CONTRIBUTIONS OF THE POLIO NETWORK TO COVID-19 RESPONSE

Turning the challenge into an opportunity for polio transition
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EXECUTIVE SUMMARY

Personnel and infrastructure established through the polio eradication programme, with their extensive experience in disease surveillance and responding to outbreaks and other humanitarian emergencies and with trusted outreach networks in the most underserved communities, are once again proving their value during the COVID-19 pandemic as highly skilled contributors to national public health capacities.

National health programmes in the African, South-East Asia and Eastern Mediterranean regions of the World Health Organization (WHO), regions where the Global Polio Eradication Initiative (GPEI) has its largest footprint, are relying on polio assets to bolster public health capacities and to help to prepare for the long-term recovery and future resilience that will be needed after the pandemic.

The COVID-19 pandemic highlights the urgent need for robust and systematic implementation of plans for the integration of assets and functions so far supported by GPEI into national health systems. As the world reaches closer to polio eradication, resources for the polio programme will decline, putting this valuable network at risk. National governments and development partners have a duty to ensure that sufficient resources are made available to recover from the economic, social and health consequences of COVID-19 and to build robust public health emergency preparedness and response systems to improve countries’ resilience.

The critical role that polio assets have played in tackling multiple health emergencies and in supporting immunization activities, coupled with their contributions in responding to the COVID-19 pandemic and the potential role they can play in the recovery phase, demonstrate the need to sustain these capabilities to advance national and global health security.
The global push towards polio eradication has created valuable infrastructure, a cadre of highly experienced human resources and high-quality networks that are now serving as the public health backbone for the COVID-19 response in some of the world’s most vulnerable communities.

These polio assets fulfil a wide range of public health functions, including disease surveillance, training and capacity building, data management, immunization, emergency preparedness and response. They form a capable, trusted system for a range of marginalized communities and in hard-to-reach localities.

Within weeks of the reporting of the new disease, these assets in the African, South-East Asia and Eastern Mediterranean regions of the World Health Organization (WHO) were able to pivot quickly to provide support to countries in preparing and responding to the ongoing crisis due to COVID-19. In the weeks and months to come, these well-regarded public health experts will provide critical support for redressing the immunization gaps by reaching those children who have missed vaccinations because of service suspensions or disruptions related to COVID-19. They can also have a key role to play in assuring equitable distribution of COVID-19 countermeasures, including delivery of new vaccines.

The COVID-19 crisis underlines the crucial role that polio teams play in the public health workforce, especially in countries with disrupted or fragile health systems. The Global Polio Eradication Initiative (GPEI), which largely has been managed and financed through its international partners – WHO, the United Nations Children’s Fund (UNICEF), the United States Centers for Disease Control and Prevention (CDC), the Bill & Melinda Gates Foundation, Rotary International, and Gavi, the Vaccine Alliance – will decrease its operational scope and financial resources as we approach the goal of eradication.¹ As a result, the polio network will disappear unless countries’ governments and international development partners allocate additional resources to sustainably integrate polio assets within national health systems in order to reinforce emergency preparedness, increase disease detection and response capacity, and to help to create resilience against emerging public health threats.

The COVID-19 pandemic has confirmed that infectious disease outbreaks can move quickly from a local disaster to a global catastrophe. As health experts predict an increase in these outbreaks (2), the building of effective systems throughout the world that can prepare for and respond to health emergencies becomes ever more critical. If sustainably supported, networks established for polio eradication can become integral components contributing to global health security. The global attention to health emergency preparedness and response engendered by COVID-19 offers a prime opportunity to acknowledge the value of the existing infrastructure for eradicating polio and ensure its long-term sustainability.

¹ See Annex 1 for more information on the Global Polio Eradication Initiative.
Polio funding makes up nearly 18% of WHO’s Programme budget for the biennium 2020–2021 (3–5). As one of the Organization’s largest operational workforces, polio-funded infrastructure and human resources constitute WHO’s largest operational capacity in some countries.

With its mandate to vaccinate every child against polio, GPEI has developed tools and networks that provide health services to the most remote and underserved communities. Polio-funded personnel are regularly involved in supporting implementation of essential immunization programmes and identifying and responding to outbreaks of vaccine-preventable and epidemic-prone diseases, including measles, diphtheria and cholera (6). In addition to providing disease surveillance and immunization support, personnel and infrastructure funded through GPEI have responded to multiple emergencies and public health threats, ranging from an earthquake in Nepal (7) to outbreaks of yellow fever and Ebola virus disease on the African continent (6, 8). In Africa alone, polio staff and infrastructures have responded to outbreaks of Marburg haemorrhagic fever, dengue, Ebola virus disease, measles, anthrax and shigella (9).

Specific capabilities and expertise provided through GPEI include: an extensive surveillance and laboratory network; emergency operations centres at the national and subnational levels; trusted engagement and social mobilization networks that reach deeply into communities; monitoring cold-chain capacity; data management; transporting laboratory specimens; planning and coordination; and emergency response. In addition to its operational expertise, governments often call on the polio network to support fundraising and financial management for public health.

In one example, the Nigerian response to the threat of Ebola virus disease in 2014 was led by the deputy incident manager from the National Polio Emergency Operations Centre. He helped to coordinate a massive contact tracing and testing operation that greatly contributed to containing the disease before it evolved into a major national disaster.

Personal communication, Sona Bari, WHO Senior Communications Officer, 18 June 2020.
Ensuring the continuation of valuable polio assets became a pillar of GPEI’s Polio Eradication and Endgame Strategic Plan (2013–2018) (10), which started a process that became known as “polio transition.”

The goal of polio transition is to integrate polio assets into countries’ health systems, both to meet polio needs following eradication and to serve broader health goals. Countries define the polio assets they want to keep, using primarily domestic funding – but in certain cases also with alternative external financial resources. Attention is focused particularly on 16 priority countries with the largest polio footprint: Afghanistan, Angola, Bangladesh, Cameroon, Chad, Democratic Republic of the Congo, Ethiopia, India, Indonesia, Myanmar, Nepal, Nigeria, Pakistan, Somalia, South Sudan and Sudan. National governments developed individual transition plans by mapping polio assets against their health priorities in order to determine which functions they want to sustain. They are now seeking ways to fund and implement these plans. In May 2018, the Seventy-first World Health Assembly noted the strategic action plan on polio transition, which provides the global framework for polio transition for the 2018–2023 timeframe (13, 14).

