

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

Riyadh, Saudi Arabia
14–16 September 2025



**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-ninth meeting in Riyadh, Saudi Arabia, on 14–16 September 2025.

The objectives of the meeting were to:

- review annual updates submitted by the polio-free countries to examine whether there are 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;
- formulate recommendations for countries and the Region, in order to achieve regional certification.

In advance of the meeting, the RCC met on 13 September 2025 to discuss:

- changes to the Eastern Mediterranean Region Poliomyelitis Eradication Certification Database Management System (e-ACR) annual report template;
- required changes to the final national document template;
- changes to the annual report review process and programmatic benchmarks for annual reports;
- issues in containment, and ensuring the accountability of national certification committees (NCC) and national polio containment coordinators (NPCC) in this process;
- progress updates and plans for immunodeficiency-related vaccine-derived polioviruses (iVDPV) surveillance;
- the updated RCC terms of reference and guidance document.

The hybrid meeting was attended by the members of the RCC, chairpersons/representatives of the NCCs and immunization/polio eradication programme staff from 21 of the 22 countries and territories of the WHO Eastern Mediterranean Region. The meeting was also attended by Dr Ziad Memish, representing the King Salman Humanitarian Aid and Relief Centre and the Polio Oversight Board. There was also representation from WHO headquarters and the WHO regional offices for Africa, South-East Asia, Europe and the Eastern Mediterranean.

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.

Welcoming remarks were delivered by Dr Salim Baharoon, Deputy Minister of Health for Therapeutic Services, on behalf of His Excellency Dr Fahad bin Abdulrahman AlJalajel, the Minister of Health of Saudi Arabia. He affirmed the commitment of Saudi Arabia to not only remaining polio-free but also contributing to global eradication efforts.

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 their full support for the implementation of the recommendations.

Dr Zaid Al Nahi, External Relations Officer, WHO Saudi Arabia, welcomed participants on behalf of the WHO Representative to Saudi Arabia, and reiterated the continued support and contribution of the Government of Saudi Arabia to the Global Polio Eradication Initiative (GPEI).

Dr Yagob Al Mazrou, Chairperson of the RCC, welcomed participants and expressed his appreciation to Saudi Arabia for its strong efforts in not only remaining polio-free but also contributing to global eradication efforts. The RCC further appreciated Saudi Arabia's generous contribution to the GPEI, committing US\$ 500 million over the next five years. The RCC also expressed appreciation to the Ministry of Health and the Office of the WHO Representative to Saudi Arabia for hosting and facilitating the meeting.

The RCC acknowledged with appreciation the high level of commitment of the Regional Director for the Eastern Mediterranean, Dr Hanan Balkhy, towards achieving the target of polio eradication across the Region. The RCC also expressed their appreciation for the participation of Professor Dr Ziad Memish, member of the Polio Oversight Board, in the meeting. The RCC conveyed wishes for the good health of the former NCC chair of the Syrian Arab Republic, Professor Ahmed Deeb Dashash, and welcomed Dr Anas Johar as the new NCC chair. The RCC also welcomed Dr Omar Nafi and Dr Yahia Abdulkadir Sheikh in their roles as NCC chairs for Jordan and Somalia, respectively.

The RCC acknowledged the active participation of NCC chairs and ministry of health representatives from 21 of the 22 countries/territories of the Region to discuss their respective submitted reports. The RCC expressed concern that the annual report of Libya had not been submitted for review. The RCC also regretted that the NCCs of Djibouti and the Syrian Arab Republic were unable to join the meeting in person due to unforeseen circumstances.

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 surveillance, strengthen preparedness for outbreaks, reinforce containment activities and update certification documentation.

The RCC appreciated the commitment of national authorities and GPEI partners in Afghanistan and Pakistan for the progress made towards interruption of wild poliovirus type 1 (WPV1). The RCC expressed strong concern regarding the shift from the standard house-to-house modality to the site-to-site modality for vaccination campaigns in Afghanistan. It also noted intensified transmission in southern Khyber Pakhtunkhwa in Pakistan, along with challenges related to access and reaching all children. The RCC noted that both countries have fine-tuned their national plans to capitalize on the current reduction in transmission and tackle remaining challenges, with the aim of interrupting transmission by mid-2026.

