



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



36th DIRECTING COUNCIL
43rd SESSION OF THE REGIONAL COMMITTEE

Washington D.C., 21-25 September 1992

RESOLUTION

CD36.R7

**IMPLEMENTATION OF THE EXPANDED PROGRAM ON
IMMUNIZATION AND THE PLAN OF ACTION FOR THE
ERADICATION OF INDIGENOUS TRANSMISSION OF WILD
POLIOVIRUS FOR THE AMERICAS**

THE 36th DIRECTING COUNCIL,

Having considered and examined the progress report presented by the Director (Document CD36/13) on the implementation of the Expanded Program on Immunization and the Plan of Action for the Eradication of Indigenous Transmission of Wild Poliovirus from the Americas;

Noting with great pride that:

- Transmission of wild poliovirus appears to have been interrupted or is on the verge of being interrupted, with only nine cases being reported in 1991 and no cases in the past 12 months;
- Major advances have been made in the efforts to eliminate neonatal tetanus;
- Several countries have given high priority to the control of measles;
- Considerable effort has been made to ensure that the Region is self-sufficient in terms of vaccine production and quality control;

—Immunization coverage levels have been maintained and even increased in most countries, reaching an all-time high of over 75% for all the vaccines being used (DPT, polio, measles, and BCG and TT);

—New initiatives have been started, such as the one to gain a better understanding of pertussis epidemiology in the Americas, a search for strategies for controlling hepatitis B and rubella, and the possibility of introducing new vaccines in national immunization programs, such as against *Haemophilus influenzae* type B; and

Recognizing that as the program reaches this high level of performance, it also represents the beginning of a very challenging period, namely, the consolidation of poliomyelitis eradication, elimination of neonatal tetanus, control of measles, and further increase of immunization coverage, and that the possibility of inclusion of new vaccines in the national programs poses a major challenge, both in terms of strategies and of resource allocation in already strained national health budgets,

RESOLVES

1. To congratulate all Member Governments and all concerned, particularly the health workers, for their continuing commitment and efforts, sometimes under the most difficult circumstances.

2. To recognize the continued support from the agencies involved in this effort (United States Agency for International Development, UNICEF, Inter-American Development Bank, Rotary International, Canadian Public Health Association, and PAHO) and to call on them to maintain and increase their contributions to the program, particularly in this critical phase of consolidation of gains and starting of a new phase.

3. To urge all Member Governments to maintain the priority accorded to this program and its goals and to assign the necessary human and financial resources to implement the actions outlined in the progress report, especially the ones described in Chapter II of Document CD36/13; for these purposes it is necessary that:

a) Resources, both human and financial, including those required for the purchase of vaccines, be available in national health budgets and be allocated to the areas at highest risk for disease transmission and of low immunization coverage;

b) Specimens for poliovirus diagnosis from all patients with acute flaccid paralysis and their contacts be collected at appropriate times and examined in the laboratory network, to ascertain that no wild virus is circulating in the Region;

- c) Following the schedule outlined in the progress report, countries appoint national certification commissions to start collecting and analyzing the data eventually needed for certification of the interruption of transmission of wild poliovirus;
 - d) Priority be given to vaccination of women of childbearing age in the areas identified as at risk for neonatal tetanus, with involvement of the traditional birth attendants, and that cases of the disease be reported separately from postnatal tetanus;
 - e) In the efforts to control or eliminate measles, all countries assure that surveillance is properly implemented;
 - f) Strategies to include other vaccines, such as hepatitis B, rubella, or Haemophilus influenzae type B, be carefully considered, particularly in relation to the epidemiological situation and resource availability;
 - g) All vaccines used in the program comply with the minimum requirements of PAHO/WHO.
4. To request the Director to:
- a) Maintain the high priority accorded to this program and to the actions needed to consolidate the eradication of poliomyelitis and the efforts to control or eliminate other vaccine-preventable diseases;
 - b) Start implementation of a plan for the certification of eradication of poliomyelitis from the Americas;
 - c) Give strong support to the search for additional resources for measles elimination initiatives under way in several countries of the Region and assess the feasibility of the elimination of measles throughout the Hemisphere;
 - d) Utilize the incidence of neonatal tetanus as an indicator of the performance of maternal and child health services, particularly in areas at risk.

September 1992 OD 253, 116