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

### **Opening of the meeting**

1. The fifth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks of the Regional Committee for the Eastern Mediterranean was held by videoconference on 14 June 2022. The Subcommittee was established in response to resolution EM/RC67/R.4 (2020) and held its first meeting on 16 March 2021.
2. The meeting was attended by ministers of health or their representatives, key stakeholders of the Global Polio Eradication Initiative (GPEI), WHO Representatives from countries in the Region, the Deputy Regional Director of UNICEF's Middle East and North Africa Regional 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 Region, opened the meeting by acknowledging the continued support for polio eradication by Members of the Regional Subcommittee.
4. He outlined the evolving situation of poliovirus in the Region, with eight new cases of wild poliovirus type 1<sup>1</sup> (WPV1) reported since the fourth meeting of the Subcommittee and the increasing outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the Region posing a heightened risk to global health security.
5. Dr Al-Mandhari underscored the important coordination role played by the Subcommittee in ensuring that polio-affected countries are provided the support needed to contain transmission and in helping to deliver a polio-free future.
6. The WHO Regional Director thanked the State of Qatar and the Subcommittee co-Chair, H.E. Dr Hanan Al Kuwari, Minister of Public Health, Qatar, for hosting a high-level meeting in February with representatives from WHO, UNICEF, GPEI and other humanitarian partners to identify ways to meet the emergency health needs of the people in Afghanistan.
7. The Regional Director also thanked the United Arab Emirates and the Subcommittee co-Chair, H.E. Dr Abdul Rahman Mohammed Al Owais, Minister of Health and Prevention, represented by H.E. Dr Hussain Al Rand, for the United Arab Emirates continued financial contributions through H.E. President Muhammad bin Zayed Al Nahyan's initiative for supporting the operational costs for polio eradication efforts in Afghanistan and Pakistan. Hundreds of millions of polio vaccine doses have been delivered to children with the support provided.
8. Dr Al-Mandhari updated Members on his visit to Pakistan in May with the Chair and members of the Polio Oversight Board, UNICEF's Regional Director for South Asia, and WHO global and regional polio directors. He highlighted the concrete steps taken by the Government of Pakistan at the federal and provincial levels to stop the outbreak in southern Khyber Pakhtunkhwa and prevent it from spreading to other provinces.
9. The Regional Director welcomed H.E. Abdul Qadir Patel, Pakistan's new Federal Minister for National Health Services, Regulations and Coordination, to the Regional Subcommittee and appreciated his swift

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<sup>1</sup> As of 14 June 2022.

action in visiting the outbreak-affected area and strong commitment to protecting children from polio, as demonstrated within the first few days of his appointment.

10. Dr Al-Mandhari shared that during the Seventy-fifth World Health Assembly in May 2022 the importance of a coordinated response to polio outbreaks was underscored, given that it remains a public health emergency of international concern. Together with Dr Chris Elias of the Bill & Melinda Gates Foundation, a meeting was held on the sidelines of the Health Assembly with ministers from countries facing outbreaks of cVDPV to discuss ways of containing the outbreaks.

11. Dr Al-Mandhari shared his decision that WHO operations in polio-endemic and outbreak countries in Eastern Mediterranean Region will be assigned an emergency grading, and standard operating procedures will be applied for the next 18 months.

12. The WHO Regional Director concluded his remarks with a call to action for controlling the WPV1 outbreak in Pakistan and the explosive outbreak of cVDPV2 in Yemen, given the GPEI timeline of 18 months to stop circulation of all types of polioviruses.

### **Remarks by co-Chairs**

13. Dr Al Kuwari highlighted the critical role of the Regional Subcommittee to reinforce the collective resolve for ending polio. She noted the fragile progress made in eradicating polio and emphasized the urgency of building immunity levels in children – particularly those who are un- or under-immunized – and sustaining the high-level financial and political commitment by all Members.

14. She expressed her condolences for the loss of eight polio workers, four of them women, who were killed in February 2022 in Afghanistan and noted their recognition by Director-General Dr Tedros Adhanom Ghebreyesus during the Seventy-fifth World Health Assembly. She called on Members to find concrete mechanisms for ensuring the safety and security of polio workers and to identify ways of supporting families of the victims.

