



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

Opening of the meeting

1. The Subcommittee for Polio Eradication and Outbreaks of the Regional Committee for the Eastern Mediterranean held its first meeting on 16 March 2021 as a virtual meeting through videoconferencing technology. The Subcommittee was established in response to resolution EM/RC67/R.4 (2020).
2. The meeting was attended by ministers of health or their representatives serving as Members of the Subcommittee, along with WHO staff acting as the Secretariat. The programme and list of participants are included as Annexes 1 and 2, respectively.
3. The Subcommittee elected two co-Chairs: H.E. Dr Hala Zayed, Minister of Health and Population of Egypt, and H.E. Mr Abdul Rahman bin Mohamad Al -Oweis, Minister of Health and Prevention of United Arab Emirates. H.E. Abdul Rahman Mohamad Al- Oweis was represented at the meeting by Dr Hussain Al Rand, the Assistant Undersecretary for Health Centres and Clinics and Public Health of United Arab Emirates. Co-Chairs will serve for the Subcommittee going forward, with no term limits set as yet.
4. Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean Region, inaugurated the meeting, noting that the Subcommittee had been established as a vital new platform to support implementation of Regional Committee resolution EM/RC67/R.4 on polio eradication, adopted in October 2020, with terms of reference (document EM/RC67/17) to support polio eradication in the Region. The Regional Director said that the Eastern Mediterranean Region was the only remaining WHO region endemic for wild poliovirus, which continued to paralyze children in Afghanistan and Pakistan. Moreover, all Member States were now threatened by expanding outbreaks of vaccine-derived poliovirus. These challenges, particularly in the context of the COVID-19 pandemic, required stronger regional solidarity and collective action, and the Subcommittee would provide a strong platform to mobilize and coordinate support to the remaining wild poliovirus-endemic countries and to all polio outbreak-affected countries across the Region. Member States' participation in the Subcommittee would send a clear message that they would not stand for a world where the Eastern Mediterranean Region was the only region in which children fell ill with a disease that was not only vaccine-preventable but could be eradicated.
5. Dr Al-Mandhari said that the effect of the COVID-19 pandemic on polio eradication efforts had included an unavoidable four-month pause in polio campaigns in 2020, resulting in new immunity gaps, and while the contributions of polio workers across the Region towards the pandemic response had been invaluable, these had cost the polio programme dearly. Around 80 million polio vaccination opportunities had been missed and the pause in vaccination had enabled the virus to spread. It was vital that the high-level nature of the Subcommittee was leveraged to bolster collective public health actions across the Region, support national health leadership to strengthen efforts to transition polio assets and infrastructure, and advocate for the mobilization of national and international funding to achieve and sustain polio eradication. While the COVID-19 pandemic continued to severely impact the lives of people across the Region, many valuable lessons had been learned, and the Regional Director said that he hoped that, through the Subcommittee, this knowledge would be shared, along with the expertise needed to resolve the remaining challenges, so that polio eradication could be achieved for the children of the Region. He thanked the Subcommittee's Members for their commitment to this goal.

The status of the regional polio programme in 2021

6. An overview of the regional polio situation was provided by Dr Hamid Syed Jafari, Director, Polio Eradication. The spread of polio in the Eastern Mediterranean Region had become a pressing emergency and remained a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005) (IHR). Although there had been considerable advances towards a polio-free world, 2020 had brought challenges, both internal and external, that threatened the progress made in the preceding years.

7. Wild poliovirus transmission had spread beyond the core reservoirs of the endemic countries (Afghanistan and Pakistan) and outbreaks of circulating vaccine-derived polioviruses type-1 (cVDPV1) and type-2 (cVDPV2) had emerged, with the latter expanding significantly across the Region. The case count for 2020 in the Region was as follows: 140 wild poliovirus cases reported (56 in Afghanistan, 84 in Pakistan); 29 cVDPV1 cases (all in Yemen); and 513 cVDPV2 cases (307 in Afghanistan, 135 in Pakistan, 57 in Sudan and 14 in Somalia). Moreover, cVDPV2 strains circulating in Sudan had been detected in environmental samples in Egypt, and strains circulating in Afghanistan and Pakistan had been detected in environmental samples in the Islamic Republic of Iran, requiring both Egypt and the Islamic Republic of Iran to implement large-scale vaccination campaigns to prevent further transmission.

8. The impact of the COVID-19 pandemic on polio eradication efforts had been substantial. In the face of this new public health threat, polio workers and infrastructure had pivoted from polio to support countries in their COVID-19 response. The March–July 2020 suspension of polio campaigns, coupled with related disruptions to routine immunization, had created new immunity gaps. WHO estimated that in the four-month pause in campaigns, almost 80 million polio vaccination opportunities had been missed. Reporting of acute flaccid paralysis (AFP) had decreased across the Region and delays in sample shipment had resulted in late detection of outbreaks in Sudan and Yemen.