Countries particularly value the polio network for its support to essential immunization programmes, including surveillance for vaccine-preventable diseases, outbreak response and bolstering country preparedness for health emergencies (13). Both at the national and global levels, polio assets are perceived as important contributors for achieving a range of global public health goals, including the Global Vaccine Action Plan and its successor the Immunization Agenda 2030, universal health coverage, and building country core capacities under the International Health Regulations (2005).

The Polio Transition Independent Monitoring Board, set up in 2017 to monitor the progress on polio transition, has highlighted the value of broader public health services provided by the polio network in resource-constrained settings, noting that “if polio eradication succeeds, but poorer countries’ public health services collapse in the initiative’s wake, it would be a major failure of global governance and stewardship” (15).

* For more information on polio transition and integration, see 11 and 12.

* Following the designation of these priority countries in 2016, WHO’s Regional Office for the Eastern Mediterranean in 2018 added four additional countries (Iraq, Libya, Syrian Arab Republic and Yemen) to this list, owing to the critical role polio infrastructure plays in these high-risk countries.
Recognizing the threat of the COVID-19 pandemic and the value of the polio infrastructure to the response, GPEI made available its programmatic and operational assets and human resources from global and country levels, “to enable a strong response to COVID-19, while maintaining critical polio functions, such as surveillance and global vaccine supply management” (16).

Polio assets have several unique advantages that make them particularly useful for responding to the COVID-19 pandemic. First, networks were already in place and could start working immediately, a key attribute given the speed with which the virus SARS-CoV-2 circled the globe and the restrictions on population movements instituted by governments to limit the spread of the new disease. Secondly, personnel in a number of countries had the knowledge and expertise needed, given their experiences with outbreaks of polio and other diseases. Thirdly, polio personnel have long-standing relationships in countries with people ranging from top health officials to community leaders, which helped them quickly to become trusted communicators and team members.

The extensive polio networks were rapidly adapted to the COVID-19 context. Methods were identified to train polio personnel to use clear case definitions, and in instructions on sample collections and protocols for data collection and dissemination. Field staff used polio training methodologies for COVID-19 disease monitoring and helping health workers at the central, provincial and district levels to learn about the disease and instigate prevention techniques. GPEI advised development and distribution of combined communications materials for COVID-19 and polio, and support for training of laboratory staff (17). Appropriate use of personal protective equipment for health workers was recommended in all circumstances, as well as implementation of infection protection and control measures, such as increased hand hygiene and physical distancing (18).

Because the polio eradication effort largely relies on community engagement and involves face-to-face contact for everything from communication to vaccination, adaptations were required to meet the protocols for COVID-19 prevention, such as conducting training virtually or outside following proper distancing requirements. Similarly, community meetings normally held in person, where polio personnel conduct educational sessions on topics ranging from breast-feeding to hand-washing and the importance of immunization, have also become virtual, being transferred to sessions on phone-based, tablet or computer media in many places. In India, for example, virtual education materials have been developed, including video puppet shows for children to explain prevention methodologies in a manner they would understand.7

“Once I heard of the news of the first confirmed COVID-19 cases, I instantly thought: duty is calling. My expertise is needed to serve my community.”

Dr Rosemary Onyibe, South-West Nigeria Zonal Coordinator for WHO (19)

“Time and again the Government of India and WHO together have shown our ability, competence and prowess to the whole world. All of you in the field – [Integrated Disease Surveillance Programme], state rapid response teams and WHO – are our ‘surveillance corona warriors’. With your joint efforts we can defeat the coronavirus and save lives.”

Dr Harsh Vardhan, Minister of Health and Family Welfare for the Government of India (20)
In specific actions related to COVID-19, polio personnel have:

- joined country teams from national to community levels, as incident managers, programme coordinators, and data analysts;
- added COVID-19 symptoms to the list of disease symptoms they look for in communities and in active surveillance at clinics and other facilities;
- shipped COVID-19 samples to laboratories for analysis;
- harnessed polio emergency-operations centres and other resources to track clusters of COVID-19 cases and conduct contact tracing;
- conducted a range of training sessions, using mobile technology (WhatsApp and other platforms) to educate health workers about COVID-19 symptoms and the need for social distancing and intensified hand hygiene; these actions helped local clinics to reorganize themselves so as to accommodate proper social distancing and establish hand-washing stations;
- used their communication networks, including local leaders, mosques and public address systems mounted to motor bikes, to disseminate public health messages related to the disease;
- continued communications with community-based groups through physically-distanced visits and use of technological platforms to disseminate messages about COVID-19 prevention and control, answer questions and encourage parents and other carers to continue having their children vaccinated against childhood diseases.

A polio officer working for the COVID-19 Islamabad Surveillance Team tests a child for COVID-19. When COVID-19 spread to Pakistan, polio surveillance officers swiftly adapted their skill set to test suspected contacts for the virus.
CONTRIBUTIONS OF THE POLIO NETWORK TO COVID-19 RESPONSE

RESPONSE TO COVID-19

The Regional Context

As GPEI’s largest footprint is in WHO’s African, South–East Asia and Eastern Mediterranean regions, this is where the polio network is contributing most to the COVID–19 response.

AFRICAN REGION

The polio programme operates in 47 Member States of the African Region and has polio-funded personnel in 41 countries. Real-time data collected through geographical information systems in the Region show that in 36 of these 41 countries 2080 polio-funded personnel, including WHO staff members, consultants and CDC-funded Stop Transmission of Polio (STOP) volunteers, are responding to COVID-19. Most personnel (1315) report spending more than 50% of their time on COVID-related activities. Major activities (see Annex 2) include surveillance, contact tracing, risk communication, reporting, coordination, logistics, collecting and transporting specimens, and laboratory support. The main functions of the personnel are supporting government health officials at the district and subdistrict levels (22).

