



WORLD HEALTH ORGANIZATION

FIFTY-THIRD WORLD HEALTH ASSEMBLY
Provisional agenda item 12.9

A53/11
22 March 2000

Eradication of poliomyelitis

Report by the Secretariat

1. Resolution WHA52.22 (1999) called for acceleration of the initiative to eradicate poliomyelitis by the end of the year 2000. Certification should be completed by 2005.
2. Substantial success has been achieved; three of the six WHO regions are now reporting zero cases of poliomyelitis. The last reported indigenous cases in the Americas, and in the European and Western Pacific regions occurred in August 1991, November 1998 and March 1997, respectively. In the remaining endemic regions, only 6700 cases were reported during 1999, and only 30 countries were poliomyelitis-endemic at the beginning of 2000 (see figure). The eradication initiative has progressed with great energy and impact. It is now in its final stretch. Yet, the ultimate success of the global effort will require marked improvement in the quality of accelerated eradication and surveillance efforts in the countries where poliomyelitis remains or was recently endemic.
3. Central to the success of acceleration is the need for Member States in which poliomyelitis is endemic to conduct extra, high-quality rounds of national immunization days in 2000 and 2001, particularly in nine of the 10 countries of global priority: Afghanistan, Angola, Bangladesh, Democratic Republic of the Congo, India, Nigeria, Pakistan, Somalia and Sudan. In the tenth country, Ethiopia, the highest priority is achieving certification-standard surveillance.
4. In the South-East Asia and Eastern Mediterranean regions, the four global priority countries have either begun extra rounds of immunization days, or made commitments to do so. In India alone, over 1000 million doses of oral poliomyelitis vaccine were distributed during four national and two subnational immunization days between October 1999 and March 2000. Depending on the availability of resources, including poliomyelitis vaccine, Afghanistan, Bangladesh and Pakistan will increase the rounds from two to four in 2000 and five from 2001.
5. Among the six global priority countries in Africa, the eradication initiative passed a historic milestone between August and October 1999 when three, first-ever rounds were conducted in the Democratic Republic of the Congo. Angola expanded its activities to three rounds during June to August 1999; however, many children were missed because of internal disturbances. In addition to immunization days, Nigeria and Sudan conducted two extra subnational rounds in high-risk areas in 1999. In Ethiopia only two rounds were conducted and surveillance has been initiated. In Somalia immunization days were compromised by security concerns in the south and central areas.
6. Recognizing the substantial financial resources required for acceleration and completion of the campaign up to 2005 (the shortfall was US\$ 300 million as of February 2000), the Health Assembly called on the Director-General to mobilize additional financing. A commitment of US\$ 78 million has since been received from the United Nations Foundation and the Bill and Melinda Gates Foundation. Aventis-Pasteur donated poliomyelitis vaccine worth US\$ 5 million for areas of Africa affected by

conflict. The World Bank provided support to the Government of India for a massive acceleration of eradication activities. During 1999, Canada, Germany, Italy, Japan, the United Kingdom of Great Britain and Northern Ireland, the United States of America and the European Union have increased their support to the eradication initiative. Rotary International and several development agencies continue to extend their active support for global eradication.

7. The importance of fully accelerating activities, and of ensuring their high quality, in order to meet the target date for eradication of poliomyelitis is still underestimated in some countries and by some organizations. However, the longer intense poliovirus transmission continues in sub-Saharan Africa and south Asia, the higher the risk of reinfesting areas that are now free of the disease. Major outbreaks in Angola and Iraq in 1999 demonstrate the fragility of the progress that has been made. Similarly, importations of poliomyelitis into China, the Islamic Republic of Iran and Myanmar demonstrate that all countries are at risk until the disease is eradicated everywhere. A delay in achieving the target on time would increase the total cost of eradication by as much as US\$ 100 million each year. In addition, it will be very difficult to sustain current levels of funding for more than 24 to 36 months, especially for poliomyelitis-free countries that would need to maintain immunization days in order to protect against importation of the disease.

8. In the 30 remaining endemic countries, the greatest threat to poliomyelitis eradication is suboptimal quality of strategy implementation, especially of national immunization days and poliomyelitis surveillance. To improve quality during 1999, the strategy for national immunization days was modified to include house-to-house immunizations in all high-risk areas. Although more children are now being vaccinated than ever before, some children are still unreached due to poor microplanning, inadequate social mobilization, and lack of access due to conflict. In addition to the 10 global priority countries, special attention is needed to improve quality of activities in Chad, Congo, Democratic People's Republic of Korea, Iraq, Liberia, Niger and Sierra Leone during 2000.

9. The standards set by the Global Commission for the Certification of the Eradication of Poliomyelitis are not being respected everywhere. Some countries, particularly on the African continent, have even stopped supplementary immunization activities, despite surveillance sensitivity that remains well below certification standards. Experience in the Americas, and in the European, Eastern Mediterranean and Western Pacific regions has conclusively demonstrated that such actions may jeopardize historical gains, because low-level transmission of poliomyelitis can continue undetected for more than three years in areas where surveillance is suboptimal.

