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## **Progress report on eradication of poliomyelitis**

### **Introduction**

1. The risk of international spread of poliovirus remains a Public Health Emergency of International Concern, with wild poliovirus circulating in the world's last endemic bloc – comprising Afghanistan and Pakistan – and continued reports of circulating vaccine-derived poliovirus (cVDPV) in a number of countries in the Eastern Mediterranean Region. Despite multiple challenges related to COVID-19, conflict, drought and vulnerable populations in need of emergency assistance, the momentum to eradicate polio in the Region has never been stronger. The progress to date is unprecedented, political commitment is stronger than ever and we are finally seeing the path to the end of polio.

2. The unprecedented low level of wild poliovirus type 1 (WPV1) transmission in the epidemiological bloc of Afghanistan and Pakistan provides an opportunity to finally interrupt transmission and achieve polio eradication. However, this last mile is proving to be the hardest part of polio eradication yet, as the virus continues to circulate among hard-to-reach populations.

3. Cases of WPV1 reported in Pakistan in 2022, after almost 15 months of no reported cases, have served as a stark reminder that as long as wild poliovirus remains in circulation, it poses a risk to all children everywhere. The detection of WPV1 in a young girl in Malawi and multiple children in Mozambique in late 2021 and 2022, respectively, has been linked to WPV1 circulating in Pakistan more than two years earlier. These cases underscore the continued risks associated with poliovirus importation/exportation, the reason why polio remains a Public Health Emergency of International Concern and the urgent need to permanently interrupt transmission.

4. As of 1 August 2022, Afghanistan has reported only one case of WPV1 with onset of paralysis for the year (in January 2022). In contrast, it reported 56 cases in total during 2020 and four cases in total during 2021. Pakistan has reported 14 cases of WPV1 since April 2022, the first cases since 27 January 2021. The country reported 84 cases in 2020.

5. Cross-border coordination continues between Afghanistan and Pakistan at the national and provincial levels, given that the two countries form a single epidemiological bloc. The polio programmes in the two countries are working closely together to intensify efforts for polio eradication, including cross-border coordination on virus detection, synchronized campaigns and vaccination at border crossing points. Cross-border population movement, insecurity, vaccine refusal and operational challenges in reaching all children by surveillance and vaccination teams – particularly in the southern part of the Khyber Pakhtunkhwa (KP) province of Pakistan and the south-east region of Afghanistan – constitute a major risk to progress.

6. Outbreaks of cVDPV have expanded in the Eastern Mediterranean Region, as has the number of countries detecting cVDPV. As of 1 August 2022, several countries in the Region are responding to cVDPV type 2 (cVDPV2) circulation (Djibouti, Egypt, Somalia and Yemen), the Islamic Republic of Iran has responded to a VDPV2 event, Palestine is responding to a VDPV3 event and Yemen is responding to a concomitant outbreak of cVDPV1. Sudan has stopped an outbreak of cVDPV2.

7. In March 2022, at a three-day meeting in Nairobi, the Federal Government of Somalia, the World Health Organization (WHO) and members of the Global Polio Eradication Initiative (GPEI) reaffirmed their commitment to stopping a protracted outbreak of cVDPV2 in Somalia by endorsing and launching

the Somalia Emergency Action Plan 2022. Key strategies in the plan include increasing access to vaccines for all children, reaching high-risk populations such as nomadic and displaced communities, improving poliovirus surveillance and strengthening community engagement.

8. In December 2021, Egypt became the first country in the Eastern Mediterranean Region to respond to a cVDPV2 outbreak using novel oral polio vaccine type 2 (nOPV2) under the WHO Emergency Use Listing procedure. In February and March 2022, in response to detection of cVDPV2 in environmental samples, Djibouti conducted two rounds of house-to-house vaccination campaigns, also using nOPV2. Following the isolation of cVDPV3 in Jerusalem and Bethlehem, Palestinian health authorities conducted two rounds of vaccination campaigns with bivalent oral polio vaccine in May and June 2022.

9. The third, fourth and fifth meetings of the Regional Subcommittee for Polio Eradication and Outbreaks were convened in October 2021 (as part of the 68th session of the Regional Committee), February 2022 and June 2022, respectively. The meetings brought together health ministers from Member States across the Region, members of the Polio Oversight Board (POB) and leaders from GPEI partner agencies to support the remaining wild poliovirus-endemic and polio outbreak-affected countries in the Region and to mobilize the commitment and solidarity needed to achieve regional polio eradication. Members of the Subcommittee affirmed their commitment to interrupting the transmission of polio through strong regional coordination and collaboration, advocacy and the mobilization of domestic and donor funds.

