WHO-EM/POL/440/E

Report on the

Thirty-third meeting of the Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication

Muscat, Oman
23–25 April 2019

World Health Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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Contents

1. INTRODUCTION

The Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication (RCC) held its thirty-third meeting in Muscat, Oman, from 23 to 25 April 2019. The meeting was attended by members of the RCC, chairpersons of the National Certification Committees (NCCs) or their representatives and immunization programme or polio eradication programme staff of 21 countries of the Region. The meeting was also attended by representatives of Rotary International, the Centers for Disease Control and Prevention, Atlanta, and staff from WHO headquarters, regional offices for Africa, Europe and the Eastern Mediterranean, and the Afghanistan, Pakistan and Somalia country offices. His Excellency Dr Mohamed Al Hosni, Under Secretary for Health Affairs of the Ministry of Health of Oman, attended the inaugural session.

The meeting was opened by Dr Yagob Al Mazrou, Chairman of the RCC. He welcomed the participants and thanked the Government of Oman for hosting the meeting and for the excellent support provided.

A message from Dr Ahmed Al Mandhari, WHO Regional Director for the Eastern Mediterranean, was delivered by Dr Humayun Asghar, Polio Eradication Programme Coordinator, WHO Regional Office for the Eastern Mediterranean. In his message, the Regional Director welcomed the Chairman and members of the RCC, chairpersons of the NCCs, national officers for polio eradication and representatives of the polio eradication partnership, and thanked them for their unwavering commitment and sustained efforts to achieve the target of eradicating polio in the Region. He expressed concern about the diverse challenges in the remaining two polio-endemic countries – Afghanistan and Pakistan. He acknowledged the tireless efforts of the Ministry of Health of the Syrian Arab Republic and its partners in successfully ending the circulating vaccine-derived poliovirus (cVDPV2) outbreak in December 2018. He also expressed hope of ending transmission of cVDPV2 and cVDPV3 in Somalia in the context of multi-country and inter-regional coordination through the Horn of Africa hub based in Nairobi and the cross-border coordination meetings of countries in WHO's Eastern Mediterranean and African regions. He expressed his hope that the target of eradicating polio could be achieved very soon in spite of challenges relating to access and the complex security situation in some Member States. He applauded progress in polio transition planning, and made reference to the work of the Islamic Advisory Group, in coordination with the Islamic Fiqh Academy and Al-Azhar Al Sharif, in engaging religious scholars in promoting vaccination. The Regional Director ended his message by expressing satisfaction with the progress made in implementation of the Global Action Plan for Containment of Polioviruses (GAPIII) in order to minimize risks associated with poliovirus facilities destroying, transferring or containing poliovirus materials.

Dr Mohamed Al Hosni, the Under Secretary for Health Affairs of the Ministry of Health of Oman, delivered the message of H.E. Dr Ahmed Al Saidi, the Minister of Health of Oman. In his message, the Minister of Health welcomed participants and

thanked WHO for its choice of Oman in hosting this important meeting at a critical stage of polio eradication efforts. He reaffirmed the commitment of the government of Oman in supporting global and regional polio eradication efforts.

The programme and list of participants are attached as Annexes 1 and 2, respectively.

2. REGIONAL OVERVIEW OF POLIO ERADICATION

2.1 Regional overview

Dr Obaid ul Islam, Medical Officer, Polio Eradication Programme, WHO/EMRO

Endemic circulation of wild poliovirus type 1 (WPV1) continued in 2018 in the joint epidemiological block comprising Afghanistan and Pakistan, reporting 21 and 12 cases, respectively. In addition, there was detection of WPV1 from environmental samples in widespread areas of both countries, the latter in particular. Epidemiological data complemented by genetic analysis of WPV1 demonstrated continued circulation in three distinct transmission zones: northern and southern corridors and Karachi. Whereas the outbreak of cVDVP2 in the Syrian Arab Republic was successfully ended in spite of the complex security situation, continuation of cVDPV2 isolation in Somalia in 2019 (the latest case in March 2019) and cVDPV3 (latest isolation in September 2018) remains a concern.

The acute flaccid paralysis (AFP) surveillance system has been functioning well in all countries as evidenced by the fact that 20 of the 22 countries met both key surveillance indicators for certification standards. Environmental surveillance expansion continued in 2018 and is also present in Sudan. The surveillance system was assessed in the field in priority countries and regular risk assessment was carried out quarterly to monitor progress and design/adjust operational strategies/tactics.

