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## **Poliomyelitis: intensification of the global eradication initiative**

### **Report by the Secretariat**

1. In 2008, the Sixty-first World Health Assembly in resolution WHA61.1 requested the Director-General to develop a new strategy to reinvigorate the fight to eradicate poliomyelitis. The ensuing Global Polio Eradication Initiative Strategic Plan 2010–2012 was subsequently launched in June 2010 and, in keeping with the guidance from the Executive Board,<sup>1</sup> an Independent Monitoring Board was established to monitor the situation by reference to the milestones in the Strategic Plan. This report provides an update, at mid-November 2011, on progress towards – and challenges to reaching – the Strategic Plan’s milestones, summarizes the Independent Monitoring Board’s concerns regarding the risks to completing eradication, and proposes next steps for the Global Polio Eradication Initiative.
2. As at 8 November 2011, cases of paralytic poliomyelitis due to wild polioviruses had declined by 34% in 2011 compared with the same period in 2010 (505 cases compared with 767 cases).<sup>2</sup> Cases due to the serotype 1 wild poliovirus declined by 35% (444 cases compared with 692), and cases due to the serotype 3 wild poliovirus declined by 18% (61 cases compared with 75 cases).
3. Among the four countries with endemic transmission of wild poliovirus, only India was on track to meet its end-2011 milestone of stopping virus circulation, with its most recent case having onset of paralysis on 13 January 2011. In Nigeria, 2011 saw a fourfold increase in cases compared to the same period in 2010, with new cases in a number of northern states, especially Kano, Kebbi and Borno (42 cases compared with 10 cases for the same period in 2010). Equally as alarmingly, Afghanistan and Pakistan suffered a 135% and 22% increase in cases, respectively, between the same periods in 2010 and 2011 (20 cases compared with 47 cases, and 111 cases compared with 136 cases, respectively). Of the four countries or areas with “re-established” poliovirus transmission, only southern Sudan was on track to meet the end-2010 goal, with its most recent case having onset of paralysis on 27 June 2009. Although Angola has seen a substantial decrease in new cases in 2011 compared with 2010, the country missed the end-2010 milestone and its most recent case had onset of paralysis on 7 July 2011. In Chad and the Democratic Republic of the Congo, however, intensive transmission continues, complicated by major outbreaks due to new importations of wild poliovirus in 2010.

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<sup>1</sup> Documents EB126/2010/REC/2, summary record of the thirteenth meeting, section 4A, and EB128/35 Add.1, section C.

<sup>2</sup> Data available at [www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx](http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx) (accessed 1 November 2011). All case data are reported to WHO through national acute flaccid paralysis surveillance systems.

4. Since January 2010, 19 countries have had outbreaks of poliomyelitis due to ongoing or new importations of wild poliovirus. One such outbreak, on the border between Kenya and Uganda, has continued for more than 12 months since confirmation of the index case. Twelve of the 19 outbreaks were stopped within six months of confirmation of the index case. Six outbreaks were continuing, but for less than six months at end-October 2011: the Central African Republic (2 cases), China (18), Côte d'Ivoire (35), Guinea (2), Mali (8) and Niger (1).<sup>1</sup> All recent imported polioviruses in countries in the African Region were genetically linked to virus originating in northern Nigeria. The virus detected in China originated in Pakistan.

5. Since December 2010, the Independent Monitoring Board has met quarterly and provided recommendations to the heads of agency of the Global Polio Eradication Initiative's spearheading partners and the Bill & Melinda Gates Foundation. In April 2011, the Independent Monitoring Board assessed the goal of global eradication by end-2012 to be "at risk", warning that "polio eradication will not be completed if it is in any sense a secondary priority". The Independent Monitoring Board underscored that "the Global Polio Eradication Initiative needs greater priority focus of leaders. Completing the eradication of polio is a global health emergency". It recommended that "the World Health Assembly in May 2011 considers a resolution to declare the persistence of polio a global health emergency".<sup>2</sup> The Regional Committee for Africa in August 2011 adopted resolution AFR/RC61/R4, in which it urged Member States to declare any continued circulation of poliovirus or new infection a national public health emergency.