The RCC noted recent developments in the Syrian Arab Republic and appreciated the efforts made to maintain sensitive poliovirus surveillance and strong preparedness for response to polio outbreaks. The RCC also acknowledged and appreciated the occupied Palestinian territory and Sudan for responding to circulating vaccine-derived poliovirus type 2 (cVDPV2) transmission in extremely challenging contexts.

While noting the efforts made in Somalia and Yemen, the RCC expressed concern about the protracted cVDPV2 outbreak in Somalia and the lack of authorization to implement outbreak response vaccination campaigns

in the northern governorates of Yemen. In addition, the RCC expressed deep concern about the delays in sample transportation in Yemen, and the testing of some samples solely in laboratories which are not yet part of the accredited Global Poliovirus Laboratory Network (GPLN).

The RCC noted progress in poliovirus surveillance, including improvements in core acute flaccid paralysis (AFP) surveillance indicators, initiation of environmental surveillance sampling in Oman and ad hoc environmental sampling in Tunisia, and initiation of iVDPV surveillance in Oman and Qatar. However, the RCC expressed concern that Morocco and the occupied Palestinian territory did not achieve the certification standard for surveillance indicators in 2024.

The RCC expressed its appreciation for the significant contributions of the poliovirus laboratories in Egypt, Jordan, Oman, Pakistan, Saudi Arabia, Syrian Arab Republic and Tunisia for testing samples from other countries, which significantly increases their workload.

The RCC expressed strong concern regarding the status of containment activities. It noted that eight countries/territories (Djibouti, Libya, Lebanon, occupied Palestinian territory, Pakistan, Somalia, Sudan and Syrian Arab Republic) have not conducted comprehensive facility surveys following the COVID-19 pandemic and are not regularly conducting annual facility surveys. The RCC noted and appreciated efforts to strengthen containment activities by developing simplified guidance tools and conducting virtual capacity-building and sensitization of NPCCs.

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

The RCC noted with satisfaction that most of the recommendations of the thirty-eighth RCC meeting had been fully implemented. However,

notwithstanding contextual challenges, it expressed concern that some important recommendations to countries had only been partially implemented or not implemented at all. 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.

Global polio situation update

The forty-second meeting of the Polio IHR Emergency Committee, held in June 2025, concluded that the risk of international spread of poliovirus continues to constitute a public health emergency of international concern (PHEIC).

Under Goal 2 of the GPEI strategy 2022–2026 (to stop transmission of variant poliovirus and prevent outbreaks in non-endemic countries) an overall downward trend in the number of cases has been observed since 2022. In 2025, a total of 136 cases had been reported at the time of meeting, of which 102 cases were from the African Region and 33 from the Eastern Mediterranean Region. cVDPV2 has been detected in wastewater samples in the European Region. During 2024 and 2025, Finland, Germany, Israel, Poland, Spain and the United Kingdom of Great Britain and Northern Ireland reported such detections. The majority of the isolates in the European Region were genetically linked to an emergence in Nigeria.

Most countries had met the minimum benchmarks for core surveillance indicators during the last 12 months. However, there are subnational variations in this and addressing these remains the utmost priority, especially in priority countries and in settings affected by conflict and/or difficult-to-access geographies.

The GPEI is in the process of finalizing an action plan to complement the GPEI strategy and adapt to current fiscal realities. The action plan maintains stopping WPV1 transmission as a top priority, while adopting a phased approach to cVDPV outbreaks.

Cessation of the bivalent oral poliovirus vaccine (bOPV) in routine immunization is being planned as a globally synchronized event, dependent on a defined set of “triggers” and GPEI milestones, with cessation estimated for 2030 at the earliest. The policy framework for cessation (including guiding principles, triggers and enablers) has been endorsed by the Strategic Advisory Group of Experts on Immunization (SAGE).

WHO African Region

The WHO African Region is witnessing a decreasing trend in the number of cVDPVs. The WPV1 outbreak in southern Africa was officially closed in May 2024. The Region has identified priority geographies for immediate intervention and ramped up its response to cVDPV outbreaks in 2024–2025, with a focus on ending all ongoing active outbreaks as soon as possible.

