

---

## **Progress report on poliomyelitis eradication and polio transition**

### **Introduction**

1. Polio remains a Public Health Emergency of International Concern, with wild poliovirus (WPV) circulating in the world's last endemic bloc – comprising Afghanistan and Pakistan – and circulating vaccine-derived poliovirus (cVDPV) in Palestine, Somalia, Sudan and Yemen in the Eastern Mediterranean Region. Despite multiple challenges related to conflict, droughts, complex emergencies and vulnerable populations in need of emergency assistance, the Region is in a strong position to end polio. Sustained programme efforts combined with the highest-ever levels of political commitment and regional coordination have brought the Region and the world to the brink of polio eradication.

2. In the epidemiological bloc of Afghanistan and Pakistan, significant efforts are underway to interrupt transmission of WPV type 1 (WPV1), the last remaining serotype of WPV circulating in these two countries. Genetic diversity remains low despite the expansion of one of the two genetic clusters that were active in the two countries in 2023. While transmission of the YB3C genetic cluster of WPV1 has not been detected in either country since November 2023, the expansion of YB3A has evolved into two new genetic clusters. The near-elimination of YB3C that was endemic in Pakistan represents progress despite formidable challenges to vaccination campaign implementation in southern Khyber Pakhtunkhwa, Pakistan – the only area where YB3C had been persisting. Expanded transmission of the YB3A genetic cluster of WPV1 across both countries over the last 12 months has resulted in a tripling of polio-affected districts in 2024 compared to the same period in 2023. Extensive unusual internal and cross-border population movements, particularly in the second half of 2023, have resulted in the detection of WPV repeatedly in environmental samples from the historic reservoirs of Karachi, Kandahar, Quetta Bloc and Peshawar, with reestablishment of local transmission. This requires renewed efforts for aggressive and high-quality outbreak vaccination responses in affected areas. The last stretch of the last mile is proving the toughest yet, as the virus continues to circulate among populations where children continue to be missed by vaccination efforts.

3. In September 2023, the Independent Monitoring Board (IMB) published [its review](#) of the progress of the Global Polio Eradication Initiative (GPEI) towards the goals set out in its [Polio Eradication Strategy 2022–2026](#) – interrupting all remaining WPV1 transmission and circulating vaccine-derived poliovirus type 2 (cVDPV2) transmission by the end of 2023. The IMB concluded at the time that Goal 1 (interrupting WPV1) was off track, and likely to be missed, while Goal 2 (interrupting cVDPV2) will also be missed. In response, the GPEI Polio Oversight Board met to analyse the recommendations from the IMB's review of the GPEI's current strategy. While the timeline for certification of WPV eradication remains 2026, the timeline for eradication of cVDPV was extended to 2028. Recommendations from technical advisory groups and inputs from country teams have been gathered to develop actions and strategies to ensure the programme can meet its strategic goals.

4. In December 2023, a mid-term consultation was conducted with the Technical Advisory Group for Afghanistan and Pakistan (TAG) to review progress against the independent advisory group's recommendations from mid-2023. In May 2024, the TAG held an in-person meeting in Doha, Qatar, together with representatives of the national polio programmes of Afghanistan and Pakistan and GPEI partner organizations, to review progress and align priorities and plans for interrupting endemic WPV1 transmission.

5. There are fewer outbreaks of cVDPV in the Eastern Mediterranean Region in July 2024 than there were a year ago. Over the past year, a cVDPV2 outbreak in Egypt was closed, as was a vaccine-derived

poliovirus type 2 (VDPV2) event in Jordan. Transmission of cVDPV2 in Djibouti appears to have stopped with the last detection of the virus in May 2022. Egypt also appears to have interrupted transmission of a new cVDPV2 strain that emerged following use of novel oral polio vaccine type 2 (nOPV2) with the strain last detected in October 2023. Environmental samples collected on an ad hoc basis on 25 June 2024 detected cVDPV2 in six samples from different sites in Khan Yunis and Deir Al-Balah in Palestine. No case of paralytic polio has been reported so far; however, acute flaccid paralysis (AFP) surveillance is not functioning, and environmental surveillance is suspended. As of 25 July 2024, circulation of cVDPV2 continues in Palestine, Somalia, Sudan and Yemen. Virus from a cVDPV2 emergence in Port Sudan locality, Red Sea State, Sudan, in January 2024 was detected in cases of polio in Yemen and in wastewater samples from Egypt and Yemen, highlighting the continued risk of international spread unless polio outbreaks are rapidly contained at their source.

6. The ninth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks was held as part of the 70th session of the WHO Regional Committee for the Eastern Mediterranean in October 2023, and the tenth and eleventh meetings of the Regional Subcommittee were held virtually in March and July 2024. These meetings resulted in Member States commending the progress made and reaffirming the Region's political commitment to, and continued investment in, polio eradication.