9. Polio immunization campaigns had resumed in July 2020, enabling almost 68 million children in the Region to receive at least one dose of polio vaccine through supplementary immunization activities. Yet despite the resumption of campaigns, children living in inaccessible parts of Afghanistan and Somalia remained unreachable by vaccination teams.

10. These pandemic-related disruptions to immunization, combined with ongoing obstacles to access, had enabled the virus to spread and thrive. The detection of cVDPV2 isolates from environmental samples in Egypt and the Islamic Republic of Iran from September 2020 onwards, which were linked to viruses seen in Sudan, and Afghanistan and Pakistan, respectively, highlighted the continued and deepening risk of international spread of the virus to other Member States, especially those with frequent population movements to and from infected countries.

11. Countries had responded to these risks, conducting in-depth analysis, enhancing surveillance and implementing case response campaigns with monovalent oral polio vaccine type-2 (mOPV2) to boost the immunity of children, regardless of their vaccination history.

12. In November 2020, WHO issued an Emergency Use Listing of the novel oral polio vaccine type 2 (nOPV2) to address the expanding risk of cVDPV2 outbreaks in the Eastern Mediterranean Region and globally. Member States in the Region were now preparing for the introduction of this improved and more stable vaccine, which was expected to be much less likely to seed new outbreaks.

Guiding principles of the Subcommittee

13. During the meeting, the Members of the Subcommittee endorsed the following:

- The terms of reference of the Subcommittee (see Annex 3).
- The key outputs of the Subcommittee (see Annex 4).
- The frequency of meetings to be quarterly, including during Regional Committee, World Health Assembly and Executive Board, and via video conference if necessary.
- Subcommittee meeting participation to be composed of core Subcommittee Members, the WHO Secretariat, and others by invitation. Considering the growing interest in, and expectations of, the newly

formed Subcommittee, key Global Polio Eradication Initiative (GPEI) leaders, including UNICEF regional directors and selected donors, may be invited to future meetings. It was agreed that the invitation may be extended to partners and donors for the second meeting of the Subcommittee.

Discussions

14. H. E. Dr Tewfik bin Fawzan Al-Rabeiah, Minister of Health of Saudi Arabia, said it was imperative to intensify efforts to accelerate activities to eradicate the virus, especially in light of the increase in the spread of poliovirus in Afghanistan and Pakistan and the expansion in the circulation of cVDPV2 in the Region. He noted that Saudi Arabia had obtained polio-free certification in 2007, after great effort and the implementation of an integrated plan to eradicate polio based on strategies approved by WHO. The last local circulated case in the country was reported in 1995, while the last imported case of polio was recorded in 2004. Saudi Arabia had supported WHO's eradication efforts, contributing over US\$ 30 million to the United Nations Fund, including to the GPEI, and making an annual contribution to UNICEF of over US\$ 500 000, including over US\$ 100 000 for the provision of vaccines to neighbouring countries affected by poliovirus. Despite this, the transmission of the virus remained a threat to countries of the Region, especially in light of the severe interruption to vaccination and outbreak response campaigns due to COVID-19. His Excellency therefore welcomed the establishment of the Subcommittee and declared Saudi Arabia's active support for it.

15. H.E. Dr Hala Zayed, Minister of Health and Population of Egypt, expressed support for intensified polio eradication efforts in the Region, especially for polio eradication efforts in the remaining wild poliovirus-endemic countries in the Region. The significant spread of poliovirus had alerted everyone to the need to address the risk of polio outbreaks and to work together to ensure access to all needed vaccinations in any setting and under any circumstances: children in Afghanistan, Pakistan, Somalia, Sudan and Yemen, often in situations of conflict, should not be deprived of access to essential vaccines. Moreover, the COVID-19 pandemic should not prevent ministries of health from ensuring access to essential vaccinations, with appropriate infection prevention and control measures in place. Dr Zayed thanked Dr Tedros Adhanom, WHO Director-General, Dr Ahmed Al-Mandhari and Dr Hamid Jafari for their support to the Region and for the prompt measures taken in response to environmental samples in Egypt, including support for two mOPV2 national immunization campaigns targeting 16.7 million children from birth to five years old, the first having been already successfully completed and the second in preparation for the end of March. Egypt was ready to provide all necessary support to achieve regional certification of polio eradication.

