WORLD HEALTH ORGANIZATION

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Eradication of poliomyelitis

Report by the Secretariat

1. The Fifty-second World Health Assembly (resolution WHA52.22) called for the acceleration of the initiative to eradicate poliomyelitis to meet the original goal of interrupting wild poliovirus transmission globally by the end of the year 2000. Almost all Member States endemic for poliomyelitis aggressively accelerated such activities, with most countries doubling the number of rounds of national immunization day and using a house-to-house immunization strategy in high-risk areas. The rapidity of this acceleration and the scale of activities outstripped the global supply of oral poliomyelitis vaccine; concern about this deficit will continue into 2001.

2. As a result of this acceleration, only 30 countries were endemic for poliomyelitis at end 1999, compared with 50 in 1998. In contrast, it took a decade to reduce the number of countries endemic for poliomyelitis from 125 to 50. In the first nine months of 2000, 1481 poliomyelitis cases were reported from 18 countries (Figure 1), compared to 2849 cases during the same period in 1999. On 29 October 2000, the Western Pacific Region was certified poliomyelitis-free, the last case of poliomyelitis due to indigenous virus having occurred in Cambodia in March 1997.

3. Despite the progress, poliovirus transmission will continue in up to 20 countries at end 2000. Special attention will be required in Angola, Chad, the Democratic Republic of the Congo, Ethiopia, Nigeria, Somalia and the Sudan (where a new reservoir of poliovirus was discovered in 1999) in Africa and in Afghanistan, northern India and Pakistan in Asia.

4. The Secretary-General of the United Nations joined the Director-General of WHO and the leaders of the other major partners in poliomyelitis eradication to announce the strategic plan for 2001-2005 at the Global Polio Partners Summit in New York (27 September 2000). The plan outlines the strategies for interrupting poliovirus transmission globally within the next 12 to 24 months so that the 2005 target of certifying the world poliomyelitis-free, as recommended by the Global Commission for the Certification of the Eradication of Poliomyelitis, can still be achieved (Figure 2).

5. The strategic plan emphasizes that *all* Member States have a critical role in poliomyelitis eradication. Whereas countries endemic for poliomyelitis must further intensify national immunization days and mopping-up campaigns, global certification by 2005 requires all countries to have achieved certification-standard poliomyelitis surveillance for at least three years and containment of laboratory stocks of wild poliovirus.

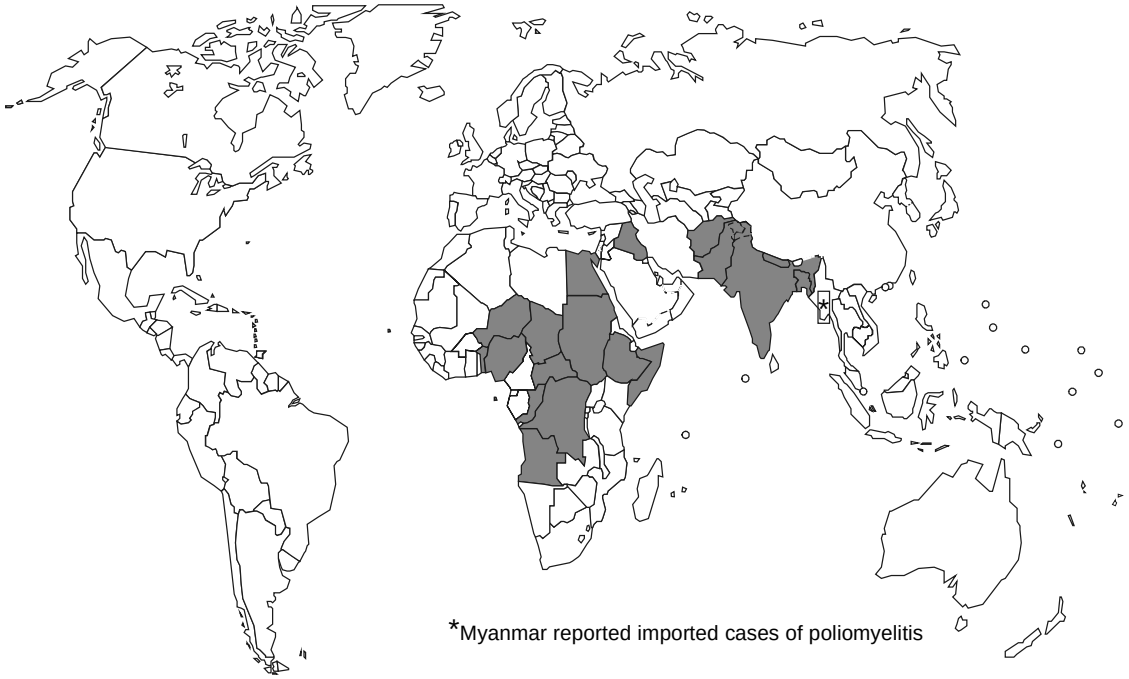
6. The strategic plan for eradication of poliomyelitis outlines three essential actions for the interruption of poliovirus transmission globally and certifying that achievement in 2005. First, all children must be reached and immunized with oral poliomyelitis vaccine, particularly those living in areas affected by conflict. That will need commitment at the highest level, and the involvement of all

