



Report of the fourth meeting of the Regional Subcommittee for Polio Eradication and Outbreaks

Opening of the meeting

1. The fourth meeting of the Subcommittee for Polio Eradication and Outbreaks of the Regional Committee for the Eastern Mediterranean was held by videoconference on 9 February 2022. The Subcommittee was established in response to resolution EM/RC67/R.4 (2020) and held its first meeting on 16 March 2021.
2. The meeting was attended by ministers of health or their representatives serving as Members of the Subcommittee, key stakeholders of the Global Polio Eradication Initiative (GPEI), WHO Representatives from countries in the Region, the Regional Director of UNICEF's South Asia regional office and WHO staff acting as the Secretariat. The programme and list of participants are provided below as Annexes 1 and 2, respectively.
3. Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean, opened the meeting noting the high commitment shown by the Members since the inception of the Subcommittee. He outlined the various health challenges the world had faced in 2021, including wild poliovirus (WPV), circulating vaccine-derived polio virus type 1 and 2 (cVDPV1 and cVDPV2), noncommunicable diseases and COVID-19, particularly in countries facing conflict and instability.
4. He also noted the positive momentum of national responses, as shown by the exemplary ownership and commitment displayed at different levels, from higher-level political commitment in Member States to that of different partners among humanitarian agencies and donors, which had resulted in remarkable successes in fighting the poliovirus.
5. Dr Mandhari underscored the importance of regional platforms such as the Subcommittee to allow Members to share their wisdom, expertise and guidance on the best ways forward to tackle the poliovirus and expressed his appreciation for the valuable input made by Members through the Regional Subcommittee.
6. The Regional Director noted the leadership provided by the co-Chairs, H.E. Dr Abdul Rahman Mohammed Al Oweis, Minister of Health and Prevention of the United Arab Emirates, and outgoing co-Chair H.E. Dr Hala Zayed, Minister of Health and Population of Egypt. He thanked Dr Zayed and Egypt for their leadership in the Regional Subcommittee during its first year.
7. Dr Mandhari then tabled a motion for the nomination of a new co-Chair, H.E. Dr Hanan Al-Kuwari, Minister of Public Health of Qatar.
8. H.E. Dr Ahmed Al Saidi, Minister of Health of Oman, addressed the group and seconded the nomination of Dr Al-Kuwari as co-Chair of the Subcommittee. He further acknowledged the contributions of outgoing co-Chair Dr Zaid over the past year. He assured the co-Chairs of Oman's commitment to poliovirus eradication in the Region. The motion was passed and Dr Al-Kuwari was elected as the new co-Chair, replacing Dr Zayed.
9. Dr Al-Kuwari addressed the group in her capacity as the new co-Chair of the Regional Subcommittee. She thanked her fellow Ministers for their support and role in ensuring the care and well-being of the people in their countries. She reported that while Qatar's last case of wild poliovirus was in 1990, children across the Region remain at risk as long as polio continues to circulate. She acknowledged the integral role of the Subcommittee to not only provide support to the two endemic countries, but also to support countries in the Region to rapidly mobilize when faced with outbreaks, such as the current cVDPV outbreaks in the Eastern

Mediterranean Region/Horn of Africa. She stressed the need to create enabling environments to allow health care workers to reach the most vulnerable children for vaccination.

10. Dr Al-Kuwari also noted that the State of Qatar had hosted Dr Tedros Adhanom Ghebreyesus, WHO Director-General, recently and had emphasized to him the role Qatar was willing to play in making the Region polio-free. She assured Members of Qatar's commitment to playing its full part in the effort.

11. H.E. Dr Hussain Al Rand, representing co-chair H.E. Dr Abdul Rahman Mohammed Al Oweis, Minister of Health and Prevention of the United Arab Emirates, congratulated Dr Al-Kuwari on her successful nomination as the co-Chair of the Subcommittee. Reflecting on the progress made towards polio eradication in the Region, he expressed his appreciation for the commitment shown by health care workers. He called on Members to continue collaboration for the implementation of the GPEI strategy 2022–2026 on polio eradication and transition. Speaking about the United Arab Emirates–Pakistan Assistance Program (UAEPPAP), he noted that 100 million children had been reached across Pakistan for polio vaccination. He acknowledged the improved access to children in isolated areas in the endemic countries and encouraged Members to continue in their efforts to mobilize the domestic funding and political support that play an integral role in eradicating polio in the Region.

Overview of the regional polio situation and risks to Member States

12. An overview of the regional polio situation, along with key developments for the regional and global programme since the previous meeting of the Subcommittee, was provided by Dr Hamid Syed Jafari, Director for Polio Eradication.