15. Dr Al Kuwari noted the cross-border coordination between Afghanistan and Pakistan, and Djibouti and Somalia, and acknowledged the health ministers of Djibouti and Somalia for their strong commitment to stopping cVDPV2.

16. Dr Al Kuwari also reiterated Qatar's steadfast support for the humanitarian work of WHO, particularly for emergency response, and assured the Subcommittee of Qatar's full commitment to strengthening collaboration with WHO and contributing to regional and global public health work through the recently inaugurated WHO Country Office in Qatar.

17. H.E. Dr Hussain Al Rand, representing co-Chair H.E. Dr Abdul Rahman Mohammed Al Owais, Minister of Health and Prevention of the United Arab Emirates, underscored the significance of resilient health systems and noted the value of such foundations for responding to all health emergencies. He highlighted the added value of the polio infrastructure in disease surveillance and diagnostics for COVID-19 and monkeypox. Given the United Arab Emirates advanced model of disease detection and infection control, he promised full support to other countries for knowledge exchange and capacity-building.

18. Dr Al Rand supported Dr Al-Mandhari's timely decision for running all WHO operations in polio-affected countries on an emergency grading mechanism and reiterated the full commitment of the United Arab Emirates in coordinating efforts for polio eradication through H.H. President Muhammad bin Zayed Al Nahyan's initiative to support polio vaccination in Afghanistan and Pakistan.

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

19. Dr Hamid Syed Jafari, Director for Polio Eradication, noted the low-level transmission of WPV1 in the endemic countries of Afghanistan and Pakistan. He shared that Pakistan's polio programme is responding to a focal outbreak occurring after a 14-month period of no human cases.

20. He expressed concerns over the uncontrolled cVDPV2 outbreak in north Yemen that has spread in the Region to Djibouti and Egypt.
21. Dr Jafari acknowledged the collective efforts made by the Government of Somalia and GPEI partners for developing the Somalia Emergency Action Plan 2022, which was launched in March 2022 to respond to one of the longest outbreaks of cVDPV2 in the Region.
22. He also shared that there was no further detection of cVDPV2 in the Islamic Republic of Iran and Sudan. He acknowledged the swift response by Djibouti and Egypt to the detection of cVDPV2 and in mobilizing domestic funding for the campaigns.
23. Dr Jafari appreciated the important actions taken by the Subcommittee since February. At its fourth meeting, the Subcommittee issued two statements: on ending wild poliovirus transmission in Afghanistan and Pakistan, focusing on the need for house-to-house access to vaccinate all children; and on stopping the concurrent outbreaks of vaccine-derived poliovirus types 1 and 2 in Yemen, with a call for resuming immunization campaigns across the country. Following the meeting, a press release was also issued by the Subcommittee.
24. Dr Jafari acknowledged the strong statements issued by the co-Chair from Qatar during the World Health Assembly in May 2022, and the participation of ministers in the side event on polio outbreaks. He noted the continued support and advocacy by Members of the Subcommittee for increasing access to children for vaccination. He appreciated the efforts of H.E. Dr Ahmed Al Saidi, Minister of Health, Oman, in advocating with neighbouring countries and the support extended by Dr Faisal Sultan, former Special Assistant to the Prime Minister on National Health Services, Regulations and Coordination, from Pakistan, on advocating for resumption of house-to-house vaccination in Afghanistan.
25. Dr Jafari noted that Malawi reported an importation of WPV1 that was genetically linked to a strain of wild poliovirus from Pakistan. However, this strain has not been in circulation in Pakistan since 2019. He noted that the undetected circulation of virus reinforces the heightened need for maintaining certification-level surveillance in polio-free countries.
26. He shared that there has been a significant decrease in the number of cases in endemic countries since 2020, when 140 cases were reported from across the epidemiological block, to just nine cases in 2022 (one case in Afghanistan and eight in Pakistan). He noted that Pakistan is experiencing a highly focal outbreak in one district of Khyber Pakhtunkhwa and that environmental samples also show low-level transmission, as opposed to the viral burden seen in 2020. He appreciated the continued political commitment of the Government of Pakistan to stopping transmission of wild poliovirus, despite a political transition at the federal level.
27. On progress in Afghanistan, Dr Jafari shared that there is increased access to children given the improved security situation. Six national immunization days had been conducted since November 2021, and the programme is increasingly reaching more children through the different campaign modalities. In the most recent campaign, 75% of children were reached through a house-to-house modality.
28. He alerted Members to the high risk of resurgence in Afghanistan and Pakistan, given the pockets of un- and under-vaccinated children in southern Afghanistan and southern districts of Khyber Pakhtunkhwa in Pakistan. In response to ongoing transmission, both countries have intensified cross-border coordination on polio vaccination and surveillance.
29. Dr Jafari highlighted the uncontrolled spread of cVDPV2 in north Yemen, where the programme is not permitted to implement vaccination campaigns to stop the outbreak. He noted the expanding outbreak is alarming and poses an increasing threat to other countries.
30. He shared that the Somalia Emergency Action Plan 2022 is now in the implementation phase. There is improving access to children in south-central areas of Somalia, where half a million children were previously

