



Report of the eleventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks

Opening of the meeting

1. The eleventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks of the Regional Committee for the Eastern Mediterranean was held by videoconference on 25 July 2024 (see Annex 1 for the programme of the meeting). The Subcommittee was established in response to resolution EM/RC67/R.4 (2020) and held its first meeting on 16 March 2021.
2. The meeting was attended by ministers of health or their representatives and key stakeholders of the Global Polio Eradication Initiative (GPEI) including the Polio Oversight Board (POB), the UNICEF Regional Director for the Middle East and North Africa, the UNICEF Regional Director for South Asia and the WHO Regional Director for the Eastern Mediterranean (see Annex 2 for the list of participants).
3. Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, opened the meeting by welcoming all participants and noting that the meeting came at an important moment for polio eradication efforts in the Region, particularly given the recent detection of variant poliovirus in environmental samples taken in the Gaza Strip, and emphasized the importance of the Subcommittee coming together in support of joint actions to halt further spread.
4. The WHO Regional Director then praised the high level of commitment and progress towards polio eradication throughout the Region, which had been evident during her visits to various polio-affected countries throughout her tenure to date.
5. Dr Balkhy specifically acknowledged the efforts and progress in the two remaining countries in the Region with endemic wild poliovirus, Afghanistan and Pakistan, including the near elimination of one genetic cluster of wild poliovirus type 1, YB3C, which has not been seen since November 2023. She encouraged these national polio programmes and relevant partners to seize the opportunity to reach missed children and interrupt transmission, especially in areas with historically under-immunized children such as the South Region of Afghanistan, where authorities are permitting house-to-house vaccination for the first time in over six years.
6. She also commended efforts to end polio in countries with outbreaks of variant poliovirus, including Sudan, Somalia, and Yemen, recalling her participation in the launch by His Excellency the Prime Minister of Somalia of the Somalia Immunization and Polio Eradication Task Force (SIPE), during which specific milestones were aligned upon to stop the polio outbreak and reduce the number of zero-dose children throughout the country.
7. Dr Balkhy observed the remarkable commitment of countries in the Region that are not actively facing polio within their borders but are contributing to regional efforts to end the disease. She acknowledged the recent significant financial contributions of Saudi Arabia and the United Arab Emirates and noted that both Saudi Arabia and Qatar will be financially supporting the Polio Legacy Challenge in Afghanistan, and that the United Arab Emirates may be joining them in this support. The Polio Legacy Challenge is a results-based financing system that aims to strengthen health infrastructure alongside making progress on polio eradication.
8. The WHO Regional Director concluded her remarks by stating that while risks and challenges remain, the GPEI, Eastern Mediterranean Region and Regional Subcommittee on Polio Eradication and Outbreaks already possessed the resources and expertise needed to urgently work together to establish access to all children in the Region and end polio for good.

Remarks by the co-Chairs

9. Dr Salih Al-Marri, Deputy Minister of Health, Qatar, delivered remarks on behalf of Her Excellency Dr Hanan Mohamed Al Kuwari, Minister of Public Health, Qatar, co-Chair of the Regional Subcommittee on Polio Eradication and Outbreaks. Dr Al-Marri began by reaffirming Qatar's commitment to the wider mission of ending polio and protecting the health of future generations in the Eastern Mediterranean Region.

10. Dr Al-Marri discussed Qatar's steadfast support for regional efforts to end polio, which range from advocacy to logistical support and include the recent facilitation of important meetings, including the May 2024 meetings of the Technical Advisory Group for Afghanistan and Pakistan (TAG) and the Regional Commission for the Certification of Poliomyelitis Eradication (RCC). He also referenced Qatar's support for the Polio Legacy Challenge in Afghanistan.

11. Dr Al-Marri acknowledged that polio poses a significant risk to all countries in the Region and the world as long as it continues to circulate anywhere. He noted that continued circulation in the endemic countries, Afghanistan and Pakistan, and the news of circulation of polio in the Gaza Strip, underscores the urgency of the Region's shared mission to end polio and the need to implement strategies that are more intelligent than those of the poliovirus. He commended innovative efforts such as the critical health dialogue between Afghanistan and Pakistan, which will provide a platform for these countries to collaborate to address the unique challenges they collectively face on priority health issues, including but not limited to polio.