In Nigeria, home to the largest polio programme in Africa, the national polio emergency operations centre is serving as the COVID-19 “command and control centre”, providing coordination, facilitating community engagement, providing surveillance, infection prevention and control, and overseeing screening at points of entry. In addition, more than 7000 community health workers are using phone-based applications with video clips in local languages

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8 CDC’s Stop Transmission of Polio (STOP) programme trains volunteer international public health professionals and deploys them to countries around the world, playing a critical role in supporting polio eradication efforts and strengthening immunization systems and vaccine-preventable disease surveillance (21).

9 Personal communication, Samuel Usman, National Secretariat Director CORE Group Polio Project Nigeria, 26 May 2020. For more about polio emergency operations centres, see 25.

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In Africa, no one has the footprint of the polio programme, nor the expertise for mounting effective response campaigns. So with COVID–19 threatening to overwhelm health systems, the extensive polio response network is once again lending crucial support as countries build up systems to contain COVID–19.”

Dr Matshidiso Moeti, WHO Regional Director for Africa (23)
to educate families and facilitate the early detection of COVID-19. Partnerships supported by UNICEF and the Northern Traditional Leaders Committee and religious leaders are reaching out to communities through social media, television, radio and public announcements from mosques and churches (24).

Other examples of the polio teams’ activities in the African Region include the following.

- They train national health staff and communities on COVID-19 prevention and detection, while providing them with protective equipment and screening tools (26).
- In Angola, they support the country’s emergency plan for COVID-19 by engaging communities and training volunteers in the detection and reporting of the disease (26).
- In Cameroon, 16 000 polio social mobilizers supported by UNICEF are promoting COVID-19 prevention messaging on hand-washing and hygiene in communities (27).
- In Ethiopia, the polio surveillance network is being activated to detect COVID-19 cases; community volunteers are reporting suspected cases and health workers have been trained in case definitions and to conduct house-to-house visits (26).

“...No other big data–driven network in all of the African Region has a bigger footprint than the polio personnel. These are the people who already respond to polio outbreaks, they respond to yellow fever outbreaks ... the majority of the people who are doing surveillance, case detection. That’s the largest resource that governments see in the countries. They know the polio people because we work very closely with the governments.”

Pascal Mkanda, Polio Eradication Programme Coordinator for the WHO African Region
Digital tools have been especially important in the response. In 2017, the Regional Office for Africa established an integrated digital platform in countries for reporting the results of polio surveillance and immunization activities in health facilities in real-time. In addition, in areas with weak health systems, a community surveillance platform was created; local informants were asked to report any suspected case of poliomyelitis on a weekly basis using smart phones. When more than 100 national disease surveillance officers in Zimbabwe encountered problems using paper-based methods for case investigations and contact tracing, they switched to the Regional Office’s software application (28).

Nomadic groups are particularly vulnerable to health shocks as they often do not have access to health services. CORE Group Polio Project volunteers are working with communities in the border areas of Kenya, helping health facilities to implement COVID-19 prevention techniques such as social distancing and hand-washing, while continuing to conduct education sessions through mobile technology and with application of distancing protocols.

### SOUTH-EAST ASIA REGION

Almost 2600 personnel involved in the integrated polio/immunization network in the Member States of the South-East Asia Region are spending between one quarter and three quarters of their time on COVID-19 response (see Annex 3). Polio team members are stationed in the Regional Office in New Delhi and all the five priority countries for polio transition (Bangladesh, India, Indonesia, Myanmar and Nepal). These personnel include medical officers, data managers, finance and administrative assistants, drivers, and field volunteers. Recognizing the expertise of the polio staff based on past emergency responses, governments viewed the polio network as a valuable resource for COVID-19 activities in all countries in the Region.12

Polio personnel have taken roles in incident management systems at national level and are

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10 The CORE Group Polio Project is a multi-country, multi-partner initiative providing financial support and on-the-ground technical guidance and support to strengthen country efforts to eradicate polio (29).
12 Personal communication, Sunil Bahl, Regional Adviser, WHO Regional Office for South-East Asia, 5 June 2020.
members of emergency management teams. At the subnational level, polio teams are conducting surveillance both in communities and at facilities, contact tracing, and supporting data management.

They also are training government staff members in surveillance and contact tracing and helping with coordination at the national and subnational levels. Polio personnel also are involved in monitoring – assessing the capacity of hospitals and ensuring that infection control and prevention guidelines are being followed. In addition, they provide transportation for protective equipment from the central to the district levels.

Polio personnel are highly valued by governments of countries in the Region. Many of the polio team have long-standing expertise and have been well trained in the principles and implementation of public health programmes. The work of a group of Indian polio staffers was particularly noted when they travelled to Africa during the outbreak of Ebola virus disease in 2014–2015 and successfully applied polio public health techniques there (30). In country-specific actions, polio personnel are engaged as follows.13

- In Bangladesh, they provide coordination at the national, subnational and district levels, including as the focal point for the COVID-19 response in Cox’s Bazar. Polio teams are transporting samples, building capacity for contact tracing, and providing logistical support. They also are leading development of preparedness and response plans and drafting routine immunization strategies for Rohingya refugee camps.
- In India, they are stationed at the National Centre for Disease Control, the national emergency centre, and state and district offices to support analysis and action, providing technical support for microplanning, contact tracing, and data management.
- In Indonesia, as a part of emergency response systems at the highest levels, they are developing national technical guidelines for COVID-19 prevention and continuing immunization services during the pandemic. In addition, they have trained doctors, nurses and management staff, health offices, and village governors on surveillance and isolation protocols for COVID-19.
- In Myanmar, they participate in the incident management team and support surveillance, data management, specimen collection and shipment.
- In Nepal, they provide leadership in epidemiology and health information operations, support field investigation and data analysis and investigate case clusters, as well as prepare frequently asked question and answers for community engagement of surveillance and testing activities.