16. H.E. Dr Ahmed Al Saidi, Minister of Health of Oman, welcomed the establishment of the Subcommittee and expressed Oman's support for its work, noting that working together was essential to address this important regional issue. He highlighted the impact of conflict on polio transmission and eradication activities in the Region and the need to obtain support from both within the Region and outside it. He also emphasized the need for commitment by leaders in the Region, including religious leaders, and called for the involvement of religious and community leaders in affected countries, given the difficulties in the field, to capitalize on their support and give them ownership of campaigns. While COVID-19 had impacted the vaccination of children in the Region, he noted that in Oman, the vaccination programme had been maintained at 99–100%. He expressed his approval of the terms of reference suggested for the Subcommittee and supported using the media to convey the message that nobody is safe in the Region until the poliovirus is eradicated in the two most affected countries. He thanked WHO and the Members of the Subcommittee for their commitment, expressing the hope that it would translate into action to reduce the burden of the disease.

17. Dr Nausheen Hamid, Honorable Parliamentary Secretary for Health, representing H.E. Dr Faisal Sultan, Minister of Health, Special Assistant to the Prime Minister, Pakistan, noted that the country was experiencing a third wave of the COVID-19 pandemic, during which polio infrastructure and staff had facilitated COVID-19 surveillance and response efforts at all levels, including awareness-raising, contact tracing and isolation, helping communities during this difficult period and establishing a new sense of community ownership. However, the pandemic had led to a halt in door-to-door immunization campaigns during the first wave, seriously affecting efforts, and so it had been decided to resume essential immunization from fixed sites and embark on enhanced outreach activities to cover the almost 1.5 million children who had missed different antigens due to lockdown periods, outpatient department closures and travel difficulties. With the unprecedented support of leaders and law enforcement agencies, door-to-door vaccination activities were restarted in July 2020 and seven campaigns were successfully conducted as part of the national mission to

achieve the eradication goal. The country team worked hard to put in place all possible measures to safeguard frontline workers from COVID-19 infection and mitigate the risk of fueling community transmission.

18. Despite the challenges, Pakistan's programme was continuing to demonstrate progress in controlling both wild and vaccine-derived poliovirus transmission. The number of wild poliovirus cases had been brought down in 2020 compared to 2019. Most of the districts where at least two rounds of type-2 vaccine were used had not reported vaccine-derived poliovirus. Recent trends of environmental surveillance also indicated improving epidemiology as the proportion of positive samples and the diversity of detected viruses continued to shrink.

19. However, there were several areas for further improvement. A significant number of children were still being missed – enough to sustain transmission, particularly in core reservoirs and high-risk union councils. The Polio Support Unit was looking at granular data and trying to come up with new ways to improve operations in such pockets, including application of technology to track missed children. To address the remaining gaps, a fresh initiative had been launched in several priority districts of central Pakistan, as well as the mega-cities of Lahore and Karachi. The initiative included:

- revising the micro-plans and ensuring all areas, small villages, hamlets and towns were included in the micro-plans and that the workloads of frontline workers were rationalized;
- using new adult learning methods in the training of frontline workers, including new training kits that had been made available in over 7000 union councils of Pakistan for a March campaign; and
- focusing on priority community engagement in polio eradication through appropriate communication strategies, alliance building and integrated service delivery.

20. Dr Jafari said that Pakistan would continue to work closely with Afghanistan's polio programme through a very efficient coordinating mechanism whereby activities were aligned, information was regularly exchanged, and teams worked jointly to ensure optimal vaccination coverage in bordering areas as well as for travellers between the two countries. With generous support from global and local donor and partner communities, strong commitment and support from national leadership and the public and private sectors, including GPEI partners and Pakistan's military and security agencies, every child would be vaccinated. Pakistan appreciated the establishment of the Subcommittee and was very hopeful that these collective efforts would soon lead to a polio-free Region and world.

21. Dr Sultan provided further written comments. He reported that the transformation and restructuring of the National Emergency Operations Centre, Provincial Emergency Operations Centres and District Emergency Operations Centres were in the final stages. There was increased focus on ensuring provincial and district task force meetings both before and after supplementary immunization activities to assess the level of preparedness, review the quality of campaigns conducted and follow up on action points. A National Task Force meeting to be chaired by the Prime Minister and attended by provincial Chief Ministers was planned for the near future.

22. Ensuring the safety of frontline workers and communities was a top priority, and the Government was providing adequate quantities of personal protective equipment to ensure high-quality campaigns in the COVID-19 environment. The programme was also intensifying its focus on engaging influential and religious leaders at the sub-Union Council level to solve local problems at a local level. Special attention was being paid to selecting teams from local communities and training them, rationalizing their workload and improving microplanning using geographic information system maps. The National Emergency Action Plan was being reviewed under Dr Sultan's supervision to incorporate all these changes. A lot more work was required to establish sustainable essential health services, nutrition, water and sanitation in marginalized communities in Baluchistan, Khyber Pakhtunkhwa and Karachi, and alliance-building between the Government and partners was needed to carry it forward.

