WHO-EM/POL/438/E

Report on the

Thirty-second meeting of the Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication

Dubai, United Arab Emirates
24–26 April 2018

World Health Organization
Regional Office for the Eastern Mediterranean

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1. INTRODUCTION

The Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication (RCC) held its 32nd meeting in Dubai, United Arab Emirates during the period 24 to 26 April 2018. The meeting was attended by members of the RCC, chairpersons of the National Certification Committees or their representatives and immunization programme or polio eradication programme staff of 17 countries of the Region (Afghanistan, Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Palestine, Saudi Arabia, Sudan, Syrian Arab Republic, Tunisia and United Arab Emirates). The meeting was also attended by representatives from Rotary International, Centers for Disease Control and Prevention and WHO staff from headquarters, regional offices for Africa and for the Eastern Mediterranean, and the Afghanistan, Pakistan and Somalia country offices. The programme and list of participants are attached as Annexes 1 and 2, respectively.

The meeting was opened by Dr Yagob Al Mazrou, Chairman of the RCC. He welcomed the participants and thanked the Government of the United Arab Emirates and specifically His Excellency Mr Abdul Rahman Bin Mohamed Al-Owais, the Minister of Health and Prevention of the United Arab Emirates, for hosting the meeting and providing excellent support.

Mr Christopher Maher, Manager, Polio Eradication Programme, welcomed the participants on behalf of the Acting WHO Regional Director and thanked them for their unwavering commitment and sustained efforts to achieve the target of eradicating polio in the Region. He acknowledged progress in the remaining two polio-endemic countries, Pakistan and Afghanistan, and the two countries having outbreak response to cVDPV2, Somalia and the Syrian Arab Republic. Progress was reflected in reduction of polio cases in 2017 compared with 2016. It was hoped that the Region would achieve the target of polio eradication very soon despite the challenges of access and complex security situations in some Member States.

Dr Hussain Abdelrahman Al Rand, Assistant Undersecretary for Health Centres and Clinics, attended the inaugural session and delivered a message on behalf of His Excellency the Minister. He referred to the national polio eradication programme and reaffirmed the commitment of the Government of United Arab Emirates to support polio eradication efforts globally and regionally. He stated that the eradication of polio from the Region could be achieved through the support and continuous coordination of countries, especially to prevent any importation into polio free countries.

2. REGIONAL OVERVIEW OF POLIO ERADICATION

2.1 Regional overview

Mr Christopher Maher, Manager, Polio Eradication Programme, WHO/EMRO

In endemic countries (Pakistan and Afghanistan), the overriding priority for the regional polio programme in 2018 is to complete the eradication of all poliovirus through supporting both countries to implement effectively their country-specific national emergency action plans. Countries at high risk have to be protected from outbreaks and low risk countries have to sustain polio-free status and ensure capacity for early detection of wild polioviruses (WPVs) or vaccine-derived polioviruses (VDPVs). Other priorities include developing plans and a timeline for regional work on certification and containment, and accelerating transition planning.

Positive epidemiological developments include weakened transmission, disrupted seasonality and decreasing genetic diversity of polioviruses. These accomplishments have been achieved through strong, competent, effective programmes in endemic countries and rigorous implementation and follow-up of the national emergency action plans. The response to circulating vaccine-serviced poliovirus type 2 (cVDPV2) in Somalia and the Syrian Arab Republic has been appropriate and generally of good quality. A recent outbreak response assessment mission concluded that the Syrian outbreak might be over but cautioned to maintain the current level of activities for another six months in view of global guidelines for VDPV2 and the security situation. At-risk countries have generally achieved good results in maintaining surveillance and protection despite volatile and complex conflict and unabated population movement.

2.2 Implementation of the 31st RCC meeting recommendations

Dr Humayun Asghar, Polio Coordinator and Regional Certification Focal Point, WHO/EMRO

All recommendations of the 31st meeting of the Regional Certification Commission were successfully implemented.

3. GLOBAL UPDATE ON POLIO ERADICATION

Dr Graham Tallis, Coordinator, Detection and Interruption, WHO/HQ

So far in 2018, eight WPV1 cases have been reported globally: seven in Afghanistan and one in Pakistan. However, WPV1 continues to be detected by environmental surveillance in widespread areas of Pakistan where no polio case has been found. In Nigeria, ongoing transmission cannot be ruled out, as there are still around 104 000 children unreached by vaccination in Borno State and there are gaps in surveillance in these unreached populations. However, through new strategies being employed, the number of inaccessible children has fallen since the end of 2017. There are multiple outbreaks of cVDPV.

