

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

Doha, Qatar  
19–21 May 2024



**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-eighth meeting in Doha, Qatar, on 19–21 May 2024.

The objectives of the meeting were to:

- review annual updates submitted by the polio-free countries to examine whether there are still remaining gaps in polio-free countries;
- review annual progress reports submitted by Afghanistan and Pakistan towards polio eradication;
- review the progress towards polio eradication, regional certification and containment of laboratory stocks of polioviruses; and
- formulate recommendations for countries and the Region, in order to achieve regional certification.

The meeting was attended by the members of the RCC, chairpersons/representatives of the national certification committees (NCCs), and immunization/polio eradication programme staff from 20 out of the 22 countries and territories of the WHO Eastern Mediterranean Region. The meeting was also attended by the representatives from Global Polio Eradication Initiative (GPEI) partners, the US Centers for Disease Control and Prevention (CDC), the Eastern Mediterranean Public Health Network (EMPHNET) and Rotary International. There was also representation from WHO headquarters, the WHO regional offices for Africa, Europe, South-East Asia and the Eastern Mediterranean, and the WHO Afghanistan, Pakistan and Somalia country offices.

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.

Dr Yagob Al Mazrou, Chairperson of the RCC, welcomed participants and expressed his appreciation for the efforts of the Qatari Ministry of Public Health for the facilitation of the meeting, with special thanks to Dr Hamad Eid Al-Romaihi, Director of Health Protection and Communicable Disease Control, and Dr Rayana Bou Haka, WHO Representative in Qatar.

Welcoming remarks were delivered virtually by Dr Salih Ali Al Marri, Assistant Minister of Public Health, on behalf of Her Excellency Dr Hanan Mohamed Al-Kuwari, the Minister of Public Health of Qatar.

Dr Hanan Balkhy, WHO Regional Director for the Eastern Mediterranean, in her opening remarks assured the RCC of her and WHO's unwavering commitment to polio eradication and full support towards implementation of the recommendations. The RCC acknowledged with appreciation the high level of commitment of the Regional Director to achieving the target of polio eradication across the Region.

The RCC expressed its condolences to the Sudan delegation and family of Professor El Saddig Mahjoub, may his soul rest in peace. Dr Mahjoub had dedicated his life in serving and protecting the children of Sudan by initiating poliovirus surveillance in the country. The RCC also welcomed Dr Babiker El-Magbool as the new national polio surveillance and containment coordinator for Sudan.

The RCC noted and welcomed Dr Yehia Abdel Ghaffar as the new incoming NCC Chairperson for Egypt and reiterated the importance of business continuity, training and support for new incoming certification committee members to ensure the smooth transition in membership.

The RCC expressed its regrets that delegates from the occupied Palestinian territory and the Syrian Arab Republic, as well as some other expected participants, could not physically join the meeting due to logistical issues.

The RCC noted with appreciation the virtual participation of some of its members for reports from Afghanistan and Pakistan during the twenty-fifth meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) that was held in Geneva, Switzerland, on 13 May 2024. The RCC recommended that the RCC Secretariat continue to coordinate with the GCC Secretariat to facilitate the participation of RCC members in discussions with any Member States of the Eastern Mediterranean Region during meetings of the GCC.

## **2. Summary of discussions**

### *Eastern Mediterranean Region situation update*

The RCC expressed its appreciation for the progress being made towards polio eradication in the Region and emphasized the continuing need for all Member States to improve their surveillance, strengthen preparedness for outbreaks and update documentation for certification.

The RCC also expressed its appreciation for the commitment of the authorities in Afghanistan and the Government of Pakistan and commended the progress made, as well as the hard work of WHO and the GPEI partners. The RCC noted with concern the recent increase in detection of wild poliovirus type 1 (WPV1) in both endemic countries and recommended continued review and fine-tuning of programme operations and strategies by national programmes as per the guidance from the Technical Advisory Group on Poliomyelitis Eradication in Afghanistan and Pakistan.

The RCC also commended the progress made in the countries facing circulating vaccine-derived poliovirus type 2 (cVDPV2) outbreaks. While noting the progress made in Somalia and Yemen, the RCC expressed concerns about the protracted cVDPV2 outbreak in Somalia and the lack of authorization to implement outbreak response vaccination campaigns in the northern governorates of Yemen. The RCC urged all stakeholders to strengthen their efforts towards stopping all cVDPV outbreaks.

Most Member States in the Region achieved the certification standard of surveillance indicators in 2023, with a non-polio acute flaccid paralysis (AFP) rate of more than or equal to 2/100 000 population under 15 years of age, except in Morocco and the occupied Palestinian territory, and a stool adequacy rate of more than 80%, except in Morocco, Qatar, Sudan and Tunisia.

