
Poliomyelitis

Poliomyelitis eradication

Report by the Director-General

1. This report provides an update on work towards Goals 1 and 2 of the Polio Eradication Strategy 2022–2026, which received support at the Seventy-fourth World Health Assembly.¹ Specifically, it provides information on interrupting all wild poliovirus transmission in countries where the virus is endemic, and stopping the transmission of circulating vaccine-derived poliovirus and preventing outbreaks in non-endemic countries; the continuing impact of the coronavirus disease (COVID-19) pandemic on the global eradication effort; and the current financing situation at the end of 2021. The Strategy was developed in close coordination and consultation with partners and Member States,² and was officially launched on the occasion of a visit by the Global Polio Eradication Initiative Polio Oversight Board to Pakistan in June 2021.

2. In 2021, a favourable epidemiological situation has emerged, with a 98% decline in cases of poliomyelitis due to wild poliovirus type 1 and a 70% decline in cases due to circulating vaccine-derived poliovirus, globally. In endemic areas, two cases due to wild poliovirus type 1 were reported in 2021. This favourable situation must not give rise to complacency; it is a unique opportunity that should be capitalized on through strengthened engagement and support by all partners in the public and civil society sectors. The polio eradication programme continues to face both ongoing and emerging challenges, such as persistently-missed children in endemic reservoir areas; insecurity and uncertainty in Afghanistan; the continuing COVID-19 pandemic, which affects polio surveillance and campaigns; onset of the high season for poliovirus transmission in the second half of the year; and a precarious financial situation adversely affecting the global effort.

GOAL 1 – PERMANENTLY INTERRUPT ALL POLIOVIRUS TRANSMISSION IN ENDEMIC COUNTRIES

3. Five of six WHO regions are independently certified as free of all wild polioviruses. Wild polioviruses type 2 and type 3 have been globally certified as eradicated. In 2021, wild poliovirus type 1

¹ See document A74/19 and the summary records of Committee A, tenth meeting, section 3 and eleventh meeting, section 1. In line with operating procedures from past strategic plans at the request of Member States, the Secretariat will continue to regularly report to the Executive Board and World Health Assembly on progress towards the goals of the Strategy through the period of its projected lifespan. The Strategy is available at <https://polioeradication.org/gpei-strategy-2022-2026/> (accessed 25 November 2021).

² Polio Eradication Strategy 2022–2026. Stakeholder consultation report. Available at <https://polioeradication.org/wp-content/uploads/2021/07/Stakeholder-Consultation-Report-20210708.pdf> (accessed 25 November 2021).

was detected in parts of Afghanistan and Pakistan, the last remaining countries where the virus is endemic. In addition to wild poliovirus type 1, Afghanistan and Pakistan are affected by co-circulating vaccine-derived poliovirus type 2.

4. In Afghanistan, one case of poliomyelitis due to wild poliovirus type 1 and one environmental sample positive for wild poliovirus type 1 have been reported in 2021, along with 43 cases due to circulating vaccine-derived poliovirus type 2 and 40 environmental samples positive for circulating vaccine-derived poliovirus type 2.¹

5. Afghanistan has in the past successfully interrupted indigenous wild poliovirus transmission in the two endemic reservoirs, the Southern and Eastern regions, however its efforts have been complicated by the humanitarian crisis which intensified in August 2021. As a result, mass displacements of people, increased insecurity added to the existing challenges of limited access for house-to-house vaccination in the Southern region, safety for frontline health workers and continuing operational complications arising due to the COVID-19 pandemic. Although overall national polio vaccination coverage is high (upwards of 90%), subnational immunity gaps persist among persistently-missed children in reservoir areas.

6. The humanitarian needs of the population of Afghanistan continue to rise sharply because of change in circumstances, drought and COVID-19. Since the end of May 2021, the number of people internally displaced and in need of immediate humanitarian aid has more than doubled.² The national polio programme continues to adapt operational approaches as challenges evolve, in order to rapidly interrupt strains of both wild poliovirus type 1 and circulating vaccine-derived poliovirus type 2, by focusing efforts on identifying and reaching persistently-missed children. With the deepening of the humanitarian crisis, the programme is focusing on rigorous humanitarian neutrality; development of contingency plans; a flexible approach to accessing children; and dynamic solutions to local vaccination and strengthening of routine immunization services, including the implementation of the integrated services delivery plan. The humanitarian operation will depend on funding, movement within, to and from Afghanistan, and access to health facilities. The critical role of front-line humanitarian organizations must be supported.