- New outbreak of cVDPV2 in the Horn of Africa, with international spread between Somalia and Kenya
- New outbreak of cVDPV3 in Somalia
- New outbreak of cVDPV2 in Jigawa, Nigeria
- New cases of cVDPV2 in Democratic Republic of Congo, affecting new areas of the country.

In the Syrian Arab Republic, the outbreak response appears to have possibly stopped transmission, although the disruption to the health care system due to the ongoing civil war makes this uncertain.

Strengthening surveillance is a global priority, including expansion of environmental surveillance; currently there are 572 environmental surveillance sites in 315 cities in 58 countries. The main polio programme priority remains interrupting transmission in endemic countries and stopping cVDPV outbreaks.

4. INTERREGIONAL COORDINATION

4.1 Update on polio eradication in the WHO African Region

Dr Koffi Isidore Kouadio, Regional Polio Certification Officer, WHO/AFRO

The onset of the latest case due to WPV1 in the African Region was on 21 August 2016 (20 months ago) from Borno state, Nigeria, while the onset of latest case due to cVDPV2 was on 19 February 2018 (2 months ago) from Haut Katanga province in the Democratic Republic of Congo. Based on the regional surveillance gaps and the risk assessment results analysis, new innovative initiatives/strategies put in place by the programme are contributing to the strengthening of surveillance and immunization performances. These include expanded use Geographic Information System (GIS) based technologies, expansion of environmental surveillance, use of nongovernmental organizations and military forces in hard to reach and security compromised areas).

In the first quarter of 2018, the supply of inactivated polio vaccine (IPV) has been improved in the 10 remaining countries of the African Region that had delayed introduction of this antigen due to global shortage. Poliovirus laboratory containment Phase 1a and Phase 1b activities were conducted in all of 47 countries with reports submitted to the Regional Office for Africa. However, some national research laboratories are still reluctant to destroy their specimens until the WHO document providing clear guidance for non-polio laboratories is finally released. South Africa, hosting the only designated poliovirus essential facility in the African Region, has appointed members of the national authority on containment. Thirty-nine of 47 countries have their complete documentation accepted by the African Regional Commission for Certification of Poliomyelitis Eradication. Challenges to certification include: persistent gaps/decline in surveillance performance in some countries having their complete documentation previously accepted; and lack of information or

accurate data in countries with ‘security compromised and conflict affected areas’, especially those having their complete documentation previously accepted.

The WHO Regional Office for Africa and the global polio eradication partners are supporting polio outbreak responses activities in the Region. The outbreak response activities in northern Nigeria and the Lake Chad Basin are ongoing with the Lake Chad Basin outbreak response coordination task team phase 3 extended up to June 2018. A high level advocacy visit was carried out on 20 March 2018 to foster commitment in the Republic of Chad and the Lake Chad Basin. In the Democratic Republic of Congo, the outbreak of 26 cVDPV2 cases affecting four provinces (Haut Lomami, 9 cases; Maniema, 2 cases; Tanganyika, 14 cases; and Haut Katanga, 1 case) was declared a national public health emergency by the government on 13 February 2018. Additional financial resources are being mobilized by the Global Polio Eradication Initiative (GPEI) partners for a special initiative on outbreak response in the Democratic Republic of Congo. WHO and GPEI partners are deploying additional staff in the field. The national emergency action plan has been developed with the establishment of emergency operations centre structures at national and provincial levels.

The key priorities of the polio eradication programme in the African Region for 2018 are: 1) to interrupt polioviruses circulation in Lake Chad Basin and Democratic Republic of Congo; 2) to strengthen the performance of surveillance for acute flaccid paralysis (AFP) and environmental surveillance; 3) to rapidly scale up use of GIS technologies (AVADAR, ISS, E-Surv etc.); 4) to strengthen preparation of country documentation towards regional certification of polio eradication; and 5) to strengthen the accountability framework of polio-funded staff for programme performance improvement.

4.2 Update on polio eradication in the WHO European Region

Professor David Salisbury, Chairman, Global Certification Commission

The European Region remains free of polio (WPV or cVDPV). There have been only very minor changes in the key indicators assessed by the European Commission for Certification of Polio Eradication, namely population immunity, surveillance outbreak preparedness and containment. The Commission remains concerned about the immunization status and availability of vaccination for the large number of migrants and refugees entering the region from both the African and Eastern Mediterranean regions. Three countries (Ukraine, Bosnia Herzegovina and Romania) have been assessed by the Commission as ‘high risk’ based foremost on poor population immunity. Initial indications are for a large number of proposed poliovirus essential facilities from the European Region reflecting polio vaccine manufacturing, research laboratories and other facilities that have indicated that they wish to retain polioviruses. One country has submitted its application to WHO for a certificate of participation. The WHO Regional Office for Europe is pilot testing an internet based

process for countries to upload the information for their annual update reports allowing for better data analysis and a more stream lined procedure.

