

Update on the ongoing public health emergencies of international concern

Poliomyelitis

Report by the Director-General

1. Securing a world free from poliomyelitis remains dependent upon reaching the remaining zero-dose children (children who are either un- or undervaccinated) in subnational parts of the most consequential geographical areas,¹ which serve as engines for poliovirus transmission. These areas continue to be affected by different complex humanitarian emergencies, requiring the polio programme to adapt its operations to deliver polio vaccines within a broader humanitarian context.
2. In 2024, cases of wild poliovirus type 1 continue to be reported in Afghanistan and Pakistan, the last two remaining countries where the poliovirus is endemic. The two countries have so far reported nine cases each, bringing the global total to 18 for the year to date (compared with 12 cases in 2023). Detection of wild poliovirus type 1 from environmental sampling in both countries has also increased. As at 29 July 2024, 55 positive environmental samples in Afghanistan have been reported (compared to 62 for the whole of 2023); in Pakistan, that number stands at 236 (compared to 126 in 2023). The Technical Advisory Group for Polio Eradication in Afghanistan and Pakistan recently noted the geographic spread of wild poliovirus type 1 in both countries. Moreover, endemic transmission has been re-established in the historic reservoirs of Kandahar in Afghanistan and Peshawar in Pakistan, and there is a risk of the virus regaining a foothold in Karachi and Quetta block in Balochistan province, Pakistan.
3. Both countries continue to implement an intensive and synchronized campaign schedule, with a view to improving vaccination coverage in the endemic zones and providing effective and timely responses to detected cases of wild poliovirus type 1 elsewhere in each country. As part of a nationwide vaccination campaign conducted in June 2024, Afghanistan deployed a house-to-house vaccination strategy in the South Region for the first time in five years – an encouraging development that is expected to enable significantly better campaign coverage compared to other delivery modalities (such as mosque- or health centre-based vaccination). In Pakistan, boycotts and increasing insecurity continue to hamper programme operations in the southern Khyber Pakhtunkhwa province and the historic reservoirs, resulting in a concerning number of missed children in recent campaigns. Seasonal population movement patterns within and between the two countries and the continued return of undocumented migrants from Pakistan to Afghanistan compound operational challenges and the risk of cross-border and domestic poliovirus spread. The polio eradication teams in Afghanistan and Pakistan continue to work closely on implementing tailored strategies to reach mobile populations, including by

¹ Eastern Afghanistan; eastern Democratic Republic of the Congo; north-western Nigeria; the southern Khyber Pakhtunkhwa province of Pakistan; the southern and central areas of Somalia; and northern Yemen.

setting up vaccination hubs on major borders between the two countries and by incorporating the needs of such populations into the operational plans for wider vaccination campaigns.

4. There has been no transmission of wild poliovirus type 1 in the WHO African Region in 2024. The outbreak that occurred in Malawi and Mozambique in 2022 was officially declared closed in May 2024 following an independent outbreak response assessment to review epidemiology and the quality of surveillance and immunization activities. The outbreak was linked to poliovirus circulating in Pakistan and triggered an emergency response across five countries of the African subregion. The last case was reported in August 2022.

5. There have been 127 cases of circulating vaccine-derived poliovirus detected globally in 2024, of which 121 were circulating vaccine-derived poliovirus type 2 and six were circulating vaccine-derived poliovirus type 1. A total of 528 cases were reported in 2023, of which 393 were type 2 and 134 were type 1 (with one reported case of coinfection with type 1 and type 2). In 2024, Nigeria and Yemen represented the highest caseloads with 31% and 21%, respectively. Algeria, Côte d'Ivoire, Egypt, Equatorial Guinea, Gambia, Kenya, Liberia, Mozambique, Nepal, Senegal, Sierra Leone, Sudan, Uganda and Zimbabwe have all detected poliovirus in the environment but have not reported any cases. This has also been the case in the Gaza Strip. Emergency outbreak response efforts continue in countries with active transmission.

6. There has been a decrease in the number of circulating vaccine-derived poliovirus type 2 emergence groups detected annually, which is largely attributed to the broad roll-out of the more genetically stable novel oral polio vaccine type 2. In 2024, 18 emergence groups have been detected (compared to 27 for the whole of 2023). Much of the risk of vaccine-derived emergences is attributed to a combination of inaccessibility, insecurity, population displacement and a high concentration of zero-dose and undervaccinated children. These factors continue to be most evident in eastern Democratic Republic of the Congo, northern Nigeria, the southern and central areas of Somalia and northern Yemen.

7. Global efforts to eradicate poliovirus continue and the international spread of poliovirus remains a public health emergency of international concern, as per the recommendation of the Emergency Committee under the International Health Regulations (2005) on the international spread of poliovirus. The Director-General, on the advice of the Emergency Committee, has issued temporary recommendations addressed to countries infected with poliovirus or those that remain vulnerable to reinfection.¹

ACTION BY THE STANDING COMMITTEE

8. The Standing Committee is invited to note the report. In its discussions, it is further invited to provide comments and guidance in respect of the question set out below.

- What additional steps should be taken to sustain political will in support of polio eradication?

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¹ See statement of the thirty-eighth meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus (<https://www.who.int/news/item/08-04-2024-statement-following-the-thirty-eighth-meeting-of-the-ihc-emergency-committee-for-polio>, accessed 30 July 2024).