In September 1988 the Regional Committee for the Western Pacific Region adopted resolution WPR/RC39.R15 on poliomyelitis eradication by 1995. To achieve this a Poliomyelitis Eradication Task Force and a Technical Advisory Group on the Expanded Programme on Immunization and Poliomyelitis Eradication were formed. At the same time, regional and national plans of action for the period 1991 to 1995 were made. At its first meeting in Tokyo from 3 to 5 April 1991, the Technical Advisory Group on the Expanded Programme on Immunization and Poliomyelitis Eradication finalized and endorsed a regional plan of action. Revised national plans, drawn up in accordance with the regional plan, have been approved by the national health authorities in five of the six poliomyelitis-endemic countries of the Region. This progress report provides information on the current status of poliomyelitis eradication in the Region and the activities undertaken during the last year.
1. INTRODUCTION

Activities to eradicate poliomyelitis within the overall Expanded Programme on Immunization (EPI) were initiated in the island countries and areas of the South Pacific in 1986. Active surveillance of acute flaccid paralysis in children was promoted and careful investigations of all cases were carried out. These activities received further impetus and support through the EPI managers' meetings, held in Manila in 1986, 1988 and 1990. The Regional Director, in his report to the Regional Committee at its thirty-eighth session in September 1987, indicated the possibility of Pacific island countries and areas becoming poliomyelitis-free by 1990.

In May 1988, the Forty-first World Health Assembly adopted a resolution on the global eradication of poliomyelitis by the year 2000.

In June 1988, a regional workshop of EPI managers reviewed the successful acceleration of the Programme, the increasing coverage with poliovirus vaccine and the decreasing incidence of poliomyelitis. They concluded that poliomyelitis in the Region could be eradicated by the year 1995.

In the light of global developments, especially the impressive achievements in the Americas, and the progress of EPI in the Region, the Regional Committee, at its thirty-ninth session in September 1988, adopted resolution WPR/RC39.R15 on poliomyelitis eradication in the Region by 1995.

To prepare the necessary strategies and technical components for eradication, the Regional Director formed a Poliomyelitis Eradication Task Force and a Technical Advisory Group on EPI and Poliomyelitis Eradication, and called for the elaboration of regional and national plans of action for the period of 1991 to 1995. The regional plan of action is based on a careful analysis of the epidemiology, infrastructure, logistics and financial situation in the countries and areas of the Region. At its first meeting, held in Tokyo from 3 to 5 April 1991, the Technical Advisory Group on EPI and Poliomyelitis Eradication finalized and approved the regional plan of action. A summary of the Group's conclusions and recommendations is attached as an Annex. In five of the six poliomyelitis-endemic countries in the Region the revised national plans of action for the period 1991 to 1995 have been approved by the national health authorities. These are China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam.

2. PRESENT EPIDEMIOLOGICAL SITUATION

2.1 Disease incidence

The impact of the Expanded Programme on Immunization is shown by the decrease in the number of countries reporting poliomyelitis cases from 13 in 1981 to 6 in 1991, namely Cambodia, China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines, and Viet Nam. Between 1980 and 1988, the number of reported poliomyelitis cases in the Region fell progressively from 11 416 to 1927, but this trend was sharply reversed in 1989 when 5503 cases were reported (see Figure 1). This increase was due to the situation in China, where
despite immunization coverage rates reported to be over 90%, major outbreaks occurred in several areas, with an increase from 667 cases in 1988 to 4623 in 1989 and 5089 in 1990. Poliomyelitis incidence figures vary widely among the provinces in China. The overwhelming majority of cases have occurred in the most densely populated South-Eastern provinces; the municipalities of Beijing and Shanghai have reported zero and one case, respectively, from 1986 to 1989.