23. Dr Mohammad Mehdi Gouya, Director-General of Communicable Diseases, representing H.E. Dr Saeed Namaki, Minister of Health and Medical Education of the Islamic Republic of Iran, welcomed membership of the Subcommittee, noting that the country faced massive cross-border population movement and imported cVDPV2 from neighbouring countries, and required WHO support for preparedness and response regarding polio events and outbreaks. He highlighted the usefulness of environmental sampling for the surveillance of

polio, antimicrobial resistance and COVID-19, and requested that WHO provide more technical information on this important area in order to organize a national programme. He requested that WHO and Member States state more robustly the need to use nOPV2 in response to the growing frequency of cVDPV events and that any questions or remaining doubts about the vaccine be addressed.

24. Dr Hussain Al Rand, Assistant Undersecretary for Health Centers and Clinics and Public Health, representing H.E. Dr Abdul Rahman Mohamad Al-Oweis, Minister of Health of United Arab Emirates, noted that the country had been declared polio-free since 2007. Since then, the local immunization programme had continued, even during the COVID-19 pandemic; and through His Highness Sheikh Mohammed bin Zayed Al Nahyan's initiative to eradicate polio, the United Arab Emirates was supporting Afghanistan and Pakistan to battle polio, in cooperation with their ministries of health. The United Arab Emirates welcomed joining the Subcommittee and was committed to cooperating with WHO and Member States in this effort.

25. H.E. Dr Wahid Majrooh, Acting Minister of Public Health of Afghanistan, expressed his appreciation for the establishment of the Subcommittee. He noted the importance of the forum and expressed his belief that it would be effective in controlling and eradicating polio in the Region, especially in Afghanistan and Pakistan. In Afghanistan, there had been about 56 wild poliovirus cases in 2020 and one so far in 2021, and 350 type 2 cases in 2020 and 17 cases identified recently in 2021; 3.4 million children had been missed during national immunization days (NIDs) due to the inaccessibility of different parts of the country; families of about 60 000 children refuse vaccination due to misconceptions in communities; and there is low routine EPI coverage. While COVID-19 had tested the capacities of the health system, a subnational-NID had been conducted in the eastern region of the country in July 2020, covering around 1.7 million children. However, despite all efforts, significant challenges remained, highlighting the importance for Afghanistan of the establishment of the Subcommittee. He requested that support be demand-driven, led by host countries' ministries of health.

26. To address the challenges, a plan had been developed that required support, financially and technically, to reach the inaccessible areas of the country, in order to eradicate or control the virus in Afghanistan. Further support in cross-border coordination was another area of importance, and the help of Subcommittee Members was requested, including for the cross-border area with Pakistan where thousands of refugees passed every day with no vaccination intervention. Dr Majrooh underscored the need to establish a polio diagnostic lab in Afghanistan, given challenges in sending samples to Islamabad, both due to insecurity and complications caused by the COVID-19 outbreak.

27. Another area of focus should be greater alignment in the coordination of initiatives between implementing partners and the ministries of health of host countries, and greater clarification of roles and responsibilities. H.E. the President of Afghanistan had expressed serious concerns over improving the quality and coverage to combat the alarming situation of polio in Afghanistan.

28. Dr Majrooh noted that the Subcommittee was in a position to facilitate smooth AFP sample transportation and ensure sustained support to polio laboratories. He expressed the hope that this support would be expanded to those countries, such as Afghanistan, intending to establish their own polio laboratories, and requested the Subcommittee's support for this and that it would advocate and raise support for the strengthening of routine EPI as a platform to take over overall responsibility for polio in the long term.

29. Dr Majrooh thanked Afghanistan's partners for the support and guidance they have provided, but called for greater support and coordination to face the challenges and build the capacity of host countries. The Ministry of Public Health in Afghanistan was in the process of finalizing a comprehensive reform agenda for the whole sector, including polio, and was moving towards one EPI. Subcommittee members were requested to provide technical support in this.

30. H.E. Dr Majid Hamad Amin, Minister of Health of Iraq, welcomed the establishment of the Subcommittee and confirmed Iraq's support and cooperation with it to achieve polio eradication in the Region. He noted that Iraq was declared polio-free in 2003, but one case had been reported in 2014, and the country was certified polio-free again in 2015. He highlighted the concerns posed by annual religious events and mass gatherings, and visits to the country by millions of people, including from Afghanistan and Pakistan,

adding to the burden on the Iraqi health system, especially during the COVID-19 pandemic, which had affected primary health care and vaccination activities, although routine immunization programme activities were still taking place. He called for WHO to continue its support for national polio vaccination campaigns to reduce the possibility of disease transmission.

Closing remarks and next steps

31. Dr Ahmed Al-Mandhari closed the meeting by thanking participants and emphasizing that the Subcommittee would function in a dynamic way and was prepared to step forward to provide support to Afghanistan and Pakistan. He summarized the actions before the Subcommittee and committed to delivering progress by the next meeting. In response to concerns raised by Dr Wahid Majrooh, Dr Al-Mandhari shared the floor with H.E. Dr Hala Zayed, who reaffirmed her commitment to setting up a platform to facilitate better and closer collaboration to support countries in the Region, including access to vaccination for all children in Afghanistan.

