

CONTRIBUTIONS OF THE POLIO NETWORK TO COVID-19 RESPONSE

Turning the challenge into an opportunity for polio transition

POLIO

COVID-19



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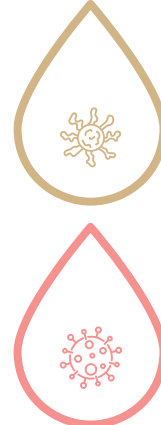
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EXECUTIVE SUMMARY

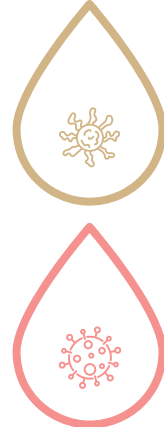
Personnel and infrastructure established through the polio eradication programme, with their extensive experience in disease surveillance and responding to outbreaks and other humanitarian emergencies and with trusted outreach networks in the most underserved communities, are once again proving their value during the COVID-19 pandemic as highly skilled contributors to national public health capacities.

National health programmes in the African, South-East Asia and Eastern Mediterranean regions of the World Health Organization (WHO), regions where the Global Polio Eradication Initiative (GPEI) has its largest footprint, are relying on polio assets to bolster public health capacities and to help to prepare for the long-term recovery and future resilience that will be needed after the pandemic.

The COVID-19 pandemic highlights the urgent need for robust and systematic implementation of plans for the integration of assets and functions so far supported by GPEI into national health systems. As the world reaches closer to polio eradication, resources for the polio programme will decline, putting this valuable network at risk. National governments and development partners have a duty to ensure that sufficient resources are made available to recover from the economic, social and health consequences of COVID-19 and to build robust public health emergency preparedness and response systems to improve countries' resilience.

The critical role that polio assets have played in tackling multiple health emergencies and in supporting immunization activities, coupled with their contributions in responding to the COVID-19 pandemic and the potential role they can play in the recovery phase, demonstrate the need to sustain these capabilities to advance national and global health security.

HARNESSING POLIO ERADICATION ASSETS FOR THE RESPONSE TO COVID-19



The global push towards polio eradication has created valuable infrastructure, a cadre of highly experienced human resources and high-quality networks that are now serving as the public health backbone for the COVID-19 response in some of the world's most vulnerable communities.

These polio assets fulfil a wide range of public health functions, including disease surveillance, training and capacity building, data management, immunization, emergency preparedness and response. They form a capable, trusted system for a range of marginalized communities and in hard-to-reach localities.

Within weeks of the reporting of the new disease, these assets in the African, South-East Asia and Eastern Mediterranean regions of the World Health Organization (WHO) were able to pivot quickly to provide support to countries in preparing and responding to the ongoing crisis due to COVID-19. In the weeks and months to come, these well-regarded public health experts will provide critical support for redressing the immunization gaps by reaching those children who have missed vaccinations because of service suspensions or disruptions related to COVID-19. They can also have a key role to play in assuring equitable distribution of COVID-19 countermeasures, including delivery of new vaccines.

The COVID-19 crisis underlines the crucial role that polio teams play in the public health workforce, especially in countries with disrupted or fragile health systems. The Global Polio Eradication Initiative (GPEI), which largely has been managed and financed through its international partners – WHO, the United Nations Children's Fund (UNICEF), the United States Centers for Disease Control and Prevention (CDC), the Bill & Melinda Gates Foundation, Rotary International, and Gavi, the Vaccine Alliance – will decrease its operational scope and financial resources as we approach the goal of eradication.¹ As a result, the polio network will disappear unless countries' governments



In recent years we have driven polio to the brink of eradication. This has been a massive global effort, started by Rotary International, supported by many other partners, and led by thousands of health workers, vaccinating children in some very difficult and dangerous areas. Many of those health workers are now supporting the COVID-19 response. They are tracing contacts, finding cases and providing public health information to communities.”

Dr Tedros Adhanom Ghebreyesus,
WHO Director-General (1)

and international development partners allocate additional resources to sustainably integrate polio assets within national health systems in order to reinforce emergency preparedness, increase disease detection and response capacity, and to help to create resilience against emerging public health threats.

The COVID-19 pandemic has confirmed that infectious disease outbreaks can move quickly from a local disaster to a global catastrophe. As health experts predict an increase in these outbreaks (2), the building of effective systems throughout the world that can prepare for and respond to health emergencies becomes ever more critical. If sustainably supported, networks established for polio eradication can become integral components contributing to global health security. The global attention to health emergency preparedness and response engendered by COVID-19 offers a prime opportunity to acknowledge the value of the existing infrastructure for eradicating polio and ensure its long-term sustainability.

¹ See Annex 1 for more information on the Global Polio Eradication Initiative.

REACHING UNDERSERVED COMMUNITIES THE WORLD OVER

Polio funding makes up nearly 18% of WHO's Programme budget for the biennium 2020–2021 (3–5). As one of the Organization's largest operational workforces, polio-funded infrastructure and human resources constitute WHO's largest operational capacity in some countries.

With its mandate to vaccinate every child against polio, GPEI has developed tools and networks that provide health services to the most remote and underserved communities. Polio-funded personnel are regularly involved in supporting implementation of essential immunization programmes and identifying and responding to outbreaks of vaccine-preventable and epidemic-prone diseases, including measles, diphtheria and cholera (6). In addition to providing disease surveillance and immunization support, personnel and infrastructure funded through GPEI have responded to multiple emergencies and

public health threats, ranging from an earthquake in Nepal (7) to outbreaks of yellow fever and Ebola virus disease on the African continent (6, 8).² In Africa alone, polio staff and infrastructures have responded to outbreaks of Marburg haemorrhagic fever, dengue, Ebola virus disease, measles, anthrax and shigella (9).

Specific capabilities and expertise provided through GPEI include: an extensive surveillance and laboratory network; emergency operations centres at the national and subnational levels; trusted engagement and social mobilization networks that reach deeply into communities; monitoring cold-chain capacity; data management; transporting laboratory specimens; planning and coordination; and emergency response. In addition to its operational expertise, governments often call on the polio network to support fundraising and financial management for public health.³



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