10. 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. The programme continued to support surveillance and vaccination for COVID-19 and mass multi-antigen vaccination campaigns, including one of the largest vaccination campaigns for measles and rubella in Pakistan, which reached more than 91 million children. The polio programme also provided invaluable data and monitoring information on the functioning and emergency needs of basic health facilities in Afghanistan and helped direct emergency relief supplies after the change in government.

11. The Regional Steering Committee on Polio Transition met in April 2022 to review the status of polio transition implementation and the operationalization of integrated public health functions in polio transition priority countries. The Committee agreed on the way forward to further strengthen integration in the areas of surveillance, outbreak response and supporting immunization, as well as to provide support to priority countries. All six priority countries have finalized their integration/transition plans. In Somalia, Sudan, the Syrian Arab Republic and Yemen, the terms of reference for field staff have been broadened to include emergency outbreak response, immunization and surveillance. In Iraq and Libya, which have a minimal WHO polio footprint, the focus is on ensuring the sustainability of essential polio functions by integrating them into the government health system and reducing the reliance on donor support. As part of the implementation of transition plans for integrated public health teams (IPHTs), capacity-building workshops are being conducted in polio transition priority countries, including Sudan in February 2022 and Iraq in June 2022.

### **Progress towards interruption of wild poliovirus transmission**

12. In Pakistan, a 15-month-old boy from North Waziristan in southern KP province was paralysed by wild poliovirus (WPV1) in April 2022, the first such case in the country after almost 15 months. Since then, the Pakistan polio laboratory has confirmed an additional 12 cases in North Waziristan and one in the nearby district of Lakki Marwat. In addition to the detection of positive environmental samples collected from the adjacent district of Bannu, recent samples from multiple districts have detected WPV1. Immediately following the detection of the cases, vaccination campaigns were launched by Pakistan across the country and vaccination was intensified at all district and international border crossing points to contain the potential spread of the virus. As of 1 August 2022, Pakistan has reported 14 cases of WPV1, 13 of these reported from North Waziristan district.

13. The implementation of multiple high-quality vaccination campaigns in Pakistan remains central to building on the epidemiological gains made. Since January 2022, two national and two subnational vaccination campaigns have targeted up to 43 million children. Further national and subnational campaigns are planned in 2022.

14. Pakistan's National Emergency Action Plan 2021–2023 clearly identifies the priorities and approaches needed to reach the polio programme's objectives. All administrative levels and the federal and provincial governments remain committed to the national goal of interrupting polio transmission. The southern districts of KP were identified by the programme as the area most at risk of continued wild poliovirus transmission, after wild poliovirus was detected in environmental samples from multiple districts in the last quarter of 2021. The Government of Pakistan and members of GPEI had already begun implementing a South KP Emergency Action Plan by late 2021. To respond to an increasing number of confirmed cases, this action plan was updated in July 2022 to highlight response actions required for August–December 2022.

15. Following the detection of cases in southern districts of KP, the South KP Emergency Action Plan was updated and surveillance was intensified with the addition of community reporting focal persons for acute flaccid paralysis (AFP) and environmental surveillance sites. The polio programme also implemented a ring-fencing strategy to contain the spread of the virus from southern KP. Vaccination at provincial and district transit points was increased to cover all children under the age of 10, as well as travellers of all ages crossing the border between Afghanistan and Pakistan. Particular attention was focused on migrant communities in the historic reservoirs of Karachi, Peshawar and Quetta.

16. In October 2021, an independent external review was conducted of the poliovirus surveillance system in Pakistan, followed by a more detailed external review of the system in southern KP in February 2022. The review validated the epidemiological progress observed. The review also made recommendations to further enhance the sensitivity and quality of the system, and the programme is implementing the recommendations. The number of environmental surveillance sites has been increased, and some ad hoc sites have been activated. The polio programme in Pakistan has introduced a more substantive network of community informants in high-risk areas and has initiated geo-coding of AFP cases.

17. An independent external review of the poliovirus surveillance system in Afghanistan was conducted in June 2022. This was the first nationwide review after a gap of 11 years. The review concluded that the surveillance system is strong and has continued to function despite conflict, insecurity and periods of political change. It also concluded that it is unlikely that ongoing poliovirus transmission would not be detected by the system. The review team made recommendations to further enhance the sensitivity and speed of the surveillance system to ensure that any low-level transmission can be detected promptly.

