

WHO-EM/POL/442/E

Report on the

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

Virtual, Zoom platform
15–17 September 2020



World Health
Organization
REGIONAL OFFICE FOR THE Eastern Mediterranean

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1. INTRODUCTION

The Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication (RCC) held its thirty-fourth meeting via the Zoom virtual platform, from 15 to 17 September 2020. 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 the 22 countries and territories of the Region. The meeting was also attended by representatives from Rotary International, the Centers for Disease Control and Prevention, Atlanta, and WHO staff from headquarters, the Regional Office for the Eastern Mediterranean, and from the Afghanistan, Pakistan and Somalia country offices. The programme and list of participants are attached as Annexes 1 and 2, respectively.

The meeting was opened by Dr Yagob Al Mazrou, Chairperson of the RCC. He welcomed the participants and thanked the WHO RCC Secretariat for hosting the first virtual meeting of the Commission and for providing excellent support.

A message from Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, was delivered by Dr Hamid Jafari, Polio Eradication Programme Director, WHO Regional Office for the Eastern Mediterranean. In his message, the Regional Director welcomed the Chairperson and members of the RCC, chairpersons and members 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 Eastern Mediterranean Region. Dr Jafari noted the Regional Director's continued personal commitment and support to achieve the target of polio eradication. The Regional Director expressed his concerns about the diverse challenges in the remaining two polio-endemic countries, namely Afghanistan and Pakistan. He also expressed concern about the recent detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Afghanistan, Pakistan, Somalia and Sudan, and the outbreaks of circulating vaccine-derived poliovirus type 1 (cVDPV1) in Yemen confirmed in 2020. The Regional Director was confident that the Region will soon achieve the target of polio eradication, despite the challenges of access and complex security situations in some Member States.

The Regional Director congratulated all participants on the tremendous efforts that led to global certification of eradication of wild poliovirus type 3 (WPV3) in 2019 and applauded the certification of eradication of wild poliovirus type 1 (WPV1) in the African Region in 2020.

Noting the epidemiological situation in Afghanistan and Pakistan, where increased numbers of wild poliovirus and cVDPV2 cases have been detected, the Regional Director highlighted that in-depth functional reviews and analyses as well as deliberations by the Technical Advisory Group and Independent Monitoring Board have yet again highlighted the central importance of community trust and engagement as well as national ownership as key ingredients for success.

The recent impacts of the COVID-19 pandemic had further fuelled a significant decline in immunization coverage rates and exacerbated existing disruptions caused by political instability, armed conflicts and other emergencies. However, Dr Al-Mandhari was confident that the Region has been able to garner political commitment and use the appropriate tools and tactics to keep most of Member States of the Region polio-free. He also thanked the polio eradication programme in the Region for its robust and continuous support to countries in their response to the COVID-19 pandemic.

The Regional Director acknowledged the progress in polio transition planning and expressed his satisfaction with the work of the Islamic Advisory Group. He also noted the progress made on the Global Action Plan for poliovirus containment (GAPIII) in order to minimize risks associated with poliovirus facilities by destroying, transferring or containing poliovirus materials. Two laboratories, one in the Islamic Republic of Iran and one in Pakistan, have opted to become poliovirus-essential facilities to serve the critical international function of poliovirus repositories.

2. SITUATION IN AFGHANISTAN/PAKISTAN AND NEW OUTBREAKS IN THE REGION

Dr Hamid Jafari, Director, Polio Eradication Programme, WHO/EMRO

In the Eastern Mediterranean Region, risk assessment is conducted on a regular basis. Based on epidemiological risks, countries of the Region are grouped into four main categories: endemic countries (Afghanistan and Pakistan); very high-risk/outbreak countries (Somalia, Sudan, Syrian Arab Republic and Yemen); high-risk countries (Djibouti, Iraq and Libya); and all remaining other countries are considered at lower risk.

In the common epidemiological block of Afghanistan and Pakistan, there was widespread transmission of WPV1 in 2019 which continued in 2020. Transmission of cVDPV2 increased in 2020, coupled with cross-border virus spread between the two countries. Routine immunization using inactivated polio vaccine (IPV) remains a challenge in both Afghanistan and Pakistan, leading to significant immunity gaps and resulting in cVDPV2 outbreaks. In addition, the two countries are facing overarching challenges which include refusal pockets and operational gaps in both countries, and a ban on vaccination in Afghanistan; while in Pakistan, the translation of political commitment into action has been an added challenge.