32. The following next steps were agreed by the Subcommittee:

- Following the first meeting, the Secretariat of the Subcommittee would:
 - circulate all presentations from the meeting to all Members of the Subcommittee;
 - circulate the Statement of the Twenty-Seventh Polio IHR Emergency Committee to Member States;
 - issue a press release from the WHO Regional Office, highlighting the commitment and support of Member States to the Subcommittee and polio eradication efforts; and
 - prepare a report of the meeting, detailing all interventions made by Member States, including English translation of all interventions in Arabic, during the meeting and outlining clear next steps.
- Going forward, the Secretariat will support the work of the Subcommittee by:
 - developing a programme of work based on the key outputs identified in the first meeting;
 - supporting the co-Chairs in the organizing of quarterly meetings of the Subcommittee; and
 - providing translation during future meetings to ensure the full participation of all Member States.

Annex 1. Programme

First meeting of the Subcommittee for Polio Eradication and Outbreaks Virtual meeting, 16 March 2021, 11:00–12:30

Time	Item	Presenters
The work of the Subcommittee (45 mins)		
11:00–11:05	Welcome and opening remarks	Dr Ahmed Al-Mandhari
11:05–11:10	Overview of regional polio situation	Dr Hamid Jafari
11:10–11:20	Terms of reference of the Regional Subcommittee <ul style="list-style-type: none"> • Main objectives and expected outcomes (5 mins) • Rules and rhythm of work (5 mins) 	Dr Hamid Jafari
11:20–11:40	Discussion	
11:40–11:45	Election of Co-Chairs	
Current programme challenges and request for Subcommittee guidance/interventions (45 mins)		
11:45–11:53	cVDPV2 outbreaks: Current situation and risks to Member States	Dr Hamid Jafari
11:53–12:00	Preparedness for potential use of novel oral polio vaccine type 2 (nOPV2)	Dr Hemant Shukla
12:00–12:25	Discussion	
12:25–12:30	Next steps Closing remarks	Dr Ahmed Al-Mandhari

Annex 2. List of participants

Members of the Subcommittee

Name	Position
Member States	
Dr Wahid Majrooh	Acting Minister of Public Health and Deputy Minister for Healthcare Service Delivery, Afghanistan
Dr Hala Zayed	Minister of Health and Population, Egypt
Dr Saeed Namaki ¹	Minister of Health and Medical Education, Islamic Republic of Iran
Dr Majid Hamad Amin	Minister of Health, Iraq
Dr Hamad Hassan ²	Minister of Public Health, Lebanon
Dr Faisal Sultan ³	Minister of Health, Special Assistant to the Prime Minister, Pakistan
Dr Ahmed bin Mohamed bin Obaid Al Saidi	Minister of Health, Oman
Dr Tawfig bin Fawzan Al-Rabiah	Minister of Health, Saudi Arabia
Dr Omer Mohamed Elnageib ⁴	Acting Federal Minister of Health, Sudan
Dr Fawzi Mahdi ⁵	Minister of Health, Tunisia
Dr Abdul Rahman Mohammed Al Oweis ⁶	Minister of Health, United Arab Emirates
WHO Secretariat	
Dr Ahmed Al-Mandhari	Regional Director
Dr Rana Hajjeh	Director, Programme Management
Dr Syed Jaffar Hussain	Chef de Cabinet
Dr Hamid Syed Jafari	Director, Polio Eradication
Dr Richard Brennan	Director, Health Emergencies
Dr Joanna Nikulin	Coordinator, GPEI Hub
Dr Shukla Hemant	Team leader, Country Support Team, Polio
Ms Emma Sykes	Communication Officer, Polio
Ms Hala EL-Shazly	National Professional Officer
Ms Samah Abdel Aziz	Senior Administrative Assistant

¹ Member represented by Dr Mohammad Mehdi Gouya, Director-General of Communicable Diseases, Islamic Republic of Iran.

² Apologized.

³ Member represented by Dr Nausheen Hamid, Honorable Parliamentary Secretary for Health, Pakistan.

⁴ Apologized.

⁵ Apologized.

⁶ Member represented by Dr Hussain Al Rand, Assistant Undersecretary for Health Centers and Clinics and Public Health, Ministry of Health and Prevention, United Arab Emirates.

