WHO-EM/POL/443/E

Report on the

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

Virtual meeting
1–3 June 2021

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-fifth meeting virtually from 1 to 3 June 2021. 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 from 21 of the 22 countries and territories of the WHO Eastern Mediterranean Region. The meeting was also attended by representatives from Rotary International, the Centers for Disease Control and Prevention, Atlanta, United States, 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 second virtual meeting of the Commission and for providing excellent support. He welcomed the two new RCC members, Professor Muhi Al-Janabi and Professor Tahir Masood, and the five new NCC Chairpersons from different countries/territories (Iraq, Kuwait, occupied Palestinian territory, Pakistan and Somalia). Dr Al Mazrou specifically congratulated Somalia for the official announcement of the initiation of their NCC.

Dr Yagob Al Mazrou, on behalf of the RCC, conveyed best wishes for a speedy recovery to Dr Humayun Asghar (RCC Secretariat Head) and Dr Bijan Sadrizadeh (former RCC member), following their respective illnesses. He also expressed deep regret and condolences on the recent loss of Dr Mohamed Helmy Wahdan, a great leader in the world of public health who served the Eastern Mediterranean Region for more than three decades. Dr Al Mazrou noted Dr Wahdan’s enduring legacy, especially his outstanding contribution to the regional polio eradication initiative, which set the foundations for the RCC.

Dr Hamid Jafari, Polio Eradication Programme Director, WHO Regional Office for the Eastern Mediterranean, delivered a message from Dr Ahmed Al-Mandhari, WHO Regional Director 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 Region.

The Regional Director noted that despite the impact of the COVID-19 pandemic, which had fuelled significant declines in immunization coverage rates, led to disruption in surveillance activities and exacerbated existing disruptions caused by political instability, armed conflicts and other emergencies, WHO had been able to garner political commitment and use the tools and tactics at its disposal to keep most Member States polio-free.

Dr Al-Mandhari thanked the Polio Eradication Programme in the Region for its robust and continuous support to countries in their response to the pandemic. More than 394 polio personnel in Afghanistan, Pakistan, Somalia and the Regional Office had been infected with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) to date, most in the line of duty. The Regional Director expressed his condolences to the families of the four colleagues who had passed away, two from Pakistan and one each from Afghanistan and Somalia.

The Regional Director also stressed that there was no room for complacency. Despite case numbers of wild poliovirus type 1 (WPV1) and circulating vaccine-derived poliovirus type 2 (cVDPV2) decreasing in 2021 in Afghanistan and Pakistan, teams had to be more cautious than ever and to ensure that in-depth analysis is being done to maintain the gains over time. He noted this should go hand-in-hand with building community trust and engagement, improving national ownership, completing transformation and revitalizing the programme management structure in Pakistan.

Dr Al-Mandhari praised the robust responses being undertaken amid the global COVID-19 pandemic to the confirmed outbreaks of circulating vaccine-derived polioviruses in Egypt, Somalia, Sudan (cVDPV2) and Yemen (cVDPV1), as well as the multiple instances of cVDPV2 being isolated from environmental samples in the Islamic Republic of Iran. The outbreaks were a direct consequence of increasingly low levels of immunity among children, he noted.

The Regional Director concluded by saying he was confident that the Region would soon achieve the target of polio eradication, despite the challenges for access and complex security situations in some Member States.

## 2. GLOBAL UPDATE, INCLUDING CONTAINMENT, AND OVERVIEW OF THE NEW STRATEGIC PLAN

*Mr A. O'Leary, Director Polio, WHO headquarters*

A total of 69 WPV1 cases and 871 cVDPV2 cases were reported during the last 12 months (26 May 2020–25 May 2021). All the WPV1 cases have been reported from the two remaining endemic countries, Afghanistan and Pakistan. These countries also reported almost half the cVDPV2 cases over the last 12 months.

The number of WPV1 cases and proportion of WPV1 positive environmental samples has decreased during the first half of 2021. Compared to 42 WPV1 cases as of end-April 2020, just two WPV1 cases have been reported from Afghanistan and Pakistan in 2021, while for environmental surveillance, 14% of samples collected so far in 2021 (as of 30 April 2021) were positive for WPV1, compared to 49% for the same period in 2020. WPV1 transmission persists in the two cross-border polio reservoirs: the northern corridor comprising the Peshawar-Khyber region of Pakistan and East Region of Afghanistan and the southern corridor comprising the Quetta Block of Pakistan and South Region of Afghanistan. Transmission is also continuing in Karachi, one of the persistent polio reservoirs in Pakistan. The current transmission level is particularly low in the