Risks to polio eradication in the Region continued unabated with WPV1 transmission in Afghanistan and Pakistan. The complex security situation in multiple countries with fragile health systems makes them vulnerable to the spread of the virus and emergence of cVDPVs. Other challenges include highly mobile populations, maintaining political commitment to support the polio programme and ensuring effective transitioning of polio eradication activities. Appropriate country- and area-specific mitigation measures are being taken to address these risks according to best practices.

Stopping transmission of WPVs in Pakistan and Afghanistan through implementation of national emergency action plans is a main regional polio priority, in addition to: stopping the outbreak in Somalia; protecting all countries of the Region against importation and/or outbreaks; maintaining a certification standard AFP surveillance system in all countries, encouraging inter-regional coordination; achieving certification of eradication; and transitioning polio assets and experience for

future global health initiatives. Also, under consideration is the formation of a new hub to consolidate and coordinate eradication efforts.

In conclusion, the regional polio programme continued to work towards a polio-free Region in 2018, as outlined in the regional Vision 2023. Outbreaks of circulating vaccine-derived poliovirus are being dealt with, and WPV continues to be detected in Afghanistan and Pakistan. Strong support is being provided for the implementation of national emergency action plans for polio eradication. If WPV transmission can be interrupted by early 2020, which is entirely possible, the Region is on track to be certified as polio-free in 2023.

2.2 Implementation of the recommendations from the thirty-second RCC meeting

Dr Humayun Asghar, Polio Coordinator and Regional Certification Focal Point, WHO/EMRO

Meeting participants were informed that all recommendations from the thirty-second RCC meeting were successfully implemented and the RCC expressed appreciation for the implementation report.

3. GLOBAL UPDATE ON POLIO ERADICATION

Dr Graham Tallis, Coordinator, Detection and Interruption, WHO/HQ

In Nigeria no WPV has been detected in 2.5 years, while in Pakistan-Afghanistan, WPV1 transmission continues in known reservoir areas. No WPV3 has been reported since 2012. Current timelines are that interruption of WPV1 transmission is expected by 2020, followed by global certification in 2023 and oral polio vaccine (OPV) cessation in 2024. cVDPV outbreaks have continued. Since 2017, there have been four outbreaks in Democratic Republic of Congo (all cVDPV2), two in the Horn of Africa, mainly Somalia (cVDPV2 and cVDPV3), one in Mozambique (cVDPV2), one in Papua New Guinea (cVDPV1), one in Indonesia (cVDPV1), and two in Nigeria (cVDPV1).

No WPV3 cases have been detected globally since November 2012: the last WPV3 case globally was isolated from an infant aged 11 months in Yobe, Nigeria, who had onset of paralysis on 10 November 2012, while the last environmental WPV3 isolate was from a sample collected in Lagos, Nigeria, on 11 November 2012. At its most recent Global Certification Commission (GCC) meeting, in February 2019, noting that new modelling work and updated regional and laboratory data reinforced the previous GCC conclusion that WPV3 has been eradicated, the GCC reaffirmed its decision to undertake certification of WPV3. The GCC agreed that the regional directors for the WHO African and Eastern Mediterranean regions would be asked to submit requests to their respective RCCs to confirm from their Member States that the last WPV3 in each country had been reported more than six years ago. The GCC will review these data along with the regional certification reports of the other four regions before certifying that WPV3 has been eradicated globally. WPV3 certification is not linked to OPV3 withdrawal currently.

The main activities for the next 12 months at global level include the launch of the new strategy and investment case and mobilizing sufficient resources to fully finance the programme, in addition to certifying WPV3 eradication.

At regional level, focus will be strengthened on certifying WPV eradication in Africa.

In endemic countries, the main activities will be interrupting WPV1 transmission in Pakistan and Afghanistan, establishing a Pakistan/Afghanistan hub and sending a surge of qualified personnel to countries.

The main activities for outbreak countries include:

- securing quality of vaccination responses in Nigeria;
- sustaining surveillance in all outbreak countries and collaborating with the Expanded Programme on Immunization to build capacity;
- securing sufficient quantities of mOPV2 for stockpile.

