

Report of the eighth meeting of
the Global Commission for the
Certification of the Eradication
of Poliomyelitis (GCC)

Geneva, 22-23 October 2003



World Health Organization

WHO

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1. Introduction

Sir Joseph Smith, the chairman of the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC), convened the eighth meeting of the Commission on 22-23 October 2003, in Geneva, Switzerland. Welcoming members of the GCC on behalf of the Director General, WHO, Dr Daniel Tarantola, Director, Division of Vaccines and Biologicals, WHO, expressed his hope that the GCC would again provide guidance to facilitate the successful continuation of the global and regional process towards eventual certification of poliomyelitis eradication. Dr Tarantola paid tribute to Dr F. Robbins, Nobel laureate virologist and GCC member, whose work laid the foundation for developing polio vaccines, who died in early August 2003.

Dr Tarantola noted that the eighth meeting would be the last meeting chaired by Sir Joseph, whose resignation as GCC chair, for personal reasons, had been accepted with regret by the Director General of WHO, Dr G. H. Brundtland. Dr Tarantola thanked Sir Joseph Smith, on behalf of the DG, for the great leadership and guidance provided to the GCC over the last three years.

GCC members attending were:

- African Region: Dr Rose Leke, Chair, African Regional Certification Commission (RCC/AFR), Professor F. Nkrumah;
- Region of the Americas: Dr C. de Macedo, Member, Western Pacific Regional Certification Commission (RCC/WPR);
- Eastern Mediterranean Region: Dr Ali Jaffar, Chair, Eastern Mediterranean Regional Certification Commission (RCC/EMR); Dr A. Deria, Member, RCC/EMR;
- European Region: Sir J. Smith, Chair, European Regional Certification Commission (RCC/EUR), and Chair, GCC; Prof. S. Drozdov, Member, RCC/EUR;
- Western Pacific Region: Dr A. Adams, Chair, Western Pacific Regional Certification Commission (RCC/WPR), Dr Wang Ke An, Member.

The following GCC members were unable to attend the eighth meeting: Professor Natth, Chair, South-East Asia Regional Certification Commission (RCC/SEAR), Professor A. Kostrewski, former Chair, GCC.

2. Objectives

The main objectives of this eighth meeting of the GCC were to:

1. update the GCC on the status of the Global Polio Eradication Initiative and on progress in conducting certification and laboratory containment activities at regional and country level;
2. standardize annual documentation requirements from RCCs to the GCC prior to global certification;
3. finalize GCC decisions and advice on GCC operating procedures and membership.

3. European and Western Pacific Regions

- The GCC commends the 51 countries of the WHO European Region for reaching the goal of regional certification of the interruption of indigenous wild poliovirus transmission in June, 2002. At its last meeting, the GCC had expressed its concern about several wild poliovirus importations into Eastern Europe during 2001-2002. Of note, the RCC delayed Regional Certification by several months until convincing surveillance data showed that these importations had not led to re-established wild virus transmission. At the time of certification, phase I laboratory containment activities were completed in 41 of 51 countries, and nearly completed in 4 other countries.
- While both the RCC and NCCs remain active in the European Region, the GCC shares the concerns of the RCC/EUR that, as of October 2003, AFP reporting had decreased in several countries of the Region, and that phase I containment was still not complete in several countries.
- Regional and national certification groups were also maintained in the Western Pacific Region, certified polio-free in mid-2000. However, there were similar concerns as in EUR, with decreases in AFP reporting, particularly in China during 2003, where the problem was caused at least in part by the emergence of the SARS epidemic during the first half of 2003. More than two years after regional certification, phase I laboratory containment had still not been finalized in China and Japan. The RCC/WPR notes that polio eradication, and the need for maintaining polio-free status, was no longer a high priority in many countries or even at the regional level; for example, for the first time in many years, polio was not an item on the agenda of this year's meeting of the Western Pacific Regional Committee.
- The GCC is concerned that, despite laudable efforts to sustain surveillance quality and polio-free status in both of these recently certified Regions, it had not so far proved possible to maintain activities, and in particular AFP surveillance, at pre-certification quality levels throughout these Regions.

Decisions:

- The GCC calls on all polio partners to continue to provide sufficient advocacy as well as technical and funding support to certified Regions at regional and country level in order to maintain surveillance quality and sustain their polio-free status.
- Recognizing the challenges to maintaining AFP surveillance in the post-certification era, the GCC urges all Regions, especially those already certified, to maintain a high profile for the programme, particularly using forums such as the WHO Regional Committees, at which polio eradication should remain on the agenda of the annual meeting as a permanent item.