Figure 1. Poliomyelitis cases in the Western Pacific Region 1980-1990

In 1990, 5956 poliomyelitis cases were reported in the Region: 5089 cases in China, 692 in Viet Nam, 85 in the Philippines, 63 in Cambodia, 18 in the Lao People's Democratic Republic, and 9 in Papua New Guinea (see Figure 2).
Figure 2. Poliomyelitis cases in the Western Pacific Region, 1990
5956 cases

The available information on the age distribution of poliomyelitis cases in China (1989) shows that 87.3\% of the cases occurred in children of three years of age and below. The age distribution in the Philippines (1987) is different: 0-4 years: 47.5\%; 5-9 years: 28\%; 10-19 years: 14\%; 20 years: 10.5\%.

Between 85 and 90\% of the cases for which data were available occurred in children who were not immunized or only partially immunized.

2.2 Coverage

Table 1 shows immunization coverage rates (percentage of children below one year of age immunized) in 1990 in the poliomyelitis-endemic countries. The figures are based on routine reports or nationwide surveys.
Table 1. Reported immunization coverage in 1990 in poliomyelitis-endemic countries of the Region

<table>
<thead>
<tr>
<th>Country</th>
<th>BCG (%)</th>
<th>DPT3 (%)</th>
<th>OPV3 (%)</th>
<th>Measles (%)</th>
<th>TT2 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>54</td>
<td>40</td>
<td>40</td>
<td>34</td>
<td>...</td>
</tr>
<tr>
<td>China</td>
<td>99</td>
<td>97</td>
<td>98</td>
<td>98</td>
<td>...</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>31</td>
<td>21</td>
<td>30</td>
<td>29</td>
<td>11</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>81</td>
<td>62</td>
<td>62</td>
<td>59</td>
<td>64</td>
</tr>
<tr>
<td>Philippines</td>
<td>97</td>
<td>89</td>
<td>88</td>
<td>85</td>
<td>47</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>90</td>
<td>87</td>
<td>87</td>
<td>87</td>
<td>8</td>
</tr>
</tbody>
</table>

... Data not available

Source: Country reports

2.3 Country grouping according to poliomyelitis incidence and trivalent oral poliovirus vaccine coverage

The regional plan of action for the eradication of poliomyelitis includes the grouping of countries according to poliomyelitis incidence and coverage. The grouping reflects the status of the poliomyelitis eradication programme and the need to undertake special poliomyelitis activities.

Group I: Poliomyelitis-endemic countries

Group I consists of countries reporting poliomyelitis cases caused by wild poliovirus within the previous three years. These are: Cambodia, China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines, and Viet Nam.

Group II: Poliomyelitis-free countries

Group II consists of countries and areas reporting no poliomyelitis cases caused by wild poliovirus within the previous three years. It is divided into two subgroups:

Group IIA: higher risk countries and areas: poliomyelitis-free countries which have had immunization coverage of less than 80% of infants under one year of age in the previous three years. These are American Samoa, the Federated States of Micronesia, Malaysia, Northern Mariana Islands, the Marshall Islands, Nauru, New Caledonia, New Zealand, the Republic of Korea, Solomon Islands, Tokelau, and Vanuatu.
Group IIB: lower risk countries and areas: poliomyelitis-free countries which have maintained immunization coverages greater than or equal to 80% of infants under one year of age in the previous three years. These are Australia, Brunei Darussalam, Cook Islands, Fiji, French Polynesia, Guam, Hong Kong, Japan, Kiribati, Macao, Niue, Palau, Samoa, Singapore, Tonga, Tuvalu, and Wallis and Futuna.

3. PRESENT PROGRAMME ACTIVITIES

3.1 Regional level

In response to resolution WPR/RC39.R15 on poliomyelitis eradication in the Region by 1995 an initial regional plan of action was prepared and finalized in early 1989. It was sent to all Member States in the Region, calling on them to act as necessary and develop national plans of action.

3.1.1 Task force for eradication of poliomyelitis

In September 1990, the Regional Director formed a task force consisting of five members in the Western Pacific Regional Office to take special care of the activities required to accelerate the poliomyelitis eradication efforts.