northern cross-border corridor with no cases reported in 2021 (as of 30 April 2021) and 8% positive environmental samples (all from Peshawar, Pakistan) during the first quarter of 2021. The decline in WPV1 transmission intensity can possibly be attributed to several factors, including the intense transmission in 2019/2020 leading to some natural population immunity, the ongoing low transmission season for polio and, to some extent, intensified efforts in Pakistan and accessible areas of Afghanistan. The COVID-19 related border closures and lockdowns coupled with social distancing and hand washing may also have had a role in slowing down transmission. However, unless the inaccessibility of under-immunized children in southern Afghanistan and barriers to reach missed children in the core reservoirs of Pakistan are addressed, transmission levels are likely to resurge. The current situation provides a good opportunity over the next six months to curb WPV1 transmission by implementing high quality vaccination activities (supplementary and routine) and fast-tracking progress towards global WPV1 eradication. Ongoing inaccessibility for vaccination campaigns in Afghanistan (particularly in the South Region) and vaccination quality gaps in key reservoirs of Pakistan (in Karachi and Quetta Block in particular) constitute a significant risk for the programme's success in this epidemiological block.

During the first quarter of 2021, a total of 72 cVDPV2 cases were reported from 11 countries, marking a reduction compared to the same period in 2020 (154 cVDPV2 cases from 19 countries). Despite heightened efforts to stop cVDPV2 transmission in Afghanistan and Pakistan, there is ongoing cross-border cVDPV2 transmission between the two countries, with spread to the inaccessible areas of southern Afghanistan. Since 2019, there has been a significant decline in the number of new emergences of cVDPV2. Except in Somalia, all new emergences reported after the switch can be attributed to seeding following the use of Sabin-2 oral polio vaccine (OPV). Most of the districts (85% in 2019 and 94% in 2020) that implemented two rounds of monovalent OPV type 2 (mOPV2) have not had breakthrough transmission; however, cVDPV2 outbreaks have affected additional districts, necessitating the expansion of the outbreak response with mOPV2.

Madagascar and Yemen have been affected by cVDPV1 outbreaks in 2021, mainly in areas and population groups of known risk, largely due to persistent suboptimal routine immunization coverage.

It is encouraging for the programme that the use of novel oral polio vaccine type 2 (nOPV2) has been initiated, following the issuance of WHO's Emergency Use Listing recommendation in November 2020. Nigeria and Liberia implemented nOPV2 vaccination campaigns in April 2021, targeting almost 10 million children; while nOPV2 campaigns are underway in Benin, Congo, Sierra Leone and Tajikistan. An additional 20 countries are preparing to meet the global criteria for nOPV2 use, including six countries in the Eastern Mediterranean Region (Afghanistan, Djibouti, Iraq, Pakistan, Somalia and Sudan). The Global Polio Eradication Initiative (GPEI) continues to support all countries in accelerating preparedness for nOPV2 use under the Emergency Use Listing, as well as to fast-track the review process for the nOPV2

"initial use period" to enable wider use, in line with the recommendations of the Strategic Advisory Group of Experts on Immunization (SAGE).

Insufficient progress towards eradication has triggered a revision to the GPEI's global eradication strategy to address strategic and emerging challenges. To ensure a comprehensive understanding of the challenges and potential solutions, more than 300 stakeholders were engaged in the GPEI's extensive and inclusive strategy revision process, including GPEI partner agencies and Strategy Committee, major donors, GPEI country and field teams, technical advisors, external stakeholders and national governments. The new GPEI strategy for 2022–2026, "Delivering on a Promise", has two major goals: 1) to permanently interrupt poliovirus transmission in the final WPV-endemic countries; and 2) to stop circulating vaccine-derived poliovirus (cVDPV) transmission and prevent outbreaks in non-endemic countries. The GPEI will transform its approach in each region and country through five mutually reinforcing objectives that lay the foundation to achieve these goals. These include: creating urgency and accountability to generate greater political will by re-envisioning the GPEI's relationship with governments and systematizing political advocacy; generating vaccine acceptance through context-adapted community engagement; expediting progress through expanded integration efforts with a broader range of partners in immunization, essential health care and community services; improving frontline success through changes to campaign operations, including the recognition and empowerment of the frontline workforce; and enhancing detection and response through sensitive surveillance. Key milestones for goal 1 are to interrupt WPV1 transmission by the end of 2023 and certify WPV1 eradication by the end of 2026. For goal 2, the key milestones include phasing out Sabin-OPV2 by the end of 2022, stopping all cVDPV2 outbreaks by the end of 2023 and validating cVDPV2 absence by the end of 2026. The GPEI gender equality strategy has been aligned with the eradication strategy, in recognition that gender plays an essential role on the path to eradication and a gendered lens, when applied at all levels, improves programme performance and increases impact. The new strategy will be formally inaugurated on 10 June 2021 in Pakistan during the planned visit of the members of the Polio Oversight Board.