inaccessible. This number has decreased significantly, and an intensified vaccination schedule, stronger GPEI coordination and efforts to enhance the quality of campaigns continues.

31. Dr Jafari requested Members to urge countries to intensify their commitment to stopping all polio outbreaks in the Region and rally Member States to maintain vigilance for detecting and rapidly responding to any outbreak.

32. He also urged Members to help to mobilize domestic financial resources for essential polio functions and outbreak response as GPEI funding declines.

33. The Secretariat had shared with the Members of the Subcommittee draft statements on Afghanistan/Pakistan and Somalia/Yemen (see Annexes 3 and 4). The statements call on Members, donors and the international community to continue to financially support the polio programme and advocate for access to all children through house-to-house vaccination in Afghanistan and Pakistan, and to scale up support for providing essential health services including a robust response to polio in Somalia and Yemen.

34. There was consensus among Members in support of the proposed statements, with no objections, and the statements were issued at the end of the meeting.

### **Statements from the Polio Oversight Board**

35. Dr Chris Elias, President of the Bill & Melinda Gates Foundation and Chair of the Polio Oversight Board, recounted his visit to Pakistan in May 2022 and to the Seventy-fifth World Health Assembly. He appreciated Dr Al-Mandhari's leadership for driving polio eradication efforts in the Region. He expressed concerns over the situation in northern Yemen and Somalia and stressed the need to continue responding through robust and timely campaigns.

36. On his recent visit to Pakistan as part of the high-level mission to engage with the new Government, he reaffirmed GPEI's support as the country responds to a focal outbreak in North Waziristan. He commended Pakistan for completing 14 months without any case of WPV1, noting that there is meaningful progress made for interrupting transmission with historic polio reservoirs not reporting any human case or environmental sample for polio.

37. He expressed his appreciation for the leadership of Prime Minister Shehbaz Sharif and Federal Health Minister H.E. Mr Abdul Qadir Patel, members of the National Task Force, provincial leadership and health care workers for their timely response to the recent outbreak. He acknowledged the "one team" approach of the polio programme in Pakistan.

38. He noted that the programme had detected low levels of transmission through environmental samples in the last quarter of 2021 from southern Khyber Pakhtunkhwa and therefore the detection of cases, while disappointing, was expected.

39. Dr Elias noted that Afghanistan and Pakistan are technically and operationally equipped to stop circulation. He stressed the need for polio-free countries to maintain certification-level surveillance along with strong routine immunization programmes to prevent outbreaks of cVDPV2.

40. Dr Elias concluded his remarks by reiterating GPEI's full support to polio eradication efforts in Afghanistan and Pakistan. He appreciated Dr Al-Mandhari's timely decision to grade all polio outbreaks as per WHO's emergency operating procedures.

### **Statement by Federal Minister for National Health Services, Regulations and Coordination, Pakistan**

41. H.E. Mr Abdul Qadir Patel, Federal Health Minister, Pakistan addressed the Regional Subcommittee in his inaugural address and updated Members on the steps taken by the Government of Pakistan to contain and respond to the focal outbreak of WPV1 in North Waziristan, including an emergency response campaign, ring-fencing across the southern districts of Khyber Pakhtunkhwa, cross-border coordination with

Afghanistan, increased transit vaccination points, a fractional inactivated polio vaccine campaign in Bannu and North Waziristan, inclusion of more women in monitoring teams, and enhancement of acute flaccid paralysis (AFP) and environmental surveillance.