13. Dr Jafari noted key developments in Afghanistan, including access to 2.6 million children who were previously inaccessible, and underscored the need for continuation of house-to-house vaccination across the country, particularly in core reservoirs of the East and South regions where children had been missed during mosque-to-mosque vaccination. He highlighted the critical work being done by WHO and UNICEF as part of the Sehatmandi initiative in Afghanistan to sustain primary and essential care services, noting the collapse of these services would have a very adverse impact on the delivery of polio vaccines.

14. Sharing progress made in Pakistan, Dr Jafari highlighted that there was strong and sustained commitment at all levels, from the highest political office to district level. He also shared the satisfaction expressed by the Polio Oversight Board and Regional Directors of UNICEF and WHO during their visits in November 2021 for the political commitment and quality of surveillance and vaccination campaigns in the country.

15. Dr Jafari applauded Egypt on being the first country in the Region to implement a polio vaccination campaign using the new novel oral poliovirus vaccine (nOPV), noting that post-campaign evaluation showed a high level of coverage.

16. He said that the Islamic Republic of Iran and Sudan remained free of any breakthrough vaccine-derived poliovirus. The Islamic Republic of Iran had detected imported circulating vaccine-derived poliovirus, but there had been no cases reported. Sudan also appeared to have interrupted transmission of cVDPV.

17. Speaking about the new outbreak of cVDPV2 in Yemen, Dr Jafari highlighted the urgency for implementing house-to-house vaccination campaigns in northern Yemen. The authorities have limited vaccination of children to health facilities only, which will result in a large proportion of children being missed. This approach could further exacerbate the spread of both the cVDPV1 and cVDPV2 outbreaks. He stated that international spread of cVDPV2 circulating in Yemen had already occurred, since genetically related cVDPV2 strains had been detected in environmental samples in Djibouti and Egypt, highlighting the continued risk of further spread if the outbreak is not rapidly controlled.

18. Non-endemic countries in the Region, except Somalia, have successfully transitioned from GPEI funding support and integrated public health activities, including essential polio functions, are now supported through the WHO budget.

19. Highlighting the outreach and advocacy efforts of the Subcommittee, he mentioned that the Subcommittee co-Chairs, as well as Dr Al-Mandhari and Dr Faisal Sultan, had published op-eds in widely circulating Arabic, English and Urdu newspapers over the course of the first year of the Subcommittee. There had been social media advocacy connected to the Sixty-ninth WHO Regional Committee for the Eastern Mediterranean, in which Members had called for a polio-free Region. Statements by the co-Chairs and other Members were delivered during the WHO Executive Board meeting in January 2022 on polio eradication. Dr Jafari acknowledged the front- and back-channel support extended by Members, particularly on specific areas and challenges in polio eradication, for which the Secretariat was deeply grateful.

20. Regarding the longstanding cVDPV2 outbreak in Somalia, Dr Jafari noted that a new approach and response plan had been developed and were being rolled out.

21. On progress in the last epidemiological bloc of wild poliovirus – Afghanistan and Pakistan – Dr Jafari stressed that the current circumstances provided the ideal opportunity to interrupt wild poliovirus. Pakistan had completed a year with no child paralysed by wild poliovirus. Afghanistan, however, had recently detected a case of paralysis in a two-year old female child who had not been vaccinated. Furthermore, the village where the girl comes from, had not been part of any house-to-house vaccination campaign since April 2019.

22. Strong progress had been made in control of the cVDPV2 outbreak in Afghanistan and Pakistan. The most recent detection of cVDPV2 in the epidemiologic block was in August 2021.

23. While Pakistan had not detected any cases of paralysis, there had been wild poliovirus detected in environmental samples from southern Khyber Pakhtunkhwa. The national programme had developed a robust plan for southern Khyber Pakhtunkhwa involving intense mobilization and vaccination. Dr Jafari expressed his appreciation for the strong commitment in Pakistan at all levels, including from Prime Minister Imran Khan.

24. New nationwide access that was previously not possible was noted as a significant breakthrough in Afghanistan. The first nationwide campaign was implemented in November 2021 and since then two more nationwide campaigns had been implemented that had reached around 8.5 million of the 10 million targeted children during each round. Around 2.6 million of the estimated 3.5 million children who were previously inaccessible are now being reached during these campaigns. The three campaigns were implemented without any security incident. Female health care workers have continued to vaccinate children.

25. Dr Jafari noted that Afghanistan and Pakistan are intensifying their coordination.

26. Highlighting concerns of lack of access for house-to-house vaccinations in key poliovirus reservoirs in Afghanistan, particularly in the East and South regions, he stated that the risk of resurgence would remain high if vaccination campaigns do not reach all children. He observed that the most vulnerable children, particularly the youngest who cannot walk or those whose mothers cannot carry them, were being missed through the mosque-to-mosque vaccination approach.