## 3. SITUATION IN THE EASTERN MEDITERRANEAN REGION

*Dr Hamid Jafari, Director, Polio Eradication Programme, WHO Regional Office for the Eastern Mediterranean*

Risk categorization for the Eastern Mediterranean Region continues to be regularly updated, highlighting polio-endemic countries (Afghanistan and Pakistan), outbreak countries (Egypt, Somalia, Sudan and Yemen), and high-risk countries due to either conflict or weakened and disrupted health systems as well as complex emergencies (Iraq, Libya and the Syrian Arab Republic). All other countries are considered to be low risk.

The COVID-19 pandemic has significantly impacted polio surveillance activities, the stool sampling process and specimen shipment, whether human or environmental. There was a noticeable disruption in acute flaccid paralysis (AFP) case detection and reporting in the Region in 2020, with only 14 Member States meeting the two key performance indicators for the non-polio AFP rate and stool adequacy compared with

20 Member States in 2019. In 2021 (as of 30 April 2021), only 11 Members States have met the certification standards. Activities in 2021 are focused on the remaining work to restore surveillance.

Another big impact of COVID-19 has been on immunization. Nearly 80 million vaccination opportunities were lost or delayed because of the pause in vaccination campaigns, which affected nearly 50 million children in the early stages of the pandemic. Notably, the substantial increase in the transmission of vaccine-derived polioviruses peaked in the second half of 2020.

The Region experienced delays in confirmation of both the Sudan and Yemen cVDPV outbreaks, which can be largely attributed to delayed specimen shipment within and across countries due to COVID-19 movement restrictions.

Almost 350 polio personnel have been infected with SARS-CoV2 and four have died from COVID-19 related-illness. More than 80% of these colleagues were infected in the line of duty, mostly during surveillance duties that they were conducting for AFP and COVID-19.

In the two polio-endemic countries, the spread of WPV1 and the emergence and subsequent spread of cVDPV2 shows the virus was continuing to circulate in different parts of Afghanistan and Pakistan up to the end of 2020. There has been a sharp decline in detection of polioviruses in both AFP cases and environmental surveillance in 2021. This cannot be easily explained currently, and the apparent decline in WPV1 transmission should be treated with caution. While it is important to recognize that there is a good opportunity to stop transmission, there is also a threat from complacency.

Several strategic programme objectives were set by the Technical Advisory Groups for Afghanistan and Pakistan during the year, as outlined below.

1. Afghanistan (targets to be achieved by September 2021):
    - stop cVDPV transmission in all the accessible areas in the country;
    - limit WPV1 transmission to core reservoirs and inaccessible areas;
    - maximize the vaccine footprint in inaccessible areas, which means that while still trying to negotiate access in inaccessible areas, all opportunities, including routine EPI or vaccination of children on the move and transit vaccination in health facilities, must be applied to maximize the vaccination of children in inaccessible areas; and
    - revitalize the programme management structure, including overall performance management in the polio emergency operation centres (at national and regional levels) in Afghanistan.
2. Pakistan (targets to be achieved by mid-2021):
    - reduce the number of missed children;
    - complete management transformation within tier 1 districts;

- correct basic operational gaps, including in ensuring appropriate recruitment of frontline workers (i.e. that they are matched to their local communities and for language and social acceptance);
- complete mapping of migrant communities and ensure implementation of priority community engagement strategies, especially in areas where there is high vaccine hesitancy and/or hostility towards vaccination; and
- fully engage the national and provincial leadership so that the programme is driven with a great deal of local ownership and strong administrative implementation.

Regarding non-endemic countries (outbreak and event countries), in the Islamic Republic of Iran, despite recent detections there is no conclusive evidence of local circulation and two rounds of mass vaccination campaigns have been implemented in the affected areas. In Sudan, widespread ongoing circulation is the result of importation of the virus from Chad and the same strain was detected in Egypt as early as September 2020, with clear evidence of local circulation. Sudan and Egypt have implemented nationwide mOPV2 campaigns and are now preparing nationwide nOPV2 vaccination campaigns. In Somalia, the situation remains complex, with cVDPV2 still persistent, mostly in areas in the South-Central region that have not been accessible to the programme for mass vaccination campaigns for several years. The Somalia team has succeeded in gaining partial access to these districts following recent negotiations enabling short interval campaigns. Yemen also remains a complex situation, with cVDPV1 transmission concentrated in Saada governorate. The political situation and conflict in Yemen have resulted in a long delay in implementation of the second round of integrated outreach vaccination campaigns as a result of a mass vaccination ban.

