

As we begin 2022, we have our best opportunity to end polio for good

Statement by George Laryea-Adjei and Dr Ahmed Al-Mandhari



In June last year, we visited Pakistan, one of two countries in which wild poliovirus is still endemic. Together, we returned to the country in November to witness the impressive progress in Pakistan's polio programme and its no-holds-barred approach to stopping transmission – progress that has brought about our best opportunity yet to end this disease.

In our roles, we deal with a vast array of health and humanitarian challenges, but few are as close to being solved as polio. As we begin 2022, with only one child paralysed with wild poliovirus in Pakistan last year and four children in neighbouring Afghanistan, we have our best opportunity to end polio for good.

We say this clearly: we have made remarkable progress, but we are not there yet.

To reach the final goal we need the commitment and progress we saw in Pakistan to be sustained until the very end, until transmission is interrupted, and the case number reaches zero.

We need to stop thinking in terms of Pakistan and Afghanistan as two separate challenges. They are one epidemiological block and the two countries must work together to counter this shared threat.

And we need to ensure that quality campaigns on both sides of the Afghanistan-Pakistan border reach every child – because if we are not reaching every child, we are not eradicating polio.

We concluded our second mission in November heartened that Pakistan's polio programme is fit for purpose in a way it has never been before. Vaccination campaigns have become more precise, operations and monitoring more rigorous and corrective actions timelier and more effective. The recent Independent Surveillance Review reassured us that Pakistan has one of the most developed polio surveillance systems in the world, capable of detecting poliovirus circulation – and it does. Cases of children with flaccid paralysis are reported from across the country. Sewage samples are routinely collected from 65 sites strategically located in 44 districts across the country. What we need to do now is close the gaps on the ground, so this system is even more sensitive to the timely detection of very low levels of poliovirus circulation.

We continue to be impressed by the high level of government leadership and engagement at all levels – from Prime Minister Imran Khan, who chaired a meeting of the National Task Force on Polio Eradication which we attended, to the senior government officials and district commissioners in the key provinces of Sindh, Baluchistan and Khyber Pakhtunkhwa. We commend the Government for confirming that it will continue to contribute funds for the Polio Eradication Programme under a new five-year plan.

Both listening to and engaging with communities, especially in those areas at high risk of polio transmission, is key to finishing the job. We know that some parents don't have all the information they need to understand that polio is a highly infectious, crippling and sometimes fatal disease that can easily be prevented with oral drops. During our visits, it was inspiring to see frontline teams, the majority of them women, forge new connections with communities, foster local alliances, build and maintain trust in vaccines, and directly engage with the families and caregivers of persistently missed children.

We have long known that the polio programme and its infrastructure are central to public health across the Region, and especially in Pakistan and Afghanistan, where it spearheaded the

COVID-19 response. In Peshawar, Karachi and Quetta, we witnessed this first-hand as Pakistan conducted one of the largest vaccination campaigns in history. Nearly 93 million children from 9 months to 15 years were vaccinated against measles and rubella. At the same time, and in close coordination, almost 32 million children were vaccinated against polio. It was a remarkable synergy that called up our shared vision of a polio-free Pakistan and WHO's regional vision of health for all, by all.

But the three children paralysed with wild poliovirus in northern Afghanistan late last year, and the recent environmental detection of polio in southern Khyber Pakhtunkhwa, are a reminder that this virus does not recognize borders and the two countries must work together to fully capitalize on the current opportunity of low case counts.

Along both sides of the border, a laser focus on core reservoirs and high-risk districts is critical to stopping transmission, and closer coordination on common reservoirs and corridor challenges is a welcome sign. The surveillance review in Pakistan is being complemented by a similar review in Afghanistan, giving us a better indication of gaps and how to address them. The effort to synchronize vaccination activities is an important step forward, one which we expect will have a significant impact.

Restrictions on funding are threatening to severely compromise the health care system and escalating humanitarian needs in Afghanistan where both WHO and UNICEF have taken the responsibility to help sustain the provision of health services, primarily through the Sehatmandi programme. Vaccination activities and surveillance cannot continue if the health system is allowed to collapse.

Together the world has made remarkable progress in eradicating polio, but we are not there yet. As we begin 2022, we will continue to work with the members of the Regional Subcommittee on Polio Eradication, comprising ministers of health from across the Eastern Mediterranean Region, supporting a regional response to a regional problem.

We need extraordinary, widespread urgency from across the Region and the world to push through this last mile. We need political will, funding, and relentless determination from all corners to keep this public health emergency front and centre – until the number of children paralysed with polio reaches zero and stays there.

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