



Progress report on poliomyelitis eradication and polio transition

Introduction

1. Polio remains a Public Health Emergency of International Concern, with wild poliovirus circulating in the world's last endemic bloc – comprising Afghanistan and Pakistan – and transmission of circulating vaccine-derived poliovirus (cVDPV) in Somalia, Sudan and Yemen. Despite multiple challenges related to conflict, drought and complex emergencies, and vulnerable populations in need of emergency assistance, the Region is in a strong position to end polio. Sustained programme efforts combined with the highest ever levels of political commitment and regional coordination have brought the Region and the world to the brink of eradication.

2. The unprecedented low level of wild poliovirus type 1 (WPV1) transmission in the epidemiological bloc of Afghanistan and Pakistan provides an opportunity to finally interrupt transmission and achieve polio eradication. However, this last stretch of the last mile is proving the toughest yet, as the virus continues to circulate among populations where children continue to be missed by vaccination efforts.

3. As of August 2023, Afghanistan has reported five new cases of wild poliovirus (WPV), and 33 WPV-positive environmental samples, all except two from the East Region, one from Kandahar in the South Region, and one from Balkh in the North Region. Pakistan has reported two cases from Bannu in Khyber Pakhtunkhwa and 14 positive environmental samples from Khyber Pakhtunkhwa (10), Punjab (3) and Sind (1). In 2022, 22 children were paralyzed (two from Afghanistan and 20 from Pakistan), all in the endemic region comprising East Region of Afghanistan and the seven polio-endemic districts in southern Khyber Pakhtunkhwa.

4. In 2023, 10 of the 14 environmental poliovirus isolates detected in Pakistan were genetically linked to the poliovirus circulating in Afghanistan. Cross-border coordination continues between Afghanistan and Pakistan at the national and provincial levels, given that the two countries form a single epidemiological bloc. Cross-border population movement, insecurity, vaccine refusal and operational challenges in reaching all children by surveillance and vaccination teams – particularly in the seven polio-endemic districts in the southern part of Khyber Pakhtunkhwa in Pakistan and the East Region of Afghanistan – constitute a major risk to progress.

5. At its June 2023 meeting, the Technical Advisory Group (TAG) for Afghanistan and Pakistan noted the possibility of full interruption of polioviruses in 2023, as the endemic transmission has remained restricted to the same endemic zones of southern Khyber Pakhtunkhwa and the East Region of Afghanistan. The TAG advised the programme to continue to adhere to the major strategic shifts in the categorization of risks based on epidemiological trends from its meeting of October 2022. Recommendations include context-specific tactics and technical guidance on activities to prioritize until end-2023: first, stop wild poliovirus in the endemic region; second, respond aggressively to any detection of poliovirus outside the endemic zone as a public health emergency in a polio-free area; third, maintain high levels of immunity to reduce risk in historic polio reservoirs and very high-risk districts; and fourth, maintain immunity in other parts of Afghanistan and Pakistan. The TAG emphasized the need to further intensify and fill remaining gaps in surveillance for poliovirus.

6. After several challenging years, there are fewer outbreaks of cVDPV in the Eastern Mediterranean Region today than there were a year ago. As of August 2023, there is ongoing transmission of cVDPV

type 2 (cVDPV2) in Somalia, Sudan and Yemen. Over the past year, a cVDPV2 outbreak in Sudan was closed, as was a cVDPV2 event in the Islamic Republic of Iran. Transmission of cVDPV2 in Djibouti and Egypt appears to have been controlled, with both countries recording no further detections following robust responses with novel oral polio vaccine type 2 (nOPV2). An outbreak response assessment held in August 2023 determined that Egypt's outbreak of circulating variant poliovirus has been successfully stopped with no international spread. A similar assessment is scheduled to take place in Djibouti in late September 2023.

7. Following its endorsement and launch in March 2022, the Somalia Emergency Action Plan (SEAP) has been expanded and endorsed for a second year by Somalia's Federal Health Minister, WHO, UNICEF, other partners and technical experts. The plan sets out clear strategies to reach all children in Somalia, building on the success of SEAP I, which saw the number of inaccessible children slashed from 560 000 in 2021 to just 89 000 by the time of SEAP II's adoption. It also includes measures to strengthen poliovirus surveillance, community engagement and stakeholder coordination.

