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## **Report of the second meeting of the Regional Subcommittee for Polio Eradication and Outbreaks**

### **Opening of the meeting**

1. The second meeting of the Subcommittee for Polio Eradication and Outbreaks of the Regional Committee for the Eastern Mediterranean was held by videoconference on 1 July 2021. 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 serving as Members of the Subcommittee, key stakeholders of the Global Polio Eradication Initiative (GPEI), WHO Representatives from countries in the Region, the Regional Director of UNICEF's South Asia office and WHO staff acting as the Secretariat. The programme and list of participants are provided below as Annexes 1 and 2, respectively.
3. Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, opened the meeting noting that he was encouraged by the way in which the Region was prioritizing the polio emergency. Poliovirus circulation inside the Eastern Mediterranean Region's borders was a regional problem and its eradication would require a regional solution. The Regional Director further noted that the Subcommittee was a forum for Member States to come together to share concerns and priorities and to support each other directly. He thanked participants from key stakeholder organizations for their combined efforts and noted that to achieve a polio-free world all stakeholders must continue to work together. Reflecting on the challenges facing the Region, including insecurity, conflict and geographical inaccessibility, Dr Al-Mandhari confirmed that polio had thrived despite some of the most experienced public health experts delivering the polio programme at all levels. The programme had the tools to deliver a polio-free world, as laid out in the new Polio Eradication Strategy 2022–2026.<sup>1</sup> The Regional Director then expressed his deepest condolences to the families of the brave health workers who had lost their lives as a result of violence in Afghanistan. He reiterated that delivery of health care is impartial and access to essential health services and immunization campaigns should be unimpeded so that communities can be protected. He thanked all health workers at the front lines of the effort to eradicate polio.
4. The two co-Chairs of the Subcommittee, H.E. Dr Hala Zayed, Minister of Health and Population of Egypt, and H.E. Dr Abdul Rahman Mohamad Al- Oweis, Minister of Health and Prevention of the United Arab Emirates, also addressed the group.
5. H.E. Dr Abdul Rahman Mohamad Al- Oweis noted that the United Arab Emirates had been a steadfast supporter of polio eradication efforts in the Region for many years. Through His Royal Highness Sheikh Mohammed bin Zayed Al Nahyan's initiative to eradicate polio, there had been a great reduction in cases but the task was not yet finished. If polio was not eradicated now, the world could begin to see up to 200 000 new cases every year for the next 10 years. The Eastern Mediterranean Region was the only WHO Region left with wild poliovirus (WPV) and so it was imperative that efforts were intensified, and the Region worked collectively to address the cause of the problem and find regional solutions. His Excellency reaffirmed the United Arab Emirates' championing of the push to protect every last child from polio and called on colleagues to do the same and continue to advocate for polio eradication in all possible international forums, including key United Nations and high-level political forums such as the United Nations High-level Forum on Sustainable Development Goals in July 2021. Members of the Subcommittee should be very proud of their efforts to date including in leading the way in providing important resources to tackle polio wherever it

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<sup>1</sup> See: <https://polioeradication.org/gpei-strategy-2022-2026>.

emerged; in this regard, His Excellency noted that Egypt, Iraq, Pakistan, Saudi Arabia and Sudan had all provided or pledged resources to manage the emergency. Ministries of health should drive meaningful collaborations with other organizations providing resources, such as the Islamic Development Bank, the World Bank, the Asian Development Bank, the Global Financing Facility and GAVI, to ensure effective synergies between polio, coronavirus disease 2019 (COVID-19) and other immunization activities, especially as the resources of the GPEI were decreasing. His Excellency congratulated the GPEI on its new strategy, which mapped out how the remaining hurdles to eradication would be overcome so as to end all forms of poliovirus everywhere for good. To that end, it was essential to identify synergies to support polio, COVID-19 and other immunization activities, and to help build better health systems for all. His Excellency acknowledged the Regional Director's leadership in supporting the most recent dialogue and his role as a GPEI Gender Champion. The United Arab Emirates had been a proud champion of gender and had held two high-level dialogues at the United Nations in New York on gender and polio eradication. His Excellency concluded by extending his deep condolences to the families of those health workers killed recently in Afghanistan. Health was one of the most basic of human rights and should never come at such a cost.