The Technical Advisory Group on poliomyelitis eradication met virtually in June 2020 and identified strategic priorities for the two countries, including: elimination of cVDPVs by the end of 2020; regaining control over WPV1 circulation after the disruption of campaigns due to COVID-19; comprehensive structural transformation of the national polio programme in Pakistan; and greater coordination with anti-government elements in Afghanistan to deliver vaccination using innovative approaches.

After a long pause in immunization activities since March 2020 due to COVID-19, Pakistan conducted two campaigns in the second half of 2020. A small-scale pilot campaign was undertaken in July, which provided information on how to avoid COVID-19 risks posed to the community and to health workers during immunization efforts. This was followed by a wide-scale campaign in August 2020, with full application of protective measures and lessons learned from the pilot. Trivalent oral polio vaccine (tOPV) was planned to be reintroduced through two supplementary immunization activities (SIAs): a supplementary national immunization day in October 2020 and a national immunization day in early January 2021. Afghanistan will conduct similar campaigns, mostly synchronized with Pakistan in terms of timing and type of vaccine used, with some adjustment in the scope and vaccine used according to epidemiological context.

Sudan has had multiple introductions of cVDPV2 from neighbouring Chad and circulation resulted in 22 cases in 11 out of 18 states of Sudan. The main challenge in the country is a large cohort of susceptible children as a result of IPV shortage after the switch. Outbreak confirmation was delayed in Sudan because of movement restrictions imposed during the pandemic and the Government's decision to repurpose the polio laboratory for testing COVID-19 samples. The Sudanese response plan includes two rounds of nationwide campaigns with monovalent oral polio vaccine serotype 2 (mOPV2).

Yemen is currently experiencing an outbreak of cVDPV1, with 15 confirmed cases detected from one northwest governorate (Sa'dah). Levels of immunization coverage are extremely low in Sa'dah: 11 out of 15 confirmed cases were zero dose for SIAs and 12 out of 15 were zero dose for routine immunization. This is believed to have occurred as a result of the ban on house-to-house vaccination since November 2018, specific to this district, and the disruption of health facility infrastructure/function as a result of armed conflict across the whole of Yemen. Similar to Sudan, there was a delay in confirmation of the outbreak. Yemen has planned the response using bivalent OPV in the form of SIAs and integrated outreach services.

In Somalia, unfortunately the genetic data strongly suggest that the epicentre of the outbreak was not in areas where AFP surveillance was enhanced with the ability to set up environmental sampling. The polio programme is now active again in Somalia and has succeeded in establishing environmental sampling sites in some areas not controlled by the Government.

The overall impact of COVID-19 on polio eradication activities in the Region has been immense, including deceleration of surveillance activities, halting or postponement of SIAs, delays in outbreak detection and disruption of routine immunization. More than 7% of the polio workforce in Afghanistan, Pakistan and Somalia has been confirmed as COVID-19-positive since May 2020, including two deaths and one staff still in critical condition (all others have recovered). Of these health workers, 83% were infected during work to support field-related activities for polio as well as for COVID-19.

The regional priorities are to: ensure rapid cessation of cVDPV outbreaks; get WPV1 eradication efforts back on track; prevent any expansion of outbreaks to other countries; and enhance surveillance, transformation, integration, transition, certification and containment.

3. GLOBAL UPDATE ON POLIO ERADICATION AND CONTAINMENT

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

Dr Daphne Moffett, Unit Head for Containment, WHO/HQ

The WHO African Region was certified as wild poliovirus-free in August 2020, after a lapse of four years since the last case of WPV1 was detected in Nigeria. However, in the WHO Eastern Mediterranean Region, cases of WPV1 continued to rise in Afghanistan and Pakistan in 2020. The Global Polio Eradication Initiative (GPEI) conducts risk assessment for WPV1 vulnerability, which is similar to that conducted by the WHO Regional Office for the Eastern Mediterranean.

Analysis of cVDPV2 epidemiology shows that cases are currently higher than in 2019, but there are indications that the rate of increase has slowed in 2020 compared to the very rapid rise in 2019. As of September, the number of new emergences in 2020 is only five compared to 35 in the whole of 2019. Affected countries in the WHO Eastern Mediterranean Region include Afghanistan, Pakistan, Somalia and Sudan. By the end of September 2020, tOPV will become available for campaigns in endemic countries, and the novel oral polio vaccine serotype 2 (nOPV2) will be available for selected outbreak countries.

