World Health Organization

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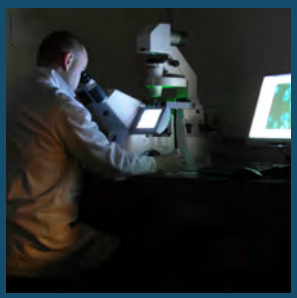
Special report on the 36th meeting of the European Regional Certification Commission for Poliomyelitis Eradication: Copenhagen, Denmark, 19–20 October 2022: twenty years of polio-free status in the WHO European Region



ABSTRACT

The 36th meeting of the European Regional Certification Commission for Poliomyelitis Eradication (RCC), held on 19–20 October 2022, reviewed annual updates submitted by the Member States of the WHO European Region on the status of the national polio eradication programme in 2021. The RCC concluded, based on available evidence, that there was no wild poliovirus (WPV) transmission in the WHO European Region in 2021. The RCC also concluded that Bosnia and Herzegovina, Montenegro, Romania and Ukraine are at high risk of a sustained polio outbreak in the event of importation of WPV or emergence of circulating vaccine-derived poliovirus due to suboptimal programme performance, particularly low population immunity.

The conclusions of the RCC marked 20 years of sustained polio-free status in the European Region, which was commemorated with a special press briefing and high-level event held on World Polio Day, 24 October 2022, at UN City in Copenhagen, Denmark.

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RCC members, from left: Dr Ellyn Ogden, Dr Tapani Hovi, Prof. David Salisbury, Dr Anton van Loon, Prof. Donato Greco, Dr Rudolf Tangermann

Abbreviations

AFP	acute flaccid paralysis
bOPV	bivalent oral polio vaccine
CP	certificate of participation in the containment certification scheme
cVDPV	circulating vaccine-derived poliovirus
cVDPV1	circulating vaccine-derived poliovirus type 1
cVDPV2	circulating vaccine-derived poliovirus type 2
cVDPV3	circulating vaccine-derived poliovirus type 3
CWG	Containment Working Group
DTP3	Third dose of diphtheria-pertussis-tetanus-containing vaccine
e-APR	electronic annual progress report
EOC	emergency operations centre
ETAGE	European Technical Advisory Group of Experts on immunization
GCC	Global Commission for the Certification of the Eradication of Poliomyelitis
GPEI	Global Polio Eradication Initiative
GPLN	Global Polio Laboratory Network
ICC	interim certificate of containment
IM	infectious material
IPV	inactivated poliovirus vaccine
ITD	intratypic differentiation of polioviruses
LDMS	Laboratory Data Management System
MECACAR	Mediterranean, Caucasus and Central Asian Republics subregion
mOPV2	monovalent oral polio vaccine type 2
NAC	National Authority for Containment
NPAFP	non-polio acute flaccid paralysis
NCC	National Certification Committee
NITAG	National Immunization Technical Advisory Group
nOPV2	novel oral polio vaccine type 2
NPCC	National Poliovirus Containment Coordinator
OPV	oral polio vaccine
PAHO	Pan American Health Organization
PIM	potentially infectious material
PCR	polymerase chain reaction
POL3	Third dose of polio vaccine
POSE	polio outbreak simulation exercise

PEF	poliovirus-essential facility
PV	poliovirus
RCC	European European Regional Commission for Certification of Poliomyelitis Eradication
SAGE	Strategic Advisory Committee of Experts on Immunization
SIA	supplementary immunization activity
USA	United States of America
tOPV	trivalent oral polio vaccine
VDPV	vaccine-derived poliovirus
VPI	Vaccine-preventable Diseases and Immunization Programme of the WHO Regional Office for Europe
WHA	World Health Assembly
WPV	wild poliovirus
WPV1	wild poliovirus type 1
WPV2	wild poliovirus type 2
WPV3	wild poliovirus type 3

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Foreword

On 20 October 2022, the European Regional Commission for the Certification of Poliomyelitis Eradication (RCC) concluded that the WHO European Region remained wild poliovirus free in 2021, thereby marking 20 years of polio-free status. For WHO and all of our Member States in the Region, this conclusion is a source not only of great pride but also motivation to keep going, until polio is eradicated from the globe.

2021 and 2022 were in fact difficult years in the fight against polio. Following many years of progress in the European Region, the disease was suddenly back in the spotlight with cases of vaccine-derived poliovirus detected in Tajikistan and Ukraine in 2021, and one case in Israel in 2022. Environmental surveillance also detected polioviruses of concern in several countries in the Region in 2022. Compounding these challenges and increasing the risk of further spread, the outbreak response in Ukraine, initiated early in 2022, has been severely affected by the war.

These developments have tested the national public health infrastructure, and although our staff and partners on the ground are meeting these challenges with admirable success, this year's commemoration celebrating 20 years free from endemic polio in the Region has meant that WHO and partners have had to reflect deeply on what it will finally take to eradicate polio from the world. The World Polio Day statements and quotes and the RCC meeting outcomes detailed in this report are a record of those reflections.

We have taken stock of what we have done and continue to do well, and we have identified where there is still work left to do. Particularly in light of the COVID-19 pandemic, which has caused disruptions to immunization services, we know that missed vaccinations, pockets of inequitable access and challenges to acceptance of vaccines are urgent issues. In keeping with the goals set out in the European Immunization Agenda 2030, we must do more to vaccinate every last child, so that no one ever has to experience the devastating impact of polio and other vaccine-preventable diseases.

We cannot overstate our immense gratitude to the many people who have helped our Region achieve 20 years free from endemic polio. To our Region's parents, health workers, epidemiologists, scientists, politicians and civil society advocates, we thank you. You have kept countless children and adults safe from polio and it is because of you that this milestone has been reached.

Image: © WHO

Dr Hans Henri P. Kluge
WHO Regional Director
for Europe

Image: © WHO

Dr Nino Berdzuli
Director of the Division of
Country Health Programmes,
WHO Regional Office for Europe

Introduction

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The 36th meeting of the European Regional Certification Commission for Eradication of Poliomyelitis (RCC) was held on 19–20 October 2022 in a hybrid mode in Copenhagen, Denmark. The meeting was opened by Dr Siddhartha Datta, Regional Advisor, Vaccine-preventable Diseases and Immunization Programme, WHO Regional Office for Europe (Regional Office) and RCC Chair, Professor David Salisbury, who welcomed the Commission members and meeting participants. The list of participants is provided as Annex 2.

Dr Anton van Loon was completing his tenure as RCC member. The RCC Chair, members and the Secretariat thanked him for his diligence and expertise over the past ten years.

Scope and purpose of the meeting

The scope and purpose of the meeting were to:

- brief the RCC on the current global and regional status of polio eradication;
- review annual updated certification documentation on poliomyelitis provided by all countries (Member States) of the WHO European Region for 2021;
- review polio-related response and risk mitigation activities in the countries;
- review the current status of regional progress for poliovirus containment;
- recommend to the Regional Office strategies and/or actions to strengthen efforts to sustain the Region's polio-free status focusing on high-risk countries and the countries experiencing poliovirus events;
- review working procedures of the RCC and discuss a plan of activities for 2023.

In this meeting the RCC concluded, for the 20th consecutive year, that the WHO European Region had remained wild poliovirus free.

In recognition of the milestone achievement of 20 years of polio-free status, a press briefing and commemorative event were held on 24 October 2022 World Polio Day at the UN City building in Copenhagen. The World Polio Day press briefing[1] included statements by Dr Hans Henri P. Kluge, WHO Regional Director for Europe, and Jennifer Jones, President of Rotary International.

The World Polio Day commemorative event opened with a short WHO-produced video[2] that explains the significance of polio-free status, and provides a behind-the-scenes look at what it takes to prevent polio from returning in this vast and complex Region.

The event celebrated the individual contributions of the WHO European Region's parents, health workers, public health professionals, scientists, outbreak responders, governments, and civil society advocates in sustaining polio-free status in the Region. Global Polio Eradication Initiaitive Partners, Rotary International and United Nations International Emergency Children's Fund (UNICEF), as well as Polio Denmark were present along with diplomatic representatives from Cyprus, Georgia, Hungary, Israel, Russian Federation, Serbia, and the United Kingdom.

The event was also an occasion to emphasize the fragility of polio-free status, highlighted by recent detections of poliovirus in the Region.