7. In late December 2023, WHO issued its first-ever prequalification approval for nOPV2, a vaccine being used under an Emergency Use Listing regulatory pathway. In the Region, over 51 million doses of the vaccine have been administered between December 2021 and July 2024 in Djibouti, Egypt, Somalia, Sudan and Yemen.

8. Throughout the Region, the polio programme continues to intensify its efforts to integrate with, and support, broader immunization and other basic health and nutrition services to meet the essential needs of highly deprived communities that are vulnerable to polio transmission. In Sudan, the programme has continued to support broader disease surveillance and emergency response throughout the conflict. In Somalia, children under 10 were co-administered vitamin A, albendazole and measles vaccine in the December 2023 polio campaign.

9. Implementation of polio transition plans is underway in all priority countries except the two polio-endemic countries, and substantial progress has been achieved. The goal is to sustain essential polio functions in the absence of GPEI financial support and use polio eradication assets, experiences and lessons learned to strengthen integrated disease surveillance, immunization and country preparedness and response capacities for epidemic-prone diseases.

### **Progress towards interruption of WPV transmission**

10. As of 25 July 2024, Afghanistan has reported nine cases of WPV1 in 2024. These are from Kandahar (5), Kunar (1), Nuristan (1) and Helmand (2), while 55 WPV1-positive environmental samples have been reported from Ghazni (1), Helmand (12), Herat (2), Nangarhar (11), Kabul (1), Kandahar (22), Kunar (1), Laghman (2), Paktya (1) and Uruzgan (2). Pakistan has reported nine WPV1 cases, from Chaman (1), Dera Bugti (1), Karachi (1), Kila Abdulla (3), Quetta (1), Shikarpur (1) and Zhob (1), and 237 positive environmental samples have been reported from Baluchistan (81), Islamabad (4), Khyber Pakhtunkhwa (29), Punjab (16) and Sindh (107). In 2023, 12 children were paralyzed (six each from Afghanistan and Pakistan). In Afghanistan, all these cases were reported from the endemic East Region. In Pakistan, three cases were reported from Bannu, one from Orakzai and two from Karachi.

11. To date, all 237 environmental poliovirus isolates detected in Pakistan are genetically linked to the YB3A cluster that was reintroduced from Afghanistan in 2023. Cross-border coordination continues between Afghanistan and Pakistan at the national and provincial levels, as the two countries form a single epidemiological bloc. Cross-border population movement, insecurity, vaccine refusal and operational challenges in reaching all children for surveillance and vaccination campaigns – particularly along the southern, northern and central epidemiological corridors – constitute a major risk to progress.

12. Pakistan's polio programme has built on the progress made in stopping the endemic transmission of the YB3C cluster that was geographically limited to seven districts in southern Khyber Pakhtunkhwa province. There have been no environmental detections linked to the YB3C cluster since November 2023 and no human cases since September 2023.

13. In Pakistan, the first polio case of 2024 was from the Dera Bugti district, with onset of paralysis on 22 February 2024. This was the first WPV1 case reported from Pakistan since October 2023. Since then, eight additional human WPV1 cases have been reported, the most recent being one case from Zhob, with a date of paralysis onset of 28 June 2024. Of the nine total cases, seven are from Baluchistan (five from Quetta Bloc, one from central Pakistan and one from Zhob). Four of the Baluchistan cases were reported in the adjoining Kila Abdullah and Chaman districts, which border Afghanistan. Two cases have been reported in Sindh (one in the Karachi bloc and one in Shikarpur in central Pakistan). All of these cases, as well as the 237 detections from environmental samples, are genetically linked to the new clusters that have evolved from the YB3A genetic cluster of WPV1.

14. The implementation of multiple higher-quality vaccination campaigns throughout the epidemiological bloc remains central to sustaining progress and interrupting transmission. From January to June 2024, three national immunization days (NIDs) and one subnational immunization day (SNID) were conducted in Afghanistan. Over the same time period, two NIDs, three SNIDs and one outbreak response campaign were conducted in Pakistan. Of these, synchronized campaigns between Afghanistan and Pakistan took place in late February (a SNID in Afghanistan and an NID in Pakistan), in late April (an NID was conducted in Afghanistan and a SNID was conducted in Pakistan), and early June (an NID in Afghanistan was synchronized with a SNID in Pakistan). In July 2024, Afghanistan conducted a SNID in July in 251 districts across the North, Northeast, South and Southeast regions, and Pakistan conducted an outbreak response campaign in 41 districts. The next synchronized campaign for Afghanistan and Pakistan has been agreed for September 2024.

15. Efforts to reach every child are underway throughout the epidemiological bloc. For example, special search and outreach teams have been deployed in high-priority union councils of Peshawar since September 2023, and in Islamabad from January 2024, to support routine immunization in high-risk districts in Pakistan with a considerable number of zero-dose or missed children. These teams ensure the administration of oral polio vaccine (OPV) and routine immunization to newborns, children who are due or have missed vaccinations, and those who have consistently been missed. In February 2024, 41 teams deployed under this initiative administered OPV to 5308 children, IPV to 3264 children and other routine antigens to 16 968 children.

