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Summary report on the

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

Dubai, United Arab Emirates
31 May – 2 June 2022

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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-sixth meeting in Dubai, United Arab Emirates, from 31 May to 2 June 2022, using a hybrid in-person and virtual modality. 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 19 out of 22 countries and territories of the WHO Eastern Mediterranean Region. The meeting was also attended by WHO staff from headquarters, the regional offices for Africa, Europe and the Eastern Mediterranean, and the Afghanistan and Pakistan country offices.

The meeting was opened by Dr Yagob Al Mazrou, Chairperson of the RCC, who welcomed participants and thanked the United Arab Emirates Ministry of Health and Prevention and WHO RCC Secretariat for hosting the meeting of the Commission, and stressed the critical role of the RCC at this stage of the polio programme.

Dr Hamid Jafari, Director of Polio Eradication, WHO Regional Office for the Eastern Mediterranean, 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 towards achieving the eradication of polio in the Eastern Mediterranean Region.

Dr Nada al Marzouqi, Ministry of Health and Prevention, United Arab Emirates, commended the important role of WHO in the Region in mobilizing and directing efforts to accelerate and support polio eradication. She reiterated the commitment and support of His Excellency Sheikh Mohamed Bin Zayed Al Nahyan, President of the

United Arab Emirates, to polio eradication through generous donations to support the remaining endemic countries in the Region and others.

Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, delivering his address virtually, assured the RCC of his continued personal commitment to polio eradication.

2. Summary of discussions

Situation update for the Eastern Mediterranean Region

There has been very strong and sustained commitment in Pakistan at all levels, demonstrated by regular task force meetings despite the recent political changes. In Afghanistan, vaccination campaigns have resumed in certain areas, and progress has been noted in the south after a ban on vaccination for 3.5 years, with 2.6 million children reached who were previously inaccessible and could not be reached consistently. Although house-to-house vaccination campaigns are still not permitted, other strategies for vaccination are in place.

In Yemen, there have been concurrent outbreaks of circulating vaccine-derived poliovirus type 1 (cVDPV1) and circulating vaccine-derived poliovirus type 2 (cVDPV2), with international spread to Egypt and Djibouti. Somalia's protracted outbreak of cVDPV2 has been ongoing since 2017, and an emergency action plan is being implemented and a coordination unit is being established in Mogadishu. In Egypt, there was a vigorous national response to detection of cVDPV2 using monovalent oral polio vaccine type 2 (mOPV2) followed by novel oral polio vaccine type 2 (nOPV2) vaccines, and independent post-campaign monitoring of quality. A break in transmission was detected in Qena in mid-2021 following the two initial mOPV2 rounds. In Djibouti, following the introduction of environmental sampling in August 2021, cVDPV2 linked to Yemen and a second cVDPV2

emergence were detected. The polio programme is responding with nOPV2 vaccine.

Most Member States have achieved the certification standard for core surveillance indicators. All endemic and outbreak countries have achieved a non-polio acute flaccid paralysis (AFP) rate of > 3/100 000 population under 15 years of age as well as a stool adequacy of > 80%.

Poliovirus surveillance is facing numerous challenges, namely high-risk mobile populations, inaccessibility and insecurity, delays in sample shipment, laboratory workloads, limited availability of adequate environmental sites in high-risk areas and among high-risk populations, and delays in planned expansion due to COVID-19 or competing national priorities.

Based on the identified challenges, the way forward for both endemic and outbreak countries, and for the other Member States in the Region, is clear: a greater emphasis on implementing recommendations following surveillance reviews in Afghanistan and Pakistan; continued advocacy with north Yemen authorities for an appropriate vaccination strategy in Yemen; empowering the Somalia support unit and emergency operation centre to support implementation of the emergency action plan; ensuring a high level of surveillance and strengthening preparedness through human resources capacity-building in all Member States; and maintaining the role of the Regional Subcommittee on Polio Eradication and Outbreaks for high-level advocacy.

