



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

Opening of the meeting

1. The seventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks of the Regional Committee for the Eastern Mediterranean was held by videoconference on 28 February 2023. 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, key stakeholders of the Global Polio Eradication Initiative (GPEI), including the Polio Oversight Board, the WHO Regional Director for the Eastern Mediterranean, and representatives of the UNICEF Regional Director for the Middle East and North Africa (MENA) and the UNICEF Regional Director for South Asia (ROSA).
3. Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean Region, opened the meeting by welcoming all and acknowledging the high levels of commitment of the members of the Regional Subcommittee towards polio eradication.
4. He highlighted that 2023 is a defining year for the polio eradication programme in the Eastern Mediterranean Region and at a global level: the number of children paralysed by wild poliovirus is currently at the lowest ever recorded and the opportunity and momentum to wipe out poliovirus is at its greatest.
5. The Regional Director noted that the most recent case of wild poliovirus was reported on 15 September 2022 in Pakistan, almost five months before the meeting. He reflected on the last high-level mission to Pakistan in November 2022, led by Dr Chris Elias, Chair of the Polio Oversight Board, in which Dr Al-Mandhari, Mr George Laryea-Adjei, Regional Director for UNICEF ROSA, and other senior members of the GPEI had participated. During a meeting with the Prime Minister and Minister of Health of Pakistan, the leadership of Pakistan reiterated their full ownership of and commitment to ending the spread of wild poliovirus in Pakistan and Afghanistan and thus in the entire world.¹
6. Dr Al-Mandhari underscored that in the last year, only two separate genetic lineages of the poliovirus had been in circulation – one in highly localized areas of Afghanistan and another in Pakistan – as compared with previous years where more lineages were noted; this is a sign of optimism for the programme.
7. Outlining the polio programme's current main opportunities, Dr Al-Mandhari noted that transmission in the Region is restricted to only a handful of districts in the endemic countries. Additionally, poliovirus surveillance, including through the environment, has been intensified.
8. The WHO Regional Director emphasized that access to children has increased across the Eastern Mediterranean Region, and where outbreaks have been detected, countries are mounting timely response campaigns. These reflect solidarity, joint action, ownership and commitment towards the Region's vision of health for all, by all.
9. Dr Al-Mandhari reminded everyone of the significant threats facing the programme, which include complex humanitarian crises, political instability and barriers to women's participation in campaigns that

¹ At the time of writing of this report, a further wild poliovirus case had been confirmed in Bannu, Pakistan, in February 2023.

make it even more difficult to reach every child. He noted that the impact of this is seen in the intercountry spread of polio across the Region and the many children missing out on essential immunization.

10. While cautioning that the journey ahead would be difficult, Dr Al-Mandhari commended all dignitaries, partners and stakeholders for continuing to lend their voices to children who are at risk of polio and championing the cause of polio eradication in all forums.

11. Dr Al-Mandhari thanked all participants for their advocacy and financial contributions to the programme, indicating that these have been of tremendous help to polio eradication efforts.

12. Dr Al-Mandhari stated that as the Region and the world move closer to making history by ending polio, regional solidarity and concerted efforts would be even more important. He requested all to kindly endorse the two statements of the Regional Subcommittee (see Annexes 3 and 4).

Remarks by the co-Chairs

13. Having served as a co-Chair of the Regional Subcommittee for a year, the Minister of Public Health of Qatar, H.E. Dr Hanan Al Kuwari, described the last year as one of contrasts. She noted that extensive advocacy in Afghanistan had yielded hope, with increased access resulting in the programme reaching an additional 3.6 million children who had never received polio vaccines.

14. Meanwhile, Dr Al Kuwari highlighted that Pakistan is facing a paradox: even though sustained programmatic efforts have chased the wild poliovirus into the smallest geographical area in history, it was proving difficult to stop its circulation.

15. She highlighted disappointing setbacks, including the continued transmission of poliovirus in Yemen, particularly in the northern governorates, and the spread of this strain of polio to Djibouti, Egypt and Somalia.

16. The co-Chair further stated that polioviruses' ability to slip through borders and circulate in new communities across the world – such as in Canada, the United Kingdom of Great Britain and Northern Ireland and the United States of America – illustrated that polio anywhere is a risk to children everywhere.

17. Dr Al Kuwari stressed that in preparation for hosting the 2022 FIFA World Cup, Qatar worked closely with technical teams from WHO to assess risks, review surveillance systems and put in place appropriate mitigation measures in case of virus importation. This reaffirmed the importance of timely collaboration at all levels and that polio-free countries ought never to be caught off guard and unprepared.

18. Given how interconnected the world is, Dr Al Kuwari implored Member States to continue supporting polio eradication efforts through funding, advocacy, technical expertise or all of these.

19. H.E. Dr Abdul Rahman Mohammed Al Owais, co-Chair of the Regional Subcommittee and Minister of Health and Prevention of the United Arab Emirates, reminded participants of the importance of the GPEI's goal to interrupt wild poliovirus transmission in Afghanistan and Pakistan in 2023.