4. INTER-REGIONAL COORDINATION

4.1 Update on polio eradication in the WHO African Region

Dr Koffi Isidore Kouadio, Regional Polio Certification Officer, WHO/AFRO

The African Region has made remarkable progress towards ending transmission of WPV. The latest WPV case in the African Region was detected 32 months ago, and 21 August 2019 will mark three years without WPV. cVDPV2 outbreaks are reported from five countries (Kenya, Mozambique, Democratic Republic of Congo, Nigeria and Niger). Therefore, the incidence of cases has reduced and the number of infected countries decreased from five countries to one (Nigeria) as of 23 April 2019. In August 2016, over 600 000 children across 10 000 communities were unreached in Nigeria. As of September 2018, only 70 541 children remained unreached thanks to innovative strategies.

From 2017 to 2018, the proportion of provinces meeting the two major indicators (non-polio AFP rate and percentage of stool adequacy) has increased from 70% to 73%. However, surveillance gaps have been observed in many districts and provinces. The proportion of zero doses and unknown vaccination status are significant among non-polio AFP cases aged 6–59 months in the past 12 months and this requires further attention. More than 198 environmental surveillance sites are established in 22 countries in the African Region. For 2019, there is a plan to establish environmental surveillance in South Africa, Tanzania, Burundi, and Malawi in the first semester; and in Benin, Liberia and Sierra Leone in the second semester. The Regional Office for Africa’s environmental surveillance working group was established in 2018 to assist strengthening environmental surveillance implementation in the Region by assessing quality assurance of sites. The African Global Risk assessment describes Africa at medium risk; however, gaps in population immunity is

a major concern in many countries. The Regional Office is working to document security-compromised areas with a focus on collecting population data and adapting innovative strategies to reach as many children as possible, using the Geographic Information System (GIS), electronic surveillance, auto visual AFP detection and reporting (AVADAR), integrated supportive supervision (ISS), collaboration with militaries, nongovernmental organizations and community informants.

All 47 countries have submitted phase Ia and Ib reports; however, further updates are required from Nigeria, Kenya, Democratic Republic of Congo, Mozambique and Niger for past usage or continuing the use of mOPV2 after the switch. The guidance to minimize risk for facilities collecting, handling or storing materials potentially infectious for polioviruses activities are ongoing with trained consultants deployed in Member States to complete phase I containment activities as required by the GCC. Polio committees have been established and are functioning in all 47 countries. As of April 2019, 41 out of 47 countries had their complete national documentation accepted by the African Regional Certification Commission (ARCC). For 2019–2020, the Region is planning to conduct three more ARCC meetings to review complete documentation of six countries (Nigeria, Equatorial Guinea, Cameroon, Central African Republic, South Sudan, South Africa) and certify the African Region polio free in the first quarter of 2020.

The key challenges to polio eradication in the African Region are:

1. Interrupting ongoing cVDPV outbreaks;
2. Reaching children in security-compromised and inaccessible areas;
3. Addressing large population movements (internally displaced persons, refugees, nomadic and pastoralist);
4. Identifying the proportion of districts meeting both indicators, and silent districts;
5. Reducing the risk of missing transmission in countries with subnational surveillance gaps;
6. Utilizing the risk assessment tool to guide the programme;
7. Addressing low population immunity (OPV3 and inactivated polio vaccine (IPV)).

The priorities for the polio programme are:

1. Interrupting poliovirus transmission in Lake Chad basin, Democratic Republic of Congo, Niger, Horn of Africa and Mozambique;
2. Supporting countries in strengthening risk assessment and implementing mitigation plan;
3. Scaling up the use of GIS technologies (AVADAR, ISS, e-surv etc.) to strengthen surveillance and routine immunization;
4. Supporting countries to achieve poliovirus containment with the completion of PIMs activities;
5. Supporting the complete documentation process for the six remaining countries pending acceptance by the ARCC.

4.2 Update on polio eradication in the WHO European Region

Dr Shahin Huseynov, Technical Officer, Vaccine Preventable Diseases and Immunization programme, WHO/EURO

The WHO European Region, comprising 53 Member States, has been certified polio-free since 2002. The RCC meets annually and assesses the risk of importation and circulation of WPV or emergence of a VDPV. The risk assessment is mainly focused on population immunity, and to a lesser extent on surveillance, containment and outbreak preparedness. Three countries have repeatedly been assessed as high-risk for the past five years due to persistant problems. An increase in the number of countries at intermediate risk is explained by the more stringent approach of the RCC.

