

## **Establishment of a Subcommittee for Polio Eradication and Outbreaks**

### **Introduction**

1. As part of efforts to secure a polio-free world, it is proposed to establish a subcommittee of health ministers from Member States of the Eastern Mediterranean Region of the World Health Organization (WHO) to advocate for and champion polio eradication. The subcommittee will serve to support the remaining wild poliovirus-endemic and polio outbreak-affected countries in the Region in their intensified polio eradication efforts and help to facilitate polio transition.
2. Rule 16, under section VII of the current Rules of Procedure of the Regional Committee for the Eastern Mediterranean, provides the authority to establish such subcommittees as the Committee deems necessary to study and report on any item on its agenda.

### **Background**

3. The goal of the Global Polio Eradication Initiative, launched in 1988, is to ensure that no child will ever again be paralysed by any poliovirus. Since 1988, the incidence of wild poliovirus has declined by 99.9% globally, from more than 350 000 cases every year in more than 125 endemic countries, to 165 cases in two countries in 2019 – Pakistan and Afghanistan. On 25 August 2020, the WHO African Region was certified as free of wild poliovirus, following previous declarations in the regions of the Americas (1994), the Western Pacific (2000), Europe (2002) and South-East Asia (2014).
4. While the human resources and other assets of the regional polio eradication programme have made a substantial contribution to national responses to the COVID-19 pandemic, the programme has experienced setbacks due to a decline in surveillance for poliovirus and a four-month pause in polio vaccination activities.
5. Afghanistan and Pakistan make up a joint epidemiological block that is facing formidable challenges to interrupting wild poliovirus transmission. Other Member States of the Eastern Mediterranean Region have successfully achieved elimination of wild poliovirus, despite enormous challenges, yet remain vulnerable to importation and outbreaks of polio.
6. In 2019 and 2020, wild poliovirus cases increased dramatically in Afghanistan and Pakistan compared to 2018, despite heroic efforts by frontline health workers, governments, the public, and civil and religious leaders in both countries. Failure to eradicate polio in this remaining wild poliovirus transmission block could result in international resurgence of the disease. The risk of global spread of communicable diseases has been clearly illustrated in 2020 by the coronavirus pandemic. Previously, wild poliovirus from Pakistan has spread internationally, including to China, the Islamic Republic of Iran and the Syrian Arab Republic.
7. The Director-General declared the international spread of wild poliovirus in 2014 a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR) (2005). At the twenty-fifth meeting of the IHR Emergency Committee regarding the international spread of poliovirus in June 2020, the Committee noted that “the risk of international spread is at the highest point since 2014 when the PHEIC was declared”.<sup>1</sup>

<sup>1</sup> Statement of the twenty-fifth polio IHR Emergency Committee [website]. Geneva: World Health Organization; 2020 (<https://www.who.int/news-room/detail/23-06-2020-statement-of-the-25th-polio-ihr-emergency-committee>), accessed 3 September 2020.

8. In addition to the increase in wild poliovirus cases, Afghanistan and Pakistan are being affected by an ongoing outbreak of circulating vaccine-derived poliovirus type 2 (cVDPV2). Somalia, Sudan and Yemen are also affected by outbreaks of vaccine-derived poliovirus. A new global strategy for responding to cVDPV2 has been developed,<sup>2</sup> the main elements of which were endorsed at the 146th session of the WHO Executive Board in February 2020.

9. In Pakistan, a relaunch of polio eradication efforts began midway through 2019. The programme undertook an in-depth analysis of the major area-specific challenges and their root causes, which are now starting to be addressed. Community misperceptions and mistrust of the programme are major challenges. In Afghanistan, insecurity and a ban by the Taliban on comprehensive vaccination of children has led to an increasing number of unimmunized children and the spread of polio.

## **Way forward**

10. Regional and global public and private sector leaders have expressed their ongoing support for polio eradication, making significant financial commitments at the Reaching the Last Mile Forum at the Global Health Week in Abu Dhabi, United Arab Emirates, in November 2019.

11. At the 66th session of the Regional Committee for the Eastern Mediterranean in 2019 and the WHO Executive Board, Member States of the Region reaffirmed their solidarity and full support for intensifying efforts to secure a polio-free Region. A common regional approach could allay misconceptions about polio vaccination and help to establish safe access to vaccination of all children in Afghanistan and Pakistan and in other countries of the Region facing strife and insecurity.

12. As part of the effort to achieve polio eradication in the Region, it is proposed to establish and endorse a Regional Subcommittee for Polio Eradication and Outbreaks, under the leadership and guidance of the Regional Committee, with specific terms of reference and voluntary membership (as outlined below).

## **Proposed membership and meetings**

13. Interested health ministers from Member States of the Region could volunteer to become members of the Subcommittee and would elect a Chair. It is assumed that the ministers of health of Afghanistan and Pakistan would join, or would be invited to join, the Subcommittee.

14. The Subcommittee would convene quarterly through video teleconferencing or during WHO governing bodies events (Regional Committee, Executive Board, World Health Assembly).

## **Proposed terms of reference**

15. In accordance with Rule 16 of the Rules of Procedure, the Subcommittee would conduct its business under the following terms of reference:

- Evaluate the evolving programmatic and epidemiologic situation, and determine what concrete support can be offered to Afghanistan, Pakistan and any other Member State imminently threatened or affected by a polio outbreak.
- Involve all relevant cultural, political, religious and civil society partners as needed and requested by the affected country, and promote the political and social neutrality, as well as acceptance, of the polio eradication programme.
- Facilitate access to vaccination of all children in the Region, particularly those living in areas of conflict and insecurity.
- Promote the establishment of essential health and civic services in the multiple deprived communities where polio is entrenched.

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<sup>2</sup> Strategy for the response to type 2 circulating vaccine-derived poliovirus 2020–2021: an addendum to the Polio Endgame Strategy 2019–2023. Geneva: World Health Organization; 2020 (<http://polioeradication.org/wp-content/uploads/2020/04/Strategy-for-the-response-to-type-2-circulating-Vaccine-Derived-Poliovirus-20200406.pdf>), accessed 2 September 2020).

- Encourage and support polio transition through the integration of essential polio functions and capacities into national health systems, strengthening essential immunization programmes, and enhancing disease surveillance and outbreak preparedness and response capacities.
- Regularly report on outcomes and progress through the official processes of WHO governing bodies (Regional Committee, Executive Board, World Health Assembly).

## **Expected outcomes**

### *Overriding outcome*

16. Reaching every last child with polio vaccine by ensuring any remaining cultural, operational, programmatic, political or societal barriers are overcome.

### *Additional outcomes*

17. Strengthened regional/multilateral engagement with the governments of Afghanistan and Pakistan to support their intensified efforts to eradicate wild poliovirus in both countries, and support to other Member States' efforts to fight polio by building on existing support structures already established through the Organization of Islamic Cooperation and the Islamic Advisory Group.

18. Intensified support to all countries of the Region – particularly re-infected countries (for example, Somalia, Sudan and Yemen) and/or those deemed at highest risk of polio re-infection and/or re-emergence – to continue to strengthen surveillance, including by complementing acute flaccid paralysis surveillance with environmental surveillance across the Region, as appropriate.

19. Systematic support to strengthening routine immunization levels in a targeted manner, including through more systematic collaboration with other public health partners such as Gavi, the Vaccine Alliance.

20. Concrete and measurable progress toward polio transition.

21. Strengthened support for the mobilization and availability of all financial resources needed to secure success in polio eradication.