

SPECIAL MEETING OF THE
**GLOBAL COMMISSION
FOR THE CERTIFICATION
OF THE ERADICATION
OF POLIOMYELITIS**
ON POLIOVIRUS CONTAINMENT

GENEVA, SWITZERLAND
23 – 25 OCTOBER 2017

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ABBREVIATIONS

CAG	Containment Advisory Group
CC	Certificate of containment
CCS	Containment Certification Scheme to support the WHO Global Action Plan for Poliovirus Containment (GAPIII)
CMG	Containment Management Group
CP	Certificate of participation
CWG	Containment Working Group
DTP3	Diphtheria–tetanus–pertussis vaccine third dose
EB	Executive Board
ECBS	Expert Committee on Biological Standardization
GAPIII	Global Action Plan for Poliovirus Containment
GCC	Global Commission for the Certification of the Eradication of Poliomyelitis
GPEI	Global Polio Eradication Initiative
ICC	Interim certificate of containment
IHR	International Health Regulations
IHR EC	International Health Regulations Emergency Committee
IPV	Inactivated polio vaccine
NAC	National authority for containment
OPV	Oral polio vaccine
bOPV	Bivalent oral polio vaccine containing type 1 and type 3
mOPV2	Monovalent oral polio vaccine type 2
nOPV	New oral polio vaccine
OPV2	Oral polio vaccine type 2
PEESP	Polio Eradication and Endgame Strategic Plan 2013-2018
PEF	Poliovirus-essential facility
PV	Poliovirus
RCC	Regional Commission for the Certification of the Eradication of Poliomyelitis
SAGE	Strategic Advisory Group of Experts on immunization
SC	Strategic Committee
ToR	Terms of Reference
VDPV	Vaccine-derived poliovirus
aVDPV	Ambiguous vaccine-derived poliovirus
cVDPV	Circulating vaccine-derived poliovirus
iVDPV	Immunodeficiency-associated vaccine-derived poliovirus
WHA	World Health Assembly
WHO	World Health Organization
WPV	Wild poliovirus
WPV1	Wild poliovirus type 1
WPV2	Wild poliovirus type 2
WPV3	Wild poliovirus type 3

SUMMARY OF RECOMMENDATIONS

1. Role of GCC in containment

- WHO should review GCC's ToRs at the time of certification of eradication to determine GCC's role in the post-certification period as the oversight body for containment.

2. Reduction in the number of PEFs

- WHO should continue to work with Member States so that only those facilities fulfilling critical national or international functions in countries and complying with secondary and tertiary safeguards (as and when required) enter the containment certification process.
- Member States should coordinate and communicate closely with facilities to make them aware of the implications of becoming and remaining PEFs.
- WHO should engage the Regional Directors to raise awareness of containment during the Regional Committee Meetings. This could be explored through the Global Policy Group <http://www.who.int/dg/global-policy/en/>.
- Countries using PQ polio vaccines are recommended to accept the release certificate issued by the NRA of reference to avoid duplication of testing and use of PV material

3. Completion of Phase I (Preparation for containment of poliovirus type 2) of GAPIII

- GCC encourages the establishment of a standardized data collection and verification mechanism.
- NCC/RCC reports need to clearly indicate where and when activities in Phase I have been completed, based on a standardized data collection and verification mechanism, so that, on the basis of equivalent data quality between regions, the GCC can declare global completion of Phase I.
- The deadline for completion of Phase I for all PV2 is set at one year after the publication of the

Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses

- GCC urges countries affected by ongoing transmission of cVDPV2 to repeat their inventories and destroy, transfer or contain PV2 materials after the outbreak is declared closed.
- GCC requests RCCs to urge countries to complete the identification, destruction, transfer or containment (Phase I) of WPV1 and WPV3 materials by the end of Phase II.
- GCC urges countries planning to designate facilities for the retention of WPV1 and WPV3 materials to weigh the risks and benefits of having such facilities and the commitments that will be required to comply with the primary (facility), secondary (population immunity) and tertiary (sanitation and hygiene) safeguards.
- GCC requests a letter be prepared and distributed via Regional Offices formally acknowledging countries for the completion of Phase I of GAPIII.