27. Dr Jafari requested that the Subcommittee review and endorse the statements on Afghanistan/Pakistan and Yemen for humanitarian support and house-to-house vaccination.

28. Dr Jafari requested Members to urge countries to intensify their commitment to stopping all polio outbreaks in the Region and to rally Member States to maintain vigilance for detecting and rapidly responding to any polio outbreak.

29. He also urged Members to help mobilize domestic financial resources for essential polio functions and outbreak response as GPEI funding declines. WHO will continue to provide support for essential polio functions for the immediate future. He expressed his appreciation that Egypt, the Islamic Republic of Iran and Sudan had provided domestic funding to deal with their poliovirus outbreaks.

30. The Secretariat had shared with the Members of the Subcommittee draft statements on Afghanistan/Pakistan and Yemen that support humanitarian assistance and encourage action to permit house-to-house vaccination to reach all children (see Annexes 3 and 4).

31. The statements call on Members to advocate for access to all children through house-to-house vaccination in Afghanistan and Yemen, mobilize support to avert the collapse of the health system in Afghanistan and advocate for humanitarian assistance for children in Yemen.

32. There was consensus among Members in support of the proposed statements, with no objections, and they were subsequently issued at the end of the meeting.

Discussion by Members

33. H.E. Dr Ahmed Robleh Abdilleh, Minister of Health of Djibouti, joined the Subcommittee to deliver his remarks on the recent outbreak of cVDPV2 detected through environmental samples in two areas in the Arta and Djibouti regions in the country. He highlighted that the timely detection had been made possible through the environmental surveillance network established in Djibouti in August 2021. He stated that while no child has been paralysed by the virus to date, Djiboutians remained at risk. Therefore, the country was further enhancing its surveillance to ensure rapid detection of any transmission and coordinating with neighbouring countries to fully understand the ongoing risks of further spread of the outbreak. He informed the Subcommittee that Djibouti was mounting two rounds of nationwide vaccinations with the novel oral polio vaccine type 2, with the first round to be conducted before the end of February.

34. Dr Amal Elfatih, Federal Ministry of Health of Sudan, acknowledged the efforts made by WHO in establishing and maintaining the Regional Subcommittee for Polio Eradication and Outbreaks. He expressed his appreciation for the intensified efforts made through the Subcommittee to push for polio eradication in the Region. He noted that following the outbreak of WPV in Sudan in 1993, Sudan had adopted the resolution passed by the World Health Assembly to eradicate polio by 2000 and commenced work in 1994. The country remained committed to implementing its robust outbreak response plan and its efforts had resulted in Sudan not reporting any active case of cVDPV since 18 December 2020. Furthermore, the country had completed polio assets mapping and shared its report on it with the GPEI and adopted the recommendations for the polio transition plan. The country had also conducted a virtual polio outbreak response assessment in 2021, and presently the team is working on recommendations to close the outbreak within the second quarter of 2022 if no further cVDPV2 transmission is detected. Furthermore, Sudan is implementing a plan to enhance the sensitivity of acute flaccid paralysis surveillance and expand environmental surveillance for the timely detection of poliovirus. He noted that Sudan was concerned that stopping national immunization days could result in a reduction in immunity among the population as the danger of importation remains high, particularly from the endemic countries and outbreak countries bordering Sudan. Sudan also expressed its concern over the diminishing human and financial resources of the programme, which could have a negative impact on the success of polio eradication, and called on WHO and partners to allocate adequate human and financial resources to support sustained polio eradication.

35. H.E. Dr Ahmad Al-Saidi, Health Minister of Oman, congratulated Pakistan on recording no cases of WPV for a year and expressed his hope of seeing similar results in Afghanistan. Additionally, he called on authorities in Yemen to allow house-to-house vaccination and reaffirmed Oman's commitment in assisting in this matter. He reiterated that no one is safe until the virus is eradicated from all countries.

Statements from the Polio Oversight Board

36. Dr Chris Elias, President of the Bill & Melinda Gates Foundation and the Chairperson of the Polio Oversight Board, recounted his visit to Pakistan in November 2021. He expressed his appreciation for the leadership of Prime Minister Imran Khan and the Special Assistant to the Prime Minister on Health Dr Faisal Sultan, and for the provincial leadership and the commitment of health care workers. He echoed earlier remarks that the virus was tenacious, and the risk of spread remained high, particularly as evidenced through positive environmental samples detected in southern Khyber Pakhtunkhwa, which could have a negative impact on the progress made. He also mentioned his visit to Doha where he met with the authorities of the State of Qatar and discussed the humanitarian situation and challenges facing Afghanistan and how the situation could be supported to ensure that no child was left unvaccinated.