4.3 Update on polio eradication in the WHO South-East Asia Region
Dr Supamit Chunsuttiwat, Chairman, South East Asia Regional Certification Commission

The WHO South East Asian Region has not seen WPV for over 7 years. However, VDPVs have been detected. In 2017, one VDPV2 was detected in sewage samples in India without circulation in the community.

The certification process is ongoing; the Regional Commission for Certification meets annually while national certification commissions remain active and are using more analytical approach for annual progress report, based on risk assessment. The work of the regional commission is enhanced in a similar way to meet the recommendations of the global certification commission meeting in July 2017. The certification status at national and regional levels is concluded based on 4 key questions:

1) Are polio immunization coverage and immunity levels high enough to prevent imported wild poliovirus to circulate and emergence of VDPV?
2) Is polio surveillance sensitive enough to rapidly and reliably detect imported wild poliovirus and VDPV should it emerge?
3) Are polioviruses in laboratories adequately handled and contained under GAPIII requirements to prevent reintroduction into population and environment?
4) Are levels of preparedness for timely and reliable detection of and response to poliovirus occurrence adequate and up to date?

In the post-certification period, maintaining polio eradication activities is getting more challenging. In many countries, the performance of surveillance and immunization activities are slipping below expected levels. After the switch from trivalent oral polio vaccine (tOPV) to the bivalent version (bOPV) and the introduction of IPV in 2016, some countries have been facing a shortage of IPV. India and Sri Lanka resort to fractional dose IPV in their routine immunization, other countries are considering a similar strategy.

Now 6 countries have environmental surveillance established in high-risk areas guided by risk assessment .The regional polio laboratory network has maintained its strong function among 16 laboratories in 7 countries. Regarding containment, all countries are on track with phase 1 of GAP III. India and Indonesia have nominated poliovirus essential facilities as they plan to produce polio vaccine and they have each established a national authority for containment. All countries have national preparedness plans in place, although some countries are to update their plans to the latest global standard operating procedures. India and Myanmar successfully implemented outbreak response following detection of VDPV2 in 2015 and 2016; Sri Lanka tested its preparedness plan following a false alarm in 2015; and other

countries will have their plans tested by simulation exercises with support of the Regional Office for South-East Asia.

Five countries are under GPEI funding support. These countries are working on transition plans to mitigate the impact from funding declines. The mitigation strategies include, for example, transfer of some polio functions to ministries of health and identifying alternative sources of funding.

5. GLOBAL RECOMMENDATIONS AND ROLES AND RESPONSIBILITIES OF NATIONAL CERTIFICATION COMMISSIONS

Professor David Salisbury, Chairman, Global Certification Commission

The Global Commission for the Certification of Poliomyelitis Eradication (GCC) met in February 2018. It noted that although no WPV1 paralytic cases had been reported in Pakistan since November 2017 and fewer cases were being reported from Afghanistan for comparable periods in earlier years, considerable numbers of positive environmental samples were being reported from both countries implying that there was still significant ongoing transmission. This circulation of WPV1 has implications for the commencement and conclusion of the process of certification of interruption of transmission.

The GCC has previously asked for development of a risk assessment tool that can be used by national certification committees (NCCs) and regional certification commissions allowing the GCC to compare risks and their mitigation between countries and across Regions. The GCC noted the progress being made with this tool and hoped that it would be introduced shortly in all Regions.

The GCC considered the possibility that there may still be cVDPV outbreaks in the approach to certification and agreed conditions for the process of certification in such circumstances. The GCC also reviewed the surveillance standards that it will require countries to fulfil according to the systems in place (AFP, environmental and enterovirus surveillance or combinations of these). The terms of reference of the GCC were reviewed, since it had been many years since this was last done. The GCC has previously recommended that countries should undertake outbreak simulation exercises and proposed that the GCC should undertake a certification exercise. This could be done using the example of certification of WPV3 eradication. Finally, the GCC asked for a timeline for its activities to be presented regularly and updated as circumstances on the interruption of transmission and containment change.