4. Acceleration of the implementation of the CCS process

- WHO should consider an EB request for a WHA 2018 resolution urging countries hosting PEFs to accelerate the appointment of a competent NAC as soon as possible and no later than 31 Dec 2018, processing all CP applications as soon as possible and no later than 30 June 2019. After June 2019, new PEF applications will not be considered unless under exceptional circumstances GCC will review these dates in early 2018.
- WHO should carry out a risk assessment of designated PEFs' status to ensure that facilities at highest priority are entered into the CCS process as soon as possible.

5. Coordination and oversight

- The WHO secretariat needs to ensure coordination of information exchanges between the ECBS, CAG, CWG, SAGE, IHR EC, CMG, SC and the GCC
- WHO should determine which group is best placed to advise CWG on requirements associated with secondary and tertiary safeguards.
- A mechanism needs to be established for the CWG to obtain more frequent technical support from CAG for clarifications on the operationalization of GAPIII.

6. GCC-CWG capacity

- GCC requests WHO to expand the CWG membership.

7. Containment criteria for global certification of eradication

- The GCC recommends that facilities awarded a CP should begin the CC application process and only if absolutely needed, obtain an ICC for the shortest possible duration.
- At the time of the declaration of WPV eradication, all facilities retaining WPVs should have a CC, and if not, have a time-limited ICC, with a clear end point for obtaining a CC agreed with the GCC.

8. Containment breaches: public health management of breaches in PV containment

- While the mechanism to notify containment breaches through the IHR is well established, WHO should ensure GCC is also informed.

9. Verification of compliance with GAPIII

- The CWG should establish an agreement with NACs to enable verification of containment under routine working circumstances or when breaches or other exceptional situations arise, and to clarify the possible impact of a containment breach on the potential award/status of a containment certificate.

10. Communication strategy for Certification and Containment

- GCC encourages WHO to ensure that the new communication officer being recruited by WHO is assigned to cover both areas of Objective 3 (Certification and Containment) of the *Polio Eradication and Endgame Strategic Plan (PEESP) 2013-2018*
- GCC requests WHO to develop a communication strategy as soon as possible addressing Objective 3 of the PEESP 2013 - 2018
- GCC recommends ensuring the containment communication strategy encourages risk elimination by destruction of PV materials. It should also address the long term nature of the commitment to host a PEF, including cost and personnel required.

INTRODUCTION AND BACKGROUND

The Special Meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) on Poliovirus Containment was held in Geneva, Switzerland on 23 – 25 October 2017.

The meeting was chaired by Professor David Salisbury, Chair of the GCC and Chair of the European Regional Commission for the Certification of the Eradication of Poliomyelitis (RCC) and attended by each Chair of the RCC in their capacity as GCC members:

- Professor Rose Leke, African RCC
- Dr Arlene King, American RCC for the Polio Endgame and Chair of the GCC- Containment Working Group (GCC-CWG)
- Professor Yagoub Al-Mazrou, Eastern Mediterranean RCC
- Dr Supamit Chunsuttiwat, South-East Asia RCC for Polio Eradication (SEA-RCCPE)
- Dr Nobuhiko Okabe, Western Pacific RCC

The agenda and list of participants are included in the appendix. This meeting, which was dedicated to the provision of training for GCC on the Global Action Plan for Poliovirus Containment (GAPIII)¹ and the associated Containment Certification Scheme (CCS)², and in-depth discussions of GCC's support for containment, was convened as a follow-up to a recommendation of the GCC at its 16th GCC meeting (4-5 July 2016, Paris, France)³, and had the following objectives:

1. Provide an orientation training on containment to GCC members

2. Discuss the role of the GCC in containment-related activities for 2018 – 2019, including the process for the confirmation of the completion of Phase I (Preparation for containment of poliovirus type 2) of the Global Plan of Action for Poliovirus Containment (GAPIII) by the GCC and harmonization of the global containment data verification process across the different WHO regions
3. Discuss containment prerequisites for the global certification of the eradication of poliomyelitis including milestones to be achieved in Phase II (Poliovirus type 2 containment period) and Phase III (Final poliovirus containment) of GAPIII
4. Clarify the communication channels between the GCC, Containment Advisory Group (CAG), the GCC- Containment Working Group (GCC-CWG), SAGE and the SAGE Polio Working Group (WG).

¹ WHO Global Action Plan to minimize poliovirus facility-associated risk after type-specific eradication of wild polioviruses and sequential cessation of oral polio vaccine use (GAPIII). Available at: <http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/>

² GAPIII Containment Certification Scheme (CCS). Available at: <http://polioeradication.org/polio-today/preparing-for-a-polio-free-world/containment/containment-resources/>

³ Report of the 16th meeting of the Global Commission for the Certification of the Eradication of Poliomyelitis (GCC), 4-5 July 2016, Paris, France. Available at: <http://polioeradication.org/tools-and-library/policy-reports/certification-reports/global-certification-commission/>

PROGRAMME UPDATE

Eradication update

Mr Michel Zaffran (Director, Polio Eradication, WHO)

- As of 17 October 2017:
 - » Nine cases of WPV1 have been reported vs. 13 for the same period in 2016: last cases reported in August (Pakistan) and September (Afghanistan).
 - » Ongoing transmission of cVDPV2 with 47 cases reported in Syria and five cases in two outbreaks in DRC
- 36 countries are affected by the global shortage of IPV (delayed introductions or resupply). Key strategies to address the shortage: allocation of IPV to highest risk countries (e.g., at risk of cVDPV2), introduction of fIPV (India, Sri Lanka, Nepal, Bangladesh and several countries in the Americas) and development of new manufacturers.
- bOPV cessation is expected to occur as soon as possible after global certification. About 18 months of planning are required for the withdrawal of bOPV. The SAGE – Polio Working Group has already started discussing readiness criteria for bOPV withdrawal.
- Mainstreaming of polio-essential functions to sustain global eradication is the focus of the Post-Certification Strategy and is in line with Objective 4 (Transition Planning) of the Polio Eradication and Endgame Strategic Plan (PEESP) 2013 – 2018⁴.
- The eradication programme's priorities for the next 6 months are:

1. Interrupting WPV and cVDPV transmission in affected countries
2. Ensuring high quality surveillance in endemic and access-compromised areas
3. Extending financial planning through 2020
4. Accelerating containment certification activities
5. Engaging non-polio programmes in the implementation of the post-certification strategy.

Poliovirus containment: way forward

Dr Roland Sutter (Coordinator, Research, Policy and Containment, Polio Eradication, WHO)

- Containment is essential to maintaining polio eradication. However, acceleration of this area of work is needed to minimize the lack of alignment of containment certification timelines with eradication and certification, and should be clearly communicated to stakeholders
- The GCC⁵ acts as the global oversight body and will confirm global poliovirus containment. The Containment Advisory Group (CAG)⁵ is responsible for providing technical advice and interpretation on GAPIII. However, there are also other oversight bodies whose recommendations can impact on containment e.g., the Expert Committee on Biological Standardization (ECBS)⁶, SAGE^{5,7} and the International Health Regulations (IHR 2005) Emergency Committee (EC) Regarding the International Spread of Poliovirus.⁸

⁴ Polio Eradication and Endgame Strategic Plan (PEESP) 2013 - 2018. Available at: http://polioeradication.org/wp-content/uploads/2016/07/PEESP_EN_US-1.pdf

⁵ Governance and Structure of the Global Polio Eradication Initiative. Available at: <http://polioeradication.org/who-we-are/governance-and-structure/>