37. He expressed his appreciation for the nationwide campaigns conducted in Afghanistan in 2021 that had been completed without any security incidents. He noted that house-to-house is the standard approach and

helps in reaching more children. However, gaps remained in mosque-to-mosque campaigns and as a consequence, he noted that the first and only case of 2022 had occurred in Paktika province of Afghanistan, where no vaccinations had taken place. He encouraged all Members to reach out to the leadership of the de facto administration and advocate for a full resumption of house-to-house vaccination. He acknowledged the humanitarian conditions and encouraged Members to work together to support all Afghans. Noting the limited health care infrastructure and increasing disease outbreaks, delivery of essential life-saving vaccines remained critical. He appreciated the role of polio staff in not only contributing to immunization efforts, including for COVID-19 and measles campaigns, but also in conducting assessments of health care services that are helping direct essential medicine and supplies to areas where they are needed most. He called attention to the expanding cVDPV outbreaks in the Eastern Mediterranean Region/Horn of Africa and called on the strengthening of interregional cooperation and support in dealing with the outbreaks. He stressed the need for special focus on the two locations in Somalia and Yemen where large humanitarian emergencies complicate the situation. He also extended his support for the proposed Somalia Summit to garner support and accelerate the polio response to stop the outbreaks. He said that the use of humanitarian approaches and new polio partners would be key to success in the areas in 2022.

38. Dr Rochelle Walensky, Director of the Centers for Disease Control and Prevention in the United States, stressed the importance of finishing polio eradication for the generations to come so that no child would be threatened with paralysis. She acknowledged the encouraging progress made in the Region and said that there was currently a great opportunity to eradicate WPV from the Region. She stressed that transition was essential to eradication, but that countries must remain consistent in their approach, including sustained commitment at the highest level of government. She noted that all efforts to implement house-to-house vaccination should be made, as the immunity levels needed to stop the virus could only be achieved by administering vaccines where children are living. This was particularly important for places where women are the primary caregivers and culturally-appropriate vaccination teams needed to be deployed. She expressed the firm and unyielding support of the United States for the two remaining polio-endemic countries and its commitment to supporting ways of reaching children, particularly those who are missed in endemic and outbreak countries.

39. H.E. Dr Faisal Sultan, Special Assistant to the Prime Minister on Health for Pakistan, provided an update on the polio programme in Pakistan and the progress made over the past year. He noted that the programme had maintained sensitive surveillance for polio detection and that Pakistan had completed a year of no cases of WPV on 27 January 2022. However, wild poliovirus had been found to be present in environmental samples. He said that the programme was continuously adapting and assessing steps to achieve polio eradication within the timeframe identified in the GPEI strategy, and mentioned the keen interest and support of the Prime Minister of Pakistan, who was deeply engaged in the efforts to eradicate polio, particularly by the district administration in high-risk areas. The national task force brings together all the political leadership in Pakistan, and the country is also monitoring transmission across the border in coordination with Afghanistan to address any outbreaks in a timely manner.

40. Dr Sultan noted that the programme was also engaging with district and local administrations, and the political leadership in these areas. Given the geographical proximity and movement of people across the border, he assured Members that Pakistan would make every effort to ensure that the virus does not spill in either direction. Furthermore, he shared plans to provide vaccinations for all other antigens and diseases to boost vaccination rates in marginalized communities. He expressed his gratitude to the frontline health care workers and for the community-based system of surveillance and mapping of acute flaccid paralysis. He assured Members of steps taken to ensure the security of frontline health care workers and for their building their morale. He closed by expressing his gratitude to the partners, donors and international community for their generous support.

41. George Laryea-Adjei, UNICEF Regional Director for South Asia, addressed the group, expressing his hopes that 2022 would bring a big breakthrough in the history of polio. Speaking about the progress made under the umbrella of the GPEI over the past year, he expressed confidence that the objective of eradicating polio would be achieved. From his visits to Afghanistan and Pakistan, he had witnessed the meaningful collaboration between the teams and partners on ways to reach children in the most isolated and difficult areas. Speaking about the quality of the programme of Pakistan, he expressed his appreciation for the laser focus on interrupting transmission in the last remaining pockets. Speaking about Afghanistan, he mentioned

that despite the challenges, teams have managed to access children across the country and were working hard to seize the opportunity. Reflecting on the gaps in reaching children through mosque-to-mosque campaigns, he called on Members to advocate for house-to-house campaigns. He also reflected on measuring success in how investments in polio were used to bring broader and more sustainable primary care services to communities. He stated that the GPEI remained focused on a successful polio transition and appreciated the steps taken by Pakistan in this regard. He closed his remarks with his assurance that polio eradication remains of the highest priority for UNICEF.