4. Region of the Americas

- The GCC acknowledges the detailed report received from the Region of the Americas, containing responses to most of the concerns voiced at the 7th GCC meeting. It was noted, in particular, that national expert groups for containment had been formed in all 47 countries of the Region, and that laboratory surveys towards laboratory containment had been initiated in 46 countries. A regional expert commission on laboratory containment had also been designated, but will meet for the first time only in March 2004.
- The GCC also notes that, through expansion of their terms of reference, both the new regional and national containment commissions in the Americas have been requested to oversee the maintenance of appropriately sensitive AFP surveillance systems, although it is not yet clear if these groups will have the capacity to also assess and verify AFP surveillance and polio-free status.
- AFP surveillance quality in the Region has been largely maintained, even though AFP surveillance in a number of countries is no longer reaching certification quality, mainly due to rates of adequate specimen collection just below the 80% threshold.

Decision:

- The designated Regional Commission for Laboratory Containment in the Region of the Americas should be convened and begin work as soon as possible, focusing on laboratory containment and AFP surveillance quality. The GCC would like to be informed of the person designated to chair the Regional Commission, as soon as such designation and appointment is made.
- The AMR secretariat is requested to provide all necessary technical support to the newly formed regional and national containment commissions, to ensure that these groups will be able to fulfil their expanded terms of reference.

5. African Region

- NCCs have now been designated and oriented in all countries of the African Region; all NCCs have begun to submit regular annual reports to the RCC/AFR. The RCC/AFR has requested a first group of 8 countries, which have been polio-free for 3 or more years, with certification-quality AFP surveillance, to submit full national documentation on their polio-free status to the RCC.
- Task forces on laboratory containment have been set up in most countries of the African Region, and containment activities are being piloted in several countries.
- AFP surveillance quality overall in the Region has continued to improve, particularly in the countries of Southern Africa, with marked surveillance improvements in Madagascar and Mozambique, a sub-Region with major AFP surveillance concerns at the time of the 7th GCC meeting.
- The RCC remains very concerned about the fact that routine immunization rates were very low in most countries of the Region, particularly since the number of planned OPV campaigns was considerably reduced earlier in 2003.
- The GCC notes that, following a related GCC decision at its last meeting, administrative and technical support to certification activities in the Region had improved. However, regular support to and communication with NCCs and laboratory containment task forces in 46 AFR countries, as well as the organization of large inter-country meetings twice a year, will remain challenging and require even more attention as lab containment needs increase.

Decisions:

- The GCC recommends the RD/WHO AFR and the DG/WHO to provide the RCC/AFR with sufficient administrative and technical secretariat support needed for certification activities, especially in view of the additional requirements of laboratory containment. Technical support from WHO/HQ and other Regions should continue.
- The GCC notes and endorses the decision by the RCC/AFR not to expand its own mandate to include validation of neonatal tetanus elimination, but to defer a decision on this matter to the Regional Technical Advisory Group on Immunization (African Task Force on Immunization - TFI).

6. Eastern Mediterranean and South-East Asian Regions

- Activities for interrupting wild virus transmission continue to receive the highest priority in both the Eastern Mediterranean and South East Asian Regions, although certification activities do continue in the EMR.
- The RCC/EMR conducted its 9th meeting in early October 2003, and has now reviewed and 'accepted' full national documentation claiming polio-free status from 14 of 23 countries and territories of the Region. Laboratory containment activities are also progressing in the EMR, and the newly developed material to validate containment achievements will soon be piloted in the Islamic Republic of Iran.
- The GCC notes that the planned September 2003 meeting of the RCC/SEAR was cancelled in view of over-riding priorities to assure the highest possible SIA quality in India.

7. Updated Strategic Plan for the Global Polio Eradication Initiative 2004-8

- The GCC appreciates that an updated global strategic plan for polio eradication had been drafted, which spells out in detail the four main elements of the eradication initiative from 2004 through to 2008, the earliest envisioned year of global certification. The new plan will be made public early in 2004. The GCC notes that the plan comprehensively addresses the needs for global certification, including the focusing of activities to improve AFP surveillance on the 20 countries in the world which still have not reached certification-quality surveillance.
- The maintenance of high-quality AFP surveillance in all countries, particularly in those which are still endemic or recently endemic, have low routine immunization, and have considerably reduced the frequency of SIAs, will be essential to reach the certification goal. High-quality surveillance will also be needed for several years beyond global certification.
- The GCC is concerned about the substantial remaining global funding gap for polio eradication (more than 200 million USD for activities planned until 2005), which has serious consequences for maintaining adequately sensitive AFP surveillance systems in many countries, particularly in the African Region.