Most countries in the Region meet the surveillance standards for the non-polio acute flaccid paralysis (NPAFP) rate and the stool adequacy rate; however, there are subnational geographies with suboptimal performance. The 47 Member States of the African Region are served by 16 polio laboratories.

Modelling data show widespread immunity gaps for cVDPV type 1 and type 3 across the African Region, highlighting the risk of cVDPV1 and cVDPV3 outbreaks, in addition to the ongoing risk of cVDPV2.

WHO European Region

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

All Member States of the Region include two doses or more of inactivated polio vaccine (IPV) in their 0–24 month schedule for routine immunization, with high vaccination coverage. Forty-three countries have an IPV-only schedule, while only 10 countries are still using combined IPV and oral polio vaccine (OPV).

The European Region experienced three cVDPV outbreaks during 2024–2025: a cVDPV1 polio outbreak in Israel; a multi-country cVDPV2 outbreak across the Region; and a cVDPV3 polio outbreak in French Guiana. Response to these events ranged from strengthening personal hygiene measures and increasing public awareness to implementing targeted immunization campaigns using IPV.

The European Region has a high number of poliovirus-essential facilities; however, there has been 30% decrease in the number of facilities since 2015.

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. However, the Region has faced detections of variant polioviruses. In Indonesia, which was reassigned from the South-East Asia Region to the Western Pacific Region in May 2025, a cVDPV2 outbreak was declared following an outbreak response assessment.

Regional immunization coverage of the first dose of IPV is 91%, with all countries achieving coverage of more than 90% except the Democratic People's Republic of Korea, Myanmar and Timor-Leste. Six of the 10 countries of the Region have introduced two doses of IPV in their immunization schedules.

Surveillance sensitivity gaps have been observed in five countries – Bhutan, Democratic People's Republic of Korea, Sri Lanka, Thailand and Timor-Leste. Environmental surveillance is being conducted through 93 environmental sampling sites in five countries of the Region, with good sensitivity.

Review of the country reports

The RCC reviewed and discussed the annual update reports for 2024 from all non-endemic countries in the Eastern Mediterranean Region, with the exception of Libya due to non-submission of the required report. The RCC provided comments for revision. In addition, the RCC reviewed and discussed the annual progress reports submitted by the two endemic countries.

3. Conclusions

Based on the evidence presented by the countries/territories, the RCC concluded that the annual update reports for 2024 from Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Morocco, the occupied Palestinian territory, Oman, Qatar, Saudi Arabia, Somalia, Sudan, the Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen were provisionally accepted, with final approval pending revisions of the reports by the Member States based on RCC comments.

The RCC concluded that Djibouti, the occupied Palestinian territory, Somalia, Sudan and Yemen are at high risk of continued or repeated poliovirus outbreaks. Iraq, Lebanon and the Syrian Arab Republic were assessed as being at medium risk of poliovirus transmission following importation or new emergence. In addition, Morocco remains at high risk of missing poliovirus transmission due to gaps in surveillance.

The RCC noted that Libya did not submit its annual update report and has overall low performance in poliovirus surveillance, containment and certification activities.

The progress reports from Afghanistan and Pakistan were noted by the RCC.

4. Recommendations

The following list includes 25 recommendations applicable to all/multiple countries, followed by country-specific recommendations proposed by the RCC.

1. The RCC appreciates the initiative of the WHO Regional Director in sharing the report of the thirty-eighth meeting of the RCC with the health ministers of Member States, and urges the Regional Director to continue this practice.
2. The RCC notes that its terms of reference have been updated to reflect recent guidance and updates from the Global Commission for Certification of Poliomyelitis Eradication (GCC) and recommends that the Secretariat revise and update the NCC terms of reference and guidelines to reflect new developments and expectations, including with regard to meetings, advocacy, and oversight of programme and containment activities.
3. The RCC appreciates that, in compliance with the recommendations of the thirty-eighth meeting of the RCC, the NCCs had held at least

- two meetings and shared the corresponding minutes with the RCC, and recommends the continuation of this practice.
4. To support the NCCs, each RCC member should be closely engaged with the NCC activities of two countries through virtual attendance of at least two NCC meetings, as well as through conducting field visits when necessary.
 5. To build confidence for certifying the Region as polio-free following the interruption of WPV1 transmission in Afghanistan and Pakistan, the RCC recommends that the WHO Regional Office for the Eastern Mediterranean should develop a specific plan for further accelerating RCC review of surveillance, containment and certification activities, to be initiated 6 months after the last detection WPV1.