6. H.E. Dr Hala Zayed, Minister of Health and Population of Egypt, reflected on the Subcommittee's achievements to date, including addressing Member States at the Seventy-fourth World Health Assembly in May 2021, emphasizing the urgency which the forum was bringing to the polio emergency in the Region. Member States welcomed the formation of this Subcommittee and acknowledged its commitment to stop polio transmission and achieve eradication. Her Excellency noted the Subcommittee's support for the launching of the new GPEI strategy for eradication. This strategy charts the course needed to reach the goal but will mean nothing if it is not implemented. Empowering local leaders, engaging communities, and identifying and vaccinating persistently missed children is where the forum must focus its energy, while working closely with partners on the ground to have the most impact. Her Excellency noted that the formation of the Subcommittee had shown the world that there was a real commitment in the Region to owning the eradication response in partnership with the GPEI, and that success could only be achieved through collective action. All affected countries, the Region and indeed the international development community must continue to urgently mobilize resources to achieve this success. Her Excellency concluded by acknowledging the brave men and women killed while carrying out their lifesaving work, including during the violence recently perpetrated in Afghanistan, extending her prayers to the friends and families of all those who had made this ultimate sacrifice and calling for a moment of silence for colleagues who had lost their lives.

## **Overview of the regional polio situation and risks to Member States**

7. An overview of the regional polio situation along with key developments for the regional and global programme since the previous meeting of the Subcommittee was provided by Dr Hamid Syed Jafari, Director for Polio Eradication. Dr Jafari noted that the Emergency Committee convened under the International Health Regulations (2005) had met on 4 May to discuss the international spread of poliovirus,<sup>1</sup> confirming that polio remains a public health emergency of international concern (PHEIC).

8. Dr Jafari commended the Subcommittee for Polio Eradication and Outbreaks for the Eastern Mediterranean Region for addressing – through its co-Chair H.E. Dr Hala Zayed – global health leaders and ministers of health at the Seventy-fourth World Health Assembly to emphasize the urgency with which the Region was addressing the polio emergency.

9. Dr Jafari also noted the GPEI's new strategy: *Delivering on a promise: polio eradication strategy 2022–26*. This strategy had been developed in close consultation with GPEI stakeholders and laid out the roadmap towards a polio-free world. It promotes collective ownership and accountability, and is an opportunity for affected countries in the Region to provide the necessary support, expertise and mobilization of resources to ensure a regional solution and long-term success.

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<sup>1</sup> See: <https://www.who.int/news/item/21-05-2021-statement-following-the-twenty-eighth-ihf-emergency-committee-for-polio>.

10. Dr Jafari then briefed the Subcommittee on the introduction of novel oral polio vaccine type 2 (nOPV2), an improved version of the workhorse vaccine of the polio programme, to address outbreaks of vaccine-derived poliovirus type 2 (VDPV2). WHO had recommended that nOPV2 be deployed for emergency use in November 2020 and preparations for its use by individual countries in the Region were under way, and included stringent requirements regarding cold chains, logistics, disease surveillance and communication capacity. Globally over 20 million doses of nOPV2 had been administered in Benin, Congo, Liberia, Nigeria and Sierra Leone (WHO African Region) and Tajikistan (WHO European Region). An additional 25 million doses or more were expected to be used between June and August 2021 in the African Region. In the Eastern Mediterranean Region, Afghanistan had been verified by the GPEI readiness verification team as ready to use nOPV2, with Somalia and six other countries in the Region having submitted documentation to support readiness verification for nOPV2 use. The vaccine had been successfully tested in clinical trials across all age groups. In all studies, nOPV2 was proving to be safe, effective and significantly less likely to change to a form that can cause paralysis. Safety data from Liberia and Nigeria had been encouraging to date, and more data were expected by the end of July 2021 to allow for more comprehensive analysis.

11. Good progress had been made in the two remaining endemic countries, with only one WPV case recorded in Afghanistan and one in Pakistan, both of which were genetically related and circulating in the southern corridor of transmission between the two countries. There had also been a decline in both environmental isolates and polio cases, due to a rapid decline of these strains in the two countries. Dr Jafari noted that in Pakistan, a number of strains are persisting in key reservoirs such as Karachi, Peshawar and the Quetta bloc. In Afghanistan, most VDPV2 cases occurred in areas where there had been a ban on house-to-house vaccination for more than 3 years. As a result of recent negotiations led by the United Nations, mosque-to-mosque campaigns may shortly be commencing, initially as a first step towards commencing house-to-house vaccinations.