8. The Region continues to move towards nOPV2 readiness, with six countries now verified for use, namely Afghanistan, Iran (Islamic Republic of), Iraq, Pakistan, Somalia and Sudan, six countries and territories in progress (Jordan, Lebanon, Libya, Palestine, Tunisia, Yemen) and discussions ongoing in the Syrian Arab Republic. As of April 2023, the Region has phased out the use of Sabin type 2 OPV in response to any cVDPV2 outbreak.

9. The sixth and seventh meetings of the Regional Subcommittee for Polio Eradication and Outbreaks were convened in October 2022 (as part of the 69th session of the Regional Committee) and February 2023, respectively. The meetings brought together health ministers from Member States across the Region, members of the Polio Oversight Board (POB) and leaders from Global Polio Eradication Initiative (GPEI) partner agencies to support the remaining wild poliovirus-endemic and polio outbreak-affected countries in the Region and to mobilize the commitment and solidarity needed to achieve polio eradication. Members of the Subcommittee affirmed their commitment to interrupting polio transmission through strong regional coordination and collaboration, advocacy, and the mobilization of domestic and donor funds, and issued [statements](#) in support of programme efforts in Afghanistan and Pakistan, and on the response to outbreaks in Somalia and Yemen. Following a detailed ministerial briefing on the margins of the Seventy-sixth World Health Assembly and discussion on the progress report during the Assembly, the co-Chairs concurred that the next meeting of the Subcommittee be scheduled as part of the 70th Session of the Regional Committee. The Secretariat, upon the advice of the co-Chairs, provided a special update to the Subcommittee in mid-July 2023 on the recommendations of the TAG and the impact of armed conflict on the programme in Sudan.

10. The polio programme continues to intensify its efforts to integrate with and support broader immunization and other basic health and nutrition services to meet the essential needs of highly deprived communities that are vulnerable to polio transmission. The programme also continues to support disease surveillance and emergency response in Sudan. In December 2022, WHO and partners conducted the first nationwide measles and polio integrated campaign since the political transition of 2021 in Afghanistan. Prior to this, a series of subnational measles immunization campaigns were conducted in 141 districts covering approximately 3 million children.

11. Implementation of polio transition plans is underway in all priority countries except the endemic countries. The goal is to sustain essential polio functions in the absence of GPEI financial support and use polio eradication assets, experiences and lessons learned in strengthening integrated disease surveillance, immunization and country preparedness and response capacities to epidemic-prone diseases.

12. In countries with relatively stronger health systems, such as Iraq and Libya, responsibility for essential functions has mostly been transitioned to the government health system with minimal financial support from WHO. In countries with fragile health systems or where the risk to essential polio functions is significantly high and governments are not ready to fully absorb these functions into the

health system and are still heavily dependent on WHO financial and technical support for sustaining essential functions, such as Somalia, Sudan, Syrian Arab Republic and Yemen, the integrated public health team approach, in which the polio infrastructure is integrated into other programmes to support broader public health functions, is being implemented.

13. Capitalizing on the opportunity provided by the polio transition planning process, regional WHO programmes have taken an integrated approach to coordinate their support to countries for surveillance, immunization, and outbreak preparedness and response. As the timeline of the strategic action plan on polio transition is coming to an end at the end of this year, WHO is working closely with transition priority countries to formulate a new regional action plan for the post-2023 period and to align global, regional and country-level activities on polio transition for sustaining a polio-free world.

Progress towards interruption of wild poliovirus transmission

14. In Pakistan, a three-year old boy from Bannu was paralysed by WPV on 20 February 2023. This was the first WPV case detected in Pakistan since September 2022. The poliovirus isolate from the case is genetically linked to the poliovirus detected in North Waziristan in 2022 and belongs to the YB3C cluster, which has only circulated in southern Khyber Pakhtunkhwa since April 2022. The last case of polio from North Waziristan was reported on 15 September 2022.

15. The second case of WPV was reported in July in a three-year-old boy from Bannu district who developed paralysis on 11 July 2023. Genetic sequencing of the virus isolated from the case shows that it is most closely related to the isolate obtained from the previous case in Bannu.

16. The implementation of multiple higher-quality vaccination campaigns in Pakistan remains central to building on epidemiological gains made. Since January 2023, one national and four subnational vaccination campaigns have targeted up to 43 million children. Further national and subnational campaigns are planned in 2023.