42. H.E. Mr Abdul Qadir Patel assured the Subcommittee Members of the Pakistani Government's full commitment to make the final push to interrupt polio transmission and noted that Prime Minister Sharif had met with deputy commissioners from the 25 high-risk districts in his first month in office. He also shared his personal commitment to working closely with emergency operations centres and making field visits to the affected areas.

43. Reflecting on the high-level visit of the Chair of the Polio Oversight Board, the Regional Directors of UNICEF and WHO, and the polio directors, he appreciated the support of GPEI to polio eradication in Pakistan. He shared that the Government of Pakistan had recently approved the five-year project cost of US\$ 798 million for polio eradication, up until 2026.

### **Remarks by GPEI Partners**

44. Mr Aziz Memon, Trustee of the Rotary Foundation and National Chair of Rotary's Pakistan PolioPlus Committee, represented Mr Mike McGovern, Member of the Polio Oversight Board and Chair of Rotary International's PolioPlus Committee. He appreciated the high level of political commitment by the Government of Pakistan. He expressed concerns over the focal outbreak in North Waziristan, and assured Members of Rotary's full financial and operational support to eradicating polio. Mr Memon shared that the trustees approved the full request from the Government of Pakistan for US\$ 21 million for polio eradication for 2022. He expressed his hopes that the 43-year journey of Rotary to end polio will bear fruit this year.

45. Dr Derek Ehrhardt, representing Dr Rochelle Walensky, expressed the full commitment of the Centers for Disease Control and Prevention (CDC) to protecting children from paralytic polio. On behalf of CDC, he welcomed Dr Al-Mandhari's decision to formally grade all polio outbreaks as per WHO's emergency operating procedures for the next 18 months. He underlined that this decision treats polio as the public health emergency that it is and will make polio eradication possible.

46. He noted that a combination of high-quality campaigns, speed and surveillance will help in responding to outbreaks and reduce the likelihood of seeding of new outbreaks. He expressed concerns over the uncontrolled outbreak in Yemen and called for peace to ensure that culturally appropriate teams of vaccinators, including women vaccinators, are able to reach children safely with vaccines and prevent the spread of poliovirus.

47. Dr Ehrhardt recognized the Government of Somalia for implementing the Somalia Emergency Action Plan 2022 that shows effective coordination of GPEI partner engagement, and called on authorities in Yemen to consider a similar path of action to engage with the GPEI.

48. He expressed the firm support of the United States of America to the two endemic countries and appreciated the steps taken by Pakistan's new leadership. Dr Ehrhardt underscored the need to continue robust efforts to eliminate poliovirus and concluded his remarks by reaffirming support to the polio programmes and to finding ways to vaccinate chronically missed and zero-dose children.

49. Mr Bertrand Bainvel, UNICEF Deputy Regional Director for the Middle East and North Africa, spoke on behalf of the Regional Directors for UNICEF's Middle East and North Africa region and South Asia region, noting that 2022 was turning into a difficult year. Despite recent challenges, he expressed the hope that 2022 would be the year when transmission of wild poliovirus was stopped, and no future generations of children will have to suffer the consequences of the disease.

50. He noted that historically poliovirus has shown surprises in the last stages by surfacing in pockets of isolated populations who remain at considerable risk. He called on partners to remain focused and united in using the most effective tools and strategies and mobilizing teams in support of the clear commitments expressed in the meeting by partners and country representatives.

51. Mr Bainvel also noted that beyond the endemic countries, the challenge of cVDPV persists in other parts of the Region. He congratulated Djibouti, Egypt, Islamic Republic of Iran and Sudan for their timely and robust response to the virus. He also called on the 12 governorates in the southern part of Yemen to undertake a third round of vaccination and expressed concerns over the lack of response in the 14 governorates in the northern part of Yemen, where an explosive outbreak of cVDPV2 persists.

52. He reiterated UNICEF's support to urgently undertake campaigns and strategies to reach vulnerable children in Afghanistan. He called on all partners to ensure collective investment that will help to bring lasting results for resilient and equitable primary health care for communities in the Region.

