

Summary report on the
**Thirty-seventh
meeting of the Eastern
Mediterranean
Regional Commission
for Certification of
Poliomyelitis Eradication**

Geneva, Switzerland
20–22 November 2023



**World Health
Organization**

Eastern Mediterranean Region

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1. Introduction

The Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication (RCC) held its thirty-seventh meeting in Geneva, Switzerland, on 20–22 November 2023, its first meeting held outside the WHO Eastern Mediterranean Region, to allow for a joint investigation with the Global Certification Commission of the epidemiology and quality of poliovirus surveillance in the two endemic countries, Afghanistan and Pakistan.

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 20 out of the 22 countries and territories of the Eastern Mediterranean Region. The meeting was also attended by Global Polio Eradication Initiative (GPEI) partners, namely the Centers for Disease Control and Prevention (CDC), the Eastern Mediterranean Public Health Network (EMPHNET) and Rotary International, as well as staff from WHO headquarters, the WHO regional offices for Africa, Europe, South-East Asia and the Eastern Mediterranean, and WHO Afghanistan and Pakistan country offices, as well as a representative of SysReforms International, the company that developed the electronic annual certification reporting (e-ACR) system.

The meeting was opened by Dr Yagob Al Mazrou, Chairperson of the RCC, who welcomed participants and thanked the WHO RCC Secretariat for hosting the meeting of the Commission with the support of and in coordination with WHO headquarters. He remarked on the number of unfortunate events and natural disasters that had occurred within the Region, particularly the earthquakes in Morocco and the Syrian Arab Republic, the floods in Libya, and the current conflicts in Sudan and the Gaza Strip, noting their negative impact on programme activities.

The RCC expressed condolences to the family of the former Chair of Egypt's NCC, Dr Ibrahim Barakat. The RCC also noted the retirement of Dr Humayun Asghar, who had been the Head of the RCC Secretariat in the Eastern Mediterranean Region for the last 10 years and welcomed Dr Hemant Shukla, as the new Head of the RCC Secretariat.

The RCC regretted that delegates from some countries and territories could not physically join the RCC due to visa issues, including the Djibouti and Yemen delegates and the NCCs of Afghanistan and Jordan, or to the difficult situations in Lebanon and the occupied Palestinian territory.

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. The RCC expressed its appreciation for his commitment during his tenure over the past five years, and extended its welcome to the new Regional Director nominee, Dr Hanan Balkhy, expressing its hope that such high-level leadership support to the polio eradication activities would continue.

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 Region.

Mr Aidan O'Leary, Director of Polio Eradication, WHO headquarters, presented highlights of the mid-term review of the GPEI strategy 2022–2026, spearheaded by the Independent Monitoring Board (IMB). The mid-term review highlighted the successes, challenges and risks regarding achievement of the goals of the strategy. Goal 1 of the

strategy was assessed as being “off-track”, although wild poliovirus type 1 (WPV1) eradication can still be certified in 2026, despite interruption efforts extending beyond 2023. The review had concluded that goal 2 of the strategy to stop circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks by the end of 2023 would be missed, but could still be achieved by the end of 2025 through intensified outbreak response activities, realizing eradication by 2028. Security and instability in key geographies pose a singular challenge to achieving both goals. The conclusions and recommendations of the IMB were deliberated upon in a meeting of the Polio Oversight Board (POB), which agreed to the findings of the mid-term review and the GPEI’s response to the IMB report.

Mr O’Leary noted that cVDPV2 emergencies in 11 countries were linked to use of novel oral polio vaccine type 2 (nOPV2), related to the suboptimal speed and quality of the immunization response. Timely and high-quality outbreak response is critical, he noted, with a preferably less than four weeks interval between the first and second nOPV2 response rounds. It was further noted that the GPEI was developing its integration function, in collaboration with Gavi, the Vaccine Alliance, and the Essential Programme on Immunization (EPI), as well as partners involved in health emergency response. While the priority accorded to integration will adjust as the GPEI’s goals shift from interruption to certification, WPV1 eradication and stopping cVDPV2 outbreaks remain the current priorities.

The RCC noted the high level of commitment demonstrated by both Dr Hamid Jafari and Mr Aidan O’Leary.