Interregional collaboration in the polio programme, by definition, is closer with immediate neighbours – Eastern Mediterranean Region, as well as with the regions with a similar polio history and problems – Western Pacific Region and Pan American.

The Regional Office for Europe has responded to detection of WPV in Kunduz, Afghanistan, with enhancing surveillance in Tajikistan, Turkmenistan and Uzbekistan, reviewing coverage in areas bordering Afghanistan, and conducting high-quality supplementary national immunization days (sNID) in border districts of Tajikistan, in close coordination with WHO headquarters, the Regional Office for the Eastern Mediterranean and the WHO country office in Afghanistan. Since then, Tajikistan and Afghanistan have continued cross-border surveillance in hard-to-reach mountainous areas. The Regional Office provided operational support for immunization and surveillance activities in northern Syrian Arab Republic since the 2013 WPV outbreak through its sub-office in Gaziantep, Turkey, including the response to the cVDPV2 outbreak in 2017. Two regions closely collaborate in the areas of polio laboratory and containment: virological investigation of clinical samples from northern Syrian Arab Republic by the laboratories in Turkey and the Netherlands, samples from West Bank and Gaza Strip by the laboratory in Israel, joint laboratory assessment missions, interregional training courses and workshops, and exchange of experiences in the development of poliovirus containment risk assessments and information management.

Following the recommendations of the regional and global certification commissions, the Regional Office for Europe is spearheading the risk assessment and outbreak preparedness tools, primarily the polio outbreak simulation exercises (POSE). POSE is a valuable tool for polio-free countries to maintain a high level of preparedness, it is based on realistic scenario identifies important areas for development, fosters collaboration among sectors and partners, and, importantly, its lessons are transferrable to other vaccine-preventable diseases. The Regional Office conducted an inter-regional POSE with countries in the Western Pacific Region in 2015 and co-facilitated the first POSE for the Regional Office for the Western Pacific in March 2019. Based on the lessons learned, the Regional Office for the Western Pacific intends to continue inter-country and national POSEs. The Regional Office for Europe collaborated with the Pan American Health Organization through participation

in the first AMR POSE in December 2017, sharing of templates of the annual polio reports and access to e-annual polio reports module, and having PAHO participate in the European containment POSE in November 2018.

The Regional Office for Europe is planning to continue co-facilitating inter-regional risk assessment discussions, sharing the e-APR platform with all regions by the end of this year, and using the rich experience of coordination with the WHO Regional Office for the Eastern Mediterranean in polio eradication to restart effective collaboration in other vaccine-preventable diseases. Participation of regional experts in key technical meeting of other regions should continue.

4.3 Update on polio eradication in the WHO South-East Asia Region

Professor Mahmudur Rahman, Chairman, South East Asia Regional Certification Commission (SEARCCPE)

The WHO Region for South-East Asia has sustained its polio-free status since the last case in January 2011. The activities of the national polio eradication certification committees and the SEARCCPE have been continued. AFP surveillance has been maintained at above certification level in almost all countries. Recently, there has been a decreasing trend in the non-polio AFP rate in some countries like Thailand, Sri Lanka, Timor-Leste and Democratic People's Republic of Korea. Rates reported from these countries are below the South-East Asia Region recommended rate of 2 per 100 000. However, the rates are still above the global expected rate of 1 per 100 000.

There has been no evidence of transmission of any WPV in the Region. However, in February 2019, one cVDPV outbreak was identified in the Indonesian Province of Papua, where one case was identified in an AFP case and the virus was isolated from two healthy children living in the same village. The virus from the healthy children was found to be genetically linked with the virus of the VDPV case. Because the cVDPV outbreak was detected in a district very close to Papua New Guinea, cross-border activities, with inter-regional coordination, were implemented. The actions were in line with the regional guidelines and national outbreak response plan and included supplemental immunization activities, strengthening of surveillance, contact tracing, testing of stool of sampled healthy children, environmental sampling, deployment of additional surveillance staff and cross-border collaboration with Papua New Guinea. The event was classified as a WHO emergency Grade 1. It was reported as a public health emergency of international concern (PHEIC) under the International Health Regulations (IHR 2005) and temporary recommendations were applied to prevent international spread.