16. The national polio programme in Pakistan has also continued integrated efforts with the Essential Programme on Immunization (EPI) operating under the Federal Directorate of Immunization to deliver polio vaccines to zero-dose and missed children in high-risk areas for polio. For example, in February 2024, biker teams from the Nomads Vaccination Initiative gave polio drops to 37 271 children in nomadic settlements in 17 districts and administered 11 498 doses of inactivated polio vaccine (IPV) and 12 511 routine antigens. Moreover, the EPI and polio programmes are collaborating to conduct integrated vaccination activities in endemic and outbreak-affected districts through extended outreach activities, health camps and the Reaching the Unreached initiative in southern Khyber Pakhtunkhwa province.

17. With continued WPV transmission in endemic zones and detections in the southern and northern cross-border corridors, vaccination at provincial and district transit points has been further enhanced. The polio programme in Pakistan is maintaining 382 transit vaccination points at key sites, including international land crossings, inter-provincial borders, airports, railway stations and bus stands, where vaccinators vaccinate children (and all age groups at border crossings) on the move. In February 2024, over 2 million people were vaccinated with the help of over 1200 teams.

18. The programme has also implemented solutions proposed by frontline workers as part of the Listening Project, where female frontline workers co-designed solutions through an interactive series of

14 workshops conducted across the country. This included the development of new and tailored training for all frontline workers on key topics raised by refusal families, the development of an anti-harassment policy to better safeguard and support frontline worker teams, increased remuneration for all frontline workers to acknowledge their incredible efforts for the polio programme, and the issuance of official identity cards for all frontline workers to improve their credibility with communities. Continuing to draw from the lessons of this project will be critical for interrupting poliovirus transmission.

19. In Afghanistan, the first polio case reported in 2024 was reported from Dangam district in Kunar province, with 8 January 2024 as the date of onset of paralysis. This was the first WPV1 case reported in Afghanistan since September 2023. The most recent case from Kandahar province had an onset of paralysis date of 18 June 2024. Seven of the nine cases were reported in the South Region of Afghanistan, and two were from the East Region. All nine cases and 55 positive environmental samples in Afghanistan belong to the clusters that evolved from the YB3A genetic cluster of WPV1.

20. In addition to NIDs and SNIDs, intensified vaccination activities were implemented throughout the year in the endemic East Region, with a polio vaccination campaign almost every month. Outbreak response vaccination campaigns were also implemented in Kabul and Takhar, and further spread of the virus was successfully prevented. With most of the South Region reverting to a house-to-house modality in the national campaign in June 2024, the number of missed children, largely unreached due to use of other campaign modalities, was reduced from 0.16 million at the end of 2023 to 0.05 million. This number is expected to decline further as the South Region incrementally progresses to full house-to-house campaigns.

21. Following the [2023 GPEI IMB recommendations](#), an independent external programme audit was conducted in the East Region of Afghanistan to examine data-gathering processes. The audit resulted in positive findings related to the validity and reliability of the supplementary immunization activity (SIA) and surveillance data produced by the national polio programme in Afghanistan, while also identifying specific areas for improvement, including microplanning, monitoring and evaluation of campaign quality, and strengthening certain aspects of surveillance (the full audit report will be available online soon). One of the recommendations following the 2024 TAG meeting was for the GPEI to carry out a similar audit to the one conducted in the East Region of Afghanistan on the Pakistan side of the border, specifically in relevant districts in and around the northern border corridor.

22. The polio programme in Afghanistan maintains 16 cross-border vaccination points supported by 52 cross-border vaccination teams and 248 permanent transit sites supported by 378 permanent transit teams. During the repatriation of Afghan refugees from Pakistan, the programme partnered with the International Organization for Migration (IOM) and UNHCR, the UN Refugee Agency, to vaccinate all children under the age of 10 at the repatriation sites.

23. The polio programme in Afghanistan has continued strategic engagement with 10 humanitarian organizations operating in 12 provinces at high risk for polio across the country. Through this collaboration, initiated in early 2023, the programme and its partners have mapped and supported communities that lack basic health services, which has in turn helped better identify and reach children still vulnerable to polio.

24. In both Afghanistan and Pakistan, extensive internal and cross-border population movements, insecurity, vaccine refusal and operational challenges for surveillance and vaccination teams present major risks to reaching all children and advancing progress. Moreover, repeated environmental detections of WPV isolates in the southern and northern cross-border corridors, as well as re-established transmission in historic polio reservoirs, requires focused efforts to reach missed populations to stop the resurgence of the virus. In response, both national programmes are prioritizing: optimizing SIA quality; synchronizing vaccination campaigns, when and where appropriate; integrating operations with social behaviour change and communication (SBCC) efforts to develop joint microplans and reach all missed children; maintaining high levels of political commitment, strong leadership, and team cohesion; and enhancing polio surveillance.