Decisions:

- The GCC notes and endorses the revised target date for global certification, expected to occur earliest by end-2008 - as outlined in the updated Global Strategic Plan for Polio Eradication 2004-2008.
- GCC members are requested to submit comments and suggestions on the draft Global Strategic Plan to WHO by end-Oct 2003.

8. Certification and laboratory containment

- The GCC notes that considerable progress was made in all Regions towards implementing phase I laboratory containment activities, and appreciates that the second edition of the Global Action Plan on Laboratory Containment (GAP 2) has now been published. The GAP 2 contains important advice on procedures to confirm and validate the quality of the containment process; tools for the validation process have been developed and are being field-tested. The GCC acknowledges the development of guidelines specifying requirements for documenting phase II of laboratory containment activities.
- Global certification will require countries to provide evidence that all Phase I and Phase II containment activities have been implemented. The expert review of documentation on laboratory containment achievements will be of increasing importance to both the GCC and RCCs. Containment-related tasks which the GCC will face over the next several years include the definition of procedures for confirming and validating the quality of the containment process, the development of guidelines for RCC documentation of containment, and the review of RCC submissions on containment, with subsequent GCC decisions.

Decisions:

- The GCC requests the secretariat to create a mechanism through which the GCC will be able to draw on appropriate independent technical expertise on critical laboratory containment issues, including the evaluation and validation of the documentation on containment achievements provided through RCCs. This mechanism may consist of a group of experts regularly advising the GCC on containment issues. The WHO secretariat is requested to have established such a mechanism and identified appropriate technical experts by the next annual GCC meeting.
- GCC members will review the proposed draft "Guidelines for implementing the Global Certification requirements (Phase II) of laboratory containment of wild polioviruses" and return comments on the draft guidelines to WHO by end-November, 2003.

9. Documentation, reporting requirements and communication/briefing activities

- The GCC has repeatedly reminded the WHO secretariat that briefings on programme status, between and just before GCC meetings, are not regular and comprehensive enough, and requested WHO to improve the provision of briefing materials.

Decisions:

- GCC members will be informed about polio-relevant web sites with frequently updated surveillance and SIA information, as well as how to access these sites.
- Polio-related briefing materials to be provided to the GCC at regular intervals, as printed documents and by e-mail, between meetings (every 4-6 months) and just before meetings will include:
 - updates on endemic transmission, wild poliovirus importations into polio-free areas, and subsequent response activities;
 - polio-related articles published in the WHO Weekly Epidemiological Record;
 - other polio-related material published globally, including reports from global technical meetings, guidelines on the implementation of eradication strategies (e.g. AFP surveillance, preparedness for and response to importations, detecting and responding to VDPVs, laboratory containment, position papers, statements on technical issues).
- Upon request, GCC members will also be e-mailed weekly slides on global status and the situation in priority countries.
- The GCC agrees with the suggested activities to improve and standardize reporting of certification-relevant data and information from Regional Certification Commissions to the GCC. This should include the provision of RCC meeting reports, once finalized, directly from the Regions to GCC members.
- Before each GCC meeting, RCCs should also submit to the GCC a short written update report, containing information relevant for certification activities and using the standard format tentatively agreed to at the 8th meeting. The GCC should provide feedback on the standard format for summary RCC reports by end-November 2003.

10. GCC operating procedures and membership issues

- As the eradication initiative progresses towards the last wild-virus case, the certification of the last WHO Region, and eventual Global Certification (earliest 2008), the pace of GCC activities and frequency of meetings will considerably increase. At the same time, the increasingly complex demands of laboratory containment will require additional technical expertise (i.e. biosafety) in the Commission. GCC membership will thus become overall more demanding for each member, particularly in terms of time commitment.
- To assure that the GCC will be able to face future increased demands, the GCC continued its discussion, begun at its 7th meeting in April 2002, of important GCC operating procedures and membership issues (e.g. duration and termination of membership, appointment of new members).

Decisions:

- The six RCC chairpersons, or their representative, (for the Americas: the chairperson of the Regional Containment Commission) will be standing or permanent GCC members.
- The GCC suggests that by late 2004 DG/WHO should have appointed new members to fill the existing vacancies of the Global Certification Commission who could serve to the expected date for global certification (i.e. 2008). The GCC further suggests that the following issues are taken into account in these appointments:
 - the need to for an appropriate regional, geographic and gender balance, the need to ensure critical expertise of the GCC (including virology, epidemiology, public health, biosafety).
- The GCC concurs with the proposal that the DG/WHO review, revise and/or end GCC membership in the following situations:
 - if an irreconcilable conflict of interest exists or should develop, or
 - if two consecutive annual GCC meetings are missed without acceptable reasons,
 - or for other reasons that are unforeseen at present but may be recognized in the future by the GCC.



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