⁶ WHO Expert Committee on Biological Standardization (ECBS). Available at: http://www.who.int/biologicals/WHO_ECBS/en/

⁷ Strategic Advisory Group of Experts (SAGE) on Immunization. Available at: <http://www.who.int/immunization/sage/en/>

⁸ International Health Regulations (2005) Emergency Committee concerning ongoing events and context involving transmission and international spread of poliovirus. Available at: http://www.who.int/ihr/ihr_ec_2014/en/

- Most of the poliovirus-essential facilities (PEFs) are either laboratories (research and surveillance) or vaccine production sites. Strategies to discourage the retention of PV materials, reduce the number of PEFs or encourage compliance with GAPIII must be adjusted according to facility type. Journal editors and funding agencies may influence laboratories; GAPIII compliance may facilitate vaccine prequalification.
- The timelines allowable under the CCS for a certificate of participation (CP), interim certificate of containment (ICC) and certificate of containment (CC) will influence the level of containment that can be achieved by the time of global certification:
 - » Laboratory-type PEFs are likely to use the maximum validity allowable for CP (1.5 years), ICC (5 years) and CC (3 years) achieving at least an ICC by the time of certification of eradication (~ 2021).
 - » Others e.g., vaccine producers or global specialized laboratories may apply for a CC directly after the award of a CP. In such situations, full compliance with GAPIII can be expected at the time of certification of eradication.
- The development of newer technologies for vaccine development and production, novel poliovirus strains and shifts towards non-infectious methods of vaccine production and control [e.g., virus-like particles (VLP)] may cause a natural reduction in the number of PEFs in the longer term.

Containment certification scheme: challenges

Dr Arlene King (Chair, GCC-CWG and Member, GCC)

- At the 15th GCC meeting (December 2016), GCC endorsed the proposed oversight structure for containment, including the establishment of a

GCC-Containment Working Group (CWG)⁹ to support GCC's containment certification activities.

- The CWG, which is currently a membership of six (Chair and five members) will review applications submitted by the NACs ensuring only eligible facilities join the certification process, endorse or reject the issuance of containment certificates and the certification process used. The functioning mechanism of the CWG is defined in their terms of reference (http://polioeradication.org/wp-content/uploads/2016/10/TOR_GCC-CWG.pdf) and is in line with the CCS.
- The CWG reports to the GCC and its aim is to provide the required level of assurance that GAPIII requirements are met, in line with the CCS.
- Communication channels between the NAC and the CWG for the submission of CP applications have been established. The CWG is expected to begin functioning as soon as the first CCS application is submitted by a NAC. The lack of deadlines for the submission of CP applications or for the establishment of NACs creates complacency and there is an urgent need to accelerate the containment certification process.
- A further reduction in the number of PEFs should be encouraged and achieved. In the context of the CCS the inability of PEF-hosting countries to demonstrate that the required secondary (IPV coverage and IPV doses) and tertiary (environment and location) safeguards are met will help CWG and GCC determine whether facilities are eligible to enter the containment certification process.

⁹ Governance and Structure of the Global Polio Eradication Initiative. Available at: <http://polioeradication.org/who-we-are/governance-and-structure/>

POLIOVIRUS CONTAINMENT – ORIENTATION

Containment briefing package for GCC

Dr Paul Huntly (WHO Biorisk Management Expert)

The GCC received an orientation on GAPIII requirements and containment certification activities in line with the CCS. Subsequent discussions within the group focused on areas including:

- Current global constraint of IPV supply and associated complexities associated with the need to manufacture in containment
- Use of mOPV2 for outbreak response, releasing OPV2 at a time of global PV2 containment
- Slow implementation of the CCS (as of 23 October 2017: only 18 NACs have been established in the 28 PEF-hosting countries, no CP applications processed yet)
- Increasing number of PEFs (as of 23 October 2017, a total of 95 PEFs have been designated globally. The original target was about 20)
- Resistance to implement certain GAPIII controls and potential preference in some countries for maintaining existing national controls which may not be aligned with CCS
- Recently reported breaches in poliovirus containment (Belgium in 2014^{10,11} and the Netherlands in 2017¹²).
 - » A breach in containment of a PEF caused by WPV is notifiable under IHR 2005 and the closure of such an event is decided by the IHR EC.
- Need for coordination and alignment of messages, policies and practices between the different oversight bodies (including GCC, CAG, GCC- CWG, ECBS, IHR EC Regarding the International Spread of Poliovirus, and SAGE on immunization) and the publications they develop.
 - » With the implementation of CCS, there will be a need to establish a mechanism for the CWG to obtain more frequent technical support from CAG for clarifications on the operationalization of GAPIII requirements.
- Increasing centralization of data collection and data verification on certification and containment should be expected as progress is made towards global polio eradication certification – as the GCC will set a requirements for high data quality, including the need for appropriate scrutiny and verification.

¹⁰ Duizer E, Rutjes S, de Roda Husman AM, Schijven J. Risk assessment, risk management and risk-based monitoring following a reported accidental release of poliovirus in Belgium, September to November 2014. *Euro Surveill.* 2016;21(11):30169. doi: 10.2807/1560-7917.ES.2016.21.11.30169.

¹¹ Rijksinstituut voor Volksgezondheid en Milieu or the National Institute for Public Health and the Environment (RIVM). Laboratory analysis of environmental samples taken following the reported release of live poliovirus. (RIVM) Letter report 2015-0032

¹² Duizer E, Ruijs WL, van der Weijden CP, Timen A. Response to a wild poliovirus type 2 (WPV2)-shedding event following accidental exposure to WPV2, the Netherlands, April 2017. *Euro Surveill.* 2017 May 25;22(21). pii: 30542. doi: 10.2807/1560-7917.ES.2017.22.21.30542.

ISSUES, CONCLUSIONS AND RECOMMENDATIONS

1. Role of GCC in containment

GCC conclusions:

- The GCC is best placed to act as the oversight body for containment certification from now until the time of certification of WPV eradication, including confirming the global containment of polioviruses. After global certification of eradication, it remains unclear if the GCC will still exist, or evolve into a different body.

GCC recommendations:

- WHO should review GCC's ToRs at the time of certification of eradication to determine GCC's role in the post-certification period as the oversight body for containment.

2. Reduction in the number of PEFs

GCC conclusions:

- The higher the number of PEFs manipulating polioviruses, the higher the risk of a facility-associated release of poliovirus.

GCC recommendations:

- WHO should continue to work with Member States so that only those facilities fulfilling critical national or international functions in countries and complying with secondary and tertiary safeguards (as and when required) enter the containment certification process.
- Member States should coordinate and communicate closely with facilities to make them aware of the implications of becoming and remaining PEFs.
- WHO should engage the Regional Directors to raise awareness of containment during the Regional Committee Meetings. This could be explored through the Global Policy Group <http://www.who.int/dg/global-policy/en/>.

3. Completion of Phase I (Preparation for containment of poliovirus type 2) of GAPIII

GCC conclusions:

- GCC noted the lack of consistent, standardized and harmonized data collection mechanisms to finalize preparations for PV containment (Phase I) in the six regions.
- GCC recognized the need for CAG to endorse *the Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses* in order to support the completion of inventories for PV materials in polio and non-polio facilities.

GCC recommendations:

- GCC encourages the establishment of a standardized data collection and verification mechanism.
- NCC/RCC reports need to clearly indicate where and when activities in Phase I have been completed, based on a standardized data collection and verification mechanism, so that, on the basis of equivalent data quality between regions, the GCC can declare global completion of Phase I.
- The deadline for completion of Phase I for all PV2 is set at one year after the publication of the *Guidance for non-poliovirus facilities to minimize risk of sample collections potentially infectious for polioviruses*
- GCC urges countries affected by ongoing transmission of cVDPV2 to repeat their inventories and destroy, transfer or contain PV2 materials after the outbreak is declared closed.
- GCC requests RCCs to urge countries to complete the identification, destruction, transfer or containment (Phase I) of WPV1 and WPV3 materials by the end of Phase II.