## Progress towards interruption of vaccine-derived poliovirus transmission

25. The protracted outbreak of cVDPV2 in Yemen was first detected in late 2021 and up to 25 July 2024 has paralysed 273 children, 244 of whom (89%) are in the country's northern governorates. As predicted by epidemiological modelling conducted in early 2023, the cVDPV2 outbreak is resurging in the country, with 33 children paralyzed so far in 2024 compared with eight paralytic cases in 2023. The onset of the most recent paralytic case was on 19 May 2024. All environmental samples tested from Sana'a are positive for cVDPV2. Multiple vaccination campaigns to boost population immunity in the country's more populous northern governorates, where no response vaccination campaign has been permitted since the start of the outbreak, will be needed to stop the resurgent outbreak. In the southern governorates, where outbreak response vaccination campaigns have been conducted, the last cVDPV2 case was reported in February 2022. In February 2024, the southern governorates completed one round of vaccination using nOPV2, and round two was completed in July 2024. No vaccination campaigns have been conducted in the country's northern governorates, where outbreaks of vaccine-preventable diseases including polio, measles and diphtheria are killing and disabling children and undoing decades of progress. Establishing access is urgent, given that virus strains related to those circulating in Yemen have been detected in Djibouti, Egypt and Somalia, highlighting the risk of continued international spread. Yemen's last cVDPV1 case was reported in March 2021, indicating that the two rounds of house-to-house vaccination campaigns in November 2020 and March 2021, as well as three rounds of integrated outreach in the Sada'ah governorate, the epicentre of the outbreak, were successful in stopping transmission.

26. Somalia continues to face the longest-running outbreak of cVDPV2, with 40 cases and 70 positive environmental surveillance samples reported since the outbreak started in 2017. The onset of the most recent paralytic case was on 5 June 2024. According to data collected in the last quarter of 2023, out of a target under-five population of 2 720 267 children in the south and central areas of Somalia, approximately 472 743 are partially or fully inaccessible. Somalia is the third country in the Region to use nOPV2, and between January and June 2024, two rounds of additional NIDs using nOPV2 were conducted in 81 targeted districts in south and central Somalia. One round of fractional inactivated polio vaccine (fIPV) combined with nOPV2 was completed in four districts in Banadir. Additional campaigns are planned for 2024, including two NIDs covering all districts of Somalia, a third round of SNIDs in the 81 districts of south and central Somalia, and a second round of fIPV combined with nOPV2 in the four districts in Banadir. The country is also working on district- and state-specific surveillance enhancement plans following recommendations made by an external surveillance review conducted from April to May 2024. Polio health teams also supported the Big Catch-Up, an initiative launched in July 2024 in Somalia and supported by Gavi, the Vaccine Alliance, and other partners, in an effort to boost routine immunization and vaccinate zero-dose children. As part of the Somalia Emergency Action Plan II, efforts have been made to improve campaign quality, including by systematically identifying and streamlining attempts to reach high-risk and missed populations, improving accountability mechanisms and engaging third-party monitors to enhance monitoring quality. Cross-border coordination with Ethiopia and Kenya is ongoing, and transit point vaccinators continue to reach populations on the move. WHO has also rolled out a direct disbursement mechanism to address delays in payments to frontline workers engaged in house-to-house campaigns. These programmatic efforts have also been complemented by high-level political commitment and ownership: the Somali Immunization and Polio Eradication Task Force (SIPE) was formally launched by His Excellency Hamza Abdi Barre, Prime Minister of Somalia, on 29 June 2024.

27. In Sudan, after almost 14 months without any poliovirus detections, a new cVDPV2 emergence was reported from Port Sudan locality, Red Sea State, in January 2024. Virus from this emergence was detected in a case of polio in Yemen and in wastewater samples from Egypt and Yemen, highlighting the risk of international spread. In April 2024, Sudan implemented a campaign in Red Sea State, co-administering nOPV2 and vitamin A. Two rounds of outbreak response in eight accessible states using nOPV2 are also taking place, with the first round completed in June 2024 and planning for the second round underway. Since April 2023, the polio programme in Sudan has maintained essential surveillance functions wherever feasible and is coordinating with Egypt to facilitate the transfer of stool and environmental samples across the shared border for testing at the VACSERA laboratory in Egypt.

