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Poliomyelitis

Report by the Director-General

1. This report provides an update on work towards fully implementing and financing all aspects of the Polio Eradication Strategy. The global effort to eradicate poliomyelitis remains a public health emergency of international concern, as per the conclusions of the Emergency Committee under the International Health Regulations (2005) on the international spread of poliovirus.[1]

Goal 1: Permanently interrupt wild poliovirus transmission in endemic countries

2. In 2024, wild poliovirus type 1 transmission continued in parts of Afghanistan and Pakistan. As at 20 September, a total of 40 related cases had been reported in 2024 (21 cases from Pakistan and 19 from Afghanistan) compared with 12 cases in 2023. Endemic transmission is concentrated in high-risk districts of the southern area of Khyber Pakhtunkhwa province in Pakistan, and bordering areas of the eastern region of Afghanistan. The genetic diversity of wild poliovirus type 1 transmission in both countries remains at a historic low, with two genetic clusters active in both countries. The increased detection of the virus outside the endemic districts points to a heightened risk of re-establishment of poliovirus transmission in historic reservoirs, notably the southern region of Afghanistan, and the Karachi, Peshawar-Khyber and Quetta blocks in Pakistan. The persistence and spread of the virus are exacerbated by population movements in the southern, central and northern joint border areas.

3. To urgently stop endemic transmission and mitigate the risk of re-establishment elsewhere, both countries continue to synchronize eradication strategies. Tactics are adapted to local context and challenges, and include: scaling up house-to-house vaccination activities across all areas of Afghanistan; strengthening coordination across organizations and work streams; improving the operational quality of campaigns through better microplanning and identification of persistently missed communities/populations; implementing targeted, area-specific campaigns; continuing to scale up supplemental oral polio vaccinations with fractional-dose inactivated polio vaccines; closing subnational surveillance gaps; strengthening routine immunization; providing more support to frontline health workers; ensuring an interministerial/cross-sectoral approach to

[1] Statement of the thirty-sixth meeting of the Emergency Committee under the International Health Regulations (2005), August 2023 (accessed 22 October 2024).

operational implementation; clearly assessing the extent of and reasons for the under-reporting of missed children (including through fake finger-marking); and ensuring relevant training and oversight at all levels of programmatic interventions.

4. The effort continues to be guided by several national, regional and global expert advisory groups, including the Technical Advisory Group on Polio Eradication for Afghanistan and Pakistan, the Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks, and the Independent Monitoring Board of the Global Polio Eradication Initiative.

Goal 2: Stop transmission of circulating variant poliovirus and prevent outbreaks in non-endemic countries

5. As at 20 September 2024, a total of 159 cases of poliomyelitis due to variant poliovirus type 2 (circulating vaccine-derived poliovirus type 2) had been reported, compared with 395 cases in 2023. The outbreaks due to variant poliovirus type 2 continue to be driven by engines of transmission in four subnational geographies: northern/north-western Nigeria; eastern Democratic Republic of the Congo (affected by the co-circulation of types 1 and 2); south-central Somalia; and northern Yemen. In all these areas, persistently low routine immunization results in too many un- or under-vaccinated children, due to inadequate health infrastructure, inaccessibility, large-scale population movements, insecurity, bans on polio immunization and protracted humanitarian emergencies. Periodic detections of such strains outside of these areas, including high-profile detections, such as in the Gaza Strip in the occupied Palestinian territory in July 2024, continue to be met with active responses. It is important to mention that Madagascar did not report any cases due to variant poliovirus type 1 in 2024, with its most recent case dating to September 2023, but transmission of such strains continues in eastern Democratic Republic of the Congo and Mozambique.

6. In the Democratic Republic of the Congo, intensified and targeted efforts, including to access hard-to-reach populations, continue to yield significant results in reaching persistently missed children. Consequently, in 2024, both the geographic extent and number of cases associated with both type 1 and type 2 outbreaks continue to decline. In northern Nigeria, following an extensive review of programme operations in May 2024 by the country's Expert Review Committee on Polio Eradication and Routine Immunization, key operational challenges in campaign quality are now being addressed. Crucial to success will be the rapid implementation of quality improvements in five high-risk states of north-central and north-western Nigeria. In Yemen, transmission is located in northern governorates. While southern Yemen continues to implement outbreak response, discussions are ongoing to enable operations in northern Yemen to resume. In south-central Somalia, close coordination and access negotiations with local authorities are culminating in increased reach to highest-risk populations.

