

Poliomyelitis

The Sixty-eighth World Health Assembly,

Having considered the report on poliomyelitis¹ and the course of action decided by the Executive Board at its 136th session;²

Recalling resolution WHA65.5 on poliomyelitis: intensification of the global eradication initiative, and that the Sixty-sixth World Health Assembly noted the Polio Eradication and Endgame Strategic Plan 2013–2018 and reviewed progress towards its implementation subsequently;³

Recalling that on 5 May 2014, the Director-General declared the international spread of wild poliovirus a public health emergency of international concern and issued temporary recommendations under the International Health Regulations (2005);⁴

Noting that more than 85% of all new cases in 2014 and 2015 have occurred in Pakistan, and commending the heroic efforts of the front-line health workers, Government, people and civil and religious leaders of Pakistan for their strengthened commitment to polio eradication, as evidenced by efforts to implement the low-transmission season plan for the first half of 2015, while faced with unique challenges;

Recalling United Nations General Assembly resolution 69/132 on global health and foreign policy, which “urges full respect for the rules and principles of international humanitarian law ... [and] stresses the obligation ... to respect and protect medical personnel and humanitarian personnel ... and urges States to develop effective measures to prevent and address violence against such personnel”;

Recognizing the conclusions of the meeting of the Strategic Advisory Group of Experts on immunization (Geneva, 21–23 October 2014) that preparations are on track for the global withdrawal of the type 2 component in oral poliovirus vaccine in April 2016; and, noting the progress achieved in introducing inactivated poliovirus vaccine by end-2015, in particular in coordination with partners such as The GAVI Alliance,

¹ Document A68/21.

² See the summary record of the Executive Board at its 136th session, seventh meeting.

³ See document WHA66/2013/REC/3, summary record of Committee A, ninth meeting, section 2.

⁴ WHO statement on the meeting of the International Health Regulations Emergency Committee concerning the international spread of wild poliovirus, available at <http://www.who.int/mediacentre/news/statements/2014/polio-20140505/en/> (accessed on 16 March 2015).

1. URGES Member States with poliovirus transmission:
 - (1) to stop all wild poliovirus transmission by fully implementing all strategic approaches outlined in the Polio Eradication and Endgame Strategic Plan 2013–2018 and national emergency action plans;
 - (2) to ensure that all necessary measures are in place for the safe access of health workers to all communities and ensure the safety of health workers, including through the appropriate engagement with and support of community leaders and relevant law-enforcement, military, non-military and non-State entities;
 - (3) to implement fully the temporary recommendations under the International Health Regulations (2005) in order to reduce the risk of international spread of wild poliovirus;
 - (4) to intensify cross-border collaboration for improving both vaccination and surveillance activities;
2. URGES all Member States that currently use oral poliovirus vaccine to prepare for the global withdrawal of the type 2 component of the oral poliovirus vaccine in April 2016, including by:
 - (1) developing national plans, by end-September 2015, for the withdrawal of the type 2 component of oral poliovirus vaccine and its replacement with the bivalent oral poliovirus vaccine;
 - (2) expediting the registration of bivalent oral poliovirus vaccine for use in routine immunization programmes and, if required and in the interim, authorizing its use on the basis of prequalification granted by WHO;
 - (3) implementing national policy for the appropriate destruction of residual trivalent vaccine stocks;
 - (4) completing the introduction of inactivated poliovirus vaccine optimally before the withdrawal of the type 2 component of oral poliovirus vaccine in April 2016;
3. URGES all Member States:¹
 - (1) to achieve and maintain certification-standard surveillance to detect polioviruses, and to respond fully to polioviruses detected from any source;² to immediately put in place national public health emergency measures, as appropriate, to respond to a new polio outbreak in a polio-free country following confirmation of detection of any circulating wild poliovirus, type 2 circulating vaccine-derived poliovirus or Sabin poliovirus following withdrawal of the type 2 component in the oral poliovirus vaccine; and by ensuring full implementation of revised

¹ And, where applicable, regional economic integration organizations.