12. Countries across the Region have responded strongly to outbreaks of VDPVs. Sudan had implemented two rounds of response vaccination campaigns and so far had not detected any cases of cVDPV2 in 2021. Somalia has a longstanding smouldering outbreak and although there had been no reported cases of VDPV2, the country had gone through long periods without detection due to compromised detection activities in inaccessible areas. The polio programme was attempting to establish environmental surveillance in strategic areas to increase the sensitivity of detection. In northern Yemen, an outbreak of VDPV type 1 (VDPV1) was continuing. The first response campaign had been implemented in late November, with the second campaign having only recently been completed. In the Sa'adah Governorate, this had taken the form of an integrated multi-antigen campaign due to the presence of multiple vaccine-preventable disease outbreaks.

13. Neither Egypt nor the Islamic Republic of Iran had detected any cases of paralytic polio following the detection of VDPV2 isolates in environmental samples in both countries. In the Islamic Republic of Iran, such detection was the result of cross-border transmission of circulating strains in Afghanistan and Pakistan. Two vaccination campaign rounds had been implemented in response. The laboratory analysis of these type 2 strains would shortly determine whether or not they were VDPVs.

14. Egypt is a more complex situation, with the importation of VDPV from Sudan detected via the country's extensive network of environmental surveillance. Two nationwide campaigns were implemented in response. The monovalent Type 2 campaigns have led to emergence of a number of VDPVs Type 2 that are not circulating and are not related to each other. These are new emergencies, and a well-known risk of the use of Sabine Type 2 vaccine. Recently one cVDPV strain was detected in Qena, north of Luxor, which represents breakthrough transmission after a response campaign. Egypt took prompt action and is maintaining that momentum in response to new detections and the recent breakthrough transmission.

15. Dr Jafari noted several suggested collective public health actions that should be undertaken by countries to prepare for outbreaks, including improving surveillance and immunization performance, and focusing on populations at high risk, in addition to the ongoing work on laboratory containment of all polioviruses and towards certification of polio-free status for the Region following the interruption of transmission of wild poliovirus (see Annex 3).

## **Polio Oversight Board visit to Pakistan**

16. The Subcommittee was informed that the Chair of the Polio Oversight Board (POB), Dr Chris Elias, had led a delegation to Pakistan in June that had included the WHO Regional Director for the Eastern Mediterranean and the UNICEF Regional Director for South Asia. This had been the first country visit by the POB in more than 2 years. The delegation had met with H.E. Prime Minister Imran Khan, the Chief of Army Staff, the Special Assistant to the Prime Minister on Health, health ministers and chief secretaries at provincial level as well as other officials. The delegation also visited the national and provincial Emergency Operations Centres in Islamabad, Peshawar, Karachi and Lahore. The delegation commended the engagement of the Government of Pakistan at all levels and had urged the polio programme to capitalize on the opportunities to stop transmission of WPV in the coming 6 months.

17. Dr Elias noted that the delegation had observed the robust programme structure in place at both federal and provincial levels, as well as the focus placed on reaching zero-dose children who are predominantly poor, marginalized and living mainly in Pashtun communities. The delegation's recommendations had focused on ensuring accountability at both federal and provincial levels, optimizing the management of the programme and creating new opportunities to reach families with the vaccine who no longer trusted the programme and were asking for a broader set of integrated services. Dr Elias thanked the Subcommittee for the opportunity to attend the current meeting and for all its work in eradicating polio.

18. Dr Faisal Sultan, Special Assistant to the Prime Minister on Health, Pakistan, reiterated that polio eradication was an issue of national pride in Pakistan. Some changes would be required in order to achieve eradication, including improving microplanning, leveraging technology and ensuring that human resources from the local leadership to front-line workers were firmly committed. Dr Sultan commended the national leadership, noting that the Prime Minister had committed to pushing polio eradication forward at all levels, and thanked the POB delegation and the Subcommittee for all their support for efforts to eradicate polio in Pakistan.