12. He encouraged Member States to continue to mobilize resources to end polio and strengthen national and regional health systems, noting existing funding gaps must be filled to fully execute the polio eradication strategy of the GPEI. He acknowledged the efforts of Member States in the Region that are transitioning away from GPEI funding and integrating aspects of the polio programme into broader national health initiatives, particularly Iraq.

13. Dr Hussain Abdul Rahman Al Rand, Assistant Undersecretary, Ministry of Health, United Arab Emirates, delivered remarks on behalf of His Excellency Abdul Rahman Mohammed Al Owais, Minister of Health and Prevention, United Arab Emirates, co-Chair of the Regional Subcommittee for Polio Eradication and Outbreaks.

14. Dr Al Rand affirmed the shared commitment of the Subcommittee and the Member States of the Eastern Mediterranean Region to ending polio. He acknowledged the substantial financial resources and unwavering support that the United Arab Emirates had committed to polio eradication and emphasized the importance of regional solidarity and specific joint efforts to strengthen national health systems such as the Polio Legacy Challenge in Afghanistan, which is supported by the United Arab Emirates, Saudi Arabia and Qatar.

15. Dr Al Rand reiterated the United Arab Emirates' support for countries continuing to face challenges in eradicating polio and underscored the urgency of the Region's mission to eliminate polio, as well as the importance of sharing knowledge, resources and expertise to strengthen the Region's collective response to the poliovirus. He urged the members of the Subcommittee to stand together and mobilize resources in support of this mission, including strengthening national surveillance systems and outbreak preparedness.

Update on the poliovirus detection in Palestine

16. Dr Hamid Jafari, Director, Polio Eradication, WHO Eastern Mediterranean Region, provided an update on recent detections of circulating variant poliovirus type 2 (cVDPV2) in Palestine. Environmental samples collected on an ad hoc basis in late June detected cVDPV2 in six of the seven samples collected by UNICEF from different sites in Khan Yunis and Deir Al-Balah in the Gaza Strip.

17. An examination of the locations and sequencing of the virus detected in the samples made it clear that the virus is circulating in the Gaza Strip. No paralytic polio cases have been detected as of 25 July; however, Dr Jafari recognized that the acute flaccid paralysis (AFP) surveillance system – the primary modality for detecting circulation – stopped functioning after 7 October 2023, and regular environmental surveillance was also suspended.

18. Genetically, the strains from the virus in the collected samples are separate but closely related to one another and also linked with a cVDPV2 strain that was circulating in North Sinai in Egypt during the second half of 2023. The strain circulating in Egypt has not been detected in Egypt since December 2023, due to an aggressive outbreak response implemented by Egypt in North Sinai in the second half of 2023. The genomic sequencing with the time signatures on the isolates in the Gaza Strip suggests that poliovirus could have been introduced as early as September 2023, though it could have been later. The Ministry of Health in Palestine is leading the response, working closely with WHO, UNICEF and UNRWA. An investigation is ongoing, led by a multi-agency team, and UNRWA, with significant presence on the ground, is providing support. WHO is providing technical support, guidance and strategic planning. UNICEF is supporting social investigation and will be responsible for deployment of the vaccine. It is expected that a risk assessment will be completed in July and will guide response activities. Planning has already started for the restoration of surveillance (both AFP and environmental surveillance) and for transportation of samples to a Global Poliovirus Laboratory Network (GPLN) laboratory in the Region. Planning is also underway to deploy the novel oral polio vaccine type 2 (nOPV2) for a vaccination response campaign as soon as is feasible. It will be necessary to implement multiple rounds of nOPV2 and achieve high levels of coverage to stop circulation of the virus.

19. Dr Jafari also discussed the implications of the detection for the Region. He noted that polio has been designated as a Public Health Emergency of International Concern (PHEIC) and that there is now a risk of paralytic polio outbreaks in the Gaza Strip, as well as a risk of spread to other parts of Palestine and to neighbouring countries. The situation therefore requires urgent, coordinated, collective regional action.

20. Dr Jafari emphasized the need for safe access to all children for vaccination and for the health workers who will be implementing activities, as well as the need for peace, a ceasefire, or at least days of tranquillity when hostilities are suspended for children to be vaccinated.