Implementation of the recommendations of the thirty-fifth meeting of the RCC

All recommendations of the thirty-fifth meeting of the RCC have been implemented and their status was presented and endorsed by the RCC.

Update on the global polio eradication strategy

The global Polio Eradication Strategy 2022–2026 has the main goals of interrupting wild poliovirus type 1 (WPV1) transmission in endemic countries, stopping all vaccine-derived poliovirus (VDPV) outbreaks and preventing outbreaks in non-endemic countries. The strategy comes with clear milestones to stop WPV1 by the end of 2023 and achieve subsequent certification by the end of 2026 as per the set timelines from the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC), and then move to the post-certification phase, where validation of an absence of VDPVs, cessation of oral polio vaccine (OPV) use and the switch to inactivated polio vaccine (IPV) are expected to take place.

There is an increasing proportion of orphan and long chain WPV1 isolates (2019–2022) in the Afghanistan-Pakistan common epidemiological block in all three common corridors of transmission. This indicates the possibility of inadequate reach to specific geographical locations and/or populations.

With regards to cVDPV outbreaks, since the trivalent oral polio vaccine (tOPV) switch to bivalent oral polio vaccine (bOPV) in 2016, all three types of poliovirus have been detected in different parts of the world, but mostly in the African Region, followed by the Eastern Mediterranean Region, where 76 distinct cVDPV2 emergences have been identified. However, there has been decline in the number of emergences from 39 in 2019 to 18 in 2020–2021.

Standard operating procedures for outbreak response have been developed that focus on the speed, scope and the quality of the response. This is backed up by recent modelling indicating the likelihood of a 12% weekly increase in outbreak size (cases) and a 5% weekly increase

in the probability of geographical spread in the absence of an immediate response. Moreover, a delay of 1 month in vaccination response may require a 35% increase in the scope/target population.

Over 350 million doses of nOPV2 have been used in 13 countries, mostly in Africa. There have been no significant worrying signs regarding genetic stability or safety.

The Global Polio Surveillance Action Plan (2022–2024) has been launched and risk assessment done to categorize countries requiring attention for subnational surveillance indicators as well as environmental sampling initiation and expansion. This is coupled with the use of direct detection methods in laboratories in some countries and enhancing sequencing capacities in the Global Poliomyelitis Laboratory Network.

The role of the GCC and the RCC is critical for the certification of WPV1 eradication and validation of the absence of cVDPV.

Overview on certification and epidemiology in the WHO African and European regions

The WHO African Region has isolated WPV1 in Malawi and Mozambique from two AFP cases in November 2021 and March 2022, respectively. The last WPV1 case in the African Region was in September 2016 in Nigeria (more than five years after the previous isolate). In terms of cVDPV isolation, this has mostly been type 2, and type 1 in Madagascar. The number of countries isolating cVDPV2 has increased from one country in 2016 to 22 countries in 2021.

Surveillance indicators at the regional level are above the benchmarks for the non-polio AFP rate and stool adequacy. They were affected by the COVID-19 pandemic during 2019–2020, but slowly improved in

2021. To date, all countries except two have implemented environmental surveillance.

The Region's main challenges are the continuous transmission of poliovirus (WPV1 and cVDPV), insecurity in some areas, low routine immunization (partly due to the impact of COVID-19) and weak surveillance at some subnational levels, delays in specimen transportation leading to long lapses between confirmation of an outbreak and response implementation, and the effects of polio transition and lack of prioritization of polio activities at country level.

The main priorities for the Region are to interrupt WPV1 and cVDPV transmission in outbreak countries, scale up the use of nOPV2 in outbreak countries, develop and implement risk assessment, update risk mitigation plans, strengthen AFP and environmental surveillance, initiate immunodeficiency-associated vaccine-derived poliovirus (iVDPV) surveillance among patients with primary immunodeficiency, and strengthen routine immunization with a focus on security compromised, hard-to-reach areas and other special populations, particularly nomads, refugees and internally displaced people (IDPs).

