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REGIONAL CERTIFICATION COMMISSION STATEMENT
(Speaking note; 15th meeting of the Commission; 21/6/02)

- The European Region stretches from Greenland in the north-west to the limits of Russia in the east, and from northern shores of Europe and Asia to the island of Crete and Israel in the south. Its 873 million people live in 51 different countries. To certify as polio-free this large, disparate region requires sound evidence and careful scientific judgement. It also required a structured approach, and when the Commission held its first meeting in 1996, we accepetd a proposal from the Regional Office to review countries in 7 successive epidemiological groups, starting with those thought to have long been free of polio and eventually to those that had recent or current experience of polio.

CERTIFICATION EVIDENCE

- Judgement whether countries have achieved freedom from wild poliovirus transmission has to be based primarily on the study of data collected and analysed by national staff of each country.
- In South America, **AFP surveillance** had been shown to be reliable mean of proving the absence of wild virus transmission. But, as in N. America, it proved difficult to set it up in many western European countries, whose paediatricians saw no need to prove what they perceived as the self-evident absence of polio. Although AFP surveillance has been the single most important tool, with WHO we gave much attantion to the use of other evidence, which has included:
- **National mortality and morbidity statistics, polio yaccination rates, national and by districts, and reported poliomyelitis cases year-by-year, together with the numbers of doctors per head of population.** United Nations statistical data and the WHO 2000 report on the health services of the region's countries were also taken into accoimt. These data collectively relate to the stability and accessibility of the health services, and indirectly to the likelihood that children with acute paralysis would in practice be seen by doctors and appropriately investigated, diagnosed and treated.
- **Enterovirus surveillance** for poliovirus excretion has been valuable, depending on the proportion of the population tested, the age, health-structure, numbers and national distribution of those tested.
- **Enyironmental surveillance** has been developed and applied in several countries. It has proved of particular value in Finland, where only inactivated poliovaccine is used, and also, for example, in the Netherlands to monitor localities in which groups who refuse yaccination for religious reasons live.

- We have also sought information on **risk groups** who pose a challenge to those engaged in eradication of polio, and of course for certification committees. Vaccination and surveillance data has therefore been sought upon all identified risk groups, including Roma, refugees, internally-displaced persons and asylum-seekers.
- Because **laboratory tests** underpin surveillance, the commission has had regular reports on the development by WHO of the regional network of accredited reference laboratories.
- We also agreed a format of tables, information and comment in which the national data sets should be set out, the **„Manual of Operations".** The use of this uniform documentation format has helped us to interpret and analyse data and to identify any missing information.
- In addition, we have been greatly assisted by the reports of visits by WHO staff and consultant experts to countries, and by the advice of many experts on different aspects of the programme.

THE CERTIFICATION PROCESS

- Certification of the region depends upon two levels of evaluation, first that of the independent National Certification Committees. Their task is carefully to assess, and when appropriate approve, the documentation set out in the completed „Manual of Operations" by national staff, for submission on the Commission for its review. In this way, National Committees serve in effect as independent judges of the polio status of their own countries.
- Through successive meetings, held in different countries we reviewed the documentation. WHO officers also made an independent evaluation. We then met to discuss and agree preliminary conclusions, before the National Committee chairpersons gave spoken presentations and answered questions - and it has been rewarding for the commission that national committees have always answered to our questions so openly. After deliberation *in camera,* our conclusions were presented to the National Committees.
- In due course, countries provided updated information, including the responses made to the comments and recommendations of the Commission's reviews. This **iterative** process was supplemented by visits by Commission members to selected countries, which proved very helpful in clarifying uncertainties.