7. Response to outbreaks due to variant poliovirus type 2 continues to be implemented under the auspices of more rigorous international outbreak response guidelines, and using novel oral polio vaccine type 2 to stop transmission in a more sustainable manner. Until mid-2024, there was a sole supplier of novel oral polio vaccine type 2, but WHO has now granted prequalification to a second supplier, which is expected to add around 250 million doses of novel oral polio vaccine type 2 to the global stockpile by the end of 2024.

Enabling environment

8. The Global Polio Eradication Initiative continues to support integration activities across the programme in line with the Polio Oversight Board-approved integration workplan. The plan focuses on support to routine immunization strengthening and integrated service delivery in seven priority countries, and campaign-based integration across all polio-affected countries. These efforts include the emergency response to returnees to Afghanistan, integrated service delivery in Pakistan and multi-antigen campaigns in 20 countries. To date, the programme has contributed oral polio vaccines for 10 countries as part of the "Big Catch-Up" initiative, which aims to reduce numbers of zero-dose children and increase rates of routine immunization.

9. The Global Polio Eradication Initiative Gender Equality Strategy, extended until 2026, provides strategic guidelines to ensure gender integration into the polio programme, to improve its reach and overall effectiveness. Seven gender-specific key performance indicators are used to track performance in endemic and outbreak countries, according to their local contexts. The indicators focus on ensuring that workforces combine senior and frontline-level staff, and that sex-disaggregated data are collected for vaccination coverage and surveillance. The Gender Mainstreaming Group, comprising all Global Polio Eradication Initiative partners, tracks performance, compiles best practices, organizes capacity-building and advocacy sessions, and addresses challenges for gender integration into the programme. Across the stakeholders, at the highest levels, Polio Gender Champions promote and emphasize gender equality and women's empowerment as key success factors for polio eradication.

Preparing for a lasting polio-free world

10. Progress continues towards preparation for a polio-free world, guided by technical and advisory bodies including the Strategic Advisory Group of Experts on Immunization, the Global Commission for the Certification of the Eradication of Poliomyelitis and the Polio Transition Independent Monitoring Board. In the first half of 2024, the Global Vision to use polio investments to build strong, resilient and equitable health systems was finalized. This is the overarching vision for the new polio transition strategic framework, which updates the strategic action plan on polio transition (2018–2023). The African, South-East Asia and Eastern Mediterranean regions are operationalizing the framework, through the implementation of tailored regional plans and country action plans focused on sustaining polio essential functions to keep the world polio-free and strengthen public health more broadly.

11. The new Polio Transition Monitoring and Evaluation Framework has also been operationalized. Bi-annual national reporting on strategic outcomes and operational milestones began in the first quarter of 2024, setting the baseline. Early results show sub-optimal immunization coverage and surveillance sensitivity in over 40% of priority countries, and gaps in emergency management capacities in 28%. Even where government ownership is strong and functions are fully integrated, fragilities remain, such as financial sustainability.

12. These insights are being used by regions and countries in operationalizing their regional strategies and country action plans. In the African Region, the focus is on stopping outbreaks and building resilience, using a phased approach which links outbreak response efforts with achieving and sustaining eradication and maintaining the quality of polio functions. In the Eastern Mediterranean Region, the focus is on actions tailored to each country, to strengthen health systems delivery. In the South-East Asia Region, the focus is on a "three-pronged" approach to strengthen the health system, build human resources capacity, and ensure financial sustainability.

To support sustainable financing of polio essential functions, a resource mobilization action plan is being developed by the Secretariat. In July 2024, the Eastern Mediterranean Region officially launched the regional investment case, which shows US$ 39 return on investment for every US$ 1 invested in polio transition in the priority countries of that region.