The RCC expressed its appreciation for the significant contributions of the poliovirus laboratories in Jordan, Oman and Pakistan in accepting and testing human (AFP and contacts) and environmental samples from Yemen, which has significantly increased the workload of these laboratories. The RCC similarly acknowledged the Ministry of Health and Population, Egypt, and the laboratory at VACSERA, for their strong support in testing samples from Sudan after the start of the armed conflict and serving as a regional reference laboratory for several national laboratories in the Region.

The RCC noted that the implementation of polio transition in most of the GPEI supported countries, namely Iraq, Libya, Sudan, the Syrian Arab Republic and Yemen, has taken place and expressed its appreciation for the efforts of Member States in ensuring the maintenance of sensitive poliovirus surveillance. The RCC reiterated the importance of ensuring the maintenance of polio surveillance



functions at the highest level of sensitivity and strong preparedness for response to polio outbreaks.

The RCC noted with appreciation the recent announcement by Saudi Arabia committing US\$ 500 million during the next five years to the GPEI.

*Implementation of recommendations of the thirty-seventh meeting of the RCC*

The RCC noted with satisfaction the implementation of most of the recommendations of the thirty-seventh RCC meeting, noting that the meeting was conducted in November 2023 and implementation of the remaining recommendations is still ongoing. The RCC expressed its appreciation for the work undertaken by countries and the WHO RCC Secretariat to implement the RCC's recommendations, despite the challenging environment and tight timeline.

*Global polio situation update*

Dr Graham Tallis, from WHO headquarters, presented the highlights and timeline of the GPEI strategy 2022–2026 and the results of the mid-term review. The Polio Oversight Board has decided to maintain 2026 as the timeline for WPV1 eradication, while extending the cVDPV2 timeline for interruption and certification by two years.

Dr Tallis presented the GCC-endorsed revision of the WPV1 certification criteria to adopt a flexible period, of not less than two years, after the last detection from any population source, while accounting for multiple factors including adequate global poliovirus surveillance and safe and secure containment of WPV retained in facilities such as laboratories and vaccine manufacturing facilities. The

GCC also endorsed the principles and criteria for certifying cVDPV elimination and subsequent VDPV eradication.

The RCC noted the developments presented, including the GCC-endorsed changes in criteria for WPV1 and cVDPV/VDPV certification of elimination/eradication. The RCC expressed its appreciation for the high level of commitment by WHO headquarters and wished Dr Graham Tallis the best for his next stage in life after his retirement.

### *WHO African Region*

The WHO African Region is witnessing a decreasing trend in the number of cVDPV cases and environmental isolates. The Region had ramped up its response to cVDPV outbreaks in the second half of 2023, with a focus on ending all ongoing active outbreaks by the end of 2024.

There are still gaps in AFP surveillance in some countries, especially at the subnational level. The Region has made significant progress in expansion of environmental surveillance, although only five out of 15 priority countries have achieved the benchmark for enterovirus detection in sewage samples.

### *WHO European Region*

The European Region is very diverse in the types of poliovirus surveillance implemented, which include the gold standard AFP surveillance, and enterovirus and environmental surveillance.

All Member States of the Region have two doses or more of inactivated polio vaccine (IPV) in their 0–24 months schedule for routine immunization, with high vaccination coverage (with only Ukraine achieving a coverage rate of 73%). Only 12 countries are still using

combined IPV and oral polio vaccine (OPV), while 41 Member States are relying on IPV only. Except for five Member States, vaccination coverage of OPV is above 85% (the lowest is Ukraine, at 69%).

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 was closed in April 2024. The Israeli outbreak of cVDPV2 had its last detection in May 2023.

The Region has a high number of poliovirus-essential facilities (PEFs) and some of the PEFs are lagging in the certification process. Poliovirus containment breach has been experienced since 2014, with 13 accidental facility-related spills of poliovirus (wild and vaccine) reported, mostly voluntarily, including five incidents of staff exposure.

#### *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 in Indonesia, which has not yet been 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 the third dose of OPV and the first dose of IPV 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 97 environmental sampling sites in six countries of the Region.

*Update on polio containment in the Eastern Mediterranean Region*

Significant progress has been made in the Region in implementing the commitments outlined in resolution WHA71.16 (2018) on containment of polioviruses. All Member States of the Region have appointed a national polio containment coordinator (NPCC) and successfully completed the containment activities for type 2 poliovirus.

Furthermore, all countries have completed their potentially poliovirus infectious material inventories, and 20 out of 22 countries/territories, excluding Djibouti and Sudan, have conducted comprehensive surveys of all biomedical facilities and achieved an acceptable level of completeness.