Several speakers offered their thoughts on the momentous occasion including: Dr Kluge, Dr David Salisbury, RCC Chair, Dr Marc Danzon, Regional Director Emeritus, Ms Jennifer Jones, President of Rotary International, Ms Etleva Kadili, Director of UNICEF's Supply Division, and Dr Nino Berdzuli, Director of the Division of Country Health Programmes WHO Regional Office for Europe. The event also featured an on-stage interview with Ms Gurli Nielsen, who contracted polio during the large polio outbreak of 1952 in Denmark.

This document serves both as the report of the RCC's 36th meeting and a chronicle of the World Polio Day activities held to commemorate the Region's progress and sustained polio-free status.

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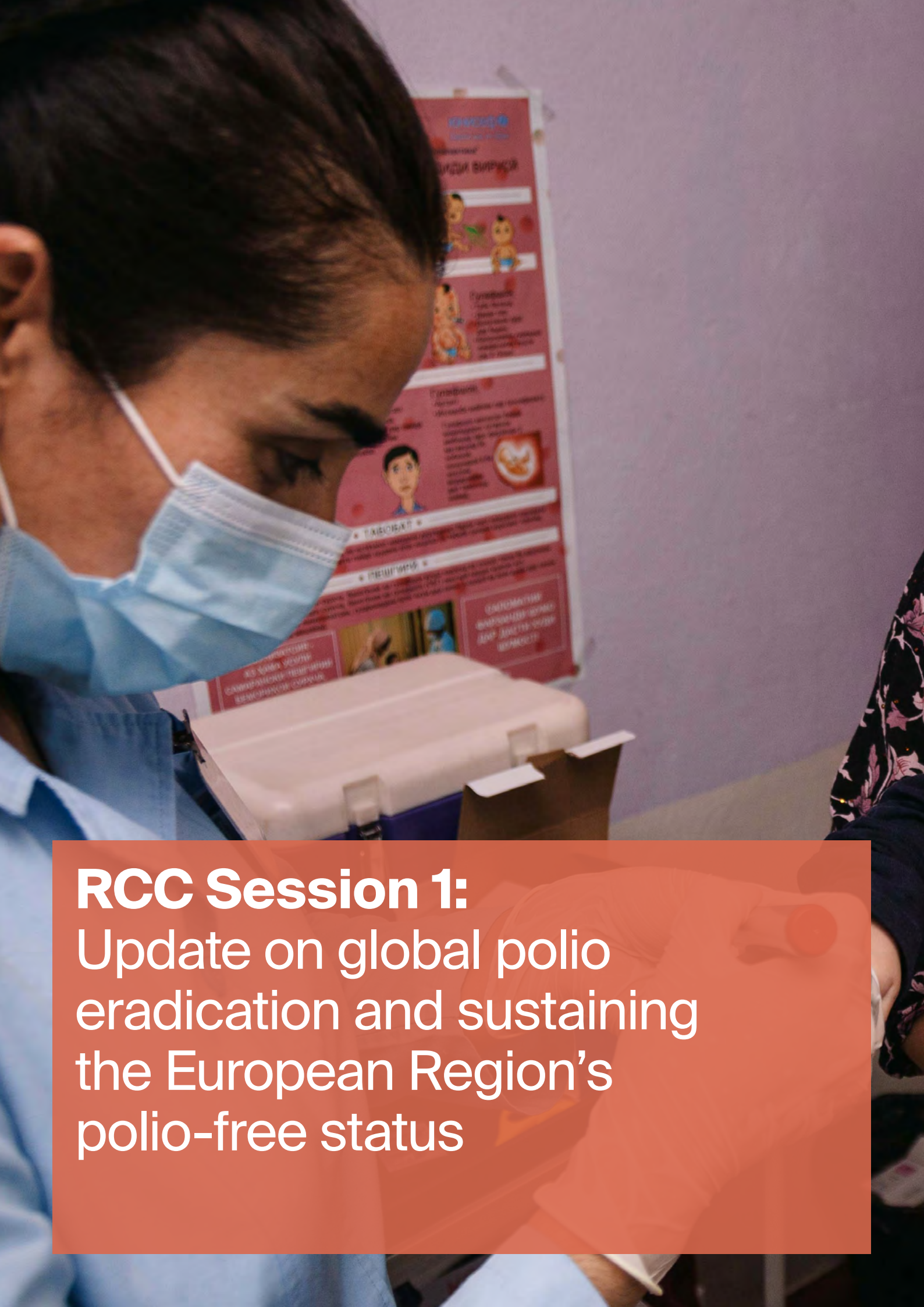
Images: © Syria Immunization Group

Image: © WHO / A. Gryzybowska

1. The press briefing can be accessed at WHO/ Europe Press briefing on polio 24 October 2022 [Youtube link] **(https://youtu.be/1K5v3B4EdHs)**.
2. The video can be accessed at "World Polio Day 2022 marks 20 years of polio-free status in the WHO European Region" [Youtube link] **(https://www.youtube.com/watch?v=ZVnlTdoAgNc&t=22s)**.



RCC Session 1:
Update on global polio eradication and sustaining the European Region's polio-free status

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Global update from WHO headquarters

The global update on progress towards interruption of all wild poliovirus (WPV) transmission and the validation of the absence of circulating vaccine-derived polioviruses (cVDPVs) presented by WHO headquarters included the following major points:

- WPV continues to circulate in parts of Afghanistan, Pakistan, Malawi and Mozambique.
- cVDPV type 2 (cVDPV2) incidence reduced from 2020 to 2022.
- cVDPV cases are more isolated to certain areas however, transmission continues in Africa and cVDPV2 has been confirmed in Israel, the United Kingdom and the United States of America (USA) with genetically linked transmission.
- 500 million doses of novel oral polio vaccine type 2 (nOPV2) have been administered to stop outbreaks.
- There are significant gaps in coverage with the first dose of inactivated polio vaccine (IPV) in the African region, parts of South America, and parts of Pakistan and Afghanistan. There is generally high national IPV-coverage in the European Region with drops in coverage noted in Bosnia and Herzegovina, Kyrgyzstan, North Macedonia and Ukraine.

The Strategic Advisory Group of Experts on Immunization (SAGE) met 3-6 October 2022 and expressed concerns about the above noted circulation of WPV1 and VDPV2. SAGE stressed the need for increased efforts to improve routine coverage of polio vaccination and endorsed the initial use of IPV to respond to cVDPV2 outbreaks in countries that only use IPV for routine childhood immunization if poliovirus (PV) transmission is confined to a well-defined population group or geographic area with high levels of sanitation. Preparation for a response with nOPV2 should begin in parallel should transmission continue despite the response with IPV. SAGE reiterated that the response should primarily target children <5 years of age and stressed the importance of improving routine immunization coverage. Accelerated efforts are needed to develop and authorize novel OPV type 1 and type 3. SAGE recommends that all countries have outbreak response plans developed for timely response against PV outbreaks.

The guidance and timeline for global polio containment was reviewed. Strategic resources include a new Containment Strategy *(1)*, the Global Poliovirus Containment Action Plan 2022-2024 *(2)*, and technical guidance documents. Recommendations from the 22nd meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) (and the timeline to reach Global Polio Eradication Initiative (GPEI) milestones through 2027) were reviewed.

The World Health Assembly (WHA) resolution 71.16 from May 2018 urges all Member States to accelerate the progress of PV containment certification, complete inventories and destruction of PV materials, and ensure any confirmed event associated with a breach in PV containment is reported immediately. PV type 2 inventories are pending completion in six countries (due end of 2016) and 28 countries are pending completion of their initial PV type 1 and 3 inventories (due end of 2022). With country progress on certification, a National Authority for Containment (NAC) is missing for three countries and a Certificate of Participation (CP) is missing for 14 countries. The number of designated PV essential facilities (PEF) has decreased from 89 to 61 and 10 of 24 countries have initiated the interim certificate of containment (ICC) process. In October 2022, GCC awarded Canada an ICC and additional countries are pending review.

Image: © WHO/M. Bring

Discussion

The six countries that are behind on inventories of PV2 and the 28 countries that are behind on inventories of PV1 and PV3 are concerning because containment is needed in all areas of the world.