21. He noted that it was important for neighbouring countries to intensify surveillance, to ensure high vaccination coverage with the inactivated polio vaccine (IPV), which contains all three types of poliovirus, and to be prepared for outbreak response in case poliovirus is detected within their borders. He encouraged all Member States to support the response to the detections in the Gaza Strip however they can, whether politically, technically, financially and/or through promptly sharing information.

22. Dr Jafari also reminded participants of the Temporary Recommendations under the International Health Regulations (IHR): given the most recent detection, Palestine falls under Category 2 of the risk categorization (i.e. a cVDPV2 event, with or without evidence of local transmission). Recommendations under Category 2 include encouraging residents and long-term visitors to receive one dose of IPV four weeks to 12 months prior to international travel and ensuring that travellers who receive such vaccinations have access to a vaccination certificate. Dr Jafari noted that it will be important to intensify regional cooperation and cross-border coordination to enhance surveillance and vaccinate refugees, travellers and cross-border populations.

23. Dr Jafari concluded his update by proposing a call to action for consideration, requesting support from Subcommittee members and all participants for the response to the detections in the Gaza Strip. He specifically noted the critical role that neighbouring countries can play through: the transportation of vaccines, logistics and sample testing for poliovirus; support for laboratory testing of human and environmental samples; and advocacy to create an enabling environment for prompt and effective vaccination response, either through a ceasefire or at least days of tranquillity, and the protection of health workers. He also emphasized the need for a coordinated regional response to take place, including the enhancement of poliovirus surveillance, high immunization coverage for all children, high vigilance and preparedness for vaccination response, and the timely sharing of information.

Remarks from ministers of health

24. Remarks began with those from H.E. Dr Maged Abu Ramadan, Minister of Health, Palestine. Dr Ramadan noted that samples had been collected on an ad hoc basis without coordination with the Ministry of Health and requested that new samples be taken under supervision of the Ministry and tested in a GPLN laboratory in a country in the Region. This will help to definitively determine the presence of polio in the Gaza Strip, as well as the exact source of the importation. The Minister noted the additional risk posed to children's health and

underlined the government's commitment to working with WHO and partners to protect children from polio. He emphasized that all response activities should be implemented in consultation with the Palestinian Ministry of Health. He noted that Palestine had been polio-free for decades due to the high rates of immunization.

25. H.E. Dr Hassan al-Ghabbash, Minister of Health, Syrian Arab Republic, emphasized that the spread of poliovirus anywhere in our Region threatened all children, and encouraged participants to take all steps necessary to prevent further spread. He affirmed that the Syrian Ministry of Health is committed to all possible efforts in this regard.

26. H.E. Dr Qasim Mohammed Buhaibah, Minister of Public Health and Population, Yemen, noted that Yemen is one of the countries in the Region dealing with cVDPV2, and had recently launched an immunization campaign in the southern governorates, sponsored by the Ministry of Public Health and Population in Aden, which immunized 1.3 million children under five years of age in five governorates. He acknowledged that the situation in the southern governorates had significantly improved because of the immunization programmes supported by WHO, UNICEF, Gavi, the Vaccine Alliance, and other international partners. However, he also highlighted the importance of removing barriers to vaccination in the northern governorates and requested a mention of these barriers in the progress report on poliomyelitis eradication and polio transition to the 71st session of the WHO Regional Committee for the Eastern Mediterranean. He also expressed hope that more support would be provided to the Ministry of Public Health and Population in Aden, including by strengthening immunization programmes and surveillance units, both in Aden and in similar units in north Yemen.

27. H.E. Dr Firas Abiad, Minister of Public Health, Lebanon, thanked WHO and other colleagues for their valiant efforts in fighting polio across the Region. He noted that the information regarding the detections in the Gaza Strip was a major concern. Dr Abiad briefed participants on the situation in Lebanon, noting that the country hosts a large number of refugees in difficult conditions and that these conditions are worsening given the decrease in support for international organizations that work with refugees and with the water, sanitation and hygiene (WASH) sector, namely UNHCR and UNICEF. This situation, along with the drop in levels of vaccination observed during the COVID-19 pandemic, has created ideal conditions for the spread of diseases including polio. In response, Lebanon is working to raise vaccination levels and reach zero-dose children. The country has also been working with WHO to intensify surveillance and is looking to increase the number of samples sent to the neighbouring Syrian Arab Republic for testing, even though the sanitation infrastructure in many refugee settlements is not ideal for sample collection. In the spirit of regional solidarity, Dr Abiad requested that additional resources be made available to the WHO Regional Office for the Eastern Mediterranean to support these efforts to prevent a polio outbreak in Lebanon.