20. Dr Al Owais stated that the polio programme had had an optimistic start to the year, with no paralytic polio cases having been reported in Afghanistan and Pakistan since September, although he noted this was the low season for polio transmission.

21. The co-Chair lauded the polio programme and the health workers of Pakistan for their strength and resilience as they battled once-in-a-century flooding to keep up the momentum in vaccination response and environmental surveillance.

22. He added that in the face of environmental surveillance results, which show that the virus continued to circulate in the remaining endemic zones and outbreak affected areas in 2022, it is critical for the Eastern Mediterranean Region and the world to remain vigilant.

23. Dr Al Owais emphasized that maintaining the course in Afghanistan and Pakistan, which comprise a persistently challenging epidemiological bloc, is everyone's job. He noted that the hardest yards are now upon the polio eradication programme – for funding, programme support and raising the strength of routine immunization around the Region.

24. Dr Al Owais reminded all that the programme has missed deadlines to eradicate polio before, and that of the world's challenges, the problem of ending polio is the most solvable.

25. In his position as the Minister of Health of the United Arab Emirates, Dr Al Owais reiterated the country's continued efforts and commitment to ending polio in the Region. He illustrated that with the support of His Highness Sheikh Mohamed bin Zayed Al Nahyan, for example, more than 500 million doses were administered to over 100 million children in Pakistan through the UAE Pakistan Assistance Programme. Dr Al Owais called on all stakeholders to stand side by side to bring about a healthier world that is free of polio.

Overview of the regional polio situation and risks to Member States

26. Dr Hamid Syed Jafari, Director for Polio Eradication, provided an overview of the polio situation across the Region. He highlighted the uncontrolled transmission of cVDPV2 in the northern governorates of Yemen, and the longstanding, slow-moving, smouldering outbreak in Somalia which persists even though the programme has made recent progress in accessing additional children in the districts in the South Central part of the country. He expressed the polio programme's concerns regarding the misinformation campaign in the northern governorates of Yemen and reiterated that efforts are underway to work with authorities there to counter this, as it is damaging for children in Yemen and throughout the Region.

27. Dr Jafari lauded Sudan for its excellent work in responding to and stopping an outbreak, following an importation from Chad in 2020. Although a new outbreak has been declared following an introduction in late 2022 – through a poliovirus that originated in Nigeria – the country is mounting a response with two planned nationwide campaigns.

28. Djibouti and Egypt have detected cVDPV2 in environmental samples only and have not had any paralytic cases. Both countries have made strong progress and their outbreaks are on track to be formally declared as controlled and over, Dr Jafari added.

29. Dr Jafari warned that the risk of regional spread, particularly of vaccine-derived poliovirus, remains significant in the Eastern Mediterranean Region. He added that it requires all countries in the Region to be fully prepared with sensitive surveillance, high immunization levels and readiness to respond to outbreaks.

30. Dr Jafari outlined that the transmission of WPV1 is restricted to within the seven polio-endemic districts in the north-western region of Pakistan and the East Region of Afghanistan.

31. Dr Jafari stated that Pakistan has witnessed a highly localized outbreak and has successfully restricted spread to the seven polio-endemic districts. Outside the endemic districts, only one district – Lahore in Punjab province – has detected wild poliovirus type 1 in sewage water in 2023. Additionally, he lauded H.E. Mr Abdul Qadir Patel, Federal Minister of Health for Pakistan, for his personal commitment and engagement with the Prime Minister of Pakistan on polio eradication efforts, adding that he hoped Pakistan will maintain this momentum throughout 2023.

32. Dr Jafari added that historic reservoirs that have been the drivers of transmission in this epidemiological bloc have not detected any poliovirus for the last two years – an important sign of progress towards elimination. He expressed his optimism at this being the best opportunity the two countries have had to stop polio and emphasized that it was very important for both countries to seize this opportunity despite the significant risks – including political and economic risks and insecurity – that threaten to affect the programme's operating environment.

33. On behalf of all stakeholders, Dr Jafari acknowledged the valour and dedication of frontline workers, who continue to work hard despite tough conditions that include conflict, difficult logistical terrains and severe weather.
34. In an overview of the situation in countries with cVDPV2, Dr Jafari updated participants on the three campaigns that were conducted in the southern governorates of Yemen. In September 2022, one case was confirmed – a spillover from the northern governorates – which shows the outbreak in the southern governorates has been controlled.
35. He emphasized that the outbreak in the northern governorates continues with no response yet mounted as the authorities there have not permitted house-to-house vaccination. Despite recent agreement on a plan for intensified integrated health days at fixed sites, delivering essential health services including vaccinations and nutrition support, this initiative was stopped less than a week before implementation. Dr Jafari stressed that this represents a grave concern for children in Yemen and across the Region.
36. Somalia has been experiencing a low-grade outbreak and children have been consistently missed in outbreak response campaigns. However, the Emergency Action Plan in Somalia is being updated and offers several new innovations, including leveraging improved access and improving independent monitoring of activities. These efforts will improve vaccination of children in areas that were previously missed.
37. The number of inaccessible children in Somalia has been reduced from 560 000 in 2021 to only 89 000 today. The polio programme continues to negotiate to reach these children.
38. In his closing remarks, Dr Jafari urged all Member States and stakeholders to continue to raise the visibility and profile of polio eradication as a regional public health emergency so the Region can deliver urgent and rapid responses as soon as outbreaks are detected, and maintain high-quality surveillance.
39. The Polio Director encouraged Member States to allocate domestic funding to ensure essential polio functions and outbreak preparedness and response can be integrated into national health systems in countries that have transitioned away from the GPEI's financial support.