28. Egypt completed its outbreak response assessment on 6 August 2023, with a recommendation for closure of two outbreaks after the assessment team found no evidence of the cVDPV2 event that had occurred following an importation from Chad in 2021 and an emergence of EGY-QEN-1 in Qena, in 2022. In August 2023, a new outbreak of vaccine-derived poliovirus was detected in North Sinai related to the emergence of a VDPV2 strain derived from nOPV2 in an unvaccinated community. The programme has implemented four rounds of nOPV2 campaigns targeting nearly 300 000 children in response to the new outbreak and also conducted a catch-up vaccination using IPV. No cVDPV2 derived from nOPV2 has been isolated from any source since 30 December 2023. On 15 February 2024, the polio laboratory in Egypt reported the isolation of cVDPV2 from sewage water collected from one environmental surveillance site in Cairo governorate on 31 January 2024. Genetic sequencing showed links to the SUD-RED-1 (Sudan Red Sea State) emergence. A cVDPV2 importation event was declared accordingly. There is no evidence of local circulation to date. The most recent sample collected from this site – Ain Shams 1 – was on 27 June 2024 and only detected non-polio enterovirus (NPEV).

29. In Djibouti, although there has been no detection of poliovirus associated with the previous outbreak in the country for over two years, the outbreak response assessment team concluded that due to gaps in poliovirus surveillance, the outbreak cannot be formally declared closed. The implementation of the recommendations of the assessment to enhance surveillance and strengthen essential immunization activities, including catching up defaulters and zero-dose children, is ongoing.

30. In Jordan, following a virtual outbreak response assessment in October 2023, the VDPV2 event in the country was declared closed. The assessment reviewed steps taken by Jordan to expand and enhance environmental surveillance and strengthen the capacity of disease surveillance officers in response to the three VDPV2 isolates detected in April and May 2022.

31. In Palestine, environmental samples collected on an ad hoc basis on 25 June 2024 detected cVDPV2 in six samples from different sites in Khan Yunis and Deir Al-Balah in the Gaza Strip. Genetically, the strains from the virus in the collected samples are separate but closely related to one another and also linked to a cVDPV2 strain that was circulating in North Sinai in Egypt during the second half of 2023. The strain circulating in Egypt has not been detected there since December 2023 due to an aggressive outbreak response implemented in North Sinai in the second half of 2023. Genomic sequencing with the time signatures on the isolates suggests that it could have been introduced in Palestine as early as September 2023. No case of paralytic polio has been reported so far; however, AFP surveillance is not functioning and environmental surveillance is suspended. A risk assessment to guide outbreak response activities has been completed, and WHO is working closely with the Ministry of Health in Palestine, as well as with UNICEF and UNRWA, to mobilize support for the response. This will include the development of a plan to restore and strengthen surveillance, as well as a plan to implement vaccination campaigns as soon as is feasible.

32. In December 2023, WHO issued prequalification approval for nOPV2. This will enable additional countries to access the vaccine more easily for a more sustainable response to outbreaks of cVDPV2. In the Eastern Mediterranean Region, five countries have so far used the vaccine for outbreak response: Djibouti, Egypt, Somalia, Sudan and Yemen. Somalia, Sudan and Yemen are all conducting or planning to conduct outbreak responses with the vaccine in 2024.

### **Regional polio risk assessment**

33. Within the Eastern Mediterranean Region, based on risk assessments and poliovirus epidemiology, countries/territories are currently characterized as “endemic” (Afghanistan and Pakistan), “active outbreaks” (Palestine, Somalia, Sudan and Yemen), “at high risk of polio outbreaks” (Djibouti, Egypt, Iraq, Libya and the Syrian Arab Republic) and “low-risk” (other countries/territories of the Region). There is an increasing risk of the continued spread of cVDPV2 from the uncontrolled outbreak in the northern governorates of Yemen, arising from the inability to implement mass vaccination campaigns there and from extensive population movements due to insecurity and conflict, combined with waning population immunity against poliovirus type 2 in many areas of the Region.

34. As part of strengthening national preparedness for polio outbreaks, the regional polio programme conducted polio outbreak simulation exercises (POSE) in Iraq, Libya and the United Arab Emirates in 2023.

## Surveillance

35. AFP surveillance is functional in all countries, while environmental surveillance is functional in 16 out of 22 countries and territories, and immunodeficiency-associated vaccine-derived poliovirus (iVDPV) surveillance is functional in three countries. To enhance surveillance reporting and monitoring, the regional data management team has developed country-specific surveillance dashboards.

36. In line with the Global Polio Surveillance Action Plan 2022–2024, WHO has supported endemic, outbreak and at-risk countries to develop plans to enhance their surveillance and address potential gaps in their surveillance systems, ensure gender-related aspects are embedded in each stream of surveillance work, and advance opportunities for integration through a series of intercountry meetings and technical support missions.

37. National polio surveillance officers, laboratory officers and data managers from Bahrain, Djibouti, Egypt, Iraq, Jordan, Kuwait, Oman, Qatar, Saudi Arabia and Tunisia were trained in May 2024 on innovative information and data management systems, including Web Information For Action (Web-IFA) tools, to drive analysis and action.