42. Mr Aziz Memon, Trustee of the Rotary Foundation and Chair of Rotary's Pakistan Polio Committee, represented Mike McGovern, Member of the Polio Oversight Board and Chair of Rotary's International PolioPlus Committee. He expressed his appreciation for the report shared by Dr Hamid Jafari and thanked Dr Faisal for his support for polio eradication. He observed that while one year had been completed without any WPV case, the challenges in Pakistan had also diversified. Addressing issues in Khyber Pakhtunkhwa and Karachi and challenges across the border, he urged Members to continue to work together to expand access to vaccination for every child. He noted that the achievements made so far had been done through the collective efforts of the GPEI partners and the governments and called on Members to continue their support to ensure that no new cases of the virus were detected and for a world free from polio.

43. Stephen Sosler from Gavi, the Vaccine Alliance addressed the group on behalf of Dr Seth Berkley. He underscored how heartened Gavi was by the level of collaboration witnessed between the polio and EPI programmes at federal and provincial levels. He expanded on the need to replicate the model throughout the system and among other partners. Reflecting on the progress made in Pakistan, he said that it speaks to the level of quality planning and implementation by the EPI and polio programmes that vaccinated a large number of children during the measles and rubella vaccination campaign in November 2021. He noted that following the Polio Oversight Board visit in late 2021, Gavi had been working on a comprehensive plan to support the programme for the next five years, and emphasized Gavi's commitment to stop transmission and support transition towards a more strengthened immunization system in countries facing outbreaks such as Somalia, Sudan and Yemen. He assured Members that Gavi's technical expertise would be available to facilitate the successful eradication and transition process.

44. Ellyn Ogden from USAID, representing Mr Peter MacDougal, the representative of donors on the Polio Oversight Board, addressed the group, stating that the donors are cautiously optimistic on the progress made thus far in polio eradication. Reiterating the need to keep up momentum, she noted that the re-emergence of cases can happen quite easily, as in the case of Nigeria. She mentioned that USAID was heartened to see the success made in gaining access in Afghanistan, but that even with the access obtained in the past, the programme had not been reaching every child. She stressed the need for the programme to work on maintaining the high-quality of campaigns and the importance of building the trust and relationships needed to reach all children. Appreciating the work undertaken as part of the Sehatmandi initiative, she reiterated USAID's support for enabling a stable health care system in Afghanistan. Referring to Yemen, she expressed her concern over the evolving humanitarian situation and touched on the challenges regarding vaccine hesitation, insecurity and funding shortages. She recognized the importance of nOVP2 but stressed that the vaccine is only useful if delivered to children, and called for campaign execution to be perfect and for the effective use of tools, data and monitoring to increase the efficiency of the programme. She also stressed the need for stronger surveillance, particularly in countries transitioning from GPEI funding.

45. Aidan O'Leary, Director for Polio Eradication at WHO headquarters and Chair of the GPEI Strategy Committee, said that progress and gaps should be acknowledged equally. He welcomed the lowest numbers of cases ever recorded reported in the endemic countries in 2021, but, referring to the new case recorded in Afghanistan, said that one child was still too many. He emphasized that the GPEI and its partners must continue working together to prevent such tragedies, highlighting the political will witnessed last year and the encouraging and decisive statements made that reflected the commitment of Members. He assured Members of the commitment of Dr Tedros to the Eastern Mediterranean Region and shared the reflections of Dr Tedros regarding his visit to Afghanistan, in which he highlighted the significance of eradicating polio, while noting the large health care challenges facing Afghanistan requiring sustained efforts. He expressed his appreciation of the rapid response to outbreaks in the Region, mentioning the diligence shown by Djibouti, Egypt, Islamic Republic of Iran, Sudan and Yemen in responding to them, despite the challenging

humanitarian situation in Yemen. He said that as an emergency programme, transition was a sign of success that the polio investment can be sustained and integrated into the broader health care system, and that transition was a key aspect of the work of the GPEI to deliver on the vision of a polio-free world.

Recognition of Member States contribution to polio eradication

46. A new standing agenda item was added to the Subcommittee agenda for 2022 to recognize any extraordinary contributions that individual Member States have made towards polio eradication efforts in the Region.

47. Dr Al-Mandhari recognized the regional leadership shown by Egypt to prioritize polio – both in the role played by former co-chair Dr Hala Zayed, but also in their response to the risk of circulating vaccine-derived poliovirus. In December 2021, Egypt had mounted a robust vaccination response to the transmission of cVDPV2 – the first regional use of novel oral polio vaccine type 2, the newest tool to fight these outbreaks. Dr Mandhari noted the high-quality of the campaign that had reached children across the country and was implemented using domestic resources.