6. In October 2011, the Independent Monitoring Board re-affirmed that "polio eradication needs to be treated as a global health emergency," and that "polio simply will not be eradicated unless it receives a higher priority – in many of the polio-affected countries, and across the world". Noting that the Global Polio Eradication Initiative faces a funding shortfall of US\$ 535 million globally to the end of 2012, the Independent Monitoring Board stated: "The funding gap needs to be filled, and polio eradication needs to achieve greater ownership and attention in the global political sphere". The Board concluded: "We are convinced that polio can – and must – be eradicated. We are equally convinced that it will not be eradicated on the current trajectory. Important changes in style, commitment and accountability are essential."<sup>3</sup> It highlighted issues at the global, cross-programme and country-specific levels that urgently needed to be addressed, and especially urged the Global Polio Eradication Initiative "to fundamentally examine accountability and its enforcement at all levels of the programme".<sup>3</sup> At country-level, the Independent Monitoring Board emphasized the need for Nigeria "to demonstrably regain the commitment of political and traditional leaders"; for Pakistan to undertake a "fundamental strategy review"; and for enhanced efforts in all three countries with re-established transmission. Noting the continued occurrence of "unexpected outbreaks" the Board underscored the detection of a case in Kenya as "particularly alarming".

7. In response to the Independent Monitoring Board's report in October 2011, the Global Polio Eradication Initiative immediately initiated an extensive programme of work to strengthen its accountability processes, promote innovation in managerial and tactical processes as well as eradication tools, ensure critical real-time evaluation of eradication plans in key infected areas, deepen stakeholder engagement, and reduce outbreak risks. Recognizing the Independent Monitoring Board's

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<sup>1</sup> Data available at [www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx](http://www.polioeradication.org/Dataandmonitoring/Poliothisweek.aspx) (accessed 1 November 2011).

<sup>2</sup> Independent Monitoring Board of the Global Polio Eradication Initiative. Report, April 2011. Available at [www.polioeradication.org](http://www.polioeradication.org).

<sup>3</sup> Independent Monitoring Board of the Global Polio Eradication Initiative. Report, October 2011. Available at [www.polioeradication.org](http://www.polioeradication.org).

assessment that there remains a high risk of missing the end-2012 milestone for interrupting all wild poliovirus transmission globally, and particularly in Pakistan, planning and budgeting for an extension of the intensified eradication effort into 2013 is under way. The updated plan for 2012–2013 and beyond will be informed by an independent programme review drawing on the lessons learnt in 2010–2011, the findings of the Independent Monitoring Board, and the potential impact of additional eradication tools and tactics. The Global Polio Eradication Initiative continues to engage with the international development community in efforts to mobilize rapidly the necessary financing and prevent the cancellation of essential eradication activities.

8. In its November 2011 report, the Strategic Advisory Group of Experts on immunization endorsed the findings of the Independent Monitoring Board, and “states unequivocally that the risk of failure to finish global polio eradication constitutes a programmatic emergency of global proportions for public health and is not acceptable under any circumstances. Failure would not only rapidly lead to a major resurgence of the disease with thousands of children crippled for life or killed every year, but would also be seen as the most expensive public health failure in history. It would have disastrous effects on overall global immunization efforts and primary health care by seriously undermining their credibility with donors and stakeholders.” The Strategic Advisory Group of Experts on immunization emphasized that polio eradication should be the concern of every individual, group, or organization working on immunization.

9. To accelerate the overall eradication effort, a new, more efficient strategy is being examined, which would combine the eradication of residual wild poliovirus transmission with the polio “endgame” strategy that had been designed to deal with vaccine-derived polioviruses, but only after certification of wild poliovirus eradication. The new strategy is based on new diagnostic tests for vaccine-derived polioviruses, the availability of bivalent oral poliovirus vaccine, and new low-cost approaches for the use of inactivated poliovirus vaccine. The Strategic Advisory Group of Experts on immunization endorsed the central premise of the new strategy: in summary, the removal of Sabin polioviruses from immunization programmes should be phased, beginning with the particularly problematic Sabin type 2 poliovirus in the near term, followed by the remaining serotypes after certification of wild poliovirus eradication globally.<sup>1</sup> This approach could facilitate the eradication of the remaining wild polioviruses types 1 and 3 (by replacing all trivalent oral poliovirus vaccine with the more efficacious bivalent oral poliovirus vaccine) and allow action to be taken to control any new type 2 circulating vaccine-derived polioviruses while global surveillance and response capacity is highest. Substantial planning is required for a globally synchronized switch from trivalent to bivalent oral poliovirus vaccine for routine immunization and, potentially, the introduction of one or more doses of inactivated poliovirus vaccine. In 2012, the Strategic Advisory Group of Experts on immunization will provide recommendations on the actual implementation of this strategy based on broad-based consultations across a number of work streams.