17. The Expanded Programme on Immunization and the Polio Eradication Initiative have jointly launched the new “Reaching the Unreached” initiative, targeting 69 union councils (UCs) in six districts of southern Khyber Pakhtunkhwa. The initiative consists of three rounds to deliver all essential immunization vaccines for zero dose children and due defaulters (children aged under 2 years who have missed their vaccination schedule), and OPV for all children up to 5 years. The first round was completed in July 2023, with two more planned for August and September.

18. Pakistan’s National Emergency Action Plan 2021–2023 clearly identifies the priorities and approaches needed to reach the polio programme’s objectives. All administrative levels and the federal and provincial governments remain committed to the national goal of interrupting polio transmission. The South Khyber Pakhtunkhwa Hub, established in 2022, continues to support implementation of the South Khyber Pakhtunkhwa Emergency Action Plan, including support for improving the quality of vaccination campaigns and surveillance in the seven polio-endemic districts. With continued WPV transmission in endemic zones, vaccination at provincial and district transit points was further enhanced, including by vaccination of travellers of all ages crossing the border between Afghanistan and Pakistan. Particular attention is focused on migrant communities in the historic reservoirs of Karachi, Peshawar and Quetta.

19. Following internal surveillance reviews, the programme is implementing recommendations to enhance the sensitivity and quality of the system. The number of environmental surveillance sites has been increased to 114 in 80 districts from 70 sites in 50 districts during 2022–2023. Moreover, many ad hoc sites have been activated. The polio programme in Pakistan has introduced a more substantive network of community informants in high-risk areas and has initiated geo-coding of AFP cases.

20. Pakistan has launched a novel initiative to reach the children of nomadic families with essential vaccines including polio. The Nomad Vaccination Initiative was launched in September 2022 in the

seven polio-endemic districts of southern Khyber Pakhtunkhwa and expanded to four districts of Punjab neighbouring these districts in October 2022. The initiative was further expanded to include more districts from Punjab in January 2023 and Balochistan in early March 2023. A total of 80 mobile teams in 22 districts have been deployed so far to reach nomadic children.

21. The programme also launched the Female Frontline Workers Co-design Initiative in 2022 as part of a unique project to actively listen to female frontline workers in the areas at highest risk for poliovirus transmission across the country. The systematic listening process, which began in July 2022 was done in two parts: first, an independent party conducted more than 2600 randomized, anonymous surveys with polio frontline workers across Pakistan to understand their unique challenges and experiences in the field. After this, based on the results of these surveys, 14 workshops were designed to hear from the women workers themselves on what they think are the solutions to the challenges they face.

22. All WPV detections in Afghanistan, including five from cases of poliomyelitis and 33 from environmental samples, belong to a single genetic cluster YB3A, which has only been circulating in the East Region of Afghanistan since May 2022. All WPV detections have been in the East Region, except for two identified from environmental samples from Kandahar and Balkh provinces.

23. An external independent review of the poliovirus surveillance system in Afghanistan was conducted in June 2022. This was a first nationwide review after a gap of 11 years. The review concluded that the surveillance system is strong and has continued to function despite conflict, insecurity and periods of political change. It also concluded that it is unlikely that ongoing poliovirus transmission would not be detected by the system. Following the review's recommendations, eight additional environmental surveillance sites have come online, bringing the total number of sites in Afghanistan to 37.

24. Following recommendations from the TAG, a combination of subnational and national campaigns is being implemented in Afghanistan in 2023. As of August, one national and two subnational campaigns had been conducted and a series of intensified campaigns are ongoing to stop the remaining endemic transmission in the East Region of Afghanistan. A case response to the environmental surveillance detection was implemented in the South Region and further outbreak response rounds are planned for 2023. Throughout 2022, the programme aggressively pursued the virus across six nationwide campaigns and three subnational campaigns. During each of the most recent national campaigns, the number of unreached children has remained around 600 000, many of whom live in the most vulnerable communities in the South Region.

25. Despite increased access to children who had previously been missed in Afghanistan, coverage gaps remain in areas where vaccines are administered to children via campaigns held in mosques or through site-to-site rather than house-to-house campaigns. These coverage gaps increase the risk of polio resurgence. In coordination with the de facto authorities, the polio programme plans to reach every eligible child by adopting the best possible vaccine delivery modality.