38. In 2023, environmental surveillance was expanded further in the Region, with additional sites established in Afghanistan, Egypt, Iraq, Pakistan, Saudi Arabia, Somalia and Yemen. Environmental surveillance was also initiated in Bahrain, with plans underway for expansion in Libya, Morocco, Oman, Qatar, Tunisia and the United Arab Emirates during 2024.

39. Direct detection laboratories have been established in Afghanistan and Yemen, a new environmental surveillance laboratory was inaugurated in Pakistan over the past year, and efforts are underway to operationalize environmental surveillance laboratories in Oman and Tunisia.

40. At the thirty-eighth meeting of the Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication (RCC), held from 19 to 21 May 2024 in Doha, Qatar, the RCC noted with appreciation that many countries have updated their national surveillance guidelines, and that 14 out of 20 non-endemic countries/territories have updated their national outbreak preparedness and response plans. The RCC recommended that all remaining countries/territories update their national surveillance guidelines and plans, as well as their outbreak preparedness and response plans, before the RCC meeting next year and reiterated that all countries should conduct a POSE at least once every three years. The RCC also discussed and noted progress on surveillance in the remaining endemic countries.

41. The polio programmes in Afghanistan and Pakistan are continuing to strengthen polio surveillance to support the detection and ultimate interruption of WPV1. External and internal assessments in Afghanistan and Pakistan revealed that field and laboratory surveillance systems in both countries are adequately functional and responsive, while also identifying the improvement of surveillance among hard-to-reach populations, particularly those moving within each country and across the borders, as an immediate priority. In Afghanistan, regular internal surveillance reviews are conducted and the recommendations of an external international surveillance review are being implemented. Five additional environmental surveillance sites were added in 2024, bringing the total to 43. In Pakistan, the polio programme has continued to expand and strengthen surveillance for poliovirus, allowing for rapid detection and timely response. The number of environmental surveillance sites has expanded to 123. The programme has also introduced a more substantive network of community informants in high-risk areas and has initiated geo-coding of AFP cases.

42. In Sudan, following the disruptions to poliovirus surveillance due to armed conflict, the national polio programme developed and implemented an AFP surveillance emergency action plan to rapidly

secure essential AFP surveillance functions nationwide. As of July 2024, there are six active environmental surveillance sites in four states (Gezira, White Nile, Red Sea, and West Darfur); however, AFP surveillance has been severely compromised in Central Darfur, East Darfur, Khartoum, North Darfur, South Darfur and West Darfur.

43. An international surveillance review conducted in September 2023 noted that while Yemen's surveillance system is working, there are gaps in the system's ability to detect low-level poliovirus circulation. Implementations of the recommendations are underway, including the update of national guidelines for poliovirus surveillance, optimization of AFP and environmental surveillance sample collection and shipment, and development of standard operating procedures and checklists to improve the quality of active surveillance visits and stool sample collection. WHO is coordinating closely with the country to track monthly progress against the recommendations.

### **Regional Subcommittee for Polio Eradication and Outbreaks**

44. Established in response to resolution EM/RC67/R.4 (2020), the Regional Subcommittee for Polio Eradication and Outbreaks held its inaugural meeting in March 2021. The Subcommittee has continued to meet three times each year, usually in March, June and October (as part of the Regional Committee meeting). Meetings are led by the current co-Chairs, the health ministers of Qatar and the United Arab Emirates, and attended by the health ministers (or their representatives) serving as members of the Subcommittee, the Chair and members of the Polio Oversight Board and other key stakeholders of the GPEI, the regional directors of the UNICEF Middle East and North Africa and South Asia regions, WHO Representatives in countries of the Region and WHO staff serving as the secretariat.

45. In an effort to intensify regional solidarity and commitment to achieving polio eradication, members of the Regional Subcommittee have continued to support polio-affected countries to mobilize the necessary political commitment and financial resources to contain transmission, called for the protection of health care workers in polio-affected countries, and advocated for establishing and expanding access to all children so that they can be reached through the best vaccine delivery modality. The ninth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks was held as part of the 70th session of the WHO Regional Committee for the Eastern Mediterranean in October 2023. Member States acknowledged the progress made towards polio eradication in Afghanistan and Pakistan and reaffirmed their commitment to maintaining strong routine immunization and surveillance systems and incorporating these into broader national health systems as the Region moves closer to the eradication of WPV. At the tenth meeting, held virtually in March 2024, two new statements were issued by the Subcommittee. The first emphasized the importance of sustained political commitment and investment in WPV eradication efforts in Afghanistan and Pakistan, and the second focused on stopping transmission of cVDPV2 in Yemen's northern governorates and in south and central Somalia.