3.1.2 Technical Advisory Group on the Expanded Programme on Immunization and Poliomyelitis Eradication

After creating the regional task force the Regional Director formed a Technical Advisory Group on the Expanded Programme on Immunization and Poliomyelitis Eradication, consisting of six internationally recognized public health and immunization experts.

The first meeting of the Technical Advisory Group was held in Tokyo from 3 to 5 April 1991. It was attended by its six members, EPI managers from the six poliomyelitis-endemic countries in the Region, and representatives from multilateral, bilateral, governmental and nongovernmental organizations involved in EPI and poliomyelitis eradication.

The specific purpose of the meeting was to review EPI and poliomyelitis eradication activities in the Region and the draft regional plan of action (1991 to 1995) for poliomyelitis eradication, as revised by the Regional Office task force.

The Technical Advisory Group finalized and endorsed the Regional Poliomyelitis Eradication Plan of Action for the period 1991 to 1995. It also outlined the major issues currently affecting programme acceleration, which should be dealt with by the end of 1991 to allow full acceleration of the poliomyelitis eradication initiative.

3.1.3 Regional plan of action, 1991-1995 for the eradication of poliomyelitis in the Western Pacific Region

In view especially of the experience gained in the Americas, which are now on the verge of achieving eradication, and the lessons learnt in the Region since 1988, the approved regional plan of action, 1991 to 1995 for the eradication of poliomyelitis, includes the following:
(1) The four key strategies to reach the regional target:

(a) achievement and maintenance of poliovirus vaccine coverage of more than 80% of the target population;

(b) supplementary immunization activities, such as immunization days or mopping-up operations, aiming to achieve interruption of wild poliovirus transmission;

(c) strengthening of disease surveillance aimed at the prompt detection and thorough investigation of all suspected poliomyelitis cases, and the identification of factors responsible for these cases; and

(d) aggressive outbreak control including containment immunization.

(2) Further strategic areas supporting the eradication initiative, such as laboratory services, training and information dissemination, rehabilitation services, research and development, monitoring and evaluation.

(3) The development of the necessary logistic support for the eradication strategy.

(4) Planning, organization and resource requirements.

(5) A timetable for the implementation of all activities at regional and national levels.

3.1.4 Regional and national reporting systems

As a consequence of the strategies adopted in the revised plan, more attention needs to be given to establishing more efficient weekly reporting systems for poliomyelitis. Both regional and national poliomyelitis reporting systems are currently being strengthened according to a two-phase workplan.

In Phase one, starting in March 1991, weekly telexes or faxes reporting the number of suspected, confirmed, and discarded poliomyelitis cases are sent by the WHO Representatives in five poliomyelitis-endemic countries and Fiji to the Regional Office every Wednesday. Cambodia was included in April, when the WHO country liaison office was established. Poliomyelitis-free countries inform the Regional Office immediately by telex or fax if there is a reported or confirmed poliomyelitis case.

In Phase two, a computerized system will be used which will allow for reporting of additional details on individual cases. The exact details of the information to be included under Phase two will be determined after finalization of the regional system.

3.1.5 Regional laboratory network

Laboratory support is essential for an effective EPI disease reduction programme. To strengthen laboratory support, a regional laboratory network, based on both national laboratories and regional reference laboratories, will be established to strengthen the already existing laboratories which can perform cell culture technique.