28. Dr Abdullah Assiri, Assistant Deputy Minister for Preventive Health, Saudi Arabia, noted Saudi Arabia's many efforts in cooperation with global partners to bring the GPEI closer to its goal of polio eradication, including its recent pledge of US\$ 500 million, which will contribute to protecting more than 37 million children annually against polio in Afghanistan and Pakistan. He also highlighted the country's efforts to strengthen preparedness for potential importation of poliovirus, which range from immunizing all pilgrims, expatriates and residents, to support for laboratory surveillance, including through the creation of a national laboratory network. He noted the support offered by the King Salman Humanitarian Aid and Relief Centre to help eliminate the virus in Yemen, and said that the detection of poliovirus in the Gaza Strip posed a huge risk to regional and global health and compounded the humanitarian crisis being faced there. He observed that Saudi Arabia was cooperating closely with the Palestinian Ministry of Health, including providing support for access to medical supplies and services, and stood ready to provide vaccines and mobilize diplomatic efforts to strengthen the vaccination programme and facilitate the humanitarian aid entering the Gaza Strip. He concluded his remarks by thanking Dr Hanan Balkhy for her visits to polio-affected countries and calling upon all in the Region to help build preparedness and response capacities and enhance surveillance and monitoring to help prevent the further spread of poliovirus.

29. Dr Raed Al-Shboul, Secretary-General for Primary Health Care and Epidemiology, Ministry of Health, Jordan, provided the following recommendations to advance the regional response to stop the spread of polio: 1) support a vaccination programme in the Gaza Strip, especially poliovirus vaccination; and 2) support the reporting of any AFP cases in the Gaza Strip for early detection of any polio cases that might emerge. He noted that Jordan had provided 50 kits for sample collection to detect poliovirus and received 20 samples from the Gaza Strip for

examination in a Jordanian laboratory. Dr Al-Shboul reiterated Jordan's commitment to providing technical and logistic support to help strengthen the primary health care system in the Gaza Strip. He also requested that international organizations similarly increase their support to the health care system in the Gaza Strip.

30. Remarks were delivered by Dr Riyad Al-Hilfi, Director General of the Public Health Directorate, on behalf of the Ministry of Health of Iraq. The representative from Iraq began by commending WHO, the Regional Subcommittee for Polio Eradication and Outbreaks, and others, for their great efforts to make the Eastern Mediterranean Region polio free and for acknowledging that poliovirus in any form constitutes a PHEIC. He noted that Iraq had achieved significant gains over the past two years, including a flexible and responsive health system and an increase in the number of children immunized. The country had created an information platform, expanded the capacity of diagnostic laboratories and strengthened surveillance systems, including by launching environmental surveillance at 11 sites. Iraq had also been one of the first countries to successfully transition polio assets to the national health system. Despite these achievements, he noted that the beginning of the rainy season and the upcoming pilgrimage served as a reminder that Iraq remained at risk of polio, affirming the country's view that it was still important to take part in the GPEI, support the polio programme and abide by the IHR to prevent the spread of polio. He said that Iraq reiterated its commitment to working with Member States and regional and international partners to strengthen eradication efforts across the Region.

Response to remarks from ministers of health

31. Dr Hamid Jafari provided a response to the productive comments made by the ministers of health and/or their representatives. He thanked everyone for their strong expressions of support and acknowledged their importance, noting that polio was a regional challenge and threat that requires collective action.

32. Regarding the remarks from the Palestinian Minister of Health, Dr Jafari noted that in examining the genetic time signature on the isolates that had been detected in the Gaza Strip, the virus could have been introduced as early as September 2023, but it was difficult to determine with certainty when exactly the importation took place given that the poliovirus has asymptomatic carriers. As noted by the Minister and others, there is support for a response and there a need to test samples from Palestine in laboratories in the Region. He welcomed Jordan's offer of support for testing, and Saudi Arabia's offer of diplomatic and financial support for implementation of a vaccination response.

33. Dr Jafari noted that the issues raised by Lebanon, Syrian Arab Republic and Yemen highlighted the need to mobilize resources to provide the support needed to enhance surveillance and preparedness for outbreak response throughout the Region, and that the Subcommittee would continue to pursue these goals.