Two countries in the Region have requested the designation of PEFs in their countries: the Raazi Institute in the Islamic Republic of Iran for vaccine manufacturing and the National Institute of Health in Pakistan for its poliovirus serology laboratory. Both facilities have been awarded Certificates of Participation.

*Review of country reports*

The RCC reviewed and discussed annual update reports for the year 2023 from all non-endemic countries, in addition to reports from Morocco and Sudan for the year 2022. The RCC provided comments for revision. In addition, the RCC reviewed and discussed the annual progress reports of the two endemic countries, Afghanistan and Pakistan.

### **3. Conclusions**

Based on the evidence presented by countries/territories, the RCC concluded that the annual update reports from Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, the occupied Palestinian territory, Qatar, Saudi Arabia, Somalia, Sudan, the Syrian Arab Republic, Tunisia, the United Arab Emirates and Yemen are provisionally accepted, with final approval pending revision based on RCC comments. The progress reports for Afghanistan and Pakistan were noted by the RCC.

The RCC expressed concerns about gaps in the sensitivity of poliovirus surveillance, suboptimal population immunity and a lack of updated outbreak preparedness and response plans in some countries.

### **4. Recommendations**

1. The RCC urges the WHO Regional Director to share the RCC meeting report with the respective ministers of health.
2. The RCC Secretariat is recommended to continue the initiative of including a preparatory closed-door meeting of the RCC and Secretariat in advance of the main annual RCC meeting.
3. Noting that the thirty-seventh RCC meeting took place in November 2023, the RCC agrees to waive its decision at that meeting regarding the non-acceptance of annual certification reports without satisfactory completion of the containment activities for the 2023 reports. The RCC recommends implementation of this decision from the 2024 reports onwards.
4. Noting the new guidance from the GCC regarding the certification of cVDPV elimination and VDPV eradication, the RCC recommends that the Secretariat develop a clear document

on the definitions, processes, timelines and criteria for cVDPV elimination and VDPV eradication. This is to be followed by its endorsement by the RCC and its presentation to, and the orientation of, the Member States.

*Annual certification reports*

5. The RCC recommends review of RCC guidelines, terms of reference (TORs), template for annual documentation and NCC presentations to the RCC, particularly for the inclusion of the new GCC guidance regarding the certification of cVDPV elimination and ultimate VDPV eradication.
6. The RCC Secretariat together with the regional containment focal point should meet with assigned RCC members to review the containment section within each certification report and suggest changes for further implementation.
7. The RCC Secretariat should clearly define and make available within the Eastern Mediterranean Region Poliomyelitis Eradication Certification Database Management System (e-ACR) the key performance benchmarks for different aspects of the programme.
8. The RCC requests the RCC Secretariat to prepare a template for the executive summary section of the annual update reports to help guide NCCs in drafting the executive summary. This template should be endorsed by the RCC before it is sent to the NCCs.
9. In line with the endorsement and guidance of the GCC, the RCC concurs in adopting a flexible period of not less than two years for certification of WPV1 eradication.
10. Pending completion of one year with non-detection of poliovirus transmission in endemic countries, the RCC recommends that the Secretariat ensure availability of the template for final national

documentation within the e-ACR and to keep the current annual progress reports from endemic countries offline.

11. For endemic countries, the RCC recommends including more granular information on surveillance and immunization in traditional reservoir areas, bordering areas and other high-risk areas/populations within annual progress reports and the final documentation of polio eradication. Noting that Afghanistan and Pakistan form one epidemiological block, the RCC recommends including information on coordination between these two countries on vaccination, surveillance and other aspects of the programme.
12. The RCC notes with satisfaction the planned orientation of NCC chairs and members before the end of 2024 and recommends that the orientation of any new NCC chairperson should be conducted within three months of appointment.
13. The RCC Secretariat should follow up quarterly with the NCCs on their meetings, including receiving meeting reports/minutes. This is a step towards meeting the expectations of the RCC that NCCs hold at least two meetings per year (one before report submission and the other after receiving the RCC comments on the report).

*RCC involvement in major activities*

14. The RCC extends the thirty-sixth and thirty-seventh RCC meeting recommendations to continue participating in major polio eradication activities, including outbreak response assessments (OBRA), surveillance meetings and reviews, and meetings of the Afghanistan and Pakistan Technical Advisory Group.
15. The RCC recommends that the RCC Secretariat continue to plan for targeted country support missions to improve the quality of NCC reports, including data comparison and analyses in various sections of the reports.