² For example, any positive sample from a case of acute flaccid paralysis or its contacts, environmental surveillance, and targeted stool surveys.

outbreak response protocols¹ that build on the international outbreak response guidelines issued in resolution WHA59.1;

(2) to support the global expansion of environmental surveillance in strategically-selected high-risk locations to supplement acute flaccid paralysis surveillance for prompt detection of polioviruses;

(3) to support those Member States experiencing poliovirus transmission in their eradication efforts, including through political engagement and the provision of additional support as appropriate;

(4) to monitor for potential gaps in population immunity and implement measures to fill such gaps and further boost population immunity through timely and complete routine immunization and, where necessary, high-quality supplementary immunization activities;

(5) to make available urgently the financial resources required for the full and continued implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018, including through the rapid and full operationalization of pledged funds and the filling of the remaining funding gap;

(6) to lead the development of national plans to ensure that polio assets, lessons learnt and knowledge acquired are applied to support other national health priorities, notably to routine immunization, and ensure that the potential legacy of polio eradication is fully realized;

(7) to implement appropriate containment of type 2 wild polioviruses in essential facilities by the end of 2015 and of type 2 Sabin poliovirus within three months of global withdrawal of the type 2 component in oral poliovirus vaccine in April 2016;²

(8) to establish procedures to authorize the importing and use of monovalent oral poliovirus vaccine type 2 from the global stockpile after its release has been authorized by the Director-General in the event of an emergency; whereas the Strategic Advisory Group of Experts on immunization has advised to maintain only a global stockpile of monovalent oral poliovirus vaccine type 2, Member States that decide to establish a national stockpile of this vaccine should maintain the stockpile in conditions of containment that are verified by the Regional Certification Commission for Polio Eradication to be compliant with the containment Global Action Plan,² and seek authorization of the Director-General of WHO before its release and use;

4. REQUESTS the Director-General:

(1) to continue to collaborate with all relevant actors, governments and administrators, in partnership with other organizations in the United Nations system and local and international nongovernmental organizations, to support national efforts for polio eradication to benefit children in all areas;

¹ Responding to a poliovirus outbreak. Standard operating procedures for a new polio outbreak in a polio-free country (February 2015), available at: <http://www.polioeradication.org/Portals/0/Document/Resources/PolioEradicators/1a.PolioOutbreakGuideline20150220.pdf>, (accessed 17 March 2015).

² WHO global action plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of OPV use. Geneva: World Health Organization; 2014, available at: http://www.polioeradication.org/Portals/0/Document/Resources/PostEradication/GAPIII_2014.pdf, (accessed 17 March 2015).

- (2) to continue to coordinate with all relevant partners, including vaccine manufacturers, to ensure that Member States are fully supported for a globally-coordinated phased removal of oral poliovirus vaccines from all immunization programmes, beginning with the type 2 component in oral poliovirus vaccine in April 2016, including by ensuring a sufficient global supply of inactivated poliovirus vaccine for use in all countries introducing the vaccine in their routine immunization schedules;
- (3) to ensure that prequalification of bivalent oral poliovirus vaccine for use in routine immunization programmes is done expeditiously in order to support its introduction by Member States;
- (4) to establish a mechanism that assures the Director-General's authority for the release of a global stockpile of monovalent oral poliovirus vaccine type 2¹ in a timely and equitable way to all Member States, and develop a procedure for authorization of release by the Director-General and for use of monovalent oral poliovirus vaccine type 2 by the countries that maintain national stockpiles of this vaccine;
- (5) to support Member States,² partners and stakeholders in developing plans that ensure that polio assets, lessons learnt and knowledge acquired are applied to support the broad immunization agenda and other health priorities and that the potential legacy of polio eradication is fully realized;
- (6) to report annually up to the Seventy-second World Health Assembly on progress made towards achieving a lasting polio-free world, and to provide timely and transparent financial information, including details of any budgetary constraints or changes that could adversely affect full implementation of the Polio Eradication and Endgame Strategic Plan 2013–2018.

Ninth plenary meeting, 26 May 2015
A68/VR/9

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