

Report on the

**Twenty-first meeting of the Eastern  
Mediterranean Regional Commission for  
Certification of Poliomyelitis Eradication**

Cairo, Egypt  
21–22 October 2009



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

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## **1. INTRODUCTION**

The twenty-first meeting of the Eastern Mediterranean Regional Commission for Certification of Poliomyelitis Eradication (EMR/RCC) was held on 21 and 22 October 2009 at the WHO Regional Office for the Eastern Mediterranean (EMRO) in Cairo, Egypt. It was attended by RCC members and chairpersons of the National Certification Committees (NCC) and programme managers of Afghanistan, Djibouti, Kuwait, Palestine and Pakistan. The meeting was also attended by representatives of Rotary International, the Centers for Disease Control and Prevention (Atlanta) and WHO staff from headquarters and the regional offices for Africa, Europe and the Eastern Mediterranean.

The meeting was opened by Dr Ali Jaffer, Chairman of the RCC. He welcomed the participants and expressed his gratitude to the national programmes and NCC chairpersons for their efforts in polio eradication and for timely submission of their reports to the RCC.

Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean, welcomed the RCC members and national participants and acknowledged their dedication to polio eradication. He also welcomed other participants and thanked partners for their continued commitment and support. He then referred briefly to the epidemiologic situation and the constraints facing the Region because of the disturbed security situation especially in the two remaining endemic countries and the continued risk of importation. He added that the persistent high level of political commitment to polio eradication and the devotion of national staff together with partner support would succeed in achieving the long-awaited target.

The programme of the meeting and the list of the participants are given in Annexes 1 and 2, respectively.

## **2. IMPLEMENTATION OF THE COMMENTS AND RECOMMENDATIONS OF THE TWENTIETH MEETING OF THE RCC**

Dr M.H. Wahdan, WHO/EMRO, detailed actions taken in response to the recommendations of the RCC in its twentieth meeting and acknowledged the response of national authorities and national certification committees and WHO secretariat to all the recommendations.

The RCC noted with satisfaction that all its recommendations were addressed.

## **3. ASSESSMENT OF THE CURRENT SITUATION OF POLIO ERADICATION IN THE REGION**

Dr M.H. Wahdan, WHO/EMRO, presented the main achievements of the regional programme, namely maintaining polio-free status in 19 countries, high standard surveillance, maintaining commitment of national authorities, further

strengthening coordination between countries in polio eradication not only within the Region but also with other regions and efforts for care of paralytic cases.

Polio-free status was maintained in 19 countries through avoiding immunity gaps by ensuring high levels of routine immunization and conduct of supplementary immunization activities wherever required. The immunity status is being assessed by regular review of the immunity profile of acute flaccid paralysis (AFP) cases 6–23 months of age.

The surveillance system for AFP continued to perform at the expected certification standard in all countries of the Region. This standard is being monitored on a weekly basis and data are published in the polio fax. In addition, surveillance reviews are conducted regularly followed by training courses aiming at addressing weaknesses observed during the reviews.

Coordination between neighbouring countries, especially between Afghanistan and Pakistan, continued to be very effective. As well, coordination between countries of the Horn of Africa is ongoing in the form of meetings and regular issuance of the Horn of Africa Bulletin. Synchronization of activities and regular exchange of information is maintained.

The commitment of national authorities has been expressed in resolutions of the Regional Committee and continues to be stimulated through regular dissemination of information and updates and by alerting national authorities to developments. The authorities of the two endemic countries are renewing their commitments and adopting various strategies to address constraints faced.

In an effort to improve the quality of life of polio victims and after the success of the demonstration projects to extend necessary support to cases of paralytic polio in Pakistan and Yemen, a regional plan to institutionalize these efforts was approved by the Regional Committee in October 2009 as an added strategy for polio eradication.

Dr Tahir Mir, WHO Afghanistan, presented the epidemiologic situation in Afghanistan and indicated that 20 of the 23 cases reported are from the southern region and are concentrated in only 10 districts. There are several indicators denoting strong performance in non-endemic parts of the country. As well there are recent improvements in access in the endemic parts through involvement of nongovernmental organizations in supplementary immunization activities and through local negotiations and mediations. The programme priority is to increase access to children in insecure areas and maintain high immunity in non transmission areas.