18. Following detection of a WPV1 case in Paktika Province, Afghanistan, in January 2022, back-to-back vaccination campaigns were launched in January, February and March 2022. A positive environmental sample reported in May 2022 from Kunaryano Kocha in Nangarhar province was genetically linked to a WPV1 case detected in 2021 in Kunduz province in the north-east region. In the first six months of 2022, Afghanistan conducted a total of five national immunization days, successfully reaching more than 3 million children for the first time in four years. To scale up detection, Afghanistan's environmental surveillance was expanded from 23 to 26 sites in 2022, covering 15 major population centres across the country.

19. Despite increased access to children who had previously been missed in Afghanistan, coverage gaps remain in areas where vaccines are administered to children via campaigns held in mosques or only through site-to-site rather than house-to-house campaigns. These coverage gaps increase the risk of polio resurgence. In coordination with the de facto Taliban authorities, the polio programme plans to reach every eligible child by adopting the best possible vaccine delivery modality.

20. In one of the worst reported attacks on polio workers in Afghanistan, eight members of polio vaccination teams, including four women, were killed on 22 February 2022 as they carried out their life-saving work in the north of the country. These were the first such attacks since nationwide immunization campaigns resumed in November 2021 and resulted in the halting of immunization activities during the campaign in the south, south-east and east regions and in Kunduz Province in the north-east region. Polio immunization campaigns resumed across the country on 28 March 2022 without incident.

21. Cross-border coordination continues between Afghanistan and Pakistan. Cross-border population movement, insecurity, vaccine refusal and operational challenges for surveillance and vaccination teams in reaching all children – particularly in the southern part of KP in Pakistan and the south-east region of Afghanistan – constitute a major risk to progress. Both national programmes prioritize synchronized vaccination campaigns to maximize coverage.

### **Circulating vaccine-derived poliovirus**

22. Out of eight countries in the Region expressing interest in using nOPV2 in response to a cVDPV2 outbreak or event, Egypt and Djibouti launched campaigns using nOPV2 in 2021 and 2022, respectively. Six countries, namely Afghanistan, Iran (the Islamic Republic of), Iraq, Pakistan, Somalia and Sudan, have been verified as ready to use nOPV2 by the global GPEI Readiness Verification Team. In 2022, an additional four high-risk countries (Jordan, Lebanon, Libya and the Syrian Arab Republic) have been offered support to prepare for potential nOPV2 use.

23. In Djibouti, where positive environmental samples have been linked to the virus circulating in Yemen (see below), the Ministry of Health launched two rounds of national polio vaccination campaigns with nOPV2 in February and March 2022, reaching more than 153 000 children aged zero to 59 months in each round. In April, a genetically linked virus was detected in environmental samples, denoting breakthrough transmission after two rounds of response vaccination campaigns. In response to this, two additional nationwide nOPV2 vaccination campaigns are planned to be conducted in September and October 2022.

24. Egypt has responded to the circulation of VDPV2, linked to the outbreak of cVDPV2 in Sudan, although the country has not reported a case of paralytic polio. In response to the breakthrough transmission following two nationwide vaccination campaigns in 2021, Egypt conducted a nationwide campaign with nOPV2 in December 2021, becoming the first country in the Eastern Mediterranean Region to use the novel vaccine. A Lot Quality Assurance Survey conducted following the round indicates that 83% of districts surveyed passed with higher than 90% coverage. The Egyptian Ministry of Health and Population, supported by WHO, also conducted additional mop-up campaigns in areas with suboptimal coverage. In 2022, Egypt detected a new emergence of cVDPV2 in Qena and has responded to this emergence with two nOPV2 vaccination rounds. Multiple strains of cVDPV2 from Yemen and other outbreak-affected countries have been detected in Giza, without evidence of local circulation. In response, Egypt is planning to conduct two additional vaccination campaigns with nOPV2. An internal surveillance review was conducted in Egypt in May 2022.

25. The Islamic Republic of Iran has not reported any cVDPV2 circulation since February 2021, despite multiple environmental detections of cVDPV2 strains circulating in Afghanistan and Pakistan. In Sistan and Baluchistan provinces, Sabin 2 was detected in the first months of 2022, and VDPV2 was last detected in May 2022, reflecting population movement with neighbouring countries. A surveillance review has been completed in the two provinces, and in July 2022 recommendations were shared with the regional polio programme. Stakeholders are now exploring the possibility of closing the event.