6. WHAT IS NEW IN ANNUAL UPDATE REPORT AND EXECUTIVE SUMMARY

Dr Humayun Asghar, Polio Coordinator and Regional Certification Focal Point, WHO/EMRO

In the Eastern Mediterranean Region, meetings and a training workshop were conducted for GAPIII implementation. In one regional meeting NCC chairs and national containment coordinators were invited together to discuss the role and responsibilities of stakeholders with regard to phase 1 activities for implementation of GAPIII. Training for auditors was conducted during 2017; only Pakistani participants could attend the meeting, and two participants passed the exam to become certified auditors.

All countries of the Region have completed phase 1a survey and inventories of phase 1, GAP III. Phase 1b has been completed by Afghanistan, Bahrain, Jordan, Kuwait, Pakistan, Saudi Arabia and United Arab Emirates. Pakistan and the Islamic Republic of Iran have designated their poliovirus essential facilities and both countries have constituted their national authority for containment.

7. UPDATE ON REGIONAL GAPIII CONTAINMENT ACTIVITIES

Dr Humayun Asghar, Polio Coordinator and Regional Certification Focal Point, WHO/EMRO

In a recent meeting of the GCC, emphasis was put on the risk assessment and risk mitigation for the preparedness against wild poliovirus importation. The RCC has also expressed concern about the reporting of the risk assessment in the report and especially in the executive summary. The country report presentations and executive summaries are too detailed and long, and are not focused on country risks and risk mitigation. The RCC recognized that this is in part due to the current format for the provision of reports, and the WHO Secretariat was requested to draft a new format for the annual report presentation and executive summary, incorporating a risk identification and risk mitigation approach. The executive summary guidance was revised and addresses the four questions (population immunity, surveillance, containment, preparedness and response). The NCC chairs were briefed about the changes in the format, however, RCC in their recommendations asked to further elaborate four areas in the report for which it may be revised again.

8. POLIOVIRUS CONTAINMENT: PROGRESS WITH GLOBAL ACTION PLAN III IMPLEMENTATION

Dr Jacqueline Fournier-Caruana, Containment Team Lead, WHO/HQ

In the presentation on progress with implementation of the global action plan on poliovirus containment, emphasis was placed on the rationale for poliovirus containment to maintain polio-free status in the post-eradication certification era, and progress made in 2017 with the production of documents to facilitate implementation

and the certification process, including guidance on poliovirus potentially infectious material for non-polio facilities to complete phase 1. Details were also given on the containment oversight structure, recommendations of recent meetings of the GCC and Strategic Advisory Group of Experts on Immunization (SAGE), the polio transition plan and the way forward.

9. DISCUSSION OF THE REPORTS

The RCC was very concerned that Djibouti did not submit its 2017 annual update report.

Three countries, namely Libya, Qatar and Yemen, submitted their 2017 annual update reports, but the NCC Chairs were unable to attend the meeting. Qatar was connected via WebEx and presented its report. The RCC discussed the reports of Libya and Yemen during private meetings.

Certification reports from Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Palestine, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and United Arab Emirates were accepted provisionally; formal acceptance will be accorded on receipt of amended reports incorporating responses to comments of the RCC.

Annual progress reports from Pakistan and Afghanistan were also reviewed and discussed.

10. ROAD MAP FOR GLOBAL CERTIFICATION AND IMPLICATIONS FOR THE REGION

Dr Graham Tallis, Coordinator, Detection and Interruption, WHO/HQ

The purpose of the certification road map is to develop a common understanding of the certification timetable to ensure smooth and timely preparation, and document certification and containment milestones that must be achieved as the situation progresses. It will also assist in scheduling GCC meetings, which will now be held meet twice a year, once in March–April with containment focus, and second in September–October with certification focus. The road map is currently based on the most optimistic assumptions for eradication, i.e. no new WPV1 in the African Region, and the Eastern Mediterranean Region ceases transmission in 2018, allowing global certification to occur in December 2021 or early 2022. It will be a live document that will be continuously updated, and published on the GCC web page twice a year prior to each GCC meeting. The main target audience include Chair and members of the RCCs and NCCs, and GPEI partners and stakeholders. The current road map assumes that the African Region will be certified polio-free in early 2020, the Eastern Mediterranean Region in late 2021, and that global certification will follow in early 2022. The road map will include contingency planning for the various scenarios involving delay to these optimistic assumptions.

11. OTHER MATTERS

The RCC expressed concern that country report presentations and executive summaries are too detailed and long, and are not focused on country risks and risk mitigation. The RCC recognizes that this is in part due to the current format for the provision of reports, and the WHO secretariat is requested to draft a new format for the annual report presentation and executive summary, incorporating a risk identification and mitigation approach. The executive summary guidance should be revised and address the four components of the risk assessment to certification (population immunity, surveillance, containment, and outbreak preparedness and response). The NCC chairs should be asked to prepare short executive summaries taking into consideration the key questions and risks mentioned above.

