15.1 Polio eradication

Contents

In focus

The Secretariat advises:

> In line with the request in resolution WHA61.1 (2008), the Director-General will submit an update (EB148/22) on: efforts to interrupt remaining wild poliovirus transmission; the responses to outbreaks due to circulating vaccine-derived poliovirus type 2 and the introduction of novel oral polio vaccine type 2; the impact of COVID-19 on the polio eradication programme; a review of the governance of the Global Polio Eradication Initiative and the process for developing a new strategy; and the financing situation at end-2020.
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> The Board will be invited to note the report.

Background

Previous GB discussions of Polio (see PHM's overview of GPEI from May 2019)

Secretariat's Topic Page on Polio

Statement of the 25th Polio IHR Emergency Committee, June 2020

Emergency call to action for measles and polio outbreak response and prevention

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 (GAPIII)

PHM Comment

Overview

PHM notes with concern the considerable setback that the eradication of polio campaign is facing because of the three challenges- the persistence of wild virus type 1 in two nations and spread within one of these two to previously polio free areas, the rise and spread of outbreaks of Circulating Vaccine Derived Poliovirus type 2 virus across much of Africa as well as in

Afghanistan, Philippines and Malaysia, and the setback to anti-polio control programs due to the COVID-19 pandemic. The problem is at its peak in Afghanistan and Pakistan, where a very adverse geo-political situation, combines with very weak health systems and with the setback due to COVID-19 response measures. Not only in these two countries- but in most of Africa the diversion of resources and attention due to the COVID-19 response is directly leading to a situation where a 200% increase in affected districts is expected and anti-polio immunization campaigns have to resume in many countries.

Further, in June 2020, the Emergency Committee of International Health Regulations (2005)– assessed that the risk of international spread of polioviruses remained in category of "a public health emergency of international concern" and further stated that the "current situation is extraordinary, with clear ongoing and increasing risk of international spread and ongoing need for coordinated international response."

This points to a major policy lapse that WHO must urgently correct. It is obligatory under the task of the IHR for WHO and Member States to ensure epidemic preparedness. Henceforth this should mean the ability to sustain all essential health services during a crisis. Such resilience in health systems is not currently part of the IHR mandate, but henceforth this should be explicitly stated. Re-purposing of health workers for crisis management functions should not be at the cost of other essential health services. Where absolutely unavoidable, it should be for the shortest period of time and with addition supplementation by paid short-term volunteers. Further WHO should call out the Member States who are deficient in human resources in front-line primary health care positions and public health duties, so that the international community and the MS themselves are aware of where the vulnerability to epidemics are higher.

Primary health care systems in the countries facing the largest setback have been minimalist-restricting themselves to minimal package of services and minimum numbers of regular staff, and under-funding on public provisioning of services. The fact that many countries at risk of Polio virus utilised their frontline health workers engaged and trained in Polio virus activities for the control of SARS-CoV-2 shows the potential of this work force beyond the vertical program that paid for them. This shows the potential of a strong cadre of these multi-skilled frontline health workers in reaping benefits other than the Poliovirus eradication. Further, in addition to inadequacy in numbers and training there has been systematic weakening of such primary health care systems due to poor terms of employment of the workforce. Too many of these frontline workers are still volunteers or hired on ad-hoc contractual basis.

PHM calls for

- further strengthening of the frontline health workers by adequate pay for work and benefits and regular terms of employment,
- Increased investment in strengthening public health systems, especially primary care.

Social determinants of health: The resolution places its entire reliance only on vaccination.

With an increasing gap in the sanitation facilities and availability of potable water, the eradication of polio will fail to cross the final hurdles. Further new viruses and pathogens will spread though similar water-borne transmission. With urbanisation happening at a rapid pace, there must be a clear commitment of governments to ensure that the newly emerging housing communities as well as peri-urban slums have access to sanitation and drinking water facilities. At no cost can the provision of drinking water be "delegated" to the private bodies. Very often the communities affected by Polio are the same marginalised communities affected by other communicable diseases.

PHM calls for all countries to invest in sewerage facilities and drinking water availability. The advantages extend far beyond the eradication of polio, but are also immediately need to sustain and retain the progress made on polio eradication.

Vaccine

The vaccine for Polio virus has brought us near the goal of eradication. But at the same time, we are also witnessing a much higher number of cases of circulating Vaccine Derived Polio Virus (cVDPV). PHM appreciates the efforts of the scientific community in trying to bring out the novel Oral Polio Vaccine (nOPV2). WHO has already issued an Emergency Use Listing recommendation for the nOPV2.

Once we stop the transmission of all strains of wild poliovirus (currently only type 1 remaining), live-attenuated viruses used in OPV will be the only source of live virus and pose a risk of re-emergence. Therefore, it will have to phased out completely and only Inactivated Polio Vaccine will be used. But the supply of Inactivated Polio Vaccine (IPV) has been erratic. WHO position paper on Polio vaccines notes that "2 fractional doses instead of 1 full dose[ST1] [AR2], increases the immunogenicity of IPV and can extend coverage if supplies are limited". All countries must be encouraged to switch to the fractional doses, if not already.

PHM calls for

- WHO to bring out a blueprint of exit plan on polio immunization with time schedules for phasing out of OPV, with availability of nOPV2 and ensure that the supply of nOPV2 be prioritised to the areas they are most needed and later the phasing out of IPV.
- Faster technology transfer to more global domestic manufacturers for production of IPV.

Poliovirus Containment

In the light of breach or release incidents of Poliovirus that happened from facilities in three countries, PHM asks WHO to bring out a detailed report on investigation of such events and also to conduct a risk assessment of all labs at the earliest.

Governance

A governance review was conducted in GPEI, the findings showed ways how we can improve the functioning and accountability. While PHM appreciates the idea of expanding the membership of Polio Oversight Board (POB) and Strategic Committee (SC), we caution against the inclusion of donors in the highest decision bodies since it can lead to a potential conflict of interest. The expansion to include countries and CSOs will give space for diverse perspectives into how the eradication can be achieved.

LMICs entered into polio eradication campaign, on the promise that current expenditures would be offset by future savings as vaccination becomes unnecessary. But as the recommendations are currently to expand vaccines against polio (bOPV plus two doses IPV plus nOPV) it is important that all these supplies are provided free to the LMICs along with donor support for the universal vaccination effort.

The effort to strengthen the polio campaign must be closely linked to strengthen public health systems as a whole.

Notes of discussion