Annual update report and final national document templates

6. The RCC agrees with the changes proposed by the Secretariat and recommends that a small working group from the RCC work with the Secretariat to further review and revise the template of the annual update report and share it with the wider RCC by the end of November 2025; annual update reports for 2025 will be required to be submitted using the updated template.
7. In view of the recommendations of the twenty-fourth meeting of the GCC on the certification process for VDPVs, the RCC recommends changing the country conclusion from the current statement “The NCC members are firmly convinced that the country was polio free during the reporting period” to a statement which specifically reflects the status of “wild poliovirus” and “cVDPV”.
8. The RCC recognizes the need to review the final national document template to ensure that it contains all the information required by the RCC to develop a degree of confidence regarding interruption of transmission; to this end, the RCC constituted a small group within the

RCC to work with the Secretariat for review, revision and sharing with the wider RCC by the end of January 2026.

Surveillance

9. The RCC recommends the requirement of a minimum NPAFP rate of 3 per 100 000 children under 15 years of age at national and first subnational levels for endemic and outbreak countries.
10. The RCC notes that conducting independent surveillance reviews every alternate year may not be feasible and recommends that all high-risk countries conduct a review at least every three years and low-risk countries conduct a review at least every five years.
11. The RCC recommends that the national surveillance guidelines be regularly reviewed and updated at least every five years, or sooner in the event of any significant country update or changes in the global guidance.
12. The RCC reemphasizes, as per adopted poliovirus surveillance guidelines, that for all inadequate AFP cases, one sample from three close contacts should be collected and that all inadequate cases must be presented to and classified by the national polio expert committee.
13. The RCC appreciates the initiation of iVDPV surveillance in Oman and Qatar since its last meeting, and recommends initiation of iVDPV surveillance in Bahrain, Iraq, Jordan, Kuwait, Saudi Arabia and United Arab Emirates by June 2026.
14. In line with global guidance, the RCC appreciates the initiation of environmental surveillance in Oman and ad hoc environmental sampling in Tunisia in 2025. The RCC recommends regularizing environmental surveillance in Tunisia and urges Libya, Morocco, Qatar and United Arab Emirates to initiate environmental surveillance sampling by mid-2026.

Immunization

15. The RCC recommends modifying benchmarks for IPV and OPV coverage to 90% at national and first subnational levels, and including IPV2 coverage information in the annual update reports.
16. Notwithstanding the constraints in implementing routine immunization coverage surveys, the RCC encourages countries to continue their efforts to conduct independent coverage surveys for validating immunization status.

National action plans for preparedness and outbreak response

17. Countries responding to a poliovirus outbreak or event are expected to update their national action plans for outbreak preparedness and response following closure of the outbreak, incorporating recommendations and lessons learned from the Outbreak Response Assessment (OBRA).
18. Countries that have not updated their national action plan or conducted a Polio Outbreak Simulation Exercise (POSE) in the past five years are urged to update the plan and conduct POSE by mid-2026.
19. The RCC notes that conducting a POSE every three years may not be feasible for all countries and recommends that high-risk countries continue to conduct a POSE at least every three years, while low-risk countries should conduct a POSE at least every five years.

Containment

20. The NCCs should advocate for and closely monitor critical aspects of containment activities – including the NPCC profile, facility surveys, updated list of facilities, completion of form 2 and the accuracy of section 16 (containment) – in the annual certification documentation.

21. The NCCs should meet with the national polio programme and the NPCC following the RCC meeting to brief them on meeting outcomes and RCC recommendations.
22. The NPCCs should attend at least two NCC meetings where discussions around containment will take place based on the previous year's report and preparation of next year's report.
23. WHO should organize small group workshops (face-to-face or virtual) involving NPCCs, NCCs and RCC members to brief participants on recently developed guidance and tools.
24. The RCC strongly recommends Djibouti, Libya, Lebanon, the occupied Palestinian territory, Pakistan, Somalia, Sudan and the Syrian Arab Republic to conduct comprehensive facility surveys and annual facility surveys by the end of 2025.
25. The RCC recommends WHO to work with countries facing challenges in completing containment activities and facilitate completion of these activities by December 2025.