In October 2020, the 67th session of the WHO Regional Committee for the Eastern Mediterranean endorsed a resolution to establish a ministerial-level regional subcommittee for polio eradication and outbreaks. The Regional Subcommittee held its inaugural meeting in March 2021, with strong support from all ministers of health present. A list of participating Member States can be found at the Regional Subcommittee for Polio Eradication and Outbreaks.

## 4. REGIONAL PLAN FOR RESTORING SURVEILLANCE POST COVID-19

*Dr Ashraf Wahdan, Regional Polio Certification Officer, WHO Regional Office for the Eastern Mediterranean*

The impact of the COVID-19 pandemic has been extensive, including significant lockdowns and travel restrictions hindering programme activities. Almost all resources, including human and financia,l have been directed to the pandemic. Polio staff have played a key role in different stages of the pandemic response, including analysis, response, detection and investigation of cases.

The polio programme’s pivot to involvement in the COVID-19 response has resulted in a long pause in campaigns. Millions of vaccination opportunities have been missed and, consequently, the virus has had a good opportunity for circulation.

Laboratory and specimen shipments have also been also affected, leading to delays in the detection of outbreaks in Sudan and Yemen. Last but not least, there have been 349 confirmed COVID-19 cases among polio staff and, sadly, four have passed away.

Action has been taken to restore surveillance activities in the Region. This has included:

- weekly follow-up meetings with team leaders to ensure business continuity and staff well-being;
- the development and distribution of guidelines on surveillance during the pandemic;
- maintaining critical surveillance functions and preparing for the resumption of surveillance activities as soon as the pandemic eases;
- the development of dashboards for the visualization of surveillance indicators and trends to allow for timely correction of gaps;
- close coordination between the WHO Regional Office and Member States to ensure the necessary support for continuation of core surveillance functions;
- adapting training modules for virtual training;
- regular assessment of laboratory capacity to avoid disruption due to increased workload and the introduction of new laboratory technologies; and
- the revival of discussions on the initiation and expansion of environmental sampling.

## 5. DISCUSSIONS

### 5.1 General discussion points

The RCC noted with satisfaction the implementation of the recommendations of its 34th meeting, given that the COVID-19 pandemic has impacted some of the required certification activities, and expressed its appreciation for the extensive work of the WHO Secretariat and the NCCs to fully implement the recommendations despite the challenging environment.

The RCC was assured of the continued personal commitment and support of the WHO Regional Director to achieve the target of polio eradication, despite the difficult and challenging environment of the pandemic.

The RCC noted the decline in the numbers of wild poliovirus and cVDPV isolates from AFP cases and environmental samples and the limited geographical distribution but highlighted the need to avoid complacency. The RCC also noted the new global polio eradication strategy which takes a systematic approach to closing the remaining gaps.

The RCC was briefed about the impact of COVID-19 and acknowledged the opportunity for better integration with other programmes, while taking into consideration the need for prioritization and ensuring that integration does not compromise polio eradication efforts.

The RCC also noted the development and use of nOPV2 in some countries in the WHO African Region and the preparedness of six Members States of the Eastern

Mediterranean Region for its use. The RCC expressed concern regarding the emergence of cVDPV1 in a few locations, noting that where the response uses mOPV or bivalent oral polio vaccine (bOPV), further seeding of the virus may occur until nOPV for remaining serotypes 1 and 3 is ready for use.

The RCC expressed concern over the low grade continued cVDPV2 transmission in Somalia and the recent international spread of cVDPV2 between countries inside and outside the Region. The RCC noted the complex and urgent epidemiological situation in the Region and appreciated the multi-country and interregional coordination, as well as the cross-border coordination meetings among countries in the WHO African and Eastern Mediterranean regions.

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

The RCC expressed its appreciation for the outstanding efforts made by the WHO Secretariat in the successful planning and conduct of the 35th RCC meeting through a virtual platform and the Secretariat's efforts to develop/revise the certification documents as recommended by the RCC.

### 5.2 Discussed reports

Reports from Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, occupied Palestinian territory, Oman, Qatar, Somalia, Saudi Arabia, Sudan, Syrian Arab Republic and United Arab Emirates were reviewed and provisionally accepted pending revisions based on RCC comments.

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

The Tunisia annual update report for 2020 was not submitted. The RCC recommended following up with the Tunisia NCC and providing support to the team to finalize the report.

The Yemen annual update report 2020 could not be discussed during the meeting because of the health status of the Yemen representatives. The RCC comments on the report will be shared with the country for response after the meeting.

