



WORLD HEALTH ORGANIZATION

EXECUTIVE BOARD
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Eradication of poliomyelitis

Report by the Secretariat

BACKGROUND

1. The Forty-first World Health Assembly (resolution WHA41.28) established the goal of eradication of poliomyelitis by the year 2000. Recognizing that, despite substantial progress and sound strategies, transmission of wild poliovirus would continue in some Member States beyond the target date, the Fifty-second World Health Assembly, in resolution WHA52.22, called for acceleration of eradication activities, additional funding and the introduction of laboratory-containment activities.
2. Acceleration of eradication activities has result in a 25% improvement in poliomyelitis surveillance, a 50% reduction in the number of endemic countries and a greater than 80% decline in cases of poliomyelitis worldwide between 1999 and 2001. Poliomyelitis is at its lowest point ever in 2001, 259 cases due to indigenous wild poliovirus (i.e. not imported cases) had been reported in 10 countries as of 13 November, compared with an estimated 350 000 cases in more than 125 countries in 1988 (see Annex). On 29 October 2000, the Western Pacific became the second WHO Region to be certified poliomyelitis-free.
3. All Member States endemic for poliomyelitis have conducted “intensified” national immunization days and have improved surveillance in response to the call for acceleration. To maximize the impact, 17 West African countries synchronized national immunization days in October-November 2000 and 2001. Angola, Congo, Democratic Republic of the Congo and Gabon synchronized three rounds of intensified national immunization days in July-September 2001. Afghanistan, Islamic Republic of Iran and Pakistan continued to synchronize activities. Under the leadership of the United Nations Secretary-General, many United Nations organizations, in partnership with humanitarian and nongovernmental organizations, supported Member States in carrying out these activities.
4. Critical to achieving this acceleration have been large unearmarked contributions for poliomyelitis eradication to WHO totalling US\$ 178 million during 1999-2001, from the governments of the Netherlands and the United Kingdom of Great Britain and Northern Ireland, the Bill & Melinda Gates Foundation and the United Nations Foundation. During the same period, additional contributions to the eradication initiative, through either multilateral or bilateral channels were made by Rotary International and by the European Commission; the governments of Australia, Austria, Belgium, Canada, Denmark, Finland, Germany, Ireland, Italy, Japan, Luxembourg, Norway, Oman, Portugal, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland and United States of America; Aventis and De Beers.

5. The global action plan for laboratory containment of wild polioviruses¹ is now being implemented. National task forces have been appointed in 110 countries and areas: 36 in the Western Pacific Region; 48 in the European Region; 17 in the Eastern Mediterranean Region; seven in the South-East Asia Region; and two in the Region of the Americas. Seventy countries have already begun compiling exhaustive lists of biomedical facilities to be surveyed, with more than 60 000 laboratories listed as of mid-October 2001. Eleven countries have completed the pre-eradication phase activities and submitted national inventories of laboratories.

ISSUES

6. In 2001, as of 13 November, laboratory-confirmed cases of indigenous poliomyelitis had been reported from India (152 cases), Pakistan (69), Nigeria (15), Afghanistan (9), Niger (4), Somalia (4), Egypt (3), Angola (1), Ethiopia (1) and the Sudan (1). Intensive transmission in the Democratic Republic of the Congo during 2000 suggests that it has continued there in 2001. The experience of the past 13 years demonstrates that the eradication strategies are sound and effective, but further improvements in the quality of their implementation are critical in the remaining endemic countries.

7. In contrast to the maximum biosafety and containment of regulations in place for smallpox virus, the goal for laboratory containment of wild polioviruses is the implementation of appropriate biosafety procedures depending on the level of risk. The WHO global action plan for laboratory containment of wild polioviruses will be revised by May 2002 to reflect this emphasis and to outline the action needed in Member States.

8. The importance of defining poliomyelitis immunization strategy for the post-eradication era has been highlighted by outbreaks caused by circulating vaccine-derived polioviruses in the Philippines (2001) and the Dominican Republic and Haiti (2000-2001).

9. A "Meeting on the impact of targeted programmes on health systems: a case study of the Polio Eradication Initiative" was held in Geneva from 16 to 17 December 1999.² To build on the meeting's finding that opportunities for strengthening health systems through poliomyelitis eradication activities could be better exploited, WHO is working to strengthen its links with health systems development initiatives and to establish indicators to monitor the success of such efforts. Optimizing the delivery of other services, particularly routine immunization and surveillance, may require substantial human resources. More than 1500 staff worldwide funded by the Global Polio Eradication Initiative have been critical for national capacity-building for this undertaking.

FUTURE ACTION

10. The funding gap of US\$ 400 million to the end of 2005 is now the single greatest threat to the goal of poliomyelitis eradication. To ensure that the funding requirements are met in a timely manner, commitments are needed from partner agencies and Member States, whether endemic or non-endemic.

11. In Member States that are endemic for poliomyelitis and undergoing humanitarian crises, particularly Afghanistan, Angola, Democratic Republic of the Congo, Somalia and the Sudan,

¹ Document WHO/V&B/99.32.

² See document WHO/V&B/00.29.

poliomyelitis eradication activities need to be emphasized as a crucial part of the humanitarian agenda in order to facilitate the prompt interruption of transmission.

12. Global certification of poliomyelitis eradication, targeted for 2005, requires that all Member States will have first completed the pre-eradication phase activities set out in the global action plan for the laboratory containment of wild polioviruses, including establishing a national inventory of all facilities holding potentially infectious materials.

13. The Director-General will continue to submit an annual report to the Executive Board on progress towards eradication of poliomyelitis.