Remarks from ministers of health

40. H.E. Dr Qasim Mohammed Bahib, Minister of Health and Population in Yemen, thanked Members of the Regional Subcommittee for their support for polio eradication and reaffirmed that the three campaigns conducted in the southern governorates have helped to control the cVDPV2 outbreak. Following those campaigns, one spillover case had been detected, and in response, two further campaigns were planned – one for early in March, and another after Ramadan ends on 21 April 2023. He noted that house-to-house vaccination campaigns have not yet been conducted in many of the northern governorates due to the refusal of the authorities there to permit them despite vaccines and support being readily available. Misinformation about vaccines and anti-vaccination propaganda campaigns are derailing efforts in Yemen, which is why it is important to respond to misinformation about vaccination and raise health awareness, in line with the activities and goals of the polio eradication programme.
41. On behalf of H.E. Dr Khaled Abdel Ghaffar, Minister of Health of Egypt, Dr Amr Kandeel, Chief of the Preventive Sector in the Ministry of Health, Egypt, confirmed that Egypt has been able to maintain its polio-free status to date, as verified by annual submissions made to the Regional Commission for Certification of Polio Eradication. Dr Kandeel noted Egypt's longstanding use of environmental surveillance to detect poliovirus circulation, with 46 collection sites, and its first use of novel oral polio vaccine in the Region in December 2022, in a nationwide campaign that vaccinated around 15 million children.
42. Representing H.E. Mr Fahad bin Abdurrahman Al-Jalajel, the Minister of Health of Saudi Arabia, Dr Abdullah Assiri, Assistant Deputy Minister for Preventive Health of Saudi Arabia, expressed his gratitude to the Regional Subcommittee, technical teams and Dr Al-Mandhari for their efforts around wild poliovirus circulation in Afghanistan and Pakistan. Dr Assiri reaffirmed that Saudi Arabia supports the statements being

issued and that it would issue health requirements on polio vaccination to maintain a polio-free status during the pilgrimage season.

43. Speaking on behalf of H.E. Dr Salih Al Hasnawi, Minister of Health for Iraq, Dr Riyadh Al-Hilfi, the Director-General of the Public Health Directorate, Iraq, reiterated support to polio eradication efforts, reassuring Member States that Iraq is focused on improving vaccination uptake among missed children, citing the 93% coverage achieved during a 2022 oral polio vaccine round – the highest in the last three decades. Dr Al-Hilfi highlighted the ongoing work to mitigate the risks associated with mass gatherings and requested WHO to organize and host technical meetings with relevant countries to adopt a roadmap with standard operating protocols (SOPs) to guide countries to prepare for and manage mass gathering events where visitors are from polio-affected countries.

44. Representing Dr Chris Elias, President of Global Development of the Bill & Melinda Gates Foundation and Chair of the Polio Oversight Board (POB), Mr Michael Galway presented an update on the November 2022 visit to Pakistan led by Dr Elias, with delegates including Dr Al-Mandhari and Mr George Laryea-Adjei. During the high-level visit, the fifth within the last 18 months and an indicator of the programme's focus on Pakistan, the mission noted the provincial and federal governments' rapid and effective response to the localized endemic transmission in seven polio-endemic districts. Delegates engaged with senior leaders on the remaining challenges and ongoing immunization efforts, and they met with the new leadership from Pakistan's military, which supports the Pakistan programme by providing security for vaccinators. Mr Galway acknowledged the extraordinary and unmatched efforts made by Pakistan's political and health leadership, in addition to law enforcement and security agencies, to prevent further spread of polio in the country. He noted that the swift response in many districts illustrates how Pakistan has shifted gears in polio eradication effort and is rising to the occasion.

Update on the polio situation and response in Pakistan

45. H.E. Mr Patel presented recent progress in Pakistan, including limiting the virus to a very small geographical area and, in the aftermath of the 2022 floods, the provision of polio drops to all children in health camps. He described some of the innovations deployed to vaccinate children in the polio-endemic districts, including ring fencing, mobile units and awareness raising through art and culture initiatives. H.E. Mr Patel noted that there had been no cases in the last five months and that samples from Bannu have continued to be negative since November 2022. He closed by reassuring the Subcommittee of the Government's full commitment, from the Law Enforcement Agency to the Prime Minister himself.