13. The WHO Polio Transition Steering Committee has endorsed clear entry and exit criteria to update the polio transition priority country list. As a result, seven countries will graduate to a "watch list", where they will be monitored for three years to ensure there is no backsliding in quality.[2] Seven countries with a strong reliance on the Global Polio Eradication Initiative will be added to the priority list.[3]

14. Another critical component to prepare for a polio-free world is the revision of the polio post-certification strategy, to reflect new technologies and best practices to protect populations, detect and respond to outbreaks, and contain polioviruses. A critical workstream is determining the steps to undertake the successful withdrawal of the oral polio vaccine from global use in routine immunization. During 2024, a policy framework for successful cessation was developed and discussed with the Strategic Advisory Group of Experts on Immunization. During 2025, work will be undertaken to refine this framework. The revised post-certification strategy will present governance options beyond the Global Polio Eradication Initiative, together with cost estimates to implement the strategy goals. It will be developed in consultation with Member States, ahead of the Seventy-ninth World Health Assembly.

15. Progress against Member State commitments made through resolution WHA71.16 (2018) on the containment of polioviruses remains mixed. At end of August 2024, 22 Member States had reported retaining poliovirus materials in 78 facilities designated by their governments as serving critical functions requiring retention. Of 21 Member States with a designated national authority,[4] 8[5] have had 16 facilities achieve interim certificates of containment in the Containment Certification Scheme, whereas 3[6] have yet to initiate and complete the certification process for 11 facilities.

16. In November 2023, the Global Commission for the Certification of Eradication of Poliomyelitis resolved that the target for full containment certification of all facilities retaining wild and vaccine-derived polioviruses (types 1, 2 and 3) would remain the end of 2026, independent of the status of wild poliovirus type 1 eradication. Facilities are expected to be fully compliant with the requirements described in the WHO Global Action Plan for Poliovirus Containment and certified accordingly through the Containment Certification Scheme (undergoing revision to align it with the recommendations of the Global Action Plan and the Global Commission) by this time.

[2] Bangladesh, India, Indonesia, Iraq, Libya, Myanmar and Nepal.

[3] Burkina Faso, Central African Republic, Guinea, Madagascar, Mali, Mozambique and Niger.

[4] Romania is yet to appoint a national authority for containment, an activity due for completion by March 2019. This also makes Romania the only country retaining poliovirus yet to initiate the containment certification process.

[5] Belgium, Canada, France, Hungary, Japan, the Kingdom of the Netherlands, the Republic of Korea and the United States of America.

[6] China, the United Kingdom of Great Britain and Northern Ireland and the United States of America.

Financing and global commitment to securing a lasting polio-free world

17. Rotarians, G7 leaders and the Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks reaffirmed their commitment to fighting for a polio-free world. The concerted efforts of global partners and donors have culminated in a substantial US$ 3.8 billion in funding for the Polio Eradication Strategy 2022–2026. This marks a pivotal advancement towards the US$ 4.8 billion target for the implementation of the Strategy through 2026. In April 2024, the Kingdom of Saudi Arabia joined the global eradication effort and pledged US$ 500 million over the next five years to protect children through polio vaccines and to facilitate the delivery of other health-saving interventions. The Government of Canada announced a new contribution of 151 million Canadian dollars over the next three years to support the work of the Global Polio Eradication Initiative.

18. In July 2024, the Polio Oversight Board decided to extend the Strategy by an additional three years. This extension shifts the timeline for eradicating wild poliovirus type 1 to the end of 2027 and the goal for certifying the elimination of circulating vaccine-derived poliovirus type 2 to the end of 2029. The Strategy extension and its corresponding multi-year budget for 2022–2029 were approved by the Polio Oversight Board in October 2024.

Action by the Executive Board

19. The Executive Board is invited to note the report and provide guidance on the questions below.

- What additional measures can be adopted to ensure that all remaining zero-dose children are reached with polio vaccine?
- What steps should be taken to secure the financial resources required to fully implement the Polio Eradication Strategy?
- What steps need to be taken at the national, regional and global level to prepare for and sustain a polio-free world?