53. Mr Aidan O'Leary, Director for Polio Eradication at WHO headquarters and Chair of the GPEI Strategy Committee, drew attention to treating vaccine-derived poliovirus with the same urgency as wild poliovirus, given that children remained at the same risk for paralysis. He underscored the significance of the side meeting of ministers from outbreak-affected countries during the Seventy-fifth World Health Assembly, which demonstrated the strong political focus and urgency to address the problem. He noted that Afghanistan was facing a plethora of challenges and while polio was not the top one, the support of Member States was critical to reach all children and stop the spread of the disease. He appreciated the continued commitment from Pakistan's new Government and, given the specific challenges in southern Khyber Pakhtunkhwa, called for efforts to grasp all opportunities to help the programme to reach children and stop transmission.

54. Mr O'Leary noted that Yemen and south-central Somalia were identified as critical geographies for cVDPV2, where challenges of inaccessibility and insecurity persist – raising the risk of regional spread – and therefore requiring heightened political engagement to ensure that the programme has the space to operate in the way needed to finish the job. He concluded by thanking all Members for their continued support and work towards polio eradication.

### **Remarks by Minister of Health, Oman**

55. Dr Ahmed Al Saidi, Minister of Health of Oman, noted the outbreak of WPV1 in Pakistan and expressed his solidarity with the Government, acknowledging their commitment to the goal of polio eradication. He expressed concerns over the explosive outbreak of cVDPV2 in Yemen and assured the Subcommittee Members of Oman's full commitment to advocate for children and the community. He called on all Members to continue efforts to stop all poliovirus outbreaks, together with donors and GPEI partners.

### **Recognition of Member States contribution to polio eradication**

56. Dr Al-Mandhari recognized the efforts made by Djibouti and Sudan to stop circulation of poliovirus through timely and high-quality response campaigns that had reached children across the two countries. In February 2022, Djibouti became the second country in the Region to use novel oral polio vaccine type 2 in responding to the cVDPV2 outbreak. The response from Djibouti was rapid, with the first round implemented 33 days after the detection of poliovirus in the environment. The two rounds conducted in February and March targeted 150 000 children under the age of five across the country. In both rounds, hundreds of multidisciplinary teams spent five days going to communities even in the most remote areas, to ensure that every child received the polio drops.

57. Dr Al-Mandhari noted that since December 2020, Sudan had not reported any isolates of cVDPV2 in human or environmental samples – a major milestone for the eradication of the virus. He acknowledged this tremendous achievement, which shows the positive outcome of a robust and concerted outbreak response supported by UNICEF, WHO and GPEI partners. He also noted the substantial financial contribution provided by Sudan for the outbreak response, despite significant economic hardships made worse by the COVID-19 pandemic. As part of moving towards integration, Sudan has operationalized integrated public health teams across all 18 states, expanding the capacity of technical field staff working in polio, emergencies, immunization and health systems to create a network of public health officers with integrated functions in the areas of disease surveillance, immunization and outbreak response.

## Closing remarks and next steps

58. Dr Al-Mandhari and Dr Jafari thanked the Members for their participation, commitment and support that exemplifies the regional solidarity, regional mobilization and common purpose for which the Subcommittee was created.

59. It was agreed that the Subcommittee would:

- immediately issue the statements on Afghanistan/Pakistan and Somalia/Yemen;
- provide continued support to countries to stop the circulation of all vaccine-derived polioviruses by the end of 2023 to achieve global certification by 2026;
- continue support for a polio-free Region through front-channel and back-channel advocacy efforts, social media engagements and published articles; and
- strengthen regional solidarity and partner support for implementing the Somalia Emergency Action Plan 2022.

60. The following next steps were agreed by the Subcommittee.

- Following the fifth meeting, the Secretariat of the Subcommittee would:
  - publish a press release in Arabic and English;
  - issue statements on Afghanistan/Pakistan and Somalia/Yemen on the Subcommittee website;
  - reach out to co-Chairs and ministers for a virtual press conference to raise the profile of polio as a public health emergency of international concern; and
  - prepare a detailed report of the meeting outlining clear next steps.