19. Mr George Laryea-Adjei, Regional Director, UNICEF South Asia, expressed his thanks to the POB for inviting him to join the delegation to Pakistan, and to Dr Al-Mandhari for inviting him to this regional Subcommittee meeting. Mr Laryea-Adjei noted that polio eradication was one of UNICEF's top priorities and would not be possible without a concerted effort by all stakeholders. During his visit to Pakistan, Mr Laryea-Adjei had observed that with the leadership of the Ministry of Health and H.E. Prime Minister Imran Khan, those working at local government level were making a coordinated effort to succeed. Mr Laryea-Adjei concluded by recalling a visit earlier in the year to Afghanistan and his discussions with H.E. Dr Wahid Majrooh, Acting Minister of Public Health. During this visit, the Minister had expressed concern about some parts of the country which were facing constraints in reaching children, and Mr Laryea-Adjei noted that the outcome of those discussions was now beginning to bear fruit.

20. Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, said it had been an honour to be part of the delegation to Pakistan and to meet with all levels of the programme, starting with H.E. Prime Minister Imran Khan and provincial ministers. Visits to different facilities had allowed the delegation to see the opportunities and challenges faced. Having only two cases of WPV in the two endemic countries was a very encouraging sign and we should all be very motivated to maintain the momentum needed to work together to make the two countries, the Region and the world free from polio.

## **Programme status and recent developments in Afghanistan**

21. The security situation has continued to deteriorate in Afghanistan and violence has escalated with the withdrawal of US and other international forces. An attack on polio campaign workers in Nangarhar in June left five health workers dead and four injured. Following negotiations with the Taliban in Doha, the polio programme was given an assurance of access to vaccinate children at mosques in all previously inaccessible areas. The mosque-to-mosque vaccination campaign will take place following an imminent formal announcement by the Taliban.

22. H.E. Dr Wahid Majrooh, Acting Minister of Public Health of Afghanistan, thanked the Subcommittee for its support and acknowledgement of the sacrifices of the heroes of the Afghan health system. His

Excellency briefed the Subcommittee on the challenges the country was facing, including an unprecedented level of insecurity and armed conflict, as well as a third wave of COVID-19, exacerbated by a severe shortage of oxygen. Polio front-line workers continued to be targeted, health facilities used as trenches during the escalating insecurity, and the polio programme was now at a critical point with WPV type 1 (WPV1) cases at an historic low. In fact, the eastern region had not reported a single case of WPV in the last 15 months and the overall epidemiology had improved over the previous 2–3 years. The country had now recorded only one case of WPV1 since October 2020 compared to 32 cases over the same period in 2019–2020. Epidemiological trends indicated that the programme had brought benefits in those areas where campaigns could be implemented, and in inaccessible areas in which the integrated services plan had recently been implemented. All of these successes were attributable to the joint work undertaken with the GPEI. His Excellency noted that the programme needed to look at the interventions and strategies that had worked and to follow this course until polio had been eradicated. Unfortunately, the outbreak of cVDPV was continuing in areas that were inaccessible to polio campaigns. Resurging outbreaks of WPV1 and the regional risk of outbreaks of VDPV would be inevitable if we, as the global partnership, failed to reach all children with vaccines and other basic services. The ban on polio campaigns by the Taliban since 2018 remained one of the main obstacles to polio eradication. His Excellency noted that the recent flexibility to allow mosque-to-mosque campaigns was a promising development. However, house-to-house campaigns should remain the ultimate goal and all diplomatic efforts should be focused on it to ensure the success of our mission to achieve a polio-free world. His Excellency reiterated his government's commitment to ensuring that polio eradication efforts in Afghanistan continued in spite of all the challenges currently faced. His Excellency welcomed the new GPEI polio eradication strategy and looked forward to translating the strategy into an operational and budget plan for supporting Afghanistan's efforts to eradicate polio for good.