parties as was emphasized by the Secretary-General in his address to the Global Polio Partners Summit. The heads of the International Federation of Red Cross and Red Crescent Societies and other humanitarian organizations joined the Secretary-General in pledging to support activities in these areas.

7. Secondly, sufficient financial resources must be secured to meet the shortfall in funding for the 2001-2005 plan of US$ 450 million, US$ 263 million of which is needed for activities in 2001-2002. It is particularly important to increase the flexible funding available for massive mopping-up campaigns to interrupt the final chains of poliovirus transmission, wherever they might occur. To help reduce the shortfall, Rotary International and the United Nations Foundation have launched a global fund-raising campaign in the private sector. However, substantial additional public-sector resources will also be needed. For every year that polio eradication is delayed, for financial or other reasons, the overall cost of the initiative will increase by at least US$ 100 million.

8. Thirdly, high level political commitment to poliomyelitis eradication must be sustained in the face of a disappearing disease and competing health priorities. Such commitment is essential for improving the quality of supplementary immunization activities in countries endemic for poliomyelitis and establishing and sustaining certification-standard surveillance and laboratory containment in all countries.

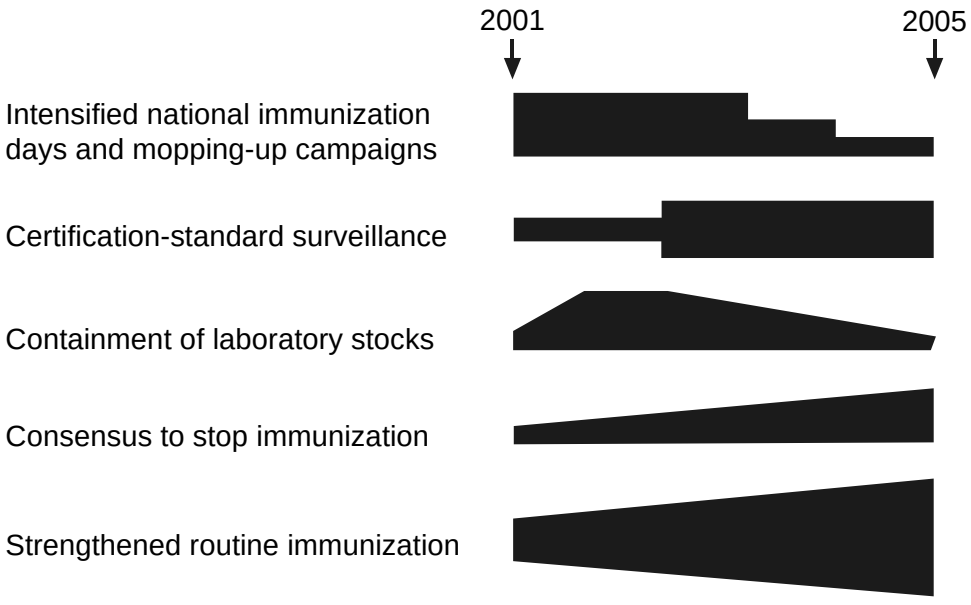
Figure 1. Countries endemic for poliomyelitis, 2000
as of 4 October 2000



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

Source: World Health Organization, November 2000 WHO 00328

Figure 2. Schematic representation of the Polio Eradication Strategic Plan 2001-2005: major elements and timeline



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