34. Dr Jafari also addressed the use of nOPV2 in outbreak response. He noted that over one billion doses of this WHO-prequalified vaccine had been delivered in more than 40 countries, and while the risk of reversion of this vaccine was not zero, it was much lower than with the Sabin type 2 vaccine, making it the clearly preferred vaccine. He emphasized that nOPV2 had a risk of reversion when used in areas without high vaccination coverage, making it imperative to ensure access to all children so that high coverage can be achieved.

Overview of the regional polio situation and risks to Member States

35. Dr Hamid Jafari then provided an update on the regional polio situation and key programmatic developments since the last Subcommittee meeting, beginning with the situation in Afghanistan and Pakistan, the last two polio-endemic countries. Between 2022 and 2024, two major epidemiological changes have taken place: 1) the YB3C genetic poliovirus cluster which was endemic to Pakistan has not been detected since November 2023, and 2) there has been significant spread of the YB3A cluster within both Afghanistan and Pakistan. Contextual factors leading to the spread of YB3A include: large-scale, unusual population movements coinciding with the repatriation of Afghan nationals; the cancellation and/or staggering of campaigns in insecure areas; and political transitions and conditional government support for the programme, which posed challenges to maintaining continuity of oversight and ensuring the best vaccination modality in all cases. Dr Jafari noted several positive recent developments that would assist in addressing these challenges, including: the recent permission for house-to-house vaccination in the South Region of Afghanistan granted by the Taliban authorities, the appointment of a senior government officer to the National

Emergency Operations Centre in Pakistan, and the presence of a seasoned and experienced individual as the Prime Minister's focal point for polio eradication in Pakistan. Finally, Dr Jafari referenced the productive and targeted recommendations from the May 2024 TAG meeting, which centred on restoring harmonized campaigns in areas of insecurity, focusing on migrant and mobile populations, addressing vaccination quality issues and performance management, and fully leveraging the house-to-house vaccination modality.

36. Dr Jafari then discussed the variant poliovirus outbreaks affecting the Region. He acknowledged the recent launch of the SIPE task force by the Prime Minister of Somalia, which will be used as a forum to track clear milestones, stop the current polio outbreak and reach zero-dose children. In Sudan, where the biggest challenge is a lack of access due to conflict, two rounds of vaccination in accessible states will be completed by early August 2024. In Yemen, a decline in the outbreak was achieved in late 2022 and 2023 through vaccination in the southern governorates; however, there is now a resurgence due to lack of access in the northern governorates. He noted that one common thread throughout these emergences of virus, whether in the Gaza Strip, south and central Somalia, Sudan or northern Yemen, was a lack of access to children. He emphasized that the Subcommittee's support in gaining access to children was therefore essential.

37. Dr Jafari concluded with a few requests for the Subcommittee's consideration:

- a. For the endemic countries, he requested regional support to address the challenges that Afghanistan is facing in providing essential health services, citing the impact of the recent loss in international support. He specifically requested support for cross-border coordination, in conjunction with the G5 forum, and support for the leadership in both Afghanistan and Pakistan to address access and quality challenges and reach missed children.
- b. For outbreak-affected countries, Dr Jafari requested the Subcommittee's support in gaining access to children in south and central Somalia, Sudan and northern Yemen, and in encouraging all countries to enhance poliovirus surveillance, ensure high IPV coverage, identify and vaccinate all zero-dose children, and maintain vigilance and preparedness for outbreaks.