Over time polio surveillance officers have become real experts in managing public health programmes in even the most difficult conditions.”

Sunil Bahl, Regional Advisor, WHO South-East Asia Region

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13 Personal communication, Uttara Aggarwal, Technical Officer, Immunization and Vaccine Development, WHO Regional Office for South-East Asia, 29 June 2020.
WHO’s Eastern Mediterranean Region includes the two countries that remain endemic for polio, Afghanistan and Pakistan, which together with Nigeria now have the largest polio infrastructure. Regionally, altogether 1243 polio staff are responding to COVID-19 in all the countries prioritized in the Region for polio transition: Afghanistan (315), Iraq (10), Libya (3), Pakistan (579), Somalia (244), Sudan (15), Syrian Arab Republic (14) and Yemen (47). Sixteen staffers are also engaged at the Regional Office. In addition, thousands of field-based front-line personnel have been involved in community education, delivery of relief, and protective measures.

Although making up only 9% of the global population, the Region contains 48% of those who rely on immediate and ongoing humanitarian assistance, with many populations already experiencing the effects of acute and protracted conflict, chronic shortages of food and medicines, and disenfranchisement. In these areas, polio personnel provide the most operational and well-trained workforce to respond to the COVID-19 pandemic (see Annex 4). These standing assets became especially important after governments imposed lockdowns and implemented travel restrictions and border closures that made it difficult for humanitarian and health staff to move around.14

“This brings out the urgency of supporting and financing robust and systematic polio transition – how do we ensure that there is sufficient funding for recovery from the devastation of COVID that allows robust public health emergency and preparedness systems to be built.”

Hamid Jafari, Director of Polio Eradication for the WHO Eastern Mediterranean Region

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14 Personal communication, Hamid Jafari, Director for Polio Eradication for the WHO Regional Office for the Eastern Mediterranean, 28 May 2020.
Examples of COVID-19 activities in the Eastern Mediterranean Region are listed below.

- All polio personnel in the Region’s biggest programmes (in Afghanistan, Pakistan and Somalia) have added monitoring for symptoms of COVID-19, influenza-like illness and acute respiratory disease to their disease surveillance activities and are training staff in health facilities about case definitions.\(^{15}\)

- In all countries, polio teams are providing transportation of specimens and polio laboratories are involved in testing and providing support and training for the multiple COVID-19 testing facilities that are being established.

- In Pakistan, the polio emergency operations centre is providing the data and analyses for COVID-19; a hotline set up to answer questions about polio has been adapted for COVID-19 communications and is receiving 70 000 calls a day (23, 32).

- In Afghanistan, UNICEF has developed and distributed leaflets to families about hand washing and other protections; in addition, more than 3750 social mobilizers of the UNICEF-supported Immunization Communication Network and additional community volunteers have distributed more than one million bars of soap (23).

- In Somalia, the polio network is the largest public health infrastructure in the country and is providing the core of the national COVID-19 response.\(^{16}\)

> The polio programme has helped us a lot in running successful operations for the COVID-19 pandemic. Colleagues working on the frontlines in this programme are our heroes, and they are exposing themselves to different risks, sometimes endangering their lives. They are an inspiration to us here in the region.”

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean

(Statement by WHO Regional Director Dr Ahmed Al-Mandhari, 16 April 2020 (31))

A member of a COVID-19 contact tracing team in Islamabad, Pakistan, records details of a family who may have been exposed to the virus. Disease surveillance personnel, some of whom work on polio, have adapted their skillset to serve the pandemic response.

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\(^{15}\) Personal communication, Hamid Jafari, Director for Polio Eradication for the WHO Regional Office for the Eastern Mediterranean, 28 May 2020.

\(^{16}\) Personal communication, Hamid Jafari, Director for Polio Eradication for the WHO Regional Office for the Eastern Mediterranean, 28 May 2020.
In addition to the immediate health, economic and social consequences of COVID-19, the pandemic is raising other health concerns. Fear of accelerating transmission of SARS-CoV-2 among and between health staff and patients led officials in some countries to temporarily suspend immunization services (33). Even where immunizations continued to be available, fear of contracting COVID-19 at a health facility led parents and other care providers to desist from bringing children in for vaccinations. As a result, health officials estimate that at least 80 million infants are now vulnerable to vaccine-preventable diseases such as polio, measles and diphtheria (34).

Polio personnel and infrastructure are well placed to help to jump start vaccination services in resource-constrained settings to close the immunization gap. Polio programmes in many countries already are working hand in hand with essential immunization programmes. In the African Region, for example, polio-funded personnel are the in-country focal points for immunization, including the introduction of new vaccines. In the context of COVID-19, polio networks can provide additional support as countries strive to administer catch up vaccinations to children who were not vaccinated as a result of disrupted immunization services or delayed vaccination campaigns.

Further, the polio network is well positioned to play a crucial role in assuring that any COVID-19 vaccines or other countermeasures reach underserved communities. Global health officials already are expressing concerns that any approved COVID-19 vaccine or vaccines may not be available in all the places that need them. Global partners, including WHO, UNICEF and Gavi, the Vaccine Alliance, are working on a vaccine distribution system that would ensure equitable access to COVID-19 countermeasures (35).

With its extensive outreach in underserved areas, knowledge of vaccine logistics and ability to reach communities not served by other resources, the polio network could play a unique role in ensuring that COVID-19 countermeasures reach underserved communities. In serving in this capacity, the programme can draw on its extensive experience with introduction of new vaccines (such as rotavirus, pneumococcal and human papillomavirus vaccines), having provided logistics, data management, cold-chain support, transportation, training, monitoring and social mobilization.17

17 Personal communication, Hamid Jafari, Director for Polio Eradication for the WHO Regional Office for the Eastern Mediterranean, 28 May 2020.
CONCLUSION: SUSTAINING THE POLIO NETWORK FOR TACKLING EMERGENCIES, BUILDING COUNTRY RESILIENCE AND STRENGTHENING HEALTH SYSTEMS

The polio network has a long track record of supporting emergency responses as well as immunization and surveillance functions in many countries, especially those prioritized for polio transition, where GPEI has the largest footprint.