The regional goal of sustaining OPV3 coverage at more than 90% has been mostly sustained, except in India (85%), Indonesia (80%), Myanmar (89%) and Timor-Leste (75%). In these countries there is also alarming increase in the population immunity gap evidenced by the rise of children with zero OPV doses

among reported AFP cases. SEARCCPE has recommended that the concerned national programmes exert stronger efforts to improve OPV3 coverage.

Good progress has been made in implementation of GAPIII activities and is ongoing. Following the World Health Assembly resolution on GAPIII in 2018, the new action plan for South-East Asia Region has been adopted and the regional risk assessment tool has been updated with containment indicators. Two polio essential facilities have been nominated in India and Indonesia.

The regional risk assessment tool has been updated taking into consideration national and subnational data analysis. All countries of the Region have a national outbreak response plan in place; however, updates are required in light of the current global guidelines and to reflect the risk assessment. A systematic review of preparedness plans is currently in process. Development of guidance to conduct simulation exercises has also been undertaken.

The following are challenges being faced by the Region:

- Achieving universally high polio immunization coverage and closing immunity gaps (especially against type 2) – the emergence of VDPVs are considered a risk equal to spread of imported WPV;
- Sustaining certification standard surveillance quality at national and subnational levels;
- Updating the risk assessment framework with clear objectives for regional and country levels, data management and feedback mechanisms;
- Building capacity at all levels for GAPIII implementation, which is complex and requires a long-term plan;
- Developing a standardized review and feedback mechanism for outbreak preparedness plans with simulation exercises;
- Ensuring endorsement of polio transition plan by national governments and its implementation to mitigate risks associated with reduced polio funding.

In conclusion, although the South-East Asia Region has achieved polio eradication, the challenges to maintaining certification standard polio surveillance and high level of population immunity to prevent re-emergence of polio remain a challenge.

5. RISK ASSESSMENT TO CERTIFICATION – GCC GLOBAL RISK ASSESSMENT TOOL

Dr Graham Tallis, Coordinator, Detection and Interruption, WHO/HQ

The objectives of the GCC risk assessment tool are to:

- enable the GCC to assess risks across the world approaching certification of the interruption of indigenous WPV transmission;
- standardize assessments of population immunity, surveillance, outbreak preparedness and containment;

- guide discussions within the GCC about what each RCC's predominant concerns are, and what is to be discussed in greater detail at future meetings.

The risk assessment tool does not replace regional risk assessments – the GCC risk assessment tool only employs national indicators and is intended for crude but standardized assessment by the GCC, not dictating programmatic priorities. Regional risk assessments are critical and do include subnational analyses for greater specificity and prioritization, incorporate local knowledge that might influence risk perception, and direct programmatic priorities for interventions/mitigations within the regions. The GCC risk assessment tool will be primarily used by the GCC to guide its deliberations on countries flagged at highest risk. The results of the risk assessment need to be properly communicated to avoid confusion. It will be updated annually, with a call for updated data annually in July, which will be incorporated in August-September and shared with GCC members and regional offices ahead of final presentation in the October GCC meeting, or earlier if needed.

6. WHAT IS NEW IN CERTIFICATION DOCUMENTATION

Dr Humayun Asghar, Polio Coordinator and Regional Certification Focal Point, WHO/EMRO

Changes have been implemented to documentation following recommendations from the thirty-second RCC to follow a new format for the annual report incorporating a risk identification and risk mitigation approach, together with revision of the guidance for writing the executive summary to address the four core questions (population immunity, surveillance, containment, preparedness and response). Many changes have been applied to the laboratory section to assess function and performance and provide greater detail on virus isolation and accreditation of the laboratory. Supplementary surveillance activities, including environmental and primary immunodeficiency (PID) surveillance were added.

The existing document has been converted into a web-friendly version, with check boxes added. This version will be further improved in order to develop a fully electronic annual report format. This will help to reduce the workload of the NCCs and ensure that data are presented in a uniform way. The WHO Regional Office for the Eastern Mediterranean is expected to further coordinate with the Regional Office for Europe to benefit from their experience, as they are already piloting this system through the European RCC at the end of May 2019.

A one pager that includes a quick summary of the country under review including: demography, epidemiology (WPV/cVDPV), accessibility, population immunity, surveillance, containment, and outbreak response has been developed.