Comments by POB members and the UNICEF Regional Directors of MENA and ROSA

46. Speaking on behalf of Ms Adele Khodr, UNICEF Regional Director for MENA, Mr Kambou Fofana praised the efforts of governments across the MENA region and noted the importance of following through on the zero-dose agenda, prioritizing underserved communities and closing immunity gaps. He called for regionally coordinated and multilevel advocacy in Yemen for integrated outbreak responses, as well as intensive community engagement to generate demand for immunization. He highlighted the urgency of committing resources to supporting countries in implementing timely, high-quality and appropriately-scoped outbreak responses, and intensifying routine immunization in high-risk countries to ensure that every child is vaccinated, including those in nomadic, pastoral, refugee and migrant communities.

47. Dr Rene Ekpini spoke on behalf of Mr George Laryea-Adjei and acknowledged the leadership and commitment of the Subcommittee co-Chairs and of Dr Al-Mandhari. Dr Ekpini praised the progress in Pakistan and noted the need to maintain this level of focus and commitment. He shared UNICEF's concern that there is still work to do to fully control the situation in the east of Afghanistan, and reinforced UNICEF's strong commitment to the position that the inclusion of female health workers in Afghanistan is "critically important" to the polio programme's success in the country, and that this aligns with the wider UN position. Dr Ekpini noted that Afghanistan and Pakistan have a clear road map set out by the Technical Advisory Group (TAG) members and emphasized GPEI partners' responsibility to sustain their support.

48. Mr Mike McGovern, member of the POB and Chair of the International Polio Plus Committee of Rotary International, referred to his recent visit to Mozambique as a reminder that until we rid the world of wild poliovirus, it can be a threat anywhere. He noted the importance of countries working together to get ahead of the virus, and of global coordination when a polio outbreak is taking place in a complex emergency, such as in Yemen's northern governorates. Mr McGovern shared a personal reflection on recently receiving an email from the Public Health Minister of Afghanistan, who thanked Rotary International and assured Mr McGovern that Afghanistan was totally committed to eradicating polio. Mr McGovern noted that all countries go through different challenges and that relationships may sometimes be strained, but to end polio it takes all of us. He thanked the leadership in that region and said Rotary would continue to accompany them.

49. Dr Howard Zucker from the United States Centers for Disease Control and Prevention (CDC) delivered remarks on behalf of CDC Director Dr Rochelle Walensky. He noted concern about the ongoing outbreaks in Yemen and Somalia and urged colleagues in the Region to prevent countries battling outbreaks from becoming a source of global spread. Dr Zucker highlighted the urgency of responding to outbreaks with quality campaigns and strong surveillance systems. Speaking from the USA, he said that the reappearance of poliovirus there and in the United Kingdom is a reminder that until polio is eradicated, it remains a threat everywhere, and no unvaccinated child is safe.

50. Executive Director of Gavi and Member of the POB Dr Seth Berkeley made his intervention via a prerecorded video, offering his condolences to those who have lost loved ones in the recent earthquakes in the Syrian Arab Republic and Türkiye. He noted the Region's progress towards eradication given the recurrent humanitarian crises and rising insecurity, and praised efforts to reach inaccessible children, reduce the number of genetic clusters of wild polioviruses, respond to outbreaks and tackle cross-border transmission. Citing the ongoing, negative impact of the COVID-19 pandemic on routine immunization and polio vaccination, Dr Berkeley urged partners to continue efforts to reverse this trend and regain enough ground to stop polio transmission globally by the end of 2023. He noted that in the highest risk areas, the most marginalized children miss out not only on polio protection, but also on a range of health interventions including other vaccines. He cited examples of integrated campaigns in Afghanistan (December 2022) and the Syrian Arab Republic (November 2022) that, along with the increased roll-out of nOPV2, show what it will take to end all types of poliovirus transmission.

Recognition of Member State contributions to polio eradication

51. Dr Al-Mandhari commended the ownership and commitment he witnessed during his 2022 visit to Pakistan, including the political leadership at different levels, the professional leadership of the health care system led by H.E. the Minister of Health at the federal level, as well as that of chief ministers and ministers of health at the provincial level. He noted that in Afghanistan, negotiations are ongoing to reach children who have been inaccessible for many years, and to ensure immunization programmes are run effectively.

52. Regarding Yemen, Dr Al-Mandhari praised the efforts led by H.E. Dr Qasem in Aden on outbreak response and strengthening Expanded Programme on Immunization (EPI) systems but noted the difficulty of advocating with the health authorities in Sana'a, where negotiations are ongoing at multiple levels to facilitate an outbreak response. He expressed his concern at learning of high-level officials in Sana'a attending an antivaccination workshop. Dr Al-Mandhari acknowledged H.E. Dr Qasem for the efforts being made to host a workshop in Aden in the near future to counter vaccine misinformation.