CERTIFICATION

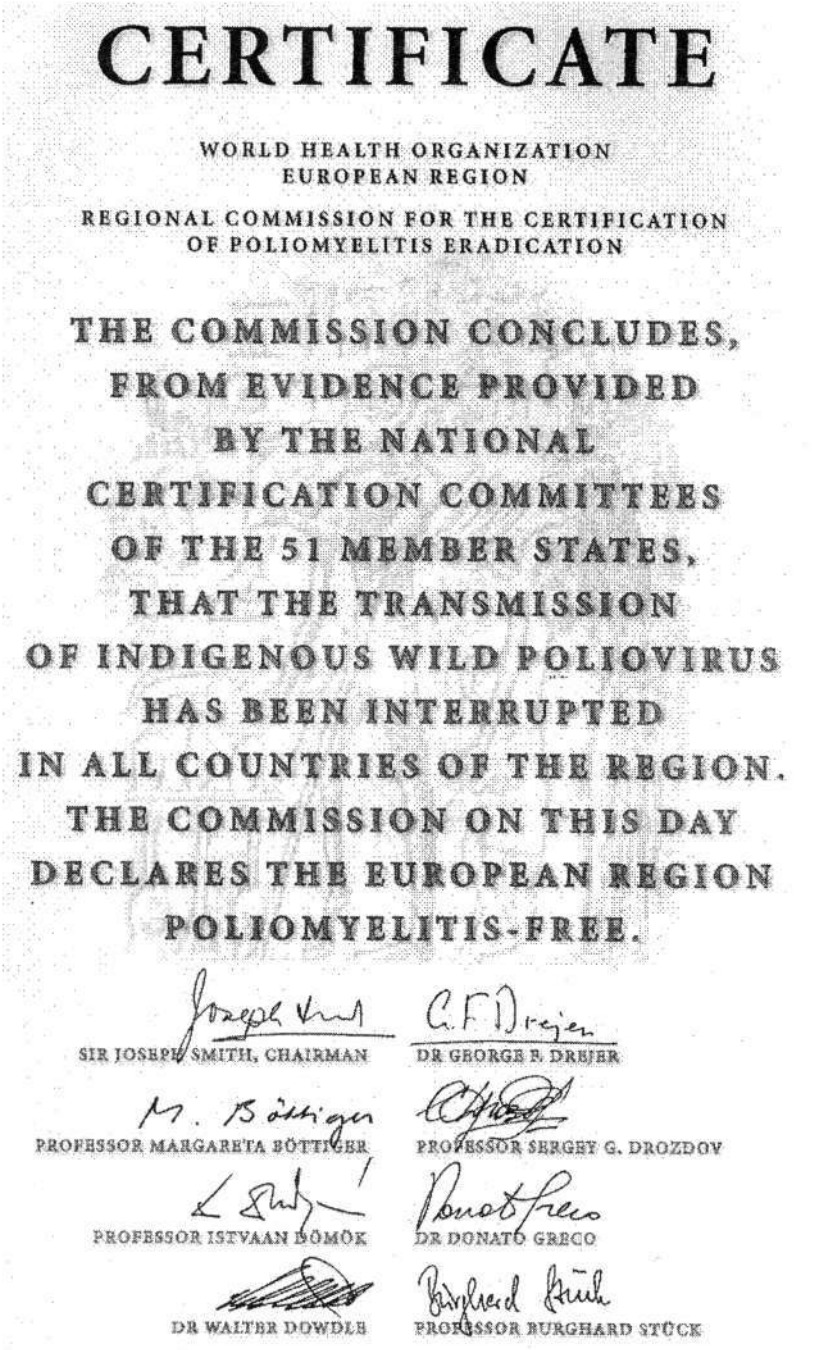
- Eventually, we reached a stage at which there had been no indigenous wild virus infection reported for approaching 3 years after the last case of indigenous infection in the region, in a young boy in November 1998 in SE Turkey. The 3-year safety margin laid down by the Global Commission has been a tense period owing to the risk of imported infections from parts of the world where polio is still endemic. As you know, we had two such episodes, one in Buegaria and one in Georgia, but both were quickly spotted and vigorously responded to. We

therefore concluded that we could finally address certification, and we decided to make this hopefully finał review in two stages.

