

Report from the Twenty-first Meeting of the Global Commission for Certification of Poliomyelitis Eradication

Held Virtually, 28 July 2021



**World Health
Organization**

Members of the Global Commission for Certification of Poliomyelitis Eradication attend the virtual meeting held 28 July 2021



Left to Right, top row then lower row: Professor David Salisbury, Professor Rose Leke, Dr Nobuhiko Okabe, Professor Yagoub Al-Mazrou, Professor Mahmudur Rahman, Dr Arlene King,

Abbreviations

Containment

CAG	Containment Advisory Group
CC	Certificate of Containment
CCS	Containment Certification Scheme to support GAPIII
CP	Certificate of Participation
CWG	Containment Working Group of the GCC
ICC	Interim Certificate of Containment
GAPIII	Global Action Plan for Poliovirus Containment, 3rd edition, 2014
NAC	National Authority for Containment
PEF	Poliovirus-Essential Facility

Certification

GCC	Global Commission for Certification of Poliomyelitis Eradication
NCC	National Certification Committee
RCC	Regional Commission for Certification of Poliomyelitis Eradication

Viruses and vaccines

IPV	Inactivated poliomyelitis vaccine
OPV	Oral poliomyelitis vaccine
bOPV	Bivalent oral poliomyelitis vaccine containing Sabin type 1 and 3
mOPV2	Monovalent oral poliomyelitis vaccine Sabin type 2
nOPV	Novel oral poliomyelitis vaccine
PV	Poliovirus (PV1 is PV type 1 etc)
VDPV	Vaccine-derived poliovirus
aVDPV	Ambiguous vaccine-derived poliovirus
cVDPV	Circulating vaccine-derived poliovirus
iVDPV	Immunodeficiency-associated vaccine-derived poliovirus
WPV	Wild poliovirus
- WPV1	Wild poliovirus type 1
- WPV2	Wild poliovirus type 2
- WPV3	Wild poliovirus type 3

Others

AFP	Acute Flaccid Paralysis
CDC	Centers for Disease Control (United States of America)
ES	Environmental surveillance
GPEI	Global Polio Eradication Initiative
IDP	Internally Displaced Persons
IMB	Independent Monitoring Board
PEESP	Polio Eradication and Endgame Strategic Plan 2013–2018
SAGE	Strategic Advisory Group of Experts on immunization
TAG	Technical Advisory Group
ToR	Terms of Reference
WHO	World Health Organization

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Introduction

The 21st meeting of the Global Commission for Certification of Poliomyelitis Eradication (GCC) took place virtually on 28 July 2021, chaired by Professor David Salisbury. Because of the difficulty of holding virtual meetings with such wide spread of time zones of members, the meeting was short and focused on information sharing. Conclusions and recommendations therefore were commensurately few.

Commission Members are chairs of their respective Regional Commissions for Certification of Poliomyelitis Eradication (RCC):

Professor David Salisbury - WHO European Region,

Professor Yagoub Al-Mazrou - WHO Eastern Mediterranean Region,

Dr Arlene King - WHO Region of the Americas, and Chair, GCC Containment Working Group,

Professor Rose Leke - WHO African Region,

Dr Nobuhiko Okabe - WHO Western Pacific Region,

Professor Mahmudur Rahman - WHO South-East Asian Region.

Aim and Objectives

The aim of the meeting was to ensure global certification of poliovirus eradication takes place in a timely manner with credible and transparent processes.

Specific objectives were:

- To review the current epidemiology of WPV1 and the progress and barriers toward its eradication;
- To review the current situation regarding outbreaks of cVDPV;
- To be updated on the country and regional implementation of containment, and certification of containment in facilities retaining relevant polioviruses and host countries
- To review the new GPEI strategy.

The agenda is included in appendix 1.

Topic 1: Review of Global Progress

WPV epidemiology

WPV1 transmission continues to fall, with no new case since January 2021 when two WPV1 cases occurred, one each from Pakistan and Afghanistan; there were 94 WPV1 cases during the same time period in 2020. The overall proportion of specimens from environmental surveillance that are positive has fallen from almost 60% in 2020 to less than 15% in 2021 to date with no detection in Afghanistan since 23 February and only ten isolates in Pakistan since 31 March. The most recent detections in 2021 in Afghanistan were both the result of importation from Pakistan. All WPV1 cases have occurred in Afghanistan and Pakistan.

Afghanistan

With only one case detected in January 2021, and only one positive environmental specimen in February 2021, WPV1 transmission in 2021 appears to be at the lowest level ever, representing a real opportunity to eradicate WPV1 from the country. In the endemic Southern Region, transmission has been declining for one year, with no case for eight months. In the Eastern Region, there has been no detection for 15 months, while in the rest of Afghanistan all importations to polio free areas has stopped. While there have been delays in specimen transport due to the coronavirus pandemic, surveillance indicators in Afghanistan remain mostly satisfactory, and the surveillance system is detecting cVDPV2. Therefore, it seems unlikely that the apparent fall in WPV1 transmission is simply due to a fall in surveillance.

