

Poliomyelitis: mechanism for management of potential risks to eradication

The Sixty-first World Health Assembly,

Having considered the report on poliomyelitis: mechanism for management of potential risks to eradication;¹

Recalling resolution WHA60.14, which urged Member States in which wild poliovirus is still present, especially the four countries in which poliomyelitis is endemic, to intensify poliomyelitis eradication activities in order rapidly to interrupt all remaining transmission of wild poliovirus;

Recognizing the need to make rapidly available the necessary financial resources to eradicate poliomyelitis;

Recognizing the need to minimize the long-term risks of inadvertent reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;

Recognizing the need for international coordination of the strategies to minimize and manage the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission globally;

Noting that planning for such international consensus must begin now in order to be ready for implementation without delay after transmission of wild poliovirus is interrupted globally,

1. URGES all remaining poliomyelitis-affected Member States to engage all levels of political and civil society in order to ensure that every child is consistently reached and vaccinated during every supplementary immunization activity against poliomyelitis, so that all remaining transmission of wild poliovirus is interrupted rapidly;
2. URGES Nigeria to reduce the risk of international spread of poliovirus by quickly stopping the outbreak in northern Nigeria through intensified eradication activities that ensure all children are vaccinated with oral poliomyelitis vaccine;

¹ Document A61/5.

3. URGES Afghanistan, India and Pakistan to implement the large-scale mop-up activities now needed to interrupt their final chains of poliovirus transmission, given the very low levels of type 1 poliovirus now present in these countries;
4. URGES all Member States:
 - (1) to achieve and maintain routine immunization coverage against poliomyelitis at a level greater than 80% of the childhood population and set country-specific target dates;
 - (2) to strengthen active surveillance of acute flaccid paralysis in order to detect and identify promptly any circulating poliovirus and prepare for certification of poliomyelitis eradication;
 - (3) to complete the activities outlined in phase I of the WHO global action plan for laboratory containment of wild polioviruses¹ and prepare to implement appropriate long-term safeguards and biocontainment conditions for remaining wild polioviruses within 6 to 12 months after detection of the last case of poliomyelitis caused by a circulating wild virus;
 - (4) to make available rapidly the necessary financial resources to eradicate poliomyelitis and minimize the risks of reintroduction of poliovirus and re-emergence of poliomyelitis after interruption of wild poliovirus transmission;
5. REQUESTS the Director-General:
 - (1) to continue to provide technical support to the remaining countries affected by poliomyelitis in their efforts to interrupt the final chains of transmission of wild poliovirus;
 - (2) to assist in mobilizing the financial resources necessary for full implementation of the intensified eradication effort and for ensuring that the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis are minimized;
 - (3) to undertake the necessary research to characterize fully the long-term risks of reintroduction of poliovirus and re-emergence of poliomyelitis, to develop appropriate strategies and products for managing these risks, including safer processes for production of inactivated poliovirus vaccine and affordable strategies for its use, and to set, if and when appropriate, a date for the eventual cessation of use of oral poliomyelitis vaccine use in routine immunization programmes;
 - (4) to develop a new strategy for renewed fight to eradicate poliomyelitis from the remaining affected countries drawing on experience from regions where poliomyelitis is eradicated and on operations research in order to determine the most efficient and cost-effective interventions;

¹ Second edition, document WHO/V&B/03.11.

(5) to report to the Health Assembly when she determines that transmission of wild poliovirus type 1 is likely to have been interrupted globally, and to submit with that report a proposal or proposals for review by the Executive Board for a mechanism to mitigate the risk of the reintroduction of poliovirus that does not involve amending the International Health Regulations (2005) or developing another binding instrument.

Seventh plenary meeting, 23 May 2008
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