## Annexes

### Annex 1. Programme

#### Fifth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks

Virtual meeting, 14 June 2022, 15.30–17.00 (Cairo time/CET),

Timing	Event	Presenter/speaker
15:30–15:40	Welcome and opening remarks	Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean H.E Dr Hanan Al Kuwari, Minister of Public Health, Qatar, Co-chair of the Regional Subcommittee H.E Abdul Rahman Mohammed Al Owais, Minister of Health and Prevention, United Arab Emirates, Co-chair of the Regional Subcommittee
15:40–15:50	Regional update on polio eradication	Dr Hamid Jafari, Director, Polio Eradication, WHO Regional Office for the Eastern Mediterranean
15:50–16:10	Discussion	Discussion
16:10–16:15	Report on the visit of the Polio Oversight Board and Regional Directors to Pakistan, May 2022	Dr Chris Elias, Bill & Melinda Gates Foundation/ Chair, Polio Oversight Board
16:15–16:25	Update on polio situation and response in Pakistan	Mr Abdul Qadir Patel, Federal Health Minister for National Health Services, Regulations and Coordination, Pakistan
16:20–16:40	Comments by Polio Oversight Board members and UNICEF Regional Director for the Middle East and North Africa and UNICEF Regional Director for South Asia	Mr Aziz Memon, Chair of Pakistan National PolioPlus Committee will give remarks on behalf of: Mr Mike McGovern, Chair of International PolioPlus Committee, Rotary International Derek Ehrhardt, Epidemiologist, CDC, will give remarks on behalf of: Dr Rochelle Walensky, Director, US CDC Dr Peter MacDougall, donor representative, Global Affairs, Canada Mr Bertrand Bainvel, Deputy Regional Director, UNICEF/Middle East and North Africa, will give remarks on behalf of: Ms Adele Khodr, Regional Director UNICEF/ Middle East and North Africa Mr George Laryea-Adjei, Regional Director UNICEF/South Asia
16:40–16:50	Discussion	Discussion
16:50–16:55	Recognition of Member States contribution to polio eradication	Dr Ahmed Al-Mandhari
16:55–17:00	Summary of proposed actions Closing comments by Regional Director	Dr Hamid Jafari Dr Ahmed Al-Mandhari



## Annex 2. List of participants

### Members of the Subcommittee

Name	Position
<b>Member States</b>	
H.E. Dr Ahmed Robleh Abdilleh	Minister of Health, Djibouti
H.E. Dr Khaled AbdelGhaffar	Acting Minister of Health and Population, Egypt
H.E. Dr Bahram Eynollahi	Minister of Health and Medical Education, Iran (Islamic Republic of)
Dr Firas Jabbar Hashim Dr Kamal Abdulrazzaq Kadhim	Manager of the Immunization department, Iraq Director of the vaccination activities department, Iraq
H.E. Dr Firas Abiad	Minister of Public Health, Lebanon
H.E. Dr Ahmed bin Mohamed bin Obaid Al Saidi	Minister of Health, Oman
H.E. Mr Abdul Qadir Patel	Federal Minister for National Health Services, Regulations and Coordination, Pakistan
H.E. Dr Hanan Mohamed Al Kuwari	Minister of Public Health, Qatar
H.E. Mr Fahad bin Abdulrahman Al-Jalajel	Minister of Health, Saudi Arabia
H.E. Dr Heitham Mohammed Ibrahim Awadalla Dr Amal Elfatih Dr Aseel Geries	Federal Ministry of Health, Sudan
H.E. Professor Ali Mrabet	Minister of Health, Tunisia
Dr Hussain Al Rand Mr Abdulla El-Ghfeili	Ministry of Health, United Arab Emirates Director of the Emirati Project to Help Pakistan, United Arab Emirates
<b>WHO Secretariat</b>	
Dr Ahmed Al-Mandhari	Regional Director
Mr Aidan O'Leary	Director, Polio Eradication, WHO headquarters
Dr Rana Ahmad Hajeh	Director, Programme Management, WHO Regional Office
Dr Christoph Hamelmann	Chef de Cabinet, WHO Regional Office
Dr Hamid Syed Jafari	Director, Polio Eradication, WHO Regional Office
Dr Sussan Bassiri	Director, Business Operations, WHO Regional Office
Ms Mira Ihalainen	Director, Communications, Resource Mobilization and Partnership, WHO Regional Office
Dr Abdinasir Abubakar	Manager, Infectious Hazards Prevention, WHO Regional Office
Dr Hemant Shukla	Team lead, Country Support Team, WHO Regional Office
Dr Fazal Ather	Team lead, Hub, WHO Regional Office
Ms Inas Hamam	Communications Manager, WHO Regional Office
Ms Rimsha Qureshi	Communication Consultant, WHO Regional Office
Ms Hala El-Shazly	National Professional Officer, WHO Regional Office
Ms Samah Abdel Aziz	Senior Administrative Assistant, WHO Regional Office
Ms Sara Al-Naqshabandi	Programme Support Officer, WHO Regional Office
<b>GPEI Partners</b>	
Mr Bertrand Bainvel	UNICEF Deputy Regional Director for the Middle East and North Africa
Dr Chris Elias	President, Global Development, Bill & Melinda Gates Foundation
Dr Peter MacDougall	Donor representative, Global Affairs Canada
Mr Aziz Memon	Member, Rotary International PolioPlus Committee, Rotary International
Dr Derek Ehrhardt	Epidemiologist, Centers for Disease Control and Prevention