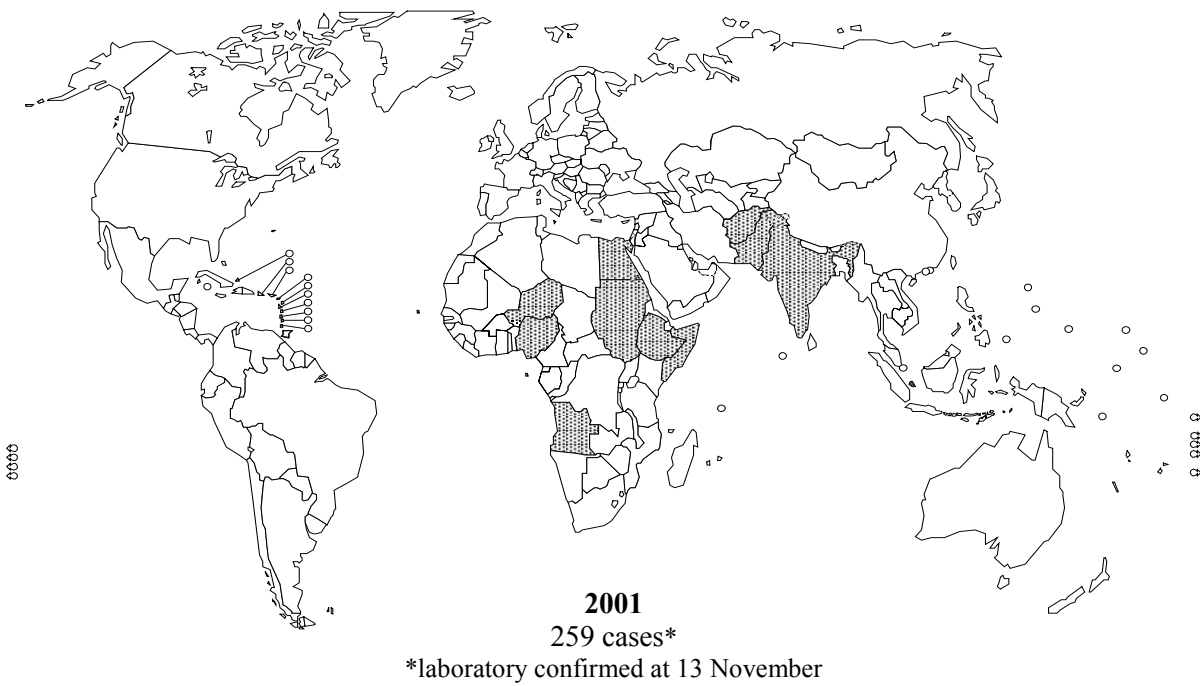
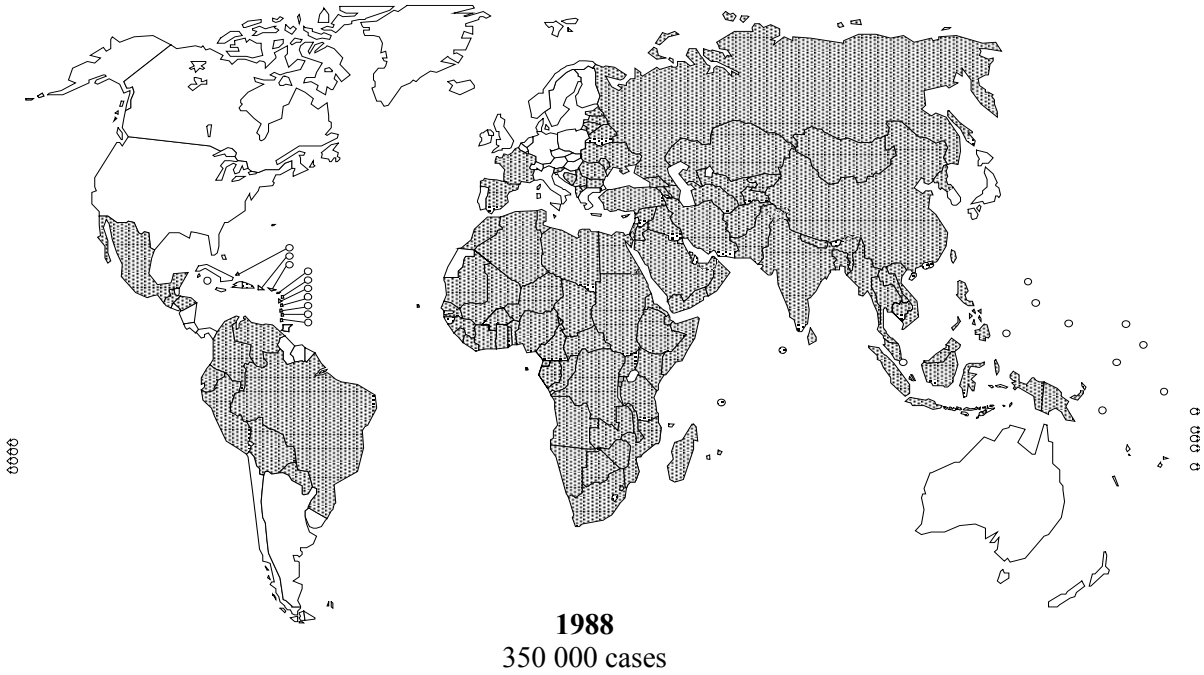
ACTION BY THE EXECUTIVE BOARD

14. The Executive Board is invited to note the report.

ANNEX

ERADICATION OF POLIOMYELITIS: PROGRESS

Endemic countries: 1988 and 2001



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