## **Discussions**

23. H.E. Dr Hala Zayed, Minister of Health and Population of Egypt, thanked all participants for their tireless work towards polio eradication in the Region and reminded them that factors such as COVID-19, conflict in the Region and subsequent population movement across borders made polio a challenge for all. Her Excellency noted that the Subcommittee's support was crucial in facilitating the vaccination of all children and promoting the use of nOPV2 as a definitive solution to cVDPV2. In terms of the measures taken by Egypt in response to the detection of cVDPV2, the polio programme had conducted two rounds of national vaccination campaigns based on monovalent OPV2, targeting more than 16 million children from birth to 5 years old. Based on the detection of new environmental samples, the programme was about to launch an additional vaccination campaign. Her Excellency concluded by calling on all Member States to reignite their commitment and support for ending polio for good.

24. The Federal Minister for Health of Sudan, H.E. Omer Mohamed Elnageib, was represented by Dr Elsadig M Eltayeb from the Federal Ministry of Health, Sudan. Dr Elsadig reminded the Subcommittee that while Sudan had been free of WPV since March 2009 and officially polio free since 2015, the importation of cVDPV2 in 2020 from Chad had led to an outbreak that affected 15 states. Sudan had launched two rounds of monovalent OPV2 vaccination which had altered the circulation of the virus, with the most recent case recorded on 18 December 2020. Environmental surveillance had not detected cVDPV2 since November. Sudan was continuing to prepare for the requirements of nOPV2 vaccination, while the polio transition was proceeding well and the plan had been approved by WHO.

25. H.E. Dr Ahmed bin Mohamed bin Obaid Al Saidi, Minister of Health of Oman, thanked all those involved in the eradication of polio, noting that no one was safe until all countries in the Region had fully eradicated polio. His Excellency restated that the role of the Subcommittee was significant and that combined efforts would be needed to succeed, including the important involvement of religious communities and leaders. His Excellency remained extremely concerned about areas of conflict in the Region as this was one of the most significant of the many challenges facing the Region. His Excellency concluded by saying he felt very privileged to be part of the Subcommittee and thanked the co-Chairs for all their hard work.

26. Dr Hamid Jafari thanked the Minister and the Government of Oman for all their work in helping the programme test samples in the Region during the COVID-19 crisis. Dr Jafari expressed his appreciation for the support of the national polio laboratory, citing it as an excellent laboratory operating under very good leadership.

27. Dr Syed Jaffar Hussain, WHO Representative to the Islamic Republic of Iran, echoed the points highlighted by the ministers and experts. Regarding the evolving situation in Afghanistan, Dr Hussain stated that the WHO Country Office in the Islamic Republic of Iran was working with WHO colleagues in Afghanistan and Pakistan on contingency plans due to population movements towards borders. Parallel contingency planning was also taking place. In addition to COVID-19 efforts, polio eradication remained at the forefront of planning to ensure that eradication efforts were not compromised.

28. Mr Mike McGovern, POB Member (Rotary), said it was heartening to hear Member States delivering on the promise of the new GPEI strategy, particularly the degree to which they were taking responsibility for its success. Mr McGovern thanked the Subcommittee and all those working to deliver on the promise to help the children in the Region. Rotary aimed to raise US\$ 50 million a year to help with this effort, with the amount raised to be matched by the Bill and Melinda Gates Foundation. To help deliver on the promise of a polio-free world, Rotary could commit US\$ 150 million for this year to assist all countries affected by polio in the Region, as well as those in the African Region and elsewhere.

29. Dr Jafari thanked Rotary for its commitment and the overall commitment of all Rotarians around the world that was proving to be so important to the success of the polio programme.

30. Mr Aiden O’Leary, WHO Director for Polio and Chair of the GPEI Strategy Committee, thanked the co-Chairs for the opportunity to participate in the current meeting. He commended and echoed the comments of Mr McGovern regarding the ongoing commitment demonstrated by Member States, noting that he was hopeful that an irreversible momentum would be built towards achieving and sustaining zero polio cases. Mr O’Leary thanked the Subcommittee Members for all of their efforts in pursuit of polio eradication. In relation to Afghanistan and Pakistan, Mr O’Leary noted that a range of challenges and complexities were currently being managed and that those notwithstanding, real and substantial progress was being made, and he commended all those involved, particularly those at the front lines, especially in pandemic times. The new GPEI strategy had simple goals and a number of key shifts that the programme was hoping to bring on board, including the eradication of WPV, the interruption of cVDPV, maintaining polio-free status and supporting the transition. The programme would be working in the coming months to prepare the 2022 budget for the POB, recognizing that there were a range of trade-offs to be made. Mr O’Leary very much looked forward to working with the WHO Regional Office teams in getting those balances right.