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

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

#### **Delivering on a promise: achieving and sustaining a polio-free Eastern Mediterranean Region**

*Fifth meeting of the Regional Subcommittee on Polio Eradication and Outbreaks*

14 June 2022 – Noting the progress achieved globally in eradicating wild poliovirus transmission since 1988, with virus transmission restricted to just two countries – Afghanistan and Pakistan;

Noting that one case has been reported in Afghanistan and eight in Pakistan since January 2022, and that detection of wild poliovirus cases in both countries so far has been contained within the southern corridor comprising the south-eastern part of Afghanistan and southern districts of Khyber Pakhtunkhwa province in Pakistan;

Noting that Pakistan completed 15 months without reporting a case of wild poliovirus – the longest period that the country has reported no human cases;

Underscoring that the recent isolation of wild poliovirus from environmental samples in Pakistan and among children in Afghanistan confirms continued poliovirus circulation in this joint epidemiological block;

Noting that the populations in this epidemiological block remain at high risk from polio due to low rates of routine immunization and supplementary polio vaccinations;

Underscoring the critical need for continued cross-border collaboration to reach children with polio vaccines, and for enhanced polio surveillance to detect the virus;

Noting the timely actions taken by the Prime Minister and Health Minister of Pakistan to respond to the current outbreak of cases in North Waziristan;

Highlighting the sustained commitment by leaders at all levels, notably by political leaders, community and religious leaders, civil society, Global Polio Eradication Initiative (GPEI) partners, especially Rotary International and individual Rotarians, and health workers at the forefront in responding to the virus;

Recalling that the spread of poliovirus constitutes a public health emergency of international concern under the International Health Regulations (2005);

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

We, the Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks:

#### **DECLARE:**

1. The ongoing circulation of wild poliovirus in Afghanistan and Pakistan to be a regional public health emergency; and

#### **COMMIT TO:**

2. Mobilizing all necessary engagement and support by all political, community and civil society leaders and sectors at all levels to finally end polio as a regional public health emergency;

3. Supporting the coordination of activities across borders to ensure synchronized and cross-border response between Afghanistan and Pakistan; and

#### **REQUEST:**

4. The international donor and development community to continue supporting the national polio programmes to facilitate implementation of national emergency action plans to end polio in Afghanistan and Pakistan;

5. Sustained and strengthened commitment from all leaders at all levels in Afghanistan and Pakistan to capitalize on the current epidemiological window of opportunity through intensified eradication efforts, including by continuing to increase access to all children in previously inaccessible areas, implementing area-specific emergency action plans in known underperforming areas and responding to the detection of any new viruses from any source, acute flaccid paralysis case or environmental samples as an emergency;
6. Effective operational delivery by the polio programme to ensure administration of vaccine to the youngest and most vulnerable children who are persistently missed during routine immunization and polio vaccination campaigns, to seize the opportunity to build immunity levels and stop polio transmission;
7. The Regional Director to continue his tremendous leadership and support to Afghanistan and Pakistan in their efforts to eradicate polio, including by advocating for all necessary financial and technical support, coordinating WHO efforts with the wider regional GPEI partnership through the Polio Hub in Amman, reviewing progress, planning corrective actions as necessary, and regularly informing Member States of the aforementioned and of any eventual further action required, through the WHO Executive Board, World Health Assembly and Regional Committee.

