

REGIONAL COMMITTEE FOR THE EASTERN MEDITERRANEAN

October 2017

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SIDE EVENT

UPDATE ON POLIO TRANSITION PLANNING AND POST-CERTIFICATION STRATEGY

Objectives of the event

The objectives of the event are to:

- increase the awareness of Member States of polio transition planning, including risks and opportunities associated with the process;
- inform Member States of the status of the development of the post-certification strategy that will be discussed during the Seventy-first World Health Assembly.

Background

The world is closer than ever before to eradicating polio, with only eight cases due to wild poliovirus (WPV) reported this year in Afghanistan (5) and Pakistan (3). It is envisaged that WPV will be certified as eradicated globally by 2021 and consequently the Global Polio Eradication Initiative (GPEI) will wind down and polio funding from GPEI partners will gradually decrease and finally stop. This reduction in polio funding may have significant risks, particularly in Member States with weak health systems, but may also present opportunities to transition polio assets and experience.

Transition can be defined as a process of successfully managing the conclusion of the polio eradication programme by mitigating the risks and grasping the opportunities. The transition process has three main goals: 1) ensure that the world remains polio free; 2) ensure that the programme's benefits continue through transitioning polio functions and assets where appropriate; and 3) transfer and apply lessons learned from GPEI to benefit other public health interventions.

The post-certification strategy is being developed to fulfil goal one of ensuring that the world remains polio free by providing global standards and guidelines to maintain polio-essential functions post-certification, specifically by identifying the financial requirements and technical support infrastructure needed after global certification of WPV eradication.

To solidify and protect the hard-won gains made through polio eradication, the strategy identifies the potential future risks jeopardizing polio eradication and defines the mitigating steps that must be taken to minimize and eliminate these risks, to the extent possible. These risk-mitigating measures are organized according to the three strategic goals: 1) Contain poliovirus sources: ensure potential polioviruses are properly controlled or removed; 2) Protect populations: withdraw the oral live attenuated polio vaccine (OPV) from use and immunize populations with inactivated polio vaccine (IPV) against possible re-emergence of any poliovirus; and 3) Detect

and respond: promptly detect any poliovirus reintroduction or emergence and rapidly respond to prevent transmission.

WHO expenditure on polio eradication in the Region for the biennium 2016–2017 is close to half of the total regional budget (48.5%; US\$ 466 million out of US\$ 960 million). Three quarters of the polio budget has been allocated to support the polio eradication programmes of the three highest priority countries in the Region: Afghanistan, Pakistan and Somalia.

Four countries of the Region, namely, Afghanistan, Pakistan, Somalia and Sudan, are among the 16 countries globally considered as polio transition priority countries. The selection of countries was based on the size of GPEI-funded polio human resources and infrastructure. However, the Regional Steering Committee on polio transition in its meeting in June 2017 suggested adding Iraq, Libya, Syrian Arab Republic and Yemen to the transition priority countries in the Region.

The experience of managing large public health interventions, developing strong partnerships, and adopting innovative strategies to reach the most vulnerable populations in difficult, remote, and conflict-affected areas, generated through the 29 years of the GPEI, could provide lessons and opportunities for other key public health interventions to achieve their set targets and to ensure healthy lives and promote well-being for all at all ages. In the Eastern Mediterranean Region, these opportunities include: 1) strengthening the capacity of Member States in preparing for, and responding to, emergencies and for early warning, risk reduction and management of national and global risks; 2) reducing maternal and under-5 mortality by strengthening childhood immunization and ensuring universal health coverage by reaching all communities, particularly the most marginalized; and 3) reducing morbidity and mortality due to communicable diseases by enhancing integrated communicable disease surveillance and response systems.

Key challenges for transition planning in the Region include: 1) ongoing endemic transmission of WPV in Afghanistan and Pakistan; 2) fragility of progress in Somalia due to low childhood immunization coverage and weak health system infrastructure; 3) complex emergencies in the Region; six countries at risk of poliovirus importation or emergence of vaccine-derived polioviruses (VDPVs) due to ongoing conflicts, weakened economies, weakened health system infrastructure and deteriorated routine immunization, and inaccessibility to children in affected areas; 4) a heavy reliance on polio infrastructure and assets to respond to outbreaks and other emergencies; 5) weak absorptive capacity of governments and WHO country offices in conflict-affected and fragile states to accommodate polio post-certification functions and expertise; and 6) inadequate funding for the transitional period from stopping transmission to certification.

Way forward

Immediate priorities for the regional transition process are to:

- develop a regional polio transition action plan by October 2017;
- develop draft transition action plans in Somalia and Sudan by the third quarter of 2017;
- start transition planning process in Afghanistan, Iraq, Pakistan, Syrian Arab Republic and Yemen by the first quarter of 2018.

Expected outcomes

Increased awareness and contribution of Member States to the development of regional transition planning and the post-certification strategy (Member States, particularly those that are priorities for transition planning, are encouraged to own and lead the transition process).