The COVID-19 pandemic has had major impacts on poliovirus surveillance, eradication of WPV1 and control of cVDPV outbreaks. However, immunization campaigns have recently restarted in many areas, albeit with some limitations. GPEI resources have been important in responding to the COVID-19 pandemic in many countries.

Containment under strict biorisk management measures is vital to prevent reintroduction of eradicated polioviruses into communities from poliovirus facilities. As of August 2020, a total of 25 countries globally planned to retain poliovirus type 2 (PV2) materials in 73 designated poliovirus-essential facilities. However, no facilities have yet been fully certified as GAPIII-compliant. National authorities for containment (NACs) have been established in 22 of these countries; however, China, Romania and the United Kingdom of Great Britain and Northern Ireland have not yet delegated legal responsibility to their NACs.

Of the 73 designated poliovirus-essential facilities, 32 have been awarded the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC)-endorsed certificates of participation (which validate successful enrolment in the WHO GAPIII Containment Certification Scheme). The deadline for PV2 poliovirus-essential facilities to submit their certificate of participation applications to NACs was 31 December 2019. However, the designated PV2 poliovirus-essential facilities and

respective NACs that have missed this deadline are followed up to expeditiously submit these applications. The awarded certificates of participation are due to expire in April 2021, by which time facilities are expected to have interim or full certificates of containment awarded after full GAPIII audits. Challenges in auditor qualification and delays related to COVID-19 are expected.

With the global certification of WPV3 eradication in October 2019, containment requirements for WPV3 and VDPV3 have now come into force. WPV3 and VDPV3 materials should now be destroyed or contained in a poliovirus-essential facility.

In its March 2020 meeting, the Containment Advisory Group agreed that although nOPV types 1 and 3 contain a modification in the virus nonstructural region, nOPV1 and nOPV3 should be considered as PV type 1 or 3 for purposes of containment.

An amendment has been made to Annex 4 of *WHO Technical Report Series 1016* on guidance for poliomyelitis vaccine production, which aligns the recommendations from the WHO Expert Committee on Biological Standardization with the Containment Advisory Group recommendations.

4. INTRODUCTION TO ELECTRONIC CERTIFICATION REPORTING

Dr Ashraf Wahdan, Regional Polio Certification Officer, WHO/EMRO

Mrs Nevine Fouad, Information Management Officer, Business Technology Solutions, WHO/EMRO

During the thirty-third meeting of the Eastern Mediterranean RCC in 2019, the RCC chair and members recommended to develop an electronic annual certification reporting system (e-ARC) to mimic the offline workflow including submission, review and archiving of report data.

The system was initially prototyped for the annual update report for polio-free countries and will include all three basic types of currently used certification documents, including the annual progress reports for endemic countries, the annual update reports and the final national documentation (for re-infected countries and endemic countries when transmission stops).

The functionality of the new system includes:

- full automation of the offline system;
- application of checks to avoid data entry errors and to minimize the time required for countries in data entry of reports;
- display of information in the form of dashboards, visuals and activity logs that indicate who did what and when, with electronic approvals;
- archiving and ensuring the availability of reports to RCC members;
- building capacity, including training at the country level for ministry of health focal points, NCCs, the RCC Chair and members, and the RCC Secretariat, through training modules, user guides and manuals.

The workflow will be tailored to allow flexibility to accommodate any future changes. Regional Office administrators will have control of the flow of the report including: data entry by countries; followed by a series of approvals from NCCs; review by designated focal persons; final comments from the RCC; and applying any changes to finalize reports, which will be archived.

The RCC was briefed about the stages of development of the e-ACR, and members requested the RCC Secretariat to work closely with the developers to expedite the process and proposed trainings.

The 2021 country reports are expected to be fully online. System maintenance and enhancements will be ongoing, and the recruited company and the RCC Secretariat will offer full support for the whole period of the first report submission.

5. DISCUSSIONS

5.1 General discussion points

The RCC noted the full implementation of the recommendations of its thirty-third meeting and appreciated the extensive work made by the RCC Secretariat in this regard. The RCC further noted the continued personal commitment and support of the Regional Director to achieve the target of polio eradication, as highlighted in his message delivered by Dr Hamid Jafari.