National laboratories will be responsible for isolation and serotyping of poliovirus, sending isolates for intratypic differentiation to regional laboratories, performing serosurveillance studies, and working closely with clinicians, epidemiologists and programme
managers. National reference laboratories should be established in Hong Kong (also to serve Macao), Malaysia (also to serve Brunei Darussalam), Papua New Guinea, the Philippines, the Republic of Korea and Singapore. Two national laboratories will be proposed in Viet Nam: one in Hanoi and one in Ho Chi Minh City (also to serve Cambodia). WHO's South-East Asian Region and the National Institute of Health in Bangkok, Thailand, have agreed to serve the Lao People's Democratic Republic. In view of China's large population and the large outbreaks of poliomyelitis in 1989 and 1990, the Institute of Virology, Chinese Academy of Preventive Medicine in Beijing, will be designated as the national laboratory. However, it will function like a regional reference laboratory, and competent provincial Hygiene and Epidemic Prevention Stations in China which will carry out the laboratory diagnosis of poliomyelitis independently. It is suggested that the regional reference laboratory in Australia and the national reference laboratory in New Zealand should be responsible for poliomyelitis diagnosis in the southern Pacific islands countries. National vaccine quality control laboratories will be responsible for the quality control of locally produced vaccines according to WHO requirements, and for potency testing of poliovirus vaccine in case of cold chain failure or when vaccine failure appears to be a factor in persistent poliomyelitis transmission.

Regional reference laboratories will be designated to support the development of national laboratories by distributing reference materials and training technicians in standardized methods. The regional reference laboratories will also be responsible for quality assurance activities and for intratypic characterization (differentiation of wild and vaccine-like poliovirus) of poliovirus isolates received from designated national laboratories. After an initial evaluation of the laboratories, it is proposed that regional reference laboratories should be designated in the Virology Department, Fairfield Hospital, Fairfield, Victoria, Australia, and the Department of Enteroviruses, National Institute of Health, Tokyo, Japan. WHO headquarters is preparing Technical Service Agreements for the two proposed regional reference laboratories. The Regional Office is preparing the Technical Services Agreements for the proposed national reference laboratories. The regional laboratory network will be a part of the global activities coordinated by WHO headquarters, especially with respect to the distribution of reference materials and high-level training for the staff of regional reference laboratories.

The first WHO training course for 21 poliomyelitis laboratory workers (both from enterovirus surveillance laboratories and from poliovaccine quality control laboratories) from five countries of the Region was held in Beijing in June 1990. After the course, all participants were involved in proficiency testing (poliovirus type 1, 2, 3, other enterovirus; vaccine potency testing). The information on the evaluation results is now being shared with the participants.

3.2 National level

3.2.1 Endemic countries

Major attention was paid to the revision of the national poliomyelitis eradication plans in the endemic countries.

Between December 1990 and May 1991, WHO consultants visited China, the Lao People's Democratic Republic, Papua New Guinea, the Philippines and Viet Nam, in order to ensure sound technical input to the revised national plan.

In Cambodia, political changes had interrupted WHO collaborative activities but a liaison office has been reestablished in March 1991. A consultant's visit is planned for September 1991 to collaborate in the preparation of possible poliomyelitis eradication initiatives.
In China, the poliomyelitis eradication initiative activities were reviewed by a joint Government, WHO and UNICEF team in December 1990. Major supplementary immunization activities were recommended by the review team, and were initiated in most provinces during the first quarter of 1991. Shortages of vaccine still seem to be hampering the full implementation of such supplementary activities.

The Lao People’s Democratic Republic, the Philippines and Viet Nam will start small-scale supplementary activities during the last quarter of 1991. Priority has been given in Papua New Guinea to improving the surveillance system and fully investigating each reported suspect poliomyelitis case. There were only nine in 1990, but none of them were fully investigated.

At the recommendation of the Technical Advisory Group, intercountry coordinating committees were formed in China, the Lao People’s Democratic Republic, Papua New Guinea, the Philippines and Viet Nam. They are expected to improve coordination at country level and provide full support to the accelerated activities for eradication.

3.2.2 Poliomyelitis-free countries

Strategies and priority activities needed in both high and low risk poliomyelitis-free countries will be reviewed and discussed during the second meeting of the Technical Advisory Group, scheduled for December 1991, and incorporated afterwards in regional and national poliomyelitis eradication workplans.

