

Message from

DR AHMED AL-MANDHARI

REGIONAL DIRECTOR

WHO EASTERN MEDITERRANEAN REGION

to the

**TWENTIETH INTERCOUNTRY MEETING OF DIRECTORS OF POLIOVIRUS
LABORATORIES IN THE WHO EASTERN MEDITERRANEAN REGION**

Tunis, Tunisia, 22–24 October 2018

Dear Colleagues, Ladies and Gentlemen,

It gives me great pleasure to welcome you to the twentieth intercountry meeting for the directors of poliovirus laboratories in the WHO Eastern Mediterranean Region. I express my sincere thanks to the Government of Tunisia for hosting this meeting and to His Excellency the Minister of Health, Mr Imad Hammami, for facilitating it. I wish to acknowledge the presence of the directors responsible for polio laboratories in the Region and to commend their excellent work. Let me thank polio eradication partners for their continued contribution and commitment towards achieving the goal of polio eradication, and also welcome experts from the US Centers for Disease Control and Prevention, Kenya Medical Research Institute, National Polio Laboratory in Ankara, advisers and our WHO colleagues from the Regional Office for Africa and headquarters.

As you know, our Region is very much in the spotlight when it comes to polio. The world's only remaining wild poliovirus type 1 transmission takes place in the joint epidemiological block of Afghanistan and Pakistan. There have also been outbreaks of circulating vaccine derived poliovirus types 2 and 3 in Somalia with evidence of shared transmission in Kenya. The Syrian Arab Republic has not reported any circulating vaccine derived poliovirus from human or environmental samples for more than a year.

Dear Colleagues

Despite the complex security situations in some countries of the Region and compromised access due to conflict, we are closer than ever to eradicating poliomyelitis and stopping the transmission of poliovirus. As we move closer to interrupting all transmission, the poliovirus regional laboratory network, supporting the AFP surveillance system, has become increasingly important. The added value of environmental surveillance to supplement AFP surveillance is fully acknowledged and it has been expanded to high-risk countries – Afghanistan, Egypt, Islamic Republic of Iran, Jordan, Lebanon, Pakistan, Somalia, Sudan and Syrian Arab Republic – to support the polio eradication programme.

Regular review of polio laboratory performance and quick corrective measures are of utmost importance. At the same time, implementation of new methods is also a mainstream activity of the global and regional polio laboratories network. The technical and operational capacities of polio laboratories are being strengthened by revising the algorithm for detection of poliovirus with increased accuracy and efficiency.

I am pleased to note that the polio programme is working towards self-sufficiency in intratypic differentiation (ITD) methods and nucleotide sequencing of poliovirus for rapid and quality results for quick response to any poliovirus detection, especially in countries facing problems with transportation of samples.

We have been conducting critically important studies to address the threat posed by immunodeficient patients to assess the risk associated with prolonged immunodeficiency-related vaccine-derived poliovirus (iVDPV) excretion in Egypt, Islamic Republic of Iran and Tunisia. It will help stakeholders and decision-makers to develop effective strategies in line with the Polio Eradication Endgame and Strategic Plan.

I am pleased to inform you that all Member States reported confirm destruction and no retention of poliovirus type 2 materials in compliance with phase I of the global action plan (GAPIII) for containment of polioviruses. To address the inclusion of potentially infectious materials, Member States are collecting data according to “WHO guidance to minimize the risks for facilities collecting, handling or storing materials potentially infectious for polioviruses”. Two countries in the Region have designated poliovirus-essential facilities to serve critical international functions; one is the Razi Vaccine and Serum Research Institute in Islamic Republic of Iran, which may produce Sabin-IPV and monovalent oral poliovirus vaccines, and the other is the National Poliovirus Laboratory in Pakistan which may use Sabin-like type 2 for serological analysis of human sera.

I commend the excellent collaboration between the Regional Offices for Europe and the Eastern Mediterranean and laboratories, namely the Public Health Institute of Turkey, VACSERA in Egypt, RIVM in The Netherlands and CDC in the United States of America, during the cVDPV2 outbreak in the Syrian Arab Republic. I would also like to express my gratitude to the Kenya Medical Research Institute (KEMRI) and the WHO Health Emergencies Programme for their support during the ongoing outbreak of cVDPV2 and cVDPV3 in Somalia.

I am aware of the difficulties faced by laboratories in the shipping of samples and receipt of laboratory supplies, especially in countries operating under embargo, facing financial constraints and working under a high security threat. We and our partners in polio eradication are exerting all efforts to support your laboratories and we will continue to do so.

Again, I would like to commend and thank you for your efforts and expect that you will continue these efforts to support the Polio Eradication Initiative. During this meeting, in addition to reviewing the performance of poliovirus laboratories, you will be informed about new techniques and developments in poliovirus diagnosis. This meeting provides an excellent

opportunity for participants to share their experiences and this exchange of knowledge will help to improve the efficiency of laboratory performance.

I would like to thank you all for your commitment and for your efforts in working towards a polio-free world.

I wish you a very productive meeting and a pleasant stay in Tunisia.