



# WORLD HEALTH ORGANIZATION

FIFTY-FIFTH WORLD HEALTH ASSEMBLY  
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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 between 1999 and 2001 has resulted in a 28% improvement in poliomyelitis surveillance, a two-thirds reduction in the number of endemic countries and a 92% decline in reported poliomyelitis cases since resolution WHA52.22 was adopted in May 1999. Poliomyelitis is now at its lowest point ever, with 473 cases due to indigenous wild poliovirus reported in 10 countries in 2001 (as of 12 March 2002) 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, 16 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\$ 308 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, 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 Polioviruses<sup>1</sup> is now being implemented. National task forces have been appointed in 114 countries and areas: 36 in the Western Pacific Region; 50 in the European Region; 19 in the Eastern Mediterranean Region; seven in the South-East Asia Region; and two in the Region of the Americas. Over 90 countries have already begun compiling exhaustive lists of biomedical facilities to be surveyed, with more than 70 000 laboratories listed as of January 2002. Twenty-nine countries have completed the pre-eradication phase activities and submitted national inventories of laboratories.

## ISSUES

6. Five of the 10 remaining endemic countries constitute the “high transmission” areas of northern India, Pakistan and Afghanistan, and Nigeria and Niger. Stopping poliomyelitis worldwide by the end of 2002 requires reaching all children in these areas with multiple rounds of supplementary poliomyelitis immunization in 2002. In the five “low transmission” countries of Angola, Egypt, and the Horn of Africa (Ethiopia, Somalia and Sudan), the risks that poliomyelitis will not be rapidly stopped include deterioration in security and/or suboptimal strategy selection and implementation.

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 was revised in 2002 to reflect this emphasis and outline the action needed in Member States.

8. The importance of defining poliomyelitis immunization policy 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). To facilitate this policy development, a full programme of work is being implemented, which includes evaluation of the future risk of such outbreaks and the feasibility and implications of each of the post-eradication immunization policy options.

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.<sup>2</sup> To build on the finding that opportunities for strengthening health systems could be better exploited, WHO is working to ensure that the lessons from poliomyelitis eradication and the infrastructure are used to improve the delivery of other immunization services and surveillance for other diseases of public health importance. This may require substantial human resources, as more than 2000 immunization personnel, 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\$ 275 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.

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<sup>1</sup> Document WHO/V&B/99.32.

<sup>2</sup> See document WHO/V&B/00.29.

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

#### **ACTION BY THE HEALTH ASSEMBLY**

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

ANNEX

**ERADICATION OF POLIOMYELITIS: PROGRESS**

Endemic countries: 1988 and 2001