7. In Pakistan, one case of poliomyelitis due to wild poliovirus type 1 and 62 environmental samples positive for wild poliovirus type 1 have been reported in 2021; along with eight cases due to circulating vaccine-derived poliovirus type 2 and 35 environmental samples positive for circulating vaccine-derived poliovirus type 2.

8. Following a temporary pause in supplementary immunization activities in 2020 due to the COVID-19 pandemic, activities resumed in August 2020, to address circulation of both wild poliovirus type 1 and circulating vaccine-derived poliovirus type 2 in the country. Cross-border coordination with Afghanistan is continuing. The programme is operating under the auspices of the National Emergency Action Plan implemented through the National Emergency Operations Centre, with the overarching goal of reducing the number of children not immunized during supplementary immunization activities. The programme is focusing on prioritization of the highest-risk areas with the highest proportion of persistently-missed children; strong implementation of community engagement strategies; integrating

¹ Unless otherwise stated, all epidemiological data in this report are as at end September 2021. The latest global epidemiological data, updated on a weekly basis, are available at <https://polioeradication.org/polio-today/polio-now/this-week/>.

² Statement by Principals of the Inter-Agency Standing Committee on Afghanistan, 19 August 2021. Available at: <https://www.unhcr.org/en-us/news/press/2021/8/611e1cc738/statement-principals-inter-agency-standing-committee-iasc-afghanistan.html> (accessed 22 November 2021).

with broader public health programmes, in particular to help strengthen immunization systems; and fully engaging federal and provincial leadership to support and oversee programme implementation.

9. To ensure greater engagement of government leadership and provide additional support to the remaining endemic countries, the WHO Regional Director for the Eastern Mediterranean established the Ministerial Regional Subcommittee on Polio Eradication and Outbreaks, which met for the first time in March 2021 and continues to provide support and guidance to Afghanistan and Pakistan. At the same time, operations in both countries are affected by the COVID-19 pandemic, as polio eradication staff, expertise and infrastructure continue to support national and local COVID-19 response efforts, including vaccine roll-out.

GOAL 2 – STOP CIRCULATING VACCINE-DERIVED POLIOVIRUS TRANSMISSION AND PREVENT OUTBREAKS IN NON-ENDEMIC COUNTRIES

10. In 2021, circulating vaccine-derived poliovirus continues to be detected in 14 non-endemic countries of three Regions, resulting in 326 cases (12 cases due to type 1 and 314 cases due to type 2). While this represents a 70% decline in global cases compared to 2020, the situation remains precarious, with continuing immunity gaps, in particular to type 2 poliovirus, insufficient quality and timeliness of outbreak response and dropping immunization rates related to COVID-19. In particular, poliovirus continues to be detected in both new and previously affected areas. Of particular concern is the situation in areas of west Africa, collectively accounting for 64% of all global cases due to circulating vaccine-derived poliovirus type 2, and Nigeria, accounting for 53% of all cases.

11. To more effectively and sustainably stop circulating vaccine-derived poliovirus type 2, novel oral polio vaccine type 2 continues to be rolled out through the WHO Emergency Use Listing procedure. The initial use period for the vaccine concluded in early October 2021 upon the recommendation of the Strategic Advisory Group of Experts on immunization. During the initial use period, which ran from March to October 2021, approximately 100 million doses of novel oral polio vaccine type 2 were used across seven countries. Enhanced surveillance allowed for rigorous safety monitoring of the vaccine during the initial use phase, however continuing monitoring and verification of readiness prior to use will remain in place for the duration of the vaccine's deployment under the Emergency Use Listing.