The RCC noted the updates on polio eradication efforts in the Region, and expressed concern over the high number of wild poliomyelitis cases and WPV1-positive environmental samples in 2020 compared with the same period in 2019 in Afghanistan and Pakistan, in addition to cVDPV2 in both countries. The RCC expressed concern over the continued cVDPV2 transmission in Somalia and the recent importation of cVDPV2 into Sudan from Chad. The RCC also expressed concern about the emergence of cVDPV1 in Yemen due to low population immunity. The RCC noted the complex urgent epidemiological situation in the Region and appreciated the multi-country and interregional coordination through the Horn of Africa hub based in Nairobi, Kenya, and cross-border coordination meetings of countries from the WHO African and Eastern Mediterranean regions.

The RCC was informed about the potential use of nOPV2 and the criteria which should be met by the countries before the roll out. Initially, Sudan was considered for roll out in October 2020; however, the Government of Sudan planned to immediately implement a nationwide campaign, which needed a large number of doses. Rather than waiting for the required number of nOPV2 doses to become available, and for the above reasons, it was decided to implement a national immunization day using available mOPV2.

The RCC was briefed on the potential of the COVID-19 pandemic to provide a real opportunity for better integration with other programmes. It was noted that GPEI

strategies are being revised accordingly, while taking into consideration the need for balance during integration to ensure that polio eradication efforts are not compromised by prioritization of funding towards other programmes.

The Eastern Mediterranean RCC congratulated the African RCC on the eradication of WPV1 in the WHO African Region, and noted with pleasure the GCC's declaration of the global eradication of WPV3 on 17 October 2019 and its formal certification on World Polio Day on 24 October 2019.

The RCC expressed concern about the decline in the reported number of cVDPV cases in some African countries that are not supported by activities implemented to close the outbreak. The RCC urged for a more in-depth analysis to confirm that the decrease is real and not related to the decline in AFP case detection as a result of the COVID-19 pandemic affecting shipment of stool samples, or other factors.

The RCC was satisfied with the GAPIII containment activities and noted the completion of GAPIII Phase 1 activities in all Member States of the Eastern Mediterranean Region, except Djibouti.

The RCC recognized the efforts made by the RCC Secretariat in the successful planning and conduct of the thirty-fourth RCC meeting on the virtual platform and their efforts to develop and/or revise the certification documents, as recommended by the RCC.

5.2 Discussed reports

Certification reports from Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, occupied Palestinian territory, Oman, Qatar, Saudi Arabia, Somalia Sudan, Tunisia, Syrian Arab Republic, United Arab Emirates and Yemen were reviewed and initially accepted pending modifications from the countries.

Progress reports for Afghanistan and Pakistan were reviewed and noted by the RCC members.

6. ACTION POINTS

All Member States

- The RCC appreciated the efforts of countries in updating and submitting their reports, and expects immediate attention to be given to the required modifications as communicated to each of the Member States.
- Independent reviews of surveillance (internal and/or external) should be planned and coordinated between countries and the polio surveillance unit at the Regional Office.
- The RCC highlighted the need to improve international specimen transport and laboratory processing and urges an immediate, and potentially long-term, solution

to avoid delays in shipment and virus isolation; this applies to all countries, with specific focus on Yemen.

- The RCC recommends expediting the implementation of environmental sampling in Djibouti, Iraq, Saudi Arabia and Yemen, and expansion in Sudan (further details below, under country-specific actions).
- The RCC recommends that risk assessment for all Member States must be done using the WHO standard risk assessment tool, and that any additional methodology be added as an annex to the reports.

Djibouti

- The report addressed all the essential components and is well prepared in comparison to previous years and the hard work of the NCC in preparing the report was appreciated; continuation of support from the RCC Secretariat is recommended.
- The RCC recommends intensification of efforts to improve all poliovirus certification and containment activities. According to data available in the report, the situation in Djibouti is critical; the performance of programme activities related to certification, namely AFP and supplementary surveillance activities, routine immunization and SIAs, country preparedness and response, high-risk populations/areas and containment activities were very weak.
- The RCC recommends expediting the implementation of environmental sampling, keeping in view Djibouti's readiness status as mentioned in the report.

Egypt

- The RCC expressed its ongoing concern about PV2 stocks that have still not been destroyed, and urges the Regional Director to communicate with the Minister of Health and Population in Egypt for immediate destruction of the stocks which pose an imminent risk nationally and globally.