26. The cVDPV2 outbreak that started in Pakistan in 2019 and spread to Afghanistan and Tajikistan has been brought under control. In Afghanistan, the last case was reported on 9 July 2021. In Pakistan, the last cVDPV2 isolate was detected in August 2021. An ad hoc meeting of the Technical Advisory

Group on Polio Eradication in Afghanistan and Pakistan concluded that nOPV2 should be the vaccine of choice for any cVDPV2 detection in the two countries.

27. In February 2022, in Jerusalem, a cVDPV3 strain was isolated from a child with AFP and was genetically linked to strains detected in environmental sites in Jerusalem and Bethlehem. Health authorities in Palestine enhanced surveillance across the territory, and two rounds of mass vaccination campaigns in Bethlehem and Jerusalem were conducted, one from 16 to 19 May and the other from 18 to 21 June.

28. Somalia continues to face the longest outbreak of cVDPV2, with 27 cases reported since the outbreak started in 2017. The most recent paralytic case had onset on 18 February 2022 and the most recent isolate was detected in an environmental sample collected on 22 April 2022. The country has conducted several response vaccination campaigns, but despite these efforts, pockets of unvaccinated children remain due to insecurity and limited access to health services. Genetically related cVDPV2 strains have been detected after long periods of no detection both within Somalia and in neighbouring countries, indicating gaps in poliovirus surveillance in the country. In March 2022, at a three-day meeting in Nairobi, the Government of Somalia, WHO and members of the GPEI reaffirmed their commitment to stopping the cVDPV2 outbreak by endorsing and launching the Somalia Emergency Action Plan 2022. Key strategies in the plan include increasing access to vaccines for all children, reaching high-risk populations such as nomadic and displaced communities, improving poliovirus surveillance and strengthening community engagement.

29. Sudan has not reported any cVDPV2 isolates from human or environmental samples since 18 December 2020, reflecting the impact of a robust outbreak response. A final assessment of outbreak response was carried out in July 2022 to review the status of previous recommendations, particularly those related to AFP and environmental surveillance and enhancing immunization, and concluded that Sudan implemented a robust outbreak response and recommended that the outbreak be formally declared closed.

30. Yemen continues to respond to an explosive cVDPV2 outbreak, with 146 cases confirmed as of 1 August 2022. While the country's southern governorates have completed three response rounds with trivalent oral polio vaccine (tOPV) (February, March and June 2022), the programme is unlikely to interrupt transmission until it can carry out a response in the country's more populous northern governorates, where the authorities are to date refusing to allow house-to-house campaigning or an intensified fixed-site and outreach modality. Yemen is also dealing with a cVDPV1 outbreak, which has paralysed 35 children as of 1 August 2022. The date of onset of the most recent case was March 2021.

31. In April and May 2022, Jordan detected three isolates of VDPV2 in environmental samples collected in one of the refugee camps with no evidence of local circulation. In response, the country has taken concrete steps to enhance surveillance of poliovirus including expansion of environmental surveillance sites.

### **Regional polio risk assessment**

32. Within the Eastern Mediterranean Region, based on risk assessments and poliovirus epidemiology, countries are currently characterized as "endemic" (Afghanistan and Pakistan), "outbreak-affected" (Djibouti, Egypt, Somalia and Yemen), "at high risk of polio outbreaks" (Iraq, Libya and the Syrian Arab Republic), "responding to VDPV detection events" (the Islamic Republic of Iran and Palestine) and "low-risk countries" (other countries of the Region). There is an increasing risk of the spread of cVDPV2 from the uncontrolled outbreak in northern Yemen, arising from the inability to implement mass vaccination campaigns in the north and from extensive population movements, combined with waning population immunity against poliovirus type 2 in many countries of the Region.

## **Surveillance**

33. Despite ongoing challenges associated with COVID-19, including travel restrictions, competing health response priorities, and overwhelmed health and logistics systems, the AFP surveillance system recovered to pre-COVID performance levels in most countries.

34. In 2021 and 2022, the polio programme expanded its environmental surveillance network in Afghanistan, Pakistan, Somalia and Sudan, in priority areas selected based on risk assessments. Additionally, environmental surveillance was initiated in Djibouti, Iraq and Yemen.

35. External, independent assessments in Afghanistan and Pakistan revealed that field and laboratory surveillance systems in both countries are adequately functional and responsive. An immediate priority is to improve surveillance among hard-to-reach populations, particularly those moving within each country and across the borders.