12. In addition to the ongoing roll-out of novel oral polio vaccine type 2, success will depend on high-quality and rapid response campaigns to any ongoing or newly-detected outbreak. The response should include targeted and coordinated political engagement at all levels following the declaration of a public health emergency; establishment of emergency outbreak response command structures to effectively coordinate outbreak responses; scaling up regional and country capacity in the areas with highest risk; and coordinating with essential immunization services to identify and reach zero-dose and under-immunized communities. Underpinning all is the need for enhanced surveillance capacity to enable more rapid detection and a timely response to minimize the risk and consequences of any detected emergence of poliovirus. The polio programme continues to manage a complex global vaccine supply situation, consisting of different polio vaccine formulations, and based on evolving poliovirus epidemiology. There is no shortage of type-2 vaccine to enable outbreak response, and the programme is guided by the advice of the Strategic Advisory Group of Experts on immunization to respond as quickly as possible with available type-2 vaccine.

13. With the bulk of circulating vaccine-derived poliovirus type 2 cases occurring in the African Region, and following the successful certification of wild poliovirus eradication in the Region in August 2020, emergency efforts are being intensified to secure a sustainable polio-free African Region that is free of all forms of the disease. In the margins of the 71st session of the Regional Committee for Africa,

on 25 August 2021,¹ Member States re-committed to intensifying their efforts to eradicate all remaining strains of circulating vaccine-derived poliovirus type 2, while continuing to transition the assets, functions and expertise established by the polio programme to benefit broader public health efforts, with COVID-19 pandemic response and COVID-19 vaccine roll-out as the most recent examples, and to ensure longer term sustainability.² To balance the needs for sustained eradication efforts and transition planning, the Global Polio Eradication Initiative will focus its resources on known polio infected and high-risk areas. An expert rapid response team is in place to enable rapid detection, investigation and response in the event of any emergence of poliovirus.

Public health emergency of international concern

14. At its most recent meeting in August 2021,³ the Emergency Committee under the International Health Regulations (2005) on the international spread of poliovirus, having reviewed the global poliovirus epidemiology including the impacts of the global COVID-19 pandemic, unanimously agreed that the risk of international spread of poliovirus remains a public health emergency of international concern.

Enabling environment

15. Successful implementation of the new Polio Eradication Strategy 2022–2026 is underpinned by a number of enabling factors, including ensuring gender equity (see the section on governance and financing), research, monitoring and evaluation, and ensuring a more integrated approach (as highlighted in the sections on Goal 1 and Goal 2) to eradication. Cross-programmatic integration has been accelerated by the COVID-19 pandemic, during which the polio programme has worked closely with other health programmes. In places where the polio programme has the largest presence, polio staff have contributed to the COVID-19 pandemic response and to the introduction and roll-out of COVID-19 vaccines.

16. The Polio Eradication Strategy 2022–2026 brings integration into focus through two transformative approaches. The first is a recognition that for polio eradication to succeed, chronically low immunization coverage and demand-based refusals of polio vaccines in key geographies and populations must be addressed, and that integration provides targeted solutions to tackle these challenges. The second approach is the recognition of integration as a step towards the long-term, sustainable transition of functions and assets of the polio programme to other health programmes and national health systems as the world nears polio eradication. The Global Polio Eradication Initiative is aligning its priorities with the key global vaccine and immunization strategies such as the Immunization Agenda 2030 and the 2021–2025 strategy of Gavi, the Vaccine Alliance, focusing on identifying and reaching “zero-dose” communities.²

¹ African countries commit to ending all forms of polio, 26 August 2021 (<https://polioeradication.org/news-post/african-countries-commit-to-ending-all-forms-of-polio/>, accessed 22 November 2021).

² For additional information on polio transition, including activities in the African Region, see document EB150/22.

³ Statement of the twenty-eighth Polio IHR Emergency Committee, August 2021 (<https://www.who.int/news/item/20-08-2021-statement-of-the-twenty-ninth-polio-ih-er-emergency-committee>, accessed 22 November 2021).

