



REGIONAL COMMITTEE

Provisional Agenda item 5.6.2

*Sixty-fifth Session
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SEA/RC65/14

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Progress reports on selected Regional Committee resolutions:

Challenges in Polio Eradication (SEA/RC60/R8)

Polio eradication continues to be a priority in the WHO South-East Asia (SEA) Region. This paper presents an update on the progress and challenges to polio eradication.

India has made tremendous progress towards polio eradication. It was the only country in the SEA Region that had endemic transmission of wild poliovirus (WPV) in 2011. As a result of concerted effort over the previous 12–24 months, the number of polio cases in India decreased by over 99% as compared with 2009. In 2011, only one wild poliovirus case was detected – the lowest number since surveillance was initiated in 1997. Success and lessons learnt in building a highly sensitive surveillance network for polio have been expanded to include strengthening surveillance for other vaccine-preventable diseases and monitoring routine immunization activities.

Strategies adopted to stop polio transmission in India represent a multipronged approach. Eradication challenges have been approached systematically with specific programmes: the 107 high-risk block initiative in historically polio-endemic areas of western Uttar Pradesh and central Bihar has focused on rapid improvement in sanitation, availability of clean water, hygiene and prevention/control of diarrhoea; migrant populations that have played an important role in sustaining and spreading polio have been targeted for surveillance and immunization activities; and, the introduction of bivalent oral polio vaccine (bOPV) has provided an additional tool for epidemiological-based supplemental immunization activities. With continued, sustained effort in 2012–2013, we can look forward to certifying the Region polio-free in 2014.

Finally, polio eradication requires substantial funding. A substantial proportion is being met through external funding; Member States can help the eradication effort by committing funds for surveillance, outbreak response, and strengthening routine immunization delivery.

The HLP Meeting held in the Regional Office in New Delhi from 2 to 5 July 2012 reviewed the working paper and made the following recommendations:

Action by Member States

- (1) To maintain high-quality AFP surveillance, high routine immunization coverage and supplementary immunization as required and adequate and timely response to an importation by implementation of the WHO advisory on polio immunization for travellers.

Action by WHO/SEARO

- (1) To provide technical support for Member States in maintaining high-quality AFP surveillance, high routine immunization coverage and supplementary immunization as required, and adequate and timely response to an importation.

The working paper and the HLP meeting recommendations are submitted to the Sixty-fifth Session of the Regional Committee for its consideration.

Background

1. India was removed from the list of polio-endemic countries on 25 February 2012. India (13 January 2011) and Nepal (30 August 2010) have been polio-free for >12 months. The remaining nine countries in the Region have been polio-free for more than five years. All countries in the Region remain susceptible to importation while there is wild poliovirus circulating anywhere in the world. With the current progress in India, the Region is on track to be certified polio-free in January 2014.

Recent developments

2. Polio as a public health emergency: the WHO Executive Board has declared polio as a public health emergency. The language of polio as a public health emergency needs to be translated to action. Stopping polio globally is not simply a matter of time and money but a matter of having a country-level programme that performs to accomplish the task ahead. An emergency response requires the broadest possible mobilization and it cannot be “business as usual”.

3. Lessons from India: India has achieved a monumental milestone. The lesson from India’s success should not be lost but should be available to others. There are four points that summarize the success achieved by India.

- *Government ownership from local to national level:* the Government of India has taken a leadership role in providing personnel and financial support. The Government pays for more than 90% of polio activities. Medical officers from the Government are deputized to work with the National Polio Surveillance Project (NPSP). All surveillance medical officers have been put on Special Service Agreement (SSA) contracts as a way to contain costs and provide flexibility increasing and decreasing the workforce as the epidemiology dictates.
- *Tight-knit partnership:* the partnership between the government, various agencies (WHO, UNICEF, nongovernmental organizations) and local populations has been seamless. This has been particularly evident in the State of Bihar.
- *Focus on quality improvement and accountability:* The programme has focused explicitly on quality and its improvement. The India programme has demonstrated the value of a logical and systematic approach to improving implementation of polio immunization activities (i.e. supervisory checklist, campaign monitoring forms, periodic surveillance reviews). In addition to the focus on technical performance of the AFP (acute flaccid paralysis) surveillance system and immunization activities, an accountability structure for staff performance has been put in place. Clear expectations and goals are communicated with staff on a regular basis. Underperformers are not retained.

- *Demand for polio immunization:* the India polio programme has shown the immense value of a well-executed communication strategy. In mobilizing the population, the programme has created an increased demand for polio vaccine. Polio vaccine acceptance has never been higher.

4. Achieving this milestone has not come easily for India. It has been the result of relentless drive and determination. The programme has learnt a great deal through innovation and trial and error. If India knew 10 years ago what it knows now, it would have been able to stop transmission faster. This should be a heartening lesson for other countries, which can benefit from India's experience. Of course, the programme cannot simply be copied from one country to another. There is no single national approach. The principles of the India experience need to be carefully reviewed and translated.

Issues/challenges

- (1) Implement and intensify routine immunization:
 - operationalize the 2012 Year of Intensification of Routine Immunization (IRI) plans;
 - promote high routine immunization coverage for the third dose of oral polio vaccine.
- (2) Reduce polio immunity gaps:
 - conduct supplementary immunization campaigns, when necessary, to improve immunity.
- (3) Maintain high-quality AFP surveillance:
 - conduct regular surveillance reviews (national/subnational) and risk assessments;
 - conduct induction and refresher surveillance training.
- (4) Re-energize polio certification process:
 - re-energize the activities of the regional and national certification committees;
 - focus on certification at the earliest date: January 2014.