The RCC expressed concern about the use of the Sabin vaccine in countries where cVDPVs have emerged; a more intense use of IPV may be considered for outbreak response. However, in countries with low OPV coverage, it is unlikely high IPV coverage could be achieved. The use of nOPV for future outbreaks is the way forward and there are currently no red flags about the genetic stability of this vaccine. Available data show that nOPV is safe and effective in areas where it has been used.

Polio programme annual update from the Regional Office

Polioviruses of concern were detected in Germany, Israel, Poland and the United Kingdom in 2022. The wide use of mOPV2 vaccine in some parts of the world led to detection of Sabin and vaccine-derived type 2 virus in the European Region.

The 2021 cVDPV2 outbreak in Tajikistan was confirmed on 20 January 2021, with index case onset on 22 November 2020, and resulted in a total of 34 paralytic cases, 20 ES isolates, and 25 other human isolates. The last positive human isolate was on 25 July 2021 and the last positive ES was on 27 August 2021. The outbreak was confined to 3 provinces and 15 districts. There was a high-quality immunization response with IPV (one nationwide campaign) and nOPV2 (two nationwide and one subnational rounds) and the response occurred during the COVID-19 surge. An April 2022 outbreak response assessment found that PV surveillance was sensitive, guidelines on acute flaccid paralysis (AFP) surveillance were revised and disseminated, and there was a good understanding of the AFP concept. There were 178 AFP cases reported in 2021 with a non-polio AFP (NPAFP) rate of 4 per 100 000 population under 15 years. The 60-day follow-up and classification were performed timely, but AFP reporting decreased in 2022. ES was very well implemented in both established sites. The outbreak was declared closed on 29 April 2022. The successful Tajikistan outbreak response exemplified the importance of high vaccination coverage, high sensitivity of epidemiological surveillance, decisive actions by the programme, flexibility of the system to adapt to the situation, strong political will and leadership, close partnerships, and long-term investment in social mobilization.

Image: © WHO

The cVDPV2 outbreak in Ukraine began in October 2021. The virus was isolated from two AFP cases and 19 healthy contacts with the onset of the last case on 24 December 2021; the virus was genetically linked to the Tajikistan outbreak. An IPV catch-up campaign started from 2 February 2022. Implementation of the campaign was strongly affected by the ongoing war that began on 24 February 2022; the vaccination campaign reached coverage of IPV1 (67%) and IPV2 (91%) as of 14 October 2022. Routine coverage with 3rd dose of polio vaccine (POL3) and third dose of diphtheria-tetanus-pertussis-containing vaccine (DTP3) for January through August 2022 was 34.5% and 35.9%, respectively. There were 90 AFP cases detected for an NPAFP rate of 1.4 per 100 000. Responding to this outbreak was challenging due to the massive movement of around 7 million internally displaced persons and around 7.6 million people fleeing to the neighbouring countries. Reasons for low vaccination coverage include denominator issues, the medicalization of services, and population displacement. Cold chain and logistics are also a problem with many health facilities in the east destroyed, the electricity supply disrupted and uncertainty about vaccine supply. Attention to polio is decreased due to competing priorities such as the need for emergency health services and limited capacity to generate demand during the conflict. ES sampling has been irregular and not polio specific and there are limited human resources available for the polio response.

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In Germany, three VDPV1 isolates were detected in April and May 2022 in Berlin. The sample from 10 May had 13 nucleotide substitutions compared to the parental Sabin vaccine strain and no genetic linkage to any ongoing outbreak; the virus was classified as ambiguous VDVP1 (aVDPV1) and no viruses have been detected in the country since May 2022.

In the UK, 134 PV2 isolates have been identified in 29 sewage samples collected between 8 February and 23 August 2022. Initially Sabin-like PV2, the virus reached the mutation level of VDPV2 in a sample collected on 24 May 2022. A total of 26 isolates were confirmed as VDPV2. All isolates show the same genetic structure and were mainly present in northeast and north-central London. PV was classified as circulating in early September 2022. The government initiated a robust response including steps to strengthen health worker reporting of paralysis, intensified ES, reminders to laboratories about reporting, vaccination activities for children and adults by the National Health Service, and a readiness exercise for nOPV2.

Israel experienced an outbreak of cVDPV3 centred in the Jerusalem area with virus isolated from one paralytic case, seven healthy contacts, and 58 ES samples. Intensive ES and active AFP surveillance are ongoing. The outbreak response began on 4 April 2022; children up to 17 years of age are being caught up with IPV and bivalent oral polio vaccine (bOPV). Non-selective bOPV is used for children born 2005–2013 conditional on having received at least one IPV dose; selective catch-up of the routine schedule is used for children born after 2013. Two rounds of bOPV supplemental immunization activities (SIAs) were conducted in the occupied Palestinian territory. There have been no VDPV3 isolates since June 2022.

Israel also had 77 samples that were positive for PV2 with an increase in August and September 2022 and 27 isolates classified as VDPV2. The central and northern regions were affected (mainly Jerusalem area). All of the PV2 isolates are linked and related to the virus isolated in the UK and the US. The response includes IPV catch-up and targeted communication in vaccine-hesitant communities.

WHO/Europe has been providing technical assistance and guidance to affected countries with a focus on Ukraine and neighbouring countries. Technical assistance has been provided to strengthen AFP surveillance and surveillance reviews will be conducted in select countries. WHO/Europe will review and optimize supplementary environmental surveillance and review preparedness plans with a focus on vaccine response. Polio outbreak simulation exercises are planned in selected countries.

Discussion

The RCC commended the WHO team working in Ukraine for providing weekly outbreak response updates under such difficult circumstances.

In 2021, there were no major delays with the transportation of samples in the Region. The exception was sample transportation to the national reference lab in Ukraine during the initial stage of the war, but the AFP surveillance was re-established in April 2022. Some countries had to change their reference lab due to the war in Ukraine, but there have been no delays with reference labs. Reference laboratory results for AFP and contact samples are usually available within two weeks. ES results take longer.

The RCC discussed the need to identify the most vulnerable populations and whether some groups should be specified as populations of concern.

The RCC acknowledged the need for additional resources and staff at the Regional Office to support outbreak-related activities in the Region.

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Update from GCC on global certification

At its 22nd meeting in June 2022, the GCC considered whether the three-year period of non-detection of WPV is still an appropriate criterion for certification of polio eradication. The full set of criteria that have been used include: no WPV transmission detected from any population source for the previous three years; adequate global poliovirus surveillance; and safe and secure containment of WPV retained in facilities such as laboratories and vaccine manufacturing facilities.[3]

The WHO Region of the Americas/Pan-American Health Organization (PAHO) was the first region to undertake certification of the interruption of WPV transmission in the early 1990s and other regions and the GCC have followed the criteria used. The three-year period was chosen based on experiences with certification of smallpox eradication, and allowed for non-paralytic polio infections. There was little scientific basis for this time period although post-hoc modelling indicated the choice was likely correct. The essential criterion for certification was compliance with AFP indicators at a national level for PAHO countries, with a minimum rate of 1 per 100 000 individuals less than 15 years of age, timeliness of collection of faecal samples, and completeness of laboratory testing. There was no ES at that time. The three-year interval was not tested against the appropriate period for each virus type (WPV1/2/3), given their different infection to paralysis rates.

An expert advisory group tasked by GCC with reviewing the period needed to certify the interruption of transmission of WPV1 and the criteria for validation of absence of CVDPVs, concluded that modelling has supported the idea that the 'three-year rule' was not absolute, and shorter periods could be justifiable, noting that this was highly dependent on the quality of surveillance.

3. All facilities retaining WPVs should have a Containment Certificate, or an Interim Containment Certificate. In addition, at the time of global WPV certification, the GCC will consider the status of bio-risk management of potentially infectious materials and readiness to respond to containment breaches.

GCC concluded that the retrospective application of a three-year period of non-detection be replaced by a flexible interactive prospective review of the quality of surveillance at around six-monthly intervals until there is a high level of confidence that the absence of detection did indeed indicate that WPV1 transmission had ceased in Afghanistan and Pakistan. The Eastern Mediterranean Region RCC can thereby certify the region in less than three years and the GCC then needs to review data from all six regions to be satisfied that global eradication has been achieved.