## 6. ACTION POINTS

*All Member States*

- The RCC appreciates the efforts of the countries in updating and submitting the reports and expects immediate attention and consideration be given to the

required RCC modifications and comments that will be communicated to each of the Member States.

- The RCC appreciates the efforts of countries to restore surveillance after the impact of the COVID-19 pandemic and recommends that country action plans are developed to ensure not only a return to the situation prior to the pandemic but that improve the system by addressing any gaps that predate the pandemic.
- The RCC recommends countries to conduct polio outbreak simulation exercise (POSE) activities during 2021 if these have not been completed in the preceding two years.
- The RCC recommends all countries to ensure that at least 5–10% of adequate non-polio AFP samples be reviewed by the National Expert Group (NEG) and the completeness of contact sampling for inadequate AFP samples and cases of concern as per AFP surveillance guidelines.
- Independent review of surveillance (internal and/or external) should be planned for 2021/2022 and coordinated with different countries and the WHO Regional Office's polio programme.
- Independent routine immunization coverage surveys should be scheduled and reported in future certification reports.
- The RCC appreciates and recommends continuation of the improved national and international specimen transport and laboratory processing, and urges prompt correction of any issues, challenges or difficulties, with the aim of devising long-term solutions to avoid delays in shipment and hence detection of poliovirus. This applies to all countries of the Region, with a specific focus on Sudan and Yemen.
- The RCC recommends expediting the implementation of environmental sampling in Djibouti, Iraq, Saudi Arabia and Yemen, together with its expansion in Sudan, as well as regular assessment of the related risks and opportunities for the addition of environmental sampling sites in any other countries that meet the criteria in future, including but not limited to Gulf Cooperation Council member countries.
- The RCC appreciates the county responses to the recommendations of its 34th meeting regarding risk assessments for all Member States using the WHO standard risk assessment tool and recommends continuation of the practice and reliance on the results. The RCC emphasizes the importance of using standardized tools, with any other methodology used added as an annex to the report.
- The RCC recommends countries give priority to the restoration of routine immunization and supplementary immunization activities to overcome deficits related to the COVID-19 pandemic.
- The RCC recommends NCCs in all countries to urgently review the containment section within their reports and complete all necessary information together with the submission of form 2 (Progress Reporting Form) and inventory forms, and to return them together with the revised reports incorporating the RCC's recommendations.

*Djibouti*

- The RCC recommends revising NCC membership and encourages individuals involved in the programme to be excluded where there are possible conflicts of interest.
- The report addresses all components, but the information provided is unsatisfactory and the activities related to risk assessment, high-risk populations/areas and containment have not been planned or implemented. The RCC recommends that the NCC identify the reasons behind this and to urge national programme managers to begin immediate actions to ensure credibility.
- The RCC recommends expediting the implementation of environmental sampling in Djibouti, bearing in mind the readiness status communicated in the 2019 report.

*Egypt*

- The RCC expresses its extreme and ongoing concern regarding the poliovirus type 2 stocks that have not been destroyed to date as per the RCC's recommendations for the last three years, and urges revisiting previous communications with higher authorities in Egypt for immediate destruction of the stocks in order to remove imminent risk to the community, the country and the world.

*Iran (Islamic Republic of)*

- The RCC recognizes the use of mOPV2 in response to the detection of VDPV/ Sabin-like type 2 (SL2) poliovirus in sewage, and the consequent challenges to ongoing containment activities.
- The RCC notes the query regarding the definition of primary immunodeficiency disease (PID) chronic excretors and the related table in the report. The RCC recommends revising the table format and establishing the definition in coordination with the Regional Office PID focal point in view of the pilot implementation of PID expansion expected in 2022.

*Iraq*

- The RCC urges the development of a post-COVID-19 pandemic surveillance action plan to ensure improvement of the system and address any gaps that predate the pandemic.
- The RCC appreciates the efforts of the Regional Office's laboratory coordinator for the immediate resolution of laboratory-related issues in Iraq, namely through the provision of equipment and capacity-building.
- The RCC recommends expediting the implementation of environmental sampling in Iraq as an urgent priority due to the delay caused by the COVID-19 pandemic and other factors.

*Morocco*

- The report addresses all the essential components. The NCC is thanked for preparing the report.
- The RCC urges the Morocco team to take action on the deteriorating surveillance indicators and data quality over the last two years. Programme performance should be reviewed and improved regarding certification and containment.
- The RCC recommends risk assessments be completed and the resulting categorization effectively used to identify the remaining gaps and provide data-driven information for planning and resolving problems.