26. Cross-border coordination continues between Afghanistan and Pakistan. Cross-border population movement, insecurity, vaccine refusal and operational challenges for surveillance and vaccination teams in reaching all children – particularly in the southern part of Khyber Pakhtunkhwa in Pakistan and the South Region of Afghanistan – constitute a major risk to progress. Moreover, repeated environmental detections of WPV isolates in Peshawar and other parts of Khyber Pakhtunkhwa that are closely related to strains circulating across the border in East Region of Afghanistan, pose a risk to interruption of transmission across the northern cross-border corridor. In response, both national programmes are prioritizing synchronized vaccination campaigns to maximize coverage.

Progress towards interruption of vaccine-derived poliovirus transmission

27. Yemen's cVDPV2 outbreak continues, with 228 cases confirmed as of August 2023 and continued refusal from the authorities in the northern governorates to permit a vaccination response there. Although

the most recent cVDPV2 case was in December 2022, environmental surveillance has detected continued transmission. A cVDPV2 transmission model indicates that a second wave of cases is likely to occur in 2024 as a new cohort of susceptible children is born and mucosal immunity in previously infected children declines. The country's southern governorates have completed four rounds of trivalent oral polio vaccine (tOPV) vaccination campaigns (in February, March and June 2022, and March 2023) and a fifth round is planned using nOPV2 in late 2023. Interruption of transmission is unlikely until vaccination campaigns using the house-to-house or intensified fixed-site and outreach modality are implemented in the country's more populous northern governorates. The risk of spread is real and urgent, with the virus strains related to those circulating in Yemen detected in Djibouti, Egypt and Somalia. Yemen's last cVDPV1 case was in March 2021, indicating that the two rounds of house-to-house vaccination campaigns in November 2020 and March 2021 (and four rounds of integrated outreach in Sa'adah governorate, where house-to-house campaigns have not been permitted since 2015) have been successful in stopping transmission. However, in this reporting period, Yemen's northern governorates have experienced explosive outbreaks of multiple vaccine-preventable diseases, most notably measles, in the face of a well-organized, anti-vaccination campaign that threatens to undo decades of efforts to raise immunity levels against vaccine-preventable diseases in Yemen and across the Region.

28. Somalia continues to face the longest outbreak of cVDPV2, with 31 cases and 61 positive environmental surveillance samples reported since the outbreak started in 2017. The most recent paralytic case had onset in March 2023 and most recent isolate was detected from an environmental sample collected on 25 May 2023. The country has made significant progress in reducing the number of children inaccessible for vaccination, from 560 000 in 2021 to 89 000 by early 2023, but this access must be sustained and built on; currently, most newly accessible children are only available for polio vaccination and not broader routine immunization. Genetically related cVDPV2 strains continue to be detected after long periods of no detection both within Somalia and in neighbouring countries, indicating gaps in poliovirus surveillance in the country. SEAP II, endorsed and launched in March 2023, includes strategies for increasing access to vaccines for all children, reaching high-risk populations such as nomadic and displaced communities, improving poliovirus surveillance and strengthening community engagement.

29. Following the August 2022 closure of the cVDPV2 outbreak detected in 2020, Sudan declared a new cVDPV2 outbreak on 17 December 2022 after the virus, related to a cVDPV2 emergence in Nigeria, was confirmed in a paralysed child in West Darfur state. A second detection of the same strain was later confirmed through environmental surveillance in the same state. In March 2022, Sudan implemented the first of two planned national rounds, but the second round, planned to be carried out with nOPV2, was paused following the eruption of armed conflict in April 2023. As of August 2023, extensive damage and looting has been reported in Sudan's capital and several states, and ongoing conflict and insecurity continues to hamper the delivery of health care services. Despite this, the polio programme in Sudan continues to maintain essential surveillance functions wherever feasible and is coordinating with Egypt to facilitate the passage of stool samples across the shared border and their testing at VACSERA.

30. Currently, nOPV2 is the preferred vaccine for response to any cVDPV2 outbreak or event. Six countries (Afghanistan, Iraq, the Islamic Republic of Iran, Pakistan, Somalia and Sudan) have been verified as ready to use nOPV2 by the global GPEI Readiness Verification Team. In 2023, an additional six high-risk countries/territories (Lebanon, Libya, Jordan, Palestine, Tunisia and Yemen) are making progress and the Syrian Arab Republic has been offered support to prepare for potential nOPV2 use.