### **Closing remarks and next steps**

31. Dr Ahmed Al-Mandhari closed the meeting by thanking participants and urging Members to maintain the momentum of the Subcommittee to enable the Region to implement the new GPEI strategy. Dr Hamid Jafari summarized the actions for the Subcommittee and committed to delivering progress by the next meeting, in October 2021. Dr Jafari noted that the actions fell under the third strategic area of work for the Subcommittee: oversight and encouragement of collective public health actions across the Region.

32. It was agreed that the Subcommittee would:

- provide continued support to countries to stop the circulation of all vaccine-derived polioviruses;
- encourage and monitor progress in preparedness for the use of nOPV2 to address outbreaks of cVDPV2 in the Region;
- intensify surveillance in the Region, including the expedited implementation of environmental surveillance in Saudi Arabia and the United Arab Emirates;
- provide enhanced support to Afghanistan and Pakistan, particularly for the provision of security and protection of front-line health workers and to ensure that all children were being reached; and
- oversee contingency planning for displaced populations in the neighbouring countries to Afghanistan as a result of the evolving security situation.

33. Additional suggested actions for Member States were presented to the Subcommittee and are shown below in Annex 3.

34. The following next steps were agreed by the Subcommittee

- Following the second meeting, the Secretariat of the Subcommittee would:
  - circulate to all Members of the Subcommittee:
    - the presentations from the meeting;
    - the Statement of the Twenty-Eighth IHR Emergency Committee for Polio;
    - the latest report from the International Monitoring Board for Polio Eradication;
  - issue an op-ed on behalf of the two co-Chairs, H.E. Dr Hala Zayed and H.E. Dr Abdul Rahman Mohammed Al Oweis, highlighting the commitment and support of Member States for the Subcommittee and polio eradication efforts; and
  - prepare a detailed report of the meeting outlining clear next steps.
- The Secretariat would continue to support the work of the Subcommittee by:
  - updating the programme of work based on the key outputs identified in the first meeting;
  - supporting the co-Chairs in organizing quarterly meetings of the Subcommittee; and
  - providing translation during future meetings to ensure the full participation of all Member States.

## Annex 1. Programme

### Second meeting of the Subcommittee for Polio Eradication and Outbreaks Virtual meeting, 1 July 2021, 15:00–16:30 (Cairo/Central European Time)

Time	Item	Presenters
15:00–15:05	Welcome and opening remarks	Dr Ahmed Al-Mandhari
15:05–15:10	Opening remarks by co-Chairs	H.E. Dr Hala Zayed, Minister of Health and Population, Egypt H.E. Dr. Abdul Rahman Mohammed Al Oweis, Minister of Health & Prevention, United Arab Emirates
15:10–15:20	Overview of regional polio situation and risks to Member States	Dr Hamid Syed Jafari
15:20–15:30	cVDPV2: Experiences from Egypt and Sudan	H.E. Dr Hala Zayed, Minister of Health and Population, Egypt H.E. Omer Mohamed Elnageib, Federal Minister of Health, Sudan (represented by Dr Elsadig M Eltayeb)
15:30–15:45	Discussion	Moderated by co-Chairs
15:45–16:05	Polio Oversight Board visit to Pakistan	Dr Chris Elias, Chair POB Dr Faisal Sultan, Special Assistant to the Prime Minister on Health, Pakistan Mr George Laryea-Adjei, Regional Director, UNICEF ROSA Dr Ahmed Al-Mandhari, Regional Director, WHO EMRO
16:05–16:15	Programme status and recent developments in Afghanistan	H.E. Dr Wahid Majrooh, Acting Minister of Public Health, Afghanistan
16:15–16:25	Discussion	Moderated by co-Chairs
16:25–16:30	Next steps and action by the Subcommittee Closing remarks	Dr Ahmed Al-Mandhari