Dr N'ima Abid, WHO Pakistan, presented the situation in Pakistan. He indicated that both P1 and P3 are circulating in all the provinces. The majority of cases so far reported from Pakistan were from North-West Frontier Province (40 of

the 69 cases), and most were from 2 districts (Swat and Bajour). There are also districts of concern in Baluchistan, namely Killa Abdullah, Quetta and Pischine, and in Sindh, namely Karachi, Hyderabad and Badin. Special efforts are being made with provincial and district leadership to overcome operational issues and hence ensure high quality campaigns. The key interventions adopted included ensuring continued political commitment and increasing public awareness through active involvement of media. Another important intervention is enhancing intersectoral collaboration noted as a response to the Prime Minister's Initiative and seeking local appropriate strategies to vaccinate children in insecure areas.

Dr Wahdan, WHO/EMRO, described the situation in south Sudan. He indicated that after a year (June 2008–2009) the epidemic in south Sudan that occurred as a result of importation seems to have come to an end after resulting in 64 cases in the south and 5 cases in northern Sudan and after spreading to Kenya and Uganda. Strengthening technical and logistical support together with repeated supplementary immunization activities and coordination of national and international support have been behind the success. It is essential to continue control efforts and to strengthen surveillance in order to maintain and document achievements.

Dr Humayun Asghar, WHO/EMRO, showed that the regional laboratory network continued its efficient performance with all laboratories fully accredited except Kuwait, which is provisionally accredited. All laboratory performance indicators are well above the set target. As well, all regional network laboratories are implementing the new testing algorithm. This has significantly reduced the time for laboratory testing, and the period from receiving a sample in the laboratory until intratypic differentiation has decreased to a record 13 days in 2009. Some vaccine-derived polioviruses were isolated from AFP cases in some countries, mostly from immunodeficient cases, with no evidence of secondary spread. Containment efforts are also progressing well, with only Pakistan significantly delayed in starting this activity.

### ***Discussions on the regional overview***

The commission appreciated the detailed and frank presentations made by the Secretariat from the Regional Office and the field. It noted with satisfaction the efforts of national authorities and WHO/EMRO to maintain the status of the 19 polio-free countries and the continued excellent performance in surveillance including laboratory support. It endorsed efforts made to maintain coordination within the Region and with other regions. It also noted with appreciation and support the Regional Director's initiative to institutionalize and strengthen care for paralytic cases.

The commission was concerned about the continued circulation of wild viruses in the two endemic countries (Afghanistan and Pakistan) in spite of the various efforts being made to address constraints affecting the programme. Continued

war in southern Afghanistan and the expanding insecurity in some parts of Pakistan have been an important factor in this regard, as children living in these areas have not been accessed for prolonged periods. The commission also noted that there are areas in Pakistan where circulation is continuing despite normal security.

The RCC emphasized the following.

- There is need for ensuring that data about the quality of supplementary immunization activities and achieved immunization coverage are built on well structured independent monitoring and that the results are immediately used to address identified poor performances and hence improve the outcome of forthcoming rounds of supplementary immunization activities. The RCC called on the Secretariat to further develop guidelines for independent monitoring.
- Efforts with national authorities need to be continued at all levels to eliminate identified problems and irregularities in the conduct of supplementary immunization activities and ensure accountability in the most restrictive ways.
- Communication and social mobilization efforts need to be strengthened and directed towards creating sustainable public demand for the vaccination of children not only against polio but against other vaccine preventable diseases as well.
- All health facilities should provide vaccination services for routine as well as National Immunization Day campaigns and all fixed vaccination centres continue their normal functions during supplementary immunization activities, taking into consideration that vaccination be given by more than one health worker in these facilities.

The RCC noted with satisfaction all the recent efforts made to address the epidemic situation in south Sudan from the side of the government, WHO and other partners. It cautiously notes that cases have ceased to occur for more than 3 months and advised for continued efforts to ensure that the programme regains the needed strength and quality to maintain the polio-free status.

The RCC would welcome reviewing an updated national document for Sudan after one year from the last case in the present epidemic.

#### ***Update on the global polio eradication status***

Dr Rudolf Tangermann, WHO headquarters, highlighted the following points with respect to Nigeria, India and the re-infected countries.