A ban on house-to-house vaccination continues to severely affect the ability of the program to reach children and the large cohort of unvaccinated children continues to increase. There are also challenges in accessing all children in highly mobile populations. The current program priorities are:

- To resume campaigns in non-government controlled areas, and to continue dialogue for restoring house-to-house access (currently only a mosque based approach is allowed by the Taliban);
- Implementation of a contingency plan for continuity of critical polio eradication activities through the conflict period;
- Revision and rationalization of the transit strategy;
- Coordination with other humanitarian agencies for coordinated interventions to address displaced populations and implementation of an integrated service plan.

Pakistan

WPV1: One WPV1 case has been reported in 2021 compare to 39 cases during the same period in 2020. During this period, 59 wild poliovirus isolates have been detected in 2021 through environmental surveillance, with a recent drop in the number and proportion of positive specimens. There appears to be a clear decline in the number and geographic spread of WPV positive ES sites in the past six months:

- All sites in both Peshawar and Quetta block have been negative for last 2-3 months
- Single detection in Karachi since May 2021

SIA quality appears to have improved in the Quetta block and Peshawar, but further improvement is needed; , quality remains lacking in Karachi.

cVDPV2 Outbreaks

The number of cases in 2020 was 1069, while in 2021 a total of 170 cVDPV2 have been reported so far. As in all the years following 2016, when OPV2 was withdrawn, the number of cVDPV2 cases has been greater than the number of WPV1 cases. However, there have been no new emergences detected so far in 2021. The total number of lineages detected in 2021 is 15, compared to 36 in 2020, and 44 in 2019. This reduction may reflect refinement and modification of cVDPV2 outbreak management to lessen the risk of seeding new emergences.

Novel OPV2

After receiving the interim recommendation for use under WHO's Emergency Use Listing procedure (EUL) novel OPV2 has been started to be used in seven countries (Benin, Congo, Liberia, Niger, Nigeria, Sierra Leone and Tajikistan) and four additional countries are verified as ready to use it (Afghanistan, Chad, DR Congo and Ethiopia). Another seven countries are close to being verified (Burkina Faso, Cameroon, CAR, Ghana, Pakistan, Senegal, and South Sudan).

Thus, 80% of countries at high risk of cVDPV2 are preparing for novel OPV2 use.



Topic 2: GPEI Strategy 2022-26: Delivering on a Promise

Insufficient progress towards eradication has triggered a strategy revision to address the GPEI's strategic and emergent challenges. Over 300 stakeholders were engaged in the process.

The 2019 Endgame strategy did not adequately address some strategic elements such as maintaining an emergency posture, sound engagement with all those involved in eradication, the GPEI's own management structure and certain other gaps, nor did it consider adequately the introduction of novel OPV2. Finally, there needs to be consideration now of COVID-19 including its financial impact.

In the revised strategy, there are two main goals:

1. Permanently interrupt all poliovirus transmission in endemic countries.
2. Stop cVDPV2 transmission and prevent outbreak in non-endemic countries.

To achieve these goals, the GPEI will transform its approach in each region and country through five mutually reinforcing objectives.

- Create urgency and accountability to generate greater political will by re-envisioning the GPEI's relationship with governments and systematizing political advocacy.
- Generate vaccine acceptance through context-adapted community engagement that reduces refusals and increases community commitment to child immunization.
- Expedite progress through expanded integration efforts with a broader range of partners in immunization, essential healthcare and community services.
- Improve frontline success through changes to campaign operations, including the recognition and empowerment of the frontline workforce.
- Enhance detection and response through sensitive surveillance that provides the programme with critical information for action.

Key milestones for interrupting poliovirus transmission in the endemic countries are the cessation of WPV1 and cVDPV2 transmission by end of 2023, and certification of WPV1 eradication at the end of 2026 subject to the recommendations of the GCC.

The goals and strategic objectives are supported by essential functions that contribute to an enabling environment, which include a new GPEI structure, gender equality, communications, vaccine supply, research, monitoring and evaluation, and finance and costing.

Key milestones for interrupting cVDPV transmission in outbreak and at-risk countries are two-fold, with cVDPV2 transmission to be stopped by end of 2023, and its absence validated by GCC by 2026, while for cVDPV1 and cVDPV3 validation of their absence by GCC would not be until 2030 at the earliest, after cessation of use of Sabin bOPV in essential immunization in 2027. Please see below for GCC considerations of certification and validation.

GPEI support will be focus more on regions taking a leading role in outbreak management.

Topic 3: Preparing for the Certification of Containment of Poliovirus-Essential Facilities

3.1 A National Authority for Containment (NAC) has requested to be exempted from certain specified auditor qualification requirements described in the Containment Certification Scheme (CCS) and the Auditor qualification and audit support plan 2021-2023 (AQAS)¹ with respect to their national containment certification process, based on the fact that:

- (i) the country has an established biorisk management inspection and audit system
- (ii) there is reduced global availability of qualified GAPIII auditors as described in the CCS.