Update on the polio situation and response from Pakistan

38. Senator Ayesha Raza Farooq, Prime Minister's Focal Point on Polio Eradication, Pakistan, noted that this was a critical time for the eradication programme in Pakistan as the country is facing an aggressive outbreak of wild poliovirus, with nine polio cases to date in 2024 and reinfection of core historic polio reservoirs, including Karachi, the Quetta bloc and Khyber Pakhtunkhwa. She affirmed that polio is a top priority for the Government of Pakistan and that the country is resolved to overcome the existing challenges. Since being in office, Prime Minister Shehbaz Sharif has been in regularly liaison with the GPEI leadership. Meetings over the past few months have included those with Bill & Melinda Gates Foundation Chair Bill Gates, members of the POB, and the Regional Directors of both WHO and UNICEF. In response to the recent resurgence of the virus, the Minister of Health has also appointed a government-accountable senior official as National Coordinator to streamline coordination between provinces. Similarly, Ms Farooq's role will ensure a consistent focus on the programme across the political landscape and will serve as a bridge to the Prime Minister's Office to resolve any challenges. Ms Farooq noted that Pakistan's responses to recent detections had been consistent with global protocols, that Pakistan had so far implemented six polio drives this year, and that all outbound individuals are vaccinated in line with IHR protocols to prevent spread to other countries. She reiterated the importance of Afghanistan and Pakistan collaborating closely to interrupt transmission, given that the two countries form one joint epidemiologic bloc, and mentioned that Pakistan is looking forward to the upcoming health dialogue with Afghanistan to discuss polio and broader public health matters of mutual interest. Ms Farooq also briefed Subcommittee members on the critical self-appraisal that the country had undergone and noted that Pakistan had developed a comprehensive 2-4-6 roadmap for the next 12 months, which had been shared with the GPEI Independent Monitoring Board (IMB) at its July 2024 meeting. Through the roadmap, Pakistan will pursue a one-team approach to reset the eradication programme, particularly in the traditional core reservoirs, over the next two months. She confirmed that three large-scale campaigns along with complementary vaccination will be conducted from September to December of this year, which will help reverse the trend, hunt the virus in its remaining hideouts, and interrupt transmission by end 2025. She affirmed that the government of Pakistan's leadership and oversight will ensure accountability

throughout this entire process. Ms Farooq underscored the Government of Pakistan's firm commitment to ending polio at all levels, gratefully acknowledged the Subcommittee's critical support, and thanked Saudia Arabia and the United Arab Emirates for their generous financial support. She further thanked WHO and all GPEI partners and donors for their longstanding support.

Comments by POB members and the UNICEF Regional Directors for the Middle East and North Africa and South Asia

39. Dr Chris Elias, Chair of the POB and President of the Bill and Melinda Gates Foundation, noted that the detections in the Gaza Strip are very concerning, particularly within the context of the broader humanitarian crisis. He expressed his confidence that, given the solidarity demonstrated in the Regional Subcommittee meeting and the support from the GPEI that is available to complement the considerable resources in the Region, the situation could be quickly addressed. He also welcomed the intervention from Pakistan and the recent positive developments in the face of complex challenges in the endemic countries, including the renewed commitment of the Government of Pakistan and the recent reinstatement of house-to-house vaccination in the South Region of Afghanistan. Building on Ms Farooq's comments, he emphasized the importance of Afghanistan and Pakistan working closely together to interrupt transmission and expressed his gratitude to Qatar for agreeing to host the Afghanistan and Pakistan health dialogue later this year. Regarding variant poliovirus outbreaks, Dr Elias observed that what unifies the remaining risk to the polio programme across the Region is access challenges, and he underlined the importance of finding and reaching all children with polio vaccination. He then acknowledged the incredible commitment of both the United Arab Emirates and Saudi Arabia, referencing Saudi Arabia's recent extraordinary pledge of over US\$ 500 million over the next five years to support the GPEI. He noted that he would be grateful if other longstanding donors to the GPEI continued their support. He also commended the willingness of partners in the Region, including the King Salman Humanitarian Aid and Relief Centre and the Qatar Fund for Development, as well as the United Arab Emirates, who are working together with the Bill & Melinda Gates Foundation, to support innovative initiatives such as the Polio Legacy Challenge, a results-based financing initiative established under the auspices of the Regional Subcommittee and administered by the Islamic Development Bank that aims to strengthen Afghanistan's health system as a whole, while maintaining a focus on polio eradication. He concluded by saying that the solidarity expressed by the Regional Subcommittee provided confidence that the Region would be successful in not only addressing the detections in the Gaza Strip, but all remaining outbreaks and endemic transmission.

40. Mr Mike McGovern, member of the POB and Chair of the International Polio Plus Committee of Rotary International, underscored the importance of cooperation and collaboration in ending polio, both across the Region and particularly in Afghanistan and Pakistan, as these countries work to interrupt endemic transmission for good. He also emphasized the need for urgency in responding to the detections in the Gaza Strip, citing the risk of international spread. Mr McGovern thanked WHO and all participants and partners in the Region for their efforts, and reiterated Rotary's commitment to working together with all partners in the Region to end polio.