Discussion

It is now necessary to define the criteria for validating the absence of cVDPVs. Extensive ES is a better tool than AFP to detect silent circulation of virus. The criteria for an effective ES need to be revisited, particularly in the areas with high coverage with multiple IPV doses. The RCC advises caution with relying more on ES; quality of surveillance may need to be monitored for longer to ensure negative results are indeed negative.

The RCC discussed the potential need for six-monthly reports from countries for verification of certification. Changing the criteria requires applying consistent criteria across all countries in the Region, yet surveillance varies widely within the Region. It was noted that the GCC cannot certify a country when there are still specimens in process that were collected during that respective period.

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Image: © WHO

WHO European Polio Laboratory Network update and current status of poliovirus containment in the European Region

The Region has 47 accredited laboratories in the WHO Global Polio Laboratory Network (GPLN), which provide service to all 53 Member States. The Region's noteworthy PV detections in 2021 and 2022 were reviewed (see sections above). The laboratory network maintained its performance accreditation standards in 2021. Preparations are continuing for direct PV detection protocol and several virtual and on-site trainings on molecular typing took place. Increased ES sampling resulted in increased workload for the laboratories and the situation in Ukraine creates uncertainty about the logistics and information flow for future samples.

The regional inventory summary and containment progress from 2015 to 2022 were reviewed. In 2022, 42 countries did not have a PEF; 15 had no PV; 35 had no WPV, and 18 had WPV (13 had WPV3 and 11 had WPV2). WPV2 is only left in PEF countries (Romania, which is a PEF country, has not yet communicated its decision regarding the PV2 stock). WPV3 materials destruction was confirmed in all but two non-PEF countries. Several countries made progress in potentially infectious materials (PIM) inventorying. The risks in the non-PEF countries were reviewed; five countries have no National Poliovirus Containment Coordinator (NPCC).

The European Region has the highest number of countries with PEFs and the highest number of PEFs worldwide: 11 countries had in total 30 PEFs (all PV serotypes) in 2022. Risks were reviewed for the 11 PEF countries. WPV3 material needs to be destroyed in non-PEFs in several PEF countries and a National Authority for Containment (NAC) needs to be established in one country. Most PEF countries have advanced in the containment certification process with 20 applications for Certificate of Participation (CP) submitted by NACs to the Containment Working Group (CWG) and 19 CPs were issued in 2021.

All countries in the Region provided information on risk assessment in their annual reports for 2021. Containment risks as assessed by countries in 2018 and 2021 were reviewed. A high proportion of countries with newly nominated NPCCs need technical support. Many countries are experiencing difficulties describing their validation procedures for PV infectious material (IM) and PIM. Each country needs to review its containment policy and revisions are planned for key documents.

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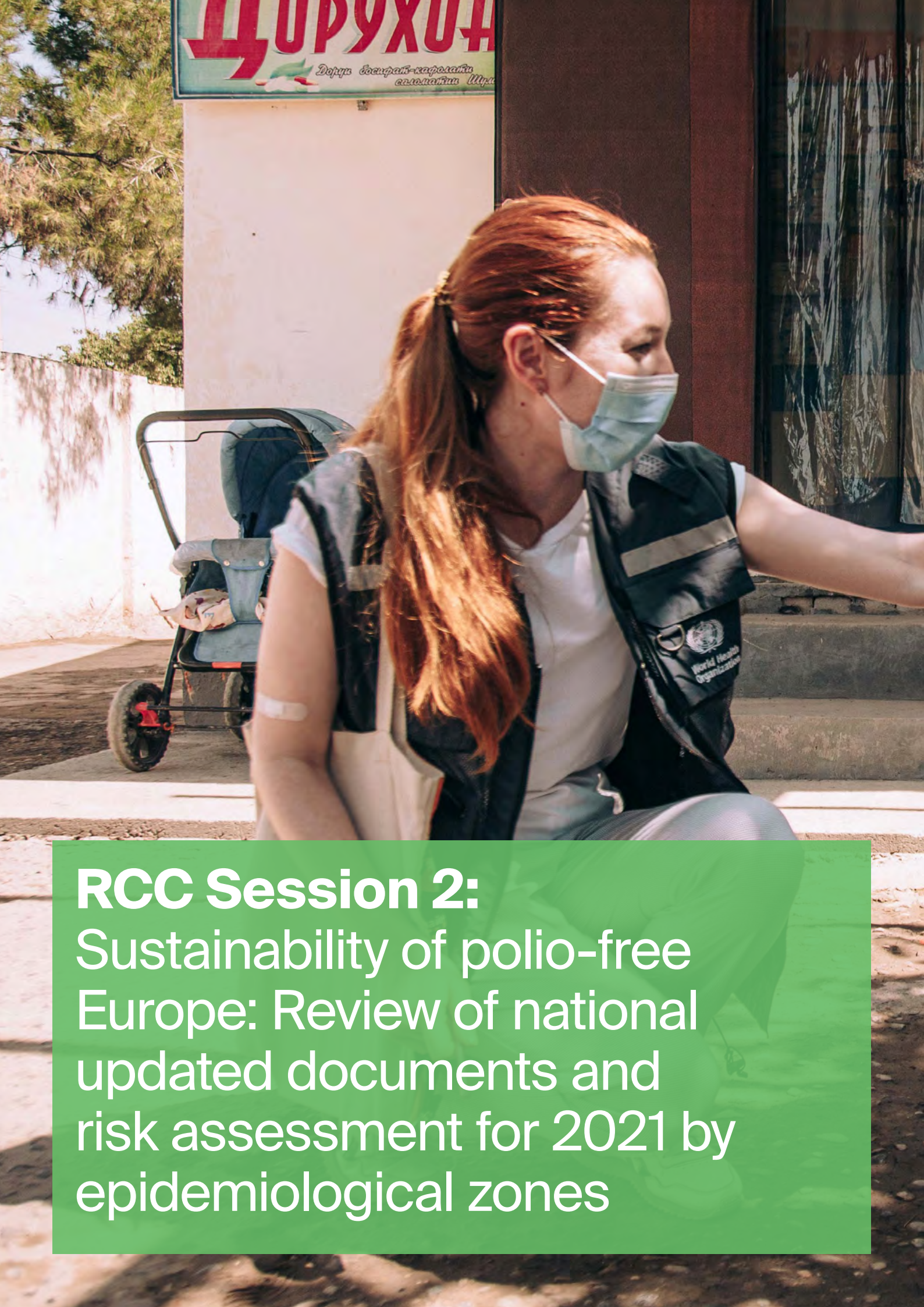

RCC Session 2:
Sustainability of polio-free Europe: Review of national updated documents and risk assessment for 2021 by epidemiological zones

Image: © WHO/M. Abidzhanov

Update on the status of received reports and options for risk assessment methodology for RCC consideration

As of 17 October 2022, all 53 eAPRs for 2021 were received as well as four missing reports for 2020. There are still reports pending for 2019 (Montenegro) and 2020 (Croatia and Luxembourg). More communication is needed to ensure timely submission of reports. The risk assessment methodology needs to be upgraded by the Secretariat and RCC to include the latest developments. The planned upgrade of eAPR software was postponed to late 2023.

Discussion

The RCC commended the countries for timely and complete submission of eAPRs in 2022 and provision of pending reports from the previous years. The RCC agreed that they should be involved in the process of revising the risk assessment tool and eAPR.

The Secretariat will consult with the RCC throughout the review process and any new approaches would need to be shared with the European Technical Advisory Group of Experts on immunization (ETAGE). Results should also be shared with other regional poliovirus certification commissions.

Nordic-Baltic zone

Based on the information available, the RCC concluded that the probability is high that neither WPV nor VDPV had been circulating in the zone in 2021 and that WPV importation or circulation of VDPV would have been detected promptly by the existing health/surveillance systems. The risk of transmission following importation of WPV or circulation of VDPV in countries of this zone ranges from low to intermediate. There is suboptimal vaccination coverage at the subnational level in Estonia and Lithuania. NCC membership in Lithuania and Sweden present a potential conflict of interest that needs to be addressed. Iceland has submitted its pending 2020 report. Reports from Denmark, Iceland, Latvia, Norway and Sweden for 2021 were received after the deadline. Two countries — Denmark and Sweden — have PEFs.