3.2 Progress towards national containment certification of designated poliovirus-essential facilities (dPEF) has been slow. The lack of progress with containment certification is now at risk of not meeting the Certificate of Participation (CP) expiry date of 30 April 2022, established by the GCC in 2019.

Following discussion, the GCC encourages NACs to maintain momentum towards containment certification during this pandemic period.

Although national auditor qualification according to AQAS is encouraged, to address this request (3.1), the GCC provides the following recommendations.

Global Certification Commission recommendations

In order to sustain the global containment certification progress and considering the current COVID-19 epidemiological situation, the GCC recommends the following:

1. Extension of CP expiry date

- *NACs lacking qualified GAPIII auditor capacity may* submit a formal request to GCC for an extension of the CP expiry date supported by a comprehensive plan (time-bound action plan), no later than 1 November 2021. GCC will consider the request following a set of harmonized, globally applicable and published criteria.
- NACs that have not submitted a CP extension request by 1 November 2021 will be considered as either intending to meet the CP expiry date of 30 April 2022 and progressing to the next certification steps, or no longer wishing to have dPEFs beyond the CP expiry date. In the latter case they should provide GCC and CWG with information on the destruction or transfer of eradicated poliovirus specimens retained in their current dPEFs by end-April 2022.

¹ Auditor qualification and audit support plan 2021-2023 (AQAS) . Available at: <https://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/>

II. Continuation of national containment certification process

- In advance of any further certification step, NACs lacking qualified GAPIII auditor capacity should submit to GCC/CWG complete documentation detailing timeframe, audit team composition and experience (as per CCS recommendations) and the detailed audit plan. This information will be assessed by the CWG following the harmonized, globally applicable and published criteria mentioned above.*
- Updated standardized forms and the above-mentioned criteria will be made available on the polioeradication.org website*.*

III. Countries with no nominated NAC, no designated PEFs and/or no awarded CPs

- Countries which are retaining polioviruses post-eradication are urged to provide GCC with a clear plan of action, including nomination of NACs and submission of CP applications **no later than 30 September 2021**. Following WHA A71_16², progress and the status of global poliovirus containment will be reported to the Executive Board and the World Health Assembly.*

IV. Final considerations

- Although deviations will be considered, GCC encourages NACs of countries retaining polioviruses to formally engage in the CCS as per WHA A71_16².*
- WHO plans to report on progress and the status of global poliovirus containment to the Executive Board and the World Health Assembly.*

² Poliomyelitis – containment of polioviruses WHA71.16, 26 May 2018

Topic 4: Next meeting

The Chair reminded the GCC Members that when eradication was first endorsed, it was not anticipated that more than thirty years would be required to achieve it, nor that certification of eradication would be sequential (ie WPV2 in 2015, WPV3 in 2019, and WPV1 in all but two countries since 2020 when Africa was certified). At that earlier time, environmental surveillance had not been complimentary to AFP surveillance as it is currently.

Members discussed two issues that require further work before the next meeting:

1. What evidence will GCC require to be certain that cVDPV2 can be validated as absent, and given that the new strategy aims for GCC to be able to certify WPV1 eradicated at the same time ie end of 2026, should these processes be any different?
2. Given that in all countries except Afghanistan and Pakistan there has been no detection of local transmission of WPV1 for more than three years and that Afghanistan and Pakistan have intense and robust environmental surveillance, does global certification of WPV1 eradication require a full three years, or can this period be shortened?

Members agreed to request the GPEI to form a working group to report on:

The criteria to be certain that WPV1 transmission has been interrupted in PAK and AFG, and

The criteria to be certain that cVDPV2 transmission has been interrupted.

Members requested to see the terms of reference of such a working group and to be able to suggest names of appropriate experts.

Annex 1: Agenda

Global Commission for the Certification of Poliomyelitis Eradication
21st Meeting (to be held virtually)
28-Jul-21

DRAFT AGENDA

Meeting Time: 15.00 to 16.40 Geneva

Time	Title of topic	Presenter
15.00	Welcome remarks	Aidan O'Leary
15.05	Objectives of the meeting and roll - call	David Salisbury
Topic 1 Review of Global Progress		
15.10	Global update - WPV1 eradication and cVDPV2 outbreaks	Aidan O'Leary
15.30	Discussion	all
Topic 2 Overview of the new GPEI strategy		
15.45	Overview	Aidan O'Leary
15.55	Discussion	all
Topic 3 Containment		
16.05	interim guidance for ICC applications in the context of COVID	CNT (HQ)
16.15	discussion	all
Topic 4 Next Meeting of the GCC		
16.25	Topics for discussion including validation of absence of cVDPV2, and time required to be certain of eradication in the two remaining endemic countries	all
16.40	Close	David Salisbury