PREPARING FOR THE POST-CERTIFICATION WORLD

Containing poliovirus

17. The overarching goal of poliovirus containment is to reduce the risk of re-introduction of poliovirus and disease into the community by monitoring and limiting the types and amounts of polioviruses held in countries. This is done through the annual review of certification inventories and providing technical guidance on the implementation of the WHO global action plan to minimize poliovirus facility-associated risk in designated poliovirus-essential facilities. In accordance with resolution WHA68.3 (2015) on poliomyelitis, countries should continue to implement appropriate containment of type 2 polioviruses, in accordance with the global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use.¹ All countries, irrespective of poliovirus-affected status, should ensure that poliovirus containment measures are fully implemented; reduce the number of poliovirus-essential facilities to an absolute minimum; and when possible abandon the use of wild poliovirus in vaccine production and testing in favour of alternative, genetically-stabilized attenuated strains.

Oral polio vaccine cessation

18. Following the successful eradication of wild polioviruses globally, the use of all remaining oral polio vaccine from routine immunization programmes will end in order to eliminate the risks of vaccine-derived polioviruses. Planning for the global cessation of all remaining oral polio vaccines will begin at least two years prior to the eventual cessation, building on the lessons learned from the removal of the type 2 component of oral polio vaccines in 2016. Oral polio vaccine cessation policies will take into account strategies for pre-cessation supplementary immunization activities; potential availability of new, more genetically stable vaccine options; establishment and maintenance of relevant oral polio vaccine global stockpiles; and time-intervals between certification of eradication and cessation of oral polio vaccine use. The Secretariat will continue to be guided in this process by expert advisory groups, notably the Global Commission for the Certification of the Eradication of Poliomyelitis and the Strategic Advisory Group of Experts on immunization, and will keep Member States informed and seek their approval for any global policy decisions-needed during the process.

GOVERNANCE AND FINANCING

19. In 2020, the Global Polio Eradication Initiative conducted a comprehensive governance and management review to evaluate how to improve the programme's operations and structures towards the eradication goal. As a result of the review, critical changes are being implemented to enhance agility, efficiency and effectiveness across all levels, including regional empowerment and increased delegation of decision-making to local levels. The recommendations on regionalization, wider participation on the Polio Oversight Board, Strategy Committee and new support groups on key and emerging issues such as gender integration and monitoring and evaluation, are still being implemented. In line with the Gender Equality Strategy 2019–2023 of the Global Polio Eradication Initiative and its efforts to identify and address gender-related barriers to immunization, the new Polio Eradication Strategy 2022–2026 sets clear goals to strengthen the programme's gender responsiveness as a key factor to achieve polio

¹ WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use: GAPIII. Geneva: World Health Organization; 2015 (<http://apps.who.int/iris/handle/10665/208872>, accessed 22 November 2021).

eradication. The programme’s commitment to gender-responsive programming closely aligns with the Immunization Agenda 2030 and the gender policy of Gavi, the Vaccine Alliance.

20. Overall political commitment to polio eradication remains high, but in the current economic climate the polio programme faces a precarious financing situation which could significantly hamper global eradication efforts. The operating budget to implement the Polio Eradication Strategy 2022–2026 will be approved by the Polio Oversight Board in the fourth quarter of 2021. Resource mobilization for the new strategy and budget will be guided by an investment case that will be put forward in 2021 and will focus on continued support from existing donors and new sources of support. The Global Polio Eradication Initiative budget will not be sufficient by itself to fully implement the strategy and achieve eradication. For example, funds are needed to support procurement of inactivated polio vaccine through Gavi, enhanced essential immunization and additional oral polio vaccine stockpiles. As in previous years, the polio programme will work hand-in-hand with Gavi, a core partner of the Global Polio Eradication Initiative, to strengthen global immunization and advocate for comprehensive and complementary funding focused on zero dose communities and children.

21. Increased domestic financing will be key to making this the final and successful phase of polio eradication. Thus, Member States are encouraged to mobilize domestic resources to respond to outbreaks of circulating vaccine-derived polioviruses, in line with decision EB146(11) (2020), and to sustain the core capacities and infrastructure that were put in place to achieve polio eradication but whose reach extends into many other essential public health functions and programmes.

ACTION BY THE EXECUTIVE BOARD

22. The Executive Board is invited to note the report; in its discussions it is further invited to provide guidance on concrete ways to fully implement the Polio Eradication Strategy 2022–2026, in order to achieve a world free of all forms of poliovirus, where no child will ever again be paralysed by poliomyelitis.

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