- GCC urges countries planning to designate facilities for the retention of WPV1 and WPV3 materials to weigh the risks and benefits of having such facilities and the commitments that will be required to comply with the primary (facility), secondary (population immunity) and tertiary (sanitation and hygiene) safeguards.
- GCC requests a letter be prepared and distributed via Regional Offices formally acknowledging countries for the completion of Phase I of GAPIII.

4. Acceleration of the implementation of the CCS process

GCC conclusions:

- As of 23 October 2017, no CP applications have been submitted by the NACs for GCC's review.
- The GCC also recognized that at least 10 of the 28 NACs were not established, without which GAPIII containment certification cannot be performed.

GCC recommendations:

- WHO should consider an EB request for a WHA 2018 resolution urging countries hosting PEFs to accelerate the appointment of a competent NAC as soon as possible and no later than 31 Dec 2018, and to process all CP applications as soon as possible and no later than 30 June 2019. After June 2019, new PEF applications will not be considered unless under exceptional circumstances GCC will review these dates in early 2018.
- WHO should carry out a risk assessment of designated PEFs' status to ensure that facilities at highest priority are entered into the CCS process as soon as possible.

5. Coordination and oversight

GCC conclusions:

- GCC recognized that many other groups (ECBS, CAG, CWG, SAGE, IHR EC, CMG, and SC) make decisions

relevant to global poliovirus containment. The GCC needs to be kept aware of these recommendations to avoid overlapping functions or contradicting messaging.

- However, the GCC recognized the need to maintain its independence from the eradication programme and the decision making processes of these relevant groups

GCC recommendations:

- The WHO secretariat needs to ensure coordination of information exchanges between the ECBS, CAG, CWG, SAGE, IHR EC, CMG, SC and the GCC.
- WHO should determine which group is best placed to advise CWG on requirements associated with secondary and tertiary safeguards
- A mechanism needs to be established for the CWG to obtain more frequent technical support from CAG for clarifications on the operationalization of GAPIII.

6. GCC-CWG capacity

GCC conclusions:

- GCC noted that the anticipated workload for CWG will be considerable.

GCC recommendations:

- GCC requests WHO to expand the CWG membership.

7. Containment criteria for global certification of eradication

GCC conclusions:

- GCC noted that deadlines to certify facilities retaining WPV2/VDPV2 materials against the implementation of GAPIII before January 2016 and facilities retaining OPV2/Sabin2 materials before August 2016 at the start of Phase II have been missed.
- The GCC commended countries for preparing GAPIII auditors to perform GAPIII containment certification.

- The GCC also recognized that the containment prerequisites will likely not be achieved by the time of global certification.

GCC recommendations:

- The GCC recommends that facilities awarded a CP should begin the CC application process and only if absolutely needed, obtain an ICC for the shortest possible duration.
- At the time of the declaration of WPV eradication, all facilities retaining WPVs should have a CC, and if not, have a time-limited ICC, with a clear end point for obtaining a CC agreed with the GCC.

8. Containment breaches: public health management of breaches in PV containment

GCC conclusions:

- The notification of a containment breach involves the IHR response mechanism.

GCC recommendations:

- While the mechanism to notify containment breaches through the IHR is well established, WHO should ensure GCC is also informed.

9. Verification of compliance with GAPIII

GCC conclusions:

- The GCC noted the need to routinely verify containment compliance in PEFs and under special situations, such as containment breaches.

GCC recommendations:

- The CWG should establish an agreement with NACs to enable verification of containment under routine working circumstances or when breaches or other exceptional situations arise, and to clarify the possible impact of a containment breach on the potential award/status of a containment certificate.