Feedback to the countries

- **Denmark** — is considered to be at low risk.
- **Estonia** — is considered to be at intermediate risk. The RCC noted a high percentage of districts with low vaccination coverage and drops in overall vaccination coverage. The RCC noted the lack of a national plan of action for outbreak response.
- **Finland** — is considered to be at intermediate risk due to suboptimal population immunity.
- **Iceland** — is considered to be at low risk.
- **Latvia** — is considered to be at low risk.
- **Lithuania** — is considered to be at low risk. There are NCC members with conflicts of interest.
- **Norway** — is considered to be at low risk.
- **Sweden** — is considered to be at low risk. There are NCC members with conflicts of interest. The RCC noted a low sampling rate.

Western zone

Based on the information available, the RCC concluded that the probability is high that neither WPV nor VDPV had been circulating in the zone in 2021 and that WPV importation or circulation of VDPV would have been detected promptly by the existing health/surveillance systems. The risk of transmission following importation of WPV or circulation of VDPV in countries of this zone ranges from low to intermediate. Reports were received after the deadline from Austria, France, Ireland, Luxembourg, and Switzerland. Polio vaccination coverage in Austria since 2015 has been suboptimal. Several countries are not able to report coverage by 12 months of age. NCC members in Ireland, Luxembourg and Switzerland present a potential conflict of interest that needs to be addressed. France still lacks a preparedness plan for outbreak response. This sub-region has four PEF countries: Belgium, France, Netherlands, and the United Kingdom. Population immunity is above 90% everywhere except Austria. Four countries are conducting AFP surveillance. There has been decreased testing of enterovirus samples while enterovirus surveillance remains predominant.

Feedback to the countries

- **Austria** — is considered to be at intermediate risk. The RCC continues to have concerns over suboptimal coverage in the country.
- **Belgium** — is considered to be at intermediate risk due primarily to the lack of adequate poliovirus surveillance. The RCC strongly recommends that the country establish ES in the locality of manufacturing PEFs.
- **France** — is considered to be at low risk. RCC notes that the county lacks a plan of action for outbreak response. The RCC strongly recommends that the country establish ES in the locality of manufacturing.
- **Germany** — is considered to be at low risk.
- **Ireland** — is considered to be at low risk. The RCC expresses a concern that the WHO National Polio Laboratory of Ireland is partially accredited by the WHO because it did not participate in the annual virus isolation proficiency testing in 2021. RCC urges the country to resume poliovirus diagnostic work in the aforementioned laboratory.
- **Luxembourg** — is considered to be at low risk.
- **Monaco** — is considered to be at low risk.
- **Netherlands** — is considered to be at low risk.
- **Switzerland** — is considered to be at intermediate risk due to the suboptimal quality of poliovirus surveillance.
- **United Kingdom** — is considered to be at low risk. The RCC expresses a concern that the WHO National Polio Laboratory of the United Kingdom is partially accredited by the WHO because it did not participate in the annual virus isolation proficiency testing in 2021. RCC urges the country to resume poliovirus diagnostic work in the aforementioned laboratory.

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Central zone

Based on the information available, the RCC concluded that the probability is high that neither WPV nor VDPV had been circulating in the zone in 2021 and that WPV importation or circulation of VDPV would have been detected promptly by the existing health/surveillance systems. The risk of transmission following importation of WPV or circulation of VDPV in countries of this zone ranges from low to intermediate. There was suboptimal surveillance performance (especially AFP) in Belgium, Czechia, Hungary and Poland. There was decreasing vaccination coverage in Bulgaria and Slovenia. Hungary has an outdated plan of action for outbreak response. Reports from Hungary, Poland and Slovakia were received after the deadline.

Feedback to the countries

- **Belarus** — is considered to be at low risk.
- **Bulgaria** — is considered to be at intermediate risk due to decreasing subnational immunization coverage and suboptimal surveillance performance.
- **Czechia** — is considered to be at low risk. The RCC is concerned about suboptimal surveillance performance.
- **Hungary** — is considered to be at intermediate risk due to suboptimal surveillance performance and a preparedness plan that requires significant revision. The RCC commends the country on the efforts made to vaccinate large numbers of Ukrainian refugees.
- **Poland** — is considered to be at intermediate risk due to decreasing subnational immunization coverage and suboptimal surveillance performance. The RCC commends the country on the efforts made to vaccinate large numbers of Ukrainian refugees.
- **Slovakia** — is considered to be at low risk.
- **Slovenia** — is considered to be at intermediate risk due to decreasing subnational immunization coverage. The RCC expresses a concern for absence of an NPCC in the country and urges the country to nominate an NPCC as soon as possible and officially inform the Secretariat.

Southern zone

Based on the information available, the RCC concluded that the probability is high that WPV had not been circulating in the zone in 2021 and that WPV importation or circulation of VDPV would have been detected promptly by the existing health/surveillance systems as it was detected in Israel. The risk of transmission following importation of WPV or circulation of VDPV in countries of this zone ranges from low to intermediate. AFP surveillance is suboptimal throughout the subregion. Vaccination coverage is uncertain in Cyprus and Greece. Preparedness plans for outbreak response are missing or expired for Croatia, Cyprus and Malta. Andorra does not have an NPCC. Reports were received after the deadline from Andorra, Croatia, Cypress, Italy, Malta, and Israel.

Feedback to the countries

- **Andorra** — is considered to be at low risk. However, the RCC expresses a high concern that for three years the NPCC is reported as not appointed in the country. RCC urges the country to nominate an NPCC as soon as possible and officially inform the Regional Office providing NPCC contact details.
- **Croatia** — is considered to be at low risk. The RCC is concerned about the expired plan of action for outbreak response and low vaccination coverage in some districts.
- **Cyprus** — is considered to be at low risk. The RCC is concerned about the absence of a preparedness plan for a polio event or outbreak response and about coverage assessment methodology in the absence of administrative reporting.
- **Greece** — is considered to be at low risk. The RCC is concerned about the vaccination coverage data that are being reported based on 2014 data, which may not be accurate.
- **Israel** — is considered to be at low risk. The country is commended for submission of the previously pending report for 2020.
- **Italy** — is considered to be at low risk.
- **Malta** — is considered to be at low risk. The RCC is concerned about the absence of a preparedness plan for a polio event or outbreak response. The RCC expresses concern about the absence of an NPCC in the country and urges the country to nominate an NPCC as soon as possible and officially inform the Regional Office.
- **Portugal** — is considered to be at low risk.
- **San Marino** — is considered to be at intermediate risk due to suboptimal surveillance performance and low population immunity in past years.
- **Spain** — is considered to be at low risk.

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MECACAR zone[4]

Based on the information available, the RCC concluded that the probability is high that WPV had not been circulating in the zone in 2021. The VDPV has been detected by the existing health/surveillance systems with an adequate response. The risk of transmission following the importation of WPV or circulation of VDPV in countries of this zone ranges from low to intermediate. Population immunity has improved in this zone following the COVID19 recovery efforts. Readiness verification for nOPV2 use has been initiated but not completed in Kyrgyzstan and Uzbekistan. Plans of action for outbreak response are expired for Armenia and Türkiye. There was a delay with IPV2 introduction in Turkmenistan. Post-deadline reports were received from Armenia, Kazakhstan, Kyrgyzstan and Uzbekistan.

Feedback to the countries

- **Armenia** — is considered to be at low risk. The RCC is concerned that the national plan of action for outbreak response has expired. The RCC noted improved vaccination coverage in 2021.
- **Azerbaijan** — is considered to be at low risk. The RCC noted improved vaccination coverage in 2021.
- **Georgia** — is considered to be at intermediate risk. The RCC is concerned about suboptimal vaccination coverage. The RCC expresses a concern that the WHO National Polio Laboratory of Georgia is partially accredited by WHO because it did not pass the annual environmental sample proficiency testing in 2021. RCC urges the country to undergo repeat proficiency testing in the aforementioned laboratory.
- **Kazakhstan** — is considered to be at low risk. The RCC has concerns about slightly declining vaccination coverage and decreasing performance of AFP surveillance.
- **Kyrgyzstan** — is considered to be at low risk. The RCC has concerns about declining vaccination coverage and decreasing performance of AFP surveillance. The RCC also noted delays with the verification of readiness for nOPV2 use.
- **Russian Federation** — is considered to be at low risk.
- **Tajikistan** — is considered to be at low risk. The RCC commends the country for investments in strengthening surveillance sensitivity, particularly ES, and to reach every child with vaccination.
- **Türkiye** — is considered to be at low risk. The RCC remains concerned that Türkiye has no national plan of action for outbreak response and has concerns about the low enterovirus detection rate.
- **Turkmenistan** — is considered to be at low risk. The RCC has concerns about delays with IPV2 introduction and requested that AFP stool samples be shipped at least quarterly to the lab. The RCC also noted delays with the verification of readiness for nOPV2 use.
- **Uzbekistan** — is considered to be at low risk. The RCC noted delays with the verification of readiness for nOPV2 use.