The WHO European Region was affected by three outbreaks during 2021–2022. The first outbreak of cVDPV2 was in Tajikistan, which was confirmed in January 2021 and linked to a virus circulating in Pakistan. In total, 34 paralytic cases, 20 environmental surveillance samples and 25 positive isolates among contacts and healthy children were confirmed by laboratory as cVDPV2. The last case was in July 2021 and the last environmental surveillance isolate was in August of the same year. The country implemented a national immunization day using IPV, followed by two national immunization days using nOPV2. The outbreak was declared closed in April 2022.

The second cVDPV2 outbreak, in Ukraine, was linked to the Tajikistan outbreak, and from September 2021 included two paralytic cases, 10 environmental surveillance samples and 19 positive isolates among contacts and healthy children. The last case was in December 2021 and the last environmental surveillance isolate was in October of the same year. The country planned IPV catchup campaigns followed by OPV campaigns, but these were not completed due to the conflict that has completely disrupted immunization services in most areas of Ukraine as resources are diverted to the emergency response. There is also mass movement of IDPs and refugees (more than 15 million so far) to neighbouring countries and the broader European Region, with significant risk of spread of cVDPV2 and other vaccine-preventable diseases, especially measles.

The third outbreak of cVDPV3 was in Israel, with one paralytic case, six healthy contact/community samples and 28 environmental surveillance isolations. There is a broad geographical spread in Israel, with the last isolation on 9 May 2022 from Jerusalem-Kidron. The country has intensified its AFP and environmental surveillance systems and the outbreak response began on 4 April 2022, followed by catch-up activities with IPV and bOPV using the national vaccine registry for children up to age 17. All children born 2005–2013 were given bOPV on the condition of having received at least one IPV dose; additionally, selective catch-up of the routine schedule was carried out for children born after 2013. Vaccination coverage data is pending and is reportedly slow due to competing health priorities.

Germany, Poland and the United Kingdom have reported VDPV isolations that are being followed up, while Israel had two positive samples for Sabin-like type 2 poliovirus from two different environmental surveillance sites in April 2022.

Moving from a legacy system to online E-ACR: overview, benefits and expected timelines

Developing electronic annual certification reporting (e-ACR) is one of the RCC recommendations for facilitating the entry and storage of certification data in one central data repository. The RCC Secretariat-set objectives and expected outcomes for the system are to be a web-based, user-friendly, automated and sustainable system for WHO certification reporting forms. The display of data is in the form of activity logs, dashboards and visuals for timely and evidence-based action. The old certification reports will be archived and kept available in electronic searchable form for future reference. Capacity-building of the relevant workforce is taking place on the entry and use of the data. The new system has a multi-stage automated workflow that includes at least 12 steps, from the report assignment to the country to completing the process and generating the report in PDF format. A similar workflow has been developed at country level for revision and submission of the report to the RCC. The system has the capacity for reports to be revised or deleted, based on user needs, and only requires training on how to develop template reports in the system.

The system's development is moving forward as per set timelines and is expected to be launched in December 2022, with countries able to submit their first electronic annual certification report in March 2023.

Global update on polio containment

Poliovirus containment guidance and other documents are being produced, including strategic, technical, policy and guidance resources. Poliovirus inventories (on type 1, 2 and 3 material) should be annually updated and communicated to the RCC. In the Eastern Mediterranean Region, national polio containment coordinators (NPCC) demonstrated

compliance in 21 out of 22 countries/territories for inventories of WPV, Sabin, VDPV and nOPV2. The Islamic Republic of Iran and Pakistan have requested a polio essential facility (PEF), with one candidate facility in each country, and a national authority for containment (NAC) designated in both countries. Both candidate facilities have submitted the application for certificate of participation to the NAC for review to ensure the facility is capable of meeting the criteria for a PEF as set out in the Global Action Plan III (GAPIII). If successful, the countries receive an interim certification of containment. Globally, 10 out of 25 countries have so far met this requirement, with the deadline extended to end 2022.