2. Summary of discussions

Eastern Mediterranean Region situation update

The RCC expressed its appreciation for the very strong and sustained commitment to the eradication of polio in Afghanistan and Pakistan at all levels, commending the progress made, as well as the hard work of the governments and partners, and emphasized the need to continue with these efforts and avoid complacency. The RCC also commended the progress made in outbreak countries, while expressing concern over the chronic protracted cVDPV2 outbreak in Somalia and the lack of authorization to implement outbreak response activities in the northern governorates of Yemen.

The RCC further expressed its appreciation for the overall progress being made towards polio eradication in the Region and emphasized that it was time for all Member States to improve their surveillance, preparedness for response to outbreaks and documentation for certification. Most Member States had achieved the certification standard for core surveillance indicators in 2022, namely achievement of a non-polio acute flaccid paralysis (AFP) rate of $\geq 3/100\ 000$ population under 15 years of age as well as a stool adequacy rate of $> 80\%$, except Morocco, the occupied Palestinian territory and Tunisia.

The RCC also expressed its appreciation for the significant contributions made by laboratories in Oman, Jordan and Pakistan to processing and testing human and environmental samples from Yemen, which had significantly increased the workload of these laboratories, and to Egypt's Ministry of Health and Population and VACSERA laboratory, which have been providing strong support for the processing of samples from Sudan since the start of the armed conflict there.

In addition, the RCC expressed its appreciation for the commitment of the Egyptian Ministry of Health and Population to the destruction of the type 2 oral polio vaccine (OPV2) bulk in the presence of CDC and WHO, and urged the completion of laboratory containment activities in Egypt.

The RCC expressed its concern over the implementation of polio transition in the Region and reiterated the importance of ensuring a smooth transition to ensure the maintaining of polio surveillance functions at the highest levels of sensitivity.

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

All recommendations of the thirty-sixth meeting of the RCC have been implemented despite the challenging environment, and their status was presented to and endorsed by the RCC.

WHO African Region

The situation of WPV1 and cVDPV1 outbreaks in southern Africa is on track to meet its phase 1 milestone as no new case has been reported for more than 12 months. West and southern African countries had seen a resurgence of poliovirus type 2 outbreaks, which have been responded to and the risks to other countries mitigated. Another achievement is the coordinated response in the Horn of Africa to the outbreak in Somalia that spilled over to Kenya and may further spread to Ethiopia. The Region has been ramping up responses to cVDPVs in the second half of 2023 and is focused on ending all ongoing active outbreaks by the end of 2024 and addressing any remaining risks in 2025.

There are still many gaps in AFP surveillance in many countries, especially at the subnational level, including suboptimal core surveillance

indicators for the non-polio AFP rate and the adequacy of stool samples. Nevertheless, there has been good progress in the establishment or expansion of environmental surveillance in 43 of 47 countries.

Containment activities are on track and inventories have been established in 45 of 47 countries, excluding Angola and the Democratic Republic of the Congo. This was done using the Open Data Kit (ODK)-based data collection tool to update inventories of infectious and potentially infectious materials.

WHO European Region

The European Region is very diverse in the types of poliovirus surveillance used, and AFP surveillance, although remaining the gold standard, is either not implemented or poorly implemented in most countries. In 2022, 10 countries implemented AFP surveillance only, mostly in the eastern part of the Region; four countries used enterovirus surveillance only; and one country had environmental surveillance only. Other countries used a combination of two or three types of surveillance, with a preference for enterovirus surveillance in the western part of the Region (30 countries). Overall, 26 countries reported conducting environmental surveillance for poliovirus.

During 2022–2023, several polioviruses of concern were detected in the Region. Most VDPV and Sabin type 2 polioviruses were detected through environmental surveillance in counties not using oral polio vaccines, in addition to occasional accidental spills of WPV into the environment, since most polio vaccine manufacturers are based in the Region.

The Region has experienced four cVDPV outbreaks in the past two years. In September 2023, WHO closed the cVDPV2 outbreak in Ukraine (last

detection on 24 December 2021) and a cVDPV3 outbreak in Israel (last detection on 16 May 2022). The cVDPV2 outbreak in the United Kingdom saw the last virus isolation on 8 November 2022 and the outbreak is now being considered for closure. The intensity of cVDPV2 circulation in Israel has declined, with the last virus isolation in May 2023, which provides hope for closure in 2024.