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Image: © WHO

4. Eastern Mediterranean, Caucasus, Central Asian Republics and Russian Federation

Central-Eastern zone

Based on the information available, the RCC concluded that the probability is high that WPV had not been circulating in the zone in 2021 and, despite suboptimal surveillance, VDPV has been detected by the existing health/surveillance systems. The risk of transmission following importation of WPV or circulation of VDPV in countries of this zone ranges from low to high. The risk of spread following importation of WPV or cVDPV is high in at least four countries: Bosnia and Herzegovina, Montenegro, Romania and Ukraine, primarily due to low population immunity. There is suboptimal immunization coverage in most countries, with a downward trend. The VDPV2 outbreak in Ukraine continues with a suboptimal response and high risk of cross-border transmission. Routine immunization and surveillance performance in Montenegro have deteriorated. There are containment risks in Romania and Serbia. Reports were received after the deadline from Albania, Bosnia and Herzegovina, Montenegro, North Macedonia, Romania, Serbia and Ukraine.

Feedback to the countries

- **Albania** — is considered to be at low risk.
- **Bosnia and Herzegovina** — is considered to be at high risk due to suboptimal vaccination coverage with 64% of the population living in districts with POL3 vaccination coverage below 80%. The country's national preparedness plan is still not finalized and it does not have a national plan of action for outbreak response. There are NCC members with a conflict of interest. The RCC expresses a concern about the absence of an NPCC in the country and urges the country to nominate an NPCC as soon as possible and officially inform the Regional Office.
- **North Macedonia** — is considered to be at intermediate risk due to suboptimal vaccination coverage and suboptimal surveillance performance. The RCC expresses a concern about the absence of an NPCC in the country and urges the country to nominate an NPCC as soon as possible and officially inform the Regional Office.
- **Republic of Moldova** — is considered to be at intermediate risk due to suboptimal vaccination coverage.
- **Montenegro** — is considered to be at high risk due to 85% of the population living in districts with low POL3 coverage and suboptimal surveillance performance. The RCC expresses a concern about the absence of an NPCC in the country for the past three years and urges the country again to nominate an NPCC as soon as possible and officially inform the Regional Office.
- **Romania** — is considered to be at high risk due to suboptimal vaccination coverage with 44% of the population living in districts with POL3 vaccination coverage below 90% and suboptimal surveillance performance. As a PEF country, Romania is also subject to a containment risk. The country's national preparedness plan for outbreak response has expired. The RCC acknowledges improvements made in targeted surveillance and would like to see surveillance of a wider portion of the population. The RCC expresses a high concern that Romania remains the only country in the European Region that (despite commitment expressed by signing WHA Resolution 71.16) has not made any progress towards implementation of international poliovirus containment requirements since 2018 and, therefore, creates polio-associated risks for the populations both in the country and beyond, especially considering the very low national indicators of the tertiary poliovirus containment safeguards (population immunity to polio). The RCC urges the need for high-level political commitment and effort to immediately proceed towards destruction/transfer of all PV2, WPV3 and WPV1 materials or towards appropriate containment certification of the facility retaining these materials.

- **Serbia** — is considered to be at intermediate risk due to suboptimal surveillance performance. The RCC expresses a concern that Serbia did not make any significant progress towards poliovirus containment certification of its PEF since the previous year, and an application for a CP was not submitted to the CWG of the GCC. The RCC urges the country to either destroy/transfer all PV2 and WPV3 materials or immediately proceed towards PEF certification by completing the CP application and taking the further steps required for an ICC to be issued.

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Image: © WHO/N. Azizjon

- **Ukraine** — is considered to be at high risk due to low vaccination coverage and a suboptimal response to the circulation of VDPV2. The RCC commends the country on the efforts made during the conflict to maintain surveillance, laboratory capacity and vaccination coverage. The RCC urges the country to increase vaccination coverage and minimize the susceptibility gap.

Image: © WHO

RCC Session 3:
Outbreaks in the European Region, 2022 status update

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Ukraine cVDPV2 outbreak

After the first cVDPV case was confirmed in October 2021, Ukraine initiated an outbreak response with IPV vaccination and began preparations for an OPV response. In January 2022, the National Immunization Technical Advisory Group (NITAG) recommended the use of oral polio vaccine for the outbreak response in the following priority order: nOPV2, tOPV, mOPV2. The war has impacted IPV response and prevented further preparations for OPV response. The IPV catch-up campaign initiated in February reached 59 395 children with the first dose and 77 612 children with the second dose as of 15 October 2022. It has been difficult to establish a good denominator of children needing to be vaccinated due to the conflict and the movement of people within and outside of the country. While ES is present in the country, a polo-specific ES pilot is being established in three regions. NPAFP rate is difficult to calculate due to the massive population movement but even with the 2021 denominator it exceeds 1.4 at national level and reaches 3 per 100 000 in some provinces. As assessed by the polio team, ES seems to be working well in the four provinces visited. The polio outbreak team will continue working with the country and plans to conduct a mini-outbreak assessment in January 2023. Surveillance has increased in the western part of the country where the majority of internally displaced persons from the eastern part of the country are located.

Advice to Ukraine

The RCC commended the Ukrainian national staff for the work that is being done during this difficult and dangerous time including excellent work in continuing to collect samples, conduct surveillance, and vaccinate children. The RCC encouraged a rapid assessment of the outbreak response in December 2022 or January 2023.

Israel cVDPV3 and cVDPV2 outbreaks

The cVDPV3 outbreak in Israel was confirmed on 6 March 2022 with one child paralysed, seven close and community contacts, and multiple ES samples. The outbreak response began on 4 April 2022 with IPV catch-up and bOPV for children up to 17 years of age. No VDPV3 have been identified since June 2022. A cVDPV2 outbreak in the country was confirmed in September linked to the transmission in UK and US and with virus isolated in ES only.

Advice to Israel

The RCC acknowledged the high-quality surveillance and strong overall vaccination response by Israel but would like to better understand the impact of vaccination campaigns. The RCC would like to see clear disaggregated vaccination coverage data by location and population- including how many 0- and 1-dose children were vaccinated as part of the outbreak response.

United Kingdom cVDPV2 outbreak

ES was expanded nationwide in England. Immunization coverage is low in some boroughs of London and there is a need to find 0- and 1-dose children and vaccinate them. The results of the vaccination campaign have not been shared but the programme is planning to evaluate the intervention. The country has established an nOPV2 working group to prepare the UK for potential deployment of the vaccine under Emergency Use Listing.

Advice to United Kingdom

The RCC is interested to see the evidence of vaccination of 0- and 1-dose children as an explanation of a decline in PV isolation.

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Conclusions and recommendations to countries and WHO

Image: © WHO

Conclusions

Based on the available information, the RCC concluded that the WHO European Region continued to be free of endemic polio.

However, the RCC is concerned about possible undetected circulation in countries that only use IPV. The PV detected in Israel, the UK and US may occur in other places and this will pose a challenge to certification. The RCC requested the Secretariat to provide a presentation at a future meeting on the latest information on nOPV2, because of the implications this information may have on certification.

The RCC is concerned about the increase in detected cVDPV2 cases in the region and globally. The RCC strongly encourages all countries to take appropriate actions to protect populations against transmission of all imported viruses through high vaccination coverage and high-quality surveillance. The RCC is concerned that polio vaccination coverage has declined in a large number of countries in the Region. The RCC urges countries to target immunization resources on identified vulnerable groups to increase overall population immunity. The RCC is also concerned that the quality of PV surveillance has deteriorated. In the absence of high-quality AFP surveillance, the efficiency of enterovirus and ES surveillance should be enhanced.

The RCC expressed concerns that Ukraine may be building a large cohort of susceptible individuals during the war which should be taken into consideration.