Annex 3. Terms of reference of the Subcommittee

In accordance with Rule 16 of the rules of procedure of the WHO Regional Committee for the Eastern Mediterranean, the Subcommittee would:

- evaluate the evolving programmatic and epidemiological situation, and determine what concrete support can be offered to Afghanistan, Pakistan and any other Member State imminently threatened or affected by a polio outbreak;
- involve all relevant cultural, political, religious and civil society partners as needed and requested by the affected country, and promote the political and social neutrality, as well as acceptance, of the polio eradication programme;
- facilitate access to vaccination for all children in the Region, particularly those living in areas of conflict and insecurity;
- promote the establishment of essential health and civic services in the multiple deprived communities where polio is entrenched.

Annex 4. Key outputs of the Subcommittee

1. Visibility of polio eradication as a regional public health emergency and priority

The WHO Eastern Mediterranean Region is the only remaining wild poliovirus-endemic WHO region in the world. Polio remains a Public Health Emergency of International Concern (PHEIC) under the International Health Regulations (2005) (IHR). Six Member States of the Eastern Mediterranean Region are affected State Parties under the Temporary Recommendations of the Emergency Committee under the IHR. Yet polio is no longer treated as an emergency and a regional priority.

Major challenges in some countries include the misconceptions among communities about polio vaccination and where communities do not “own” the programme. A related challenge is the frustration in communities affected by polio where essential health and civic services are not available, yet they receive repeated offers of polio vaccination. The Subcommittee is well-positioned to express regional solidarity to achieve polio eradication, facilitate the engagement of communities and their ownership of the programme and advocate for basic services for deprived communities.

Expected outputs of the Subcommittee

- A quarterly Subcommittee statement that highlights progress, risks to Member States and current challenges in polio eradication and control of outbreaks.
- Periodic press conferences, media interviews, op eds and social media messages from the Members on behalf of the Subcommittee (coordinated by the Secretariat).
- Members highlighting polio eradication as a regional priority in their public interactions on public health issues.
- Public messaging that encourages communities to own the programme and addresses misconceptions about vaccination and the programme.

2. Political and financial support

High-level political support is necessary to achieve polio eradication in the Region. Moreover, focused interventions are necessary to help foster the neutrality and impartiality of the polio programme in settings of conflict and unrest and to help establish access to children for vaccination in all areas of the Region. Many countries of the Region depend on external financing by the Global Polio Eradication Initiative (GPEI), which is faced with significant financial constraints and is thus reducing its funding to countries. Moreover, the GPEI will begin to wind down as an entity as soon as polio eradication is achieved, yet essential polio functions of surveillance and immunization must continue.

Expected outputs of the Subcommittee

- Advocacy for collective public health action to prevent international spread of polio, mitigate risk of polio outbreaks and foster rigorous national responses to polio outbreaks.
- Targeted advocacy in support of their peers (ministers) to mobilize high-level political commitment in countries affected by polio.
- Advocacy for mobilization of domestic financial resources to achieve polio eradication and sustain a polio-free state and to reduce reliance on the GPEI for ongoing funding.
- Specific actions by Subcommittee Members to help establish access to children in the Region that remain inaccessible for polio vaccination in areas of armed conflict and to foster the neutrality and impartiality of the programme.
- Advocacy for investments in deprived communities where poliovirus is entrenched.

3. Oversight and encouragement of collective public health actions across the Region

Several Member States of the Eastern Mediterranean Region are affected, and others threatened, by the spread of wild poliovirus and vaccine-derived polioviruses. The Region is currently facing significant spread of circulating vaccine-derived poliovirus type 2 (cVDPV2). The situation requires a coordinated and collective approach to mitigating the risks of cVDPV and wild poliovirus spread and outbreaks.

Expected outputs of the Subcommittee

- Advocacy with Member States to increase the timeliness of poliovirus detection by implementing the planned expansion of environmental surveillance in key areas of the Region, and through support for poliovirus laboratories in countries.
- Encouragement and monitoring of the implementation of the Temporary Recommendations of the Emergency Committee of the IHR on preventing international spread of polio.
- Facilitation of cross-border coordination to optimize outbreak detection and response.
- Encouragement for Member States to begin preparations for the registration and use of the novel oral polio vaccine type 2 (nOPV2) as the definitive solution to cVDPV2 outbreaks. By 2022, it is unlikely that mOPV2 or tOPV will be available as the primary vaccines to control the cVDPV2 outbreaks.

4. Support for polio transition in the Region

The polio assets and infrastructure in the Eastern Mediterranean Region have broad public health utility, as demonstrated by the strong support provided by the polio eradication programme to the COVID-19 pandemic response in several Member States. Preparations have commenced for a polio-free Region through the implementation of polio transition activities that leverage current polio eradication assets to: sustain a polio-free world after the eradication of all polioviruses; strengthen immunization systems, including surveillance for vaccine-preventable diseases; and strengthen emergency preparedness, detection and response capacity at country level. Successful polio transition requires engagement, support and financing by Member States.