46. The eleventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks was convened virtually on 25 July 2024. In addition to a regional technical update, a special update was provided on the cVDPV2 detections in the Gaza Strip. Health ministers from Jordan, Palestine and the Syrian Arab Republic were invited to address the Subcommittee on this development. The Subcommittee members underscored the urgent need to collaborate on a regional response to these detections, and as an action point from the meeting, the regional polio team will work with partners to develop a unified and robust response plan. Regarding continued circulation of WPV in the endemic countries, Senator Ayesha Farooq, the Prime Minister's Focal Point on Polio Eradication in Pakistan, underlined the Prime Minister's personal commitment to the cause, emphasized the importance of strong cross border collaboration with the polio programme in Afghanistan, and acknowledged the financial support of Saudi Arabia to polio eradication efforts. The meeting concluded with remarks from GPEI partners, who noted the regional risks posed by the cVDPV2 detections and the ongoing WPV1 transmission, underscored their support to the country programmes in Afghanistan and Pakistan and other outbreak countries, and emphasized the urgency of continuing on an emergency footing with full political commitment and oversight.



## **Leadership visits to polio-endemic countries**

47. Over the past year, several high-level GPEI delegations and/or representatives have carried out key advocacy missions in the Region. These missions have addressed key issues affecting the polio programme across the Region and underlined that achieving polio eradication in the near term is possible if access to all children is prioritized and if political commitment at all levels remains strong.

48. Dr Chris Elias, Chair of the Polio Oversight Board, conducted a visit to Mogadishu, Somalia, in October 2023, together with WHO and UNICEF, to underscore the urgency for concerted action and government ownership to stop the longest running outbreak of poliovirus. Following the visit, the Prime Minister of Somalia announced the establishment of a National Task Force on Immunization and Polio Eradication, which was formally launched on 29 June 2024.

49. In December 2023, a high-level delegation comprising Dr Elias and Mr Sanjay Wijesekera, UNICEF Regional Director for South Asia, visited Afghanistan. The delegation met with representatives of the Prime Minister's office and with other humanitarian agencies supporting the polio programme through the humanitarian engagement initiative.

50. In May 2024, Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, together with Mr Wijesekera, carried out a comprehensive mission to both Afghanistan and Pakistan alongside other high-level GPEI representatives. In Pakistan, the delegation was led by the Chair of the Polio Oversight Board. The delegation met with health authorities in both countries and all parties emphasized their commitment to reaching all missed children, particularly those in border areas. As part of this commitment, the parties agreed that the WHO Regional Director will convene a health dialogue between Afghanistan and Pakistan, which would address stronger collaboration on polio eradication as well as broader health needs in both countries.

51. In June 2024, Bill Gates, Co-Chair of the Bill & Melinda Gates Foundation, visited Pakistan and met with Prime Minister Shehbaz Sharif, Deputy Prime Minister Ishaq Dar, federal and provincial ministers of health, members of the National Taskforce on Polio, representatives from nongovernmental organizations in the health sector, and female frontline workers in polio and routine immunization programmes. Mr Gates commended Pakistan's efforts to eradicate polio in the face of complex challenges, and his visit led to all parties reinforcing their commitment to end the disease.

## **Poliovirus containment**

52. All Member States in the Eastern Mediterranean Region have successfully completed the containment activities for type 2 poliovirus. All countries have also appointed a National Polio Containment Coordinator and completed their poliovirus potentially infectious materials inventories. Twenty out of 22 countries/territories, excluding Djibouti and Sudan, have conducted comprehensive surveys of all biomedical facilities and achieved an acceptable level of completeness. During their May 2024 meeting, the RCC recommended completion of the surveys of facilities in Djibouti and Sudan, noting that the acceptance of annual certification reports from 2024 onwards by the RCC will be dependent on the satisfactory completion of containment activities.

53. In addition to the May 2024 RCC meeting, a joint containment/certification workshop to enhance coordination was held on 22–23 May 2024, attended by National Polio Containment Coordinators and National Certification Committee members.

54. Two countries in the Region have requested the designation of two institutions as Poliovirus-Essential Facilities to serve critical international reference and research functions: the Razi Vaccine and Serum Research Institute in the Islamic Republic of Iran, and the National Poliovirus Laboratory at the National Institute of Health in Pakistan. Both facilities have been awarded Certificates of Participation.

55. A regional electronic database management system has been established, with all countries trained to use the electronic system for updating data on poliovirus containment activities and inventories.

### **Equity and gender**

56. Addressing gender-related programme barriers is critical to achieving polio eradication. This is relevant not only for the thousands of female vaccinators working tirelessly on the frontlines of the polio programme, but also for the female carers of the children that the programme aims to reach. Aligning with WHO's policy on the prevention of and response to sexual exploitation, abuse and harassment, within both WHO and the communities it serves, the GPEI is committed to enforcing a strict zero-tolerance policy for all forms of sexual misconduct and gender-based discrimination.

57. In line with the GPEI's Gender Equality Strategy, WHO conducted a capacity-building workshop on gender responsive programming for polio outbreak response and preparedness in May 2023. The training engaged participants from the US Centers for Disease Control and Prevention (CDC), UNICEF, WHO, and ministries of health from seven at-risk countries/territories for polio outbreak, including Egypt, Iraq, Jordan, Lebanon, Libya, Palestine and the Syrian Arab Republic. The objective of the training was to strengthen poliovirus outbreak response capacities in a timely, quality and gender-responsive way to be able to move towards the goal of preventing and stopping outbreaks of vaccine-derived poliovirus.