The RCC would also like to see reports on outbreak investigations prior to the next meeting and to be updated regularly on the situation in the outbreak countries. The RCC invites representatives from other regional commissions or their secretariats to join the next meeting to observe the process in the European Region. The use of the eAPR in the Region streamlines the data collection process and other regions may consider adopting this approach. Revisions to the NCC and RCC terms of reference in other regions may be needed, as some RCCs delve into operational issues that are beyond the mandate of certification.

The next RCC meeting is expected to be held in June 2023 in Copenhagen. Joint visits of the Secretariat with RCC members to high-risk countries could be planned in 2023 to raise concerns and advocate for greater efforts by national governments related to certification and containment.

Recommendations to countries and WHO

Population immunity

- As exemplified by the recent polio outbreaks in Israel, UK and the US, no country is free of the risk of VDPV importation and transmission; and all countries need to sustain or achieve high polio vaccination coverage.

Surveillance

- While the COVID-19 pandemic and response have impacted PV surveillance in many countries, all efforts must be made to boost AFP and introduce/optimize supplementary PV surveillance to timely detect PV.
- Laboratory-based PV surveillance remains critically important in the Region at this time and countries need to work with the Regional Office to develop long-term sustainability plans.
- The Polio Eradication Strategy for 2022-2026 *(3)* emphasizes the importance of rapid poliovirus detection. Timely collection and shipping of relevant samples is crucial and remains an important performance indicator.

Poliovirus containment

The RCC urges:

- all countries to ensure that a National Poliovirus Coordinator is appointed and his/her function is adequately supported by the government to allow intersectoral collaboration in maintaining a national inventory of all poliovirus IM and PIM, including new highly attenuated polioviruses (nOPV/S19);
- all countries to continuously reassess national inventories with the special focus on IM and PIM with PV2 and WPV3, including VDPV3, and urgently ensure proper destruction or transfer of these materials if they are retained in non-PEFs. The destruction or transfer procedures should be documented in a facility and reported to the NPCC or NAC, as appropriate;

- all countries to thoroughly consider destruction/transfer of IM and PIM with WPV1 in all non-PEFs or designate a respective PEF as soon as possible and plan to complete its entrance into the certification process and have a CP issued by the end of 2023;
- all PEF countries to urgently implement further containment certification of all PEFs with issued CPs towards an ICC with the support of a national/international poliovirus containment auditor and plan to complete this step by the end of 2023 at the latest.

Preparedness

- While the majority of countries have developed national plans to detect and respond to a WPV/VDPV event or outbreak, some plans are outdated. All countries are expected to provide an adequate up-to-date plan to the RCC Secretariat.
- For countries considering the establishment of PEFs, the national plan of action must include detailed plans on the outbreak control response to a containment breach from a certified facility.

Polio Laboratory Network

- The countries with WHO-accredited polio laboratories must ensure that molecular intratypic differentiation (ITD) is implemented as it would better prepare them to adopt direct molecular detection of polioviruses, once this approach becomes available. They also need to ensure that the ITD methods accepted and/or recommended by WHO are also accepted and endorsed for use in their countries and that the polio laboratories are adequately resourced to continue their critical function.

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Commemorating 20 years of polio-free status in the European Region

World Polio Day, 24 October 2022
Speeches and statements

Dr Hans Henri P. Kluge,
WHO Regional Director for Europe
European Region 20 years polio-free:
a legacy in jeopardy

Image: © WHO

Today we are witnessing history in the making as we celebrate a very special World Polio Day. As WHO Europe's Regional Director, I am proud to recognize that this year marks two decades of sustained polio-free status for the European Region. Each one of us sitting in this room here and all those who have been part of this journey should be extremely proud of this achievement.

In 1980, globally over 350 000 people developed paralytic polio; more than 2500 of them in the European Region. In 1998, a strain of the virus endemic to this Region reached and tragically paralysed a young unvaccinated boy in Türkiye. Thanks to the efforts of many, including a few colleagues in the room here today, this virus' long journey among vulnerable children and adults ended there. For the next 3 years, strong surveillance systems across the Region remained vigilant but found no trace of indigenous circulation of any poliovirus. In 2002, the European Regional Commission for the Certification of Poliomyelitis Eradication could therefore declare the European Region polio free.

This was a momentous achievement, made possible by the efforts and vision of so many including Dr Marc Danzon, Regional Director Emeritus, whom we are honoured to have with us here today. Polio-free status is a legacy and our call to action: now it is our collective responsibility to sustain the achievement.

As long as the poliovirus exists in any part of the globe, the entire world remains at risk. In a rapidly changing and globalized world, holding the line against polio requires ever greater commitment, vigilance and local innovation. No one's life circumstances should be a barrier to receiving the benefits of vaccination and we cannot afford to leave anyone behind in reaping the benefits of the available vaccine. Our collective efforts have saved so many from this disease that the impact of polio and the risks associated with it have been somewhat forgotten in the public consciousness. We cannot allow complacency to creep in at this point of time anywhere in the Region or globally.

While we must focus on the road ahead to achieve global polio eradication, we must not forget the many thousands of people in our Region who continue to experience the life-long effects of polio every day, including the tragic symptoms of post-polio syndrome. We must hear their stories to vividly understand why so many have worked so hard to free the world of this terrible disease and to inspire the next generation to join this effort. We are grateful that Gurli Nielsen has agreed to share her story with us today.

Partnership will remain key in our efforts to eradicate polio. To accomplish the goal of polio eradication, we need to continue to build on the foundation created by the Global Polio Eradication Initiative represented here today by our distinguished colleagues from Rotary International and UNICEF. In the coming years, guided by the European Programme of Work, we will continue to further strengthen this partnership, embark on new partnerships, foster youth participation, and meet the goals of our flagship initiative, the European Immunization Agenda 2030 — which envisions equitable expansion and uptake of vaccines to prevent death and disease from vaccine-preventable diseases.

I want to thank all of you for being here tonight. Your attendance signifies the depth of your commitment to global polio eradication and how much you relate personally to this. As we are all aware, polio has made a recent appearance in places that were not considered high-risk. We must take stock of the state of public health today and redouble our efforts toward a future and a world without polio. We have the required tools to rid the world of this crippling disease, and with a continued conscious and concerted effort we can eradicate polio forever, not from this Region alone, but from every country on Earth.

I have seen the robust commitment of our governments, healthcare workers, partners and stakeholders in the Region including during the recent polio outbreak response in Tajikistan to provide the benefits of the vaccines to its population and I am ever more convinced today that together we can and will reach the goal.

I look forward to spending this evening in conversation with our esteemed colleagues and guests about this vitally important task. We have learned many lessons over the past twenty years, as well as during the COVID-19 vaccine roll-out, and I firmly believe that in the reflection of our past, we can begin to build the future of our dreams.

Polio eradication has been a long journey for all of us; even if we may feel a bit tired, we cannot afford to give up at this moment. We owe it to this planet to secure the future of our children and grandchildren who are tomorrow's decision makers as we redouble our commitment to wipe out this virus from the Region and the world.

Image: © WHO

Ms Jennifer Jones, President of Rotary International

Image: © WHO

It is a delight to be able to spend World Polio Day in Copenhagen here today, and I'd like to begin with a small piece of history. I want to take you back to 1979, when one person in The Philippines said that, and challenged members of our Rotary organization, to say that we can eliminate polio from our island nation. They worked hard for many years, but it was able to be done. Then the challenge was shared with the rest of our Rotary family — 1.4 million members around the world — to see if we can do it here, can we do it everywhere? At that point in time, as we began to talk with other health professionals and organizations across the world it was thought to be improbable. It was thought to be something that wasn't possible at all.

However, we began in 1988, as you heard, to collect partners: the WHO, UNICEF, the CDC, the Bill and Melinda Gates Foundation, and GAVI the vaccine alliance. And since that time, we have worked as the Global Polio Eradication Initiative together to ensure that we all bring what we bring best to the table.

For us, as our Rotary family members, what we bring is advocacy. We are leaders, community leaders in our communities, problem solvers. And, so we reach out, we work with our government to ensure that the dollars that are required to eradicate this disease are placed forward so that everyone in our world can be safe. We are also fundraisers - we've raised collectively, our membership, since that time 2.6 billion dollars towards this effort.

