcación de la región euro. desde hace años colaboramos con esa iniciativa mundial de la erradicación de polio. instamos a los países endémicos que efectúen que todos los países están al lado de los países afectados para que en el 2018 lleguemos a la erradicación total de la polio. el tema que vamos a discutir en la WHA - los programas que están eran verticales van a ser de ayuda. estamos plenamente comprometidos a apoyar la OMS en ese sentido.

Libya: We state with statement of Saudi-Arabia. Thanks for effort by WHO in order to eradicate this polio thing. Libya had a very increasing rate in the past of the vaccines. But the system as everything is damaged. There is no surveillance system – so lack of reporting. We need an urgent response to that. We are hoping that this will happen very soon. The short supply of basic medicine, including vaccination has to be done fast. This situation happened in my countries is due to the chaos which is underground – how can you stop this?

Thailand: - we are committed in the eradication. deeply concern of IPV, particularly non GAVI countries. to facilitate the production of vaccines, mostly in developing countries. prices are essential information. plan flexible para que los países puedan aplicarla en sus características.

RD EMRO: - siria - emergencia regional, fueron aplicadas más de 140 millones de dosis en la ocasión. diría que en los últimos meses se ha visto un aumento de actuación en todos los niveles. la oms está desplegando más de 8000 trabajadores sanitarios en las zonas de más alto riesgo. su éxito depende de la aplicación regional y en los países y vemos que ellos están con gran esfuerzo. el desafío no es solo de pakistan y afganistán pero de todos los países. todos en la oms consideramos la polio como una prioridad. necesitamos de toda la ayuda para seguir con esos esfuerzos. podemos ver los logros posibles en la solidaridad regional y mundial.

ADG: 2015 is a defining year for the endgame for Polio. Africa is showing strong progress. The international spread of Polio and public health concerns needs strong support from the regions. With the strategic group of Experts – reading the report – implementation Bivalent OPV; and IPV before that etc.

The risk of international spread is continuing. The emergency committee will meet again in february to advise the DG. The action of environmental surveillance system will go on, 10 countries will be added in 2016. 2015 is also an important year because of the Afghanistan and Pakistan. We should recall that India had 700 cases in 2007 and one year later only 1. Same in Somalia. This should be possible in Pakistan as well. In 2015 this requires full engagement of all

countries to safely withdrawn of the bivalent vaccines. Countries have made amazing progress in withdrawing IPV. We will try to get synergizes between Ebola and Polio surveillance systems. On the immediate term there is an aggressive plan of technical transfer for manufactures for withdrawal of whatever vaccine. Assure Libya with the regional office to support in their problems.

The secretariat will prepare a resolution for the WHA.

DG: no deberia dejar en un lugar secundario el tema de la polio. aseguro qe estoy mirando de cerc

Chair – Board wishes to take note of the report. Board agrees that secretariat makes a draft resolution for WHA including this report and statements of the MSs today.

a el problema de la polio. pero todos sabemos q correr el ultimo km es siempre el mas dificil gracias al pakistam por compartir con nosostros los esfuerzos que estan haciendo. anumos a pakistan para que sigan a nuestraos esfuerzos pq quedaran asi en la historia como eml pais que marco la erradicacion de la polio.