58. To ensure gender sensitivity within the polio programme at both the regional and country levels, gender focal points from WHO's polio programme have been appointed to ensure that work is coordinated and aligned with the GPEI's strategies and working groups on gender at the global and country levels.

### **Financing polio eradication**

59. Member States and other key contributors throughout the Region have brought us closer than ever to a polio-free world. Commitments from His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates and Ruler of Abu Dhabi, have totalled more than US\$ 327 million since 2011. In 2024, Saudi Arabia, another steadfast supporter of the GPEI, pledged US\$ 500 million over the next five years to support the work of the GPEI. The Islamic Development Bank (IsDB), which has provided loans totalling US\$ 587 million since 2013, announced a US\$ 100 million loan to support polio eradication efforts in Pakistan at the Reaching the Last Mile Forum hosted by the United Arab Emirates in December 2023. The IsDB is also collaborating with Qatar and Saudi Arabia to support the Polio Legacy Challenge for Afghanistan, a Region-led effort to strengthen health systems, while incentivising a continued focus on polio eradication across the country.

60. With a funding gap of US\$ 1.2 billion and highly-earmarked financing threatening to affect the implementation of activities across all endemic and polio outbreak-affected countries, the GPEI, Regional Subcommittee for Polio Eradication and Outbreaks, and WHO's regional polio eradication programme continue to advocate strongly with donors and governments for more flexible funding and for fully funded multi-year budgets. The expansion of cVDPV2 outbreaks across the WHO African and Eastern Mediterranean regions and the revision to the GPEI's timeline for eradication of cVDPV2 from 2026 to 2028 has further increased funding needs, requiring higher domestic funding commitments.

### **Polio transition**

61. Aligned with the post-2023 global vision, a new regional strategic plan for polio transition has been created, which focuses on sustaining polio essential functions and using the polio assets, infrastructure and experiences to strengthen broader public health functions (publication of the strategic plan is forthcoming).

62. WHO has released a new [investment case](#) which shows that successful polio transition in the eight priority countries of the WHO Eastern Mediterranean Region (Afghanistan, Iraq, Libya, Pakistan, Somalia, Sudan, the Syrian Arab Republic and Yemen) will have a very high return on investment.

63. Implementation of transition plans has been completed in Iraq and Libya and is underway in the four priority countries (Somalia, Sudan, the Syrian Arab Republic and Yemen).

64. In Iraq and Libya, the national governments have taken over the financial responsibility of sustaining polio essential functions. The Syrian Arab Republic and Yemen have integrated polio essential functions into broader public health systems but continue to require external funding for selected core functions, mainly to support AFP and vaccine-preventable disease surveillance. Sudan implemented the “integrated public health teams” approach in 2022, with a plan to achieve full transition in 2024; however, the current crisis has impacted this transition process. Somalia is the only polio transition country in the Region that continues to receive funding from the GPEI. This funding supports the polio workforce at regional and district levels to provide integrated functions to respond to emergencies and strengthen primary health care. Additional technical support is needed to ensure the execution of the country’s three-phase polio transition plan.

### **The way forward**

65. The Member States of the Eastern Mediterranean Region are encouraged to:

- continue regional coordination and collaboration to support countries with endemic WPV transmission and countries responding to polio outbreaks;
- advocate for access to all children for high-quality vaccination through the most appropriate modality in Afghanistan, southern Khyber Pakhtunkhwa in Pakistan, Palestine, the south and central areas of Somalia, and the northern governorates of Yemen;
- mobilize support to avert the collapse of the health systems in Afghanistan, Sudan and Yemen, and advocate for humanitarian assistance for children in Afghanistan, Palestine, Somalia, Sudan and Yemen;
- intensify cross-border coordination between Afghanistan and Pakistan, and maintain continued, strong and sustained commitment to stopping polio transmission in these countries at all levels – from the highest political office to the district-level administration and health leadership;
- scale up polio surveillance and the quality of vaccination campaigns in endemic and outbreak countries, so that all children – especially those belonging to mobile and migrant populations and those who live in high-risk areas – can be reached consistently;
- advocate for the protection of health care workers so that they are motivated to continue their work in settings of risk to their personal safety;
- invest in a polio-free world and ensure global and regional health security by allocating more flexible funding and fully-funded multi-year budgets, and mobilize domestic financial resources in polio transition priority countries to sustain essential polio functions and outbreak response as GPEI funding declines, and fully leverage the return on investments made; and
- prepare for regional certification by ensuring high-quality AFP and environmental surveillance, high immunization coverage, particularly among high-risk populations, and preparedness for responding to any polio outbreak.