The European Region's RCC has concluded that two countries, Bosnia and Herzegovina and Ukraine, remain at risk of sustained transmission, following importation of WPV or the emergence of VDPV, while the remaining countries are at lower risk due to efforts to strengthen surveillance and population immunity.

The European Region has advanced in its planned bivalent oral polio vaccine (bOPV) cessation. Currently, out of 51 countries using an inactivated poliovirus vaccine (IPV)-only vaccination schedule globally, 39 are in the European Region, and advocacy and technical support are continuing with the rest.

WHO South-East Asia Region

The South-East Asia Region was certified polio-free on 27 March 2014 and has since remained free of all wild polioviruses. In November 2022, an outbreak of cVDPV2 was reported from Indonesia. An independent outbreak response assessment (OBRA) conducted in July 2023 concluded that a timely and good quality response was conducted by the country. The national programme was advised to remain vigilant and strengthen surveillance at subnational levels. A follow up review has been advised after 3–6 months, to recommend on whether the outbreak can be officially closed.

Regional immunization coverage and surveillance sensitivity, which were affected by the COVID-19 pandemic, have recovered to the point where the overall coverage of third dose of polio containing vaccine (POL3) and first dose of inactivated polio vaccine (IPV1) has surpassed pre-pandemic levels in the Region. However, there are national and subnational variations that are being addressed. Environmental surveillance is being conducted through 101 sites in six countries of the Region.

Moving from a legacy system to the online e-ACR system: The lessons learned and way forward

The RCC Secretariat has developed an electronic annual certification reporting (e-ACR) system in response to an RCC recommendation to facilitate data entry and storage of certification data in one central data repository. Annual reports have been successfully submitted by 18 of 20 non-endemic countries (excluding Morocco and Sudan), followed by review and comments by RCC members using the new electronic platform. The success of the system is attributed to its acceptance by all involved and the enhancement of its functionality and interface as per country requirements. All historical reports that were archived in paper form have been scanned and uploaded to the system repository and are available for reference by country users. Further enhancements are continuing to meet the emerging needs of country users and the RCC.

Global update on polio containment

The containment strategy consists of identifying poliovirus infectious and potentially infectious materials, destroying unneeded material, transferring needed material to a designated poliovirus-essential facility, or retaining materials at a poliovirus-essential facility and

undergoing containment certification by the national authority for containment, with approval from the Global Certification Commission.

WPV1 is still endemic in Afghanistan and Pakistan, and VDPVs continue to circulate, including in some African countries. Surveys and inventories to identify poliovirus infectious and potentially infectious materials are ongoing but need to be further strengthened to achieve the required level of performance.

Globally, 22 countries host one or more facilities with plans for long-term retention of poliovirus type 2, which requires strict containment measures as outlined in the Global Action Plan for Poliovirus Containment (GAPIV). None of these countries have been awarded the full certificate of containment, although 16 have obtained their certificate of participation, and only two have obtained an interim certificate of containment for all their polio-essential facilities.

The RCC discussed the annual update reports of each non-endemic country, except Morocco and Sudan, in detail and provided comments for revision.

3. Conclusions

Based on the evidence presented, the RCC concluded that the annual update reports from Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, the occupied Palestinian territory, Oman, Qatar, Saudi Arabia, Somalia, the Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen are provisionally accepted, with final approval pending revision based on RCC comments. The annual update reports of Morocco and Sudan for 2022 were not submitted. The progress reports for Afghanistan and Pakistan were reviewed and noted by the RCC.

4. Recommendations

1. The RCC requests the WHO Regional Director for the Eastern Mediterranean to facilitate the sharing and dissemination of the RCC meeting report to the respective ministers of health to ensure high level attention and commitment to polio eradication activities.
2. The RCC recommends the RCC Secretariat to review the RCC agenda and include a half day preparatory closed-door meeting of the RCC and RCC Secretariat in advance of the main annual RCC meeting.
3. The RCC urges the RCC Secretariat to develop a full package of materials for certification and hold an orientation session for NCC members of all countries on their roles, responsibilities, engagement, core functions and expectations. The meeting participation may include representatives of the national EPI programme of some countries, where necessary.