Polio personnel have been channelled into the COVID-19 response since the beginning of the pandemic. Through their activities, members of the polio teams have demonstrated once again that the workforce and networks established for polio eradication constitute an essential public health asset that can be quickly mobilized to help the world’s most vulnerable communities. Working in areas that are the hardest to reach, polio teams have developed over the years diverse competencies in conducting field work at the community level. As was the case in multiple other disease outbreaks and emergency situations, governments are relying on polio expertise and the reach of polio teams to fill gaps in public health services. This support is crucial, especially in fragile States, where national public health capacity is low or limited.

As a part of the COVID-19 pandemic response, the polio network is supporting national health programmes with much-needed technical assistance in outbreak investigation, contact tracing, community engagement, and risk communication, as well as training, management and coordination. All these skills are essential to meeting the urgent and immediate needs of the COVID-19 crisis.

Equally important, the polio network can help countries to cope with the longer-term health ramifications of the pandemic. Polio teams can play a critical role in the implementation of COVID-19 countermeasures, such as the delivery of vaccines, to ensure that they reach underserved areas, a key concern in ensuring vaccine equity (36). The high-quality laboratory networks can help countries to improve their vaccination coverage by identifying where vaccine-preventable diseases occur. The programme’s trusted, far-reaching and innovative community engagement teams can provide information on infection prevention and control, but also can serve as a valuable resource for risk communication to mitigate anti-vaccine messages (37, 38). Their well-established relationships with local and community leaders can enhance the public health advocacy efforts that will be required in a post-COVID world.

COVID-19 has revealed the interdependency between the global health security agenda and strengthening health systems. If there are major gaps in core functions, health systems risk being overwhelmed, which in turn affects the effectiveness of preparedness and response functions. In many countries in WHO’s African, South-East Asia and Eastern Mediterranean regions, polio assets are the major resource on the ground to fill these gaps.

Providing sustainable funding for polio assets is especially urgent as countries face severe COVID-19-related economic shocks. Countries in sub-Saharan Africa, for example, are expected to see decreases in gross domestic product of as much as 5.1% (39). Although countries should continue to look for domestic resources to retain polio assets, the COVID-19 crisis will make that even more challenging.

The current pandemic can be an opportunity for furthering polio transition, especially if the investments made for COVID-19 could be leveraged
to build sustainable capacities that would lead to longer-term preparedness and resilient health systems. Polio networks are an important resource to strengthen immunization programmes and emergency responses, both of which are key pillars of health systems and global health security. As the COVID-19 pandemic generates additional attention and adds urgency to emergency preparedness, readiness and resilience, national governments and development partners should coordinate efforts to ensure that the essential public health functions supported by the polio networks are preserved and strengthened.

“What gives me hope in the COVID-19 response is when I look behind and I see what we have achieved in polio eradication and the impact we have had on so many lives. We face everything and we overcome it.”

Mohamed, Member of the Somalia Polio Surveillance Team (40)

The Regional Polio Eradication Officer for Banadir, Somalia, participates in an integrated immunization campaign held with strict COVID-19 safety measures. In addition to their polio duties, programme personnel have provided substantial support to the pandemic response, including through coordinating and training COVID-19 teams, carrying out active surveillance visits to health facilities and providing case management and data support.
REFERENCES


CONTRIBUTIONS OF THE POLIO NETWORK TO COVID-19 RESPONSE


ANNEXES

ANNEX 1

THE GLOBAL POLIO ERADICATION INITIATIVE

Polio eradication was adopted as global goal by all WHO Member States through resolution WHA41.28 adopted by the Forty-first World Health Assembly in 1988 (1).

The strategy to eradicate polio rested on country-based activities, including strengthening immunization programmes, conducting polio surveillance, organizing national polio vaccination campaigns, and conducting “mop up” activities to ensure all children were vaccinated (2).

National programmes were supported by an international collaboration that became known as the Global Polio Eradication Initiative (GPEI).

GPEI currently consists of six core partners, each performing a particular role:

- WHO leads the initiative, provides strategy planning, technical direction, and implements the surveillance and certification process. It also coordinates operations and spearheads resource mobilization and advocacy activities.
- UNICEF procures and delivers vaccines and supports countries in developing and implementing communication and social mobilization strategies (3).
- Rotary International is the primary catalyst for the global eradication effort. It has provided more than a million volunteers to the initiative who have served as advocates and community mobilizers, and who have administered oral polio vaccines. It also is a major fundraising source for eradication activities, contributing more than US$ 2 billion to the effort since 1985 (4).
- CDC supplies epidemiologists, public health experts and scientists who provide technical expertise and laboratory support. It also provides funding for vaccines. CDC runs the “Stop Transmission of Polio” (STOP) programme, which has trained and deployed 2225 volunteers, mostly from Africa, to support data management, disease outbreak control and strategy in 79 countries (5, 6).
- The Bill & Melinda Gates Foundation contributes technical and financial resources to bolster vaccination campaigns, community mobilization and routine immunization. It also provides funding and expertise to improve polio surveillance and outbreak response, develop vaccines, and spur financial and political support for the programme (7).
- Gavi, the Vaccine Alliance, has supported procurement of polio vaccines since 2005. It joined GPEI as a core partner in 2019, bringing increased resources for vaccines and technical assistance to strengthen immunization programmes, surveillance and laboratory capacity (8).