And so, just last week at the Global Polio Summit, where the pledging moment took place to ensure that we have the funds to complete this task, we were able to put forward our next pledge of $150 million dollars. During that time 2.6 billion dollars was pledged and the 4.8-billion-dollar gap that we have to fund total eradication by 2026, is halfway to that mark.

Many governments of the world have stepped up to say that they believe and trust that our partnership is going to accomplish this task, and I am very proud of the creative ways that our Rotary members around the world every day, and particularly on World Polio Day, are raising funds through many, many means. They are pedalling for polio, they are raising pints for polio, holding fundraisers and auctions and dinners — all different methods of making sure that each person, individually, can do something to contribute to our polio effort.

One of the best things that I think we need to take away from where we've been and what we've accomplished is the incredible public health infrastructure which has been created through the Global Polio Eradication Initiative. Along with our partners, we have created this infrastructure in dozens of countries around the world. When the COVID pandemic hit, we were able to take our frontline community health workers and transit them into being frontline COVID workers, because they understood the critical nature of surveillance, contact tracing, the exact things that needed to be done to address COVID. But it's so much more than that.

Polio, for Rotary, is our number one corporate priority and we will not walk away from it until this is resolved. But we also know that we call it polio plus. Because we are able to utilize that infrastructure to also make sure that we can tackle other things, like diarrheal illness, tetanus, tuberculosis, measles, all different kinds of things that are taking place in real time.

And so together with our partners, we are immensely proud of the progress that we've made. We are closer than we've ever been before.

Dr David Salisbury, RCC Chair

Image: © WHO

Good afternoon. I am David Salisbury, and I have the privilege of being the Chair of the European Region Certification Commission and I am also Chair of the Global Certification Commission for the Eradication of Polio. Twenty years ago, this region was able to certify its freedom from wild poliovirus. That was an enormous achievement of which everyone should be proud. Since that time there have been a number of importations of polio with transmission into communities and they have been stopped. They have been stopped promptly and the cessation of transmission has indeed been demonstrated. So, we have maintained our polio-free status for twenty years, something of which we should all be proud.

The European Region Certification Commission has met just recently and we have reviewed all 53 countries to ensure that there is no ongoing transmission of wild poliovirus in our countries. We can say, based on the information that we have reviewed, that this Region remains wild poliovirus free. But we cannot be complacent. We are aware of wild polio transmission in other parts of the world, and whilst there is transmission of wild poliovirus, poliovirus type 1, we remain at risk.

We have seen unfortunate examples of the transmission of vaccine-derived polioviruses particularly in the UK and in Israel linked with similar transmission in the United States. We have to remain on guard. We have to vaccinate our populations to a very high degree, and equally important we must maintain our surveillance. We have done this for twenty years. We must continue to do this until we achieve global eradication.

We must contain polioviruses because this Region has many, many facilities that deal with polioviruses. And, we must maintain population immunity.

I'm confident that we will continue to do this and I am proud of all that has been achieved in this Region. Thank you.

Dr Marc Danzon, WHO Regional Director Emeritus

Image: © WHO

"When the Region was granted polio-free status in 2002, we celebrated - and I reminded everyone that 'polio-eradication work is not over until it's over globally.' Of course, that is still true today and the work is no less urgent."

Ms Etleva Kadili,
Director of UNICEF Supply Division

Image: © WHO

"The biggest supply complexity, as we look ahead to the prospect of a polio-free world, is to calibrate the production of sufficient quantities, while also scaling down as we get closer to eradication.

Close coordination at strategic and operational levels will be essential and the global community, from donors to manufacturers to partners, country governments, health care workers, and communities, must remain committed.

We must unite in this effort to reach the thousands of children who are still missing out on polio vaccines with integrated services – as there will be no polio eradication without access to other services for health, nutrition and sanitation for vulnerable children and their families."

Dr Nino Berdzuli,
Director of Country Health Programmes,
WHO Regional Office for Europe

"I know that this milestone is merely a stepping stone on the way to global polio eradication. I have full faith in my colleagues and I am inspired by all of you attending tonight. I believe in the political will of our Member States and in the people of our Region."

Image: © WHO

Ms Gurli Nielsen,
Polio survivor

"I contracted polio at the age of 8 months in 1952 and I was in the hospital for two years. Afterwards I lived a normal life until my mid 40s when I developed post-polio syndrome which forced me to an early retirement.
I encourage every parent to make sure their child is protected from polio."

Image: © WHO

References

1. Polio Containment Guidance and Tools [website]. Geneva: World Health Organization (**https://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/**, accessed 11 November 2022)
2. Global Poliovirus Containment Action Plan 2022-2024; Geneva: World Health Organization; 2022 (**https://polioeradication.org/wp-content/uploads/2022/07/GPCAP-2022-2024.pdf**, accessed 11 November 2022)
3. Polio Eradication Strategy 2022-2026: Delivering on a Promise [website]; Geneva: World Health Organization; 2021 (**https://polioeradication.org/gpei-strategy-2022-2026/**, accessed 11 November 2022)

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Annexes

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Annex 1. RCC conclusions on risk of sustained transmission in the event of WPV importation or emergence of VDPV, per country (Member State) in the WHO European Region, based on available evidence for 2021

Country	Surveillance quality	Population immunity	Other factors	Composite risk score
Albania	Good	High	No	Low
Andorra	Average	High	No	Low
Armenia	Good	High	Yes	Low
Austria	Good	Average	No	Intermediate
Azerbaijan	Good	High	No	Low
Belarus	Good	High	Yes	Low
Belgium	Average	High	Yes	Intermediate
Bosnia and Herzegovina*	Average	Low	Yes	High
Bulgaria	Average	Average	No	Intermediate
Croatia	Good	High	Yes	Low
Cyprus	Good	High	Yes	Low
Czechia	Good	High	No	Low
Denmark	Good	High	Yes	Low
Estonia	Average	Average	No	Intermediate
Finland	Good	Average	No	Intermediate
France	Good	High	Yes	Low
Georgia	Good	Low	No	Intermediate
Germany	Good	High	No	Low
Greece	Good	High	No	Low
Hungary	Average	High	Yes	Intermediate
Iceland*	Good	High	No	Low
Ireland	Average	High	No	Low
Israel*	Good	High	No	Low
Italy	Good	High	No	Low
Kazakhstan	Good	High	No	Low
Kyrgyzstan	Good	High	No	Low
Latvia	Good	High	No	Low
Lithuania	Good	High	No	Low
Luxembourg	Average	High	No	Low
North Macedonia	Average	Average	No	Intermediate
Malta	Good	High	Yes	Low
Monaco	Average	High	No	Low
Montenegro*	Average	Low	No	High
Netherlands	Good	High	Yes	Low
Norway	Good	High	No	Low

* RCC reviewed updates for 2020 received from Bosnia and Herzegovina, Iceland, Israel and Montenegro after the 35th meeting and included evidence in the 2021 assessment.

Annex 1. continued

Country	Surveillance quality	Population immunity	Other factors	Composite risk score
Poland	Good	Average	No	Intermediate
Portugal	Good	High	No	Low
Republic of Moldova	Good	Average	No	Intermediate
Romania	Average	Low	Yes	High
Russian Federation	Good	High	Yes	Low
San Marino	Average	Average	Yes	Intermediate
Serbia	Average	High	Yes	Intermediate
Slovakia	Good	High	No	Low
Slovenia	Good	Average	No	Intermediate
Spain	Good	High	No	Low
Sweden	Good	High	Yes	Low
Switzerland	Poor	High	No	Intermediate
Tajikistan	Good	High	No	Low
Türkiye	Good	High	Yes	Low
Turkmenistan	Good	High	No	Low
Ukraine	Good	Low	Yes	High
United Kingdom	Good	High	Yes	Low
Uzbekistan	Average	High	No	Low

Annex 2. List of participants

RCC

Prof. David M. Salisbury	United Kingdom, Chair
Prof. Donato Greco	Italy, member
Dr Tapani Hovi	Finland, member
Dr Anton van Loon	Netherlands, member
Dr Ellyn Ogden	United States of America, member
Dr Rudolf Tangermann	Germany, member

European Centre for Disease Prevention and Control

Dr Sabrina Bacci
Senior Expert, Vaccine-preventable Diseases

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Dr Siddhartha Datta
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Dr Shahin Huseynov
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