*United Arab Emirates*

- The RCC notes missing information related to population figures and routine immunization coverage in the two principal cities (Abu Dhabi and Dubai) and recommends immediate completion of this information.
- The RCC recommends expediting the implementation of environmental sampling in the country as an urgent priority due to the delay caused by the COVID-19 pandemic and other factors.

*cVDPV outbreak countries: Egypt, Islamic Republic of Iran, Somalia, Sudan, Yemen*

- The RCC recommends greater attention be given to the Sudanese laboratory, including for upgrading, logistics and capacity-building.
- Given the COVID-19 pandemic and the risk of further international spread, together with the delayed confirmation of the outbreak of cVDPV in Sudan and Yemen, and while noting the complex urgent epidemiological situation in both countries, the RCC urges the continuation of multi-country and inter-regional coordination and cross-border coordination meetings among 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.
- 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. DATE AND VENUE OF THE THIRTY-SIXTH RCC MEETING

It was agreed to hold the next meeting of the RCC in Dubai, United Arab Emirates, from 31 May to 2 June 2022, if the COVID-19 pandemic situation permits. Otherwise, it will be held virtually.

**Annex 1**

**PROGRAMME**

**Tuesday, 1 June 2021**

| Time | Session | Speaker(s) |
|---|---|---|
| 11:00–11:30 | Online registration | |
| 11:30–11:40 | Opening session | |
| | • Introductory remarks | *Dr Y. Al Mazrou, RCC Chair/ Dr H. Jafari, WHO Regional Office for the Eastern Mediterranean* |
| | • Regional Director's welcoming message | |
| | • Situation of Afghanistan/Pakistan and outbreak status in the Region | |
| | • Adoption of agenda | |
| 11:40–12:00 | Global update on polio eradication | *Mr A. O'Leary, WHO headquarters/ Dr M. Zubair, WHO headquarters* |
| 12:00–12:20 | Regional situation in the Eastern Mediterranean Region<br>Regional plan for restoring surveillance post-COVID-19 | *Dr H. Jafari, WHO Regional Office for the Eastern Mediterranean/Dr A. Wahdan, WHO Regional Office for the Eastern Mediterranean* |
| 12:40–14:40 | Discussion of six annual update reports (Djibouti, Egypt, Iraq, Libya, Morocco, Sudan) | *Dr A. Douksie, NCC Chair (Djibouti), Dr I. Barakat, NCC Chair (Egypt), Dr S. Hasan, NCC Chair (Iraq), Dr A. Elmejresi, NCC Chair (Libya), Prof. Y. Krioulie, NCC Chair (Morocco), Dr E. Mahgoob Eltayeb, on behalf of NCC chair (Sudan)* |

**Wednesday, 2 June 2021**

| Time | Session | Speaker(s) |
|---|---|---|
| 11:00–11:15 | Online registration | |
| 11:15–14:35 | Discussion of two progress reports (Afghanistan, Pakistan) | *Dr S. Alawi, NCC Chair (Afghanistan), Prof. S. Ibrahim, A/NCC Chair (Pakistan)* |
| | Discussion of eight annual update reports (Bahrain, Islamic Republic of Iran, Jordan, Kuwait, Lebanon, occupied Palestinian territory, Oman, United Arab Emirates) | *Dr N. Abdulfatah Ali, NCC Chair (Bahrain), Prof. A. Karimi, NCC Chair (Islamic Republic of Iran), Prof. N. Khuri-Bulos, NCC Chair (Jordan), Dr E. Ahmad, NCC Chair (Kuwait), Dr A. Bizri, NCC Chair (Lebanon), Dr S. Hassan, NCC Chair (occupied Palestinian territory), Dr S. Al Farsi, NCC Chair (Oman), Dr A. AlKhayat, NCC Chair (United Arab Emirates)* |

**Thursday, 17 September 2020**

| | | |
|---|---|---|
| 11:00–11:15 | Online registration | |
| 11:15–13:10 | Discussion of Syria Final National Documentation | *Prof. A. Dashash, NCC Chair (Syrian Arab Republic)* |
| | Discussion of four annual update reports (Saudi Arabia, Somalia, Qatar, Yemen) | *Prof. Ghazi A. Jamjoom, NCC Chair (Saudi Arabia), Dr M. Moalin Ali, NCC Chair (Somalia), Dr M. Janahi, NCC Chair (Qatar), Dr A. Al-Jufy, NCC Member (Yemen)* |
| 13:10–14:10 | Private meeting of EM/RCC and discussion on the meeting's Note for the Record | *RCC members and RCC Secretariat* |
| 14:10–14:25 | Second session registration | |
| 14:25–14:55 | Closing session and concluding remarks | *All participants* |