- *Nigeria:* Since the beginning of the year, many positive developments were noted, including significantly improved political support and commitment at national, state and local government level. Parallel to that, WPV1 cases, particularly in the northern high-risk states, are at historically low levels, and indicators of supplementary immunization activities quality show significant

improvements in reaching children. While major gaps in performance remain, there is hope that progress in Nigeria will be more rapid than anticipated.

- *India:* Cases due to WPV 1 in the endemic areas of northern India are also at historically low levels, with continued excellent quality of supplementary immunization activities. Recently available results of major research studies conducted in India have major implications for India and the global programme. These include: a) the bivalent OPV study showed its superiority as compared to trivalent OPV and at least equal to monovalent vaccines; b) a large seroprevalence study found very high antibody levels in infants 6–9 months of age; c) early results from extended surveillance studies indicate ‘silent’ WPV transmission in older individuals which may be reseeding WPV into younger age groups.
- *Re-infected countries:* The RCC noted progress towards controlling the extent of renewed WPV transmission following importation of WPV into west Africa and particularly into southern Sudan and northern Uganda and Kenya. There is continued concern about areas of persistent transmission following importation particularly in Chad and in Angola. In its comments about the global situation, the RCC felt the need that countries with prolonged periods of circulation after importation need to have a different designation/name.

#### **4. REVIEW OF NATIONAL REPORTS**

##### **4.1 Provisional national documentation (Afghanistan)**

Dr Gholam Aram, Chairman, NCC Afghanistan described the activities of the NCC and highlighted the well functioning surveillance system which has been documented through the recent review. He then indicated actions being taken to address the recommendations of the surveillance review. He also referred to the independent evaluation mission that has documented remarkable achievements and made a number of recommendations related to health system and service delivery and community participation.

The RCC acknowledged the very comprehensive and well structured report. It made few remarks and clarifications. It was advised that in reporting routine immunization coverage figures available on UNICEF/WHO Joint Reporting Form would be referred to. As well, in reporting coverage figures following supplementary immunization activities, clarification should be made whether they refer to the whole of Afghanistan targeted children or only children living in accessible areas. The RCC also recommended using only credible figures obtained from independent monitors and verified coverage through finger marking. The NCC was invited to submit its next provisional report after one year.

#### **4.2 Provisional national documentation (Pakistan)**

Professor Tariq Bhutta, Chairman, NCC Pakistan updated the RCC on activities of the NCC, the status of AFP surveillance and referred to the start of environmental monitoring as a supplemental surveillance effort. He also referred to the excellent performance of the laboratory. Concerning laboratory containment, he acknowledged the slow progress and constraints facing initiation of this important element. The Chairman of NCC, while acknowledging effective surveillance, indicated that insecurity and inconsistent vaccination quality together with weak routine immunization are behind continued circulation.

The RCC expressed its satisfaction with the comprehensive well structured report and appreciated the efforts of the NCC. It noted with regret the death of one of the members of the NCC, Major General Burney, whose inputs in the initiation and development of the polio eradication programme in Pakistan were very significant.

The RCC noted with appreciation the efforts of the NCC, especially its chairman, in working with national authorities to address constraints facing the programme. Some comments and clarifications were made by the commission and the NCC was invited to submit its next provisional report after one year.

#### **4.3 Annual update 2008 (Palestine)**

Dr Mowafaq Amer, Chairman, NCC Palestine indicated that despite the major constraints facing the programme due to siege, curfews and isolation, health authorities with the support of United Nations agencies and nongovernmental organizations and the commitment of the Palestinian mothers to the health of their children managed to sustain over 95% routine immunization coverage for infants. As for AFP surveillance, continued efforts supplemented with incentives paid for notification managed to keep it functioning.

The RCC having reviewed the update commended the work of the NCC and admired the tremendous efforts made by national authorities and field workers under the difficult prevailing circumstances. The RCC paid a special tribute to the mothers in Palestine for their keen efforts to ensure vaccination of their children.

The RCC found the report to be satisfactory and provided convincing evidence that Palestine remained free of polio and accepted the report. The RCC advised the NCC to involve the National Expert Committee in the classification of all cases, particularly as they are limited in number.

