

Calls for increased unimpeded access to reach children with vaccination and other essential services

*Joint press statement by Dr Ahmed Al Mandhari, WHO Regional Director for the Eastern Mediterranean, and Ted Chaiban, UNICEF Regional Director for the Middle East and North Africa*

Amman/Cairo, 11 September 2020 – “The recent vaccine-derived polio outbreaks confirmed in Yemen and Sudan are consequences of increasingly low levels of immunity among children. Each outbreak has paralysed children in areas that have been extremely difficult if not impossible to reach with routine or supplementary polio vaccination for extended periods of time.

“These outbreaks do not come as a total surprise. In Sudan, extensive population movement by nomadic communities, people displaced by conflict, frequent movement between neighbouring countries and restricted access in some areas have made it enormously difficult to reach every child with vaccines. The cases in Yemen are clustered in the Sa’adah governorate in the war-ravaged country’s north-west, an area that has very low routine immunization levels and has been inaccessible to the polio programme for more than 2 years. The last house-to-house campaigns in this area were nearly 2 years ago, in November 2018.

“Polio is a devastatingly contagious disease, transmitted from person to person through close contact. The only way to stop it is through vaccination using oral polio vaccine. Vaccine-derived poliovirus outbreaks are a siren call that immunity levels in affected communities have become unacceptably low.

“For WHO, UNICEF, governments, and partners across these 2 countries, outbreaks like these threaten to undo decades of progress achieved by the polio programme. Sudan saw its last polio case in 2009 and Yemen in 2005. Both countries have worked diligently to maintain immunity levels since then through widespread use of oral polio vaccine, but these new outbreaks tell us that we need to work harder.

“Weakening immunity to all strains of poliovirus has been a growing risk across the region, caused by sustained challenges in accessing children with life-saving vaccinations. The COVID-19 pandemic has further fueled a significant decline in immunization rates, exacerbating existing disruptions in health care delivery caused by political instability and armed conflicts. Children in areas affected by the polio outbreaks desperately need other essential health and nutrition services. Anytime we are able to plan a polio campaign, we must take every opportunity to add more value for parents and children by offering additional health services, from WASH (collective term for water, sanitation and hygiene) to vitamin A and deworming tablets to protection against other vaccine-preventable diseases. Yemen’s Sa’adah governorate, for example, is experiencing a measles outbreak right now. Bundling additional health services in with polio is an easy, common-sense way to save more lives.

“The outbreaks in Sudan and Yemen are the first new polio outbreaks in the COVID-19 era in our region. WHO’s Eastern Mediterranean Region is also responding to circulating vaccine-derived poliovirus outbreaks in Somalia, Afghanistan and Pakistan. We know that when national authorities, communities and polio programme partners pull together, we can end outbreaks – just as we did in Syria in 2018. But if we cannot reach every child across these regions with life-saving vaccine, we fear that even more countries will see children tragically and permanently paralysed by a disease that can – and must – be stopped.

“WHO and UNICEF are fully committed and engaged in the battle to rid the world of this debilitating disease. We call upon all stakeholders, especially parties to conflict and those with influence over them, to facilitate unimpeded and sustainable humanitarian access to health workers to be able to reach every child with polio vaccine. Polio anywhere is a threat to children everywhere.

“Never has there been a more urgent need to shore up routine immunization efforts and reach every child with oral polio vaccine, the best tool the world has to halt polio outbreaks.”

### **Notes to editors**

- There are multiple strains of polio, and there is a critical distinction between wild or naturally occurring poliovirus, which is today only found in Afghanistan and Pakistan, and vaccine-derived poliovirus.

- The name ‘vaccine-derived poliovirus’ can be misleading: the problem is not with the oral polio vaccine, but with low immunity levels.

- Oral polio vaccine contains a tiny bit of poliovirus (live attenuated virus) that enables it to bring about an immune response in children. This is what makes it so effective. But sometimes, over time, as the vaccine-virus cycles through children's bodies, it can mutate into a harmful form of poliovirus that causes paralysis. If all children in the area are adequately immunized, this virus has no one to infect and dies away. But if immunity levels are persistently, abysmally low, children can become infected and develop paralysis – and this is what has happened in Sudan and Yemen.

This two-minute animation explains how vaccine-derived poliovirus outbreaks emerge.

### [Vaccine-derived poliovirus](#)

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