Expected outputs of the Subcommittee

- Encouragement for national health leadership to support polio transition activities, particularly the integration of polio assets into national health systems, while maintaining high-quality essential polio functions.
- Advocacy for mobilization of national and international funding to support integrated public health programmes that include essential functions to sustain polio eradication and leverage the assets of the polio programme.

Annex 5. Resolution EM/RC67/R.4 on Establishment of a Subcommittee for Polio Eradication and Outbreaks

Resolution

**REGIONAL COMMITTEE FOR THE
EASTERN MEDITERRANEAN**

**EM/RC67/R.4
October 2020**

**Sixty-seventh session
Agenda item 8**

Galvanizing efforts to eradicate polio in the Eastern Mediterranean Region

The Regional Committee,

Having reviewed the report on eradication of poliomyelitis¹ and the proposal document on establishment of a Regional Subcommittee for Polio Eradication and Outbreaks;²

Recalling World Health Assembly resolution WHA65.5 (2012) on intensification of the global poliomyelitis eradication initiative; Executive Board decision EB146(11) on intensified efforts to address circulating vaccine-derived poliovirus type 2; the declaration of the international spread of poliovirus in 2014 as a public health emergency of international concern under the International Health Regulations (2005); and Regional Committee resolution EM/RC60/R.3 on the escalating poliomyelitis emergency in the Eastern Mediterranean Region;

Welcoming the certification of wild poliovirus eradication in the African Region and recognizing that the Eastern Mediterranean Region is now the only remaining region of WHO with endemic wild poliovirus type 1 transmission;

Noting with grave concern the marked increase of wild poliovirus in Afghanistan and Pakistan and significant emergence and importation of circulating vaccine-derived poliovirus type 2 in the Region;

Concerned about the severe disruption to polio eradication efforts in the Region caused by the global COVID-19 pandemic, including a four-month pause on all house-to-house polio campaigns and outbreak response campaigns, and recognizing the challenges posed by the pandemic to maintaining quality surveillance for acute flaccid paralysis in many countries and to implementing environmental surveillance for polioviruses;

Acknowledging the critical support that polio personnel, with their extensive experience of responding to outbreaks and other humanitarian emergencies and with trusted outreach networks in the most underserved communities, are providing to the national public health response to the COVID-19 pandemic in countries across the Region;

Acknowledging the extremely strong national and subnational political engagement in both Afghanistan and Pakistan in addressing COVID-19 while maintaining essential polio eradication functions as far as possible, and in planning to restructure and transform their respective national polio programmes as a key component of the broader health and economic COVID-19 recovery process;

Welcoming the Global Polio Eradication Initiative (GPEI) strategy to establish a GPEI hub at the WHO Regional Centre for Polio Eradication in Amman, Jordan, to be comprised of senior experts from GPEI partner organizations³ who will provide well-coordinated and consolidated GPEI support for the

¹ EM/RC67/INF.DOC.1.

² EM/RC67/17.

³ The GPEI partners include the World Health Organization, UNICEF, the US Centers for Disease Control and Prevention, the Bill and Melinda Gates Foundation, Rotary International and Gavi the Vaccine Alliance.

implementation of national emergency action plans for polio eradication in Afghanistan and Pakistan, and of the Polio Endgame Strategy 2019–2023;¹

Noting the urgent need to resume and sustain polio vaccination activities safely and with appropriate infection prevention and control measures in the context of COVID-19 transmission, amid expanding poliovirus transmission in Afghanistan and Pakistan and outbreaks of vaccine-derived poliovirus in Somalia, Sudan and Yemen, and the increased risk of importation or re-emergence of polioviruses in other countries in the Region;

Recognizing that supplementary immunization activities for polio eradication have strong potential to act as vital delivery mechanisms for other health services, including through integration with other health programmes, particularly the Expanded Programme on Immunization and the WHO Health Emergencies Programme;

Reiterating the urgent need to restore and strengthen critical functions related to acute flaccid paralysis and environmental surveillance, and to facilitate the movement of samples within and across countries in the Region, while continuing with existing commitments to establish environmental surveillance;

Noting the significant financial constraints facing the Global Polio Eradication Initiative, exacerbated by COVID-19, the additional investments needed to protect health workers and the anticipated increase in new polio cases, which is currently forcing a prioritization of activities to highest-risk areas and leaving children in other areas even more vulnerable to diseases such as polio;

Acknowledging the opportunities presented by the anticipated introduction of novel oral polio vaccine type 2 under the WHO Emergency Use Listing procedure, as per Executive Board decision EB146(11);

1. REQUESTS the Regional Committee to:

- 1.1. Endorse the establishment of a Subcommittee for Polio Eradication and Outbreaks to support intensified polio eradication efforts in the Region and: provide critical support to the remaining wild poliovirus endemic countries in the Region in their intensified polio eradication efforts; promote the establishment of essential health services in the multiple deprived communities where polio remains entrenched; facilitate access to vaccination of children in all areas; and report on status, progress and challenges on a yearly basis to the Regional Committee, Executive Board and World Health Assembly until regional certification of polio eradication has been successfully achieved (see terms of reference);
- 1.2. Encourage all Member States, particularly those affected by confirmed poliovirus transmission and those deemed at highest risk for polio re-infection and/or re-emergence, to identify health ministers to join the Subcommittee and act as advocates for and champions of polio eradication efforts.