Morocco

- The report showed much improvement compared to previous submitted reports and addresses all essential components; the NCC is appreciated for preparing the report and continuation of support from the RCC Secretariat is recommended.
- The RCC recommends improving performance of programme activities related to certification and containment, namely surveillance and data quality.

Tunisia

- The RCC recommends the urgent completion of containment activities and urges the Ministry of Health to follow up on the nomination of a containment coordinator.

Jordan

- The RCC recommends the NCC to explore the possibility of including an epidemiologist and a neurologist in their membership, and to review functionality as regards to the number of NCC meetings each year.

Kuwait

- The RCC urges the NCC and Ministry of Health to intervene to solve coordination issues with the national laboratory in order to finalize all pending environmental samples dating back to 2019 and ensure continuous coordination with the laboratory; the polio programme laboratory coordinator is urged to officially follow up on this issue at the highest level and with highest priority.

Somalia, Sudan and Yemen (cVDPV outbreak countries)

- The RCC recommends expediting the implementation of environmental sampling in Yemen and the expansion of sampling sites outside Khartoum in Sudan.
- As a result of the COVID-19 situation in countries, which delayed confirmation of the outbreak of cVDPV in Sudan and Yemen, and noting the complex urgent epidemiological situation in both countries, the RCC urges greater multi-country and interregional coordination to optimize cross-border coordination meetings of countries in the WHO African and Eastern Mediterranean regions.

RCC Secretariat

- The RCC recommends that the RCC Secretariat plan for further country support visits to improve the quality of NCC reports, noting that these visits may include field verification of various components of the report.
- The RCC requested that the format of the regional report for polio-free certification for submission to the GCC should be developed for review and approval by the RCC members.
- An extraordinary RCC meeting may be called if warranted by any significant epidemiological and/or programmatic development(s), especially in the two endemic countries.

7. DATES AND VENUE OF THE THIRTY-FIFTH RCC MEETING

It was agreed to hold the next meeting of the RCC in Dubai, United Arab Emirates, from 18 to 20 May 2021.

Annex 1

PROGRAMME

Tuesday, 15 September 2020

- 11:00–11:30 Online registration
- 11:30–12:00 Opening session
- Introductory remarks *Dr Y. Al Mazrou, Eastern Mediterranean RCC Chair*
 - Regional Director’s welcoming message
 - Situation of Afghanistan/Pakistan and new outbreaks in the Region *Dr H. Jafari, WHO Regional Office for the Eastern Mediterranean*
 - Adoption of agenda
- 12:00–12:20 Global update on polio eradication and containment *Dr G. Tallis, WHO headquarters
Dr D. Moffett, WHO headquarters*
- 12:20–12:40 Introduction to electronic certification reporting *Dr A. Wahdan, WHO Regional Office for the Eastern Mediterranean
Ms. N. Fouad, WHO Regional Office for the Eastern Mediterranean*
- 12:40–14:40 Discussion of six annual update reports (Djibouti, Egypt, Libya, Morocco, Sudan, Tunisia)

Wednesday, 16 September 2020

- 11:00–11:15 Online registration
- 11:15–14:35 Discussion of two progress reports (Afghanistan, Pakistan)
Discussion of eight annual update reports (Bahrain, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, occupied Palestinian territory, Oman, United Arab Emirates)

Thursday, 17 September 2020

- 11:00–11:15 Online registration
- 11:15–13:15 Discussion of two final national documentation (Iraq, Somalia)
Discussion of four annual update reports (Qatar, Saudi Arabia, Syrian Arab Republic, Yemen)
- 13:15–14:15 Private meeting of EM/RCC and discussion on the meeting’s Note for the Record
- 14:15–14:30 Second session registration
- 14:30–15:00 Closing session and concluding remarks

Annex 2

LIST OF PARTICIPANTS

Members of the Eastern Mediterranean RCC

Dr Yagob Y. Al Mazrou (*Eastern Mediterranean RCC Chairperson*)

Secretary General

Council of Health Services

Riyadh

Dr Magda Rakha

Chairperson

Deputy for Technical Affairs

VACSERA

Holding Company for Biological Products & Vaccines

Cairo

Dr Moncef Sidhom

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Polio Plus Committee Afghanistan

Mr Aziz Memon
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