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

16. The RCC notes with satisfaction the external surveillance reviews conducted in 2024 for Morocco and Somalia and urges the national programmes to conduct external independent surveillance reviews in Jordan, Libya, the Syrian Arab Republic and Tunisia before the thirty-ninth RCC meeting in 2025.
17. The RCC notes with appreciation that many countries have updated their national surveillance guidelines and recommends that the remaining countries update the same before the next RCC meeting.
18. The RCC notes with appreciation the updates of the national outbreak preparedness and response plans in 14 out of 20 non-endemic countries and recommends that all remaining countries update their outbreak preparedness plans in line with the updated standard operating procedures for outbreak response (March 2022 version) before the next RCC meeting.
19. The RCC reiterates its earlier recommendation that all countries should conduct a polio outbreak simulation exercise at least every three years.
20. The RCC appreciates the iVDPV surveillance being conducted in Tunisia, Egypt, the Islamic Republic of Iran and Pakistan, and recommends the surveillance to be more systematic. The RCC recommends the initiation of iVDPV surveillance in other prioritized countries, starting with the Gulf Cooperation Council member countries. The RCC also recommends the Secretariat to present data on iVDPV surveillance with outcomes and lessons learnt at the next RCC meeting.



*Containment*

21. The RCC notes the joint containment/certification workshop which will be attended by national polio containment coordinators (NPCC) and NCCs on 22–23 May 2024 to enhance coordination between the committee chairs and requests the RCC Secretariat to disseminate the workshop report among RCC members.
22. The RCC notes that all Member States have successfully completed the wild poliovirus and infectious material inventories, and that 20 out of 22 countries have completed surveys, including all the biomedical facilities, with an acceptable level of completeness. The RCC recommends completion of the surveys of facilities with poliovirus stocks and potentially infectious material in the remaining countries (Djibouti and Sudan), noting that the acceptance of annual certification reports from 2024 onwards by the RCC will be dependent on the satisfactory completion of containment activities.
23. The RCC recommends that the NPCCs should be responsible for filling in the containment section within the certification report to the RCC. The RCC Secretariat should work with the countries to capacitate NPCCs on the expected deliverables including reporting on activities in the annual certification reports.

*Country-specific recommendations*

**Djibouti**

24. The RCC Secretariat is requested to coordinate a high-level mission led by RCC member Dr Moncef Sidhom to Djibouti in 2024 to review the status of, and challenges for, certification documentation and suggest a way forward.

25. The RCC recommends completion of the surveys of facilities with poliovirus stocks and potentially infectious material.

### **Islamic Republic of Iran**

26. The RCC recommends conducting an external poliovirus surveillance review covering the whole country before the end of 2025.

### **Jordan**

27. The RCC recommends a review of the NCC composition and functionality.
28. The RCC urges the national programme to conduct an external independent surveillance review before the end of 2024.

### **Lebanon**

29. The RCC recommends that a plan should be developed for mitigating the significant risks noted in high-risk populations, namely the official paperless population and Palestinian and Syrian refugees.
30. The RCC recommends more WHO involvement and follow up on sample shipment from Lebanon to the national polio laboratory in the Syrian Arab Republic to avoid delays.

### **Libya**

31. The RCC urges the national programme to conduct an external independent surveillance review before the end of 2024.

## **Morocco**

32. The RCC urges Morocco's NCC and Ministry of Health to develop a national plan of action for surveillance improvement based on the recommendations of the recent high-level mission that took place in the country from 26 February to 2 March 2024.

## **Occupied Palestinian territory**

33. The RCC recommends receiving updates on its earlier recommendation regarding capacity-building of the surveillance and data management staff of the national programme.
34. The RCC urges the national programme to improve surveillance activities to achieve the desired certification benchmark for core surveillance indicators and conduct an external independent surveillance review as soon as time permits.

## **Somalia**

35. The RCC reiterates the earlier recommendation regarding the improvement in the functionality of the NCC as per the TORs of the Committee, improving report writing and addressing the comments of the RCC on the report.
36. The RCC recommends expediting the appointment of the NPCC and the national task force for containment.

## **Sudan**

37. The RCC expresses its appreciation of the Sudan team for their commitment in submitting the annual certification reports for 2022 and 2023, noting the current critical situation in the country. The

RCC takes this opportunity to acknowledge and appreciate the heroic efforts undertaken to sustain surveillance for poliovirus in Sudan and reiterates the importance of conducting a thorough review and risk assessment for poliovirus surveillance, immunization and containment after the conflict is resolved.

### **Syrian Arab Republic**

38. The RCC recommends expediting the appointment of the NPCC and national task force for containment.
39. The RCC urges conduct of an external independent surveillance review before the end of 2024.

### **Tunisia**


40. The RCC urges the national programme to conduct an external independent surveillance review before the end of 2024.

### **Yemen**

41. The RCC urges the authorities to implement outbreak response and improve vaccination coverage, particularly in the northern governorates.

### *Date and venue of the thirty-ninth meeting of the RCC*

42. The next meeting of the RCC is proposed to be held either in Morocco or Saudi Arabia on 12–14 May 2025.



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