- First, a penultimate review would be made in the 14th meeting of the commission, in March 2002. At this we decided to assess not only the **evidence for freedom from wild virus transmission** and **progress on containment,** but also the **capacity to identify virus importation and respond to it quickly,** and the means by which countries intended to **sustain polio control and surveillance** after certification.
- Each country was asked to submit and **update** report, which we carefully assessed. Sixteen countries, selected for various reasons, were asked to make a presentation at that meeting, and to answer questions. Of particular importance were the presentations from Bulgaria and Georgia on their recent importations of wild poliovirus from the Indian sub-continent.
- Each National Committee was also asked to sign a statement of the reasons why they believed their country to have been free from indigenous wild poliovirus transmission in the previous three years. These formal statements, signed by senior, independent, respected professionals who know their countries well, have been valuable to the Commission.
- We concluded in March that we could expect in June 2002 to be able to certify that indigenous wild virus transmission had occurred the region for the past three years, **provided** certain missing information was supplied and no new imported virus transmission episodes occurred before then, **and** provided visits to key countries confirmed our expectations of satisfactory poliomyelitis control and surveillance.
- But we were concerned that all countries would remain exposed to the spread of imported wild virus until it is eradicated globally. The Regional Director was therefore requested to ask Health Ministers to provide copies of their action plans for the future control and surveillance of polio, to include plans for detecting and dealing with any importation. We also decided that it would be necessary to meet annually in the future in order to assess concise updates from each of the region's National Certification Committees.
- At this, the 15th meeting of the Regional Commission, and an aspect of our work that will become of growing importance has been underlined in Nedret Emiroglu's presentation. The polio programme has stimulated powerful mobilization of human and material resources to support both vaccination and disease surveillance - which monitors the health benefits of preventive measures and reveals where added efforts may be needed. These improvements in the organization of public health throughout our region can and should be applied to other vaccination and preventive medicine programmes, in this way widening still further the benefits arising from the polio eradication programme.
- Before coming to the conclusions the commission reached in this 15th Commission meeting, it must be said that certification only becomes a possibility as a result of successful eradication and surveillance. The Commission recognizes the fine work of those upon whom progress has depended, not only national political leaders and Health Ministries, but in particular those who have worked in the field. Their work has often been difficult and, in times of conflict, dangerous. To

get vaccine to every child, even in remote regions or in hostile areas, and to secure the samples and data needed for surveillance is an achievement to applaud. Of special importance is **Operation Mecacar,** initiated by Dr Oblapenko, and implemented annually from 1995 to the present among up to 18 collaborating countries of the WHO European and Eastern Mediterranean regions. This involves mass immunization campaigns in these countries, coordinated to ensure that cross-border movements would not impair vaccination coverage.

- The field workers are not of course the only ones whose work has led to 3 polio-free years, and an attempt has been made to record our appreciation of these many contributors in the brief account of the Commission's work given with the WHO papers you have been given. The work was and will continue to be a partnership with Rotary International, CDC Atlanta, UNICEF **and** USAID, whose essential contributions to the eradication programme are major factors in the success.
- This occasion can not pass without recording the tremendous contribution of the WHO Regional Office under the outstanding leadership of Dr George Oblapenko with his two senior colleagues, Dr Galina Lipskaya and Dr Steven Wassilak.
- It is a pity that our secretary, Dr David Salisbury, can not be with us today, but we have appreciated his expert input and of course his support as rapporteur. We also thank Nicolai Chaika and Ray Sanders who have each served as rapporteur to two of our meetings. We appreciate too our accomplished interpreters, George Pygnasty and Vladimir Ilyukhin.
- The Commission would also like to thank the countries which have hosted our meetings and our visits. The hospitality we have received has given added pleasure to our work, and the openness with which our questions and probings were answered has been impressive.
- But it is not possible to speak of WHO's work without thanking those without whom the Commission could not have worked, and who have dealt with a huge workload with such goodwill and efficiency. I refer of course to the Secretariat staff, led by Johanna Kehler and Tatiana Michaelson.
- I must now come to repeat again, with much pleasure, the conclusion the Commission finally reached from the evidence we have studied. The Commission concludes that no indigenous wild poliovirus transmission has occurred in the WHO European region for the past three years. The WHO European Regional Commission for the Certification of the Eradiation of Poliomyelitis declares the region "polio-free". This is a major milestone for public health, and also for the spirit of collaboration between the people of so many different countries.



CERTIFICATE

WORLD HEALTH ORGANIZATION
EUROPEAN REGION

REGIONAL COMMISSION FOR THE CERTIFICATION
OF POLIOMYELITIS ERADICATION

THE COMMISSION CONCLUDES, FROM EVIDENCE PROVIDED BY THE NATIONAL CERTIFICATION COMMITTEES OF THE 51 MEMBER STATES, THAT THE TRANSMISSION OF INDIGENOUS WILD POLIOVIRUS HAS BEEN INTERRUPTED IN ALL COUNTRIES OF THE REGION. THE COMMISSION ON THIS DAY DECLARES THE EUROPEAN REGION POLIOMYELITIS-FREE.

SIR JOSEPH SMITH, CHAIRMAN

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PROFESSOR BURGHARD STÜCK

COPENHAGEN, 21 JUNE 2002


WHO EUROPEAN REGION
POLIO-FREE 2002