The secretariat also developed one checklist for RCC members for annual report evaluation to allow for provision of overall comments and a reminder to: 1) focus on specific areas; 2) check all areas of concern; 3) revert to report if important information is missed; and provide comments in a structured format.

7. UPDATE ON REGIONAL GAPIII CONTAINMENT ACTIVITIES

Dr Humayun Asghar, Polio Coordinator and Regional Certification Focal Point, WHO/EMRO

All Member States in the Eastern Mediterranean have submitted the final report of the GAP III phase Ia containment survey for type 2 (reports of Iraq and Syrian Arab Republic need to be revised). Only Islamic Republic of Iran and Pakistan have expressed interest in having polio essential facilities where a national authority for containment has been nominated. For the form-2 resurvey final report, nine countries have submitted the final report, others are in progress, with a delayed response from one country in the Region.

All 22 countries have nominated national poliovirus containment coordinators. At regional level one designated staff was recruited. This has further enhanced coordinated efforts with the national poliovirus containment coordinators in progress to complete the necessary surveys and update inventories.

Challenges in the upcoming period include:

- recent cVDPV2 outbreaks in Somalia and use of mOPV2 in outbreak/mopping-up responses;
- polio essential facilities designated by Islamic Republic of Iran but delay in constructing/renovating facilities;
- submitting applications for certificate of participation by countries hosting polio essential facilities;
- data quality, verification and validation.

8. POLIOVIRUS CONTAINMENT: PROGRESS WITH GLOBAL ACTION PLAN III IMPLEMENTATION

Ms Liliane Boualam, Technical Officer, Containment, WHO/HQ

Steady progress is being made in implementation of GAPIII poliovirus containment. Twenty-six countries have plans to retain poliovirus type 2 materials in 78 designated polio essential facilities in different WHO regions. Out of 24 countries hosting these facilities, 26 have established a national authority of containment. In response to resolution WHA71.16 (2018) all Member States retaining polioviruses are to formally submit a certification of participation to their respective national authority of containment, not later than 31 December 2019.

WPV3 certification impacts on inventory timelines also highlighted the following points:

- WPV3 eradication would necessarily trigger WPV3 containment in essential facilities. If there is a vaccine switch, the potential change in vaccine manufacturers could affect the number of facilities.

- Decisions will need to be taken regarding whether identification and retention of OPV3/Sabin3 infectious material should start with certification or later with final OPV withdrawal.
- Recommendations to outline these impacts will be included in an updated GAPIII.

9. EPIDEMIOLOGY OF WILD POLIOVIRUS TYPE-3 IN THE REGION

Dr Humayun Asghar, Polio Coordinator and Regional Certification Focal Point, WHO/EMRO

In response to the GCC meeting of 26− 27 February 2019, in which it was stated that the GCC reaffirmed its decision to undertake sequential certification of WPV eradication, meaning that WPV3 will be certified as eradicated prior to WPV1. The GCC has requested that the WHO Director-General ask the regional directors of the African and Eastern Mediterranean regions, respectively, to confirm from their Member States that the last cases of WPV3s in both regions were identified more than six years ago. The GCC will review these data in conjunction with the final reports from the four regions that have already been certified. This will permit the GCC to certify eradication of WPV3.

As background, the last reported global case of WPV from any source was an AFP case of WPV3 of an infant aged 11 months in Yobe, Nigeria, in November 2012. After the last case, over one million tests were performed for AFP and environmental samples with no evidence of WPV3 detection.

As regards cVDPV3, the most recent case date was 7 September 2018 and the last from an environmental sample was 23 August 2018.

To summarize the regional status of WPV3, the following was noted:

- The last detected case of WPV3 was an AFP case of a child aged 12 months, in Pakistan, with date of onset as 18 April 2012. For environmental detection the last case was from Karachi on 7 October 2010. Since the last isolation 308 154 stool samples and 7596 environmental samplestested negative for WPV3.
- No cVDPV3 detected since the last AFP case in a child aged 5 months in Somalia with date of onset as 7 September 2018, while the last detection from environmental samples was from the sample collected in Somalia on 23 August 2018.
- The Regional Director has written to all ministries of health of Member States to ask the NCCs to confirm that the last case of WPV3 was detected 6 years ago.

