

RESOLUTIONS

WHA59.1 Eradication of poliomyelitis

The Fifty-ninth World Health Assembly,

Having considered the report on eradication of poliomyelitis;¹

Recalling the 2004 Geneva Declaration for the Eradication of Poliomyelitis, committing the six countries in which poliomyelitis is endemic and spearheading partners to interrupting the final chains of poliovirus transmission through intensified poliomyelitis immunization campaigns;

Recognizing that the occurrence of poliomyelitis is increasingly rare due to the intensification of poliomyelitis eradication activities globally, and that all Member States are enhancing surveillance for the detection of circulating polioviruses and are in the process of implementing biocontainment activities;

Noting the significant support extended by partners, appreciating their ongoing cooperation, and calling for their continuing support to national programmes in the final phase of the global eradication effort;

Noting with concern that there is a substantial unmet funding requirement of US\$ 485 million for planned activities during the mop-up and certification phase between 2006 and 2008;

Noting that most of the new cases in 2005 have come from areas where transmission of indigenous polioviruses had already been stopped;

Noting that poliovirus importations into poliomyelitis-free areas constitute potential international health threats;

Noting the importance of high-quality surveillance systems in countries where poliomyelitis has been eradicated;

Recalling the standing recommendations of the Advisory Committee on Poliomyelitis Eradication,²

1. URGES Member States in which poliomyelitis is endemic to act on their commitment to interrupting transmission of wild-type poliovirus through the administration of appropriate monovalent oral poliomyelitis vaccines;

¹ Document A59/60.

² *Weekly Epidemiological Record*, 2004, **79**(32): 289-291; 2005, **80**(38): 330-331, and 2005, **80**(47): 410-416.

2. URGES all poliomyelitis-free Member States to respond rapidly to the detection of circulating polioviruses by:

(1) conducting an initial investigation, activating local responses and, when necessary, requesting international expert risk-assessment within 72 hours of confirmation of the index case in order to establish an emergency plan of action;

(2) implementing a minimum of three large-scale rounds of immunization using a type-specific monovalent oral poliomyelitis vaccine, or another composition of vaccine if appropriate, including, where applicable, house-to-house vaccination, the first round to be conducted within four weeks of confirmation of the index case, with an interval of four weeks between subsequent rounds;

(3) targeting all children aged less than five years in the affected and adjacent geographical areas, or a minimum of two million to five million children in large population countries, using independent monitoring to determine whether at least 95% immunization coverage has been reached;

(4) ensuring that at least two full rounds of poliomyelitis immunization are conducted in the targeted area after the most recent detection of poliovirus;

(5) enhancing surveillance for acute flaccid paralysis to a level of greater than two cases per 100 000 children aged less than 15 years, for the duration of the outbreak and at least 12 months immediately thereafter;

(6) sustaining high routine immunization coverage, of at least 80%, with oral poliomyelitis vaccine, and highly sensitive disease surveillance;

3. REQUESTS the Director-General:

(1) to ensure the availability of technical expertise to support Member States in their planning and emergency response related to an outbreak;

(2) to assist in mobilizing funds to implement emergency response to an outbreak and to ensure adequate supplies of monovalent oral poliomyelitis vaccine;

(3) to advise at-risk Member States, on the basis of each risk assessment, on which, if any, additional measures are required nationally and internationally to reduce the further spread of poliovirus, taking into account the recommendations of the Advisory Committee on Poliomyelitis Eradication;

(4) to continue to prepare for other potential risks to poliomyelitis eradication and a poliomyelitis-free world in the short and longer term, and to propose a mechanism for their management to the Executive Board at its 119th session;

(5) to report to the Executive Board at its 119th session on progress made in the implementation of this resolution.

(Eighth plenary meeting, 26 May 2006 –
Committee A, first report)