41. Ms Andi Lipstein Fristedt, Deputy Director for Policy, Communications, and Legislative Affairs/Chief Strategy Officer at the United States Centers for Disease Control and Prevention (CDC) delivered remarks on behalf of CDC Director Dr Mandy Cohen. Ms Fristedt acknowledged that more needs to be done in the endemic countries if the interruption of wild poliovirus in the endemic countries is to be achieved by the end of the 2025 low season. She emphasized CDC's commitment to helping push polio eradication over the finishing line, particularly by helping to accelerate the recent recommendations of the TAG, which included the implementation of a one-team approach to remove fragmentation and improve efficiency, coordination and impact. She expressed her appreciation for the important inputs from Pakistan in the meeting and for the upcoming Afghanistan and Pakistan health dialogue. Ms Fristedt also expressed her appreciation for the important conversation on the recent detections in the Gaza Strip and the continued outbreaks in complex settings, where a timely and high-quality response is imperative. She reiterated CDC's commitment to supporting the Region to end all forms of polio, thanked participants for their efforts and support, and asked all countries to remain committed to polio eradication.

42. Mr Sanjay Wijesekera, UNICEF Regional Director for South Asia, expressed his appreciation for the leadership of the Regional Subcommittee, and to Dr Balkhy and the co-Chairs for maintaining a focus on polio eradication. Reflecting on his recent visits with Dr Balkhy and Dr Elias to Pakistan, and with Dr Balkhy to Afghanistan, Mr Wijesekera said that the current epidemiology did not reflect how close the programme was to success, particularly given the strong commitment and ownership that he witnessed in both countries. He highlighted the strong leadership being displayed in both countries, for example through the clear plans for interruption shared by Ms Farooq and the recent enabling of house-to-house vaccination in South Afghanistan, a key geography. He also commended the leadership and dedication displayed in the field by health workers, which he noted was a critical success factor in achieving polio eradication. Mr Wijesekera recognized the challenges in reaching children classified as missed across the Region, but emphasized that the programme possessed the tools and strategies to identify these missed children and shape polio campaign delivery strategies in Afghanistan and Pakistan. He concluded his remarks by reassuring all present that UNICEF was fully committed to working hand in hand with governments on the polio programmes in Afghanistan and Pakistan to ensure their success.

43. Ms Adele Khodr, UNICEF Regional Director for Middle East and North Africa, commended the positive and collaborative attitude demonstrated by the ministries of health in the Region in their efforts to eradicate polio amid so many competing priorities. She emphasized the importance of a timely response to the detections in the Gaza Strip, and of regionally coordinated multi-level advocacy to support the response, including through the cessation of hostilities. She also highlighted the need for integrated outbreak responses in northern Yemen and intensive community engagement to generate demand for immunization. She expressed gratitude towards all polio partners for their continued commitment to providing the necessary resources, both human and financial, to support countries in implementing timely and high-quality outbreak responses throughout the Region. Ms Khodr concluded her remarks by highlighting the commitment of the ministers to polio eradication and emphasized that it was time to invest in preventive measures in high-risk countries by intensifying routine immunization, reducing the number of zero-dose children and ensuring that every child is vaccinated against polio – especially among nomadic, pastoral, minority, refugee and migrant communities.

Summary of proposed actions

44. Dr Hamid Jafari thanked the Subcommittee members and all meeting participants for their clear guidance and commitment and summarized the key next steps. The Region's Incident Management Support Team (IMST), which works across GPEI partners, will help facilitate the creation of a One Regional Response Plan to clearly define actions to be taken in the Gaza Strip, public health actions to be taken in the surrounding countries, and ways for countries across the Region to come together to mobilize support for Palestine and other countries that need additional resources. He noted that this plan will have a budget and will form the basis for the multi-level, cross-regional advocacy effort that Ms Khodr highlighted in her remarks.

45. Prior to closing the meeting, Dr Balkhy noted that more details on a campaign to be launched to highlight regional solidarity and commitment would be shared by email following the meeting.

Closing remarks

46. Dr Balkhy closed the meeting by underlining the importance of political and diplomatic advocacy, particularly regarding the situation in the Gaza Strip, which involves multiple humanitarian and public health challenges. She expressed hope, not only for ceasefires to deliver immunizations and other interventions, but also for a long-lasting peace, and thanked those Member States who are already advocating and working through their diplomatic channels to achieve it.