It was concluded that there is enough evidence, based on the large number of samples tested and in the presence of good surveillance in most parts of the Region, that no WPV3 transmission was missed. However, the threat remains of emergence of VDPV3 in the presence of pockets of unreached/unreachable children. Emergence of iVDPV3 in PID remains a threat until the use of bOPV is stopped.

10. DISCUSSIONS

The RCC noted the continued personal commitment and support of the Regional Director in achieving the target of polio eradication.

The RCC paid tribute to outgoing members Professor Mohamed Helmy Wahdan, Professor Tariq Bhutta and Dr Supamit Chunsuttiwat for their outstanding service to the RCC in particular, and polio eradication efforts, in general. The RCC welcomed Professor Mahmudur Rahman, Chairman SEARO/RCC and Dr Zakaria Maiga, AFRO/RCC, as new members. The RCC also paid tribute to outgoing member Dr Abdoulie Jack, AFRO/RCC, for his commitment, support and valuable contribution to the functioning of the Eastern Mediterranean RCC.

The commitment of polio eradication teams in national governments, field staff, volunteers and partners was commended, especially those working in complex and challenging security conditions in some countries of the Region.

The RCC noted the updates on polio eradication efforts, and expressed concern over the high number of polio cases and positive environmental samples in the first quarter of 2019, compared with the same period in 2018 in Afghanistan and Pakistan, and the presence of widespread isolation of WPV1, particularly in Pakistan. The RCC also expressed concern over continued cVDPV2 and cVDPV3 transmission in Somalia and expansion of the infected area demonstrated by the most recent cVDPV2 isolated from a case with onset of paralysis in March 2019. The RCC noted with appreciation multi-country and inter-regional coordination through the Horn of Africa hub based in Nairobi and cross-border coordination meetings of countries in the WHO Eastern Mediterranean and African regions.

The RCC acknowledged the tireless efforts of the Ministry of Health in the Syrian Arab Republic and its partners in a difficult situation leading to the successful end of the cVDPV2 outbreak in December 2018. However, the RCC expressed caution as a result of the continued risk of new emergence due to compromised access to communities because of the unstable security leading to the risk of low population immunity.

The risk assessment to certification model was discussed and it was agreed that further discussion was needed. Countries were advised to continue with their subnational risk assessments as was the Regional Office. The Secretariat may share detailed information on risk assessment to certification with RCC members.

Recent amendments to annual report documentation were noted in view of the lessons learned from resurgence of WPV1 in Nigeria in 2016, cVDPV2 outbreaks in the post-switch period and GCC emphasis on risk assessment to certification. The RCC agreed to further review these documents to avoid repetition and redundancy.

The RCC noted with satisfaction that the polio outbreak simulation exercises had been conducted in 21 out of the 22 countries in the Eastern Mediterranean Region and looked forward to completion of this activity in Yemen as soon as the security situation permits.

The RCC expressed its satisfaction with the implementation of the GAPIII Phase 1 containment of polioviruses and potentially infectious materials activities in most countries, and urged the remaining countries to expedite submission of the final phase 1 completion report.

The RCC reiterated its support to the GCC plan for eradication of WPV3 and urged the chairs of NCCs and focal points of national programmes to provide information on the isolation of WPV3, in addition to specific information on the past six years. It was agreed that a good advocacy and communications strategy was needed for declaration of WPV3 eradication and that there would be no concurrent withdrawal of the OPV3 component of the bOPV vaccine.

The RCC was encouraged by the attendance and commitment of the newly appointed NCC chairman for Djibouti although noted that the report needed to be fully revised and completed for the period of 2016 to 2018.

10.1 Submitted reports but country delegation could not attend the meeting

Yemen submitted its 2018 annual update report but due to logistical difficulties its delegation was unable to attend the meeting. Yemen’s report was provisionally accepted.

10.2 Discussed reports

The certification reports of Bahrain, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Libya, Lebanon, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia and United Arab Emirates were provisionally accepted. Formal acceptance would be accorded on receipt of amended reports incorporating responses to comments from the RCC.

Pakistan and Afghanistan’s annual progress reports were reviewed and discussed.