RCC plans for the next three years

The plans for the RCC for the coming three years were outlined and include: full implementation of the Global Polio Surveillance Action Plan 2022–2024; the sharing with the RCC of quarterly summary updates on polio eradication activities for all countries of the Region, including the endemic countries; a greater footprint for RCC members through participation in important regional meetings and activities; and country visits by RCC members for advocacy, data verification and validation. The RCC may increase the frequency of its meetings and invite endemic and outbreak countries to attend, and establish a contingency plan for interim meetings, according to the situation in the endemic countries.

3. Recommendations and action points

General

1. The RCC acknowledges and appreciates the personal commitment and support of Dr Ahmed Al-Mandhari, WHO Regional Director, for achieving the target of polio eradication in all Member States despite the challenging environment of the COVID-19 pandemic

and notes the same level of commitment by the Director of Polio Eradication, Dr Hamid Jafari.

2. The RCC expresses its appreciation of the NCC chairs and members, ministry of health focal points and WHO colleagues who attended the meeting virtually.
3. The RCC notes with satisfaction the implementation of the recommendations of its thirty-fifth meeting, given the COVID-19 situation that has impacted some of the required certification activities and indicators. The RCC expresses its appreciation for the extensive work of the WHO Secretariat and NCCs to fully implement the recommendations despite the challenging environment.
4. The RCC expresses its appreciation for the commitment of the governments of Afghanistan and Pakistan and commended the progress made, as well as the efforts and hard work of the WHO country polio teams, and emphasized the need to continue efforts and avoid complacency. The RCC also commends the progress made in outbreak countries but expresses its concern over the chronic cVDPV2 outbreak in Somalia.
5. The RCC notes the decline in the numbers of wild poliovirus and cVDPV isolates from AFP cases and environmental samples and the limited geographical distribution as outlined in the presentations on the global and regional situations of polio eradication.
6. The RCC notes the new Global Polio Eradication Initiative's *Polio Eradication Strategy 2022–2026: Delivering on a promise*, as well as the Global Polio Surveillance Action Plan 2022–2024, which aims to translate the Strategy into action through a focus on increasing the speed of poliovirus detection, improving surveillance quality at the subnational level, fostering the integration of polio surveillance with surveillance for other epidemic-prone vaccine-preventable diseases, and mainstreaming gender equality in surveillance activities and programming as a key enabling factor.

7. The RCC requests the regular sharing of polio eradication summary updates for endemic and non-endemic countries be continued.
8. The RCC recommends that the RCC Secretariat plans for targeted country support missions to improve the quality of NCC report writing, data comparison and supporting analysis in the reports.

NCC roles, responsibilities and engagement

9. The RCC notes that the NCC is a core committee to assess, guide and report on the status of polio eradication activities at the country level, yet most committees do not have sufficient authority.
10. The RCC expresses its concern over the efficiency of NCC functions at the country level and recommends the development of a plan to enable the NCCs.
11. The RCC will develop a clear questionnaire to be filled by NCCs to understand the main gaps, concerns and needs, and suggest enabling actions. Based on these findings, the RCC Secretariat should develop a matrix of countries, listing issues and concerns as well as proposed country-customized solutions.
12. The RCC Secretariat should help to assemble a group of experts composed of, but not limited to, RCC members and public health laboratory specialists, to visit some countries based on the priorities set out in the matrix. The visits should be combined with and tailored for certification components, with special attention to containment, and involve high-level advocacy meetings, sensitization and training.
13. The RCC Secretariat should develop clear country visit missions, with identified objectives and expected outcomes.
14. The RCC notes that in some countries, NCC meetings are not conducted as agreed and no other NCC activities are mentioned. The RCC reiterates its earlier recommendation of having at least two NCC meetings per year (one for compilation of the report before submission to the RCC and the other to respond to RCC

comments) and recommends adding relevant NCC activities conducted during the year under review to the report.

