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WHO events addressing public health priorities

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The COVID-19 pandemic has significantly impacted polio surveillance activities in the Eastern Mediterranean

Region (EMR), including acute flaccid paralysis (AFP) case detection and reporting. Almost all resources, human and financial, have been diverted to the pandemic response, thus affecting laboratory and specimen shipments and causing delays in detection. Polio immunization activities were suspended, especially during the early days of the pandemic, giving the virus opportunity to spread further.

In 2020, only 14 Member States in the Region met the two key performance indicators for the non-polio AFP rate and stool adequacy, compared with 20 Member States in 2019 (1). As of 30 April 2021, only 11 Members States met the certification standards and nearly 80 million vaccination opportunities were missed or delayed due to the pandemic (2).

However, despite the impact of the COVID-19 pandemic on the health system, countries have been implementing some polio eradication activities, although at a much slower pace. Countries

like Egypt, Somalia, Sudan (cVDPV2), and Yemen (cVDPV1) have responded to outbreaks of vaccine-derived polio in addition to the pandemic response. The technical advisory groups for Afghanistan and Pakistan had set several strategic programme objectives for 2021. In October 2020, the Sixty-seventh Session of the WHO Regional Committee for the Eastern Mediterranean endorsed a resolution to establish a ministerial-level regional subcommittee for polio eradication and outbreaks.

Consequently, the Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication (RCC) held its 35th meeting from 1 to 3 June 2021 (3). During the meeting, the RCC reviewed polio surveillance by Member States and recommended actions to strengthen polio activities at country level.

During the 12 months preceding the meeting, 69 wild polio virus type 1 (WPV1) and 871 circulating vaccine-derived poliovirus type 2 (cVDPV2) cases were reported globally, and the number of wild poliovirus (WPV1) and circulating vaccine-derived poliovirus type 2 (cVDPV2) cases had decreased in Afghanistan and Pakistan. These two countries remain endemic and accounted for almost half of the cVDPV2 cases during this period (1). New cases of cVDPV2 were reported in Somalia following the use

of Sabin-2 oral polio vaccine (OPV) (1). In Madagascar

and Yemen there were cVDPV1 outbreaks in 2021, largely due to persistent suboptimal routine immunization coverage (1).

There have been concerns regarding the emergence of cVDPV1 in some countries, particularly the low-grade continued cVDPV2 transmission in Somalia and the recent spread of cVDPV2 between countries within and outside the EMR. Tackling this requires greater efforts on multi-country, cross-border, and interregional coordination among and between the WHO/AFRO and WHO/EMRO regions, and better integration with other disease programmes.

Two major barriers to the eradication of polio in the EMR have been insecurity and the lack of access to some communities in some of the countries. Despite efforts to stop cVDPV2 transmission in Afghanistan and Pakistan, cross-border cVDPV2 transmission between the two countries continues to be a challenge. Inability to access children for vaccination in these

countries constitutes a significant risk to the success of the polio eradication programme (4).

Despite these challenges, participants in the RCC meeting were confident that the Region would soon achieve its polio eradication target. The National Commission for Certification of Poliomyelitis Eradication (NCC) of Member States have been implementing recommendations of the 34th meeting of the RCC and they are committed to continued implementation despite the challenging pandemic situation, with the support of the WHO regional office. Some Member States in the WHO/AFRO Region have started using the nOPV2 and six in the EMR were preparing to start using it as of the time of the 2021 RCC meeting.

As Member States take actions to restore polio surveillance activities in the Region through weekly follow-up meetings with team leaders and close coordination between WHO/EMRO and Member States, accessing under-immunized children in Afghanistan and Pakistan is essential to prevent a resurgence of polio transmission.

Limited progress towards eradication triggered a revision of the global eradication strategy of the Global Polio Eradication Initiative (GPEI) in 2021, as the Initiative continues to support countries in accelerating preparedness for nOPV2 use under the emergency use listing, and in fast-tracking the review of nOPV2 “initial use period” to enable wider use.

The GPEI strategy 2022–2026 (5), “Delivering on a Promise”, has two goals: (i) to permanently interrupt poliovirus transmission in the remaining WPV-endemic countries and (ii) to stop cVDPV transmission and prevent outbreaks in non-endemic countries. The GPEI is transforming its approach in each region and country through five mutually reinforcing objectives that lay the foundation to achieve these goals. These include: (i) creating urgency and accountability to generate greater political will by re-envisioning the GPEI’s relationship with governments and systematizing political advocacy; (ii) generating vaccine acceptance through context-adapted community engagement; (iii) expediting progress through expanded integration efforts with a broader range of partners in immunization, essential health care and community services; (iv) improving frontline success through changes to campaign operations, including the recognition and empowerment of the frontline workforce; and (v) enhancing detection and response through sensitive surveillance.

The GPEI gender equality strategy has been aligned with the eradication strategy, in recognition of the essential role gender plays in the path to eradication. This new global polio eradication strategy recommends a systematic approach to closing the remaining gaps.

The RCC called on Member States to ensure that their polio surveillance action plans offer significant improvements over the pre-pandemic era, requested them to conduct polio outbreak simulation exercises and ensure that at least 5–10% of adequate non-polio AFP samples are reviewed by the National Expert Group for completeness. They requested them to prioritize the independent review of their surveillance activities, including independent routine immunization coverage surveys, which should be reported in subsequent certification reports. National and international specimen transport and laboratory processing should be improved to provide long-term solutions to shipment challenges, and Member States should expedite implementation or expansion of their environmental sampling. They demanded Member States to always use the WHO standardized risk assessment tools, and to improve the content and quality of their reports. They should strengthen multi-country and inter-regional coordination and cross-border coordination among WHO/AFRO and WHO/EMRO countries.

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