53. Dr Al-Mandhari noted his appreciation for Djibouti, Egypt and Sudan for their prompt response to poliovirus detections through environmental surveillance and praised progress being led by Dr Rana Hajjeh, Director of Programme Management, in the transition workstream.

54. Adding to the list of countries being commended, Dr Jafari recognized Iraq and the Syrian Arab Republic for maintaining essential polio functions, particularly surveillance, following the transition away from GPEI funding. He noted the progress observed in recent country missions to bolstering national routine immunization systems, strengthening emergency response capacity taking advantage of all polio assets and building health systems.

Summary of proposed actions

55. Dr Jafari acknowledged the leadership and support of the co-Chairs, particularly for their willingness to engage in a regional challenge. He stated that the polio eradication programme needs their help in engaging authorities in northern Yemen, and in encouraging all Member States to maintain a very high level of vigilance, high routine immunization coverage and preparedness for outbreaks. He made reference to the WHO Regional Director's remarks on the authorities in northern Yemen and vaccine misinformation being spread there, about which the programme is deeply concerned. He further emphasized that the programme has not had permission to mount an outbreak response, which again is a growing regional threat and challenge for which regional solidarity is required.

56. The Polio Director noted the recommendation from Iraq to convene a technical meeting on mass gatherings as one of the steps to further fortify children's immunity against the threat of polio and make the Eastern Mediterranean Region polio-free. On behalf of the Regional Subcommittee, he committed to follow up on this request.

57. Dr Jafari acknowledged the leadership role of Saudi Arabia in ensuring the vaccination of travellers who come for pilgrimage. He added that the establishment of environmental surveillance in Iraq, Saudi Arabia and the United Arab Emirates, in particular for mass gathering events and preparedness, are critical initiatives for the Region.

58. Following the meeting, the two statements on stopping transmission of wild poliovirus type 1 in Afghanistan and Pakistan and stopping circulation of vaccine-derived poliovirus type 2 outbreaks in Somalia and Yemen would be shared with all Members of the Regional Subcommittee for final comments, prior to being issued by the close of business on Thursday 2 March 2023.

Closing remarks

59. Dr Al-Mandhari closed the meeting by thanking the two co-Chairs, dignitaries and partners, including POB members and GPEI partners, donors and all other stakeholders for their commitment.

60. Dr Al-Mandhari echoed all the messages from partners. He added that the words from Mike McGovern from Rotary International rang true for the Region and that all stakeholders need to work collectively at this time. He emphasized all countries in the Region are together in this, and that improving surveillance and routine immunization is what is needed in all polio-free countries and polio-affected countries of the Region.

61. Dr Al-Mandhari appreciated the Subcommittee's ongoing support to efforts to stop the circulation of all polioviruses in endemic and outbreak countries and thanked Member States for their regional solidarity and action to ensure 2023 is a defining year for polio eradication and to achieve health for all by all.

Annexes

Annex 1. Programme

Seventh meeting of the Regional Subcommittee for Polio Eradication and Outbreaks

Virtual meeting, 28 February 2023, 15.30–17.00 (Cairo time/CET)

| Timing | Event | Presenter/speaker |
|-------------|---|---|
| 15:30–15:40 | Welcome and opening remarks | Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean H.E Dr Hanan Al Kuwari, Minister of Public Health, Qatar, Co-Chair of the Regional Subcommittee H.E Abdul Rahman Mohammed Al Owais, Minister of Health and Prevention, United Arab Emirates, Co-Chair of the Regional Subcommittee |
| 15:40–15:50 | Regional update on polio eradication | Dr Hamid Jafari, Director, Polio Eradication, WHO Regional Office for the Eastern Mediterranean |
| 15:50–16:10 | Discussion | Discussion |
| 16:10–16:15 | Report on the visit of the GPEI leadership to Pakistan, November/December 2022 | Mr Michael Galway, <i>on behalf of</i> Dr Chris Elias, Bill & Melinda Gates Foundation/ Chair, POB |
| 16:15–16:25 | Update on polio situation and response in Pakistan | Mr Abdul Qadir Patel, Federal Health Minister for National Health Services, Regulations and Coordination, Pakistan |
| 16:25–16:40 | Comments by POB members and UNICEF Regional Director for the Middle East and North Africa and UNICEF Regional Director for South Asia | Dr Howard Zucker, <i>on behalf of</i> Dr Rochelle Walensky, Director, US CDC Dr Kristen Chenier, <i>on behalf of</i> Dr Peter MacDougall, donor representative to the POB, Global Affairs, Canada Mr Kambou Fofana, <i>on behalf of</i> Ms Adele Khodr, Regional Director UNICEF/Middle East and North Africa Dr Rene Ekpini <i>on behalf of</i> Mr George Laryea-Adjei, Regional Director UNICEF/South Asia |
| 16:40–16:50 | Discussion | Discussion |
| 16:50–16:55 | Recognition of Member States' contribution to polio eradication | Dr Ahmed Al-Mandhari |
| 16:55–17:00 | Summary of proposed actions Closing comments by Regional Director | Dr Hamid Jafari Dr Ahmed Al-Mandhari |