#### **4.4 Final national documentation (Djibouti)**

Dr Ali Matan, Chairman, NCC Djibouti informed the RCC that a new NCC has been established recently to replace the previous committee. He described the

activities of the new NCC on various fronts aiming at having a strong national programme capable of achieving the target of maintaining a polio-free Djibouti. He concluded by highlighting the need to sustain polio eradication efforts particularly as the country is vulnerable to importation of wild viruses from neighbouring infected countries.

The RCC welcomed the new chairperson of the NCC and acknowledged the work of the outgoing NCC. The RCC expressed concern of the low routine immunization and hoped to have this basic strategy strengthened to guard against possible consequences of importation.

The submitted document represented a significant improvement over the previously submitted document. However, it is still short of the expectations of the RCC in some aspects which need to be addressed.

Therefore, the RCC decided to accept the document on a provisional basis. The formal acceptance will follow the submission of the revised document taking into account the RCC comments which will be relayed to the Chairman NCC by the Chairman of the RCC.

#### **4.5 Abridged annual update 2008 (Kuwait)**

Dr Fayka Al-Raqam, Chairperson, NCC Kuwait informed the RCC of a change in the composition of the NCC. She then described the activities of the NCC particularly in relation to reviewing the data provided by the national authorities in relation to surveillance and immunization. She also indicated that the response of the national programme to the recommendations of the NCC has been very good.

The RCC welcomed the new chairperson of the NCC and acknowledged the work of the outgoing NCC Chairman and members.

The report was found to be on the whole satisfactory and needed only minor amendments therefore it was decided to provisionally accept the report. Comments will be relayed from the chairman of the RCC to the chairperson of the NCC, who will be requested to amend the report and send the amended version to the Regional Office.

## **5. OTHER MATTERS**

### **5.1 H1N1 and polio eradication**

The RCC reviewed the impact of pandemic (H1N1) 2009 on efforts for polio eradication and noted that so far negative impacts have been very limited, especially in the priority countries for polio eradication.

It has noted that the extensive utilization of the national polio laboratory in Riyadh for pandemic (H1N1) 2009 testing had resulted in some delays in the timeliness of reporting laboratory results of testing stools from AFP cases. Dr Yagoub Al Mazrou reviewed this issue with the authorities in Saudi Arabia and received assurance that the laboratory functions related to polio eradication have been fully resumed.

## **5.2 Updating the formats for annual updates and national documentation**

The RCC approved the proposed updating, particularly with respect to laboratory accreditation data, and advised that this is not to be requested from countries that do not have a national laboratory.

It also agreed to restrict the request for previous data to the past 5 years.

## **5.3 Date and venue of the twenty-second meeting of the RCC**

It was recommended by the RCC that its next meeting be held from 6 to 8 April 2010 in Cairo. The Committee agreed that the meeting will follow a one-day briefing of the NCC Chairpersons in the Region. It also agreed that 3 of its members join in this briefing.

**Annex 1**

**PROGRAMME**

**Wednesday, 21 October 2009**

- 08:30–09:00 Registration
- 09:00–10:00 Opening session  
Introductory remarks by Dr Ali J. Mohammed, Chairman of RCC  
Address by Dr Hussein A. Gezairy, Regional Director, WHO/EMRO  
Adoption of agenda
- 10:00–11:00 Present situation of polio eradication initiative  
Eastern Mediterranean Regional overview/Dr M. H. Wahdan, WHO/EMRO  
Update on laboratory containment in the Region/Dr H. Asghar, WHO/EMRO  
Discussion
- 11:00–12:00 Global update/Dr R. Tangermann, WHO/HQ
- 12:00–13:00 Presentation and discussion of (provisional) national documentation for certification of Afghanistan
- 13:00–14:00 Presentation and discussion of (provisional) national documentation for certification of Pakistan
- 14:00–15:00 Presentation and discussion of the annual update 2008 of Palestine
- 15:00–16:30 Private meeting of the RCC members

**Thursday, 22 October 2009**

- 9:00–9:30 Presentation and discussion of the final national documentation for regional certification of Djibouti
- 9:30–10:00 Presentation and discussion of the final national documentation for regional certification of Kuwait
- 10:00–11:00 Private meeting of RCC members
- 11:00–12:30 Closing session