10. Communication strategy for Certification and Containment

GCC conclusions:

- The GCC reaffirmed the importance of a communication strategy that covers both containment and eradication certification

GCC recommendations:

- GCC encourages WHO to ensure that the new communication officer being recruited by WHO is assigned to cover both areas of Objective 3 (Certification and Containment) of the *Polio Eradication and Endgame Strategic Plan* (PEESP) 2013-2018.
- GCC requests WHO to develop a communication strategy as soon as possible addressing Objective 3 of the PEESP 2013 - 2018.
- GCC recommends ensuring the containment communication strategy encourages risk elimination by destruction of PV materials. It should also address the long term nature of the commitment to host a PEF, including cost and personnel required.



APPENDICES

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APPENDIX 1: AGENDA

SPECIAL MEETING OF THE GLOBAL COMMISSION FOR THE CERTIFICATION OF THE ERADICATION OF POLIOMYELITIS ON POLIOVIRUS CONTAINMENT

STARLING HOTEL, GENEVA, SWITZERLAND, 23 – 25 OCTOBER 2017

Objectives of the meeting

1. Provide an orientation training on containment to GCC members
2. Discuss the role of the GCC in containment-related activities for 2018 – 2019, including the process for the confirmation of the completion of Phase I (Preparation for containment of poliovirus type 2) of the Global Plan of Action for Poliovirus Containment (GAPIII) by the GCC and harmonization of the global containment data verification process across the different WHO regions
3. Discuss containment prerequisites for the global certification of the eradication of poliomyelitis including milestones to be achieved in Phase II (Poliovirus type 2 containment period) and Phase III (Final poliovirus containment) of GAPIII
4. Clarify the communication channels between the GCC, Containment Advisory Group (CAG), the GCC-Containment Working Group (GCC-CWG), SAGE and the SAGE polio WG.

MONDAY 23 OCTOBER 2017

GCC Chair: D. Salisbury

10:30	Coffee and Registration	
11:00	Welcome, opening remarks	D. Salisbury
SESSION 1: Programme update		
11:15	Meeting objectives and introductions	D. Salisbury
11:30	Eradication update	M. Zaffran
12:00	Poliovirus containment : way forward	R. Sutter
12:20	Containment certification scheme: challenges	A. King
12:40	Discussion	All
13:00	Lunch	
SESSION 2: Poliovirus containment – orientation training		
14:00	Poliovirus containment – orientation training	P. Huntly
16:00	Coffee break	
16:30	Poliovirus containment – orientation training cont'd	P. Huntly
18:00	End of the day	

TUESDAY 24 OCTOBER 2017

GCC Chair: D. Salisbury

SESSION 2 cont'd: Poliovirus containment – orientation training		
08:30	Welcome coffee	
09:00	Poliovirus containment – orientation training cont'd	P. Huntly
10:30	Coffee	
11:00	Poliovirus containment – orientation training cont'd	P. Huntly
13:00	Lunch	
14:00	Poliovirus containment – orientation training cont'd	P. Huntly
16:00	Coffee break	
16:30	Poliovirus containment – orientation training cont'd	P. Huntly
18:00	End of the day	

WEDNESDAY 25 OCTOBER 2017

GCC Chair: D. Salisbury

SESSION 2 cont'd: Poliovirus containment – orientation training

08:30	<i>Welcome coffee</i>	
09:00	Poliovirus containment – orientation training cont'd	P. Huntly
10:30	<i>Coffee</i>	

SESSION 3: Questions to GCC – Phase I of GAPIII

11:00	Completion of Phase I <ul style="list-style-type: none"> • Data quality, harmonization and verification • Formal confirmation 	All
12:00	Define the commencement of activities around the inventory and destruction, transfer or retention of PV1 and PV3	All
12:30	Conclusions and recommendations	D. Salisbury
13:00	<i>Lunch</i>	