36. In Yemen, significant progress was made to establish the technology and capacity for direct virus detection in terms of infrastructure development and in response to the ongoing challenges the polio programme faces in transporting AFP and environmental samples to accredited poliovirus laboratories.

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

37. 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, followed by four additional meetings in July 2021, October 2021 (as part of the 68th session of the Regional Committee), February 2022 and June 2022. Meetings were attended by health ministers or their representatives serving as members of the Subcommittee; the Chair and members of the POB and other key stakeholders of the GPEI; WHO representatives from countries in the Region; high-level representatives from UNICEF; and WHO staff serving as the Secretariat.

38. In an effort to intensify regional solidarity and commitment to achieving polio eradication, members of the Regional Subcommittee continued to support polio-affected countries in mobilizing 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 expanded vaccination campaigns in Afghanistan and Yemen to ensure that all children are reached through the best vaccine delivery modality. Members also reaffirmed their commitment to maintaining a high level of vigilance to support polio transition into broader health care systems. In February 2022 and again in June 2022, the Regional Subcommittee issued statements on stopping wild poliovirus transmission in Afghanistan and Pakistan and on stopping the concurrent outbreaks of cVDPV1 and cVDPV2 in Yemen and the prolonged cVDPV2 outbreak in Somalia.

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

39. In September 2021, Dr Tedros Adhanom Ghebreyesus, WHO Director-General, and Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, visited Kabul and met with senior members of the de facto Taliban authorities, United Nations partners, health care workers and patients, and WHO staff. Throughout their visit, the high-level delegation focused on several priority health issues that needed immediate attention, including polio. They emphasized the need to maintain the functionality of basic immunization infrastructure for the polio programme to continue its response, as well as the urgent need to launch a countrywide house-to-house polio vaccination campaign.

40. Following its visit to Pakistan in November 2021, accompanied by the regional directors of the WHO Eastern Mediterranean Region and UNICEF South Asia, the POB noted that Pakistan's polio programme is fit for purpose in a way it has never been before. The quality of vaccination campaigns is improving, operations and monitoring are more rigorous, and corrective actions are timelier and more

effective. The POB expressed appreciation for Pakistan's high level of political commitment and acknowledged that the country has one of the most developed polio surveillance systems in the Region.

41. Following the change in the government leadership in Pakistan, a senior delegation comprising the Chair of the POB and the WHO and UNICEF regional directors visited Pakistan in May 2022. The mission noted the sustained high-level commitment at all levels of government in Pakistan, met with the new Prime Minister and participated in the meeting of the National Task Force for Polio Eradication, chaired by the Prime Minister. The delegation also met with the provincial leadership of KP and attended the provincial task force meeting to better understand and support provincial plans to respond to the recently reported cases from the province's southern districts, which ended a period of nearly 15 months with no cases reported across the country.

### **The Islamic Advisory Group for Polio Eradication**

42. The Islamic Advisory Group for Polio Eradication (IAG) continued to build community support for polio eradication and routine immunization as part of its commitment to the GPEI. At its eighth annual meeting, in December 2021, the IAG reiterated its commitment to continue supporting the GPEI, echoing its trust in the safety and effectiveness of all routine childhood vaccinations as a life-saving tool that aligns with Islamic shariah.

43. In February 2022, the IAG Executive Committee issued several statements condemning attacks on polio vaccinators in Afghanistan, underlining the importance of polio vaccination campaigns and urging parents to vaccinate their children in compliance with Islamic shariah.

44. National Islamic advisory groups in Afghanistan, Pakistan and Somalia continued to provide local religious scholars and community influencers with the knowledge and information needed to dispel rumours and misinformation about polio vaccinations and to address vaccine resistance and hesitancy.

### **Poliovirus containment**

45. All countries in the Eastern Mediterranean Region complied with phase I of the Global Action Plan III for containment of polioviruses and have destroyed all poliovirus type 2 materials.

46. Two countries in the Region have shown interest in having designated poliovirus-essential facilities to serve critical international functions; one facility is in the Islamic Republic of Iran – the Razi Vaccine and Serum Research Institute – and the other is in Pakistan – the National Poliovirus Laboratory at the National Institute of Health.

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

### **Equity and gender**

48. Addressing gender-related 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 protect. Aligning with WHO 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 exploitation and abuse, as well as harassment, sexual harassment and gender-based discrimination.