**Annex 2**

**LIST OF PARTICIPANTS**

**Members of the Eastern Mediterranean Regional Certification Commission**

Dr Ali Jaffer Mohammed *EMR RCC Chairman*  
Advisor Health Affairs  
Supervisor Directorate General Health Affairs  
Ministry of Health  
Muscat  
OMAN

Dr Yagoub Y. Al Mazrou  
Assistant Deputy Minister for Curative Medicine  
Ministry of Health  
Riyadh  
SAUDI ARABIA

Dr Magda Rakha  
Former Executive Member of the Board  
VACSERA  
Cairo  
EGYPT

Professor Mushtaq Khan  
Professor of Paediatrics  
Medical Center  
Islamabad  
PAKISTAN

Professor Gaafar Ibnauf Suliman  
Chairman  
Paediatrics and Child Health Council  
Khartoum  
SUDAN

Professor Nazrul Islam  
Member  
South East Asia Regional Certification Commission  
Dhaka  
BANGLADESH

**Country representatives**

**AFGHANISTAN**

Dr Gholam Aram  
Chairman, National Certification Committee  
Hirat

**DJIBOUTI**

Dr Ali Barreh Matan  
Chairman, National Certification Committee  
Djibouti

Mr Abdallah Ahmed Hade  
National Coordinator of EPI  
Ministry of Health  
Djibouti

**KUWAIT**

Dr Fayka Al-Raqam  
Chairperson, National Certification Committee  
Kuwait

Dr Mussab Al-Saleh  
Head of EPI Programme  
Ministry of Health  
Kuwait

**PAKISTAN**

Professor Tariq Iqbal Bhutta  
Chairman, National Certification Committee  
Lahore

**PALESTINE**

Dr Mowafaq Amer  
Chairman, National Certification Committee  
West Bank

Dr Iyad Arafah  
National EPI Manager  
Ministry of Health  
West Bank

Mr Jihad Ahmad  
National EPI Manager  
Ministry of Health  
Gaza

### **Other organizations**

#### **Rotary International**

Mr Shakil Hasan Ansari  
Eastern Mediterranean Regional PolioPlus Committee Chair  
Islamabad  
PAKISTAN

#### **Centers for Disease Control and Prevention (CDC)**

Dr James P. Alexander Jr.  
Medical Officer/Acting Team Lead  
Global Immunization Division  
Atlanta  
UNITED STATES OF AMERICA

### **WHO offices**

#### **WHO headquarters**

Dr Rudolf Tangermann  
Medical Officer  
Strategy Implementation Oversight and Monitoring  
Geneva

#### **WHO/AFRO**

Dr Mbaye Salla  
IVD Monitoring Officer  
Brazzaville

#### **WHO/EURO**

Dr Eugene Gavrilin  
Regional Polio Laboratory Network Coordinator  
Communicable Diseases Unit (CDS)  
Copenhagen

### **WHO Secretariat**

Dr Hussein A. Gezairy, Regional Director  
Dr Mohamed H. Wahdan, Senior Consultant, Poliomyelitis Eradication  
Dr Ezzedine Mohsni, Coordinator, Disease Surveillance, Eradication and Elimination  
Dr Humayun Asghar, Virologist, Poliomyelitis Eradication  
Dr Hala Safwat, Technical Officer, Poliomyelitis Eradication

Dr Abdalla Elkasabany, Temporary International Professional, Poliomyelitis Eradication  
Dr Tahir Mir, Team Leader, Poliomyelitis Eradication, WHO Office Afghanistan  
Dr Karim Djibaoui, Medical Officer, WHO Office Djibouti  
Dr N'ima Abid Team Leader, Poliomyelitis Eradication, WHO Office Pakistan  
Dr Obaid Ul Islam, National Surveillance Coordinator, WHO Office Pakistan  
Mrs Rasha Naguib, Senior Secretary / Data Assistant, Poliomyelitis Eradication  
Ms Nour Mahmoud Al Akkad, Secretary, Poliomyelitis Eradication  
Mrs Fatma Abdelmegeed, Helpdesk Assistant, Information System Management  
Mr Essam Ghoneim, Audio-video Technician, Administrative Service Unit