2. CALLS on Afghanistan and Pakistan to:

- 2.1. Fully and urgently implement transformation and restructuring to ensure a functioning, fit-for-purpose polio programme to achieve rapid success, characterized by high-level national, provincial- and district-level engagement, with full support from the coordination and emergency management capacities established at all levels in response to the COVID-19 pandemic, and adapting vaccination campaign operations to the COVID-19 reality; ensure strong community and caregiver engagement; and integrate vaccination and surveillance operations within broader public health sectors, notably

¹ Polio Endgame Strategy 2019–2023: eradication, integration, certification and containment. Geneva: World Health Organization; 2019 (WHO/Polio/19.04; <http://polioeradication.org/wp-content/uploads/2019/06/english-polio-endgame-strategy.pdf>, accessed 2 September 2020). The strategy was presented to and noted by the Seventy-second World Health Assembly: A72/9. Polio eradication. Report by the Director-General. In: Seventy-second World Health Assembly, Geneva, 20–28 May 2019. Geneva: World Health Organization; 2019 (https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_9-en.pdf, accessed 2 September 2020).

- response to other vaccine-preventable disease outbreaks, by delivering multi-antigen interventions where possible;
- 2.2. Commit national and development partner resources to establish and strengthen sustainable essential health, nutrition and water, sanitation and hygiene services in the multiple deprived communities where polio remains entrenched.
3. **URGES** all Member States to:
- 3.1. Express solidarity with Afghanistan and Pakistan in their efforts to eradicate poliomyelitis, through political support for the Regional Subcommittee for Polio Eradication and Outbreaks;
 - 3.2. Based on prevailing epidemiology or risk status as regards circulating vaccine-derived poliovirus type 2, fully implement the Strategy for control of cVDPV2 2020–2021, including urgent deployment of novel oral polio vaccine type 2, as appropriate, under the WHO Emergency Use Listing procedure, as per Executive Board decision EB146(11);
 - 3.3. Strengthen disease surveillance and outbreak response planning to support integration of essential polio functions towards polio transition;
 - 3.4. Support the planned regional expansion of environmental surveillance in strategically selected high-risk locations to supplement acute flaccid paralysis surveillance for prompt detection of polioviruses;
 - 3.5. Mobilize and allocate adequate human and domestic financial resources towards interrupting transmission of all polioviruses, preventative immunization activities and polio outbreak preparedness and response, as per Executive Board decision EB146(11);
 - 3.6. Prepare for a polio-free Region by implementing polio transition activities, in order to sustain a polio-free world after eradication of all polioviruses; strengthen immunization systems including surveillance for vaccine-preventable diseases; and strengthen emergency preparedness, detection and response capacity at country level, as per World Health Assembly document A71.9;¹
4. **REQUESTS** the Regional Director to:
- 4.1. Continue his efforts to accelerate eradication efforts in the Region, including the mobilization of necessary financial and technical support, and to convene the inaugural meeting of the Regional Subcommittee for Polio Eradication and Outbreaks to support Afghanistan and Pakistan and other outbreak-affected Member States in their intensified polio eradication efforts, and inform Member States of the further action required;
 - 4.2. Ensure the successful establishment of the GPEI Hub by providing all possible support to host senior expert staff from GPEI partner organizations at the WHO Regional Polio Eradication Centre in Amman, Jordan, and facilitating well-coordinated and consolidated GPEI support for the implementation of national emergency action plans for polio eradication in Afghanistan and Pakistan and of the Polio Endgame Strategy 2019–23;
 - 4.3. Ensure that polio transition is a key priority for the Organization at all its levels; and mainstream best practices from polio eradication into all relevant health interventions and build capacity and responsibility for ongoing polio eradication functions and assets in national programmes, as per World Health Assembly decision WHA70(9).²

¹ A71.9. Polio transition and post-certification: draft strategic action plan on polio transition. Report by the Director-General. In: Seventy-first World Health Assembly, Geneva, 21–26 May 2018. Geneva: World Health Organization; 2018 (https://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_9-en.pdf, accessed 2 September 2020).

² Decision WHA70(9). Poliomyelitis: polio transition planning. In: Seventieth World Health Assembly, Geneva, 22–31 May 2017. Geneva: World Health Organization; 2017 ([https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA70/A70(9)-en.pdf), accessed 2 September 2020).