In addition, the eradication effort has been supported by a variety of donors, academic institutions, civil society groups, and others (4). In one example, the CORE Group Polio Project, supported by the United States Agency for International Development, provides community-based surveillance, cold-chain support, communications, and social mobilization in underserved regions in seven countries (9).
References


ANNEX 2

WHO AFRICAN REGION

POLIO RESOURCES SUPPORTING COVID-19 RESPONSE (FACT SHEET)\(^{18}\)

Overall:

- WHO’s polio programme in the African Region has devoted US$ 13.2 million to the COVID-19 response as at June 2020.
- On average, 60%–70% of the time of polio personnel is devoted to the COVID-19 response, providing technical expertise and capacity-building.
- On average, polio team members are devoting 30% of their time to surveillance, 20% to contact tracing, 19% to risk communication, 15% to reporting, 9% to coordination, 3.5% to logistics, 2.5% collection and transportation of laboratory specimen and 1% to laboratory support.
- 16 polio laboratories in 15 Member States have dedicated 15% of their capacity to COVID-19 testing.
- The Geographic Information System centre is developing four applications to support contact tracing and assessment of health care resources at the district level. It also is supporting digital resources in order to be able to reach nomadic communities.
- CDC’s STOP personnel, deployed in 13 countries, are involved in advocacy, capacity-building for COVID-19 response personnel, surveillance, as well as information meetings and briefings.

<table>
<thead>
<tr>
<th>Polio transition priority countries</th>
<th>Angola</th>
<th>Chad</th>
<th>Cameroon</th>
<th>Democratic Republic of the Congo</th>
<th>Ethiopia</th>
<th>Nigeria</th>
<th>South Sudan</th>
<th>Other countries</th>
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<tbody>
<tr>
<td>WHO personnel devoted to COVID-19</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td>WHO staff members</td>
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<td>7</td>
<td>6</td>
<td>46</td>
<td>28</td>
<td>244</td>
<td>11</td>
<td>97</td>
<td>15</td>
<td>476</td>
</tr>
<tr>
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<td>88</td>
<td>77</td>
<td>24</td>
<td>905</td>
<td>354</td>
<td>126</td>
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<tr>
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<td>28</td>
<td>94</td>
<td>123</td>
<td>52</td>
<td>1149</td>
<td>365</td>
<td>223</td>
<td>18</td>
<td>2104</td>
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<tr>
<td>GPEI funds (US$)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Surveillance and other activities</td>
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<td>70 000</td>
<td>12 000</td>
<td>270 000</td>
<td>0</td>
<td>679 000</td>
<td>0</td>
<td>866 826</td>
<td>0</td>
<td>1 897 826</td>
</tr>
<tr>
<td>Technical assistance</td>
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<td>507 500</td>
<td>362 350</td>
<td>1 082 400</td>
<td>390 300</td>
<td>4 302 900</td>
<td>424 710</td>
<td>2 583 969</td>
<td>398 900</td>
<td>11 280 829</td>
</tr>
<tr>
<td>Total</td>
<td>1 227 800</td>
<td>577 500</td>
<td>374 350</td>
<td>1 352 400</td>
<td>390 300</td>
<td>4 981 900</td>
<td>424 710</td>
<td>3 450 795</td>
<td>398 900</td>
<td>13 178 655</td>
</tr>
</tbody>
</table>

Country highlights:

**ANGOLA**
- The polio network is supporting the country’s emergency plan by engaging communities and training national rapid-response teams in the detection and reporting of COVID-19, including infection prevention and control, contact tracing and case management.
- The polio teams are engaged in management of data on suspected COVID-19 cases.

**CHAD**
- The polio surveillance team is helping to train health staff in case management.
- Polio-funded staff members are engaging with communities to inform them about safety measures to prevent exposure to and spread of SARS-CoV-2.

**CAMEROON**
- Polio personnel are supporting surveillance, data management, logistics and risk communication.
- Polio staff are building capacity of and training national teams for rapid intervention and investigation and in detection of COVID-19 cases.
- 16 000 polio social mobilizers are promoting COVID-19 prevention efforts.

**DEMOCRATIC REPUBLIC OF THE CONGO**
- Polio personnel are supporting the COVID-19 national committee in rolling out prevention messages and are involved in other community engagement activities.
- Polio personnel briefed 1700 community volunteers and 670 health providers on prevention techniques, informed more than 1000 community leaders about COVID-19, and held 85 dialogues with community volunteers.

**ETHIOPIA**
- The polio surveillance network has been activated to support the COVID-19 response efforts.
- Polio personnel are involved in disseminating case definitions, conducting house-to-house visits and community-based active case searching and providing health education, surveillance training and distributing health education materials.
**NIGERIA**

- Coordination hubs are doubled up for WHO teams supporting the COVID-19 response.
- Teams are using audiovisual detection and reporting of acute flaccid paralysis, phone-based applications with video clips in different languages.
- The teams are also educating families on prevention, doing early detection.
- In Ogun and Lagos states, more than 50 WHO polio personnel are doing contact tracing, integrated disease surveillance, and data collection and analysis.
- Teams are lending phones and vehicles, and giving administrativestial support to the response.
- 200,000 volunteer community mobilizers are working across Nigeria to promote hand-washing and hygienic practices.

**SOUTH SUDAN**

- The polio team is supporting the training of health workers and community mobilizers, and dissemination of information materials on hygiene and health practices.
- Expanded Programme of Immunization officers are providing technical support for surveillance, training, case investigation, and contact tracing.
- STOP teams are managing cases, supporting contact data collection and providing technical assistance for surveillance.
CONTRIBUTIONS OF THE POLIO NETWORK TO COVID-19 RESPONSE

ANNEX 3

WHO SOUTH-EAST ASIA REGION

POLIO RESOURCES SUPPORTING COVID-19 RESPONSE (FACT SHEET)

Overall:
- The polio programme in the South-East Asia Region has devoted US$ 2.2 million to COVID-19 response efforts (as at June 2020).
- Polio team members are stationed in the Regional Office in New Delhi, as well as in all five priority countries for polio transition (Bangladesh, India, Indonesia, Myanmar and Nepal).
- Almost 2600 personnel involved in the integrated polio/immunization network in the South-East Asia Region are spending, on average, more than 60% of their time on the COVID-19 response.
- Expertise acquired by these personnel over the past two decades while serving the polio and vaccine-preventable disease surveillance programmes and during emergencies are effectively helping the fight against COVID-19. Areas of technical assistance range from leadership and coordination role to support for capacity-building, active case-finding and contract tracing, surveillance, specimen collection and transportation, data management, development of infection prevention and control and other guidelines, risk communication and community mobilization, procurement and other logistics.
- The nature of support has varied from country to country depending on their needs.
- The Regional Office has remained actively engaged in providing support to countries with necessary guidance.