31. Egypt has responded to the circulation of cVDPV2 from two importation events and two separate emergencies. All cVDPV2 isolates were detected in environmental samples, with no cases of paralytic polio being detected. The most recent detection of cVDPV2 was in August 2022. Following multiple rounds of national and subnational immunization activities using monovalent type 2 oral polio vaccine (mOPV2), and more recently nOPV2, and heightened surveillance, an outbreak response assessment

has recommended formal closure of the outbreak while highlighting the continued risk of VDPV2 importation into Egypt.

32. In Djibouti, where a total of 17 positive environmental samples were detected between October 2021 and May 2022, all linked to the virus circulating in Yemen, diligent surveillance did not detect further presence of the virus and the country is planning to conduct an outbreak response assessment in late September 2023.

33. The Islamic Republic of Iran successfully closed its cVDPV2 detection event in August 2022, following multiple rounds of subnational immunization activity and a targeted engagement strategy in response to multiple environmental detections of cVDPV2 in Sistan and Baluchistan province related to importations from Afghanistan and Pakistan.

34. From September to December 2021, environmental surveillance detected five cVDPV3 isolates in Palestine that were genetically related to strains circulating in Israel. Following two rounds of health facility-based vaccination with bivalent oral polio vaccine (bOPV) in May and June 2022 in Bethlehem and Jerusalem governorates and enhanced surveillance across Palestine, health authorities there have not detected further evidence of cVDPV3 circulation. The risk profile of Palestine remains high, with multiple cVDPV2 detections in Israel and a cVDPV2 case identified in northern Israel in February 2023. Efforts are ongoing to improve both environmental and AFP surveillance and strengthen coordination between stakeholders.

35. After detecting three isolates of VDPV2 in April and May 2022 in environmental samples collected in one of the country's refugee camps, Jordan took concrete steps to expand and enhance environmental surveillance and strengthen the capacity of disease surveillance officers. More than a year later, no further isolates have been detected.

Regional polio risk assessment

36. Within the Eastern Mediterranean Region, based on risk assessments and poliovirus epidemiology, countries are currently characterized as “endemic” (Afghanistan and Pakistan), “active outbreaks” (Somalia, Sudan and Yemen), “at high risk of polio outbreaks” (Djibouti, Iraq, Libya, Palestine and Syrian Arab Republic) and “low-risk countries” (other countries of the Region). There is an increasing risk of the continued spread of cVDPV2 from the uncontrolled outbreak in the northern governorates of Yemen, arising from the inability to implement mass vaccination campaigns there and from extensive population movements, combined with waning population immunity against poliovirus type 2 in many countries of the Region.

Surveillance

37. In 2022 and 2023, the polio programme added three new countries to the environmental surveillance network: Iraq and Saudi Arabia (2022) and Bahrain (2023). It also expanded environmental surveillance with additional sites in Afghanistan, Jordan, Pakistan, Somalia, Sudan and Syrian Arab Republic.

38. External and internal assessments in Afghanistan and Pakistan revealed that field and laboratory surveillance systems in both countries are adequately functional and responsive. An immediate priority is to improve surveillance among hard-to-reach populations, particularly those moving within each country and across the borders.

39. In Yemen and Afghanistan, progress continues to be made towards establishing laboratory technology and capacity for direct virus detection. Despite significant improvements in the interval between specimen collection and laboratory results, ongoing challenges remain in transporting AFP and environmental samples from Yemen to WHO-accredited poliovirus laboratories. In May 2023, environmental samples from Yemen began to be tested at the Pakistan Regional Polio Laboratory.

Regional Subcommittee for Polio Eradication and Outbreaks

40. Established in response to resolution EM/RC67/R.4 (2020), the Regional Subcommittee for Polio Eradication and Outbreaks held its inaugural meeting in March 2021. The Subcommittee has continued to meet three times each year, usually in March, June and October (as part of the Regional Committee). Meetings are led by the current co-chairs, the ministers of health of Qatar and United Arab Emirates, and are attended by health ministers or their representatives serving as members of the Subcommittee; the Chair and members of the POB and other key stakeholders of the GPEI; Regional Directors of UNICEF; WHO representatives from countries in the Region; and WHO staff serving as the Secretariat.