Country-specific recommendations

26. *Afghanistan and Pakistan:* The RCC acknowledges the challenges and progress made in Afghanistan and Pakistan and recommends maximizing reach to all target children and strengthening routine immunization with a focus on high-risk areas, in line with the recommendations of the Technical Advisory Group. The RCC also reiterates its previous recommendation of ensuring strong cross-border coordination, including analysing and presenting programmatic information as one epidemiological bloc.
27. *Djibouti:* The RCC noted improvements in surveillance sensitivity, including functional environmental surveillance and the ongoing response to cVDPV outbreaks, and recommends completion of outbreak response as per the global protocol.

28. *Egypt*: The RCC notes that Egypt has demonstrated commendable capacity to detect and respond to importations from other infected countries, and urges Egypt to maintain and further strengthen sensitive surveillance systems and outbreak response preparedness by implementing recommendations from the OBRA conducted in May 2025.
29. *Islamic Republic of Iran*: The RCC notes that the Islamic Republic of Iran is the only country in the Region hosting polio-virus essential facilities, and recommends that the National Authority for Containment urgently complete the requirements of the Containment Certification Scheme.
30. *Gulf Cooperation Council countries*: The RCC reiterates its previous recommendation to conduct a joint surveillance review in Gulf Cooperation Council countries and a POSE in the countries that have not done so in the past five years.
31. *Jordan*: The RCC notes with appreciation that POSE and a surveillance review were conducted in Jordan in 2024 and 2025, respectively, and encourages the country to fully implement the recommendations from these two activities.
32. *Lebanon*: In view of the risk of importation, it is recommended that Lebanon urgently updates its national action plan for preparedness and response and conducts a POSE before mid-2026. Furthermore, focused effort should be made to strengthen surveillance and population immunity among high-risk non-Lebanese populations.
33. *Libya*: The RCC expresses concern regarding the overall low performance in poliovirus surveillance, containment and certification activities in the country, and urges WHO to address it at the highest level and offers to join a support mission to Libya to address the challenges hindering polio-related activities.
34. *Morocco*: The RCC notes that there was some improvement in surveillance performance in 2024 in Morocco, although it notes that again there is a drop. The RCC recommends WHO to work with

- Morocco to improve AFP surveillance performance, initiate environmental surveillance and conduct a POSE before mid-2026.
35. *Occupied Palestinian territory*: The RCC appreciates the outbreak response and surveillance-strengthening activities conducted in the Gaza Strip in extremely challenging circumstances, and recommends urgent interventions to strengthen AFP surveillance and conduct a POSE in the West Bank to ensure sufficient poliovirus detection and response capacity, particularly given the recent detection of a cVDPV1 outbreak in Israel.
 36. *Somalia*: The RCC acknowledges recent improvements, despite the challenging context, but also expresses concern regarding continued cVDPV2 transmission and possible surveillance gaps, as evidenced by the detection of long-chain viruses. The RCC urges Somalia to take urgent steps to review and improve surveillance systems and vaccination activities in high-risk and access-challenged areas.
 37. *Sudan*: The RCC recognizes the challenging context in Sudan, and recommends the country to take urgent and concrete steps to improve AFP surveillance in states that are performing suboptimally.
 38. *Syrian Arab Republic*: The RCC recommends WHO to support the Syrian Ministry of Health in the seamless integration of poliovirus surveillance across whole of the country.
 39. *Tunisia*: The RCC appreciates the recently initiated ad hoc environmental sampling in Tunisia and recommends its regularization in a systematic manner. The RCC also acknowledges the recently conducted POSE and surveillance review, and urges full implementation of the recommendations from these two activities.
 40. *Yemen*: The RCC notes that more than 180 AFP cases in Yemen remain untested in WHO-accredited laboratories, and recommends that these cases be presented to the national expert group/expert review committee for final classification and appropriate action. The RCC recommends that obstacles to sample shipment be urgently resolved

and urges the implementation of outbreak response activities in the northern governorates of Yemen.

Date and venue of the fortieth meeting of the RCC

The next meeting of the RCC is proposed to be held in Jordan during the week commencing 4 May 2026.



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