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<sup>1</sup> In 2011, there were five outbreaks due to a circulating vaccine-derived poliovirus in five countries; four were due to the type 2 serotype. 23 of the 25 cases due to these circulating vaccine-derived polioviruses were caused by the type 2 serotype virus. Data available at <http://www.polioeradication.org/Dataandmonitoring/Poliothisweek/Circulatingvaccinederivedpoliovirus.aspx> (accessed 27 October 2011).

## **ACTION BY THE EXECUTIVE BOARD**

10. The Executive Board is invited to consider the following draft resolution:

The Executive Board,

Having considered the report on poliomyelitis: intensification of the Global Polio Eradication Initiative,<sup>1</sup>

RECOMMENDS to the Sixty-fifth World Health Assembly the adoption of the following resolution:<sup>2</sup>

The Sixty-fifth World Health Assembly,

PP1 Having considered the report on poliomyelitis: intensification of the Global Polio Eradication Initiative;

PP2 Recalling resolution WHA61.1 on poliomyelitis: mechanism for management of potential risks to eradication, which inter alia requested the Director-General to develop a new strategy to reinvigorate the fight to eradicate poliovirus and to develop appropriate strategies for managing the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis, including the eventual cessation of use of oral poliovirus vaccine in routine immunization programmes;

PP3 Recognizing the need to make rapidly available the necessary financial resources to eradicate the remaining circulating polioviruses and to minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

PP4 Noting the Independent Monitoring Board's recent finding that "polio simply will not be eradicated unless it receives a higher priority – in many of the polio-affected countries, and across the world" and its recommendation that the World Health Assembly "considers a resolution to declare the persistence of polio a global health emergency";

PP5 Noting the recent report of the Strategic Advisory Group of Experts on immunization that "states unequivocally that the risk of failure to finish global polio eradication constitutes a programmatic emergency of global proportions for public health and is not acceptable under any circumstances";

PP6 Recognizing the need for Member States to engage all levels of political and civil society in order to ensure all children are vaccinated to eradicate poliomyelitis;

PP7 Noting that the technical feasibility of poliovirus eradication has been proven through the full application of new strategic approaches;

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<sup>1</sup> Document EB130/19.

<sup>2</sup> See document EB130/19 Add.1 for the financial and administrative implications for the Secretariat of adoption of the resolution.

PP8 Noting that continuing poliovirus transmission anywhere will continue to pose a risk to poliomyelitis-free areas until such time as all poliovirus transmission is interrupted globally,

1. DECLARES the completion of poliovirus eradication a programmatic emergency for global public health, requiring the full implementation of current and new eradication strategies, the institution of strong national oversight and accountability mechanisms for all areas infected with poliovirus, and the application of appropriate vaccination recommendations for all travellers to and from areas infected with poliovirus;<sup>1</sup>

2. URGES Member States with poliovirus transmission to declare such transmission to be a “national public health emergency”, requiring the development and full implementation of emergency action plans, to be updated every six months, until such time as poliovirus transmission has been interrupted;

3. URGES all Member States:

(1) to maintain very high population immunity against polioviruses through routine immunization programmes and, where necessary, supplementary immunization activities;

(2) to maintain vigilance for poliovirus importations, and the emergence of circulating vaccine-derived polioviruses, by achieving and sustaining certification-standard surveillance for polioviruses;

(3) to urgently make available the financial resources required for the full and continued implementation through end-2013 of the necessary strategic approaches to interrupt wild poliovirus transmission globally, and to initiate planning for the financing to the end of 2018 of the polio endgame strategy;

4. REQUESTS the Director-General:

(1) to plan for the continued implementation through 2013 of the approaches for eradicating wild polioviruses outlined in the Global Polio Eradication Initiative Strategic Plan 2010–2012 and any new tactics that are deemed necessary to complete eradication;

(2) to strengthen accountability and monitoring mechanisms to ensure optimal implementation of eradication strategies at all levels;

(3) to undertake the development and rapid finalization of a comprehensive polio eradication and endgame strategy that exploits new developments in poliovirus diagnostics and vaccines, informs Member States of the potential timing of a switch from trivalent to bivalent oral poliovirus vaccine for all routine immunization programmes, and includes budget scenarios to the end of 2018;

(4) to continue mobilizing and deploying the necessary financial and human resources for the strategic approaches required through 2013 for wild poliovirus eradication, and for the eventual implementation of a polio endgame strategy to the end of 2018;

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<sup>1</sup> *International travel and health*. Geneva, World Health Organization, 2012 edition, in press.

(5) to report to the Sixty-sixth World Health Assembly and the subsequent two Health Assemblies, through the Executive Board, on progress in implementing this resolution.

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