3.3 Logistical support

3.3.1 Vaccine production and procurement

EPI vaccines are produced in the developed countries of the Region and in some of the developing countries. Some non-producing countries, such as Malaysia and Papua New Guinea, purchase their own vaccines, but most receive their EPI vaccines from donors such as UNICEF, Rotary International, the Japan International Cooperation Agency and the Canadian International Development Agency.

Trivalent oral poliovirus vaccine is the recommended vaccine for the poliomyelitis eradication initiative. All countries should ensure that only vaccine meeting WHO requirements is used. Locally produced poliovirus vaccines from China and Viet Nam do not yet fully meet the requirements. The last Global Advisory Group on EPI recommended the formulation of trivalent oral poliovirus vaccine with $10^6$, $10^5$, and $10^{5.8}$ infectious units per dose for types 1, 2, and 3, respectively, with a balance of 10:1:6. Manufacturers supplying trivalent oral poliovirus vaccine through the UNICEF tender have been advised already and are expected to implement this change in formulation. Other regional producers have been informed through the Regional Office.

Poliovirus vaccine requirements will increase when poliomyelitis eradication initiatives are started. As requests are likely to be both late and urgent, the sources and locations of vaccine reserves will need to be identified.

3.3.2 Cold chain and logistics

Cold chain and logistics have been given high priority by the countries, WHO, UNICEF and other international and nongovernmental organizations involved in the Expanded Programme on Immunization. Technical training, equipment and funding have been provided
for the cold chain in the countries of the Region since the start of the Programme. This has resulted in major improvements in the cold chain and vaccine handling.

Vaccine logistics remain a problem in most countries. Shortages of poliovirus vaccine and other vaccines still occur at peripheral levels, even though adequate quantities are available at national level.

Additional cold chain equipment and logistic support will be required for the supplementary poliomyelitis immunization activities necessary to reach the eradication goal, but this will be in the context of the overall EPI requirements.

Though most of the required cold chain equipment has been provided already, some of it is approaching the end of its expected working life of 10 years, and will need to be replaced in the near future. Exact estimates of the cost of repairing and replacing necessary cold chain equipment in the Region are not yet available. The funds for this will have to come mainly from extrabudgetary sources.

3.4 Training

Up to now, training activities at the regional level have been conducted mainly as a part of the EPI programme activities. At this stage very little EPI training needs to be conducted on a regional basis, and most of the training activities are conducted on a country-by-country basis according to specific needs.

Specific training on strategies for poliomyelitis eradication has been conducted during 1990 and 1991 as shown in Table 2.

Table 2. Training courses, 1990 to mid-1991

<table>
<thead>
<tr>
<th>Country</th>
<th>Number of courses</th>
<th>Number of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>China</td>
<td>4</td>
<td>300</td>
</tr>
<tr>
<td>Lao People's Democratic Republic</td>
<td>1</td>
<td>40</td>
</tr>
<tr>
<td>Papua New Guinea</td>
<td>(Scheduled, 1991)</td>
<td></td>
</tr>
<tr>
<td>Philippines</td>
<td>(Scheduled, 1991)</td>
<td></td>
</tr>
<tr>
<td>Viet Nam</td>
<td>5</td>
<td>200</td>
</tr>
</tbody>
</table>
3.5. Evaluation methodology

Comprehensive programme reviews have been made jointly by governments and international agencies. Table 3 lists the last reviews performed (1989 to 1991) in the poliomyelitis endemic countries of the Region. During programme reviews, special attention has been given to evaluation and planning of poliomyelitis eradication activities.