10. Organizations of the United Nations system and partners in poliomyelitis eradication must increase their capacity to meet the demands of accelerating this initiative. In 1999 insufficient planning and coordination resulted in delays or cancellation of immunization days in Africa and south Asia, especially because of inadequate supplies of vaccine. Improved vaccine forecasting, planning and coordination among organizations of the United Nations system, vaccine manufacturers and donor governments must be reinforced to prevent or forestall further shortfalls in poliomyelitis vaccine at a time when Member States are responding to the call for acceleration of eradication.

11. Successful efforts to establish peace for the conduct of national immunization days, or at least a safe working environment and access to unreached communities, must be expanded to all areas affected by protracted conflict. In Somalia, two United Nations staff members, recruited locally for poliomyelitis eradication activities, were murdered in 1999. Two members of a vaccination team were also murdered in Angola, where few children could be immunized during immunization days in areas not under government control. The success of the Secretary-General of the United Nations in establishing "Days of tranquillity" for immunization days in the Democratic Republic of the Congo

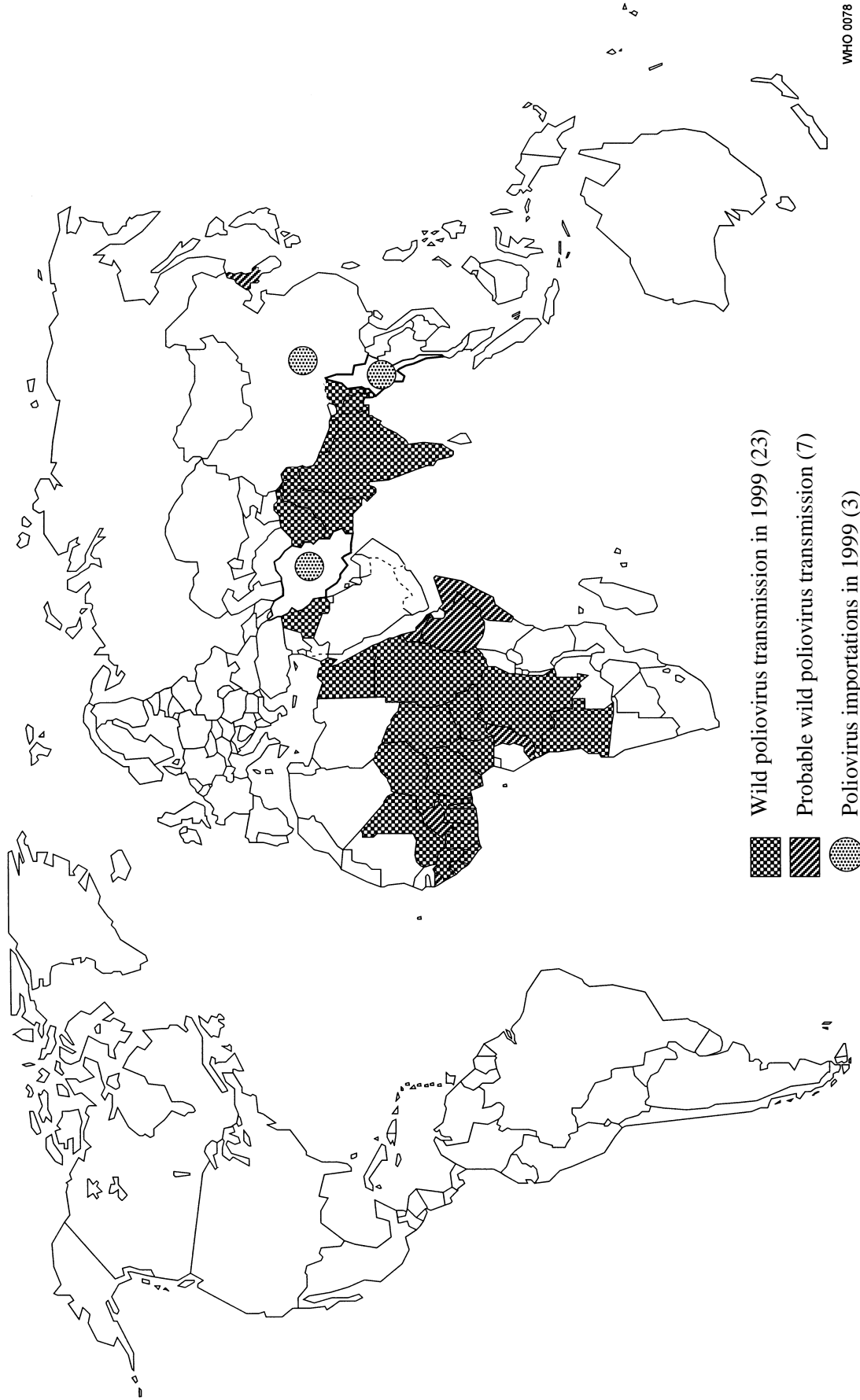
demonstrated the feasibility of working successfully in these areas, despite seemingly overwhelming logistical and security problems.

12. During 2000, the governments of the 30 countries currently infected by poliomyelitis will, in cooperation with WHO, need to develop a strategy to stop the final chains of poliovirus transmission if any high-risk areas remain infected at the end of the year.

ACTION BY THE HEALTH ASSEMBLY

13. The Health Assembly is invited to note the report.

STATUS OF POLIOMYELITIS ERADICATION as of 21 February 2000



WHO 0078