Annex 2. List of participants

Members of the Subcommittee

| Name | Position |
|--|--|
| Member States | |
| H.E. Dr Khaled AbdelGhaffar | Minister of Health and Population, Egypt |
| Dr Riyadh Al-Hilfi | Director General, Public Health Directorate, Ministry of Health, Iraq |
| H.E. Dr Firas Abiad | Minister of Public Health, Lebanon |
| Mr Bader Al Rawahi | Director, Department of Communicable Disease Surveillance and Control, Ministry of Health, Oman |
| H.E. Mr Abdul Qadir Patel Mr Shahzad Baig | Federal Minister for National Health Services, Regulations and Coordination, Pakistan National Coordinator of the Pakistan Polio Eradication Programme, Pakistan |
| H.E. Dr Hanan Mohamed Al Kuwari Dr Hamad Al Romaihi Dr Soha Al Bayat | Minister of Public Health, Qatar Manager, Health protection and Communicable Disease Control, Ministry of Public Health, Qatar Head, Vaccinations, Ministry of Public Health, Qatar |
| Dr Abdullah Assiri | Assistant Deputy Minister, Ministry for Preventive Health, Saudi Arabia |
| H.E. Dr Abdul Rahman Mohamed Al Owais Dr Hussain Al Rand Ms Laila Al Jasmi | Minister of Health and Prevention and Minister of State for Federal National Council Affairs, United Arab Emirates Ministry of Health, United Arab Emirates Ministry of Health, United Arab Emirates |
| H.E. Dr Qasim Mohamed Bahib | Minister of Health and Population, Yemen |
| GPEI Partners | |
| Dr Hashim Elmousaad | CDC Lead, Polio Hub for Afghanistan & Pakistan |
| Ms Monica Fleming | Public Health Analyst, CDC |
| Mr Frank Mahoney | Polio Incident Manager, CDC |
| Mr Howard Zucker | Deputy Director for Global Health, CDC |
| Mr Michael Galway | Deputy Director, Polio, Gates Foundation |
| Ms Katy Clark | Consultant, Gavi, the Vaccine Alliance |
| Mr Michael McGovern | International Polio Plus Committee Chair, Rotary International |
| Mr Richard Duncan | UNICEF Lead, Polio Hub for Afghanistan & Pakistan |
| Mr Rene Ehounou Ekpini | Regional Chief of Health, UNICEF Regional Office for South Asia |
| Mr Kambou Fofana | Deputy UNICEF Regional Director for the Middle East and North Africa (MENARO) |
| Mr Moazzem Hossain | UNICEF Headquarters, Polio |
| WHO Secretariat | |
| Dr Ahmed Al-Mandhari | Regional Director |
| Mr Aidan O'Leary | Director, Polio Eradication, WHO headquarters |
| Dr Hamid Syed Jafari | Director, Polio Eradication, WHO Regional Office |
| Dr Rana Ahmad Hajjeh | Director, Programme Management, WHO Regional Office |
| Dr Nima Saeed Abid | WHO Representative, Sudan |
| Mr Qaiser Pasha | WHO Strategic Partnerships, WHO Regional Office |
| Ms Samah Abdel Aziz | Governing Bodies Officer, WHO Regional Office |
| Dr Abdinasir Abubakar | Acting WHO Representative, Lebanon |
| Dr Evans Buliva | Technical Officer, WHO Emergencies, WHO Regional Office |
| Ms Sandra Steward | Regional Budget and Finance Officer, WHO Regional Office, Business Operations |
| Mr Hemant Shukla | Team Lead, Country Support Team, WHO Regional Office |
| Dr Fazal Ather | Team lead, Polio Hub, WHO Regional Office |
| Ms Emma Sykes | Team Lead, Communications, WHO Regional Office |
| Ms Rimsha Qureshi | Communication Officer, Endemics, WHO Regional Office |
| Ms Sara Williams | Communications Consultant, Polio Outbreaks, WHO Regional Office |
| Ms Namita Mediratta | Communications Consultant, WHO Regional Office |
| Ms Sara Al-Naqshabandi | Programme Support Officer, WHO Regional Office |
| Ms Noor Alhawamdeh | Administrative Assistant, WHO Regional Office |
| Ms Naglaa Ahmed | Technical Officer, Programme Management, WHO Regional Office |
| Mr Firas Al-Khafaji | National Professional Officer, WHO Iraq |

Annex 3. Statement on stopping wild poliovirus transmission in Afghanistan and Pakistan

Statement by the Eastern Mediterranean Ministerial Regional Subcommittee on Polio Eradication and Outbreaks

Seventh meeting of the Regional Subcommittee on Polio Eradication and Outbreaks

28 February 2023 – Acknowledging that our common goal is to attain health for all by all, which is a call for solidarity and action among all stakeholders;