41. In an effort to intensify regional solidarity and commitment to achieving polio eradication, members of the Regional Subcommittee continued to support polio-affected countries to mobilize the necessary political commitment and financial resources to contain transmission, called for the protection of health care workers in polio-affected countries, and advocated for expanded vaccination campaigns in Afghanistan and Yemen to ensure that all children are reached through the best vaccine delivery modality. Members also reaffirmed their commitment to maintaining a high level of vigilance to support polio transition to incorporation within broader national health care systems. In February 2023, the Regional Subcommittee again issued [statements](#) on stopping wild poliovirus transmission in Afghanistan and Pakistan and on stopping the cVDPV2 outbreaks in Somalia and Yemen.

Leadership visits to polio-endemic countries

42. In July 2023, the Chair of the POB, WHO Regional Director, UNICEF's Deputy Regional Director and representatives from CDC, Gavi, Rotary and the Canadian High Commissioner visited Pakistan to discuss the potential impact of political transition on eradication efforts and the strategies in place to vaccinate children that remain unreached in the polio-endemic districts of southern Khyber Pakhtunkhwa. The delegation noted that commitment to polio eradication remains commendable and interruption of wild poliovirus is possible within six months, with support from communities, government and political, administrative and security leadership.

43. Following its visit to Pakistan in April 2022, another visit by the GPEI high-level delegation led by the Chair of the POB, WHO Regional Director for the Eastern Mediterranean and UNICEF Regional Director for South Asia took place in November 2022. The delegation noted that Pakistan's polio programme is fit for purpose in a way it has never been before and is well on its way to interrupting transmission. The quality of vaccination campaigns is improving, operations and monitoring are more rigorous, and corrective actions are timelier and more effective. The delegation also expressed appreciation for Pakistan's high level of political commitment and acknowledged that the country has one of the most developed polio surveillance systems in the Region.

The Islamic Advisory Group for Polio Eradication

44. The Islamic Advisory Group for Polio Eradication (IAG) continues to build community support for polio eradication and routine immunization as part of its commitment to the GPEI. At its ninth annual meeting, in December 2022, the IAG reiterated its commitment to continue supporting the GPEI, echoing its trust in the safety and effectiveness of all routine childhood vaccinations as a life-saving tool that aligns with Islamic shariah.

Poliovirus containment

45. All countries in the Eastern Mediterranean Region complied with phase I of the Global Action Plan III (GAP III) for containment of polioviruses and have destroyed all poliovirus type 2 materials.

46. Two countries in the Region have shown interest in hosting designated "poliovirus-essential facilities" to serve critical international functions: the Razi Vaccine and Serum Research Institute in the

Islamic Republic of Iran and the National Poliovirus Laboratory at the National Institute of Health in Pakistan.

47. A regional electronic database management system was established and launched, with all countries trained to use the electronic system for updating data on poliovirus containment activities and inventories.

Equity and gender

48. Addressing gender-related programme barriers is critical to achieving polio eradication. This is relevant not only for the thousands of female vaccinators working tirelessly on the frontlines of the polio programme but also for the female carers of the children that the programme aims to protect. Aligning with WHO policy on the prevention of and response to sexual exploitation, abuse and harassment, within both WHO and the communities it serves, the GPEI is committed to enforcing a strict zero-tolerance policy for all forms of sexual exploitation and abuse, as well as harassment, sexual harassment and gender-based discrimination.

49. The GPEI also recognizes that gender-responsive approaches, particularly those that recognize and empower frontline workers, further strengthen polio eradication interventions. Gender – along with other factors such as socioeconomic background, age and ethnicity – is an important social determinant of health and, as such, also has an impact on vaccination outcomes and the overall effectiveness of the programme. To ensure gender sensitivity within the polio programme at both the regional and country levels, WHO's polio programme is scaling up capacity at the regional level to ensure that work is coordinated and aligned to the GPEI's strategies and working groups on gender.

50. Two specialist consultants were recruited to develop a regional gender strategy; work on this is ongoing. The specialists led a two-day workshop for regional staff in September 2022 to shape the strategy. The gender perspectives and related interventions of the polio programmes in Afghanistan, Pakistan and Somalia were analysed in depth to establish a baseline for the regional programme and generate recommendations for best practices at the regional and country levels.