Table 3. Dates of National EPI (EPI/CDD) Comprehensive Programme Reviews, by country/area of the Western Pacific Region, 1989 to 1991

<table>
<thead>
<tr>
<th>Country/area</th>
<th>Year</th>
<th>Type</th>
<th>Participating agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodia</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>1989</td>
<td>EPI</td>
<td>Government/WHO/UNICEF/SCF</td>
</tr>
<tr>
<td>Lao People’s Democratic Republic</td>
<td>1989</td>
<td>EPI/CDD</td>
<td>Government/WHO/UNICEF</td>
</tr>
<tr>
<td>Philippines</td>
<td>1991</td>
<td>EPI</td>
<td>Government/WHO/UNICEF/USAID/RI</td>
</tr>
<tr>
<td>Viet Nam</td>
<td>1989</td>
<td>EPI</td>
<td>Government/UNICEF</td>
</tr>
</tbody>
</table>

Various other evaluation methods have been used for the Expanded Programme on Immunization during the last decade and many EPI managers and supervisors have now become familiar with the organization and use of the immunization coverage surveys. Examples of survey results are included in Table 1.

3.6 Resource requirements

The majority of resources for poliomyelitis eradication have come and will need to come from the countries themselves. In addition, extensive efforts have been made to develop the Expanded Programme on Immunization through international sources. Major contributions to the Expanded Programme on Immunization in the Region, in addition to WHO, include the United Nations Children’s Fund (UNICEF), Rotary International (RI), the Japan International Cooperation Agency (JICA), the Australian International Development Assistance Bureau (AIDAB), the United States Agency for International Development (USAID), the Finnish International Development Agency (FINNIDA) and Save the Children Fund (SCF).

The regional plan of action for the eradication of poliomyelitis includes estimates of budget requirements for the Expanded Programme on Immunization and poliomyelitis eradication initiative from 1991 to 1995. Estimates will be refined as national plans with budgets are prepared or revised.
4. PROSPECTS

During most of 1991 the energies and efforts at both the regional and national level were devoted to finalizing the plans of action for the period of 1991-1995 and to prepare for the implementation of the action recommended by the Technical Advisory Group and detailed in the Regional Plan of Action for the Eradication of Poliomyelitis.

The year 1992 will require the full-scale implementation of the four key strategies:

(1) achievement and maintenance of poliovirus vaccine coverage of more than 80% of the target population;

(2) supplementary immunization activities, such as immunization days or mopping-up operations, aimed at interrupting wild poliovirus transmission;

(3) strengthening of disease surveillance aimed at the prompt detection and thorough investigation of all suspected poliomyelitis cases, and the identification of factors responsible for these cases; and

(4) aggressive outbreak control, including containment immunization.

The establishment of the regional laboratory network, the strengthening of training, the improvement of information dissemination, and increased logistical support will be the most important supportive measures. Regular evaluation of programme activities at all levels will be required to ensure identification of programme successes and failures and redefine strategies and tactics, if necessary.
1. INTRODUCTION

The first meeting of the Technical Advisory Group (TAG) on the Expanded Programme on Immunization (EPI) and Poliomyelitis Eradication in the Western Pacific Region was held in Tokyo from 3 to 5 April 1991. The meeting was attended by six TAG members, EPI managers or counterparts from the six countries in the Region where poliomyelitis is endemic and representatives from multilateral, bilateral, governmental and nongovernmental organizations involved with EPI and poliomyelitis eradication. The purpose of the meeting was to review EPI and poliomyelitis eradication activities in the Region and the draft regional plan of action for poliomyelitis eradication as well as to consider ways to further accelerate activities to achieve the WHO Regional Committee target of eradication of poliomyelitis from the Region by 1995, within the context of strengthening overall EPI activities.

2. POLIOMYELITIS ERADICATION PROGRESS ACHIEVED

The TAG members reviewed the progress of the six countries where poliomyelitis is endemic with a view to achieving regional and national poliomyelitis eradication goals in light of the strategies and methodology developed in other regions, particularly the Region of the Americas. After discussions on the global, regional and country presentations, the draft regional plan of action and regional activities were reviewed.

