

15.2 Polio transition planning and polio post-certification

Statement:

2023 agenda for polio transition is now unrealistic due to the impact of the pandemic and the disruption of vaccination programmes. The time-frame should be extended and the programme used to strengthen the much needed revival of primary health care (PHC) systems, including immunisation programmes and rehabilitative care.

Polio is a large part of the WHO's budget. Many countries' COVID-19 response was built on their polio workforce. However, this now threatens epidemic prevention and response to polio. Instead of having to re-purpose workers, Member States should be investing in strong health systems with sufficient workforce.

The demonstrated potential of the polio workforce emphasises that money spent on polio must not be lost as countries transition, but used to develop a strong frontline health workforce, with integrated immunisation and public health surveillance.

The proposal for integrated public health teams is welcome, although they must not simply combine an already overlapping COVID-19 and Polio workforce but encompass the entire range of public health functions including non-communicable diseases. Regularised employment conditions need to be prioritised.

Integrated public health teams should be replicated and resourced at the community, sub national and national level, and include communities in decision-making about their health needs.

Whilst it is not a silver bullet, we welcome the development of a new vaccine against polio. However, the lack of technology transfer and IP sharing needed for large-scale and local production of the inactivated polio vaccine has reduced the availability of an effective tool against polio.

Above all, eradicating polio means eradicating the social, political and environmental conditions that enable its spread, in particular access to water and sanitation, which are worsened by inequality, and conflict situations.