48. Dr Chris Elias recognized the leadership of the United Arab Emirates, which had been a long-standing supporter of polio eradication efforts, particularly in the Eastern Mediterranean Region. The GPEI appreciated the leadership role the United Arab Emirates had taken in the Subcommittee, led by Dr Owais, but also the way that polio eradication, particularly in Pakistan, had been prioritized by His Highness Sheikh Mohammed bin Zayed Al Nahyan. The United Arab Emirates–Pakistan Assistance Program had been very effective in ensuring the vaccination of children in Pakistan in a safe environment.

Closing remarks and next steps

49. Dr Al-Mandhari and Dr Jafari thanked the Members for their participation, their commitment and their support in pushing for a polio-free world.

50. It was agreed that the Subcommittee would:

- immediately issue the statements on Afghanistan/Pakistan and Yemen;
- provide continued support to countries to stop the circulation of all vaccine-derived polioviruses;
- advocate for house-to-house vaccination in Afghanistan and Yemen and provide necessary support to mitigate the humanitarian crises in Afghanistan and Yemen;
- continue regional coordination and collaboration to support countries facing outbreaks;
- advocate for the protection of health care workers so that they are motivated to continue their work; and
- maintain a high level of support and vigilance to ensure polio transition and integration into the broader health care systems.

51. The following next steps were agreed by the Subcommittee.

- Following the fourth meeting, the Secretariat of the Subcommittee would:
 - publish a press release in Arabic and English;
 - issue statements on Afghanistan/Pakistan and Yemen on the Subcommittee website; and
 - prepare a detailed report of the meeting outlining clear next steps.

Annexes

Annex 1. Programme

Fourth Meeting of the Regional Subcommittee for Polio Eradication and Outbreaks

9 February 2022, Timing: 15.30–17.00 (Cairo time +xx GMT), Format: Virtual

Timing	Event	Presenter/speaker
15:30–15:40	Welcome and opening remarks	Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean H.E Abdul Rahman Mohammed Al Oweis, Minister of Health, United Arab Emirates Co-chair Regional Subcommittee
15:40–15:45	Election of new co-Chair	Regional Subcommittee
15:45–15:55	Regional update on polio eradication Draft Subcommittee statements on Afghanistan and Yemen	Dr Hamid Jafari, Director, Polio Eradication, WHO Regional Office for the Eastern Mediterranean
15:55–16:15	Discussion	
16:15–16:20	Report on the visit of the Polio Oversight Board and Regional Directors to Pakistan, November 2021	Dr Chris Elias, Bill & Melinda Gates Foundation/ Chair, Polio Oversight Board
16:20–16:40	Comments by Polio Oversight Board members and UNICEF Regional Directors for MENA and ROSA	Mr Mike McGovern, Rotary Dr Rochelle Walensky, US CDC Dr Seth Berkley, Gavi Mr Ted Chaiban, UNICEF MENA Mr George Laryea-Adjei, UNICEF ROSA
16:40–16:50	Discussion	
16:50–16:55	Recognition of Member States contribution to polio eradication (a new standing agenda item)	Dr Ahmed Al-Mandhari
16:55–17:00	Summary of proposed actions Closing comments by Regional Director	Dr Hamid Jafari Dr Ahmed Al-Mandhari

