

Progress reports¹

Report by the Secretariat

CONTENTS

	Page
C. Eradication of poliomyelitis (resolution WHA61.1).....	2
D. Prevention and control of influenza pandemics and annual epidemics (resolution WHA56.19)	3
E. Onchocerciasis control through ivermectin distribution (resolution WHA47.32).....	5
F. Climate change and health (resolutions WHA61.19 and EB124.R5).....	7
G. Improvement of health through sound management of obsolete pesticides and other obsolete chemicals (resolution WHA63.26)	9
H. Improvement of health through safe and environmentally sound waste management (resolution WHA63.25).....	10
I. Working towards universal coverage of maternal, newborn and child health interventions (resolution WHA58.31)	12
J. Female genital mutilation (resolution WHA61.16)	14
K. Strategy for integrating gender analysis and actions into the work of WHO (resolution WHA60.25)	15
L. Progress in the rational use of medicines (resolution WHA60.16).....	17
M. Implementation by WHO of the recommendations of the Global Task Team on improving AIDS coordination among multilateral institutions and international donors (resolution WHA59.12)	19

¹ See document EB128/35 for reports A and B.

C. ERADICATION OF POLIOMYELITIS (resolution WHA61.1)

1. In 2008, the World Health Assembly in resolution WHA61.1 requested the Director-General to develop a new strategy to renew the fight to eradicate poliomyelitis from the remaining affected countries. In order to lay the basis for the new strategy, a special, one-year Programme of Work 2009 of the Global Polio Eradication Initiative was undertaken. It included evaluating tactical innovations, conducting clinical trials of new vaccine formulations (e.g. bivalent oral poliovirus vaccine) and facilitating an independent examination of the major barriers to interrupting poliovirus transmission. The Sixty-third World Health Assembly noted the progress made and concurred with the framework for a new strategic plan for 2010–2012,¹ which was subsequently finalized and launched in June 2010. This report describes the oversight and impact of the new strategic plan as at 1 November 2010, and highlights major risks to its full implementation.

2. In keeping with guidance from the Executive Board at its 126th session,² an Independent Monitoring Board has been established. WHO has submitted the first quarterly report to that Board on behalf of the Global Polio Eradication Initiative partners. That quarterly report summarizes progress towards reaching the milestones established in the Strategic Plan and meeting the major process indicators.³ The main points as at 1 November 2010 are as follows:

- Countries with new outbreaks of poliomyelitis:⁴ since mid-2010, cases of poliomyelitis had been detected in only one of the 15 countries that had reported new outbreaks in 2009. In the 12 countries in which there were new outbreaks in 2010, including Tajikistan, no outbreak had persisted for longer than six months.
- Countries with “re-established poliovirus transmission”:⁵ poliovirus had not been detected in southern Sudan since 27 June 2009 and in Chad since 10 May 2010. Countries that had reported detection of poliovirus in the second half of 2010 were: Angola (13 October 2010) and the Democratic Republic of the Congo (13 October 2010).
- Countries with endemic transmission of poliovirus:⁶ overall, in the four remaining countries with endemic poliovirus transmission, cases of poliomyelitis had declined by 85% in 2010 compared to the same period in 2009. In Nigeria, cases had declined by 97%, in India by 93% and in Afghanistan by 21%. In Pakistan, cases had increased by 34%.

3. Although progress towards the first and third milestones of the Strategic Plan was broadly on track as at 1 November 2010, serious obstacles remain. In particular, attainment of the second, end-2010 milestone of stopping all “re-established poliovirus transmission” is at risk because of the persistence of transmission in Angola and the Democratic Republic of the Congo. In Angola, more than 25% of children continued to be missed during supplementary immunization activities in some

¹ Document WHA63/2010/REC/3, summary record of the eighth meeting of Committee B, section 2A.

² Document EB126/2010/REC/2, summary record of the thirteenth meeting, section 4A.

³ Quarterly progress report against milestones and indicators – report as at 1 October 2010. Available at www.polioeradication.org.

⁴ Defined as countries with, by mid-2010, cessation of all poliomyelitis outbreaks with onset in 2009. The target for stopping any new outbreaks (i.e. with onset in 2010, 2011 or 2012) is within six months of the confirmation of the index case.

⁵ Defined as countries with, by end-2010, cessation of all “re-established” poliovirus transmission.

⁶ Defined as countries with, by end-2011, cessation of all poliovirus transmission in at least two of the four disease-endemic countries.

areas of the country, contributing to an expanding outbreak in 2010 with cross-border spread into the Congo and the Democratic Republic of the Congo. In addition, in the Democratic Republic of the Congo, a virus strain that had not been detected since 2008 was isolated in the eastern province of Katanga in June 2010 and again in September, suggesting failures in the implementation of both surveillance and supplementary immunization activities in the area. Achievement of the third, end-2011 milestone of stopping poliovirus transmission in countries where the virus is endemic is at risk because of continued operational difficulties in optimizing the quality of supplementary immunization activities in the persistent reservoir areas of poliovirus in Pakistan. These problems were further complicated by insecurity and conflict in the Federally Administered Tribal Areas and the severe floods affecting the country in mid-2010.

4. With the declining incidence of wild poliovirus globally, Member States are taking additional measures to reduce the risk of new outbreaks caused by the international spread of wild polioviruses or the emergence of circulating vaccine-derived polioviruses. These measures include supplementary and routine immunization activities to close gaps in population immunity and vaccination of travellers to and from poliomyelitis-affected areas. Similarly, ensuring timely vaccination responses to circulating vaccine-derived polioviruses has become increasingly important as progress is made towards eradication of wild poliovirus. In 2010, outbreaks due to circulating vaccine-derived polioviruses have occurred in Afghanistan, the Democratic Republic of the Congo, Ethiopia, India and Nigeria.

5. At the launch of the Strategic Plan 2010–2012, the results of a new study on the economics of the Global Polio Eradication Initiative were released. These indicated that the incremental net benefits of completing poliomyelitis eradication, aggregated over the period 1988–2035, would be at least US\$ 42 000 million.¹ However, in 2010, shortfalls in the financing of the Global Polio Eradication Initiative resulted in a scaling back of supplementary immunization and surveillance activities in some areas, delays in implementing outbreak response activities in others, and reductions in the long-term technical assistance provided by the Secretariat to some Member States. As at 1 October 2010, 25% of the Strategic Plan 2010–2012 budget of US\$ 2600 million remained unfunded.