

Poliomyelitis: intensification of the global eradication initiative

The Sixty-fifth World Health Assembly,

Having considered the report on poliomyelitis: intensification of the global eradication initiative;¹

Recalling resolution WHA61.1 on poliomyelitis: mechanism for management of potential risks to eradication, which requested the Director-General, inter alia, to develop a new strategy to reinvigorate the fight to eradicate poliovirus and to develop appropriate strategies for managing the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis, including the eventual cessation of use of oral poliovirus vaccine in routine immunization programmes;

Recognizing the need to make rapidly available the necessary financial resources to eradicate the remaining circulating polioviruses and to minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

Noting the finding of the Independent Monitoring Board of the Global Polio Eradication Initiative in its report of October 2011 that “polio simply will not be eradicated unless it receives a higher priority – in many of the polio-affected countries, and across the world”² and its recommendation in its April 2011 report that the World Health Assembly “considers a resolution to declare the persistence of polio a global health emergency”;

Noting the report of the meeting in November 2011 of the Strategic Advisory Group of Experts on immunization at which it stated “unequivocally that the risk of failure to finish global polio eradication constitutes a programmatic emergency of global proportions for public health and is not acceptable under any circumstances”;

Recognizing the need for Member States to engage all levels of political and civil society so as to ensure that all children are vaccinated in order to eradicate poliomyelitis;

Having noted the current high cost and limited supplies of inactivated polio vaccine that are hampering the introduction and scaling-up of inactivated polio vaccine, resulting in major programmatic and financial implications to developing countries;

¹ Document A65/20.

² Polio eradication. *Weekly epidemiological record*, 2012, **87**(1):1–16.

Noting that the technical feasibility of poliovirus eradication has been proved through the full application of new strategic approaches;

Noting that continuing poliovirus transmission anywhere will continue to pose a risk to poliomyelitis-free areas until such time as all poliovirus transmission is interrupted globally,

1. DECLARES the completion of poliovirus eradication a programmatic emergency for global public health, requiring the full implementation of current and new eradication strategies, the institution of strong national oversight and accountability mechanisms for all areas affected by poliovirus, and the application of appropriate vaccination recommendations for all travellers to and from areas affected with poliovirus;¹

2. URGES Member States with poliovirus transmission to declare such transmission to be a “national public health emergency” making poliovirus eradication a national priority programme, requiring the development and full implementation of emergency action plans, to be updated every six months, until such time as poliovirus transmission has been interrupted;

3. URGES all Member States:

(1) to eliminate the unimmunized areas and to maintain very high population immunity against polioviruses through routine immunization programmes and, where necessary, supplementary immunization activities;

(2) to maintain vigilance for poliovirus importations, and the emergence of circulating vaccine-derived polioviruses, by achieving and sustaining certification-standard surveillance and regular risk assessment for polioviruses;

(3) to make available urgently the financial resources required for the full and continued implementation, to the end of 2013, of the necessary strategic approaches to interrupt wild poliovirus transmission globally, and to initiate planning for the financing to the end of 2018 of the polio endgame strategy;

(4) to engage in multilateral and bilateral cooperation, including exchanging epidemiological information, laboratory monitoring data, and carrying out supplementary immunization activities simultaneously as appropriate;

4. REQUESTS the Director-General:

(1) to plan for the renewed implementation through 2013 of the approaches to eradicating wild polioviruses outlined in the Global Polio Eradication Initiative Strategic Plan 2010–2012 and any new tactics that are deemed necessary to complete eradication, including the enhancement of the existing global polio eradication initiative within the Organization;

(2) to strengthen accountability and monitoring mechanisms to ensure optimal implementation of eradication strategies at all levels;

(3) to undertake the development, scientific vetting, and rapid finalization of a comprehensive polio eradication and endgame strategy, and inform Member States of the

¹ *International travel and health*. Geneva, World Health Organization, 2012 edition.

potential timing of a switch from trivalent to bivalent oral poliovirus vaccine for all routine immunization programmes; and include budget scenarios to the end of 2018 that include risk management;

(4) to coordinate with all relevant partners, including vaccine manufacturers, to promote the research, production and supply of vaccines, in particular inactivated polio vaccines, in order to enhance their affordability, effectiveness and accessibility;

(5) to continue mobilizing and deploying the necessary financial and human resources for the strategic approaches required through 2013 for wild poliovirus eradication, and for the eventual implementation of a polio endgame strategy to the end of 2018;

(6) to report to the Sixty-sixth World Health Assembly and the subsequent two Health Assemblies, through the Executive Board, on progress in implementing this resolution.

Tenth plenary meeting, 26 May 2012
A65/VR/10

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