Annual certification reports

4. The RCC recommends the review of the template for annual certification documentation to include the new Global Poliovirus Surveillance Action Plan 2022–2024 indicators and nomenclature for nOPV2 related strains, RCC feedback template and template for country presentations, and urges RCC members to provide any comments or feedback on the aforementioned documents.
5. The RCC appreciates the hard work of the RCC Secretariat and the developers for the development of the e-ACR system and requests RCC members to send written feedback on areas that need to be incorporated or enhanced for consideration during the system update.
6. The RCC recommends full integration of the remaining report templates (annual progress report and final national documentation) into the e-ACR system, as well as further

enhancements based on the comments of the RCC. This should be followed by refresher training aligned with the enhancements incorporated into the system before the next RCC meeting in 2024.

NCC, national expert group and national task force

7. The RCC recommends the revision of the membership and terms of reference of the different polio committees, including the NCCs, national expert group and national task force for containment, to avoid potential conflicts of interest and explore the possibility of adding missing specialties, such as epidemiology, neurology, virology and laboratory specialists, as per guidelines. This should be followed by orientation sessions and training of members for enhanced functionality and the smooth continuation of the process.

RCC involvement in major activities

8. The RCC extends the recommendation of the thirty-sixth RCC meeting to continue participation in major polio eradication activities, including outbreak response assessments (OBRA) following outbreaks, surveillance meetings and reviews, and technical advisory groups.
9. The RCC recommends that the RCC Secretariat continues to plan targeted country support missions to improve the quality of NCC report writing, data comparison and supporting analysis in various sections of the report.
10. The RCC recommends a high-level mission to Morocco early in 2024 to understand the country situation regarding surveillance and certification and suggest an optimal way forward. The mission should be coordinated by the RCC Secretariat and joined by the RCC. The RCC also recommends that the RCC Secretariat follow

up with the Moroccan NCC and Ministry of Health and provide support for the finalization of the reports (revision of the 2020 and 2021 reports and submission of the 2022 report).

Surveillance reviews, annual update of national surveillance guidelines, outbreak preparedness and response plans and conducting polio outbreak simulation exercises

11. The RCC appreciates the surveillance reviews that have been conducted during 2022–2023, either separately or in conjunction with other activities, in Djibouti, Egypt, Iraq, Lebanon, Qatar, Sudan and Yemen. The RCC recommends full external independent surveillance reviews in Jordan, Libya, Morocco, Somalia, the Syrian Arab Republic and Tunisia during 2024.
12. The RCC notes the updates to Egypt’s national surveillance guidelines based on the Global Polio Surveillance Action Plan 2022–2024 and recommends that all other countries update their national guidelines accordingly before the next RCC meeting in 2024.
13. The RCC notes with appreciation the updates of the national outbreak preparedness and response plans in 13 out of 20 non-endemic countries and recommends all remaining countries to update their outbreak preparedness plans in line with the updated standard operating procedures for outbreak response (March 2022) before the next RCC meeting in 2024.
14. The RCC appreciates the polio outbreak simulation exercises conducted in Libya, Qatar, Sudan and the United Arab Emirates, and reiterates its earlier recommendation that all countries should conduct one at least every three years using the updated national polio outbreak preparedness and response plan.

15. The RCC recommends planning fast tracking implementation of environmental surveillance in Libya, Morocco, Oman, Tunisia and the United Arab Emirates.

Containment

16. The RCC notes the joint national poliovirus containment coordinator (NPCC)/NCC meeting held in December 2022 to improve the completion and revision of containment information and recommends WHO to hold a follow up NPCC/NCC meeting to further strengthen coordination.
17. The RCC notes that all 22 countries and territories have successfully completed wild poliovirus and infectious material inventories, and that 19 of 22 have completed surveys covering all biomedical facilities, with an 84% response completeness rate from facilities. The RCC recommends the completion of surveys of facilities with poliovirus stocks and potentially infectious material in the remaining countries, noting that annual certification reports will not be accepted without satisfactory completion of the containment activities.

Country-specific recommendations

Djibouti

18. Although the quality of reports has improved during the last few years, the RCC recommends that NCC functionality (annual report information validation and reports on the status of RCC recommendations) and coordination with national programme management be strengthened.

19. The RCC recommends that the functionality of the National Expert Group needs to be reviewed as AFP cases were not presented and reviewed by the Group for final classification as per country guidelines.
20. The RCC recommends that containment activities need to be urgently implemented as no activities have been conducted for the year under review.