<table>
<thead>
<tr>
<th>Polio resources devoted to COVID-19 in the period April-June 2020 (South-East Asia Region)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio transition priority countries</td>
</tr>
<tr>
<td>WHO staff members</td>
</tr>
<tr>
<td>WHO consultants</td>
</tr>
<tr>
<td>Total</td>
</tr>
<tr>
<td>GPEI funds (US$)</td>
</tr>
<tr>
<td>Surveillance</td>
</tr>
<tr>
<td>Technical assistance</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

* The surveillance and immunization networks in the South-East Asia Region perform polio functions as an integral part of their support to the broader Expanded Programme on Immunization. This network comprises almost 75 staff members and 1100 consultants who provide technical, administrative and logistical support to the polio and other immunization activities, both at the national and subnational levels. Annual personnel cost to maintain this network is US$ 30 million of which 16% is financed by GPEI during 2020.

In general, many staff are involved in COVID-19 response; however, 25 staff members that supported the pandemic during Q2 2020, either directly or indirectly, are funded by GPEI. For consultants, a similar segregation of workforce supported from GPEI resources is difficult owing to their large number, but overall US$1.031 million worth of workforce time (staff + consultants).

* Excludes field monitors in India (1410 in number at an estimated cost of US$ 7.3 million annually).

Source: GPEI
Country highlights:

**BANGLADESH**

- Polio personnel are part of the Incident Management Team at the national and subnational levels and they are engaged in the COVID-19 response at Cox’s Bazar. They also are leading the development of preparedness and response plans and drafting routine immunization strategies for Rohingya refugee camps.
- Members of the polio network helped to build isolation facilities, supported case finding and contact tracing, and collected and shipped specimens.
- Polio personnel provided orientation and communications support to the Government and partners.
- Polio network supported transportation of personal protective equipment and other materials.

**INDIA**

- In April, the Indian Ministry of Health and Family Welfare and WHO initiated systematic engagement of WHO’s National Polio Surveillance Network and other field staff for the COVID-19 response in the country.
- The strengths of the National Polio Surveillance Network, surveillance, data management, monitoring and supervision and responding to local challenges, are being used to supplement the Government's COVID-19 response efforts.
- The National Polio Surveillance Network is also supporting information-sharing and best practices to help states to provide local responses. National Polio Surveillance Network and field staff have been trained for the COVID-19 response across more than 1000 sites, working on surveillance, contact tracing and containment activities.
- The Government of India is deploying the “Pulse Polio” methodology of reaching multiple houses with health services as part of its COVID-19 response. The containment strategy includes door-to-door screening of those living within a 3-km radius of a positive patient.

**INDONESIA**

- The polio personnel strengthened surveillance in seven of 34 provinces, especially for contact tracing and case detection.
- They trained 57 doctors, nurses and management staff in surveillance; 234 provincial district health officers, village governors, community health centre officers and hospital staff in quarantine and isolation at the community level.
- The polio medical officer is part of the Incident Management Team and the focal point for WHO coordination with the national disaster management team.
- All polio laboratories are involved in COVID-19 testing.
MYANMAR

- Polio personnel are actively engaged in surveillance, supporting training, technical assistance, specimen shipment, and data management.
- Polio personnel are key members of the Incident Management Team contributing to laboratory support, communications, migration issues, and infection prevention and control.

NEPAL

- Polio personnel are leading the Incident Management Team and are also involved in developing guidelines.
- The polio field network and data team support case investigations and data analysis.
- Polio personnel were involved in a collaboration that provided virtual training for 87 attendees in remote locations for contact tracing.
- Polio surveillance medical officers are supporting the investigation of COVID-19 cases.
- Polio personnel are preparing a list of frequently asked questions for community engagement and acceptance of surveillance and testing, and also supporting investigation of COVID-19 cases.
ANNEX 4

WHO EASTERN MEDITERRANEAN REGION

POLIO RESOURCES SUPPORTING COVID-19 RESPONSE (FACT SHEET)

Overall:

- WHO’s Eastern Mediterranean Region includes the two remaining countries endemic for polio (Afghanistan and Pakistan) and which host the largest polio programmes.
- The polio programme in the Eastern Mediterranean Region has devoted US$ 11.3 million to the COVID-19 response (as at June 2020).
- Although making up only 9% of the global population, the Region contains 48% of those who rely on humanitarian assistance. In these areas, polio personnel provide the most operational and well-trained workforce to respond to the COVID-19 pandemic.
- On average, 45% of polio personnel time is devoted to the COVID-19 response; personnel provide technical expertise and capacity-building, especially in the areas of surveillance, data management and communication, including risk communication.
- In the two endemic countries (Afghanistan and Pakistan), the national responses to COVID-19 are being supported substantially by the polio national emergency operations centres.

| Polio resources devoted to COVID-19 in the period April-June 2020 (Eastern Mediterranean Region) |
|-------------------------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| Polio transition priority countries              | Afghanistan                      | Iraq                            | Libya                           | Pakistan                        | Somalia                        | Sudan                           | Syrian Arab Republic            | Yemen                            |
| WHO personnel devoted to COVID-19                 | Total                            |                                |                                |                                |                                |                                | Total                            |                                |
| WHO staff members                                 | 23                               | 5                               | 0                               | 22                              | 19                             | 0                               | 7                                | 0                               | 14                               | 90                              |
| WHO consultants                                   | 292                              | 5                               | 3                               | 557                            | 225                            | 15                              | 7                                | 47                              | 2                                | 1153                            |
| Total                                            | 315                              | 10                              | 3                               | 579                            | 244                            | 15                              | 14                              | 47                              | 16                              | 1243                            |
| GPEI funds (US$)                                  | Surveilliance                    | Technical assistance            | Total                           |                                |                                |                                |                                |                                |                                |                                |
| WHO personnel devoted to COVID-19                 | Total                            |                                |                                |                                |                                |                                |                                |                                |                                |                                |
| WHO staff members                                 | 23                               | 5                               | 0                               | 22                              | 19                             | 0                               | 7                                | 0                               | 14                               | 90                              |
| WHO consultants                                   | 292                              | 5                               | 3                               | 557                            | 225                            | 15                              | 7                                | 47                              | 2                                | 1153                            |
| Total                                            | 315                              | 10                              | 3                               | 579                            | 244                            | 15                              | 14                              | 47                              | 16                              | 1243                            |