Noting the progress achieved globally in eradicating wild poliovirus transmission since 1988, with endemic wild poliovirus transmission restricted to just two countries – Afghanistan and Pakistan;

Recalling that 2023 is the target year for interrupting all remaining poliovirus transmission globally, per the Global Polio Eradication Initiative Strategy 2022–2026: Delivering on a Promise;

Appreciating the recent, intensified efforts made by both Afghanistan and Pakistan, resulting in a unique epidemiological window of opportunity to achieve success in 2023, as characterized by:

- the geographical restriction of wild poliovirus transmission in 2022 to eastern Afghanistan and a few districts of north-western Pakistan;
- the absence of any wild poliovirus case since September 2022;
- the significant decline in genetic biodiversity of wild poliovirus to just a single lineage in each country; and
- the successful interruption of circulating vaccine-derived polioviruses;

Emphasizing that the opportunity to interrupt wild poliovirus transmission must be seized now, given the unprecedented epidemiological progress and the inherent risks of delays in stopping polio, which would likely result in resurgence of polio;

Underscoring the ongoing risk of transmission of wild poliovirus, with detection of wild poliovirus from environmental samples in both countries since January 2023, confirming cross-border transmission;

Highlighting that the key to success lies in reaching remaining zero-dose children (children who are un- or under-immunized) with oral polio vaccine in the most consequential geographies,¹ operating within a broader humanitarian emergency response, including increasing access to all populations in some areas;

Underscoring the importance and heroic work of health workers at the forefront in insecure settings, especially women, whose support and participation is critical to the eradication effort;

Recognizing the sustained commitment by leaders at all levels, notably by political leaders and law enforcement agencies, community and religious leaders, civil society, Global Polio Eradication Initiative partners, especially Rotary International, parents, caregivers and all health workers;

Recalling that the international spread of poliovirus constitutes a Public Health Emergency of International Concern under the International Health Regulations (2005);

Appreciating the support provided by the GPEI in responding to the devastating floods affecting Pakistan and the tragic earthquake affecting Afghanistan in 2022;

Appreciating the commitment of the United Arab Emirates through the initiative of His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates, to promote and support polio eradication in Pakistan through the UAE Pakistan Assistance Programme;

¹ Seven subnational geographies collectively accounted for 90% of all new polio cases globally in 2022 and are all affected by broader humanitarian emergencies: eastern Afghanistan; southern Khyber Pakhtunkhwa, Pakistan; northern Yemen; south-central Somalia; north-western Nigeria; eastern Democratic Republic of the Congo; and Tete province and its hinterland, Mozambique.

Recognizing the longstanding support of donors such as Rotary International and acknowledging the historical financial support of other Member States to the eradication effort, including Saudi Arabia, Kuwait, Oman and Qatar;

Appreciating and supporting the decision of the WHO Regional Director for the Eastern Mediterranean to formally grade all polio emergencies and to apply relevant emergency standard operating procedures to WHO operations to address polio emergencies;

We, the Member States of the Regional Subcommittee for Polio Eradication and Outbreaks for the Eastern Mediterranean,

DECLARE THAT:

1. We will focus all efforts on reaching remaining missed children with oral polio vaccine, within a broader humanitarian response context in the remaining most consequential geography of eastern Afghanistan and in north-western Pakistan;

COMMIT TO:

2. Mobilizing all necessary engagement and support by all political, community and civil society leaders and sectors across the Region, to fully achieve interruption of wild poliovirus transmission in the Region;

3. Facilitating the necessary support to fully implement all aspects of the Global Polio Eradication Initiative Strategy 2022–2026, including by ensuring rapid detection of and response to any poliovirus from any source, and implementing high-quality outbreak response;

4. Fostering coordination with other public health efforts, to ensure closer integration in particular with routine immunization efforts;

REQUEST THAT:

5. The international development and humanitarian communities and donors strengthen their support for full implementation of the national emergency action plans to eradicate polio in Afghanistan and Pakistan; and

6. The Regional Director continue his strong leadership and efforts to achieve a Region free of all polioviruses for good, including by advocating for all necessary financial and technical support, reviewing progress, planning corrective actions as necessary and regularly informing Member States of the aforementioned and of any further action required through the WHO Executive Board, World Health Assembly and WHO Regional Committee for the Eastern Mediterranean.