49. The GPEI also recognizes that gender-responsive approaches further strengthen polio eradication interventions. Gender – along with other factors such as socioeconomic background, age and ethnicity – is an important social determinant of health and, as such, also has an impact on vaccination outcomes

and the overall effectiveness of the programme. To ensure gender sensitivity within the polio programme at the regional and country levels, WHO's polio programme is scaling up capacity at the regional level to ensure that work is coordinated and aligned to the GPEI's strategies and working groups on gender.

### **Financing polio eradication**

50. In April 2022, GPEI partners launched an investment case to complement the GPEI strategy for 2022–2026. The investment case called for urgent additional funding of US\$ 4.8 billion to eradicate all forms of polio globally by 2026. It outlined the rationale for continuing to invest in attaining a sustainable world free of all polioviruses and the benefits that it will bring to the international development community. Investment in polio eradication will continue to benefit broader public health efforts, global health security and pandemic preparedness and response long after the disease is gone. Following the launch event, various activities and events are planned to take place in 2022, culminating in a global pledging moment in Berlin in October 2022.

51. With GPEI funding shortages and highly earmarked financing threatening to affect the smooth implementation of activities across all endemic and outbreak-affected countries, the GPEI and the WHO regional polio eradication programme continue to advocate strongly with donors and governments for more flexible funding and fully funded multi-year budgets. The expansion of cVDPV2 outbreaks across the WHO African and Eastern Mediterranean regions has further depleted GPEI financial resources, requiring higher national commitments to domestic funding.

### **Polio transition**

52. Beginning in 2022, non-polio-endemic countries in the Eastern Mediterranean Region, except for Somalia, transitioned from direct GPEI support to domestic and WHO base budget support to sustain essential polio functions and to systematically integrate polio eradication assets to improve routine immunization, surveillance for vaccine-preventable and epidemic-prone diseases, and preparedness for outbreak response.

53. The Regional Steering Committee on Polio Transition met in April 2022 to review the status of polio transition implementation and the operationalization of integrated public health functions in polio transition priority countries. The Committee agreed on the way forward for further strengthening of integration in the areas of surveillance, outbreak response and supporting immunization, as well as providing support to priority countries. The integrated public health teams (IPHTs) concept was endorsed by the Steering Committee in December 2020 to bring together existing resources in polio transition priority countries and to provide integrated services in the areas of immunization, disease surveillance and outbreak response.

54. All six priority countries have finalized their integration/transition plans. In Somalia, Sudan, the Syrian Arab Republic and Yemen, the terms of reference for field staff have been broadened to include emergency outbreak response, immunization and surveillance. In Iraq and Libya, which have a minimal WHO polio footprint, the focus is on ensuring the sustainability of essential polio functions by integrating them into the government health system and reducing the reliance on donor support.

55. As part of the implementation of transition plans for IPHTs, capacity-building workshops are being conducted in polio transition priority countries. These workshops aim to strengthen the capacity of field staff in integrated disease surveillance, emergency outbreak preparedness and response, and supporting routine immunization. Sudan and Iraq conducted workshops in February and June 2022, respectively.

56. The implementation of IPHTs is supported by a joint technical team that includes representation at the regional level from the Polio Eradication Initiative, the Vaccine-Preventable Diseases and Immunization unit, the WHO Health Emergencies Programme, the Universal Health Coverage/Health Systems department, and the Office of the Director of Programme Management. The Regional Steering



Committee on Polio Transition is chaired by the Regional Director, with participation from programme directors and WHO representatives from priority countries who monitor the implementation of polio transition and integration plans in the Region.

### **The way forward**

57. Member States are encouraged to:

- continue regional coordination and collaboration to support countries with continued endemic wild poliovirus transmission and countries responding to polio outbreaks; intensify solidarity and commitment to preventing and stopping all polio outbreaks in the Region;
- advocate for access to all children through house-to-house vaccination in Afghanistan, Somalia and Yemen; mobilize support to avert the collapse of the health systems in Afghanistan and Yemen; and advocate for humanitarian assistance for children in Afghanistan, Somalia and Yemen;
- 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;
- in endemic and outbreak countries, scale up polio surveillance and vaccination efforts so that all children – especially those in mobile and migrant populations and those who live in high-risk areas – can be reached consistently;
- in Afghanistan and Pakistan, intensify cross-border coordination and maintain continued, strong and sustained commitment at all levels – from the highest political office to district level – to controlling polio transmission;
- invest in a polio-free world and ensure global and regional health security by allocating more flexible funding and fully funded multi-year budgets; mobilize domestic financial resources for essential polio functions and outbreak response as GPEI funding declines; and
- maintain a high level of support and vigilance to ensure polio transition and integration into broader public health systems.