## Annex 2. List of participants

### Members of the Subcommittee

Name	Position
<b>Member States</b>	
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	Minister of Health and Medical Education, Islamic Republic of Iran
Dr Majid Hamad Amin <sup>1</sup>	Minister of Health, Iraq
Dr Hamad Hassan <sup>2</sup>	Minister of Public Health, Lebanon
Dr Faisal Sultan	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 <sup>3</sup>	Minister of Health, Saudi Arabia
Dr Omer Mohamed Elnageib <sup>4</sup>	Federal Minister of Health, Sudan
Dr Fawzi Mahdi <sup>5</sup>	Minister of Health, Tunisia
Dr Abdul Rahman Mohammed Al Oweis	Minister of Health, United Arab Emirates
<b>WHO Secretariat</b>	
Dr Ahmed Al-Mandhari	Regional Director
Dr Rana Hajjeh	Director, Programme Management
Christoph Hamelmann	Chef de Cabinet
Dr Hamid Syed Jafari	Director, Polio Eradication
Dr Joanna Nikulin	Coordinator, GPEI Hub

<sup>1</sup> Apologized.

<sup>2</sup> Apologized.

<sup>3</sup> Member represented by Sara Al Sayed, Ministry of Health, Saudi Arabia.

<sup>4</sup> Member represented by Dr Elsadig M Eltayeb, Federal Ministry of Health, Sudan.

<sup>5</sup> Apologized.



Dr Hemant Shukla	Team leader, Country Support Team, Polio
Ms Emma Sykes	Communication Officer, Polio
Ms Sally Cooper	Communication Officer, Polio
Ms Hala El-Shazly	National Professional Officer
Ms Samah Abdel Aziz	Senior Administrative Assistant

### Guest participants

Guests	
Mr George Laryea-Adjei	UNICEF Regional Director for South Asia
Dr Chris Elias	Polio Oversight Board Chair (Bill and Melinda Gates Foundation)
Mr Mike McGovern	Polio Oversight Board Member (Rotary)
Mr Aidan O'Leary	WHO headquarters Polio Director
Dr Luo Dapeng	WHO Representative to Afghanistan
Dr Naeema Al Gasseer	WHO Representative to Egypt
Dr Ahmed Zouiten	WHO Representative to Iraq
Dr Syed Jaffar Hussain	WHO Representative to the Islamic Republic of Iran
Dr Palitha Mahipala	WHO Representative to Pakistan

### Annex 3. Suggested collective public health actions for Member States

The following collective public health actions were outlined by Dr Hamid Jafari as critical actions for countries in the Region. Individual actions per country are outlined below.

All countries: outbreak preparedness, surveillance, EPI performance, focus on high-risk populations, certification and containment

Country	Suggested actions
Afghanistan	Build on recent access for mosque-to-mosque vaccination towards house-to-house campaigns Develop contingency plans to mitigate risk of heightened conflict and displacement
Pakistan	Vaccinate frequently missed children, particularly in endemic union councils and migrant/mobile populations
Somalia	Stop the outbreak on an emergency basis; complete preparedness for nOPV2 Focus on vaccination with other health services in access-compromised areas Continue efforts to strengthen poliovirus surveillance
Yemen	Complete planned vaccination activities in Sa'adah governorate; improve EPI Establish environmental surveillance
Egypt	Fast-track completion of nOPV2 preparedness and verification Improve campaign microplans with special focus on populations at high risk Independent assessment of campaign quality as a best practice
Sudan	Fast-track nOPV2 preparedness and approvals for introduction Strengthen cross-border coordination Continue tracking movements of populations at high risk Prepare for outbreak response assessment
Islamic Republic of Iran	Fast-track completion of nOPV2 preparedness and verification Expand environmental surveillance to areas of frequent population movement Continue efforts to implement risk mitigation measures at borders
Syrian Arab Republic	Reconsider preparedness for nOPV2 use Independent assessment of acute flaccid paralysis (AFP) surveillance in Q4/2021 Ensure uniform EPI coverage to increase population immunity against VDPV2
Iraq	Commence environmental surveillance Complete nOPV2 preparedness
Djibouti	Fast-track completion of nOPV2 preparedness Implement environmental surveillance Strengthen AFP surveillance capacity and performance with a special focus on populations at high risk
Libya	Enhance surveillance – especially in populations at high risk – and establish environmental surveillance
Saudi Arabia and the United Arab Emirates	Fast-track establishment of environmental surveillance, keeping in view the risks of WPV1 and cVDPV2