Source: GPEI
Country highlights:

AFGHANISTAN

- Polio personnel have supported training of more than 22,000 health facility staff and more than 1,000 government and nongovernmental organization workers as well as working with more than 23,000 health professionals.
- Field staff are using routine visits to health facilities to conduct surveillance for COVID-19.
- Polio personnel are supporting the Government in developing guidance documents describing case definitions, sample collection storage, packing and shipping, data collection, storage, and dissemination and laboratory procedures.
- Holistic information management systems on COVID-19 have been developed for coordination, financing, procurement and activity tracking.
- Through the UNICEF-supported Immunization Communication Network some 1.2 million bars of soap and 1.3 million leaflets from the Minister of Public Health and non-state parties were distributed. UNICEF also supports regular public service announcements through 120 radio stations and 50 television channels. The @PolioFreeAfghanistan and partner social media platforms are ensuring that COVID-19 prevention messages reach more than five million social media users and deployed 3,750 social mobilizers to promote hand-washing and positive hygiene.
- Local radio stations throughout the country are featuring experts from the country’s national disease surveillance and response department, to which WHO provides technical assistance.
- The polio data management team supports incidence response dashboards, supply-chain monitoring, and outbreak data capturing.

IRAQ

- Polio staff are engaged in all aspects of surveillance of COVID-19.
- The WHO data manager is supporting the development of an online COVID-19 reporting system which has been installed on 20 tablets distributed to 20 hospitals reporting COVID-19 cases.

LIBYA

- The polio network is fully involved in cross-cluster coordination, monitoring and implementation activities on essential health services, infection prevention and control, and national laboratories.
PAKISTAN

- All polio personnel are fully supporting their respective response structures in data reporting, management and analysis, communications, training and active surveillance.
- Data management has improved significantly in terms of quality and timeliness.
- Active polio surveillance in high priority sites has helped to confirm more than 1000 COVID-19 cases, more than 4400 suspected cases and nearly 500 probable cases.
- Over the four months March-June 2020, polio surveillance staff members have helped to train more than 18 600 health professional ranging from influencers to medical personnel, and 3500 frontline health workers in COVID-19 preparedness and response.
- 95 polio laboratories have COVID-19 testing capacity.
- The polio eradication call centre in Islamabad is serving as the national COVID-19 call centre and has 100 agents and 10 doctors deployed by the Government responding to more than 70 000 calls per day.
- Polio personnel helped to develop preparedness and response plans and plans for Ramadan and handled media requests.
- UNICEF supported polio community outreach networks using WhatsApp, motorbike and rickshaws equipped with public address systems, and mosque announcements to reach more than 1.2 million households.
- The polio community network has engaged 7000 religious leaders and 26 000 local influencers at provincial, district and union council levels to promote social distancing and praying from home.
- Polio personnel are working with more than 1000 journalists and bloggers to help to counter negative media and coronavirus myths.
- Through national and subnational polio emergency operation centres, UNICEF’s Communication for Development teams support the rolling out of strategies for risk mitigation and community engagement, by distributing training materials and through training and engagement with community mobilizers, religious leaders, media and local influencers.

SOMALIA

- The polio-supported surveillance network is fully involved in responding, leading areas of coordination, training, orientation, investigations and contact tracing.
- The polio team lead is assigned as the country incident manager for COVID-19, investigating suspected cases, ensuring laboratory samples from the field are delivered to the testing laboratory in Kenya and creating COVID-19 situation reports for the WHO country office in Somalia.
- Polio sample collection and transportation systems are being used for COVID-19.
- The polio data team is fully involved in information management, including data collection, compilation, analysis and dashboard preparation.
- Polio staff members are helping to expand isolation capacity and create wider testing strategies.
- Risk communication messages for community awareness on preventive measures for COVID-19 are developed and distributed by the polio team in the local language.
SUDAN

- All the polio infrastructure, particularly at the subnational level, is fully engaged in the COVID-19 response, planning and training in implementation.
- Polio staff members are supporting surveillance, providing technical guidance, and supporting case investigation and sample transportation.
- The polio programme is helping the Ministry of Health with training the national health workforce in case management, infection prevention and control, and risk mitigation. More than 3000 rapid-response team members have been trained across Sudan with support from the polio network.
- Polio personnel are working with other development partners to mobilize resources, helping with surveillance at camps for internally displaced persons.

SYRIAN ARAB REPUBLIC

- Polio staff are supporting COVID-19 surveillance. The WHO country office in Damascus has established 129 COVID-19 reporting sites and conducts active surveillance visits, searching for any missed cases of COVID-19 in hospitals.
- 432 rapid-response team members have been trained to support active case searching and sample collection.
- The WHO polio data team is fully involved in COVID-19 surveillance, developing active surveillance and an active case search system for COVID-19.
- The polio team follows up suspected cases on a daily basis. 124 prioritized active surveillance sites are visited by 30 teams in all 13 governorates.

YEMEN

- The polio team is providing support to the national acute flaccid paralysis surveillance network, which is fully utilized to respond to the pandemic of COVID-19; the provincial coordinators are assigned as response leaders for coordinating, training, orientation, investigations and contact tracing.
- COVID-19 sample collection and transportation use the polio surveillance infrastructure and reserve cold chain.
- The WHO polio data staff members are supporting the national information management team in data collection, compilation, analysis and dashboard preparations related to COVID-19.
- The polio team lead is a part of the COVID-19 incident management system.
CONTRIBUTIONS OF THE POLIO NETWORK TO COVID-19 RESPONSE