Annex 2: List of participants

Members of the Subcommittee

Name	Position
Member States	
H.E. Dr Ahmed Robleh Abdilleh	Minister of Health, Djibouti
H.E. Dr Khaled AbdelGhaffar	Acting Minister of Health and Population, Egypt
H.E. Dr Bahram Eynollahi	Minister of Health and Medical Education, Iran (Islamic Republic of)
H.E. Dr Hasan Al-Tamimi	Minister of Health, Iraq
H.E. Dr Ahmed bin Mohamed bin Obaid Al Saidi	Minister of Health, Oman
H.E. Dr Hanan Mohamed Al Kuwari	Minister of Public Health, Qatar
H.E. Dr Heitham Ibrahim Awadalla Dr Amal Elfatih Dr Aseel Geries	Federal Ministry of Health, Sudan
H.E. Professor Ali Mrabet	Minister of Health, Tunisia
H.E. Dr Abdul Rahman Bin Mohammed Al Owais ¹	Minister of Health and Prevention, United Arab Emirates
WHO Secretariat	
Dr Ahmed Al-Mandhari	Regional Director
Mr Aidan O'Leary	Director, Polio Eradication, WHO headquarters
Dr Rana Ahmad Hajjeh	Director, Programme Management, WHO Regional Office
Christoph Hamelmann	Chef de Cabinet, WHO Regional Office
Dr Hamid Syed Jafar	Director, Polio Eradication, WHO Regional Office
Dr Sussan Bassiri	Director, Business Operations, WHO Regional Office
Dr Richard Brennan	Director, Health Emergencies, WHO Regional Office
Dr Maha El-Adawy	Director, Health Protection, WHO Regional Office
Dr Shukla Hemant	Team leader, Country Support Team, WHO Regional Office
Ms Emma Sykes	Communication Officer, WHO Regional Office
Rimsha Qureshi	Communication Consultant, WHO Regional Office
Ms Hala EL-Shazly	National Professional Officer, WHO Regional Office
Ms Samah Abdel Aziz	Senior Administrative Assistant, WHO Regional Office
Ms Sara Al-Naqshabandi	Programme Support Officer, WHO Regional Office
Guest participants	
Dr Stephen Sosler	Medical Epidemiologist, Gavi, the Vaccine Alliance
Mr Ted Chaiban	UNICEF Regional Director for the Middle East and North Africa
Mr Abdellah El-Ghafli	Director, United Arab Emirates–Pakistan Assistance Program
Dr Chris Elias	President, Global Development, Bill & Melinda Gates Foundation
Mr George Laryea-Adjei	UNICEF Regional Director for South Asia
Dr Ellyn Ogden	US Agency for International Development (USAID)
Mr Mike McGovern (unable to attend)	Chairman International PolioPlus Committee, Rotary International
Mr Aziz Memon	Member, Rotary International PolioPlus Committee, Rotary International
Dr Rochelle Walensky	Director, Centers for Disease Control and Prevention

¹ Member represented by Dr Hussain Al Rand.

Annex 3. Statement on stopping wild poliovirus transmission in Afghanistan and Pakistan

Statement by the Eastern Mediterranean Ministerial Regional Subcommittee on Polio Eradication and Outbreaks

Delivering on a promise: achieving and sustaining a polio-free Eastern Mediterranean Region

Fourth Meeting of the Regional Subcommittee on Polio Eradication and Outbreaks

9 February 2022 – Noting the progress achieved globally in eradicating wild poliovirus transmission since 1988, with virus transmission at the start of 2022 restricted to just two countries – Pakistan and Afghanistan;

Noting that detection of wild poliovirus cases in both countries is at the lowest levels in history, with five cases reported in Afghanistan and one in Pakistan since January 2021, which presents a unique epidemiological window of opportunity to eradicate wild poliovirus once and for all;

Underscoring that the recent isolation of wild poliovirus from environmental samples in Pakistan and children in Afghanistan confirms continued poliovirus circulation in this joint, cross-border epidemiological block;

Highlighting that the current favourable epidemiological situation is thanks to sustained commitment by leaders at all levels, notably by political leaders, community and religious leaders, civil society (especially Rotary International and individual Rotarians) and health workers at the forefront;

Underscoring the resumption of nationwide polio immunization campaigns in Afghanistan in late 2021 after a gap of more than three years;

Noting ongoing vaccination coverage gaps in key high-risk areas and among high-risk population groups in both countries, and concerned about the lack of house-to house-vaccination in key polio-endemic areas of Afghanistan;

Recalling that the spread of poliovirus constitutes a Public Health Emergency of International Concern under the International Health Regulations (2005);

Noting with concern the increasing humanitarian needs, economic crisis, risk of disruption of primary health services through the Sehatmandi Programme and limited hospital care in Afghanistan, all of which can jeopardize the integrity of childhood immunization and polio eradication in the country; and

Noting that UNICEF and WHO have restored the Sehatmandi programme and have received financing to sustain delivery of health services through June 2022;

We, the Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks:

DECLARE:

1. The ongoing circulation of wild poliovirus in Afghanistan and Pakistan to be a Regional Public Health Emergency; and

COMMIT TO:

2. Enhancing engagement and support by all political, community and civil society leaders and sectors at all levels, needed to fully resolve the aforedeclared Regional Public Health Emergency; and

3. Supporting the coordination of activities across borders to ensure synchronized and cross-border response activities, including in Afghanistan and Pakistan; and

REQUEST:

4. The international donor and development community to provide the much-needed humanitarian relief and financing to sustain and expand health services to the people of Afghanistan;

5. The sustained and strengthened commitment by all leaders at all levels in Afghanistan and Pakistan, to capitalize on the current epidemiological window of opportunity through intensified eradication efforts, including by continuing to increase access to all children in previously inaccessible areas, implementing area-

specific emergency action plans in known under-performing areas and responding to the detection of any new viruses from any source (be it from an acute flaccid paralysis case or environmental sample) as an emergency;