47. Dr Balkhy concluded her remarks by reiterating her wish for a polio-free and peaceful globe, and by thanking all Subcommittee members, GPEI partners and other participants for their support for polio eradication and for all the countries and people in the Eastern Mediterranean Region.

Annexes

Annex 1. Programme

Eleventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks

Virtual meeting, 25 July 2024, 14.00–15.30 (Cairo time/EET)

Timing (90min)	Event	Presenter/speaker
14:00–14:12pm	Welcome and opening remarks	Dr Hanan Balkhy, Regional Director WHO Regional Office for the Eastern Mediterranean H.E. Dr Hanan Al-Kuwari, Minister of Public Health, Qatar, and Regional Subcommittee co-Chair H.E. Abdul Rahman Mohammed Al Oweis, Minister of Health and Prevention of the United Arab Emirates, and Regional Subcommittee co-Chair
14:12–14:22pm	Poliovirus detection in Gaza	Dr Hamid Jafari, Director, Polio Eradication, WHO Regional Office for the Eastern Mediterranean
14:22–14:47pm	Discussion	Comments by Member States Response by Dr Hamid Jafari
14:47–15:05pm	Regional update on polio	Dr Hamid Jafari
15:05–15:10pm	Discussion	Remarks by Pakistan
15:10–15:25pm	Comments by Polio Oversight Board members and UNICEF Regional Directors for MENA and ROSA	Live comments, followed by remarks sent by video
15:25–15:30pm	Summary of proposed actions	Dr Hamid Jafari
	Closing comments by the WHO Regional Director	Dr Hanan Balkhy

Annex 2. List of participants

Name	Position
Member States	
Dr Hussain Abdulrahman Al Rand	Assistant Undersecretary Ministry of Health and Prevention, United Arab Emirates
Dr Salih Al-Marri	Deputy Minister of Health Ministry of Public Health, Qatar
Dr Soha Shawqi Al-Bayat	Director of Health Emergency Department Ministry of Public Health, Qatar
Dr Hayat Mohamedbek	Supervisor Vaccinations, Health Protection and Communicable Disease Control Vaccinations, Health Protection and Communicable Disease Control, Qatar
Dr Hamad Al-Romaihi	Director of Health Protection and Communicable Disease Control Ministry of Public Health, Qatar
H.E. Dr Maged Abu Ramadan	Minister of Health Ministry of Health, Palestine
Ms Maria Y Al-Aqra	Director of International Cooperation Ministry of Health, Palestine
Dr Wesam Sbehat	Director of Health Issues Ministry of Health, Palestine
Dr Raed Anwar Al-Shboul	Secretary General of Primary Health Care and Epidemiology Ministry of Health, Jordan
Dr Riyad Al-Hilfi	Director General of the Public Health Directorate Ministry of Health, Iraq
Dr Firas Jabbar Hashim	National EPI Manager, Ministry of Health, Iraq
H.E. Dr. Hassan al-Ghabbash	Minister of Health Ministry of Health, Syrian Arab Republic
H.E. Dr Firas Abiad	Minister of Public Health Ministry of Public Health Lebanon
Ms Hilda Harb	Head, Department of Statistics Ministry of Public Health, Lebanon
Ms Ayesha Raza Farooq	Prime Minister's Focal Point on Polio Eradication Ministry of Health, Pakistan
Dr Hanan Al Kindi	Acting Director General of the Center for Disease Control and Prevention Ministry of Health, Oman
Dr Abdullah Assiri	Assistant Deputy Minister for Preventive Health Ministry of Health, Saudi Arabia
Dr Kamal Al Thobaiti	International Collaborations Advisor, Regional Organizations Department Director Ministry of Health, Saudi Arabia
H.E. Dr Qasim Mohammed Buhaibah	Minister of Public Health and Population Ministry of Public Health and Population, Yemen
GPEI Partners	
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Ms Carol Pandak	Director, PolioPlus Rotary International
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Mr Aidan O'Leary	Director Polio, WHO headquarters WHO

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Dr Jean Jabbour	WHO Representative, WHO Oman
Dr Arturo Pesigan	WHO Representative, WHO Yemen
Dr Jamela Al Raiby	WHO Representative, WHO Jordan