**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
Former Director Primary Health Care Department
Ministry of Health
**Nabeul**

Dr Fayka Al Raqum
Former Head of Paediatric Department
Al Sabah Hospital
**Kuwait**

Dr Ghassan Issa
Former Clinical Associate
Paediatric Department
Faculty of Medicine, Lebanese University
**Beirut**

Dr Mubarak Al-Yaqoobi
Senior Consultant
Director of Laboratories
Khoula Hospital
**Muscat**

Dr Olen Kew
Former U.S National Poliovirus Containment Coordinator
**Georgia**

Prof. Madmudur Rahman
Chairperson
South East Asia Regional Certification Commission (RCCPE)
**Dhaka**

Dr Zakaria Maiga
Member
African Regional Certification Commission (ARCC)
**Bamako**

Prof. Muhi Kadhem Al Janabi
Consultant paediatrics pulmonologist
College of Medicine - University of Baghdad
**Baghdad**

Prof. Tahir Masood
Principal
Rashid Latif Medical College
**Lahore**

## Country representatives

**AFGHANISTAN**
Dr Sayed Ali Shah Alawi
Chairperson
National Certification Committee
**Kabul**

**BAHRAIN**
Dr Najat Abdulfatah Ali
Chairperson
National Certification Committee
**Manama**

Dr Basma Al-Saffar
Polio Focal Point
Ministry of Health
**Manama**

**DJIBOUTI**
Dr Abdourahman Moumin Douksie
Chairperson
National Certification Committee
**Djibouti**

Mr Daoud Ahmed Ali
Surveillance Focal Point for EPI
Ministry of Health
**Djibouti**

Mr Omar Youssouf
AFP Focal Point
Ministry of Health
**Djibouti**

**EGYPT**
Dr Ibrahim Barakat
Chairperson
National Certification Committee
**Cairo**

Dr Essam Ismail Othman
EPI Programme Manager
Ministry of Health and Population
**Cairo**

**IRAN (ISLAMIC REPUBLIC OF)**
Prof. Abdollah Karimi
Chairman
National Certification Committee
**Tehran**

Dr Sussan Mahmoudi
Polio Eradication Focal Point
Ministry of Health and Medical Education
**Tehran**

**IRAQ**
Dr Saad Hasan
Chairperson
National Certification Committee
**Baghdad**

Dr Yosra Khalaf
National Surveillance Officer
Ministry of Health
**Baghdad**

**JORDAN**
Professor Najwa Khuri-Bulos
Chairperson
National Certification Committee
**Amman**

Dr Nabil Sabri Qasem
Polio Focal Point
Ministry of Health
**Amman**

**KUWAIT**
Dr Eisa Ahmad
Chairperson
National Certification Committee
**Kuwait**

Dr Radhia Al Mathkouri
Polio Focal Point
Ministry of Health
**Kuwait**

Dr Lamia Basiony
EPI Officer
Ministry of Health
**Kuwait**

**LEBANON**
Prof. Abdul Rahman Bizri
Chairperson
National Certification Committee
**Beirut**

Mrs Randa Hamadeh
Manager
Immunization and Essential Drug Programs
Ministry of Public Health
**Beirut**

**LIBYA**
Dr Abdulmagid Nuri Almejresi
Chairperson
National Certification Committee
**Tripoli**

Mr Mansor Alkom[1]
Polio Focal Point
Ministry of Health
**Tripoli**

Dr Salem Alagili
National Polio Containment Coordinator
**Tripoli**

**MOROCCO**
Professor Yamna Kriouile
Chairperson
National Certification Committee
**Rabat**

Dr Ahmed Rguig
Surveillance Officer
Ministry of Health
**Rabat**

Ms Malika Alhamdaoui[1]
Polio Focal Point
Ministry of Health
**Rabat**

**OCCUPIED PALESTINIAN TERRITORY**
Dr Shareef Hassan
Chairman
National Certification Committee
**West Bank**

Diaa Hjaija
Director of Preventive Medicine Department
Ministry of Health
**West Bank**

**OMAN**
Dr Sami Al Farsi
Chairperson
National Certification Committee
**Muscat**

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[1] Did not attend.