11. OTHER MATTERS AND ACTION POINTS

- Arabic/French interpretation will be provided at the next meeting.
- The Regional Director is requested to convey the concerns of the RCC to the leadership of the two endemic countries to expedite eradication efforts for polio free certification by 2023.
- The RCC recommends ensuring that WPV3 data, including the most recent isolation and testing data for the past six years is collected from all countries by the end of June 2019 for reporting by the RCC Chair to the GCC. All NCC

chairs are requested to facilitate accurate collection and reporting of WPV3 data in a timely fashion.

- The WHO Secretariat should develop a table summarizing certification-related indicators for all Member States and share with RCC members at the time of reviewing of country reports.
- Countries should continue the POSE exercise, which should preferably be performed by national teams.
- GAP III Phase 1 poliovirus containment should be completed by the end of April 2019.
- The polio programme needs to follow up with the authorities in Egypt for destruction of the mOPV2 stocks that represent an imminent risk to its population, and globally.
- The RCC urges the Islamic Republic of Iran and Pakistan's polio essential facilities to apply for certificate of participation to the national authority for containment in their respective countries by the end of December 2019.
- Two RCC members will compare the current updated January 2019 version of the annual update report with an earlier version of the same document and may identify repetitions and redundancies, if any, and advise the Secretariat on modification(s) accordingly, by 30 June 2019.
- The WHO Secretariat should develop/revise the certification documents:
  - The national basic document should be frozen and not used for the two remaining endemic countries, i.e. Afghanistan and Pakistan.
  - A final completion report should be developed to replace the national basic documentation to address all necessary elements of certifying endemic countries as polio free.
  - The format of the regional report for polio-free certification for submission to the GCC should be developed for review and approval of the RCC members.
- Once a WPV1-endemic country is free of WPV1, it should submit a final completion report for three consecutive years.
- Polio-free countries should continue to submit the annual report.
- An extra ordinary RCC meeting may be called if warranted by any significant epidemiological and/or programmatic development(s) in the two endemic countries.

Annex 1

PROGRAMME

Tuesday, 23 April 2019

8:00–8:30	Registration	
8:30–9:00	Opening session • Introductory remarks • Message from Regional Director • Welcoming remarks • Adoption of agenda	 Dr Y. Al Mazrou, EM/RCC Chair Dr H. Asghar, WHO/EMRO Ministry of Health, Oman
9:00–9:30	Regional Overview Implementation of the 32nd RCC Meeting recommendations	Dr M. Obaid Ul Islam, WHO/EMRO Dr H. Asghar, WHO/EMRO
9:30–9:45	Global update on polio eradication	Dr G. Tallis, WHO/HQ
9:45–11:30	Inter-regional coordination • AFR • EUR • SEAR • Discussion	 Dr K. Kouadio, WHO/AFRO Dr S. Huseynov, WHO/EURO Professor M. Rahman, RCCPE Chair
11:30–11:50	Risk assessment to certification	Dr G. Tallis, WHO/HQ
11:50–12:15	What is new in certification documentation?	Dr H. Asghar, WHO/EMRO
12:15–14:15	Annual update reports of Oman and Bahrain	
14:15–16:00	Annual update reports of Djibouti, Egypt and Islamic Republic of Iran	
16:00–17:00	Annual update reports of Iraq and Jordan	
17:00–17:45	Private meeting of EM/RCC	

Wednesday, 24 April 2019

9:00–9:15	Update on regional GAP III containment activities	Dr H. Asghar, WHO/EMRO
9:15–9:30	Poliovirus containment: progress with Global Action Plan III implementation	Ms L. Boualam, WHO/HQ
9:30–11:00	Annual update reports of Kuwait and Lebanon	
11:00–14:30	Annual update reports of Libya, Morocco, Palestine, Qatar and Saudi Arabia	
14:30–16:45	Annual update reports of Somalia, Sudan, Syrian Arab Republic and Tunisia	
16:45–17:30	Private meeting of EM/RCC	

Thursday, 25 April 2019

9:00–10:00	Annual update reports of United Arab Emirates and Yemen	
10:00–11:30	Annual progress report of Afghanistan	
11:30–12:30	Annual progress report of Pakistan	
12:30–14:00	Epidemiology of wild poliovirus type-3 in the Eastern Mediterranean Region	Dr H. Asghar, WHO/EMRO
14:00–14:30	Private meeting of the RCC	
14:30–15:00	Closing session and concluding remarks	

Annex 2

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