RCC reviewers' responses will in the future be focused on the four key components mentioned above, and on the identified risks and risk mitigation measures. For RCC members to review the country reports, the WHO Secretariat will prepare a reporting checklist based on risk assessment and mitigation measures.

The RCC requests the WHO Secretariat to support the NCCs and ministries of health to conduct effective national risk assessments based on the model standardized by the regional risk assessments. More focus has to be made on risk assessment and elaborating it more critically. Countries are encouraged to approach WHO to schedule these assessments with WHO support.

Certification documentation reports should be submitted by NCCs to the WHO Secretariat 3 months before the RCC meeting to allow for questions and discussion in advance of the meeting (i.e. reports to be submitted by early March and RCC meeting to take place in early June).

The WHO Secretariat will provide the RCC members with a one-page summary of each country under review, highlighting issues related to population immunity, surveillance, containment and preparedness and response.

The WHO Secretariat may develop an electronic annual report format (eAnnual report based on the European experience), to reduce the workload of the NCCs and to ensure that data is presented in a uniform way. The Regional Office for the Eastern Mediterranean should coordinate with the Regional Office for Europe to benefit from its experience, as they are already piloting this system. Weightage of scoring of NCC reports would also be made.

The RCC members should be invited to important Polio Eradication meetings and also invited for country field visits to familiarize them with polio eradication activities in the countries.

The regional WHO Secretariat, in conjunction with WHO headquarters, should initiate discussions on the process of a format of reporting to the GCC for regional polio-free certification.

The WHO Secretariat in consultation with the Chairman, RCC will convene a teleconference by end of August or early September 2018 if there are significant epidemiological developments requiring review of plans and timelines for the regional certification process and may hold an interim meeting for the RCC in Kuwait on 9 and 10 December 2018 to discuss the regional polio eradication situation.

It was agreed to hold the next meeting of the RCC in the second week of June 2019 (11–13 June 2019) in Muscat, Oman.

Annex 1

PROGRAMME

Tuesday, 24 April 2018

08:00–08:30	Registration
08:30–09:00	Opening Session Introductory Remarks / Dr Y. Al Mazrou, EM/RCC Chair Message from the Acting Regional Director / Mr C. Maher, WHO/EMRO Welcome message from H.E. Minister of Health and Prevention / Dr H. Al Rand, Ministry of Health Adoption of Agenda
09:00–09:30	Regional Overview / Mr C. Maher, WHO/EMRO
09:30–09:45	Implementation of the 31st RCC meeting recommendations / Dr H. Asghar, WHO/EMRO
09:45–11:30	Global Update of Polio Eradication / Dr G. Tallis, WHO/HQ Inter Region Coordination: AFR / Dr K. Kouadio, WHO/AFRO EUR / Prof. D. Salisbury, GCC Chair SEAR / Dr S. Chunsuttiwat, SEA/RCC Chair Discussion
11:30–11:50	GCC Recommendations and roles and responsibilities of NCC / Prof. D. Salisbury, GCC Chair
11:50–12:15	What is new in annual update report and executive summary / Dr H. Asghar, WHO/EMRO
12:15–14:15	Annual Update Reports of the United Arab Emirates and Bahrain
14:15–16:00	Annual Update Reports of Egypt and the Islamic Republic of Iran
16:00–17:00	Annual Update Reports of Iraq and Jordan
17:00–17:45	Private Meeting of EM/RCC

Wednesday, 25 April 2018

09:00–09:15	Update on EMR GAP III Containment activities / Dr H. Asghar, WHO/EMRO
09:15–09:30	Poliovirus containment: progress with Global Action Plan III implementation / Dr J. Fournier-Caruana, WHO/HQ
09:30–11:00	Annual update reports of Kuwait and Lebanon
11:00–12:00	Annual progress report of Afghanistan
12:00–14:00	Annual progress report of Pakistan
14:00–16:45	Annual update reports of Morocco, Oman, Palestine and Qatar
16:45–17:30	Private meeting of EM/RCC

Thursday, 26 April 2018

09:00–11:30	Annual update reports of Tunisia, Saudi Arabia and Somalia
11:30–12:30	Annual update reports of Sudan and Syria
12:30–14:00	Road map of GCC and implications for EMR / Dr G. Tallis, WHO/HQ
14:00–14:30	Private meeting of EM/RCC
14:30–15:00	Closing session and concluding remarks

Annex 2

LIST OF PARTICIPANTS

Regional Certification Commission Members of the Eastern Mediterranean

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