

## **Polio Eradication in the context of the COVID-19 pandemic**

### **Summary of urgent country and regional recommendations from the Polio Oversight Board meeting of March 24, 2020**

The COVID-19 pandemic response requires worldwide solidarity and an urgent global effort. The Global Polio Eradication Initiative (GPEI), with thousands of polio workers, and an extensive laboratory and surveillance network, is positioned and ready to ensure that our resources are used by countries in their preparedness and response. The COVID-19 emergency means that many aspects of the polio eradication programme will be—and in some areas are already-- substantially affected.

In light of these considerations, the Polio Oversight Board (POB) of GPEI recommends:

1. All polio eradication country programmes prioritize support for the response to COVID-19. Specifically, for the next 4-6 months, GPEI assets (technical expertise, surveillance and community networks, and logistics capacity) at all levels (global, regional, national, and local levels) should be made available to support the global response to COVID-19. GPEI staff supporting COVID-19 front line activities, must be provided with the necessary training, materials, equipment and logistics to do so safely. Additionally, if required, GPEI financial management systems could be used to support the channelling of COVID-19 funding for the pandemic response.
2. Critical functions related to Polio Acute Flaccid Paralysis and Environmental Surveillance should remain a priority and governments should do all they can to ensure they continue, to closely monitor the circulation of wild and vaccine-derived polioviruses. As much as possible, these surveillance activities should be paired with COVID-19 surveillance and data systems upgraded to support this expanded portfolio of work. To facilitate this work, the provision of personal protective equipment for surveillance officers should be prioritized.
3. All polio activities which come in contradiction to global guidance on physical distancing, such as house-to-house or other immunization activities using oral or injectable vaccines<sup>1</sup>, should be suspended to avoid placing communities and frontline workers at unnecessary risk, and facilitate rapid and effective COVID-19 response in countries. Specifically,
  - a. All preventive polio campaigns should be postponed until the second half of 2020.
  - b. Endemic countries, and non-endemic countries planning to conduct outbreak responses campaigns, should postpone all campaigns (mOPV2, bOPV) until June 1, 2020 and then reevaluate based on the status of the COVID-19 pandemic. Any country wishing to proceed with polio vaccination campaigns should only implement such campaigns after a thorough assessment of risk of COVID-19 transmission among frontline workers and communities and potential impact on immunization programs. Vaccines currently approved for preventative SIAs and outbreak response will be shipped, unless a country has decided to postpone that campaign. New vaccine requests will be considered on a case-by-case basis.
4. Efforts to obtain an Emergency Use Listing recommendation for novel Oral Polio Vaccine type 2 (nOPV2), must continue at full speed. The preparation for nOPV2 roll-out, across the range of technical, communications, policy and manufacturing activities should also continue. Engagement

---

<sup>1</sup> Guidance on all immunization activities in the context of the COVID-19 pandemic is expected from the Strategic Advisory Group of Experts (SAGE) in April 2020

with countries around initial use of nOPV2 will continue, as appropriate to their specific COVID-19 situation, with the goal of deploying nOPV2 for outbreak response during the second half of 2020.

5. While halting important polio eradication activities is necessary, it will result in increased spread of disease and number of children paralyzed by wild and circulating vaccine-derived polioviruses. This will require a scale up of polio eradication efforts once the COVID-19 situation has stabilized. Without compromising support to the COVID-19 response, country programmes should take the opportunity during the pause in vaccination campaigns to improve other elements of the program such as strategic planning and performance management processes. Finally, GPEI and country programmes must develop a comprehensive set of context-specific strategies and a plan for resumption of operations.

This guidance and the timelines will be reviewed by the Strategy Committee on a bi-weekly schedule given the rapidly changing situation with COVID-19.