The TAG commended the high immunization coverage achieved in the Region and the commitment of the WHO Regional office to EPI and poliomyelitis eradication as demonstrated by the formation of the TAG and organization of a task force. The considerable amount of action taken so far towards achieving poliomyelitis eradication, at both country and regional levels, was appreciated. It includes the following:

(a) National governments have given their support to EPI and the poliomyelitis eradication initiative and have adopted the 1995 eradication goal. All countries where poliomyelitis is endemic have either revised their poliomyelitis eradication plans of action, within the context of EPI plans, or plan to do so shortly.
Annex

(b) At regional level, a regional poliomyelitis reporting system has been implemented and a Regional Interagency Coordinating Committee is being formed.

(c) At the international level, a Declaration on the Survival, Protection and Development of Children was made at the World Summit for Children, held at the United Nations in September 1990, and attended by 71 heads of state. This brings the EPI immunization coverage and disease reduction targets, including poliomyelitis eradication, to the highest levels of political visibility and commitment. Considerable support has been and continues to be provided by the international community for EPI and poliomyelitis eradication activities.

3. MAJOR ISSUES AND RECOMMENDATIONS

Further acceleration of activities and increased support is required if the 1995 poliomyelitis eradication goal is to be achieved. The TAG finalized and endorsed the Regional Poliomyelitis Eradication Plan of Action. To coordinate and implement the activities included in the plan, the following action urgently needs to be taken:

(1) The required quantity and quality of oral poliomyelitis vaccine supplies must be assured to support the routine and supplementary immunization activities needed to achieve poliomyelitis eradication, such as outbreak control, mopping up and immunization days, through the following:

(a) estimating vaccine requirements for countries where poliomyelitis is endemic and in high-risk countries, in collaboration with WHO, UNICEF, Rotary International and other collaborating agencies;

(b) targeting children less than three years of age instead of children less than five years of age, if the epidemiological data support this strategy, using all EPI antigens, whenever possible, during mopping up activities and immunization days to make more efficient use of resources;

(c) carefully monitoring the epidemiological and programmatic impact of these activities.

(2) National poliomyelitis surveillance and reporting systems must be further developed to advance the poliomyelitis eradication initiative and to identify areas with low EPI performance and the occurrence of acute poliomyelitis cases and thus in greatest need of additional support. Improvement of the poliomyelitis disease surveillance system will also benefit the other EPI disease control initiatives.

(3) The regional and national laboratory network must be established and developed to support poliomyelitis surveillance activities. Systems for proper collection and transport of faecal specimens by reverse cold chain also need to be instituted rapidly.

(4) All national poliomyelitis eradication plans of action must be revised and approved in the six countries where poliomyelitis is endemic before July 1991, taking into full account the strategies and guidelines stated in the regional plan. The national plans should include both
technical and financial components and phased activities relevant to local conditions and the stage of development of EPI and poliomyelitis eradication in each country.

(5) EPI and poliomyelitis eradication Interagency Coordinating Committees must be established at national level as soon as possible, involving all concerned government and external collaborating agencies, to coordinate activities and secure the necessary support for implementing EPI and poliomyelitis eradication plans.

(6) Evaluation and research must be further developed in view of the recent initiation of accelerated poliomyelitis eradication activities in the countries and areas of the Region. Efforts should be focused on identifying programme successes and failures to provide information for further advancing the initiative, including, possibly, modification of strategies and tactics. It is requested that the WHO Regional office and the national programme managers carry out evaluation and research activities to answer specific epidemiological, methodological and programme implementation questions.

(7) The TAG urgently requests all national governments to continue to give their full commitment and support to the poliomyelitis eradication goal. Multilateral, bilateral and nongovernmental organizations are encouraged to continue to provide adequate support for the EPI and additional support for the poliomyelitis eradication initiative to meet requirements detailed in the national and Regional plans and to enable eradication to be achieved by 1995.

(8) The TAG should meet again in December 1991 to review the progress of the EPI and disease control initiatives, identify programme successes and constraints and review any need for changes in programme strategies or tactics.