Annex 4. Statement on stopping the outbreak of vaccine-derived poliovirus type 2 in Yemen's northern governorates and in Somalia

Statement by the Eastern Mediterranean Ministerial Regional Subcommittee on Polio Eradication and Outbreaks

Seventh meeting of the Regional Subcommittee on Polio Eradication and Outbreaks

28 February 2023 – Acknowledging that our common goal is to attain ‘Health for All by All’, which is a call for solidarity and action among all stakeholders;

Noting the progress achieved globally in eradicating poliovirus transmission since 1988;

Noting with deep concern the challenges involved in stopping ongoing outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the Region, without full access to vaccinate all vulnerable children in the affected populations;

Observing with alarm the prolonged outbreak in Yemen and the persistent restrictions on implementing outbreak response vaccination in the country's northern governorates, and further observing that the cVDPV2 outbreak which has been continuing since 2017 is the world's longest ongoing such outbreak;

Recognizing the Global Polio Eradication Initiative's efforts to target its resources in the most impactful way by identifying particular areas affected by polio, including Yemen's northern governorates and south-central Somalia, as “consequential geographies” – two of seven subnational geographies globally which together accounted for 90% of all polio cases in 2022 and which are all affected by broader humanitarian emergencies;

Recognizing the high risk of expansion of the polio outbreaks within and from the two Regional consequential geographies due to their complex emergency settings, limited access to high-risk populations, weak immunization services, gaps in coverage of supplementary vaccination campaigns, and unmitigated spread of misinformation and disinformation in northern governorates of Yemen;

Recalling that the international spread of polio is a Public Health Emergency of International Concern under the International Health Regulations (2005);

Observing with alarm that 197 children have been paralyzed by cVDPV2 in Yemen's northern governorates, representing almost one-third of all global cases of this strain in 2022, and that the international spread of poliovirus from Yemen to Djibouti, Egypt and Somalia has been confirmed;

Recognizing the best operational approach and experience to vaccinate all children, especially infants and young children, against polio, and achieve more than 90% coverage to stop an outbreak is through house-to-house delivery of vaccination; and if that is not possible, to implement an intensified fixed site vaccination with effective mobilization of families and young children to fixed sites near their homes;

Recognizing the continued threat to all children posed by vaccine-derived poliovirus and the importance of regional solidarity and support to deliver on the goals of the 2022-2026 Polio Eradication Strategy, which have been endorsed and supported by a wide range of committed donors, such as Rotary International and Member States of the Region, in particular the UAE through the sustained commitment of His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the UAE;

We, the Member States of the Regional Subcommittee on Polio Eradication and Outbreaks for the Eastern Mediterranean:

DECLARE THAT:

1. The ongoing circulation of any strain of poliovirus in the Region is a Regional Public Health Emergency;

COMMIT TO:

2. Mobilizing all needed engagement and support by all political, community and civil society leaders and sectors at all levels to successfully end polio as a Regional Public Health Emergency;

3. Advocating with relevant community and subnational leaders to increase access and ensure full implementation of polio outbreak response in the most programmatically and epidemiologically impactful operational manner, ideally through house-to-house vaccination campaigns in all areas;
4. Focusing efforts on reaching remaining zero-dose children in the consequential geographies of the northern governorates of Yemen and south-central Somalia, working in the broader humanitarian emergency response context;
5. Helping to mobilize needed resources and highest-level international commitment to finalize and fully implement the Somalia Polio Eradication Action Plan 2023, in the context of competing health response priorities such as ongoing drought and the effects of the COVID-19 pandemic;
6. Helping to mobilize resources for the Global Polio Eradication Initiative partners to support the outbreak response in Yemen; and
7. Helping to strengthen coordination with other public health and humanitarian efforts in Somalia and Yemen, to ensure closer integration in particular with routine immunization and the delivery of essential health and nutrition services to children;

REQUEST THAT:

8. The international humanitarian and development communities scale up their support for providing essential services, including a robust vaccination response to the polio outbreaks in Somalia and Yemen using modalities that will deliver an acceptable level of coverage;
9. The authorities and polio eradication partners in Somalia accelerate high-quality and rigorous implementation of the Somalia Polio Eradication Action Plan 2023 to stop the longest-running outbreak in the country and prevent the further spread of cVDPV2 by the end of 2023;
10. The national authorities and the regional polio eradication programme strengthen cross-border coordination across Somalia, Kenya, Ethiopia, Yemen and Djibouti, considering the documented importation of cVDPV2 from Somalia into Kenya and Ethiopia, and from Yemen into Djibouti, Egypt and Somalia, and the high risk of further instances of cVDPV2 crossing international borders;
11. Authorities in northern governorates of Yemen, all immunization partners and the humanitarian development community respond urgently to the unmitigated vaccine-related misinformation and disinformation that is being disseminated, which is risking the lives of thousands of children in Yemen and across the Region;
12. All authorities in northern governorates in Yemen facilitate the resumption of house-to-house vaccination campaigns in all areas to ensure the delivery of vaccines to the youngest and most vulnerable children, and in areas where house-to-house vaccination is not feasible, make all efforts to implement intensified fixed-site vaccination through a modality that also includes robust social mobilization and outreach to ensure high coverage; and
13. The WHO Regional Director continue his strong leadership and efforts to support the cessation of polio outbreaks in Somalia and Yemen, including by advocating for all necessary financial and technical support, reviewing progress, implementing corrective actions as necessary, and regularly informing Member States of the aforementioned and of any eventual further action required, through the WHO's Executive Board, the World Health Assembly and the WHO Regional Committee for the Eastern Mediterranean.