6. All authorities in Afghanistan to facilitate resumption of house-to-house vaccination in all areas to ensure delivery of vaccine to the youngest and most vulnerable children who are not being reached by mosque-to-mosque only vaccination and who must be vaccinated to capitalize on the current opportunity across both countries; and

7. The Regional Director to continue his tremendous leadership and support to Afghanistan and Pakistan in their efforts to eradicate polio, including by advocating for all necessary financial and technical support, reviewing progress, planning corrective actions as necessary and regularly informing Member States of the aforementioned and of any eventual further action required through the WHO Executive Board, World Health Assembly and Regional Committee mechanisms.

Annex 4. Statement on stopping the concurrent outbreaks of vaccine-derived poliovirus types 1 and 2 in Yemen

Statement by the Eastern Mediterranean Ministerial Regional Subcommittee on Polio Eradication and Outbreaks

Delivering on a promise: achieving and sustaining a polio-free Eastern Mediterranean Region

Fourth Meeting of the Regional Subcommittee on Polio Eradication and Outbreaks

9 February 2022 – Noting the progress achieved globally in eradicating poliovirus transmission since 1988;

Noting with deep concern the ongoing and expanding outbreaks of circulating vaccine-derived poliovirus type 2 (cVDPV2) in the Region, including a concurrent outbreak of cVDPV1 and cVDPV2 in Yemen;

Recognizing the high risk of persistence and expansion of the two polio outbreaks in Yemen in the setting of low levels of immunity to polio due to disruption in childhood immunization and gaps in coverage of supplementary vaccinations campaigns and evidence of international spread of the outbreak;

Recalling that the spread of polio is a Public Health Emergency of International Concern under the International Health Regulations (2005);

Recognizing the impact of prolonged conflict on disruption of health services, including implementation of house-to-house vaccination campaigns that ensure all vulnerable children can be reached with life-saving polio vaccines;

Understanding that recent escalation in conflict has further reduced the scope of house-to-house polio vaccination in Yemen thereby increasing the risk for continuation of polio outbreaks and increasing the threat of polio paralysis for children in Yemen;

Noting the new global Polio Eradication Strategy 2022–2026 – Delivering on a Promise, laying out the roadmap to securing a lasting world free of all forms of poliovirus, including circulating vaccine-derived polioviruses; and,

In particular, noting the unique and realistic opportunity to ensure that no child in the Region will ever again be paralysed by any form of poliovirus, and giving the Region one less infectious disease to worry about once and for all;

We, the Eastern Mediterranean Regional Subcommittee on Polio Eradication and Outbreaks:

DECLARE:

1. The ongoing circulation of any strain of poliovirus in the Region to be a Regional Public Health Emergency; and

COMMIT TO:

2. Enhancing engagement and support by all political, community and civil society leaders and sectors at all levels, needed to fully resolve the aforedeclared Regional Public Health Emergency;

3. Supporting Yemen to fully implement the temporary recommendations issued by the Emergency Committee on Polio Eradication under the International Health Regulations (IHR 2005), including to support them in declaring any confirmation of circulating poliovirus to be a national public health emergency and ensuring highest-level oversight for outbreak response;

4. Supporting Yemen in mobilizing all necessary resources to fully implement outbreak response across the country; and

5. Helping to strengthen coordination with other public health and humanitarian efforts in Yemen, to ensure closer integration in particular with routine immunization and delivery of essential health services to children; and

REQUEST:

6. The international humanitarian and development communities for their strengthened support for providing essential services, including a robust response to the polio outbreaks in Yemen;
7. All authorities and leaders in Yemen to sustain and strengthen their commitment at all levels to intensify polio eradication efforts, including by continuing to increase access to all children in previously inaccessible areas, implementing area-specific emergency action plans in known under-performing areas and responding to the detection of any new viruses from any source (be it from an acute flaccid paralysis case or environmental sample) as an emergency;
8. All authorities in Yemen to facilitate resumption of house-to-house vaccination campaigns in all areas to ensure delivery of vaccine to the youngest and most vulnerable children who are likely to be missed by delivery of vaccine only through fixed sites; in areas where house-to-house vaccination is not feasible, all efforts should be made to implement intensified fixed site vaccination to ensure high coverage; and
9. The Regional Director to continue his tremendous leadership and efforts to support the cessation of polio outbreaks in Yemen, including by advocating for all necessary financial and technical support, reviewing progress, planning corrective actions as necessary and regularly informing Member States of the aforementioned and of any eventual further action required through the WHO Executive Board, World Health Assembly and Regional Committee mechanisms.