Dr Bader Al-Rawahi
Director
Department of Communicable Diseases
Ministry of Health
**Muscat**

Ms Haleema Darwish Al Balushi
Polio Focal Point
Department of Communicable Diseases
Ministry of Health
**Muscat**

**PAKISTAN**
Professor Prof. Shahnaz Ibrahim
A/Chairperson
National Certification Committee
**Lahore**

**QATAR**
Dr Mohd Ahmed M. Sh. Janahi
Chairperson
National Certification Committee
**Doha**

Dr Hamad Eid Al-Romaihi
Manager
Health Protection and Communicable Diseases
Ministry of Public Health
**Doha**

Ms Humairah Al-Aidoroos
Health Inspection Expert
Ministry of Public Health
**Doha**

**SAUDI ARABIA**
Professor Ghazi Jamjoom
Chairperson
National Certification Committee
**Jeddah**

Dr Muslim Abu Hassan
EPI Manager
Ministry of Health
**Riyadh**

Ms Raniyah Alsulaiman
Polio Focal Point
Ministry of Health
**Riyadh**

Dr Talal Bakir
National Polio Containment Coordinator
**Riyadh**

**SOMALIA**
Dr Mohamed Moalin Ali
Chairman
National Certification Committee
**Mogadishu**

Dr Mukhtar Abdi Shube
Head of EPI
Ministry of Health
**Mogadishu**

**SUDAN**
Dr Elsadig Mahgoob Eltayeb
On behalf of NCC Chair
Polio Focal Point
Federal Ministry of Health
**Khartoum**

Ms Mawahib Slman Jubarh Rashid
EPI Manager
Federal Ministry of Health
**Khartoum**

**SYRIAN ARAB REPUBLIC**
Professor Ahmed Deeb Dashash
Chairperson
National Certification Committee
**Damascus**

Dr Lamia Abu Ajaj
National Surveillance Officer
Ministry of Health
**Damascus**

**UNITED ARAB EMIRATES**
Dr Abdullah Alkhayat
Chairperson
National Certification Committee
**Dubai**

Ms Moza Alketbi
National Focal Point for Poliomyelitis Eradication Program
Ministry of Health and Prevention
**Dubai**

**YEMEN**
Dr Ahmad Al-Jufy
Member
National Certification Committee
**Sana'a**

Dr Mutahar Al-Qasmi
Surveillance Officer
Ministry of Public Health and Population
**Sana'a**

**Other organizations**

**Bill and Melinda Gates Foundation**
Ms Sue Gerber
Senior Polio Program Officer

**Centers for Disease Control and Prevention (CDC)**
Dr Derek Ehrhardt
EMR Team Lead – Polio

**Eastern Mitterrandian Public Health Network (EMPHNET)**
Dr Magid Al Gunaid
Public Health Programs Director

Ms Zeina Abdel Majeed
Polio and RI Technical Officer

**Rotary International**
Mr Aziz Memon
Chair
Polio Plus Committee Pakistan

Mr Saleem Raza
Chief Zonal Coordinator Balochistan

Ms Tazmeen Zahra
Rotary Representative

**UNICEF SOMALIA**
Dr Kyandindi Sumaili
Polio Officer

## WHO offices

**WHO headquarters**
Mr Aidan O'Leary
Director
Polio Eradication
Geneva

Dr Mufti Zubair Wadood
Technical Officer
Polio Eradication
Geneva

## WHO Secretariat

Dr Hamid Jafari, Polio Director, WHO Regional Office for the Eastern Mediterranean
Dr Humayun Asghar, Polio Coordinator, WHO Regional Office for the Eastern Mediterranean
Dr Ashraf Wahdan, Polio Medical Officer – Certification, WHO Regional Office for the Eastern Mediterranean
Dr Mohamed Sogaheir, Polio Medical Officer, WHO Regional Office for the Eastern Mediterranean
Dr Salmaan Sharif, Polio Scientist, WHO Regional Office for the Eastern Mediterranean
Dr Ali Ahmed Zahed, Polio Surveillance Officer, WHO Afghanistan
Dr Zainul Abedin Khan, Polio Team Leader, WHO Pakistan
Dr Shafique Rehman, Polio Surveillance Officer, WHOPakistan
Dr Mahamat Hassabarassoul, Technical Officer (UHC), WHO Djibouti
Dr Edie-Alain Kemenang, Programme Officer, WHO Djibouti
Mr Omotola Akinrinade, STOP Consultant, WHO Sudan
Dr Gul Hameed, Surveillance Officer, WHO Somalia
Dr Aicha AlJaber, National Professional Officer, WHO Syrian Arab Republic
Mrs Rasha Naguib, Polio National Professional Officer, WHO Regional Office for the Eastern Mediterranean
Ms Ghada El Bakly, Polio Programme Assistant, WHO Regional Office for the Eastern Mediterranean
Mr Ali Abdelrahman, Polio Team Assistant, WHO Regional Office for the Eastern Mediterranean

World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 7608, Nasr City 11371
Cairo, Egypt
www.emro.who.int