## **Annex 4. Statement on stopping the outbreak of vaccine-derived poliovirus type 2 in Somalia and concurrent outbreaks of vaccine-derived poliovirus types 1 and 2 in Yemen**

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

### **Delivering on a promise: achieving and sustaining a polio-free Eastern Mediterranean Region**

*Fifth meeting of the Regional Subcommittee on Polio Eradication and Outbreaks*

14 June 2022 – Noting the progress achieved globally in eradicating poliovirus transmission since 1988;

Noting with deep concern the ongoing and expanding outbreaks of circulating vaccine-derived polioviruses (cVDPV) in the Region, including an outbreak of cVDPV2 in Somalia and concurrent outbreaks of cVDPV1 and cVDPV2 in Yemen;

Recognizing the high risk of expansion of the polio outbreaks in these countries due to complex emergency settings, limited access to high-risk populations, weak immunization services, and gaps in coverage of supplementary immunization campaigns;

Recalling that the spread of polio is a public health emergency of international concern under the International Health Regulations (2005);

Recognizing the impact of prolonged conflict on disruption of health services, including implementation of house-to-house vaccination campaigns that ensure all vulnerable children can be reached with life-saving polio vaccines;

Observing with alarm the prolonged cVDPV2 outbreak in Somalia, and increasing number of cases of cVDPV2 in Yemen;

Noting the fast-approaching timeline of the global *Polio Eradication Strategy 2022–2026: Delivering on a Promise* to secure a lasting world free of all forms of poliovirus, including cVDPV, within the next 18 months;

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

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

#### **DECLARE:**

1. The ongoing circulation of any strain of poliovirus in the Region to be a regional public health emergency; and

#### **COMMIT TO:**

2. Mobilizing all needed engagement and support by all political, community and civil society leaders and sectors at all levels to finally end polio as a regional public health emergency;

3. Advocating for increased access to all hard-to-reach populations, including inaccessible and nomadic communities and internally displaced persons who are most at-risk, to strengthen their immunity and enhance detection of poliovirus circulation;

4. Providing all needed resources and highest-level oversight to the Government of Somalia and GPEI partners to fully implement the Somalia Emergency Action Plan 2022 launched at the Somalia summit in March 2022, in the context of competing health emergency response priorities such as ongoing drought and the effects of the COVID-19 pandemic;

5. Supporting Yemen in mobilizing all necessary resources to fully implement outbreak response across the country, and advocating for all children to be reached through house-to-house or intensified site-to-site vaccination campaigns;
6. Helping to strengthen coordination with other public health and humanitarian efforts in Somalia and Yemen to ensure closer integration, in particular of routine immunization and delivery of essential health services to children; and

**REQUEST:**

7. The international humanitarian and development communities to scale up their support for providing essential services, including a robust response to the polio outbreaks in Somalia and Yemen;
8. The authorities and polio eradication partners in Somalia to accelerate high-quality and rigorous implementation of the Somalia Emergency Action Plan 2002, to stop the longest-running outbreak in the country and prevent further spread of cVDPV2 by the end of 2022;
9. The national authorities and the Regional Polio Eradication programme to strengthen cross-border coordination for Djibouti, Ethiopia, Kenya, and Somalia, considering the high risk of cVDPV2 crossing international borders;
10. All authorities in Yemen to facilitate resumption of house-to-house vaccination campaigns in all areas to ensure delivery of vaccine to the youngest and most vulnerable children, who are likely to be missed by delivery of vaccine through health facilities alone. In areas where house-to-house vaccination is not feasible, all efforts should be made to implement intensified fixed-site vaccination to ensure high coverage;
11. The Regional Director to continue his tremendous leadership and efforts to support the cessation of polio outbreaks in Yemen, including by advocating for all necessary financial and technical support, reviewing progress, implementing corrective actions as necessary, and regularly informing Member States of the aforementioned and of any eventual further action required, through the WHO Executive Board, World Health Assembly and Regional Committee.