SESSION 4: Questions to GCC – Phase II of GAPIII

14:00	When should Phase II be declared started? <ul style="list-style-type: none"> • Expected timelines for CP applications • Communication channels 	All
	Operationalization of GCC-CWG <ul style="list-style-type: none"> • CWG SOPs • Dispute resolution • Relationships GCC – CWG – CAG 	All
15:00	<i>Coffee break</i>	

SESSION 5: Questions to GCC – Phase III of GAPIII

15:30	What milestones in containment certification need to be attained as a prerequisite for global certification of eradication of WPV? <ul style="list-style-type: none"> • Expected achievements: ICC or CC? • What if some critical PEFs do not obtain an ICC/CC? <ul style="list-style-type: none"> » Programmatic implications 	All
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SESSION 6: AOB, conclusions and recommendations

16:00	Containment breaches <ul style="list-style-type: none"> • Public health management of a breach of PV2 containment • The role of the GCC in regulating or limiting PV work 	All
16:30	Conclusions, recommendations and next steps	D. Salisbury
17:00	<i>Closing of the GCC – Special meeting on poliovirus containment</i>	

APPENDIX 2: LIST OF PARTICIPANTS

SPECIAL MEETING OF THE GLOBAL COMMISSION FOR THE CERTIFICATION OF THE ERADICATION OF POLIOMYELITIS ON POLIOVIRUS CONTAINMENT

STARLING HOTEL, GENEVA, SWITZERLAND, 23 – 25 OCTOBER 2017

GCC Members

1. Professor David Salisbury, Chair of the GCC and Chair of the European RCC, London, UK
2. Professor Yagoub Al-Mazrou, Member of the GCC and Chair of the Eastern Mediterranean RCC, Riyadh, Saudi Arabia
3. Dr Supamit Chunsuttiwat, Member of the GCC and Chair of the South-East Asia RCC for Polio Eradication, Bangkok, Thailand
4. Dr Arlene King, Member of the GCC, Chair of the RCC Region of the Americas and GCC-CWG, Vancouver, Canada
5. Professor Rose Leke, Member of the GCC and Chair of the African RCC, Yaoundé, Cameroon
6. Dr Nobuhiko Okabe, Member of the GCC and Chair of the Western Pacific RCC, Kawasaki City, Japan

Technical Advisers and Observers

7. Mr Neil Godden, UK, representing Professor David Heymann, Chair, Containment Advisory Group (CAG)
8. Dr Paul Huntly, WHO Biorisk Management Expert, Riskren, Singapore
9. Dr Anna Llewellyn, United States Centers for Disease Control (CDC), Atlanta, USA
10. Dr Jeff Partridge, Co-Chair, Containment Management Group (CMG) and Bill and Melinda Gates Foundation, Seattle, USA

WHO Regional Offices

11. Dr Jacob Barnor, Technical Officer AF/RGO/ORD/PEP
12. Ms Ashley Burman, Containment Consultant EM/ACO/JOR
13. Ms Varja Grabovac, Scientist WP/RGO/DCD/EPI
14. Ms Maria Iakovenko, Consultant EU/RGO/DCE
15. Dr Koffi Isidore Kouadio, Technical Officer AF/RGO/ORD/PEP
16. Dr Gloria Rey-Benito, Advisor, Laboratory Network Management AM/PAHO
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“ The Global Commission for the Certification of the Eradication of Poliomyelitis (GCC) is now accelerating its work in preparation for the interruption of transmission of polioviruses. The GCC faces two important and challenging tasks: namely, the obtaining from every country in the world of convincing evidence of interruption of poliovirus transmission, and secondly, receiving the evidence that polioviruses will be contained to a high level where ever they are being held. This report focuses on the second strand of the work of the GCC: containment will be an ongoing part of GCC’s work with *needed* assurances for ever that polioviruses will be either securely contained or destroyed. ”

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