Egypt

21. The RCC recommends that containment activities need to be strengthened with regards to the list of 5336 facilities. This number is expected to be higher for the size of the country and a higher number was communicated in previous years.

Iraq

22. Any threat to the sustainability of the poliovirus surveillance system during the period of transition and beyond constitutes a major risk to poliovirus eradication activities, including surveillance, routine immunization and containment. The NCC is advised to initiate a strong advocacy plan and develop a risk mitigation action plan.
23. The RCC recommends that the national programme coordinate with WHO to initiate and sustain poliovirus surveillance among patients with primary immunodeficiency.
24. The RCC notes the significant increase of “zero dose” children with concern, and recommends that this should be investigated and addressed at the earliest opportunity.

Jordan

25. The NCC Chair has not presented Jordan's reports in person during the last few RCC meetings due to personal commitments. The RCC recommends that the NCC Chair resume in-person participation at RCC meetings.
26. The RCC recommends that the national programme coordinate with WHO to begin and sustain poliovirus surveillance among primary immunodeficient patients, noting the country's capacity for diagnosis and treatment of affected persons.

Kuwait

27. The RCC recommends that the challenges faced by the national polio laboratory with regards to isolation of non-polio enteroviruses be explored and resolved.

Lebanon

28. The RCC urges the immediate nomination of an NCC Chair for Lebanon.
29. The identification of a high-risk "officially paperless" minority group is critical and highly appreciated. Considering their substantial number, the RCC recommends developing an action plan to vaccinate this group and bring them under the radar of surveillance.
30. The non-availability of the number of target children below 1 year of age is concerning. The RCC recommends the development of a solution to this long-standing problem that affects the ability to plan activities.

Morocco

31. Despite the late submission of the 2020 and 2021 reports, these reports are still pending decision by the RCC as the updated reports with the required amendments have not been submitted. Noting that the 2022 report has not been submitted, the RCC urges the Morocco NCC and Ministry of Health to finalize the above-mentioned reports and the RCC Secretariat is advised to provide the necessary support to the NCC.

Occupied Palestinian territory

32. The RCC recommends improvement in the coordination of the national programme with the Tel Hashomer polio laboratory to allow for timely updates of AFP and environmental surveillance sample testing results.
33. The RCC recommends capacity-building for the surveillance and data management staff of the national programme.

Somalia

34. The RCC recommends an improvement in the functionality of the NCC as per the terms of reference of the Committee, including the holding of meetings to improve report writing, review the annual report and address the comments of the RCC.
35. The RCC recommends that the appointment of the NPCC be expedited.

Sudan

36. The 2022 report has not been submitted in view of the current country situation. The RCC would like to thank the Sudan team for their commitment, report quality and timely submission of earlier reports.
37. The RCC acknowledges and appreciates the heroic efforts undertaken to sustain surveillance for poliovirus by the team in Sudan. The RCC recommends a full review of programme performance, including immunization, surveillance and containment, as soon as feasible.

Syrian Arab Republic

38. The RCC recommends that WHO review the implementation of primary immunodeficiency disorder (PID) surveillance. This can be combined with the review of the overall poliovirus surveillance system.

Tunisia

39. The improvement in the timeliness and quality of reports is highly appreciated by the RCC after the delays experienced with the 2020 and 2021 reports.
40. Despite recent improvements reported, the programme in Tunisia still appears to face significant challenges in maintaining an efficient and adequately sensitive surveillance system. The RCC recommends the development of a well-structured plan that lists the challenges and required capacity-building strategies to improve all aspects of the surveillance and immunization systems in the country.
41. The RCC recommends that the containment functions need to be fully implemented and strengthened, given the low response rate to the survey of laboratories.

United Arab Emirates


42. Due to the importance of population data for children under 1 and 5 years of age, the RCC recommends that these data are consistently made available in the annual reports for review by the RCC.

Yemen

43. The RCC expresses its concern over the lack of authorization to implement outbreak response vaccination campaigns in the northern governorates of Yemen and recommends that high-level advocacy should be continued.
44. Stool shipment remains a challenge in Yemen. The RCC recommends the development of a contingency plan for AFP/environmental surveillance sample transportation.

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

45. The next meeting of the RCC is proposed to be held in Doha, Qatar, on 14–16 May 2024.



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