



Tuesday 11 October 2022 - Members of the Regional Subcommittee for Polio Eradication and Outbreaks in the Eastern Mediterranean reviewed recent progress during the 69th session of the Regional Committee. It was the sixth meeting of the subcommittee since it was formed during the 67th Regional Committee.

During the meeting Member States and partners reiterated their commitment to freeing current and future generations of children from polio and called for sustained efforts to end polio once and for all, including the pockets of wild poliovirus that linger in Afghanistan and Pakistan.

Representatives of partners of the Global Polio Eradication Initiative (GPEI) and Regional Directors from the Middle East and North Africa and South Asia Offices of the United Nations Children's Fund (UNICEF) delivered interventions in support of the ongoing work to end polio in the Region. Member States represented either in person or virtually included Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Lebanon, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Tunisia, United Arab Emirates and Yemen.

Dr Hamid Jafari, Director of the Region's Polio Eradication Programme, updated Member States on efforts to halt transmission of both wild and variant polioviruses in the Eastern Mediterranean. Since the 68th session of the Regional Committee nationwide vaccination campaigns have resumed in Afghanistan, the Region has implemented outbreak response campaigns using novel Oral Polio Vaccine type 2 (nOPV2), and concerted and sustained efforts have led to the closure of a poliovirus outbreak in Sudan and a high-risk event in Islamic Republic of Iran.

Dr Jafari briefed Member States on the epidemiological situation in the last two countries in the Region – Afghanistan and Pakistan – with wild poliovirus transmission. Despite an increase in

cases in 2022, in Pakistan concerted efforts have led to just one virus lineage surviving in southern Khyber Pakhtunkhwa. The country's top priorities are now to stop circulation of endemic polio in southern Khyber Pakhtunkhwa, rollout intense mop-up campaigns in any district that detects wild poliovirus type 1, and prevent transmission in high-risk districts.

Great strides



In Afghanistan, increased access to children has been a game-changer. The programme now has an opportunity to focus efforts on halting transmission in the Eastern Region and preventing a spillover from Khyber Pakhtunkhwa in Pakistan into southeast Afghanistan and from the Eastern Region into Pakistan. The programme's current foci are to reach missed children, strengthen cross-border coordination and build partnerships with the Essential Programme on Immunization and organizations delivering humanitarian services.

In his capacity as chair of the Regional Certification Commission, Dr Yaqob Al Mazrou remarked that although the Eastern Mediterranean Region is the last WHO Region with endemic poliovirus and faces recurrent humanitarian crises and challenges, it has made great strides towards eradicating polio.

While noting that 20 of the Region's 22 countries have achieved the programme standards for polio eradication certification, he urged Member States to continue to intensify surveillance due to an increased risk of poliovirus spread.

Dr Al Mazrou also explained recent innovations at the Regional Commission of Certification, including the pioneering Electronic Annual Certification Reporting system. The repository, part of the eradication programme's legacy, will house certification reports and information on countries' experiences in polio eradication, permitting detailed and swift data analysis and saving time by facilitating quicker responses.

HE Dr Hanan Mohamed Al Kuwari, Minister of Public Health, Qatar and co-chair of the Regional Subcommittee for Polio Eradication and Outbreaks, explained that the epidemiological situation in the Region has evolved in the last few months. Low level wild poliovirus circulation that survived in pockets has led to spikes in cases, and variant polioviruses which spread across

borders have persisted in some countries.

With several countries in the Region facing complex, multi-layered emergencies – natural disasters and conflict alongside health crises – for many children vaccines have moved further out of reach. The implications of this were highlighted by Dr Hussain Abdul Rahman Al-Rand, on behalf of HE Dr Abdul Mohammed Al Oweis, co-chair of the Regional Subcommittee for Polio Eradication and Outbreaks.

Dr Chris Elias, Chair of the Polio Oversight Board and President of Global Development at Bill & Melinda Gates Foundation underscored that one of the common threads to ongoing poliovirus outbreaks in the Region is limited access to all children. He emphasized that the national polio programme was unable to reach all children with oral polio vaccine due to “a tragic combination of insecurity, violence, lack of political will and community rejections.” He reiterated the polio programme is not facing a technical challenge, as polio vaccines do work, but that it urgently requires the ability to deliver vaccines to all children.

Given the increasing movement of populations, and polioviruses, across borders, all partners reiterated their commitment to stepping up efforts to end polio in the Region. They agreed to scale-up strategies and tactics, including surveillance for polio and access to children, to ensure polioviruses have no opportunity to spread.

The efforts of Member States towards ending polio circulation have the unwavering support of WHO’s Regional Director for the Eastern Mediterranean Dr Ahmed Al-Mandhari.

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