Egypt OPV bulk destruction

15. The RCC expresses its concern that bulk mOPV2 stocks have not been destroyed in Egypt several years since the 2016 switch from tOPV to bOPV, despite repeated recommendations by the RCC.
16. The RCC urges the Director of Polio Eradication to meet with the WHO Regional Director to discuss the situation and RCC recommendations. The RCC recommends the Regional Director to communicate with the Egyptian Minister of Health and Population and national authorities to issue a directive for the immediate destruction of the mOPV2 bulk stocks.

Containment

17. The RCC notes that as we move towards the final milestone, containment activities will be of critical value.
18. The RCC advises the RCC Secretariat to revise and update the containment section in the report templates and add instructions and clarification of questions asked under the containment section for countries.
19. The RCC notes the delays and responsiveness gaps between the NCCs and NPCCs, which negatively affects the completeness and updating of the information in containment sections. The RCC urges the NCCs and NPCCs to complete and fully revise the information in the relevant section.
20. The RCC recommends all Members States to finalize the inventory of poliovirus infectious material and potential infectious material, as well as its destruction or transfer to the PEF, especially following

the COVID-19 pandemic, during which many respiratory samples were collected and stored in facilities.

21. The RCC expresses its concern over poliovirus inventories and urges that NPCCs update poliovirus inventories, including for all wild poliovirus, poliovirus type 2 and potential infectious material.

Surveillance reviews, immunization coverage surveys, preparedness and response plans, and polio outbreak simulation exercises

22. Regarding the recommendations of the thirty-fifth RCC to Member States on surveillance reviews, immunization coverage surveys and polio outbreak simulation exercises, as well as on updating outbreak preparedness and response plans, the RCC expresses its appreciation for the surveillance reviews that have been conducted and recommends continued planning for further reviews in addition to immunization coverage surveys and polio outbreak simulation exercise activities in 2022.
23. The RCC recommends an update of national outbreak response and preparedness plans, given the recently published revised version of the standard operating procedures for outbreak response (March 2022).

iVDPV surveillance

24. The RCC recommends the sharing of guidance for implementation of iVDPV surveillance with Member States and urges Member States to implement iVDPV surveillance as soon as possible.

Presenting the Eastern Mediterranean Region's certification status at the next WHO Regional Committee for the Eastern Mediterranean

25. The RCC proposes that the Director of Polio Eradication advocates for the inclusion of an agenda item in the forthcoming Regional Committee meeting in October 2022, so that Members States can be updated on the Region's certification status, gaps and concerns.

RCC involvement in major activities

26. The RCC recommends its participation in major polio eradication activities, including outbreak response assessment following outbreaks and surveillance reviews.

Electronic annual certification reports (e-ACR)

27. The RCC attended e-ACR training in conjunction with the thirty-sixth RCC meeting and were fully briefed about the development of the e-ACR system. The development of the e-ACR is accepted by the RCC and the timelines are approved to allow 2022 certification reports to be submitted via the system prior to the thirty-seventh RCC meeting. The RCC expresses its appreciation for the work of the Secretariat in developing the e-ACR.

Discussed reports

28. Annual update reports for 2021 were not submitted for Lebanon and Morocco, and accordingly, the RCC recommends this be followed up with the relevant NCCs and support be provided to the teams to finalize the reports.
29. The Djibouti report was presented by the Djibouti Ministry of Health representative in the absence of the NCC.

30. Delegates from Yemen were unable to attend the meeting due to issues related with the issuance of visas. The RCC notes the NCC's concerns and will consider them at the next meeting of the RCC. The report from Yemen was discussed during the RCC's private meeting.
31. The reports from Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Libya, occupied Palestinian territory, Oman, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen were reviewed and provisionally accepted, pending revision based on RCC comments. Progress reports for Afghanistan and Pakistan were reviewed and noted by the RCC.

Date and venue of the thirty-seventh meeting of the RCC

32. It is proposed to hold the next meeting of the RCC in Doha, Qatar, on 1–3 May 2023.
33. An extraordinary RCC meeting may be called if warranted by any significant epidemiological and/or programmatic development(s).

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