51. In April 2023, a first of its kind training was held for the regional Incident Management Support Team, which includes WHO and UNICEF staff, focusing on ensuring that outbreak response activities in the Region are gender integrated.

Financing polio eradication

52. In October 2022, a polio pledging event was held at the World Health Summit in Berlin where governments and partners demonstrated their collective resolve to eradicate polio by raising over half the US\$ 4.8 billion needed to fully implement the GPEI's 2022–2026 Strategy. However, securing the remaining US\$ 1.5 billion needed to fully fund the Strategy is essential to delivering a polio-free world.

53. With GPEI funding shortages and highly-earmarked financing threatening to affect the implementation of activities across all endemic and polio outbreak-affected countries, the Regional Subcommittee for Polio Eradication and Outbreaks, GPEI and WHO's regional polio eradication programme continue to advocate strongly with donors and governments for more flexible funding and fully funded multi-year budgets. The expansion of cVDPV2 outbreaks across the WHO African and Eastern Mediterranean regions has further depleted GPEI financial resources, requiring higher national commitments to domestic funding.

Polio transition

54. Beginning in 2022, non-polio-endemic countries in the Eastern Mediterranean Region, except for Somalia, transitioned from direct GPEI support to domestic and WHO base budget support to sustain essential polio functions and systematically integrate polio eradication assets to improve routine

immunization, surveillance for vaccine-preventable and epidemic-prone diseases, and preparedness for outbreak response.

55. Implementation of transition plans is underway in all priority countries except the endemic countries. The goal is to sustain essential polio functions in the absence of GPEI financial support and use polio eradication assets, experiences and lessons learned in strengthening integrated disease surveillance, immunization, and country preparedness and response capacities to epidemic-prone diseases.

56. In countries with relatively stronger health systems, such as Iraq and Libya, responsibility for essential functions has mostly been transitioned to the government health system with minimal financial support from WHO. On the other hand, countries with fragile health systems or where the risk to essential polio functions is significantly high and the governments are not ready to fully absorb these functions into the health system and are still heavily dependent on WHO financial and technical support for sustaining essential polio functions (such as Somalia, Sudan, Syrian Arab Republic and Yemen), the integrated public health team approach, in which the polio infrastructure is integrated into other programmes to support broader public health functions, is being implemented.

57. Capitalizing on the opportunity provided by the polio transition planning process, different WHO programmes, including for polio, emergencies, health systems strengthening, immunization and vaccine-preventable diseases, have taken an integrated approach to coordinate support to countries for surveillance, immunization and outbreak preparedness and response.

58. As the timeline for the strategic action plan on polio transition will end at the end of this year, the Region is working closely with transition priority countries and WHO headquarters to formulate a global vision and regional action plans for the post-2023 period and to align global, regional and country polio transition activities for sustaining a polio-free world.

The way forward

59. Countries and territories of the Region are encouraged to:

- continue regional coordination and collaboration to support countries with continued endemic wild poliovirus transmission and countries responding to polio outbreaks, and intensify solidarity and commitment to preventing and stopping all poliovirus transmission and outbreaks in the Region;
- prepare for regional certification by ensuring high-quality AFP and environmental surveillance, high immunization coverage, particularly among high-risk populations, and preparedness for responding to any polio outbreak;
- advocate for access to all children through house-to-house vaccination in Afghanistan, Somalia and Yemen, mobilize support to avert the collapse of the health systems in Afghanistan and Yemen, and advocate for humanitarian assistance for children in Afghanistan, Somalia and Yemen;
- advocate for the protection of health care workers so that they are motivated to continue their work in settings of risk to their personal safety;
- scale up polio surveillance and vaccination efforts in endemic and outbreak countries, so that all children – especially those in mobile and migrant populations and those who live in high-risk areas – can be reached consistently;
- intensify cross-border coordination between Afghanistan and Pakistan, and maintain continued, strong and sustained commitment to stopping polio transmission in these countries at all levels – from the highest political office to district level;
- invest in a polio-free world and ensure global and regional health security by allocating more flexible funding and fully funded multi-year budgets, and mobilize domestic financial resources for essential polio functions and outbreak response as GPEI funding declines; and
- maintain a high level of support and vigilance to ensure polio transition and integration into broader public health systems.